

Seriously Funny:

Using stand-up as a health education and social change tool

“And here is the news:

New research has shown that laughter actually *is* the best medicine.

Pharmaceutical giant GlaxoSmithKline has responded by acquiring a 51% share in Michael McIntyre. Competitors AstraZeneca are in talks to merge with Eddie Izzard.

The Labour Party has renewed calls for the nationalisation of Jo Brand.

In other news...”



Mark Burns 2020 v3

Contains some swearing and sex education content

In Glasgow, not unlike the rest of the UK, humour is a big part of cultural identity.

“The Glasgow banter”, “the patter” (i.e. the manner by which Glaswegians typically communicate) is peppered with comic observations, one-liners, sarcasm and self-depreciating funnies.

What better way to engage a community like this than through the medium of comedy?”

From “Laff Yer Heid Aff”: The role of comedy in increasing public awareness of common mental health problems.

Acknowledgements

When I started off in stand-up my partner told me all I needed was some good gags.

I finally figured out what she meant when she kept stuffing a hankie in my mouth.

A joke suggested to me by my editor and friend, Dr Nigel Mellor.

Thanks Nige, for everything, including inspiration around self-awareness and honesty in research.

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1) Warm-up Act: Summarising Stand-up as a Health Education Tool

Health education has a lot in common with stand-up. Both can often be challenging, about breaking taboos and dealing with personal/professional or political issues.

What is this document for?

This guide/discussion paper is about exploring stand-up comedy as a tool for health education, as well as other social change issues. In it I suggest that comedy may reach and motivate target groups in a way that traditional approaches can't. Particularly key "harder to reach" groups who suffer from health inequalities. Although they may also love other forms of popular culture, stand-up is more affordable than producing your own blockbuster movie. Stand-up does also have a limited history of being used by health organisations. Many professional comedians also now base their acts around their experience of different health conditions.

I hope this paper will appeal to health commissioners, service providers and campaigners. This is as well as workers in other related fields of social change, and last but not least comics themselves. I explore how stand-up could be used in a number of different ways including:

- Education about particular health conditions, as well as individual lifestyle topics, e.g. sex and relationships
- Tackling the wider determinants of health and the politics of health

It could be used with the public as well as in professional training and to influence policymakers. However, stand-up probably should not usually be seen as something freestanding. Often it would also need to be part of a wider programme of work. Partnership working may also be important here.

What is health stand-up?

Health stand-ups ideally should have a range of comedic and educational skills. Indeed, perhaps they might have more in common with after dinner speakers, who speak amusingly on a topic, than with old-fashioned gag merchants. They are there to empower people not just entertain them or make them feel temporarily better.

Stand-up could be used to:

- Engage people who aren't otherwise interested in health
- Give information in a fun way, including about useful skills
- Point out absurdities in personal beliefs around health
- Show up the contradictions in how society is organised and why this makes people sick
- Break taboos and share pain so that people feel less alone and more able to open up honestly to each other about what they are feeling
- Encourage reflection, discussion and exploration of issues
- Enable action for change

Stand-up and health education/communication theory

A doctor wouldn't dip into a pill jar and pull out any random drug to treat a patient. Similarly, a psychotherapist wouldn't just say any old thing to a client. Health stand-up needs a comparable level of intervention expertise. We need to know what works when and why.

Health stand-up would probably work best if combined with relevant health education or communication theory. I describe a number of these.

Social marketing for example highlights the importance of initial research into the target group. This could be in terms of:

- Their current behaviour and what might alter it
- If comedy is a good way of engaging them
- Where shows could be put on etc.

The Transtheoretical model looks at where individuals are in terms of a journey towards healthier behaviour. Comedy maybe particularly useful in engaging people who are not even yet thinking about a particular health issue. They might be drawn in by the approach not the content. It may also be useful with health campaigners or professionals who are committed to an issue. With them it could be used as a bonding exercise or a way of gently challenging their assumptions.

AIDA stands for attention, interest, desire and action. It is a way to structure how to engage people and increase the chances that they do what you want. It is useful for highlighting that there are stages after the stand-up event that are also important e.g. follow-up by health professionals. Indeed, health stand-up is a team activity.

The cognitive-affective-behaviour approach builds on all this by stressing the importance of focusing on skills, attitudes and beliefs as well as information.

Relationship marketing as its name suggests is about establishing long-term relationships between organisations and their target groups.

Much of what I have said so far may sound very top-down. However, stand-up could also be about enabling professionals and lay people to reflect and debate together about illness, services and the wider determinants of health.

Laughter as a tool for health and social change

Laughter has a special place in stand-up. Some jokes may be clever and worth a smile or even a groan. Audience will probably expect to laugh at an act too, however. Jokes that make us laugh may also have additional benefits. This could be in terms of opening people up to new ways of thinking or creating closeness within a group.

There are a number of different explanations as to why people find things funny. One is around superiority. Many jokes are based around one group being better than another or certain people being stupid, lazy or inferior in some other way. An

example would be that obese people have only themselves to blame and have no will power. Perhaps health stand-up could twist this to show organisations that promote unhealthy foods as morally inferior instead. It then becomes a way of tackling issues of power imbalances.

Another way of looking at laughter is incongruity resolution. People laugh at some kinds of joke when they realise that the incongruity can be made sense of or resolved in another way. It may be a good way of tackling people's irrationalities around health e.g. enjoying themselves to death through smoking. Similarly, it could highlight absurdities in how society is organised in a way that damages health e.g. the links between tobacco company profits and children smoking.

Catharsis is the third explanation I look at. Here laughter is a physical release of tension. Another way of looking at this is that we are happy because we laugh. We don't laugh because we are happy. There are many health and social issues that have emotions like shame or anxiety attached to them. Humour is a way of approaching them that allows people to deal with these negative feelings.

Stand-up in practice - Writing

Health stand-up is based on having a routine that meets a specific aim. There are many different kinds of humour including:

- Biting
- Dry
- Ironic
- Satirical
- Self-deprecating
- Surreal or whimsical

Material can be presented in a number of ways including:

- Anecdotes
- Caricatures and impressions
- Observations
- Physical comedy

Jokes have a specific structure usually based around a set-up and punchline.

The whole act may be presented as a story or through a format based on non-fiction e.g. a report structure.

The stand-up may be playing a character based on their real self or somebody totally made-up.

Stand-up in practice - Ethics

Many mainstream comics use material that is reactionary or is just there to distract people from their everyday cares. Health stand-up on the other hand is there to raise issues and improve things. It is important that health stand-up is based on a firm set

of values. There is no point in causing offence for the sake of it. However, there is a discussion to be had about when, if ever, it is appropriate to mock people or organisations about how their behaviour or values damage health. This could include political, religious and commercial groups.

Whether this can be done effectively is also important ethically. Other important issues to consider include swearing and whether fear is an effective or ethical tool. Thought also needs to be given to the implications of people other than the intended target group seeing the act. Could there be negative consequences?

Stand-up in practice – Performing

In terms of the key question of performing, it is not just about the script but the overall performance including tone, gesture and how to deal with hecklers.

Consideration also needs to be given to who is the best choice to be the performer, someone trained up from the target group or a professional comic? The answer probably depends on the context.

Where to perform is the next important issue to think about. One option worth considering perhaps is NHS Foundation Trusts. They were setup with an obligation to be mass membership organisations. Maybe they could make more use of their buildings as community venues. They could include health comedy and music in what is offered in them. Other options include comedy festivals, open mic events and health events.

When to perform is perhaps a less important question, however Red Nose Day could be one high profile opportunity. There are also a variety of health days throughout the year e.g. World Mental Health Day in October.

Stand-up in practice – Follow up

It is important that the stand-up routine is planned as part of a bigger campaign. At the very least the audience need to know where to go next if they want to follow anything up. Stand-ups or their co-workers could be trained in very brief advice techniques. Sometimes it may be appropriate to offer group work afterwards e.g. at more formal educational events.

Clips of the act or even new material could be put online. Social media, email and websites may also be useful follow up tools. The press and media are important too although perhaps need to be treated with caution. It is useful to prepare for criticism before it happens. Evaluation is also important.

A laughable amount of funding

Organisations and individuals, alone or in partnership, may be able to get funding for projects from health or arts bodies. Alternatively, it might be possible to access cash earmarked for particular groups, especially if they are being trained to perform stand-up themselves.

2) Practical Jokes: An Overview of How to Make the Best Use of Stand-up

The following step by step checklist may help you avoid any banana skins in planning, implementing and evaluating your stand-up project. It is here to ensure that your jokes make a practical difference to health. Sometimes in reality all the steps may not be possible. Clear thinking, researching, pre-testing and evaluation at the very least however are essential.

1. Be clear about what the health issue is that needs to be addressed and as a result what the overall aim of the project is. (These should tie-in with other related projects that are going on)

2. Be clear about who the target groups are

3. Research into the target groups' beliefs and attitudes about the health issue, including where they are in terms of the stages of change model i.e.

- a. Pre-contemplation, not even considering changing their lifestyle
- b. Contemplation, considering changing their lifestyle
- c. Preparation, getting ready to change
- d. Action, in the process of changing
- e. Maintenance, have changed for some time
- f. Termination, have changed long term
- g. Relapse, had changed but have gone back to old ways

As a result, decide what the messages or themes of the project should be

4. Research into the target groups' interests e.g. Is stand-up a good way of engaging them?

- a. If so what kind of stand-up humour do they like?
- b. How could it potentially be used for health education?
- c. When and where can they be reached? As an example, where does the target audience go for nights out?

5. Look into whether the approach has been used before in the health or commercial sectors. If it has, or even perhaps has not, what can be learnt from this? (Stand-up has been used a little, but you may come across a better possible approach to use)

6. Why should the intervention or project bring about a change in health? What theoretical ideas underpin the work? Theories may be needed both from communication and health education studies. AIDA is worth remembering and planning for:

- a. Attention – Get it through novelty, fun and interest
- b. Interest – Keep it by relevance and focusing on the benefits to the target group
- c. Desire to act – Create it through appealing to people' intellect and/or emotions

- d. Action – Help change to happen e.g. by linking people up with agencies
7. Look into the technicalities about how to use the potential approach e.g. how to write and perform stand-up live or for a podcast. Does it sound feasible?
8. What might the cost-effectiveness be of the potential approach compared with other ideas? If it is still worthwhile going ahead, look for links with other bodies to share costs, workers etc. (Alternatively do this right from the start)
9. Bring all the above information together. Do a risk assessment. Budget for the project. Create a project schedule
10. Work with professional comics, as well as health professionals. Discuss the best ways to work together. (If you are thinking of using unskilled lay people, make sure they get properly trained. Have follow up workers or materials ready to build on any interest generated by the comedy)
11. From all this set precise aims and objectives
12. Plan the project in detail. On a practical level it can be useful to think about six questions:
 - e. Why?
 - f. Who?
 - g. What?
 - h. When?
 - i. Where?
 - j. How?
13. Decide on the evaluation method
14. Plan the stand-up act:
 - a. Be clear about what the ultimate aim of the project is
 - b. Be aware of how the act feeds both into the overall project and any follow-up after the act
 - c. Use the earlier research to spell out what the key issues are and what kind of comedy the target group would come to. If necessary, find out more from the target group
 - d. Think about how the comedy will move the audience in the direction you want. What do you want them to know, consider, reflect upon, challenge, feel or do?
 - e. Think about the relationship between the performer and their audience e.g. should it be one of expert or equal?
 - f. Consider what is the most effective emotional tone to adopt
 - g. Think about the format. It could be a story, a non-fiction report or some other approach

- h. Sketch out what needs to be said
 - i. Add in the humour. Make sure it is ethical
- 15. Plan the follow-up. This is both in terms of any immediate contact with the audience, as well as making sure that services are ready for any increase in demand
- 16. Pre-test the approach with the target group and make any necessary improvements
- 17. Put the approach into action and monitor it
- 18. Carry out an evaluation, including a separate but related one for funders if necessary. Look at:
 - a. Input: What went into the project? How much did it cost?
 - b. Process: How was the project carried out? Was the theory that was used appropriate? Did the systems that underpinned it work? What were relationships like with colleagues and the target group?
 - c. Output: What was produced as a result of the project?
 - d. Outcome: Was there a behaviour change as a result of the project? Did health improve?
 - e. Cost-effectiveness: Given its cost, did the project deliver compared to other ways the money could have been spent?
- 19. Celebrate the project and any learning from either successes or failures. Thank everyone involved including the target audience
- 20. Share any learning positive or negative
- 21. Repeat steps 1-20 if necessary

3) Public Health for Readers not from Public Health

This guide/discussion paper is not just aimed at public health workers. However, I do come from this background and we do have our own “language”. So I have tried to explain some key concepts, it may help you to understand if it’s all new to you .

What is health?

The World Health Organisation (WHO) defines health as:

A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.¹

A more day to day definition of health is that it is about:

Feeling good and functioning well.²

This I feel captures the idea that health is not an end in itself, but about helping people be able to live the life they want.

WHO also said that:

Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.³

Personally, I also want to help enable people to live a life that is more authentic and to challenge the rather superficial norms of a consumerist society. I see my work as moving beyond patching people up, so they fit in. I’m more interested in challenging current values, and the way society is organised in a manner that doesn’t meet the needs of the many or of the planet.

What is public health?

Health care is mainly about looking after individual patients. Public health, in contrast, is about how to keep whole populations healthy. This could be a town or people with things in common e.g. sexually active young men. Public health is concerned with improving health in a number of ways. These include ensuring treatment services are effective and protecting populations from infectious disease or environmental hazards. In addition, public health can be interested in encouraging:

- Lifestyle change e.g. eating healthily

¹ The WHO definition of health is taken from the Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and coming into force on 7 April 1948.

² New Economics Foundation (2008) *Five Ways to Well-being*. London: New Economics Foundation. p.1.

³ World Health Organisation (2014) “Mental health: a state of well-being” *World Health Organisation*. Available from: http://www.who.int/features/factfiles/mental_health/en/ [Accessed 7 May 2019].

- Personal development e.g. raising self-esteem
- Community development to improve small local areas
- Use of preventative services e.g. breast screening
- Improvements in the wider determinants of health e.g. reducing poverty or improving housing

The purpose of all this is to stop people becoming ill in the first place rather than curing them when they are sick. This approach is sometimes referred to as dealing with the problem more “upstream” i.e. earlier.

However, cure and care are definitely still important. For this reason, I quote many stand-up comedians who focus their acts on the particular condition that they have.

What are health inequalities?

Illness is not spread out equally among everyone in the UK. In general communities that are poorer are sicker than those who are richer and there are also differences depending on other life circumstances too such as where people live, ethnicity etc.⁴ Public health is most interested in helping the communities that are most unhealthy.

When working in health inequalities and public health communication it was a turning point for me when I realised that everyone isn't interested in health. Academic research from Cardiff University backed this up

*...for many, it (health) exists as a flimsy, insubstantial idea.*⁵

I began thinking that health education should start from what people are interested in. This could include comedy.

Although, I've focused on educational approaches in this document. I don't believe that these are necessarily the most important factor in improving health. They are a necessary part of the solution, however. Traditionally education has focused on individual behaviour e.g. looking after yourself or using health services properly. This has its place. We do all need to do this. It has its limitations though. Education, in my opinion, also needs to be used to raise awareness of some of the issues that perhaps are more important. These include talking about the health inequalities mentioned earlier, as a way to deciding what are the best way to tackle them.⁶ Should the emphasis be on individuals or changing society itself? This type of health education can be aimed at professionals as well as the public. It may be difficult sometimes for people working for the state to do this, but others can do so.

⁴ Connolly, A.M., Baker, A. & Fellows, C. (2013) *Understanding health inequalities in England*. Available from: <https://publichealthmatters.blog.gov.uk/2017/07/13/understanding-health-inequalities-in-england/> [Accessed on 7 May 2019].

⁵ The quote is by Professor Gregory Maio, a psychologist from Cardiff University in the UK, and is taken from Economic and Social Research Council (2007). *Britain Today 2007*. p.42.

⁶ Connolly, A.M., Baker, A. & Fellows, C. (2013) *Understanding health inequalities in England*. Available from: <https://publichealthmatters.blog.gov.uk/2017/07/13/understanding-health-inequalities-in-england/> [Accessed on 7 May 2019].

4) Beyond a Joke: Beginning to think about Health Stand-up

Most comics feed prejudice and fear and blinkered vision, but the best ones, the best ones... illuminate them, make them clearer to see, easier to deal with. We've got to make people laugh, till they cry. Cry. Till they find their pain and their beauty. Comedy is medicine. Not coloured sweeties to rot their teeth with.⁷

It's not the jokes. It's not the jokes. It's what lies behind 'em. It's the attitude. A real comedian – that's a daring man. He dares to see what his listeners shy away from, fear to express. And what he sees is a sort of truth, about people, about their situation, about what hurts or terrifies them, about what's hard, above all about what they want. A joke releases the tension, says the unsayable, any joke pretty well. But a true joke, a comedian's joke has to do more than release tension, it has to liberate the will and the desire, it has to change the situation.⁸

From Trevor Griffiths' 1976 play *Comedians*.

Aim of this guide/discussion paper

I wrote this guide/discussion paper to help anyone thinking of commissioning or actually performing stand-up as a health education tool. I hope it'll be of use to people in traditional health organisations as well as in campaigning organisations with a political focus.

Stand-up can be used simply as a tool for giving information. However, I also explore whether it might be possible to use it to open people up to exploring important issues more deeply and truthfully. I hope that it'll also encourage people with professional backgrounds different from mine, especially writers and performers, to further add to this investigation of how to best use stand-up. It's important that we learn the details of what works in the same way as a doctor does. A surgeon wouldn't carry out a vasectomy to cure someone with an ingrowing toenail. Hopefully. Similarly, a health comic needs to understand when and how to use different types of material. There's nothing as practical as a good theory.⁹

I also hope that this guide/discussion paper will be of use to people looking at other social issues other than just health. (Although as my view on health and what impacts on it is so wide, it does pretty much cover most things.)

⁷ Griffiths, T. (1976) *Comedians*. London: Faber and Faber. p.23.

⁸ Griffiths, T. (1976) *Comedians*. London: Faber and Faber. p.20. (I appreciate the academic convention would be to put *ibid*. I prefer not to use Latin abbreviations, however. I think using plain English is less likely to make people think that something is written for experts and not them.)

⁹ To paraphrase Kurt Lewin. K. (1952). *Field theory in social science: Selected theoretical papers by Kurt Lewin*. London: Tavistock. p.169.

Stand-up changed my life

The thing that changed and empowered me most in my life is stand-up.

Stand-up tragedy. And for that matter sit down tragedy too. Tragedy actually isn't quite the right word but it's close. I mean the truth of how everyone's life is difficult, living with the pain of a world not geared to meeting real human needs and intercut by the certainty of death. And the importance of sharing the hurt and often absurdity of all this publicly so that we are less alone and more whole.

These are things that I think most people shy away from. I know we did in my family. I was born in 1960 and had a typical male upbringing of my generation, cut off from myself and my feelings. This led to the real tragedy of depression and alienation.

A funny thing happened to me... Depression

"For nine years, the New Jersey comic Chris Gethard has been weighing up the qualities of his counsellor Barb, who he says is blind to boundary issues and too free with her extra-terrestrial theories of the human brain. But she has been worth sticking with: Gethard's fringe debut, Career Suicide – about his troubles with alcohol and depression – wouldn't work without her significant cameo role.

Even by the standards of today's mental-health-conscious comedy, Gethard's show is intimate and explicit. It recounts his long battle with depression, from the time he crashed his car aged 21 through to an alarming onstage attack he experienced..."

10 11 12

I stumbled into therapy and group work. One of many things that stands out for me is watching about half a dozen men standing in a row. They were being asked questions about their experience of masculinity. I think every one of them started crying. There were maybe 40 other men in the audience and some of them started weeping too. I know I did. It was a weekend workshop and we all shared a lot in small groups. I temporarily regained a part of me that I hadn't realised I'd even lost. I felt close to other males again, like I had as a boy before adolescence and the fear of closeness as unmanly, childish and gay had taken over. It only lasted a few days emotionally before the conditioning closed in again. It did however give me a fresh intellectual perspective that I've never lost.

¹⁰ Logan, B. (2016) "Chris Gethard at Edinburgh festival review – frank and funny tales of depression" *The Guardian* 10 August. Available from: <https://www.theguardian.com/stage/2016/aug/10/chris-gethard-at-edinburgh-festival-review-frank-and-funny-theses-of-depression> [Accessed 6 May 2019].

¹¹ Although I reference a variety of comedians, I am not actively recommending any of them.

¹² Public health campaigns have often concentrated on lifestyle issues rather than helping people with conditions, however it seemed appropriate to also include examples of comics focused on these topics.

I did a lot of other weekends listening to people sharing their stories and their pain, getting new perspectives and learning new skills. I did the same and I really changed as a result, in how I felt about myself, other people, mental health, politics, everything.

Can stand-up comedy change other people's lives?

Most people didn't share my enthusiasm for being so vulnerable. Working in health education I found this professionally, as well as personally, frustrating. However, I still often saw things through the lens of various therapy theories. In particular Co-counselling International which is a sub-branch of humanistic psychology.¹³ (Humanistic psychology is probably most well-known for Abraham Maslow and his hierarchy of need and Carl Roger's Rogerian or person-centre therapy.)^{14 15 16} So, I began to think about how to use everyday culture to create a similar effect to the workshops I was going on. This approach also seemed a good way to get people's attention in the first place. I produced a website that looked at how to do this. It included information on a number of things including briefly, comedy.¹⁷ I also looked at pop music. Pop moves people and covers a range of themes e.g. sex, drugs, politics and self-esteem I went on to write about this in more depth in *Health Improvement: At Full Volume*.¹⁸

Then early in 2017 I went to a public health workshop about stand-up.¹⁹ It was tied in with performances that the academic presenter had done at a comedy club about his public health research.²⁰

It was funny and seemed a good way to get *information* across whilst also making public health seem less preachy. I could also see it working well as part of a lecture presentation. An alternative to death by PowerPoint. Classic health education theory though stresses that information alone is not enough to change behaviour.²¹ So I

¹³ CoCo Info (2018) "Co-Counselling" *CoCo Info*. Available from: <https://co-counselling.info/en> [Accessed 8 July 2019].

¹⁴ Maslow, A.H. (1943) "A theory of human motivation". *Psychological Review*. 50 (4) pp. 370–96.

¹⁵ Rogers, C.R. (1961) *On Becoming a Person*. London: Constable & Co. Ltd. (This is possibly his most well-known book.)

¹⁶ I know the academic tradition is, especially for repeated mentions, to just use people's surnames. However, as I tried to write this document using ordinary everyday English, I haven't done this.

¹⁷ I appreciate that health education does not always have to go deep psychologically to help people to change. However, sometimes I think it does need to. In practice on the site I look at a variety of ways of improving physical and mental health including football, romantic novels and crosswords.

¹⁸ Burns, M. (2014) *Health Improvement: At Full Volume*. Available from: <http://www.sexanddrugsandrockandhealth.com/Further%20exploring%20using%20story%20and%20musical%20SPOTIFY%203.pdf> [Accessed 6 May 2019].

¹⁹ This was an event put on by Fuse, the North East of England public health network 3rd April 2017.

²⁰ The academic was John Moody from the University of Sunderland

²¹ The cognitive-affective-behaviour approach to health education for example suggests a number of factors need to be addressed to change behaviour. Blanaid, D., Watt, R., Batchelor, P. & Treasure, E. (2002). *Essential Dental Public Health*. Oxford Press: Oxford. p.156.

suggest throughout this guide/discussion paper that interventions need to focus on attitudes, values and feelings, and skills as well as knowledge.

I wondered how deeply stand-up could go with certain audiences. How far can it open people up to thinking differently, to feel what they often repress, feel less alone or inadequate, and share what is normally taboo? All perhaps important in improving health. Not just in terms of an individual's mental health but in society changing its beliefs and behaviour around alcohol, poverty and a range of other issues.

I remembered my experience of watching the guys standing there telling their stories, and our reaction. In a strange way it echoed stand-up comedy. Trevor Griffiths at the beginning of this chapter talked about truth, pain, beauty and release. I had experienced this. The physical reaction had been tears and sobbing rather than laughter but it's all physical release. He had even mentioned making people cry anyway.

It was also a group experience, rather like a stand-up audience. The masculinity event had also included follow up, group work and the development of new skills. But perhaps health focused stand-up comedy could do this too, either formally or informally. Trevor Griffiths implied that comedy could lead to change. Well, my experience of stand-up tragedy had. Therapy and comedy suddenly seemed strangely linked.

I later also discovered that Co-counselling International theorist John Heron had said that:

*Laughter is the only form of culturally acceptable release of tension.*²²

Perhaps stand-up comedy could do more than just amuse. It's more culturally acceptable than therapeutic group work for openly exploring pain. I thought of the role of the Fool in *King Lear*.²³ A person allowed to say what others aren't. Maybe even today comedy had a similar role. Did it have a place looking at issues like mental health, sex, drug and alcohol abuse and other health topics such as smoking or nutrition?

I'm not a comic so I knew I could only partially begin to answer this. I did however have a background in health education, counselling, communication, arts & health and academic politics. I thought these all had useful things to say.

²² Heron, J. (1998) "Catharsis in human development" p.5. *South Pacific Centre for Human Inquiry*. Available from: <http://www.human-inquiry.com/catharsi.htm> [Accessed 9 September 2019]. Perhaps in the intervening years, crying has become a little more acceptable but still nowhere as much as laughter.

²³ *King Lear*. Hadfield, A.D. (ed.) (2007). *King Lear. The Barnes & Noble Shakespeare*. New York: Barnes & Noble.

And there's more... ²⁴

I also thought it might help me understand the stand-up angle more if I wrote a short routine aimed at a professional public health audience. I have studied humour a little in the past, so had some idea what to do. At first, I thought about making it about typical lifestyle issues like drinking or smoking. You know the kind of thing:

I need to totally change my life around. All the drugs and drinking are really getting way too much.

I've started getting the perfect nutritional balance for me - healthy but not boring.

I've gone for a simple plant-based vegan diet.

Weed, and wood alcohol.

But this wasn't really authentic for me. I've never smoked – not even the legal stuff. I hardly drink. I don't do enough exercise but except for that my lifestyle is fairly healthy. I decided on something that was truer - and took more of a risk.

A funny thing happened to me... Five a day

"The surrealist Swedish comedian Olaf Falafel has won the... funniest joke of the fringe award for 2019 for... 'I keep randomly shouting out Broccoli and Cauliflower – I think I might have Florets.'

The gag comes from... It's One Giant Leek for Mankind which, suiting its fruit-and-veg theme, was performed at the Pear Tree."

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I imagined the routine as being part of a conference. I've used some of it to look at some of the ethical, professional and comedic issues making jokes raised for me. In many ways this analysis is more important than how funny or otherwise you find the humour. (Though in a real act of course, both are vital.) Much of the rest of the routine is about my general experience of working in public health when it was in the NHS. This helped me understand how it feels to create comedy for your own community. If you work for public health, think about how you react to my jokes. Are they useful or not? If they're not, what might work?

²⁴ If you're of a certain age you might be thinking whose catchphrase that was: Jimmy Cricket.

²⁵ Wiegand, C. (2019) "Olaf Falafel wraps up victory in Edinburgh funniest joke award" *The Guardian* 19 August. Available from: <https://www.theguardian.com/stage/2019/aug/19/olaf-falafel-edinburgh-funniest-joke-award> [Accessed 3 September 2019].

²⁶ Does anyone find this offensive? I don't think it's making fun of Tourette's. However, I can see with some audiences depending on the context of the whole show it could be. I look more at the ethics of stand-up on pages 91-106.

My act includes a focus on the related issues of bosses, decision-making and bullying. As around a quarter of NHS staff say they have experienced bullying this seemed a topic worth bringing more into the open.²⁷ I appreciate a lot of public health staff now work for local government. Not all health improvement staff do however, and many people may still bear the scars from their NHS years. I know I do. I have included some of my routine in this guide/discussion paper.

Renown American writer and satirist Dorothy Parker once said rather dismissively:

*There's a hell of a distance between wise-cracking and wit. Wit has truth in it. Wise-cracking is simply calisthenics with words.*²⁸

However, I think that they both have a role to play in health comedy, though I use different terms. I've thought carefully about the distinction between what I call irrelevant joke comedy and serious joke comedy. Both are potentially useful. And indeed, it is more of a continuum than an outright split. To an extent irrelevant jokes with a health theme are filler, padding out the act. They hopefully make people laugh, listen and want to come back for more. The actual health content of the routine can be made in-between them. An example of this type of gag would be this one of Paul Merton's:

*There are various ways to give up smoking – nicotine patches, nicotine gum. My Auntie used to pour a gallon of petrol over herself every morning.*²⁹

It's funny but doesn't really have any point to make. This is OK. You may need to pace them however so that the audience has time to take in any serious points you are making. Make sure as well that irrelevant jokes don't accidentally taint the act with any inappropriate thoughts or feelings. Jokes for example should not get in the way of any sense of connection you're trying to create with the audience or between audience members.

Serious joke comedy maybe harder to think up (for me anyway), though just as funny. I also thought about calling it intrinsic joke comedy as the humour comes directly out of the reality of the situation. It comes from exposing the truth of an issue. It might show up the absurdity or irrationality of a situation or a set of health beliefs. Often this might have a political edge. Alternatively, it might draw on the emotions behind a health issue.

²⁷ NHS Employers (2019) "Tackling bullying in the NHS" *NHS Employer*. Available from: <https://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/tackling-bullying-in-the-nhs> [Accessed 6 May 2019].

²⁸ Parker, D. (1956) *Paris Review*. Summer quoted in Radcliffe, S.(ed.) (2000) *The Oxford Dictionary of Thematic Quotes*. Oxford: Oxford University Press. p. 411.

²⁹ Merton, P. quoted in Carr, J. & Greeves, L. (2006) *The Naked Jape*. London: Michael Joseph. p. 28.

In terms of the first of these, Bill Hicks had a whole routine about marketing. It's an exaggeration of course. It does tap into a truth however; about how sophisticated marketing has been used to sell some very unhealthy products aimed at children. Simply to make money. Think of the current obesity crisis. I quote some of his act here:

By the way if anyone here is in advertising or marketing...

...there's no rationalisation for what you do, and you are Satan's little helpers...

...You are the ruiner of all things good, seriously.

No this is not a joke, you're going, "There's going to be a joke coming."

There's no fucking joke coming. You are Satan's spawn filling the world with bile and garbage. You are fucked, and you are fucking us...

... I know what all the marketing people are thinking right now too, "Oh, you know what Bill's doing, he's going for that anti-marketing dollar. That's a good market, he's very smart."

Oh man, I am not doing that. You fucking evil scumbags!

"Ooh, you know what Bill's doing now, he's going for the righteous indignation dollar. That's a big dollar. A lot of people are feeling that indignation. We've done research – huge market. He's doing a good thing."

Godammit, I'm not doing that, you scum-bags! Quit putting a godamm dollar sign on every fucking thing on this planet!

"Ooh, the anger dollar. Huge. Huge in times of recession. Giant market, Bill's very bright to do that..."

... How do you live like that? And I bet you sleep like fucking babies at night, don't you?

"What didya do today honey?"

*"Oh, we made ah, we made ah arsenic a childhood food now, goodnight."
[snores]*

*"Yeah we just said you know is your baby really too loud? You know?"
[snores]*

“Yeah, you know the moms will love it.” [snores]

Sleep like fucking children, don’t ya, this is your world isn’t it? ³⁰

In terms of gags that home in on the emotional truth of an issue, I identify with a routine done by John Moody at a comedy night by and for academics:

My area of specialism is alcohol public health research. Otherwise known as a dedicated and enthusiastic proponent of the nanny state.

... I used to work at a team at the University of Sheffield which did all the work around alcohol minimum unit pricing which made trips back to Glasgow a little hazardous.

(Accusingly) “University of Sheffield is it? Public health is it? You wouldn’t be working in that minimum unit pricing, would you?”

(Rather shiftily) “Who me? No, I just work in genital herpes prevention.” ³¹

A funny thing happened to me... Working in academic public health

John Moody is a health researcher in the UK. He has presented his work in comic format at Bright Club, the stand-up network for academics. One of his routines is on obesity prevention in Scotland - *Hazardous Waists*. Another is on Newcastle’s alcohol policies - *Buckfast Free Zone*.

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Evidence-based laughs

The first draft of my *Seriously Funny* act focused on my feelings around the lack of evidence-based practice in much of the work I’ve done over the years. Often, I’ve had jobs where despite what the policies and mission statements might say, the real rule was do what the big boss says – or else. Evidence was trumped by hierarchy. And I was most definitely in the echelons of the lower-archy.

So, although this guide/discussion paper is quite speculative, I felt it important to use evaluations from actual projects where possible. This is in addition to self-reflection and theory.

³⁰ Fluffy Links (2019) *Bill Hicks on Marketing & Advertising*. Accessible from: <http://www.fluffylinks.com/bill-hicks-on-marketing> [Accessed 6 May 2019].

³¹ Moody, J (2013) *John Mooney - Hazardous Waists*. [online video] Available from: <https://www.youtube.com/watch?v=Xt1Za9Jhtms> [Accessed 6 May 2019].

³² Moody, J (2013) *John Mooney - Hazardous Waists*. [online video] Available from: <https://www.youtube.com/watch?v=Xt1Za9Jhtms> [Accessed 6 May 2019].

³³ Moody, J (2017) *Buckfast Free Zone by John Mooney*. [online video] Available from: <https://www.youtube.com/watch?v=UvcvI4I7VtQ> [Accessed 6 May 2019].

Timing is everything

Perhaps *now* is always the right time to use stand-up for health education purposes. In terms of live performance, it is much more accessible than other types of theatre presentations. (And cheaper too of course. Cheap enough for many health organisations to fund.)

I'm hoping though that this is exactly the right moment to be promoting health stand-up. It has been around for a while of course. The Big Difference Company came out of Leicester Comedy Festival many years ago, for example.³⁴ Recently however there have been a slew of more mainstream UK comedians exploring the humour of their medical conditions or mental states.³⁵ Ruby Wax is probably the most famous.³⁶

A funny thing happened to me... Cancer

"Beth Vyse is another comic who has turned life-threatening experiences into comedy. As Funny as Cancer, her acclaimed absurdist show from 2015, tackled her battle with breast cancer via dreamlike bus rides with Michael Jackson and a pile of ping-pong balls."

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Political stand-up is perhaps also currently having a renaissance, in the States at least, with the election of Donald Trump. I personally see public health, of which health education is a part, as being immensely political. It's true that it includes giving individuals the information necessary to make personal decisions about physical and mental health. However, it also includes more political topics such as how ethnicity affects both people's health.³⁸ In addition it focuses on policy decisions that affect health including transport, housing, education and the environment.

I'm interested in health stand-up that tries to improve health in a number of different ways. Yes, by getting individuals to think about their lifestyles but also seeing how changes in their communities or in politics may be needed as well. I'm also interested in stand-up aimed at professionals, commissioners and policymakers. It may be of use to health workers, public health staff, trainers and campaigners too.

³⁴ The Big Difference Company (2019) *Welcome To Big Difference Company*. Available from: <http://www.bigdifferencecompany.co.uk/> [Accessed 6 May 2019].

³⁵ Though on reflection perhaps "slew" isn't the best collective noun for potential public health comics...

³⁶ Wax, R. (2019) *Ruby Wax, OBE*. Available from: <http://www.rubywax.net/mental-health.html> [Accessed 7 May 2019].

³⁷ Williams, B. (2018) "Booze, bankruptcy, brain haemorrhage: the comics turning tragedy into laughs" *The Guardian* 1 August. Available from: <https://www.theguardian.com/stage/2018/aug/01/matt-rees-beth-vyse-adam-hess-standup-edinburgh> [Accessed 7 May 2019].

³⁸ Connolly, A.M., Baker, A. & Fellows, C. (2013) *Understanding health inequalities in England*. Available from: <https://publichealthmatters.blog.gov.uk/2017/07/13/understanding-health-inequalities-in-england/> [Accessed on 7 May 2019].

A key part of communication is initially engaging people. Comedy may do this in a way that a lecture or leaflet won't. Marketing theory has often stressed the importance of companies building up long term relationships with customers rather than just selling them one-off products.³⁹ Health services also need to build trusting relationships with target groups. Perhaps comedy may be a way of them breaking the ice and saying that we're all human. You can talk to us. You can trust us. Not just now but in the future too.

In the rest of this guide/discussion paper I also explore how far it's important that audiences laugh at the act, the role of story and the importance of follow up, as well as how comedy may fit into the bigger picture of health provision.

Five kinds of Stand-up

I see five potential kinds of comics:

1. All of us! It seems to me a very human thing to be funny as part of living our everyday lives
2. Traditional comics who make a living out of making people laugh be it on stage, on TV, on DVD etc. These acts are purely commercial. Tommy Cooper sprung to mind. (Just like that)
3. Comics who sometimes have a routine about a particular health concern e.g. the time they were treated for cancer, but still just make a living from making people laugh. There is little or no follow up to what they do. An example could be Ed Gamble, who sometimes does stuff about his own diabetes⁴⁰
4. Comics whose acts always focus on the same health issue e.g. a disability they have etc, but still make a living from making people laugh. Again, there is little or no follow up to what they do. An example could be Lee Ridley⁴¹
5. A new additional breed of stand-up who get paid to engage people through comedy about health or other topics of social importance. Making people laugh for them is a means to an end. Their act would in part be educational and they, or others, might do follow-up to engage people further. This could include group discussions or helping members of the public to develop their own material. They would be paid by the state, charities or even health campaigning organisations. Their work could be part of a bigger programme of activities on the same theme. Ultimately, they would be judged by how much they improved people's health rather than how many laughs they got. The nearest I've come across is Ruby Wax. She works for herself, but part of

³⁹ Berry, L.L. (2002) "Relationship Marketing of Services Perspectives from 1983 and 2000" *Journal of Relationship Marketing*. 1 (1) pp. 59–77.

⁴⁰ Gamble, E. (2018) "Ed Gamble: I wish people knew more about how diabetes works – I can still eat what I like". *inews* July 13th. Accessible at: <https://inews.co.uk/opinion/comment/ed-gamble-my-life-as-diabetic/> [Accessed 7 May 2019].

⁴¹ Ridley, L. (2019) *Lost Voice Guy*. Accessible at: <http://lostvoiceguy.com/> [Accessed 7 May 2019].

her act includes talking about mental health.⁴² She has also written back up materials.⁴³

This new breed would need a knowledge of both comedy and health education. They would need a grasp of psychology, sociology and politics. Self-awareness would be helpful too. Either them or the team they were part of would also need to be good at research and follow-up techniques such as group work. They would need to tie-in with other approaches to improving health, as education on its own is often limited. For example, there is little point in encouraging and empowering people to get contraception if services are limited or hostile.

A funny thing happened to me... Being a doctor

“It’s a tearful, brutally honest summary of the heavy emotional toll his former job as an NHS doctor took on his relationship and his wellbeing. He’s clearly still haunted by one horrific incident, but is forcing himself to talk about it. Why? To send a message that dedicated medics ... shouldn’t be used as political pawns”.

“However powerful it is, if this heartfelt coda had come at the end of a weak show, it wouldn’t have turned it around. However actually the whole hour builds up to this moment, but you’re too busy laughing to suspect a thing, as Kay reads from his old diaries charting his time working in London hospitals.”

Steve Bennett reviewing Adam Kay

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With these comics we should define health stand-up not by just jokes and laughter but by its purpose and fact that it’s an effective way of engaging people.

Health stand-ups could use comedy to engage people at both an emotional and intellectual way by:

- Attracting people who might otherwise not be interested in coming to a health event
- Smuggling in information about health in a way that isn’t boring
- Exaggerating the truth to make a point
- Showing up the strangeness of individual beliefs that damage health
- Showing up the nonsense in health services
- Showing up the absurdities of an economic system that damages health

⁴² Wax, R. (2019) *Ruby Wax, OBE*. Available from: <http://www.rubywax.net/mental-health.html> [Accessed 7 May 2019].

⁴³ She has written several books including Wax, R. (2018) *How to be Human: The Manual*. London: Penguin Life

⁴⁴ Bennett, S. (2016) “Adam Kay: Fingering A Minor On The Piano” *Chortle*. Available from: https://www.chortle.co.uk/comics/a/2949/adam_kay/review [Accessed 7 May 2019].

- Helping make certain behaviours taboo, be it parents smoking in front of their children or companies making huge profits from tobacco in the Third World
- Reassuring people that they are not alone or freaks
- Sharing their own pain in socially acceptable way and showing it's OK to be vulnerable
- Making health issues more publicly acceptable to talk about, both at follow-up discussions at the comedy event and in everyday life
- Helping to create a more approachable image for health services

(On page 39 I also cover how stand-up can be used to help people become more confident and able to communicate. This is through teaching them how to perform stand-up themselves. However, this isn't the main focus of this document.)

In some ways these professional health stand-ups might sometimes have more in common with after-dinner speakers or raconteurs, than your everyday comic. They would be making a serious point but using humour to make it more palatable. Fewer people however would probably be interested in going to see someone calling themselves an after-dinner speaker.⁴⁵ Even less going to see a raconteur. Stand-up is a much better brand. It's a title that attracts people. As long as the show is entertaining and amusing it probably won't matter if it's not 100% accurate. And if it becomes successful then the definition of stand-up would probably expand to include it anyway.

⁴⁵ Frank King, the mental health comedian describes himself as a Suicide Prevention and Postvention Public Speaker and Trainer. He presumably doesn't use this term to attract the public however. King, F (2019) *Motivational Suicide Prevention Public Speaker – Mental Health – Stigma – Depression – QPR – TEDx – Lived Experience*. Available from: <https://www.thementalhealthcomedian.com/> [Accessed 7 May 2019].

5) “Stop it. You’re Killing Me”: What’s the Purpose of Health Stand-up?

We work through laughter, not for it⁴⁶

The purpose of most stand-up is to get as many laughs as possible (and for professionals to make a living out of it). Some comics, like Frankie Boyle may also have political views.⁴⁷ Others, such as Ben Morrison may want to share their experiences of a health condition.⁴⁸ However, even in these last two cases the main focus is on entertainment.

This would not be the case with health comedy. Laughter here is a means to an end. Its purpose is to improve health. This could be around individual lifestyle choices or more political issues like pollution, the promotion of unhealthy products such as cigarettes to the Third World, or health inequalities. In other words, “Stop it. You’re killing me” can be an internal dialogue with oneself or the battle cry of a campaign group.

One way of looking at the purpose of the health comedy is to consider the different groups involved.

Is health comedy for the benefit of the performer, i.e. the stand-up? It can be. The focus can be on giving people more confidence and communication skills. (See page 39). It might also help people let their feelings out, feel heard or even explore issues. (It can even be misused to have a go at other individuals or groups, under the pretence of “It was only a joke”.)

Is it for the benefit of the people who commission the comedy? It needs to meet their goals but doesn’t have to tickle their sense of humour, or that of their boss. So, what might their goals be? Some organisations use comedy nights as a way to raise funds or raise their profile. The British Heart Foundation has done this.⁴⁹ Here the comedy need not be focused much on health at all.

Generally, however, I think the purpose should be improving the health of the many.

My interest in writing this guide/discussion paper was mainly to explore and encourage health comedy that benefits a specific target group. I was going to say audience but sometimes the target group we want to reach may not be the same as the people who turn up for the gig, e.g. reaching kids through parents. The target

⁴⁶ Griffiths, T. (1976) *Comedians*. London: Faber and Faber. p.20.

⁴⁷ Boyle, F. (2019) *Frankie Boyle’s New World Order*. Available from: <https://www.frankieboyle.com/> [Accessed 7 May 2019].

⁴⁸ Everyday Health (2008) *Crohn’s, Sex and Intimacy: Comedian Ben Morrison’s Guide for Men (and the People Who Love Them)*. Available from: <https://www.everydayhealth.com/crohns-disease/webcasts/crohns-sex-and-intimacy-comedian-ben-morrisons-guide-for-men-and-the-people-who-love-them.aspx> [Accessed 7 May 2019].

⁴⁹ Phil McIntyre Entertainments (2010) *Victoria Wood Presents: The Angina Monologues*. Available from: <http://mcintyre-ents.com/talent/victoria-wood-presents-the-angina-monologues> [Accessed 7 May 2019].

group must both be engaged by the comedy and health must improved. There is the saying “Laughter is the best medicine” i.e. claiming that it’s directly good for one’s health. However, in this guide/discussion paper I’m really concerned with how stand-up can be used as an educational and promotional approach. I’m interested in how it might affect target groups’ knowledge, beliefs and long-term behaviour. This includes creating a positive relationship with public health and other services as approachable rather than killjoy or puritan.

How to avoid a comedy of errors

Health comedy is a bit like advertising. If you remember the humour or beauty of an advert but can’t remember which particular product it was for, the ad was a failure. Indeed, if it doesn’t affect sales it has probably been a failure.

Health stand-up must have a specific aim which in general terms should be about successfully improving health. For people just to have a good time at an event is not enough. To think otherwise would be an error.

It is worth in passing however mentioning some other groups. For example, is it likely that anyone other than the target group will be affected by the comedy? Sometimes this maybe positive e.g. if people share what they’ve learnt with others. However, if a group of people other than the target group see it and are offended by the language, what can you do? Similarly, how will the media respond to your comedy campaign? What are your plans to deal with these problems?

I believe that theory is essential to developing good practice in all the areas I have just mentioned. In this document I examine a range of ideas that might be useful in using comedy as a health education tool. These include:

- Relationship marketing
- Social marketing
- The Transtheoretical model
- AIDA
- Asset Based Community Development
- The cognitive-affective-behaviour approach to health education

I have used the simple step of starting off by identifying the problem. From this it is then easier to work out what the possible solutions are.

Why did the chicken cross the road? How should I know. Ask the chicken⁵⁰

If you want to solve a problem, it's important that you are clear what it is and what causes it. Also, who is it a problem for?

Wider than just education

Although in this document I'm mainly writing about stand-up as a health education tool, I'd like to start by putting it in a wider context. Stand-up comedy events could also be part of activities and infrastructure that create a sense of belonging. This may be in a geographical area e.g. a small local comedy festival. However, it could also be about combating isolation or distrust amongst communities of interest e.g. a show for young gay men. The problems to be solved here then are not just about people needing more information. They are about building solidarity. Taking part in cultural activities can improve individuals' sense of belonging and trust within their community.⁵¹ These cultural activities could include stand-up.

Relationship marketing

Relationships are also important in a different way. Commercial marketers have often concentrated on transactional marketing, getting someone to make a transaction i.e. buy something. The problem for the seller is how do you keep customers coming back to buy more? So, there has been a shift in some organisations towards relationship marketing. This involves finding out how to establish a relationship between the brand and customers, so they keep buying existing and new products or services. It means understanding the target group, solving their problems and tying in with their values. Health organisations often also want to have a good long-term relationship with people. They may want them to feel comfortable to ask for more help on other issues, to volunteer or to give money. If health organisations fail to build these relationships it will cause problems both for themselves and the people they want to help. Humour may help these trusting, approachable relationships to develop in the first place and then grow further.⁵²

Social marketing

Social marketing is useful in finding out what problems target groups have. It is not the same as advertising. It is about initially finding out about the needs and life circumstances of the target groups. This includes asking them what would encourage or discourage them from changing their health behaviour. The response to this research could be advertising campaigns. However, it could equally be

⁵⁰ The next few paragraphs are a modified version of Burns, M. (2008) "Sex & Drugs & Rock & Health: How music and popular culture can help reduce health inequalities" *Sex and Drugs and Rock and... Health*. pp.23-24. Available from: <http://www.sexanddrugsandrockandhealth.com/userimages/newPCTotalDocument.pdf> [Accessed 7 May 2019].

⁵¹ I&DeA + Regeneration and Renewal (2004) *Cultural Connections: Exploring The Power Of Culture As A Catalyst For Regeneration* in Department of Culture, Media And Sport Culture at the Heart of Regeneration. London: Department of Culture, Media and Sport. p 33, reference 31.

⁵² Proctor, P. (2007) *Public Sector Marketing*. Harrow: Prentice Hall. pp.34-36, 144-146 and 186.

changing how services are provided or lobbying government. In terms of using popular culture, social marketing techniques can be used to:

- Decide on the messages or issues that should be focused on
- Select the form of popular culture to be used e.g. stand-up or romantic novels
- Find out where to make an intervention e.g. where do the target group go or what radio stations do they listen to?
- Fine tune projects to make sure they are effective

Below I list some of the key lessons, health educators can learn from social marketing. Where appropriate I also bring in other ideas.

Make use of research

Find out about the target group. Why do they behave as they do in terms of health? How can they be reached? What special needs, interests or characteristics does the group have, that might be useful to know about? (This could include whether they like certain types of humour.) Pre-existing research may help to answer some of these questions, but usually additional local research is necessary. This often includes finding out more specific information about the factors that affect whether people change their health behaviour. These insights are important for focusing projects.

Divide up the population

It is useful to be as precise as possible in how you segment the target group. Try not to just to rely on age, class and gender classifications. Instead also be aware of beliefs and behaviours. If you are looking at reducing smoking rates in a particular geographic area, you might find that there are several subgroups of smoking behaviour. They may all need to be targeted in different ways.

At this point I would also like to briefly mention the Transtheoretical model and in particular the stages of change aspects of it.⁵³ This may be useful to use alongside any local research findings you have. Try to get an idea of how many people in the target group you are focused on are in the different stages.

The stages of change approach divides individuals up by where they are in terms of changing their behaviour. This can range from not even considering the need to change to having successfully changed long term. People in these different stages need to be targeted differently. The approach was originally devised for working with individuals. However, workers focusing on demographic groups could research where in the stages of change continuum their target population fit. I go into more details on pages 32-34.

⁵³ Prochaska, J.O., Redding, C.A. & Evers, K.E. (2008) "The Transtheoretical Model and Stages of Change" in Glanz, K., Rimer, B.K. & Viswanath, K. *Health Behaviour and Health Education*. San Francisco: Jolley-Bass. pp. 97-121.

Be aware of the cost of healthy behaviour

Returning to social marketing, it emphasises finding out why people don't see certain behaviours as a problem or continue to do them even if they do. This should include finding any hidden costs to the target group of being healthy. This doesn't need be financial. Reading health information that is boring, for example, "costs" the target audience, in terms of their time and happiness. If they won't pay this cost, the message won't get through. The answer may be to make the message more relevant and interesting. This might involve linking it to something more entertaining, which could include stand-up.⁵⁴

Comedian Russell Brand challenging inequality

"When I was poor, and I complained about inequality people said I was bitter. Now I'm rich and I complain about inequality they say I'm a hypocrite.

I'm beginning to think they just don't want inequality on the agenda because it is a real problem that needs to be addressed."

Reducing health inequalities is a major part of the job of public health. In the UK poorer parts of the country have worse health than better off areas. Similarly, communities such as ethnic minority groups also have worse health.

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Having found out more about the problem, it's easier to understand what the solutions might be. Stand-up may be just a small piece of a jigsaw of integrated activities that attempt to improve health. It might be aimed at changing people's lifestyles so that as individuals they try to live healthier. It could be aimed at trying to create healthier communities. It may even be political; a way of encouraging ordinary people or decision makers to try to change government or business policy.

Social marketing theory also has some specific things to say about finding solutions to problems:

⁵⁴ The information about social marketing comes from National Consumer Council (2006) *It's Our Health! Realising The Potential Of Effective Social Marketing (Summary)*. p.42. Available from: <http://www.thensmc.com/sites/default/files/ItsOurHealthJune2006.pdf> [Accessed 2 June 2019]. Note that the focus on stand-up in this section is my interpretation of this work. As a result, I have also used different headings to those in the document.)

⁵⁵ Brand, R. (2013) "Russell Brand: we deserve more from our democratic system". *The Guardian* 5 November. Available from: <https://www.theguardian.com/commentisfree/2013/nov/05/russell-brand-democratic-system-newsnight> [Accessed on 7 May 2019].

⁵⁶ Connolly, A.M., Baker, A. & Fellows, C. (2013) *Understanding health inequalities in England*. Available from: <https://publichealthmatters.blog.gov.uk/2017/07/13/understanding-health-inequalities-in-england/> [Accessed on 7 May 2019].

Focus on what you've found out will change behaviour

Hopefully your research will tell you both what holds the target group back from being healthier and what encourages them to be so. Sometimes people may not be interested in healthy behaviour itself. They might, hypothetically for example, consider giving up smoking so that they have more money to spend on a new-born baby. If this is the case, then health comedy needs to push this angle.

Be aware of the competition

How do health educators overcome the marketing of the big alcohol, tobacco and food companies? Do what they do but better. One thing they do is link popular culture to their products. This can be by links with stars, films etc. It might be by using pop songs with or without adapted lyrics. Humour is another option. Remember the Bud-weis-er frogs?⁵⁷ And don't get me started on that clown Ronald McDonald.⁵⁸ So, as I said, do what they but do it better.

Competition perhaps also means the competing viewpoints of different helping professions. So, another angle is perhaps making use of ideas from community development. I look at this in more detail on page 36.

Use a range of approaches

If you always do the same thing, you'll always get the same result. Be creative. Use the research to try something more appropriate with the target audience. It's also worth pointing out that often more than one approach is needed to make a difference.⁵⁹

Set behavioural goals

Social marketers may aim to get the target group to change their behaviour or to maintain it. So, as an example, they might try to stop people smoking or alternatively stay as quitters. Messages in jokes or other information in the act may need to take all this into account.

Pre-test

Make sure that you pilot any interventions you hope to make first. This is so improvements can be made early on.

⁵⁷ Raugust, K. (1998) "Bud-Weis-Er: Computer-Generated Frogs and Lizards Give Bud a Boost" *Animation World Magazine*. 3.7 October. Available from: <https://www.awn.com/mag/issue3.7/3.7pages/3.7raugustbud.html> [Accessed on 25 September 2019].

⁵⁸ Reference (2019) "What Are the McDonald's Characters' Names?" *Reference*. Available from: <https://www.reference.com/business-finance/mcdonald-s-characters-names-af7997173d2116b8> [Accessed on 25 September 2019].

⁵⁹ Smedley, B.D. & Smye, S.L. (eds.) (2000) *Promoting Health: Interventions Strategies from Social and Behavioural Research*. Washington, D.C.: National Academy Press in Glanz, K., Rimer, B.K. & Viswanath, K. (eds.) (2008) *Health Behaviour and Health Education*. San Francisco: Jolley-Bass. p.31.

Make use of appropriate theory

Social marketing theory doesn't say what other theories to use. It does stress however the need to base projects on theory. A number of theories are used throughout this guide/discussion paper, but others may be more appropriate in different circumstances.

Transtheoretical model

Returning to the Transtheoretical model I briefly mentioned earlier, using pop culture, such as stand-up may be particularly useful with groups of people in:

- *Pre-contemplation* - People in this stage are not thinking about changing their behaviour. This could be because of a lack of information or a conscious choice not to. (Perhaps these are the traditional "harder to reach" groups.)
- *Contemplation* - People who intend to make a change within the next six months

Stand-up may be less useful in the other stages but as relapse is possible, in all but the last one, may still be helpful in some circumstances. This may be particularly true if there is good research around relapse in the target group you are working with.

The other stages are:

- *Preparation* - People in this stage are defined as intending to change their behaviour within the next 30 days and as already having taken some steps to do so
- *Action* - People at this stage have changed their behaviour for less than six months
- *Maintenance* - People in this stage have changed their behaviour for more than six months
- *Termination* - This is the final stage. These are people who have changed their behaviour and who are 100% confident they will not relapse back into old ways

Pre-contemplators may not pay any attention to projects that are simply about health. However, a stand-up act that needs no effort to attend and is more generally engaging may still work. It would need to be somewhere the target group were going to anyway e.g. a youth club, comedy event or local festival. Try putting on a mixed event. Perhaps have food, music and comedy but don't oversell the health content, either beforehand or on the day. Workers would also need to be around to help to follow up any interest.

If you don't think that you can put together an easy to attend event you might be better trying something else. A magazine or a comic takes little effort to pick up if it looks appealing. If the content is interesting and relevant to the intended reader it

may hook a pre-contemplator and make them think. It could even contain some jokes or an article about an upcoming free health stand-up event.⁶⁰

The Transtheoretical model itself suggests several processes that are useful to help move people on from pre-contemplation. These include:

- Environmental re-evaluation - Realising the consequences of unhealthy behaviour or the potential positive effect of healthy behaviour. This could be on pre-contemplators' own lives or those of people around them⁶¹
- Dramatic relief - Experiencing the negative emotions, e.g. fear, anxiety or worry, that goes with the unhealthy behaviour
- Consciousness raising - Finding and learning new facts, ideas, and tips that support the change to more healthy behaviour

Stand-up may also be a way of engaging those pre-contemplators who might otherwise be there in body but not in mind or spirit. This group could include some pupils at school, turned off by conventional health education.

Contemplators might benefit from that extra push to actually do something. They might find the time to go a comedy event about becoming healthier when they've put off going to something more worthy. One of the additional issues to potentially promote with this group is self-re-evaluation. This means realising that behaviour change is an important part of one's identity as a person.⁶²

Alexei Sayle's comedy seems to be "aimed" more at the maintenance or termination end of the stages of change model

"But when it comes to changing people's minds, let alone how they vote, Sayle is more doubtful. 'My stuff is obviously very left-wing, but I was never trying to persuade people. That wasn't the purpose of it.' If anything, it was more of a 'bonding exercise', he says, 'with people who felt the same way'."

This is interesting in terms of encouraging health activists to keep on going.

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⁶⁰ I've written about this more at Burns, M. (2008) "Sex & Drugs & Rock & Health: How music and popular culture can help reduce health inequalities" *Sex and Drugs and Rock and... Health*. pp.67-82. Available from: <http://www.sexanddrugsandrockandhealth.com/userimages/newPCTotalDocument.pdf> [Accessed 29th October 2019].

⁶¹ Prochaska, J.O., Redding, C.A. & Evers, K.E. (2008) "The Transtheoretical Model and Stages of Change" in Glanz, K., Rimer, B.K. & Viswanath, K. *Health Behaviour and Health Education*. San Francisco: Jolley-Bass. pp. 99-105.

⁶² Prochaska, J.O., Redding, C.A. & Evers, K.E. (2008) "The Transtheoretical Model and Stages of Change" in Glanz, K., Rimer, B.K. & Viswanath, K. *Health Behaviour and Health Education*. San Francisco: Jolley-Bass. pp. 99-105.

⁶³ Logan, B. (2017) "Arrest that comedian! How satire could swing the UK election" *The Guardian* 2 June. Available from: <https://www.theguardian.com/stage/2017/jun/02/arrest-that-comedian-how-satire-could-swing-the-uk-election> [Accessed 21 October 2019].

All of these factors could theoretically be built into a stand-up event. It would also be important to make sure that support was available to:

- Help people deal with their feelings
- Follow up on any desire to change

Comedy may also be useful at the maintenance and termination stages. Not perhaps in terms of individual behaviour change like smoking. People and groups who are committed to a particular health campaign might appreciate it, however. It may be a way of strengthening their resolve or gently questioning any of their more extreme beliefs or behaviours.

AIDA

As I said earlier social marketing theory does not say what theories to use. However, AIDA is another useful model.⁶⁴ It's no longer so fashionable with marketing theorists. However, I think its simplicity still makes it useful when planning health comedy education events.

AIDA stands for:

- Get Attention
- Hold Interest
- Arouse Desire
- Obtain Action

Before I give more details about how it might be used I'd like to stress that with all four stages it's worthwhile seeing things from the point of the view of the target group and trying to answer their question "what's in it for me?"

A funny thing happened to me... Tourette's Syndrome

Jess Thom is a writer and comedian who founded Tourettes Heroes. She explores her neuropsychiatric syndrome through sketches and other formats.

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Get Attention

The novelty of using stand-up might serve as a good way to get a campaign noticed in the first place. It might get more media, social media and public attention. Hopefully all this will also lead to the intended audience coming to the event.

Hold interest

Ideally you want people to stay and not walk out. Indeed, if you are thinking of running similar further events, you'll want them to come to these as well – and

⁶⁴ Strong, E.K. (1925) "Theories of Selling" *Journal of Applied Psychology*. 9, pp.75-86.

⁶⁵ Tourettes Hero (2019) *Changing the World One Tic at a Time*. Available from: www.touretteshero.com/ [Accessed 14 May 2019].

perhaps bring their friends. It's important to stress that they'll need to get something out of it. Your main priority is health improvement. This may not be their's. Indeed, if the health stand-up is part of a bigger comedy event it may not be of interest at all. So, although there perhaps need not be a large number of huge belly laughs the audience still need to have an entertaining time.

Holding their interest isn't just about the comedy. It's also about relevance. If there are fewer jokes but the content is pertinent and engaging this might work perfectly well. In addition, there's all the things surrounding the event that might attract people, like the venue and the food. (Alcohol probably isn't a good idea.)

Of course, the content at some point should be relevant too. It must begin to appear important to the audience. As I said earlier this should be on their own terms. To get a better understanding of relevance see things from the point of view of the target group. Find the answer to their question "what's in it for me?" For many target groups being healthier may not be a personal goal. Having more money to go on holiday because they've given up smoking may be, however. As might, living long enough to help their grandkids grow up. Only proper research will answer these questions

If you're trying to influence a group of professionals also find out what problem of theirs you can solve. Tie this in with your own health goals to come up with something useful for everyone e.g. less staff sickness will reduce overall costs.

Arouse Desire (No! Put your clothes back on. It's a technical term for God's sake)
Thought the word "desire" suggests a feeling state this step could be intellectual too. When you are preparing the stand-up act, you need to be clear what the intended outcome is. What is to be desired? The cognitive-affective-behaviour approach to health education suggests a number of factors that need to be addressed to change behaviour. In practice I suggest throughout this guide/discussion paper that interventions need to focus on attitudes, values and feelings, as well as knowledge and skills.⁶⁶ (I explore all this more on pages 37-39.)

So, what do you want the audience to know, feel, think or do? Are you trying to encourage reflection and debate or to win them over to a particular view?

Put another way comedy is about communication. What do you want communicated in persona, tone, style and content to the target group? For example, depending on your research and what your audience reaction tells you, some target groups might either recoil or be engaged by the kind of joke George Carlin told:

⁶⁶ Blanaid, D., Watt, R., Batchelor, P. & Treasure, E. (2002) *Essential Dental Public Health*. Oxford Press: Oxford. p.156. This educational theory is sometimes also described as the three-legged stool.

*I think the warning labels on alcoholic beverages are too bland. They should be more vivid. Here is one I would suggest: "Alcohol will turn you into the same asshole your father was."*⁶⁷ (The desire here would not to be like your dad but to be sober.)

Obtain Action

Stand-up alone may not be enough to change people's views or action. It's perhaps a device to funnel people into more mainstream health education or towards using specific services. After the event at the very least people need something to take away with them to help them take that next step. This could be a leaflet about healthy eating, details of where to ring for a smear test or a chance to get face to face information from a person leading a course on stress.

You may even want people to take immediate action e.g. take part in an after-show discussion. You might also want them to use social media to tell people about the show and the issues it raises. They could even share clips of the show itself.

"If you want to tell people the truth, make them laugh, otherwise they will kill you."

George Bernard Shaw

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Asset Based Community Development (ABCD)

I said earlier that it was important to identify the problem you're trying to solve. I didn't say who should do this, but by default started talking as if it was professionals. Some community development theory emphasises the importance of local communities, not professionals, identifying what their problems and priorities are.⁶⁹ Similarly, what if local people or communities of interest are seen as the solution rather than the problem? Asset Based Community Development or ABCD argues for seeing things in this way.⁷⁰ Perhaps they can help develop the stand-up routine, suggest where it should be performed and even perform it themselves. I look at this last issue more on pages 109-110.

The cognitive-affective-behaviour approach to health education

The next theory I want to return to in more detail is the cognitive-affective-behaviour approach to health education. It stresses that knowledge alone is not likely to change someone's behaviour. (This is also probably true if you are looking to empower them

⁶⁷ Carlin, G. (2004) *When Will Jesus Bring the Pork Chops?* New York: Hyperion.

⁶⁸ Attributed.

⁶⁹ Doussou, G. & Ismael, J. (2010) "Bottom Up Community Development" *Faculty of Social Work, University of Calgary*. Available from: <https://cdastoolforchange.weebly.com/bottom-up1.html> [Accessed 5 July 2019].

⁷⁰ Nurture Development (2019) *Asset Based Community Development (ABCD)*. Available from: <https://www.nurturedevelopment.org/asset-based-community-development/> [Accessed on 7 May 2019].

to make their own decisions.) You also need to look at attitudes and skills. Under attitudes I'd also include values and feelings.⁷¹

In terms of information, stand-ups can give this between jokes or perhaps even as jokes. The BBC Radio 4 comedy double act of scientists Rutherford and Fry are good at putting information across. They talk about science in a humorous way e.g. about unhealthy food or hangovers.^{72 73} Perhaps having two people makes it seem more natural and more like a conversation and less like a lecture.

A funny thing happened to me... Endometriosis

In 2016 stand-up comedian and theatre-maker Amy Vreeke was diagnosed with endometriosis. Out of this experience she was commissioned to produce her act *The Year My Vagina Tried to Kill Me* and relive twelve years of misdiagnosis, toilet-based mishaps and failed one-night stands.

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The cognitive-affective-behaviour approach is useful but in reality, the various aspects of it are often intertwined. People may need information about attitudes, feelings and skills as much as medical facts.

There is also the issue of when to use information to give answers and when it is more about listing options or raising questions.

Decision-making is based on people's attitudes, beliefs and feelings. These will have grown up over time. They may consciously and subconsciously be based on:

- A variety of initial premises that may or may not be true
- Logical and illogical lines of thoughts
- Information that is limited or even biased and incorrect
- Feelings that may skewer or override logic

These will vary from individual to individual and from culture to culture. Comedy may be a good way of challenging absurdities, irrationality and its related unfairness, particularly when these are related to power.

It might help provoke questions, discussions and reflection. An act may even be able to offer analysis and possible solutions.

However, I would like to say a little more about feelings before moving onto skills.

⁷¹ Made you look!

⁷² *The Curious Cases of Rutherford and Fry*. 2019. BBC Radio 4. 27 December. 20.45 hrs.

⁷³ *The Curious Cases of Rutherford and Fry*. 2019. BBC Radio 4. 19 December. 20.45 hrs.

⁷⁴ Sick Festival! (2019) "The Year My Vagina...." *Sick Festival!* Available from: <http://www.sickfestival.com/commissions/the-year-my-vagina-tried-to-kill-me/> [Accessed 21 September 2019].

Professor Maio from Cardiff University has found that feelings are one of the four psychological barriers that stop the fight against obesity. This is because:

... people often possess feelings that they are unable to retrieve from their memories or are unwilling to admit to others. For example, even though people may consciously endorse exercise, they may non-consciously associate it with pain, difficulty and exertion. Laboratory experiments have shown these automatic feelings are more accurate at predicting people's behaviour than their conscious attitudes.⁷⁵

In other words, it may be useful to think of the feeling as the glue that holds the message part of attitudes or beliefs in place. The message part could be something like exercise is difficult and people will laugh at me. In this example the feeling could be the fear of being hurt in this way. People may or may not be aware of the message but still react to the feeling connected to it.

Similarly, by extension socialisation around gender, race, class and a whole range of other issues are also held in place by feeling as much as rational thought.

Feelings are not necessarily a bad thing of course. They are part of being human and feeling fully alive. Research shows people want to be happy – a feeling.⁷⁶ However, when making decisions around health, feelings often need to be tempered by conscious awareness and rational consideration. Short term happiness may need to be measured against long term unhappiness e.g. around the consequences of sexual behaviour, eating or drinking. (However, health programmes can make use of people's desire for short term happiness. They can make involvement in health education projects more fun e.g. by using stand-up.)

Stand-up may also be a good way at exploring feelings. Taboos can be explored and shaken. This need not just be traditional subjects like sex. Comics with specific medical issues can highlight their conditions This makes it more visible, humanises it and gives people permission to talk about it. In doing so, they hopefully help themselves, others with the condition and indeed all of us.

Laughter may also reduce stressful feelings and make people feel better about an issue, as well as bond with others. This can also be healing and enable sharing. More of all of this in later chapters. See pages 42-45.

⁷⁵ The work of Professor Gregory Maio, a psychologist from Cardiff University is relevant here. Some of his research and the quote I used can be found in Economic and Social Research Council (2007) *Britain Today 2007*. Swindon: Economic and Social Research Council. p.42.

⁷⁶ Skevington, S.M., McArthur, P. & Somerset, M. (1997) "Developing Items For The WHOQOL: An Investigation Of Contemporary Beliefs About Quality Of Life Related To Health In Britain". *British Journal of Health Psychology*. 2 pp.55-72 quoted in Argle, M. (2001) *The Psychology of Happiness*. Hove, UK: Routledge. p.1.

The final part of the cognitive-affective-behaviour approach to health education focuses on skills. These might be intrapersonal i.e. simply to do with how somebody deals with their own feelings. Learning mindfulness would be an example of this.

They might be interpersonal i.e. learning how to have better relationships. This is often to do with helping other people to deal with their feelings, but another example could be a young person saying no to cigarettes.

They could also be practical. For example, learning how to pick nits out of a child's head or overthrow a government responsible for health inequalities that kill thousands.

The stand-up might be able to demonstrate these skills or simply talk about them. Another option is to have information about skills available for the audience to pick up and take away with them.

Sometimes stand-up itself is used to teach people new skills. Welsh comedian Rhod Gilbert came out as shy in a 2018 BBC documentary.⁷⁷ He also taught three other "shysters" how to be a comic and go on stage, to boost their confidence.

People taking part don't necessarily have to perform to an outside audience. For example, comedian and writer Sharon Race led comedy workshops for women involved with mental health services. This was to improve self-confidence and creativity. Working in a group helped people to decide whether something was funny or not. They later performed to a specially invited audience of friends and family.⁷⁸

Another project in Australia worked with people with mild dementia who performed improved comedy sketches.⁷⁹ This led to an improvement in memory.

Feel like I'm taking the fun out of funny?

I appreciate that I've covered a lot of theories in this chapter. I thought it was important. Sorry if it was a lot to take in. I have referred to them again throughout this document e.g. when talking about writing comedy. I hope this embeds them in your understanding in a more realistic way. In practice, the use of theory need not be too daunting, however. If health workers do all the research and use appropriate theory to write out the key points, a stand-up can then build a routine around them. I'm hoping this way acts can be produced that are both funny and improve health.

⁷⁷ Rhod Gilbert: *Stand Up to Shyness*. BBC One Wales. 24 January 2018. 2100 hrs.

⁷⁸ Whetstone, D. (2018) "Comedy has a part to play in mental health issues" *The Journal*. 2 March 2015. Available from: <http://www.thejournal.co.uk/culture/comedy-news/comedy-part-play-mental-health-8751154> [Accessed 2 June 2019].

⁷⁹ Stevens, J. (2011) "Stand up for dementia: Performance, improvisation and stand up comedy as therapy for people with dementia; a qualitative study" *Dementia* 11 (1) pp. 61-73. Available from: <https://journals.sagepub.com/doi/abs/10.1177/1471301211418160> [Accessed as a print off from NHS library, 5 November 2018].

6) No Laughing Matter: Theories of Humour

That's not funny

*I judged one of the comedy awards this year ... the subjects of them were like manic depression, suicide... slightly involuntary you know bottom sex... they were treated with the most tremendous reverence... they all looked like dramas... and when I said are they actually making anyone feel better or even remotely funny I got stared at and the bloke next to me said "comedy shouldn't have to make you laugh"*⁸⁰

Jane Bussmann

In the next couples of chapters, I'll look at the role of both humour and more specifically laughter in health stand-up. Actually though, I do believe that it's OK if health comedy only makes people smile to themselves. Indeed, anything that engages the target group and changes their behaviour towards health should be seen as a success. If you're worried about how hilarious your event might be however you could try rebranding it as "A Light-hearted Look at Terminal Cancer" or "Live Autopsy - Plus Bouncy Castle and Other Entertainment". That kind of thing.

A joke from a Harry Venning *Clare in the Community* cartoon – or is it?

"My long-term plan is to take all the hurt, fear, loneliness, rejection, disappointment, anxiety, despair and self-loathing and channel it into a stand-up routine"

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There has been plenty of research that suggests that humour generally can be an important educational tool e.g. in *The European Journal of Humour Research*.⁸² It reports that:

In the field of education, questions have arisen about how to use humorous messages as tools to foster learning and bring social and cultural issues into the classroom. Some authors have called for the use of humour as a powerful

⁸⁰ Bussman, J. 5 Live Drive BBC Radio 5.21 September 2017.16.00 hrs

⁸¹ Venning, H. (2019) "Clare in the community: don't make me laugh" *The Guardian*. 30 April. Available from: <https://www.theguardian.com/society/picture/2019/apr/30/clare-in-the-community-dont-make-me-laugh> [Accessed 5 June 2019].

⁸² Mora, R.A., Weaver, S. & Lindo, L.M. (2015) "Editorial for special issue on education and humour: Education and humour as tools for social awareness and critical consciousness in contemporary classrooms" *The European Journal of Humour Research*. 3(4) pp.1-8. Available from: <https://europeanjournalofhumour.org/index.php/ejhr/article/view/75/pdf> [Accessed 3 July 2019]. It was originally one long paragraph, but to make it easier to read I've broken it up. I've tried to access the originals where possible.

psychological tool in the classroom (Garner 2006⁸³; Tziatis 2012⁸⁴; Seidman & Brown 2013⁸⁵).

Some effects of humour found in the literature include the facilitation of learning (Seidman & Brown 2013⁸⁶), the promotion of more relaxed learning environments that support interactions among students (Tziatis 2012⁸⁷) and fostering student retention (Garner 2006⁸⁸).

There is also evidence of the pedagogical benefits of humour. Hurren (2005/2006⁸⁹), for instance, posited that humour in the classroom may encourage more attention, creativity, critical thinking and social contact.

Both Lindo (2010⁹⁰) and Mayo (2008⁹¹) argued that humour may be an excellent entry point in today's classrooms to engage in discussions of social justice issues such as race.

Gordon (2011⁹², 2012⁹³) argues that philosophers of education need to stop neglecting discussions about humour and, instead, embrace its potential in education.

In addition, there have also been research articles on humour's relevance to individual and group therapy. This also suggests perhaps that humour could be useful in health education. In *The Journal of Cognitive Psychotherapy* it says⁹⁴

⁸³ Garner, R. L. (2006) "Humour in pedagogy: How ha-ha can lead to aha!" *College Teaching* 54 (1) pp. 177–180.

⁸⁴ Tziatis, D. (2012) "Humour as an outdoor educator's tool" *Pathways: The Ontario Journal of Outdoor Education* 24 (2) pp. 35–36.

⁸⁵ Seidman, A. & Brown, S. C. (2013) "College classroom humour: Even the pundits can benefit" *Education* 133 (3) pp. 393–395.

⁸⁶ Seidman, A. & Brown, S. C. (2013) "College classroom humour: Even the pundits can benefit" *Education* 133 (3) pp. 393–395.

⁸⁷ Tziatis, D. (2012) "Humour as an outdoor educator's tool" *Pathways: The Ontario Journal of Outdoor Education* 24 (2) pp. 35–36.

⁸⁸ Garner, R. L. (2006) "Humour in pedagogy: How ha-ha can lead to aha!" *College Teaching* 54 (1) pp. 177–180.

⁸⁹ Hurren, B. L. (2005/2006) "Humour in school is serious business" *International Journal of Learning* 12 (6) pp. 79–83.

⁹⁰ Lindo, L. M. (2010) "Comic revelations" *Our Schools/Our Selves* 19 (3) pp. 185–198.

⁹¹ Mayo, C. (2008) "Being in on the joke: Pedagogy, race, humor" *Philosophy of Education* pp. 244 – 52.

⁹² Gordon, M. (2010) "Learning to laugh at ourselves: Humour, self-transcendence, and the cultivation of moral virtues" *Educational Theory* 60 (6) pp. 735–749

⁹³ Gordon, M. (2012) "Humour, laughter and educational philosophy" *Encounter* 25 (2) pp. 9–15.

⁹⁴ Gelkopf, M. & Kreitler, S. (1996) "Is Humor Only Fun, An Alternative Cure or Magic? The Cognitive Therapeutic Potential of Humour" *Journal of Cognitive Psychotherapy*. 10 (4) p.242. Again, it was originally one long paragraph, but so as make it easier to read I've broken it up. As before I've tried to read the originals where possible.

Humor comprehension and appreciation were found to be related positively to mental flexibility (Morreal, 1991⁹⁵), as manifested also in the positive correlation between rating of jokes as funny and speed of mental rotations (Johnson, 1990⁹⁶).

Nilsen, Donelson, Nilsen, and Donelson (1987⁹⁷) concluded that humor forces the mind into modes of thinking that are investigative, seeking and filled with trial-and-error.

Further, perception of incongruity and its resolution has been identified as an essential component of a sense of humor by investigators of humor in the past and present (Bateson, 1958⁹⁸ Bergson, 1911⁹⁹; Berlyne, 1969¹⁰⁰ Forabosco, 1992¹⁰¹). Because incongruity includes discrepancies, contrasts, and even conflicts, dealing with incongruity actually involves problem solving.

Another important process involved in humor is shifting, namely, changing the cognitive process or content on which one focuses, e.g., changing the theme, attitude, or point of view.

In addition, research has shown that:

there is more attitude change when recipients of a message like the source and are in a good mood, as can be produced by humour.¹⁰²

How important is laughter in health comedy?

There may also be certain additional benefits to humour that creates laughter:

The audience get what they expect

If the event is billed as stand-up they may feel let down if they don't laugh, even if they are entertained or find it engaging or useful. Perhaps they would also be more likely to come back to another event and bring some friends if they laugh. (It might be useful to check out these assumptions both before and after an event)

⁹⁵ Morreall, J. (1991) "Humor and work" *Humor*. 4 pp. 359-373.

⁹⁶ Johnson, A. M. (1990) "A study of humor and the right hemisphere" *Perceptual and Motor Skills*. 70 pp. 995-1002.

⁹⁷ Nilsen, A., Donelson, K. Nilsen, D., & Donelson, M. (1987) *Humor for Developing Thinking Skills*, 44, 63-75.

⁹⁸ Bateson, G. (1958) "The role of humor in human communication" In: Von Foerster, H. (ed.) *Cybernetics*. New York: Macey Foundation.

⁹⁹ Bergson, H. (1911) *Laughter: An essay on the meaning of the comic*. New York: Macmillan.

¹⁰⁰ Berlyne, D. E. (1969) "Laughter, humor and play" In: Lindzey, G. & Aronson, E. (eds.) *Handbook of social psychology* (Vol. 3; 2nd ed.). Reading, USA: Addison-Wesley.

¹⁰¹ Forabosco, G. (1992). "Cognitive aspects of the humor process: The concept of incongruity". *Humor*. 5 pp. 45-68.

¹⁰² Petty, R.E. & Wegener, D.T., (1998) "Attitude Change: Multiple Roles For Persuasion Variables" In: Gilbert, D.T., Fiske, S.T. & Lindzey, G. (eds.) *The Handbook Of Social Psychology*. (4th ed.) Vol. 1. Boston: McGraw-Hill. pp. 323-399. quoted in Argle, M. (2001) *The Psychology of Happiness*. Hove, UK: Routledge. p.69.

Change is more possible

Laughter perhaps allows people to alter their beliefs as well. American stand-up and social critic George Carlin said:

*No one is ever more herself or himself than when they really laugh. Their defences are down...They are completely open, completely themselves when that message hits the brain and the laugh begins. That's when new ideas can be implanted. If a new idea slips in at that moment, it has a chance to grow.*¹⁰³

Co-counselling International theory also believes that emotional release, including laughter, can allow people to be open to seeing things differently. They may gain new personal insights into their beliefs or behaviour and decide to change them as a result of this. John Heron, the main theorist that Co-counselling International is based, on claims that:

Catharsis is much more than mere emoting, A comprehensive account includes, in my experience. the following:

1. *Balance of attention. The person is aware of, in touch with, the distress emotions, but also has some awareness focused outside the distress - on the supportive presence of another person, on some thoughts, words that contradict (but do not repress) the pain of the distress...*
2. *The release. From the zone of free attention, the person takes off the inhibitory control and lets the somatic convulsions - the sobbing, the trembling, the storming, the laughing - occur, while experiencing, opening consciousness to, the previously occluded pain of grief, fear, anger, shame. The distress convulses body and mind, but is in turn consumed by this acceptance. The experienced client will avoid premature closure which cuts off the discharge before all available distress at that working level is cleared...*
3. *Spontaneous insight. Catharsis generates spontaneous insight, and the insight is just as important and valuable as the release of distress emotions...*
4. *Celebration. The liberation of distress from the human system is simply a prelude to the celebration that follows it...*¹⁰⁴

This is in a therapeutic context. Whether it's also true for comedy may depend on the whole experience of the person at an event. Does the humour touch on some deeper truth? Is this built upon by the comic? Does the organisation that put on the event encourage people to share and reflect on their experience either formally or informally? Do they offer further opportunities to build on this either in terms of

¹⁰³ George Carlin was well known as a socially conscious comedian in the US, though lesser known in the UK. Carlin, G. & Hendra, A. (2009) *Last Words*. New York: Free Press. p. 250.

¹⁰⁴ Heron, J. (1998) "Catharsis in human development" p.9. *South Pacific Centre for Human Inquiry*. Available from: <http://www.human-inquiry.com/catharsi.htm> [Accessed 9 September 2019].

counselling or practical support? Also is there any evidence to support the initial theory around catharsis in general and laughter in particular?

Actually there is some research that may tie-in with it. A 2014 study from Loma Linda University Health showed that:

When there is mirthful laughter, it's as if the brain gets a workout because the gamma wave band is in synch with multiple other areas that are in the same 30-40 hertz frequency. This allows for the subjective feeling states of being able to think more clearly and have more integrative thoughts. This is of great value to individuals who need or want to revisit, reorganize, or rearrange various aspects of their lives or experiences, to make them feel whole or more focused.^{105 106}

Groups may share better together

I wonder as well if an audience are likely to bond more if there is shared laughter.

Certainly, laughter is more likely in a group. Up to thirty times more likely.¹⁰⁷

Research also shows that laughter helps establish group membership.¹⁰⁸ Perhaps this is because laughter reduces levels of three chemicals associated with stress.¹⁰⁹

This may all help people open up if there is follow up group work. Of course, all this partly depends on how long the effects of all this last and whether it can be transferred from an audience setting to a discussion/sharing group. However, some research shows that cortisol levels associated with stress were reduced 15 minutes after watching a funny film. (The research implied that this was because of the action of laughter.)¹¹⁰ So, this suggests that the beneficial effect of laughter might be transferred from watching a stand-up act to working afterwards together in a group.

Interestingly other research suggests the audience itself may not be aware of all this:

The results show that disclosure intimacy is significantly higher after laughter than in the control condition, suggesting that this effect may be due, at least in part, to laughter itself and not simply to a change in positive affect. However,

¹⁰⁵ Atienza, H. (2014) "Humor Associated Laughter Produces Brain Waves Similar to Those Who Achieve a 'True State of Meditation,' Says Loma Linda University Health Study" *Cision PRWeb*. Available from: <http://www.prweb.com/releases/2014/04/prweb11782387.htm?PID=6151680> [Accessed 17 September 2019].

¹⁰⁶ I want to acknowledge that as well as not being a comedian neither am I a scientist. Any selection of research I make in this area over the next few pages therefore may well be flawed. However, laughter is actually being systematically studied and does show many benefits. For a partial overview for example see Yim, J. (2016) "Therapeutic Benefits of Laughter in Mental Health: A Theoretical Review" *The Tohoku Journal of Experimental Medicine*. 290. pp. 243-249.

¹⁰⁷ Provine, R.P. & Fischer, K.R. (1989) "Laughing, Smiling, and Talking: Relation to Sleeping and Social Context in Humans" *Ethology*. 83 (4) p. 303.

¹⁰⁸ McGhee, P. E. (1979). *Humor: Its origin and development*. San Fransisco, CA: Freeman.

¹⁰⁹ Morreall, J. (1991). "Humor and work". *Humor*, 4, pp. 359-373

¹¹⁰ Xaplanteris, P., Vlachopoulos, C., Galifou, I., Dima, I., Vasiliadou, C., Katsiveli, S. & Stefanadis, C. (2007) "Beneficial effect of laughter on cortisol and von Willebrand factor levels: a possible link with endothelial function". *European Heart Journal*. 28 (Abstract supplement) p. 588.

*the disclosure intimacy effect was only found for observers' ratings of participants' disclosures and was absent in the participants' own ratings. We suggest that laughter increases people's willingness to disclose, but that they may not necessarily be aware that it is doing so.*¹¹¹

Sometimes people find something so funny that they cry with laughter. It's interesting to consider whether this may also help group bonding. Emotional crying may have in part evolved to bring people closer together.¹¹² In addition it may reduce individual's tension, by getting rid of stress hormones.¹¹³ This presumably would also help them be positive towards others. On the other hand, attitudes to the acceptability of crying in public still vary, which may be a problem.¹¹⁴ However, I'm guessing that this is probably less so when laughter is involved.

Change not laughter is the aim of health comedy

So to reemphasise how different health stand-up is from normal comedy I'd like again to stress a quote from Trevor Griffiths' play *Comedians*:

*We work through laughter, not for it.*¹¹⁵

How we work through it though, is another question to consider. In an earlier chapter I talked about serious joke comedy and irrelevant joke comedy. Serious joke comedy addresses the core of real issues, whilst irrelevant joke comedy superficially touches on an issue. However, as I said before, for me personally, serious jokes are more difficult to come up with. I worry that often they may not be that funny or get laughs.

Sarah Silverman on the difficulty of stand-up with a human face

"I ask, if you carry on down this path of moral and political righteousness, is there a risk that you won't be funny? Do all comedians fear they might lose their edge if they become too nice?"

'100%,' she admits. 'I think it's brave to venture into empathy and beauty and humanity in comedy. But it's not easy.'

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¹¹¹ Gray, A.W., Parkinson, B. & Dunbar, R.I. (2015) "Laughter's Influence on the Intimacy of Self-Disclosure" *Human Nature*. 26 (1) pp 28–43.

¹¹² Science Daily (2009) "Why Cry? Evolutionary Biologists Show Crying Can Strengthen Relationships" *Science Daily*. <http://www.sciencedaily.com/releases/2009/08/090824141045.htm> [accessed 30 September 2019]. I wonder if this is still the case when tears are from laughter.

¹¹³ Orloff, J. (2010) "The Health Benefits of Tears" *Psychologies Today*. <http://www.psychologytoday.com/blog/emotional-freedom/201007/the-health-benefits-tears> [accessed 30 September 2019]. Again, I wonder if this is still the case when tears are from laughter.

¹¹⁴ Jarrett, C. (2019) "The case for crying in public" *BBC Future*. <http://www.bbc.com/future/story/20190814-benefits-of-crying-is-it-good-or-bad-for-you> [accessed 30 September 2019].

¹¹⁵ Griffiths, T. (1976) *Comedians*. London: Faber and Faber. p.20.

¹¹⁶ Heawood, S. (2017) "Sarah Silverman: 'There are jokes I made 15 years ago I would absolutely not make today'" *The Observer*. 19 November. Available from:

What the sequence of irrelevant and serious jokes should be also needs attention. If you want to engage people to change, perhaps you first need to get them to like you and to feel safe with those around them. Then you can open them up with the more serious stuff. After the stand-up finishes, they hopefully will still be in a space where health workers can interact with them and build on this.

What you laughing at?

There are over 100 theories of laughter that to different extents focus on biological, psychological and sociological explanations.¹¹⁷ They are not exclusive. (It may even be that at one time different members of an audience may be laughing at the same joke for different reasons. Indeed, the same person might be laughing at it for a number of different reasons.) In the rest of the chapter I'll describe three of the most popular theories.

Superiority theory of humour¹¹⁸

Jokes at the expense of the less powerful

Much humour is at the expense of the "other". Making ourselves feel better about ourselves by putting other individuals or groups down. Being *morally* superior in broad terms. An example would be Irish jokes in the UK or Polish gags in the States. Traditionally many stand-ups have picked on the less powerful or valued groups in society e.g. women, immigrants, working class people etc.

Sometimes comedians from these groups have even bought into this or pretended they have. To make a living they've had to collude, sometimes even resorting to making jokes at their own expense. Even well-respected British comedian Lenny Henry used to work with the *Black and White Minstrel Show* until he realised:

I was being used as a political football: the minstrel shows were under fire then for blacking up white people, and it meant they could say, "Oh, but we've got that black kid from the telly, so it's all right."^{119 120}

As well as being demeaning and offensive, this kind of humour is also often deeply conservative and helps maintain the status quo.

Obviously, none of this is acceptable in health comedy.

<https://www.theguardian.com/global/2017/nov/19/sarah-silverman-interview-jokes-i-made-15-years-ago-i-wouldnt-make-today> [Accessed 5 June 2019].

¹¹⁷ Smuts, A. (2019) Humor. *Internet Encyclopedia of Philosophy*. Available from: <http://www.iep.utm.edu/humor/> [Accessed 5 June 2019].

¹¹⁸ Smuts, A. (2019) Humor. *Internet Encyclopedia of Philosophy*. Available from: <http://www.iep.utm.edu/humor/> [Accessed 5 June 2019].

¹¹⁹ *The Black and White Minstrel Show*. BBC. 1958 –1978

¹²⁰ Methven, N. (2015) "Lenny Henry admits regrets over his appearance on The Black and White Minstrel Show" *The Mirror*. 24 August. Available from: <https://www.mirror.co.uk/tv/tv-news/lenny-henry-admits-regrets-over-6311582> [Accessed 5 June 2019].

Jokes at the expense of powerful organisations

You may also be wondering whether superiority-based humour has any connections with health anyway. It may not have in terms of lifestyle issues. Power however is a key factor in the wider determinants of health e.g. economics. Power also may sometimes be confused with moral superiority e.g. that to be rich and influential is also to be right and more virtuous. The poor in contrast may be judged more harshly. This may affect how they are treated.¹²¹

So, is it right or helpful to make fun of those superior in terms of power? This could include cigarette manufacturing multinationals and other companies involved in profiteering from unhealthy products. But what about the Catholic Church and its views around contraception? Similarly, what about political parties whose policies promote health inequalities? There are also the power dynamics between public bodies such as benefit agencies, social services or mental health institutions and their clients.

Humour may be a good way of bringing things out into the open that aren't often talked about. Sometimes this just has to be done. Issues have to be made public. You want people to take sides. Get in contact with their anger. Some political humour is like this. Comments about comic Jeremy Hardy when he died recently included:

*It was important for him to make some people (especially Tories and Blairites) very angry indeed.*¹²²

Humour can be used to make the powerful seem less powerful, giving hope or courage to those challenging them. Who is superior changes, at least morally.

Although not directly about health issues, humour has been used to challenge oppressive governments, such as that of Serbia after the break-up of Yugoslavia.¹²³ Sending them up and making fun of them is a well thought out approach to undermining their legitimacy and empowering ordinary people. Perhaps stand-up could also similarly play a role in the UK as part of a wider comic campaign to ridicule organisations damaging health. Maybe it could be used to take on the vested interests of food, drink and tobacco companies here and abroad This could be in the street as comic buskers initially to reach neutral by-standers or as part of fund-raising events to the already committed or curious. The hope would be that joking on the topic would go mainstream. As I explain on pages 133-136, I've reservations about how effective it is for health organisations to use social media. However, this

¹²¹ Bamfield, L. & Horton, T. (2009) "Understanding attitudes to tackling economic inequality" *Joseph Rowntree Foundation*. Available from: <https://www.jrf.org.uk/report/understanding-attitudes-tackling-economic-inequality> [Accessed 30 September 2019].

¹²² Lawson, M. (2019) "Jeremy Hardy: a ferocious talent who radicalised radio comedy" *The Guardian*. 1 February. Available from: <https://www.theguardian.com/tv-and-radio/2019/feb/01/jeremy-hardy-a-ferocious-talent-who-radicalised-radio-comedy> [Accessed 5 June 2019].

¹²³ Collin, C. (2004) *This is Serbia Calling*. 2nd edition with new postscript. London: 5-Star. pp177.

might be an occasion where stand-up on YouTube might have a role to play in reaching a wider audience and making a company's behaviour a figure of ridicule.

This approach ties in both with more modern writers such as Gene Sharp and his work on *The Politics of Nonviolent Action*, as well as the earlier Henri Bergson:

Bergson's theory presupposes that a person or institution that serves as an object of laughter will take care in future not to repeat the behaviour that has evoked punishment. Moreover, the fear of becoming a target for mockery should be sufficient to prevent a person from again committing the deed that has led to a punitive reaction. Thus laughter should have the power to change not merely the personal behaviour of one individual, but also the behaviour of institutions and even whole societies.^{124 125}

Ridiculing health damaging organisations may also help create a bond within the ranks of activists. It may help to win over the opinion of the general public too. They may begin to agree with the health activists and look down on the health damaging corporations or whoever. It may make those in power begin to feel uncomfortable, questioning official policy or disagreeing amongst themselves. They may just change their behaviour so as not to feel guilty or humiliated.

Another option could be that they may respond angrily to begin with, threatening legal action. However, in this case it may strengthen the hand of activists. The public may think this is an overreaction. This may mean that if activists keep going, they may win.

On the other hand, if a ridicule-based campaign is done badly it might bond the people it's aimed at together even stronger. They may still feel morally superior.

Eddie Izzard took on the pro-gun lobby in the States with this gag

"Guns don't kill people, people do. But I think... the gun helps, you know? I think it helps. I just think just standing there going 'BANG!' That's not going to kill too many people, is it? You'd have to be really dodgy on the heart ..."

This was an argument against the pro-gun lobby's beliefs and behaviour. It was tackling an *issue*. It didn't make fun of *people* for being inherently bad or inferior. As well as being more respectful, it may be a good tactic for keeping dialogue open.

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¹²⁴ Sharp, G. (1973) *The Politics of Nonviolent Action* (3 volumes). Boston: Porter Sargent.

¹²⁵ Avner, Z. (1984) *Personality and Sense of Humor*. New York: Springer Publishing Company, Inc. Quote taken from excerpt available on: <https://msu.edu/~jdowell/ziv.html> [Accessed 5 June 2019].

¹²⁶ Gun control might not seem like a health education issue at first. However, anything that unnecessarily kills people seems to me to be a public health problem. Izzard, E. (1994?) "The Gun Thing" *Daily Motion*. Available from: <https://www.dailymotion.com/video/x2uk3ww> [Accessed 20 October 2019].

With some organisations in the UK, particularly public sector ones, generally it is probably best to leave confrontation, even comic confrontation, as a last resort. There are other ways campaigners can galvanise political support and influence both the public and decision makers. In *Power Moves: Exploring Power and Influence in the UK* it stresses that usually talking to those in power is more important than demonstrating against them. It also claims that passion is not enough. Other factors said to be important in changing policy are:

- Creating an evidence base
- Building up a reputation
- Framing arguments to tie in with current priorities
- Timing
- Offering constructive solutions not just criticism
- Persistence¹²⁷

However, the report does say that sometimes more confrontational methods may be needed to create a different mood. They may be most appropriate as a last resort:

*and/or as a way of re-opening or overturning an existing agenda.*¹²⁸

Ridiculing humour could be a part of this. Some organisations of course may not be interested in a genuine dialogue. (If this is more due to losing face more than economic reasons, perhaps they can be shown how to change with reputation intact. This ties in with health education theory around using fear. See pages 99-101.)

Jokes can backfire if not thought through

"It seems as if the recent history of comics making joke after joke about Farage may actually have helped him to get across the idea that the whole of the British establishment was against him."

Comic Kieran Hodgson makes a point about political gags aimed at prominent Brexiteer Nigel Farage. Though they're aimed at an individual the comment could be equally true about an organisation e.g. manufacturers of junk food. Jokes from health comedians risk being seen as the nanny state or trendy left trying to be funny and failing. Campaigns need to be probably researched, piloted, monitored and adjusted accordingly to reduce this risk.

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¹²⁷ Carnegie UK Trust (2008) *Power Moves: Exploring Power and Influence in the UK*. London: Carnegie UK Trust. pp.13-17.

¹²⁸ Carnegie UK Trust (2008) *Power Moves: Exploring Power and Influence in the UK*. London: Carnegie UK Trust. p.13.

¹²⁹ Thorpe V. (2019) "Laugh ... or abstain? How Edinburgh's comics are straddling the political divide" *The Observer*. 3 August. Available from: <https://www.theguardian.com/stage/2019/aug/03/edinburgh-fringe-festival-brexiteer-politics-standup-comedy-divided> [Accessed 4 August 2019].

Jokes at the expense of powerful individuals

So far, we've looked at using stand-up to raise aware and change perceptions of powerful organisations or even ideas like gun ownership, that damage health. This is often at a distance. I may disapprove of certain companies that sell unhealthy products to children, but I don't sit opposite their CEO at meetings or know that she's named her cat Jacob Rees-Moggy.

But many of us do face issues of power every day at work. And these are up close and personal. Does this call for a different approach. Can stand-up still help address some of the issues here? Are hierarchies within public health fair game? I'll be honest, I have experienced bullying from some bosses in the past. I've also seen a lot of irrational decisions made. Power and decision-making are issues close to my heart. So below is a short extract from my hypothetical *Seriously Funny* tour act. This is the public health routine I wrote for an imaginary conference looking at how far evidence-based practice in public health is a myth:

Have we any DPHs, any Directors of Public Health, in the audience?

Yeah, great. Blessings to you all. (Does the sign of the cross.)

I always thought that Public Health was very like the Catholic Church. Both are interested in telling us how to live our lives.

They have their health related sacred holy events on the calendar, like Our Lady of Lourdes.

And we have... Genital Warts Awareness Day.

They tell people what to eat, fish on a Friday. We tell people what to eat... every day of the week.

Hmm.

They tell people how to shag. I'm sure the Holy Father, the Pontiff, doesn't put it quite like that.

Perhaps in private.

We tell people how to shag.

The Pope, the Pontiff, the big boss, is almost godlike, infallible. Never makes a mistake or admits to it. Our big bosses, the Directors of Public Health, the DPHs...

(Voice goes shaky) Oh, oh. Yeah, the comparison breaks down a bit there...

(Firmer voice again) Or does it? Has anyone had the experience of decisions being made not based on evidence-based practice by a boss' whim.

Are you in fact that boss?

(Laughs) I'm looking at all of you who owned up to being a DPH now." ¹³⁰ ¹³¹

Joking with the more powerful

I imagined a much longer version of this routine being followed by some group workshops to look at the issues raised. How will directors of public health feel about being the focus of humour? is it fair on all or any of them? Is it counterproductive?

Utilitarianism: Is ridicule ever OK?

"it is the greatest happiness of the greatest number that is the measure of right and wrong".

So, is it OK to laugh at some people and deliberately hurt their feelings if overall more people benefit?

Are the powerful or the health harming therefore legitimate targets of anger and mockery?

Was Jeremy Bentham even aware of the concept of corpsing? (A little niche gag for any students of both philosophy and the dramatic arts reading this. The rest of you, go Google.)

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There is always a risk of demonising any group than is made fun of. With bosses in an organisation, there is the risk of alienating them and making things worse if they understandably feel picked on. Evidence also suggests that listening to aggressive humour makes people more aggressive, at least in the short term.¹³³

Perhaps there are a few things we can do to move in the right direction. Change the focus from "laughing at" to "laughing with". Make it feel more like affectionate in-group teasing. Encourage people to laugh at themselves. Share our own failings.¹³⁴ Be forgiving. It's not only top bosses who can make management

¹³⁰ I'm aware that I wouldn't have made these jokes about any religion other than Christianity. This is my own cultural heritage and represents a historically dominant power in Western life. In England at least, Catholics don't face discrimination. So, I decided on balance that as the main thrust of what I was saying was true that this routine was acceptable. Particularly as the joke is really on public health, rather than Catholicism. If you have other opinions, please let me know. (Gently please - Nobody expects the Spanish Inquisition.)

¹³¹ I'm aware that DPHs may have changed after I left public health, though some of the things I heard still weren't good. Other readers from different professionals may also recognise their own current or ex-bosses in what I have written.

¹³² Bentham, J. (1776) *A Fragment on Government*.

¹³³ Berkowitz, L. (1970) "Aggressive humor as a stimulus to aggressive responses" *Journal of Personality and Social Psychology*. 16 pp. 710-717.

¹³⁴ Once as a boss I asked "Who's Pete?" when someone mentioned the name. He was sitting next to me and had worked with me almost daily for several years – My only excuse is that it had been a very stressful few weeks.

mistakes or underlings who feel scared. Explore through humour the causes of the problem in the first place and find solutions. In other words, make it about dealing with the complexity, pain and absurdity of real life and not about being morally superior. (The problems of superior power should be addressed though.)

I started to try to do all this in my hypothetical *Seriously Funny* tour routine below. It's a fairly long routine, but for a reason. Highlighting key issues we don't talk about is perhaps one of the most important thing health stand-up can do. It can then lead to a conversation about possible solutions.

I think one of the key things about the workplace is to remember that human beings are full of neuroses. Old, often useless messages in our heads held in place by fear.

Compassion for ourselves and others as imperfect human beings in an even more imperfect society is difficult but key. And this is as true at work as anywhere else.

Not funny I know, but hey it ain't that funny either getting metaphorically kicked in the nuts everyday by a boss nicknamed "Hitler's Evil Twin".

So how can we all feel more sympathetic?

Well I got inspiration from this theory. It talks about how some people get stuck at different stages as they grow up.¹³⁵

The stage that really stood out for me was how some people are still just babies, toddlers.

Always wanting their own way, unable to cope if things aren't perfect, finding change difficult.

Acting like tyrants.

Hey, doesn't that sound a lot like...

... if your brain automatically fills in the end of the sentence with "...Me!

People keep saying that about me".

Just listen extra carefully before you go for your afternoon nap with teddy bear Adolf Stalin the Terrible.

¹³⁵ Gordon, L., H. with Frandsen, J. (1993) *Passage to Intimacy*. New York: Fireside. pp. 183-4.

The rest of you, who thought it sounded like a boss you know, I'm sure you'll sympathise when I say I was managed by one of these big babies.

A Director of Public Health.

Man, he made people's lives hell.

Caused havoc because people made decisions to please him.

Instead of the right evidence-based decisions.

Awful.

Fucker.

(Pause)

I felt really sorry for him.

(Longer pause)

There's no punchline.

Hey, show some compassion. And you looked like such nice, kind people.

As a baby he was obviously struggling to understand the world.

He was causing pain because he was in pain himself.

This could lead on later in small groups to thinking about how to deal with these adult babies in positions of power in the workplace.

Inferiority humour

Some comics repeatedly make themselves the butt of their own jokes. As I said earlier this could be because of a social stereotype around ethnicity or sexual orientation. It might just be that they present themselves as hopeless individuals. I started doing it myself with this gag:

Teaching sex education. It could be really awful, standing in front of a crowd of a people thinking that you're useless. Laughing at you.

Bit like my experience of stand-up.

OK not the laughing.

This could be alright depending on what comes next. A whole act based on it however seems to me to model an unhealthy set of beliefs and way of behaving. This too is unsuitable, in my opinion, for health comedy. Though, accepting one's own limitations and foibles and laughing at the absurdity of them is a different matter. Vulnerability can be a good thing to model after all. Explaining a medical condition, you have in terms of your own strengths and weaknesses seems positive too.

A funny thing happened to me... Type 1 Diabetes

Stand-up Ed Gamble has shared about having this condition in his act, as well as in the media.

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Incongruity-Resolution theory

Incongruity:

*A conflict between what is expected and what actually occurs.*¹³⁷

People laugh at this kind of joke when they realise that the incongruity can be made sense of or resolved in another way. Many traditional gags follow this pattern. The comic sets it up and then the punchline makes the audience reconsider what they've just heard.

Common resolutions may be because the joke is a play on words e.g. many Doctor, Doctor jokes.¹³⁸

It may be that the words or phrases have two meanings:

Doctor, Doctor, I'm at death's door.

Don't worry, we'll soon pull you through.

Alternatively, how a word is placed in a sentence may give it two meanings:

Doctor, Doctor, I couldn't drink my medicine after my bath like you told me to.

¹³⁶ Gamble, E. (2018) "Ed Gamble: I wish people knew more about how diabetes works – I can still eat what I like" *inews*. 13 July. Available from: <https://inews.co.uk/opinion/comment/ed-gamble-my-life-as-diabetic/> [Accessed 7 July 2019].

¹³⁷ Shultz, T.R. (1972) "The role of incongruity and resolution in children's appreciation of jokes and cartoons: an information-processing analysis" *Journal of Experimental Child Psychology*. 13 pp 456-477.

¹³⁸ I know modern stand-ups don't fire off jokes like this or even the kind that Bob Hope used to. I've included some partly to illustrate theory and partly because it may occasionally be appropriate for a health stand-up to include some. Available from: doctor, doctor. (2013) *doctor, doctor*. <http://rubble.heppell.net/jollyology/doctor.html> [Accessed 10 June 2019].

Why not?

Well after I've drunk my bath, I haven't got room for the medicine.

However, it may be because the event described confounds our expectations of how certain people behave:

A distinguished scientist was observing the heavens through the huge telescope at the Mt. Wilson Observatory.

Suddenly he announced, "It's going to rain."

"What makes you think so?" asked his guide.

"Because," said the astronomer, still peering through the telescope "my corns hurt." ¹³⁹

The "obvious" interpretation that the astronomer is assessing subtle scientific data contrasts with the final interpretation. He is in fact using a homely piece of folklore.

So far, we have mainly looked at what I called earlier irrelevant joke comedy. The Doctor, Doctor jokes in particular are very formulaic. However, the last joke moved us towards looking at questioning our assumptions about the world. So, can Incongruity-Resolution type humour also fit into my serious joke comedy? Can it be used to help get people into contact with real emotion and issues? You could argue that much of modern life is based on incongruity e.g. the US is the richest nation in the world. You would probably expect it to be one of the healthiest too as a result. Actually, it is only 43rd in terms of life expectancy.^{140 141} How might we highlight this incongruity?

"Gee, we're so lucky to live in the Land of the Free."

"Well perhaps that's overstating things a little, though I agree with you that in America life is cheap."

I thought at first this was just playing with words, but perhaps it's a little deeper than that. Free here means in part the freedom to make money. This is done partly by trying to reduce costs, including making labour as cheap as possible. And wealth and health inequality are linked. *The Lancet* reported that:

¹³⁹ Ritchie, G. (2011) "Incongruity Resolution and Humour" *University of Aberdeen*. Available from: https://www.cs.helsinki.fi/webfm_send/581 [Accessed 28 October 2019].

¹⁴⁰ International Monetary Fund (2018) *Report for Selected Countries and Subject*. Available from: <https://tinyurl.com/yboqeakz> [Accessed 10 June 2019].

¹⁴¹ Central Intelligence Agency (2017) *The World Factbook. Country comparison: Life expectancy at birth*. Available from: <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2102rank.html> [Accessed 6 January 2019].

*Widening economic inequality in the USA has been accompanied by increasing disparities in health outcomes. The life expectancy of the wealthiest Americans now exceeds that of the poorest by 10–15 years.*¹⁴²

At a more personal level, looking at incongruity from a different angle, how can we use comedy to explore logic errors in thinking? People must know that certain behaviours are bad for them but still do them. Why do we do this? What lies do we perhaps tell ourselves?

A bigger question, I suppose, is does pointing out absurdities in individuals' thinking and behaviour, even humorously, necessary change anything? If it's done in a heavy-handed way will they just get defensive and not take any notice? (My earlier joke about America might have just turned a US audience off.) I wonder if things often need to be done more gently. It may also help if stand-ups joke about their own behaviour:

*(I) took the batteries out of the carbon monoxide alarm... the loud beeping was giving me a headache and making me feel sick and dizzy.*¹⁴³

This joke in a sense is just about being unable to see things clearly. It could be part of an act about exploring how we all sometimes make bad decisions and why. In the joke however the person is unaware of their own lack of logic. Alternatively, a stand-up could tell a story where with hindsight they laugh at what they had done or thought.

By making it about the stand-up, representing the target group, hopefully it should make the act less accusatory. It becomes more of a confessional opening up, that the target group can relate to. They do silly things too sometimes. It may even not be about them seeing the illogicality or incongruity of it for the first time. They may have already done this. It may be more about allowing people to talk or even think to themselves about behaviour that before was simply too embarrassing.

More generally of course, many of the health communication theories discussed earlier can also be incorporated into an act to help people reflect on or change their behaviour. This includes research to find out what might motivate or discourage them, as well as what skills or support they might need.

¹⁴²Dickman, S.L., Himmelstein, D.U. & Woolhandler, S. (2017) "Inequality and the health-care system in the USA" *The Lancet*. 389 (10077) pp.1431-1441.

¹⁴³ One Line Fun (2019) "Health one liners" *One Line Fun*. Available from: <https://onelinefun.com/health/> [Accessed 30 June 2019].

Relief theories

Laughter is healing

My background in Co-counselling International has coloured my view of laughter. Broadly I believe we're happy because we laugh rather than we laugh because we're happy. Laughter is a release of tension helping us to return to a less aroused, stressed state. More specifically John Heron, the principal theorist of the ideas that Co-counselling International is based, on claims that:

The discharge of embarrassment occurs through full, uninhibited laughter. The top layer of embarrassment appears to be a light social fear of what other people will think, say or do about one's appearance or behaviour.

A slightly deeper layer is that of light indignation at such intimidation. The combination releases as laughter. A person who is open to the release of distress will find that laughter may pass over suddenly into the trembling release of fear or the storming release of anger, deeper tensions which the release of surface embarrassment uncovers. As the laughter of embarrassment rolls off, the experience is that of the breakup of the previously unidentified rigid fear of the opinion of others.¹⁴⁴

I wonder if some of this only applies in a therapeutic context. However, on pages 42-45 there were examples of research evidence around the general consequences of laughter e.g. stress release, bonding and improved thinking.

Novelist Charlotte Wood talks about laughter as shared forgiveness

"The most electric thrill of truthful recognition comes, it often seems, when what's being revealed is something shameful or ugly in human behaviour.

When we reveal the things that show us to be smaller, less worthy than we thought, we're making ourselves vulnerable. At points of revelation like these, laughter is a very powerful tool of connection. It allows us to see that we are all human; we are all children; we all fail. There's a sense of shared relief immediately attended, I think, by a shared forgiveness."

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Moving back to stand-up, writers here have also explored laughter in terms of it being a release. According to David M. Jenkins relief theories of comedy are best explained by Elder Olson's 1970 study.¹⁴⁶ He talks about the relief of katastasis:

¹⁴⁴ Heron, J. (1998) "Catharsis in human development" p.8. *South Pacific Centre for Human Inquiry*. Available from: <http://www.human-inquiry.com/catharsi.htm> [Accessed 9 September 2019].

¹⁴⁵ Wood, C. (2018) "In these dark times, embracing laughter is an ethical choice" *The Guardian* 19 August. Available from: <https://www.theguardian.com/culture/2018/aug/19/in-these-dark-times-embracing-laughter-is-an-ethical-choice> [available at 10 June 2019].

¹⁴⁶ Jenkins, D. (2015) *Was It Something They Said? Stand-up Comedy and Progressive Social Change*. PhD dissertation. University of South Florida pp.50. Available from: https://works.bepress.com/david_jenkins/1/ [Accessed 10 June 2019].

*This relief comes from a release of pressure generated by structural tensions, a collective moment of bonding that we will or have already overcome something. Laughter can provide relief when a fear we hold is exposed, debunked, and possibly neutralized.*¹⁴⁷

David M. Jenkins also says that audience laughter here might come from:

- 1) *Identification with the comic's plight*
- 2) *through a kind of schadenfreude, or even out of*
- 3) *Good old-fashioned gross-out shock or disbelief that a comic "went there"*

*We laugh because we judge, we laugh because we commiserate, and we laugh because sometimes what is said is "just wrong".*¹⁴⁸

To contrast it with superiority reasons for laughing, here in part it can be because we are all in it together. We recognise the comedian could be speaking for us. This is both a relief and a potential opportunity to bond with other people.

All these slightly different understandings of laughter as release suggest to me that there are many opportunities here for health comedy. Both personal and more political health issues come with strong emotions attached, be they fear or anger. Comedy could make it acceptable to feel and express these emotions before then discussing the health issue more rationally.

(One of the other basic emotions, sadness, doesn't appear to be as directly linked to laughter. However, having said that my own personal experience in therapy is that one emotion can quickly shift to another. The common expression "If you didn't laugh, you'd cry" perhaps reflects this as well. I also think it highlights the fear our society has of tears and vulnerability as a sense of weakness.

So, I think in practice stand-up generally is probably not the easiest way to tackle the underlying sadness people may feel about certain health topics. But a routine may bring an issue out into the open and help people to bond. As a result, if there is formal follow-up, they may be able to share all kinds of emotions and stories together. Using music may also help them access and explore any sadness.¹⁴⁹)

¹⁴⁷ Olson, E. (1970) "The Theory of Comedy" *Comparative Literature*. 22(3) pp. 286-288.

¹⁴⁸ Jenkins, D. (2015) *Was It Something They Said? Stand-up Comedy and Progressive Social Change*. PhD dissertation. University of South Florida pp.152. Available from: https://works.bepress.com/david_jenkins/1/ [Accessed 10 June 2019].

¹⁴⁹ See my previous guide/discussion paper on this approach to health education: Burns, M. (2014) *Health Improvement: At Full Volume*. Available from: <http://www.sexanddrugsandrockandhealth.com/Further%20exploring%20using%20story%20and%20musical%20SPOTIFY%203.pdf> [Accessed 10 June 2019].

*Again, we work through laughter not for it*¹⁵⁰

Greg Giraldo, who hosts Comedy Central's *Friday Night with Greg Giraldo* has said that:

*A good joke provides tension, and then, release of that tension... You build the tension by saying things that are controversial. The release is the laugh. The bigger the surprise or insight in your joke, the bigger the laugh.*¹⁵¹

However, in terms of health comedy it is perhaps important not to say controversial things for the sake of it or simply to shock. There should be a purpose e.g. to break or challenge a taboo that is harmful for health. Neither do you want to continue a taboo by suggesting a particular issue is only a “dirty” joke for example. A joke should be about making it seem more OK to mention a controversial or taboo issue, as well as release any feelings associated with it. (I look more at ethics on pages 91-106.)

Below I tried to make some serious controversial points with a part of my hypothetical *Seriously Funny* routine that gets angrier and angrier. Only then does it turn into a releasing joke. I don't know if it works in print or even would on stage. However, I hope it helps you by analysing why it does or doesn't work:

Didn't get many laughs there as I'd hoped.

Doesn't matter, in public health speak I'm “resilient”. I can take it! (Or pretend I can.)

Those of you old enough, will remember that in the 80s and 90s I was “assertive” and had “high self-esteem”.

Yeah, they were the health improvement concepts back then.

Today however I'm “resilient”.

Re-sil-i-ent.

Wonder why that this is?

Am I supposed to learn how to put up with shit now, rather than challenge it and realise that I'm worth more than shit, which was the message when politics was more liberal, more radical.

¹⁵⁰ Griffiths, T. (1976) *Comedians*. London: Faber and Faber. p.20.

¹⁵¹ Cohen, R. & Richards, R. (2017) “When the Truth Hurts, Tell a Joke: Why America Needs Its Comedian” *Humanity in Action* Available from: <http://www.humanityinaction.org/knowledgebase/174-when-the-truth-hurts-tell-a-joke-why-america-needs-its-comedians> [Accessed 10 June 2019].

Less austerity. Less shit from the shit Government and shit employers.

Shit, I'm not putting this up with this shit anymore – at work or anywhere else.

Some of you are probably thinking that if he says “shit” once more during this act I'm going to have to go and wash my hands.

That's one of the problems of performing to a public health audience.

The important emotional and controversial element here is about resilience, a fashionable but perhaps controversial public health concept. By ranting I tried to use humour to highlight a serious issue. There is added comedy however I think in me losing it a bit in public and repeatedly saying the word shit. All of which may make some people uncomfortable. My irrelevant joke then hopefully releases the tension.

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The League of Gentlemen and the humour of despair

“Maybe there's a certain kind of narrative that seems bleak and hopeless if you're looking at it from above but which is funny if you're in it and among it.”

David Barnett

Mixing it up

I've presented jokes as fitting neatly into one of three different explanations for understanding humour. In practice it may be more complex than that. The categories to an extent may intertwine. I'll try to demonstrate this with a section from my hypothetical *Seriously Funny* routine. This is about my experiences working in public health and is aimed at public health workers themselves:

Because I guess at some level most of us, all of us maybe, are scared to an extent at work at one time or another.

Perhaps, particularly of losing our jobs.

Times are tough, right?

Don't rock the boat.

Don't challenge the system.

¹⁵² Barnett, D. (2017) “As The League of Gentlemen shows, there's little as funny as grim despair” *The Guardian* 18 December. Available from: <https://www.theguardian.com/commentisfree/2017/dec/18/rita-sue-bob-too-kes-yosser-league-of-gentlemen> [Accessed 10 June 2019].

Stay safe. Stay in work.

Continue to pay the mortgage.

But you know I'm perhaps more fortunate that some of you, as my particular career path in public health has also given me a useful background in communication...

... producing posters...

... writing leaflets...

... involvement in magazines...

... so I always tell myself I can fall back on that.

Which I have, in fact.

Particularly the magazine side.

(Shouting) "Big Issue. Get your Big Issue here."¹⁵³

The punchline to this joke builds up the audience to think that I believe I will be OK, am lucky, can continue to earn reasonable money and have status in society. The punchline though reveals a different truth. So, it is an example of Incongruity-Resolution theory.

I've attempted to bring out into the open some personal fears that others are likely to fear too around unemployment and its consequences. There is certain shame in this in our society around status as well as financial anxiety which I didn't want to shy away from. I also thought this joke could provoke discussion about how far this fear encourages people to toe the line at work. This ties in with relief theory.

However, as it is about status you could argue that it sorts of mirrors Superiority theory too.

Summing up: The comedy of the reality of our lives

In the previous 20-odd pages I explored theories around comedy and why certain things are funny. I want to stress how important it is in health comedy to link these to key issues in life that affect people and their health.

¹⁵³ *The Big Issue* is a magazine sold on the streets in the UK by homeless people. I've never been homeless but have been out of work and worried about what the future holds.

My world view is heavily focused on the fact that we live in a hierarchical world dominated by divisions and inequality based around class, gender, sexual orientation, ethnicity etc. These all impact on health both at a personal and society wide level. The Superiority theory of laughter might be able to be subverted here to good effect.

Sometimes these divisions are openly held in place by violence and coercion. Often however it is by people not seeing how nonsensical prejudices such as sexism are. They may even believe them about themselves consciously or unconsciously.

They may also not see that how the world is organised has a big impact on how easy or hard it is for different groups to be healthy or not:

A lot of health policy focuses on blaming individuals for having poor decision-making skills.

You know like kids making poor choices in choosing who they're born to and how much money these people have.¹⁵⁴

(From my imaginary *Seriously Funny* tour.)

Often people also don't see how strange their personal behaviour is around health e.g. deliberately breathing in smoke.

We aren't rational actors. As neuroanatomist Doctor Jill Bolte Taylor put it:

Most of us think of ourselves as thinking creatures that feel, but we are actually feeling creatures that think.¹⁵⁵

Jokes based on Incongruity-Resolution theory could be used to help highlight some of our absurdities and contradictions.

As I said earlier, I believe that emotion holds many of our beliefs in place. This includes the harmful beliefs of dominant groups like men. These are built on socialisation through fear e.g. I used to believe that I shouldn't share how I was feeling. If I did I might both be attacked and feel bad about myself.

¹⁵⁴ Health is closely related to income. See Connolly, A.M., Baker, A. & Fellows, C. (2013) *Understanding health inequalities in England*. Available from: <https://publichealthmatters.blog.gov.uk/2017/07/13/understanding-health-inequalities-in-england/> [Accessed on 7 May 2019].

¹⁵⁵ Bolte Taylor, J. (2008) *My Stroke of Insight: A Brain Scientist's Personal Journey*, London: Penguin. p.26.

Relief theories of laughter then might show how jokes could creep behind our defence mechanisms. This may help us start to recognise how we are behaving. We may start to think and stop just doing.

Part of the purpose of health comedy then is to empower people by giving them a wider political and psychological understanding. This is nothing new. Enid Welsford described the role of the medieval jester as:

*under the dissolvent influence of his personality the iron network of physical, social and moral law, which enmeshes us from cradle to the grave, seems, for a moment negligible as a web of gossamer.*¹⁵⁶

In the modern world however, we want this freedom to be for more than just a moment. So, the comedy act and overall health project or campaign it is part of should give people additional skills, individually and collectively, to do something to help change last.

¹⁵⁶ Welsford, E. (1935) *The Fool: His Social and Literary History*. London: Faber and Faber quoted in Simon Callow, S. (2007) "Mocking their majesties" *Guardian Review* 8 September. p.8.

7) How to Find the Funny - and What to do with it When you do

Is anything off limits in comedy?

No, the real skill is how to make certain things genuinely funny.

Some things are very difficult to make funny and that is the real skill of the comedian.

Ian Wilkie lecturer on comedy at Salford University offering some useful thoughts for potential health comics.¹⁵⁷

In this chapter we will look at how to create a routine that is skilful, funny and health promoting. I appreciate that any stand-ups reading this will know much of this already. However, they may be interested in the aspects about health promotion. There may also be some other individuals or organisations with a health background who want to have a go themselves at comedy and so may find the whole thing useful. It revisits and builds on what we have looked at already.

Start from your values

I think technique is different from craft...

Technique, as I would define it, involves not only a poet's way with words, his management of metre, rhythm, and verbal texture; it involves also a definition of his stance towards life, a definition of his own reality...

... it is that whole creative effort of the mind's and body's resources to bring the meaning of experience within the jurisdiction of form.

Seamus Heaney¹⁵⁸

Stand-up, like poetry, is concerned with using language in a particular way to engage with people. It too is interested in the rhythm and choice of words. We could even theoretically draw a Venn diagram showing the historical relationship between the two art forms. At the centre would be filthy limericks beginning "There was a young lady called...". Fortunately, however, we now live in more enlightened times, so I won't be doing that.

¹⁵⁷ Wilkie, I. Interview. In: *5 Live Drive* BBC Radio 5 Live. 21 September 2017. 16.00 hrs.

¹⁵⁸ Heaney S. (1980). *Preoccupations: Selected Prose 1968-1978*. London: Faber and Faber quoted in Edutone Reader (2013) "Seamus Heaney on Technique vs. Craft" *Edutone Reader* Available from: <https://edutonereader.wordpress.com/2013/09/03/seamus-heaney-on-technique-vs-craft/> [Accessed 11 June 2019].

Poet Seamus Heaney divides the writing of poetry into technique and craft. They sound similar, but craft is more about the things mentioned earlier i.e. how to use words and sounds. Technique on the other hand is about what comes before this. It's about the poet's view of the world. I think the same is true for health stand-up too. Comics must have a set of values or principles on which to base their act – their own or someone else's, as Groucho never said. Their sense of humour can be part of this. However, the people who commission them want to use stand-up to improve lives. Stand-ups must buy into these values too, at least as long as they're paid to.

Depending on the target group and the stand-up, the focus maybe more on the psychological or political aspects of health. However, an awareness of how power impacts on both wider politics and people's individual psychologies, as well as the ability to challenge this are both essential, I believe.

Healing humour

"Freud called this comic humour. In this case we are not laughing at somebody, but with them. The humour of silent movie star Charlie Chaplin... is an example of this. We laugh at his character, the tramp, because we love him and identify in him. There is a truth to his plight that reminds of truths in our own situations."

Gerald Schoenewolf

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Generally, I'd argue that any act should be rooted in authentic experience, respect, compassion and a desire to understand and encourage dialogue. Anger may have a part to play, as long as it's clear what the intended outcome from this is expected to be. At times it may be necessary to make fun of certain things such as the tobacco industry as a way of making them less acceptable. This may make people involved in this kind of work uncomfortable. Whether this is OK depends on whether you think it is an effective tactic as well as how utilitarian you are. Greatest good for the greatest number and all that.¹⁶⁰

Be clear of your aims

There are several different levels of aims. One is the overall long-term aim which is to improve people's wellbeing. However, there are also other shorter-term targets that need to be met to achieve this.

One is to attract people to the stand-up show and hopefully get them to return to similar events, preferably with friends and family.

¹⁵⁹ Schoenewolf, G. (2013) "7 Kinds of Humor and What They Mean" *Psych Central. Psychoanalysis Now* Available from: <https://blogs.psychcentral.com/psychoanalysis-now/2015/05/7-kinds-of-humor-and-what-they-mean/> [Accessed 11 June 2019].

¹⁶⁰ Bentham, J. (1776) *A Fragment on Government*.

Once they are there, the focus is on awareness raising or behaviour change, as with health stand-up the purpose is to work through laughter not for it. It may help then to map out the health education content first and then build the humour around it.

The comedy may help the audience see incongruity or release some of the negative pent-up emotions they have about a particular issue and begin to reflect on it differently. This may be during the act, in an immediate follow up session, through them talking to staff now or later, or even on their own. The shared laughter and general experience of being at a live event may also help them to bond and open up with the other people there.

It may also be worth thinking about where the stand-up ties-in with the wider picture. How does it fit with other health work that is going on?

Understand the issue and the target group

Once you are clear of what aims are important to *you*, try to see things from the point of view of the *target audience*. If the audience is likely to be made up of people with slightly different views on an issue e.g. men and women, how can you also take this into account?

What would make them come to an event? Where do you need to advertise?

What type of humour appeals to them?

What relationship do you need to have with them? Are you the same as them or perhaps someone who knows a bit more but is still on the same wavelength? Alternatively, do you want to come across as an expert? This will affect how you present yourself on stage including your emotional tone and style of performance, sometimes called schtick.

What aspects of a health issue do you need to explore to encourage them to change their behaviour? Do you know what stops them being healthy? What can you build on to help them be healthier?

Again, how does all this relate not just to the act, but any follow up?

How many questions can you ask before people skip to the end?

Remember your theory about both health and humour

Think about the various theories both about what makes people laugh and what makes them change their views and behaviour. In terms of laughter these include incongruity, superiority and release. The benign violation theory is also useful, but more of that later. (See page 81.)

Useful theories about why people are open to changing their views or behaviour include the Transtheoretical model, AIDA and the cognitive-affective-behaviour approach, as well as social marketing. (See pages 28-39.)

Health stand-up isn't just about belly laughs

When I used to train people in sex education there was an adage:

A promiscuous person is someone whose slept with one more person than you have.

This was kind of clever and had enough truth in it to be both amusing and potentially a good place to start a discussion. A regular stand-up probably wouldn't use it though, as it wouldn't get an actual laugh, just a wry smile. A lot of laughs are essential to commercial stand-up. Being clever isn't enough.

As I've stressed before however health stand-up is about more than laughs. As it has to include serious information, there may well be less laughs, but they are still important. Partly because of the audience's expectation. Partly because laughter is a release and a way of creating a group feeling of safety in the audience. This may help people open up to sharing and seeing things differently.

I think though that amusing remarks that engage the audience and get them thinking, do still have a part to play. Indeed, perhaps sometimes they may even be the key focus of the act. Other funnier irrelevant jokes can be built round them to get some laughs if necessary.

See the jokes in terms of the wider routine 1

Be aware of different kinds of humour

There are a range of different ways of doing stand-up. These may reflect your way at looking at the world. The different kinds of humour include:

- Biting or caustic
- Dry
- Ironic
- Satirical
- Self-deprecating
- Surreal or whimsical

There are also a variety of different ways of presenting material, such as:

- Anecdotes
- Caricatures and impressions
- Observations
- Physical comedy

Different approaches may work better with different audiences and different health issues.

Aim for the right level of “humitas”

“When it comes to making a point, comedy does not come naturally lower in the pecking order than seriousness. In some places and times, they have been equally important and the division between them blurred.

(Now however) the division is so ingrained that there isn’t a word for when humour and seriousness are mixed together.

Once I had named it, it became easier to recognise and I spotted examples of it everywhere. The word I made up is ‘humitas’ – a blend of ‘humour’ and ‘gravitas’”.

Kate Fox, academic, comedian and comedy writer for the BBC

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Working with children^{162 163}

This guide/discussion paper is mainly about working with adult audiences, but children obviously enjoy comedy too.

From 18 months to 3 years children begin to enjoy slapstick. They find fallibility reassuring. Adults can start to build honest and trusting relationships if they allow their children to laugh at them in good humour.

Between 4 and 7 children find toilet humour funny and may push taboos on issues adults find difficult. Perhaps, how parents, schools and society in general respond to this has a big effect on health. For example, if people have hang-ups about body functions this may make sexual health education more difficult. If certain things are taboo it may also affect mental health. Especially if it means that there is no one a young person in future can now trust to talk to. Comedy could be used to explore difficult issues with both children and adults.

From 8 onwards children begin to understand jokes as they can see others’ viewpoints and the impact jokes will provoke. Understanding jokes is in part about considering how other people feel.

¹⁶¹ Fox, K. (2017) “Let’s Take Humour Seriously” *The Journal*. 25 August. pp. 25-26.

¹⁶² The next few paragraphs are a modified version of Burns, M. (2008) “Sex & Drugs & Rock & Health: How music and popular culture can help reduce health inequalities” *Sex and Drugs and Rock and... Health*. p.93. Available from: <http://www.sexanddrugsandrockandhealth.com/userimages/newPCTotalDocument.pdf> [Accessed 7 May 2019]. [Accessed 11 June 2019].

¹⁶³ It’s based on information from Cook, E. (2006). “Kidding Around” *Psychologies Magazine*. March 2006. pp. 65-66.

Having worked in education for many years, as well as having a therapy background, I despaired at how separated the two are. Facts, discussion and practical skills are not enough to raise well-rounded mature adults. Understanding and dealing with how emotions impact on how we think and behave is essential too. This needs to be done in part in a way that consciously gets people in contact with what they're feeling, and able to share this. One way to move towards this is perhaps using stand-up in schools, youth projects and young offenders' institutions. (See pages 113-114.)

Storytelling and the right sequence of jokes

*A joke is a wank, but a story is intimacy.*¹⁶⁴

Hannah Gadsby

Stories are, fundamentally, the way in which human beings understand their experience. Stories carve the unremitting flow of experience into meaningful chunks – beginnings, middles, and ends that are dense with human intentions and motivations, thoughts, and feelings. They turn “what happened” into something meaningful that happened to specific individuals living in a complex physical and social world. Stories of self define who we are, how we have become this person, and who we want to be. Sharing our stories with others, and listening to their stories, is a powerful way of connecting, and ... of healing...

*... Hearing others' stories helps us as well. Stories of others provide models for us of how to deal with difficult situations, and how to live a good life.*¹⁶⁵

Robyn Fivush

Since the 70s stand-up has widened out to include performers that tell stories based on their real or make-believe lives. This would seem to be an approach that lends itself to health stand-up. It also offers a potential structure for the act, as long as it helps the process of health education. Think carefully for example about how many issues you cover in one act. To get an audience to come in the first place the topic will also need to appeal to them as well as health professionals. Though perhaps all issues can be made appealing to a specific audience with the right advertising.

According to Jay Sankey in *Zen and the Art of Stand-up Comedy* jokes about experience rather than about ideas in your head tend to get more laughs.¹⁶⁶ I'd argue this experience could either be the comedian's or the audience's.

However you decide to structure your act it is important to remember key aspects of health education related theory. From the cognitive-affective-behaviour approach to

¹⁶⁴ Valentish, J. (2018) “‘I broke the contract’: how Hannah Gadsby's trauma transformed comedy” *The Guardian*. 16 July. Available from: <https://www.theguardian.com/stage/2018/jul/16/hannah-gadsby-trauma-comedy-nanette-standup-netflix> [Accessed 11 June 2019].

¹⁶⁵ Fivush, R. (2017) “The Power of Stories for Patients and Providers” *The Journal of Humanities in Rehabilitation*. Fall 2017. Available from: <https://www.jhrehab.org/2017/10/17/the-power-of-stories-for-patients-and-providers/> [Accessed 11 June 2019].

¹⁶⁶ Sankey, J. (1998) *Zen and the Art of Stand-up Comedy*. Abingdon: Routledge. p30.

health education remember that the act as a whole, including any follow up, needs to provide information and skills. Attitudes and feelings also need to be taken into account. AIDA emphasises the importance of getting and keeping your audience's attention and creating a desire to do something. This could be by moving them emotionally, through the logic of cold hard facts or a combination of the two. Social marketing theory stresses that there may be factors that stop your audience from changing or existing factors that can be encouraged, so as to make change happen. It also emphasises the importance of researching the preferences of the target group. This could be about the content of health messages, the type of comedy, the sort of story etc.

Sarah Kendall talks about storytelling in her act that in part looks at cancer

"I'm a storyteller and I think that stories for me are like these little road maps that we're given..."

... road maps for experiences and how to deal with things and who to be...

.... there was this story that I had that was really resonant for me and I felt that's got to be resonant for other human beings."

"I think I relax more when I'm telling a story. I think if I'm telling a gag I always sorta felt like I'd live and die by each gag..."

... but with a story you invest more, the audience invests more, you reveal more of yourself.

I think there's that thing where you've got to sorta leave a chunk of yourself on the stage.

I think that's there's a trust that you develop with your audience and... it feels like a very personal relationship. Each show bizarrely feels incredibly personal."

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Plotting the downfall of health inequalities¹⁶⁸

The plot is simply the journey a story takes. In stand-up perhaps it should usually be more like a short story than a novel, in other words, generally sticking to only one plotline or story. However, some comedians like Billy Connolly break this rule. Or as Armando Iannucci puts it:

¹⁶⁷ Her act was in part about a friend's cancer. Kendall, S. (2017) *Nina Conti's Edinburgh Festival 2017* BBC 2. 26 August. 19:30 hrs.

¹⁶⁸ The next few paragraphs are a modified version of Burns, M. (2008) "Sex & Drugs & Rock & Health: How music and popular culture can help reduce health inequalities" *Sex and Drugs and Rock and... Health*. pp.49-50. Available from: <http://www.sexanddrugsandrockandhealth.com/userimages/newPCTotalDocument.pdf> [Accessed 11 June 2019].

The first time I saw him perform, in the early 1980s, he came on and said: "I've only got one joke, it's not very funny, and it takes me two and a half hours to tell it."

He then told hilarious stories – for two and a half hours, without an interval – ending in this, well, OK joke.¹⁶⁹

Stories traditionally have a beginning, a middle and an end. However, another approach would be to allow the audience to decide how things end. The story is there to raise the issues to help them decide this. It is probably more suited for schools and community groups than your normal stand-up gig. Ideally the performers should also have the skills to help the audience work out an ending.

Health is not short of individual and political stories on interesting subjects, including sex, death and the struggle for a better world.

The stand-up format gives permission to tell your truth

"There is something very confessional about stand-up comedy, it's as if you were in therapy. So you have an environment in which your characters are entitled to speak their truth in a way that doesn't feel contrived."

Michael Showalter director of *The Big Sick*

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You might want to consider theory from fiction writing to structure an act. If so, think about building layers into your comic story. For example, the top layer of the "Three Little Pigs" story is about building houses, but the underlying message is "Prepare for the worst". A good moral perhaps for public health professionals.

The premise of a story, according to James N. Frey, is what happens to characters as a result of their actions.¹⁷¹ When writing for public health purposes the premise also needs to tie in with the aim of the piece. I have listed the three sorts of premises there are below, as this may help develop possible storylines:

- Chain Reaction e.g. drunkenness leads to sex leads to unintended pregnancy. (Though this example is a bit sermonising) Alternatively it could be a positive chain reaction. For example, giving up smoking leads to the hero of

¹⁶⁹ Williams, B. (2017) "Billy Connolly at 75: Eddie Izzard, Armando Iannucci and more salute 'Beatles of comedy'" *The Guardian*. 24 November. Available from: <https://www.theguardian.com/stage/2017/nov/24/billy-connolly-at-75-armando-iannucci-eddie-izzard-comedy#comment-108706183> [Accessed 11 June 2019].

¹⁷⁰ Mulkerrins, J (2017). "Goodbye pop, hello punchlines: why comedy is replacing rock on screen" *The Guardian*. 12 August. Available from: <https://www.theguardian.com/tv-and-radio/2017/aug/12/im-dying-up-here-comedians-are-the-new-rock-stars> [Accessed 11 June 2019].

¹⁷¹ Frey, J.N. (1994) *How to Write Damn Good Fiction*. New York: St. Martin's Press. p.49 - though most of the rest of the theory on character and plot quoted is also from this book.

the story having enough money to go on holiday with her friends, including the girl she loves

- Opposing Forces e.g. people's prejudice against mental illness versus the courage of someone with depression. It must also have an outcome, for example prejudice against mental illness versus an individual's courage leads to acceptance. (These opposing forces can also be internal e.g. 'Should I do this or that?')
- Situational e.g. poverty leads to bad health, but this can be overcome with the right choice, such as people banding together

The story need not always end in success. Failure may be a way of showing that something needs to be done about an issue e.g. childhood poverty. Tragedy may also emotionally persuade people of the importance of this. A certain amount of gallows humour and black humour may have a role to play here, as long as it doesn't desensitise people. (I return to some of these again in the next few pages.)

The simplest format is to have a story unfold rather than use complicated structures like flashback. There is no reason however why an experienced stand-up shouldn't be more daring, however.

To get the audience's attention have an early hook, so they want to know what happens next. If possible, try not to make what happens too obvious. Also be careful to judge how long a piece can be, to keep the target audience's attention.

Characters the audience can identify with

Sincerity - if you can fake that, you've got it made.

George Burns¹⁷²

Stand-up in a sense is acting, even if the material is based on your own life.¹⁷³ The audience must trust you. Ideally, the content and delivery should fit together in a coherent way. It can include physically acting things out as well words, accents etc.

A stand-up may also tell stories involving playing more than one part or speaking from another person's point of view. The target audience must be able to identify with the characters the stand-up creates. This does not necessarily mean that characters have to live in the real world. They can be set in a surreal world that allows the target group to see the metaphor, or just be simple stereotypes. However, the audience must have sympathy for the main character even if he or she is "bad". This could be because they feel sorry for him or recognise a universal

¹⁷² Lots of other people are credited with it too. Quote Investigator (2005) "The Main Thing Is Honesty. If You Can Fake That, You've Got It Made" *Quote Investigator*. Available from: <https://quoteinvestigator.com/2011/12/05/fake-honesty/> [Accessed 7 July 2019].

¹⁷³ Some research suggests however that authenticity maybe important when using humour. Corrigan, P.W., Powell, K.J. Konadu Fokuo, J. & Kosyluk, K.A. (2014) "Does Humor Influence the Stigma of Mental Illnesses?" *The Journal of Nervous and Mental Disease*. 202 (5) pp.397-401.

human condition in her. If the character shows a desire to change this often evokes sympathy. The central character can even be bland. This allows the audience to see themselves in the character more easily. However, if this “trick” is used, all of the other main characters must be strong to compensate. It’s OK however to have larger than life main characters. Main characters can be wimps, but they must grow out of this or there is little or no action in the story. Characters need to make decisions both for dramatic reasons and to raise public health issues. An inner conflict about what to do can serve just as well as a conflict with another person.

Main characters could behave like the audience initially but then take things a step further. This can offer inspiration or a warning. Alternatively, it may allow the audience to explore new possibilities safely in their heads. This can be followed up by health staff after the performance. The workers can offer practical information around the health issue that the character was grappling with.

Eddie Izzard about Billy Connolly talking and acting scenes in his gigs

“He would tell a story and get loads of jokes, and then he would act out an entire scene. I realised when he acted out a story, with really good characterisations, that was when the scene exploded. That was a big influence on me. I thought stand-up was just telling gags, and that’s why I never thought it was my thing. The idea that you could get on stage and get into a chess game with yourself – play two or three characters – was huge.”

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The limits of story

Co-counselling International theorist John Heron has highlighted:

That drama has a cathartic and purging effect is an ancient doctrine... the viewer's own fear, anger and grief rise above the threshold into consciousness, safely projected onto the characters in the unfolding plot. Presumably there is some dawn of catharsis here, which may be given freer reign as tears roll discreetly down the cheek. But usually what the drama fruitfully starts off in the psyche of the viewer, her repressive mechanism quickly shuts off, as the credits roll or the lights go up. Hence the viewer is a repetitive double-bind: the drama pulls toward personal catharsis, but the conditioning says it is only a story and cuts the personal release off. Hence the viewing of screen dramas can itself become a kind of compulsive pseudo-

¹⁷⁴ Williams, B. (2017) “Billy Connolly at 75: Eddie Izzard, Armando Iannucci and more salute 'Beatles of comedy'” *The Guardian*. 24 November. Available from: <https://www.theguardian.com/stage/2017/nov/24/billy-connolly-at-75-armando-iannucci-eddie-izzard-comedy#comment-108706183> [Accessed 11 June 2019].

*release. If you are moved by a drama, try following up the associations to your own life, after it is over, and let the purging go on freely*¹⁷⁵

I look at follow-up in more detail on pages 131-140.

A funny thing happened to me... Going beyond the laughs to tell the truth

“Nanette was about (Hannah) Gadsby’s sometimes brutal experiences of sexism and homophobia, particularly in her native Tasmania. With meticulous control, it spoke about how she turned those experiences into jokes – and, by doing so, collaborated in her own oppression.”

“Stand-up comedy relies, of course, on creating tension and release. In Nanette, Gadsby exposes and then destroys that formula. She reveals experiences of homophobic and sexual violence, which escalate throughout the set, until finally she is delivering them from a precipice of rage. ‘This tension is yours,’ she tells the stunned Sydney Opera House audience. ‘I am not helping you with it anymore. You need to learn what this feels like.’”

“‘I broke the contract and that’s what made this work,’ she says. ‘I betrayed people’s trust, and I did that really seriously, not just for effect.’”

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Much of what I have written so far has been based on ideas around fiction. However, real life is another source of inspiration. The Recovery Movement in mental health and other areas has focused on people telling their life stories as an important element of its approach. This has not been without criticism, however. In presenting this “truth” it seems to borrow from some of the fiction premises described earlier.¹⁷⁸

The Recovery narrative has become the Recovery Narrative genre: a type of story and storytelling that fulfils a particular format and objective. It tells a kind of success story or positive journey from distress and disadvantage through to recovery, with insight and clarity. It conveys a message and it is required to convey a message...

¹⁷⁵ Heron, J. (1998) “Catharsis in human development” p.7. *South Pacific Centre for Human Inquiry*. Available from: <http://www.human-inquiry.com/catharsi.htm> [Accessed 9 September 2019].

¹⁷⁶ Logan, B. (2019) “Hannah Gadsby: ‘Quit comedy? I can’t – I’ve got no other skillset!’” *The Guardian* 19 October. Available from: <https://www.theguardian.com/stage/2019/oct/19/hannah-gadsby-quit-comedy-i-cant-ive-got-no-other-skillset> [Accessed 19 October 2019]. First quote.

¹⁷⁷ Valentish, J. (2019) “‘I broke the contract’: how Hannah Gadsby’s trauma transformed comedy” *The Guardian* 16 July. Available from: <https://www.theguardian.com/stage/2018/jul/16/hannah-gadsby-trauma-comedy-nanette-standup-netflix> [Accessed 7 November 2019]. Second and third quotes.

¹⁷⁸ Faulkner, A. (2019) “The Recovery Narrative: challenging the dominance of a narrative genre” *The Mental Elf*. Available from: <https://www.nationalelfservice.net/mental-health/recovery-narrative-challenging-the-dominance-of-a-narrative-genre-rnr2019/> [Accessed 5 August 2019].

... The Recovery Narrative, then, is at serious risk of homogenising the lived experience of madness such that we can no longer “see” these differences and complications. It is not just people from marginalised and racialised communities who are potentially excluded by and from this narrative, but also those who seek to tell stories of “unrecovery”, of ambiguity, ambivalence and hopelessness, or of the “wrong” sort of goals.

This again raises questions of whether a comic's story too should always be about inspiration? Can it be used for other purposes such as raising an issue, presenting an alternative truth and asking the audience to deal with this? It may be the start of a journey and not the pat end of it.

For me it also highlights that the safety of the storyteller, and perhaps the audience too, always needs to be thought about. (See pages 101 and 110-112.)

Building routines around non-fiction

Alternatively, particularly if you are doing a routine that is more factual you may want to borrow approaches from journalistic writing. Articles are often structured around one of the following:

- Order of importance
- Time – what happened when, or what steps to follow to do something
- Problem followed by solution
- Who, what, where, why and how (though not necessarily in that order)
- Benefits and costs
- Simple to complex e.g. explaining medical science to non-clinical staff
- Big picture to detail or vice versa
- Groups e.g. an act about a particular hospital might be by department

Jokes can be built into these formats. Very short stories i.e. anecdotes could also be included.

A more journalistic approach may be better for presenting a more logical driven argument based around facts and figures. It could also be used to show causes and links between issues. Stories can also be used to do this but perhaps in a different way. They are particularly useful for addressing emotional issues.

In *Step by Step to Stand-up Comedy* Greg Dean suggests a different level of sequence to take into account. He recommends starting with some of your strongest material but ending with your very best.¹⁷⁹ You can put your weaker stuff in-between and introduce any controversial material once you have won the audience over.

¹⁷⁹ Dean, G. (2000) *Step by Step to Stand-up Comedy*. Portsmouth: Heinemann. pp.182-4

His suggestions are perhaps easier for a normal comic than a health stand-up. In health stand-up as I've said before you may need to plot out what you want to say in terms of health education. This is both in terms of the health content and how you want to try and influence the audience e.g. through story, facts, AIDA etc. Then you can build the jokes around this according to how long you have. Doing it this way you can't always guarantee of course where your best jokes may fit.

Whatever method you choose make sure that the jokes don't distract from any serious points you want to make. Give them space to breathe too.

John Cleese mentions relaxing into creativity (but thinks he got away with it)

According to well-known funnyman John Cleese before you start writing it helps to get yourself into a creative space.

He says that being creative is not a talent. It's a process. As part of his work for Video Arts, a company he co-founded, he looked into creativity.¹⁸⁰ In his video on this issue he is of the view that the important thing with creativity is to get in the right frame of mind. He describes creativity as the ability to play like children. This means being able to explore ideas for fun, rather than getting caught up in the outcome.

He also talks about the two ways of being: open and closed. Most of us most of the time are in closed mode. This means we are being practical and focused on outcomes. This is the opposite of being playful and can be quite stressful. This doesn't help creativity. To be creative you need to be open. (Then you need to be closed again to put your ideas into action.)

He suggests a number of ways to try to become more open:

1. Create or find a place where you won't be disturbed and can feel more relaxed and playful
2. Calm down. Allow yourself time to do this, so that you can then start being playfully creative. Don't let yourself get distracted by doing routine things like answering email
3. Take as long as it takes. Research showed that the more creative people took extra time to play with a problem before finally deciding on a solution. They were able to live longer with the anxiety and discomfort of not having an immediate answer
4. Be gentle on yourself. It's OK in this stage to try everything out. Just play and decide on the best option later

¹⁸⁰ Cleese, J. (2017) *John Cleese on Creativity In Management* [online video]. Available from: <https://www.youtube.com/watch?v=Pb5oIIPO62g> [Accessed 11 June 2019].

If you are working on ideas as part of a team, make sure that everyone follows these rules. If even one person is critical or judgemental it may shut everyone else down too.

Once you have worked through this stage around exploring and coming up with ideas, you can decide what works and what doesn't.

Using your own experiences as the basis for your act

My boss's boss, well he was an NHS appointment, but the council and other groups had an input, especially local environmental bodies.

I think they made a bit of a boo-boo personally.

The green lobby probably said we want to promote cycle paths...

... but the NHS thought that they'd said "promote psychopaths"¹⁸¹

... so that's what they went ahead and did.

"In my opinion." (Mimes speech marks.)

I must go a bit off topic here now for legal reasons.

One NHS accountant I knew used the term "a convenient narrative".

This was about how health officials explained how ring-fenced money may have been, ahem, spent on other things.

The CIA used to talk about "plausible deniability".

My mum might have said fibbing.

A court of law might say "Slander and your house in damages" ...

... so I'm not saying that any of this act is true.

And later on in the routine:

As we break for coffee remember this was all just a story, "a convenient narrative".

¹⁸¹ I'm not misusing language here! Krauss Whitborne, S. (2015) "20 Signs That Your Boss May Be a Psychopath" *Psychology Today* 15 September. Available from: <https://www.psychologytoday.com/us/blog/fulfillment-any-age/201509/20-signs-your-boss-may-be-psychopath> [Accessed 7 November 2019].

Exaggeration.

Half-truth.

No truth!

Pure fiction for your entertainment.

Don't believe a word of it.

Don't share it with anybody and always, always keep your professional doubts and fears to yourself.

When I started writing my *Seriously Funny* act as a way of understanding stand-up more, it was initially very autobiographical. I was quite frank about certain things that had happened to me because of abusive work cultures. Then I got nervous. Are there any consequences for me or other people of saying these things? I decided to stick with the spirit of veracity but to change the details to protect the guilty. As it says in the film *V for Vendetta*:

*Artists use lies to tell the truth.*¹⁸²

You obviously must make up your own minds about what you choose to say. Some things to think about however are:

- Should you lie to protect yourself and others?
- Is it fine to lie to make the joke a funnier exaggeration, be more concise or make more sense?
- Is it OK to create a comic character to play who is totally different from you?
- Do the audience need to know that your act is based on another person's experience or even is just from your own imagination?

Understanding how to construct jokes for your stand-up routine or story

Be clear of the purpose of the joke

I was helped again in my thinking around jokes by co-counselling theory. Some co-counsellors stress identifying what the underlying distress is that explains why a person is upset. Then intervening in some way to release the emotional tension. This allows the person the space for other ideas to come to the surface or the flexibility to start exploring other ways of seeing the world. Similarly, in terms of jokes think about what the painful taboos or illogical ideas are you need to challenge. Alternatively, in a different routine consider the absurdity or unfairness in the System and how you can humorously highlight this.

¹⁸² *V for Vendetta* (2005) Directed by James McTeigue. UK: Warner Bros. Productions with others. [Film: 132 min].

If you can't always do this, then "irrelevant" silly jokes on a topic are still useful to keep people's interest and tie-in with the serious points you're making. Remember that they need to be consistent with the world you have created in your act.

A funny thing happened to me... Bi-polar disorder

Victoria Maxwell does a show about her bi-polar disorder, anxiety and psychosis.

Maria Bamford also does stand-up about her bi-polar disorder, as well as appearing in a fictionalised TV show of her own life *Lady Dynamite*.

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Not all humour has to have a punchline

In a 2019 article in *the Guardian* about millennial humour generally, and TV shows in particular, Rachel Aroesti wrote:

In 2017, the Washington Post asked: "Why is millennial humor so weird?", positing the theory that as the economic climate has delayed milestones such as marriage, kids and home ownership, and external sources of meaning such as religion have faded away, life has started to feel unpleasantly rootless, something that is being reflected in a stranger, more chaotic form of comedy...

*... Not only is there no time for narrative online, there is rarely room for the traditional set-up/punchline structure either. Instead, things are funny because they are wilfully jarring and strange.*¹⁸⁵

However, I still focus in this guide/discussion paper on traditional forms such as punchlines and stories. Obviously you're free though to work in whatever way that helps to improve health.

Identify the key parts of the joke – Set-up and punchline

Professional comics say that though laughter usually comes from the content of your jokes, sometimes it can be because of your tone, a gesture or even just your overall delivery.¹⁸⁶ However, here I'm just concentrating on the words. When writing a joke, edit down to the key parts. What you say though must give the audience everything they need to "get it" in as few as words as possible.

¹⁸³ Maxwell, M. (2019) "Let's Talk Mental Health" *Victoria Maxwell*. Available from: <http://victoriamaxwell.com/> [Accessed 11 June 2019].

¹⁸⁴ Bamford, M. (2019) "Maria Bamford" *Maria Bamford*. Available from <http://www.mariabamford.com> [Accessed 11 June 2019].

¹⁸⁵ Aroesti, R. (2019) "Horribly absurd: how did millennial comedy get so surreal?" *The Guardian* 13 August. Available from: <https://www.theguardian.com/tv-and-radio/2019/aug/13/how-did-millennial-comedy-get-so-surreal> [Accessed 14 August 2019].

¹⁸⁶ Caulfield, J. (2017) "The comedian's toolbox" *The Guardian* 22 September. Available from: <https://www.theguardian.com/books/2008/sep/22/comedy4> [Accessed 13 June 2019].

Misdirect and shock by going somewhere unexpectedly worse

Start with the set up. This should only be a couple of sentences. It should start with a premise. This should misdirect the audience, so that the punchline is unexpected. A shock. This is where the laugh comes from. Always end on the key word (or short phrase if really necessary) that gets this laugh.¹⁸⁷

Punchlines are often about something going from good to bad or bad to worse.

An example could this be joke from horror writer Stephen King:

*I still have the heart of a little boy... in a jar on my desk.*¹⁸⁸

The set-up is “*I still have the heart of a little boy...*”. This points you in the direction of thinking he’s talking about emotional wellbeing, innocence and given his profession perhaps creativity. The punchline “*... in a jar on my desk*” is a shock as it’s the opposite. It’s gruesome and rather warped. (And perhaps given extra resonance by his profession as a horror writer.) We go from a good place to a bad one.

Misdirect and shock by going somewhere unexpectedly better

Dean Green says that punchlines must be bad to worse, or even worse to worst.¹⁸⁹ However, I’m not sure this is always true. There was a strange ringing sound at work recently and as the new guy I quipped about whether it was the going home early bell. People laughed. It made me realise that you can get a laugh with a punchline where things move from bad to better. Perhaps these are tied in with the release theory of laughter. We may not want to be at work, but we are made to be there by society. Therefore, jokes about escaping from it gets a laugh.

We also have plenty of taboos around things that people find pleasurable such as sex, drinking and drugs. Gags that end up in these places may also be funny as they release that taboo.

Hit the sweet spot

From Co-counselling International I’m personally aware of a paradox. I need to feel safe before I can risk exploring places that are emotionally uncomfortable or even scary.

As I have said before Co-counselling International also places a great emphasis on then being able to release feelings through crying, yawning - or laughter.¹⁹⁰

¹⁸⁷ Dean, G. (2000) *Step by Step to Stand-up Comedy*. Portsmouth: Heinemann. p. 52.

¹⁸⁸ Dean, G. (2000) *Step by Step to Stand-up Comedy*. Portsmouth: Heinemann. p.38.

¹⁸⁹ Dean, G. (2000) *Step by Step to Stand-up Comedy*. Portsmouth: Heinemann. pp.38-39.

¹⁹⁰ Heron, J. (1998) “Co-Counselling Manual” p.3. *South Pacific Centre for Human Inquiry*. Available from: www.human-inquiry.com/98manual.htm [Accessed 9 September 2019].

So again, I was surprised and then not so surprised when I came across a similar concept in comedy theory. If you are writing material, it is useful to know. The benign violation theory suggests that if something is too safe or too tame it won't be funny.¹⁹¹ Similarly, if it's too threatening it won't be funny either. To be funny something has to be in the sweet spot between the two places. The audience has to feel safe enough to go somewhere unsafe and release this fear through laughter.¹⁹² So somebody who thinks it's really not OK to talk about sex may not be able to laugh about it either.

Understanding where this balance is with a given audience at any particular time may help you come up with material. (I say "at any particular time" as what is tame or threatening may alter over the years.)

Safety can come from overall presentation and not just material

"Comedic conflict doesn't just come into existence with a violation. It requires some kind of safe space. Humor can't be seen as threatening. Look at Lewis Black or Sarah Silverman and you can see that even though they might appear to be very aggressive in their material or performances, there is still a lightheartedness about the way that they present their material."

Jared Volle

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Always, in all circumstances, time zones and indeed for all infinity – Exaggerate!

This, though I may have wrongfooted you, is actually mildly overstated. Many jokes are based on exaggeration, but understatement can be equally funny.¹⁹⁴

Hone your jokes using tried and test methods

Jay Sankey in the *Zen and the Art of Stand-up Comedy* suggests a number of ways of polishing jokes up.¹⁹⁵ I was surprised again to see that some of them tie-in with

¹⁹¹ Humor Research Lab (2015) "Benign Violation Theory" *Humor Research Lab at the University of Colorado*. Available from: http://leeds-faculty.colorado.edu/mcgrawp/Benign_Violation_Theory.html [Accessed: 15 June 2019].

¹⁹² The link between safety and laughter has been explored scientifically: *"this laugh is caused by ... Firstly, light surprise or discovery ... Secondly, consciousness of this harmlessness or delight, and thirdly, the ... expectation of some safe circumstances. The author proved this theory by electromyography ... Plethysmography and GSR (i.e. galvanic skin response) proved light sympathetic tension and following (i.e. subsequent) relaxation when laughing."* Sumitsuji, N. (2000) "The origin of intermittent exhalation (A! Ha! Ha!) peculiar to human laugh" *Electromyography and Clinical Neurophysiology*. 40 (5) pp. 305-309.

¹⁹³ Volle, J. (2019) "Comedic Conflict: The Mechanics of Comedy" *Creative Stand Up*. Available from: <http://creativestandup.com/comedic-conflict/> [Accessed 15 June 2019].

¹⁹⁴ Sankey, J. (1998) *Zen and the Art of Stand-up Comedy*. Abingdon: Routledge. p. 28 for his views on exaggeration. (Again, I'm familiar with both angles from therapy, as well as saying the opposite of what is true, which in a way is irony.)

¹⁹⁵ Sankey, J. (1998) *Zen and the Art of Stand-up Comedy*. Abingdon: Routledge. pp. 30-42.

Co-counselling International theory.^{196 197} Then when, I thought more about it, it made sense. Both stand-up and this approach to therapy are about getting people in-touch with their emotions and them then letting them out.

So both advise when telling a story to talk in the present tense, use “I” and give specific details rather than be vague. This can include giving people you are talking about names and also getting them to talk directly, e.g. “Ernie says to me ‘What do you think of it so far?’” All this is not always possible of course but is a good general rule. Both approaches also recommend focusing on experience rather than abstract ideas.

Words are obviously vitally important in comedy. Unless you’ve devised a novel, highly experimental falls prevention slapstick routine, of course. In which case, “break a leg”. Comedian Sean Hughes has said:

*Sometimes it’s just hitting on the right wording. You really don’t always know where the laughs will be.*¹⁹⁸

When choosing which words to use, Dean Green argues that hard consonants are funnier.¹⁹⁹ Especially the k sound (including qu and hard c), but also t, and the hard g, d and p. Jimmy Carr would also add oo to that list.²⁰⁰ (Indeed Frankie Howerd made a career out of it.)

Unlike Co-counselling International, Jay Sankey stresses not repeating words.^{201 202} (Though some comics use repetition in terms of catchphrases of course.) Always use a different word in the punchline than the set-up e.g. mental health and emotional wellness.

Build rapport

You may more quickly build a relationship with the audience by making local references and breaking the fourth wall i.e. talking to them directly.

Well thank you for inviting me to talk to you about male depression.

It’s good to be here today with fellow sufferers.

¹⁹⁶ Heron, J. (1998) “Co-Counselling Manual” *South Pacific Centre for Human Inquiry*. Available from: www.human-inquiry.com/98manual.htm p.5: literal description. [Accessed 9 September 2019].

¹⁹⁷ Of course, in co-counselling, these behaviours are aimed at primarily helping the person doing them. The counsellor however does observe and encourage them. In stand-up the comic does them partly to get into role but mainly to influence the audience.

¹⁹⁸ Viney, M. (2017) “Tricks of the Trade. How do you tell a good joke?” *Work section. The Guardian*. 24 March. p. 4.

¹⁹⁹ Dean, G. (2000) *Step by Step to Stand-up Comedy*. Portsmouth: Heinemann. pp.53-54.

²⁰⁰ Carr, J. & Greeves, L. (2006) *The Naked Jape*. London: Michael Joseph. pp. 140-141.

²⁰¹ Heron, J. (1998) “Co-Counselling Manual” p.5. *South Pacific Centre for Human Inquiry*. Available from: www.human-inquiry.com/98manual.htm [Accessed 9 September 2019].

²⁰² Sankey, J. (1998) *Zen and the Art of Stand-up Comedy*. Abingdon: Routledge. p.35.

Being from Sunderland I mean.

Not a great result on Saturday...s.

The only way our players are ever going to get three points is if on the way to the game they get stopped for speeding.

Their confidence really needs a boost.

Maybe we need to change the song the team runs out to. I know it's accurate but really, "Send in the Clowns"?

How about something a little more encouraging for the lads. Say Nick Berry's old hit "Every Loser Wins"?

*Anyway, onto the matter in hand. Can sport and exercise improve mood?*²⁰³

See the jokes in terms of the wider routine 2

Some ideas around possible health comic routines:

Comic analogy

I started off my career doing dental health education sessions in schools about tooth decay. The lesson would end. I'd then see scores of kids queuing at the school tuckshop. All spending money on sugary sweets the school would profit from. The sound of dental drills always came into my head whenever I saw it:

Zzzzzz. Now spit out.

Aren't schools weird sometimes? A really good example of incongruous. An exaggerated comic analogy from my *Seriously Funny* tour might show up the absurdity of it better.²⁰⁴

Some schools at the time also had road safety officers going in to teach crossing the road.

You can imagine her calmly talking to the five-year olds outside their classroom:

"Well thank you Brands Hatch Primary."²⁰⁵ I hear from little Gemma that since I was last here you've rented out your playground for sports purposes. That's interesting. Anyway, so Look Left, Look Right..."

²⁰³ I knew I should have got a Mac. Sorry about the line.

²⁰⁴ I also used comic analogy in a different way on page 50.

²⁰⁵ For non-petrol heads Brands Hatch is a famous English motor racing circuit.

But then I also hear the voice of Murray Walker, the Formula One commentator (Screaming) "And here on this new extended circuit comes Lewis Hamilton in his Mercedes at 200 mph..."

(Road Safety Officer. Calmly) "Then Look Left again children..."

(Murray, screaming) "... and at these speeds, in these conditions, it's nigh impossible to brake..."

(Road Safety Officer calmly) "Now in pairs, safely cross the road..."

Murray Walker covering his hands: "No! Ahh! I can't look..."

Nothing can avert disaster, carnage, a blood bath, a massacre of the innocents...

... dropped points for Hamilton in his battle with Ferrari

But what's that I hear? A bell? End of class. The tots turn towards safety...

... and where do they go?

(Loudly, accentuating each word) That soddin' tuckshop.

(Shakes head.) Some schools would stop at nothing to make a quick buck.

The point I'm trying to make I guess is that health education on its own will often fail. It may need changes in organisations or society to support it. In this case schools providing healthy not unhealthy snacks.

Comic historical analogies

A historical perspective can show things in a different light. Bob Newhart did a famous monologue about introducing tobacco to civilisation.²⁰⁶ He pretends to be on the phone to Sir Walter Raleigh, but you only hear Bob Newhart's end of the conversation:

It's a kind of leaf...

... and you bought eighty tons of it! Let me get this straight. You've bought eighty tons of leaves?

... It isn't that kind of leaf. What is it, a special food or something?

²⁰⁶ Newhart, R. (2006) *I Shouldn't Even Be Doing This!* New York: Hyperion. pp.161-162, This is the much less funny summary from his book. Look up the actual sketch on YouTube.

... It has a lot of different uses. Like what?

... Are you saying "snuff"?

What's snuff?

... That's when you take a pinch of tobacco and shove it up your nose...

And sometimes it makes you sneeze. I imagine it would!

It has other some uses. You can chew it, put it in a pipe or shred it up and roll it in a piece of paper. You stick the rolled paper between your lips and you light it on fire...

When it starts burning you inhale the smoke!

It seems you could get the same effect standing in front of a fireplace.

Another approach would be to show how much we've changed or haven't. Linking in with the above routine and my schtick about bosses:

God, they were ridiculous times weren't they under the Tudors and Stuarts.

They still believed in the Divine Right of Kings and absolute power over underlings back then.

Hey, that hasn't been acceptable since... since...

Anyway, I worked for one of these absolute power type bosses recently.

His personality was so abrasive that Brillo Pad threatened to take him to court for patent infringement.

The problem is all recent governments have been so right-wing that you have little protection from the law now for the first six months of a post. I've had so many jobs that have been so short term that this often means no protection at all. So even the unions can't help you against official bullying by bosses.

Redirecting a "joke" to where it belongs

A lot of superiority-based jokes are traditionally at the expense of those with a health-related issue e.g. a disability, mental illness or are overweight.²⁰⁷ Fat

²⁰⁷ Being disabled does not necessarily mean you're unhealthy of course but you get my general drift

shaming, in terms of derogatory comments or “jokes” about obesity, is always aimed at specific individuals or communities. Whilst always wanting to empower people to live healthily this is unacceptable.

Perhaps real fat shaming should be aimed at the companies who make large amounts of money from childhood obesity, promoting and selling food that’s bad for us. Here is another part of my hypothetical *Seriously Funny* routine. I’m asking you to imagine the scene at the shareholders meeting of a large supermarket chain. The Chief Executive is about to speak and a bloke, lot like me, might have been me, was me - jumps up:²⁰⁸

You’ve given my kid sister a big belly you bastard. Only thinking of yourself and your own pleasure...

... from your huge profits from people addicted to your unhealthy snacks.

Why didn’t you pull out...

... of the big contracts you had with those confectionary companies.

Well, I’m going to teach you a lesson.

Take that... and that... and that.

And by the next time we meet I’ll expect you to have read those three educational leaflets on healthy eating.

(Directly to the audience.) We’re nice people in public health. Not violent bastards. What were you thinking?

A funny thing happened to me... Disability

“I think a good chunk of disability comedy is taking the mickey out of people who aren’t disabled and how they behaviour... so they laugh at their own behaviour, but they also learn from it.”

Simon Minty is co-founder of the comedy troupe *Abnormally Funny People*

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²⁰⁸ For some reason in my head I started off writing this with an Australian accent and then turned into one of the Goons.

²⁰⁹ O’ Hara, M. (2014) “Disablism? Simon Minty’s just having a laugh” *The Guardian*. 10 September. Available from: <https://www.theguardian.com/society/2014/sep/10/simon-minty-disablism-comedy-abnormally-funny-people-changing-attitudes> [Accessed 15 June 2019].

Turning concepts into people

Shaming workers in unhealthy industries though, is it fair? Lots of people might just be caught in the system. I used to have a neighbour who worked for a cigarette company. Nice guy. Smoked himself. Had a family to support.

Maybe it also just creates an “us and them” situation with people that we need to be negotiating with. (I looked at this in more detail on pages 48-53.)

So perhaps it's the system we need to be educating people about i.e. unrestricted free market capitalism.

Anthropomorphism could be one comic approach to this, that doesn't get too abstract. But what anthropo should we be morphing into?

At first, I thought of a villain in a 007 movie, stroking a white cat:

Well Mr Bond... and Mr Stock... and Mr Shares...

... who's going to make a killing today?

Not inappropriate if you have read about cigarette multinationals. They come out not unlike some of the evil organisations James Bond fought against. Like SPECTRE or SMERSH. SMIRK perhaps given what they've got away with over the years, with their secret organisations, political intrigues and all the deaths they've caused.²¹⁰

However, I also imagined a toddler that always has to have its own way and causes a fuss if it doesn't:

I know you want all the money and power for yourself but remember what we said about sharing. There are some other people out there who need them too. They have no power, no money and are feeling very depressed. You can have your turn later.

Now go on and be a good girl...

... or we'll throw you out on the streets and replace you with a nicer, more cost-effective daughter from the Third World.

What? What! The character's the personification of extreme right-wing capitalism, what did you expect me to say, or I'll have to get that kind public sector child psychologist to have another talk with you.

The Government says we can't afford those anymore. We simply have to go back to what we've always done instead, blaming the parents.

²¹⁰ They want to spread their tentacles worldwide too. For an introduction to some of their misdoings see Bates, C. & Rowell, A. (Late 1990s) *Tobacco Explained*. Action on Smoking and Health and the World Health Organization. Available from: <https://www.who.int/tobacco/media/en/TobaccoExplained.pdf> [Accessed 7 October 2019].

Understanding ourselves and how ridiculous, yet lovable, we all are

Similarly, to explore the psychological issues that underpin health behaviour it might also be fun to personify different parts of ourselves. Pixar did it in *Inside Out* with emotions.²¹¹ However, there are various other ways of dividing ourselves up to explore the decisions we make about health. To name but a few there are:

- Sigmund Freud's id, ego and superego²¹²
- Donald Winnicott's true and false self²¹³
- Eric Berne's ego state functional model²¹⁴

(I'd also recommend Lori Heyman Gordon's *Love Knots* as a way of understanding how humans often interact with each other.²¹⁵ This can be in any situation, such as families or at work, as well as in couple relationships. Could be good material too.)

Humour only works in context

Doctor, Doctor, I think I've got Hermes.

You mean herpes.

No, no, I think I'm a carrier.

This joke still makes me smile, however unless you're of a certain age, background and nationality you probably won't get it. It was topical in 1982. This was the time of the Falklands War between the UK and Argentina. One of the British aircraft carriers was called Hermes. There was also a minor panic around the same time about the sexually transmitted infection herpes. (If you have to explain a joke it probably isn't funny.)

I guess this demonstrates how specific humour can be and the need to check out what works with a particular audience – and not assume it still will even in six months' time.

²¹¹ *Inside Out* (2015) Directed by Pete Docter & Ronnie Del Carmen. USA: Walt Disney Pictures. Pixar Animation Studios. [Film: 95 min].

²¹² For a simple introduction see McLeod, S. A. (2016) "Id, ego and superego" *Simply Psychology*. Available from: <https://www.simplypsychology.org/psyche.html> [Accessed 7 July 2019].

²¹³ Winnicott, D. W. (1960). "Ego distortion in terms of true and false self". *The Maturation Process and the Facilitating Environment: Studies in the Theory of Emotional Development*. New York: International Universities Press, Inc. pp.140–57.

²¹⁴ Berne, E. (2004) "Transactional Analysis" *Eric Berne M.D.* Available from: <http://www.ericberne.com/transactional-analysis/> [Accessed 7 July 2019]. Also see (2019) "Transactional Analysis" *Changing Minds*. Available from: <http://changingminds.org/explanations/behaviors/ta.htm> [Accessed 21 July 2019]. (I remember a tutor getting different classmates to play the six roles of the different parts of this personality model. It was very funny.)

²¹⁵ Heyman Gordon, L. (1990) *Love Knots*. New York: Dell Books.

Building on what already exists

Twisting ideas that already exist might also work. sometimes

For example, what would happen if the idea behind printing the truth on cigarette packs, that fags make you and other people very ill then kill you, was extended to other things. This could be an opportunity to explore political or psychological ideas connected with health.

Rick Gervais' comedy *The Invention of Lying* followed similar lines.²¹⁶ This is a world in which everyone tells the truth:

Hi, I'm Bob I'm the spokesperson for the Coca-Cola company.

I'm here today to ask you to continue buying coke. Sure, it's a drink you've been drinking for years, and if you still enjoy it, I'd like to remind you to buy it again sometime soon.

It's basically just brown sugar water, we haven't changed the ingredients much lately, so there's nothing new I can tell you about that. We changed the can around a little bit though. See, the colours here are different there, and we added a polar bear so the kids like us.

Coke is very high in sugar and like any high calorie soda it can lead to obesity in children and adults who don't sustain a very healthy diet.

So that's it, it's coke. It's very famous, everyone knows it.

I'm Bob, I work for coke, and I'm asking you to not stop buying coke. That's all. It's a bit sweet.

Thank you.

A funny thing happened to me... Eating

"Irish comedian Tomie James is so slim he used to eat whatever he wanted and laughed at people who went on diets. Last year Dr Karma diagnosed him with a food allergy. He went to try and find the cause of his allergy and ended up going completely organic. Now only entering supermarkets to take a piss or take the piss. As the global economy shrinks, so does the quality of ingredients in your food. Don't be fooled by advertising! You may never eat or shop the same way again."

Taken from the blurb for Super Organic Me - Free

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²¹⁶ *The Invention of Lying* (2009) Directed by Ricky Gervais & Matthew Robinson. USA: Warner Bros. [Film: 100 min].

²¹⁷ Edinburgh Festival Fringe (2013) "Super Organic Me – Free" *The Edinburgh Festival Fringe*. <https://www.edfringe.com/whats-on/comedy/super-organic-me-free> [Accessed 25 March 2013].

Non-verbal gags

Not all punchlines need words:

Public health and health education are different in different countries of course. In some places killer insect-based diseases are a big deal but not here in the UK.

We do have moths I suppose.

A country friend of mind swears that conkers are really good as a moth repellent.

(Does imitation with his hands of playing with a conker on a string.) But it's so hard to hit the bloody things.

Health Impro-vement

If you've got the confidence and experience you could try improvisational comedy. Don't forget to remember though what the health aims of your act are. Have some jokes and comments to top and tail the act with that make a health point. Also have some pre-rehearsed jokes in reserve to keep things moving. For example, around smoking: cigarettes as little sticks of death and tobacco companies as Satan's commercial outlet manufacturing portable fires of hell and damnation.

We've covered a lot of ground in this chapter but if you want to see the bare bones of it again, check out pages 10-11.

8) “Is This Some Kind of Sick Joke?” Offensive and Inoffensive Health Stand-up

Offensive comedy is OK - sometimes

...the right to offend is far more important than any right not to be offended, simply because one represents openness, the other represents repression.

Rowan Atkinson, comic actor²¹⁸

Offence is taken not given.

Eshaan Akbar, comedian²¹⁹

These quotes represent one end of the spectrum around thinking about stand-up. Thought provoking though they are, they are both concerned with commercial comedy. It has its own debates about what is acceptable. Health stand-up in some ways is much simpler. It is about improving health and wellbeing. In doing so it might be necessary for the humour to be dark at times or challenging. It might even offend some people e.g. if the topic matter is about sex, religion or politics. Individuals may even be upset by the blindest of jokes due their own unique personal histories. Health stand-up however should never set out to offend for the sake of it or get laughs at any cost.

Generally, perhaps it should aim to nudge people in the direction you want them to go. Too bland and there's no movement. Too challenging and people may back off, walk out, complain and generally not listen. The right amount of challenge may get people to open up to discuss things with others, think differently and perhaps change their behaviour.

What this means in practice will vary between audiences and within it. The right amount of challenge may be a long way from what you think is necessary, however. People who are transphobic, for example, may not be ready for anything too challenging, even if you find it ethically in good taste.

Proper initial research might help. Ongoing observation and reflection on what response particular segments of the act get is similarly essential. In any follow-up check what people are talking about. Ask them what they think, as some people might still be offended. (And sometimes people may not be offended by things but perhaps should be. Sometimes individuals and groups are socialised to accept limiting lies about themselves based on gender, ethnicity, size etc. For example, fat people are lazy. We need to be aware of this as well and make jokes that challenge it.)

²¹⁸ Carr, J. & Greeves, L. (2006) *The Naked Jape*. London: Michael Joseph. p.262

²¹⁹ Akbar, E. *Afternoon Edition* BBC Radio 5 Live. 15 August 2018. 13.00 hrs.

Be aware too that If you put all or part of the act on YouTube, people who it's not intended for might see it and be offended. Consider posting warnings beforehand to avoid this as much as you can.

Certain aspects of the press may also delight in being offended and having a go at you. If you're prepared for this, you might be able to turn this to your advantage or at least not be damaged by it.

"Humour comes from a good or bad place."

Ricky Gervais

I agree with this. However, I think it's worth being aware that if you haven't thought things through or checked out your audience, even coming from a good place may still inadvertently hurt them. You also need the self-awareness to be sure that you are coming from a good place. Perhaps after a while being a comic may desensitise you if it's your material's too edgy?

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Inoffensive comedy offends me - sometimes

The ideology of the old Soviet Union saw American cinema as focusing on comic characters that were anarchic deviants concerned with turning the world upside down. Communism wasn't interested in this or laughter for its own sake which was simply frivolous and "physiological". Soviet comedy preferred the idea of a lead who was cheerful, a good role model but who ends up in comic situations.²²¹

However, as the country degenerated into stagnation and a parody of a socialist utopia much of the humour was defeatist. It acknowledged how bad things were without seeking to change them – simply creating a safety valve for people to let off steam. This going along with the status quo is illustrated by the joke *"We pretend to work, and they pretend to pay us."*²²²

This reminded me that health stand-up needs to avoid several traps.

It shouldn't be reactionary, e.g. encouraging racist or sexist attitudes. Some people might argue that encouraging an individualistic lifestyle approach to health education is also conservative. This may be true but personally I think that sometimes it is appropriate.

²²⁰ Ricky Gervais the only person likely to say on his deathbed "I'd wished I spent more time in the office". Gervais, R. *Desert Island Discs*. BBC Radio 4. 29 June 2007. 9.00 hrs.

²²¹ Groskop, V. *Comrade: 100 Years of Russian Satire*. BBC Radio 4. 3 October 2017. 11.30 hrs.

²²² Groskop, V. *Comrade: 100 Years of Russian Satire*. BBC Radio 4. 3 October 2017. 11.30 hrs.

It shouldn't be a way of helping maintain unsatisfactory conditions by normalising them and allowing people just to blow off steam. Though the example I gave was from the communist system it could also apply to the capitalist world.

Neither should a routine be mere distraction; inoffensive candyfloss. (Though I'm fine with this from mainstream entertainers.)

Health stand-up needs to be both challenging and supportive. If it's political, it needs to avoid the pitfall of some satire such as *Spitting Image*.²²³ This had no coherent political view but just made fun of everything for the sake of it. Health stand-up should have a clear focus and set of values.

In terms of being challenging I think the concept of the "critical friend" is often a good one. Think about not only how far you can go morally but also of the likely outcomes. If you are aiming to change people, it is better that they are curious rather than defensive.

In/offensive jokes – Does everyone get the joke?

Sometimes stand-ups play with stereotypes to send them up or question them. This can be a useful tool but can be risky. In a related field the comic TV character of racist bigot Alf Garnett was supposed to be a figure of funny.^{224 225} You were supposed to laugh at him not with him. There is always a risk however that some people don't get this. Instead they take his side.

In/offensive jokes – You had to be there

There is also always the risk, however good your intentions, that a joke made in a particular context can develop a life of its own. To quote Katy Brand:

*The more distant you are from the origin of a joke, the less funny it is. The joke goes out in rings, like a pebble in water, out and out and out, until it's a headline and people read it and get offended. The bigger the potential audience, the higher the risk of offence.*²²⁶

As I've said before perhaps one thing you could do is have a strategy planned out beforehand, just in case anything does go wrong.

Sometimes any joke can be the wrong one

Comedian Jimmy Carr has said that:

²²³ *Spitting Image*. Spitting Image Productions and Central Independent Television. 1984-96.

²²⁴ Alf Garnett played by Warren Mitchell was in *Till Death Us Do Part*. BBC. 1965-75.

²²⁵ In America the show was remade with a lead character called Archie Bunker played by Carroll O'Connor. *All In The Family*. Tandem Productions. 1971-79.

²²⁶ Sawyer, M. (2019) "Can comedy survive in an age of outrage?" *The Guardian*. 28 July. Available from: <https://www.theguardian.com/stage/2019/jul/28/can-comedy-survive-in-an-age-of-outrage-jimmy-carr> [Accessed 29 July 2019].

*All jokes trivialise their subject matter; they skim the surface of the debate, although they may help to expose its inherent absurdities.*²²⁷

A debate on the discussion threads of a Guardian article about political comedy takes the criticism even further. Bluefinch says:

*the “comedianisation” of politics has had a terrible impact. Jon Stewart (of the satirical Daily Show) is a bright guy but his analysis is crippled because he has to have a gag every ninety seconds.*²²⁸

He adds that this leads to a simplification and a tendency to demonise rather than debate with people we disagree with.

This raises some possible problems with health stand-up too. The way to avoid this may be in part to be clear of what you want to say and build the jokes round it. Try to make them on the nail, showing the truth in a different light. This isn't always easy. You may need extra jokes to pad the act out. These may even get more laughs. Make sure though they don't give the wrong message or distract from what you are trying to say.

At any time, any joke is the wrong one?

Some people might think that it is always wrong to joke about serious matters of life and death. I hope that I've persuaded you otherwise if you thought that way. Humour can be a respectful way of dealing with serious issues.

I also wonder if some people, especially senior public sector managers, may think it somehow demeans the organisation to spend time and money on laughter. Interestingly, the commercial sector doesn't think like this. In *Media: Double Standards - Why comedy is “the new rock 'n' roll” for brands*, Campaign a leading marketing news site explored the use of comedy for consumer brands. And they were sure of it's potential:

*comedy is a very powerful engagement platform for brands seeking to grab a big slice of customer attention. Everyone likes laughing and it is up there with music as a passion area.*²²⁹

The main example they looked at was from one of public health's competitor in the shape of Foster's the beer company. They had been involved with comedy in terms of a festival, an award and a TV show, as well as an individual comedian. If it's good

²²⁷ Carr, J. & Greeves, L. (2006) *The Naked Jape*. London: Michael Joseph. p 248.

²²⁸ Seems more like every few seconds to me, but I get his point. Quote in comments after Mulkerrins, J. (2017) “Goodbye pop, hello punchlines: why comedy is replacing rock on screen” *The Guardian*. 12 August. Available from: <https://www.theguardian.com/tv-and-radio/2017/aug/12/im-dying-up-here-comedians-are-the-new-rock-stars> [Accessed 16 June 2019].

²²⁹ Atkinson, D. (2011) “Media: Double Standards - Why comedy is 'the new rock 'n' roll' for brands” *Campaign*. 21 January. Available from: <https://www.campaignlive.co.uk/article/media-double-standards-why-comedy-the-new-rock-n-roll-brands/1050542> [Accessed 17 June 2019].

enough for them... Social marketing theory stresses learning from the opposition remember.²³⁰

Is a comedy act that is propaganda but makes people healthier acceptable?

As I've alluded to before should we be encouraging people to think for themselves or simply persuade them to do what we think is best? Do the ends justify the means? Is one of our ends a population that is able to think for themselves? Different people will probably have different answers at different times to these questions. However, I do believe that it's important for both political and lifestyle campaigns to think about these issues ahead of time.

Loving the Alien

"... 'Negative Capability', the ability to identify with sensibilities not your own, and to hold two opposing ideas in your mind simultaneously... it's what distinguishes art from propaganda."

Ross Altman

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Do people need to know that the purpose of the act is in part education?

People may go to an event thinking that it's simply a fundraiser or a comic using their own experiences for an act. Do they need to know beforehand that there is an educational element to it? Will this put them off? Do they need know that the organisation is perhaps even using laughter to open them up and encourage them to think or feel differently? Does this last bit in particular sound a bit Big Brother? These are both practical and moral questions. Some can be answered by effective research or evaluation with the target group. Others are more ethical dilemmas for an organisation to decide a view on.

What's offensive changes over time - and that's a good thing

There were calls to boycott Trevor Noah's tour because of a ghastly joke he made... in 2013. I saw his show that year ... and his set was thoughtful and self-deprecating. He doesn't need me to defend him, but if you love comedy, you'll understand that good comics constantly evolve.

Shappi Khorsandi²³²

²³⁰ Prochaska, J.O., Redding, C.A. & Evers, K.E. (2008) "The Transtheoretical Model and Stages of Change" in Glanz, K., Rimer, B.K. & Viswanath, K. *Health Behaviour and Health Education*. San Francisco: Jolley-Bass. pp. 99-105.

²³¹ Altman, R. (2018) "David Rovics' The Musical History Tour" *Folkworks* 28 September. Available from: <https://folkworks.org/reviews/folkworks-concert-reviews/46948-david-rovics-the-musical-history-tour> [Accessed 22 June 2019].

²³² Shappi Khorsandi, S. (2018) "Why it's wrong to 'call out' people like Trevor Noah and Dan Harmon for the off-colour jokes they made in their past" *The Independent*. 27 July. Available from: <https://www.independent.co.uk/voices/trevor-noah-dan-harmon-old-jokes-exposure-wrong-alt-right-james-gunn-a8466011.html> [Accessed 22 June 2019].

I think, as a comedian, if you're not changing with the times – not just second-guessing what the kids want to hear but growing and changing as a human being, living an examined life – that will reflect in your comedy.

Sarah Silverman²³³

It isn't just good comics that evolve, so does comedy, so does society. Today many classics shows such as *MASH* or *Friends* may at times appear sexist or homophobic^{234 235 236 237} However, in a sense I see that as positive. I want us to evolve as a society so that important issues that we feel scared or ignorant about and thus laugh at, begin to be viewed differently. This means we won't laugh at the same jokes or at least, to begin with, not in public.

We will become more tolerant and understanding. Unless of course, the evolution of society is backwards as it sometimes is, and the future of stand-up is an octogenarian Roy "Chubby" Brown supporting a holographic UK-wide tour by the late Bernard Manning.

A funny thing happened to me... Growing up in care

"Her childhood in care, her mother's heroin addiction, her days as a sex worker ... Sophie Willan is turning the details of her life into dazzling stand-up".

"I use my own experience as a metaphor for bigger issues," says Willan. 'I find academic political comedy isolating. It's very clever, but is it engaging to everybody? Would my mum sit and listen to it?'"

(Does she need to? Is she the target audience? What's the aim of the comedy?)

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Mainstream comedy is probably more often a barometer of society rather than a force to change it. Health stand-up has a different purpose of course. However, we'll know we are getting somewhere when routines by regular stand-ups begin to change e.g. around sex.

²³³ Rose, S. (2018) "Sarah Silverman: 'I cringe at material I did 10 years ago'" *The Guardian*. 17 December. Available from <https://www.theguardian.com/culture/2018/dec/01/sarah-silverman-ralph-wrecks-internet-love-you-america> [Accessed 22 June 2019].

²³⁴ *M*A*S*H*. 20th Century Fox Television. 1972-83.

²³⁵ Flores, J. (2015) "Offensive New TV Show: A Millennial Reviews 'M*A*S*H'" *Observer*. 30 April. Available from: <https://observer.com/2015/04/offensive-new-tv-show-a-millennial-reviews-mash/> [Accessed 22 June 2019].

²³⁶ *Friends*. Warner Bros. Television and Bright/Kauffman/Crane Productions. 1994-2004.

²³⁷ Morgan, J. (2014) "Was Friends Homophobic?" *The Gay Star News*. 17 September. Available from: <https://www.gaystarnews.com/article/was-friends-homophobic170914/#gs.91QFgoRh> [Accessed 22 June 2019].

²³⁸ Logan, B. (2018) "Sophie Willan: who are you calling a northern working-class comic?" *The Guardian*. 9 January. Available from: <https://www.theguardian.com/stage/2018/jan/09/sophie-willan-working-class-standup> [Accessed 22 June 2019].

The funny thing about “adult humour” is that it’s rarely adult at all

Sex is traditionally an area where it’s easy to give offense. People get stuck with attitudes they picked up in childhood and adolescence. Smut and prudery however are different sides of the same coin. Both present sex as a bit dirty, but one is about being disgusting and the other about being disgusted.

That isn’t to say that there isn’t humour in sex. There is partly because of these two reactions to it. Perhaps when society has fewer hang-ups and is more mature about sex, it will get less laughs. In the meantime, it’s always worth remembering that the same joke may cause a different reaction within an audience. For one person it may be allowing a taboo subject to be mentioned which is a positive. For another person it may just reinforce the idea that sex is dirty. Research and evaluation may show what precise jokes work with any given audience both in terms of comedy and of health education. Though it might still vary between individuals of course. Generally, however it’s walking that fine line between acknowledging our hang-ups whilst not adding to them by suggesting that they’re true. This could be by content or delivery.

There is a whole range of issues connected with sex that Western society struggles with. These are in part because we are still trying to cope with a legacy of Victorian attitudes mixed in with a capitalist culture that makes money from sex in movies, music, adverts etc. I also wonder if sex can become a poor substitute for meeting other basic human needs that our society doesn’t handle well, e.g. dealing with feelings or getting emotional and physical intimacy.

Sex in the UK is also tied in with:

- Power issues between men and women
- Status anxiety around the quality and quantity of sex you’re having
- Making that difficult transition from child to adult e.g. first kiss and losing your virginity
- Worrying about what’s normal
- Difficulties between the generations e.g. parents and children
- Prejudice and discrimination around homosexuality
- Shame around sex outside of marriage in some cultures, at least for women
- Embarrassment around contraception
- Conflict around religious values
- Fears about disease
- Worries around unintended pregnancy
- Feeling rejected or valued

Really, it’s a comedian’s dream! So much pain, so much potential material. And if you struggle to get anything out of these rich pickings, there is always the related issues of gender and transgender. Love is also fertile ground for stand-up. This is

partly because we are still struggling with the old fantasy of romantic love.²³⁹ Romcoms etc. still push this view. Few organisations are doing anything to help us all systematically learn new viewpoints or skills to make relationships work. (See pages 163-165 for some ideas I have of how to do this through music and comedy.)

Generally, I think stand-up around these issues, need as always to be clear of the aims of the project and what the research says about influencing the target audience.

What's the earliest sex joke you can remember? What do you think of it now?

The first one I remember was read to me from a girlie magazine in the classroom at secondary school when I was 12.

"A small boy shows a girl his willie and says 'You'll never have one of these'.

She pulls down her knickers and says 'Huh, my big sister says if you've got one of these, you can have as many as those as you want'".

On reflection it's actually quite feminist, being in way both a kind of criticism of Freud's penis envy and empowering towards women's sexuality. As this was the early 70s this isn't implausible. So, I'm claiming it as the first political joke I can remember too.

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Basically however, we need sex without the ism. Anything sexist, homophobic etc. is a no-no unless the idea is to explore them as a way of helping people change their thinking. Even then, they must be tackled carefully. Get other organisations on board. By this I mean if you're doing an act about sex and gender and some of it is about transphobia, check it out with a trans group first. Try always to be positive about sex and supportive of people.

How far is typecasting necessary in comedy?

Stereotypes are common around all health issues. Smoking, diet, obesity, sexual health, mental health, drugs, alcohol and physical activity all are heavily value laden. Prejudices abound around people depending on their age, class, ethnicity, sexual orientation, where they come from and what they do or don't do. This is obviously wrong. However, what about stereotypes about evil money grabbing cigarette manufacturers or psychiatrists who don't listen and only push drugs? More

²³⁹ Wright, C. (2016) "The Problem with Romantic Love" *Wake up world*. Available from: <https://wake-up-world.com/2016/09/06/problem-with-romantic-love-how-the-ancient-greeks-can-help-solve-our-dilemma/> [Accessed 11 November 2019].

²⁴⁰ Freud, S. (1991) *The Penguin Freud Library, Vol.7: On Sexuality; Three Essays on the Theory of Sexuality and Other Works*. London: Penguin. pp. 195-6.

²⁴¹ Love to everyone who was in form 3E of Wigan Road Secondary School.

pertinently, can we make sense of the world without simplifying it? How easy is it to communicate without this shorthand? Can we make jokes without doing this? Should we or are stereotypes sometimes a good thing?

It seems to me some of the questions to ask when using stereotypes in humour are:

- Is your intention good or is it to make fun of people for the sake of it, get one up on them or simply to be liked?
- How does the use of stereotypes tie-in with your aims and values?
- Do they make things better or worse and for who? Are there any possible side effects or risks? How is the joke supposed to work?
- How true are they?
- Do they confuse or clarify an issue?
- Are they aimed at the powerful or the powerless?
- Is there an opportunity to explore or acknowledge they are stereotypes?
- Do the group you're criticising have easy access to litigious lawyers?

What's offensive and what's funny varies across cultures

As a white middle class middle aged British male, I'm not really sure what other types of people in the UK find funny or offensive. I have even less idea of people from other countries. In a sense it doesn't matter, as long as practitioners do their research with the communities they're targeting to find out what'll work with them. As the world gets more integrated it may even be that senses of humour standardise more. I thought this when I saw a video of comic Varun Thakur talking about contraception in India. It gave a picture of his culture as similar but not identical to Britain's.²⁴²

Scared laughter – A good or a bad thing

Terror and laughter often go hand in hand. Things scare us, and we laugh as a release. Indeed, as much comedy is about taboo behaviour, you might say it thrives on fear. Health comedy can however use this positively. It can help let people know that it's safe to talk about a topic or that other people behave or feel the same way as them. They need not be afraid that they're alone, strange or bad.

However, is it ethical or effective to deliberately try to scare people into changing their behaviour? Make them aware of the terrible consequences of their actions:

Let me show you how much ash a 20 a day smoker makes.

(Pours some ash out).

Course not all of them are cremated, some of them are buried.

²⁴² Thakur, V. (2018) *Condoms, Chemists and Contraceptives in India* [online video]. Available from: <https://www.youtube.com/watch?v=kAEyWAaEe4o> [Accessed 22 June 2019].

John Cleese, an ex-smoker himself, recorded this joke for a 1992 Health Education Authority campaign.²⁴³

However, the tactic is controversial:

*Although much effort has been made to study fear appeals in persuasive health communication, there is still mixed support for the effectiveness of this approach.*²⁴⁴

Personally, I would suggest making use of the approach outlined in the Extended Parallel Process Model. This says that the key thing is not so much how scared people fear.²⁴⁵ (A moderate level of threat is OK. You don't need to go all Hannibal Lecter on them.) What's more important is that they believe they can do something to change their behaviour and be safer. So, it's vital that any act and follow up should give tips and emotional support around how to give up smoking or whatever the issue is. If people are scared and don't think they can do anything about the threat, they may ignore it.²⁴⁶

However, in practice watch the audience reaction as well as monitoring what happens later. Is there evidence that you've scared people too much? Have you even traumatised them without offering any support? Even better test out the act before going live with it.

Also, be careful, in a world where fear and hatred seem to be being used more and more for political reasons. What do you want people to be afraid of, a cigarette or a particular lifestyle or type of person? Moral panics have a bad history around health issues e.g. prejudiced scare stories and myths of AIDS as a gay plague or starting because Africans had sex with apes.^{247 248}

Similarly guilt or other negative emotions shouldn't be used in an act without giving it a lot of thought first. Generally, though, it's OK to explore them as long as you offer people support and ways to change.

²⁴³ Cleese, J. (1992) *Cleese - anti-smoking commercial* [online video]. Available from: https://www.youtube.com/watch?time_continue=18&v=1UFNCrxWI2M [Accessed 22 June 2019].

²⁴⁴ Ort, A. & Fahr, A. (2018) "Using efficacy cues in persuasive health communication is more effective than employing threats - An experimental study of a vaccination intervention against Ebola" *British Journal of Health Psychology* 23 pp.665–684.

²⁴⁵ The extended parallel process model (EPPM) is a framework developed by Kim Witte. Witte, K. (1994) "Fear control and danger control: A test of the extended parallel process model (EPPM)" *Communication Monographs*. 61 (2) pp.113-134.

²⁴⁶ Similarly, is gallows humour simply about putting up with what should be challenged, a way of coping or both?

²⁴⁷ Braidwood, E. (2018) "World AIDS Day: 'Gay plague'—how media reported AIDS crisis" *Pink Press*. Available from: <https://www.pinknews.co.uk/2018/11/30/world-aids-day-1980s-headlines-tabloids/> [Accessed 8 July 2019].

²⁴⁸ Yahoo! Answers (2019) "Did AIDS really start with blacks having sex with monkeys or is it just a vicious rumour?" *Yahoo! Answers*. Available from: <https://tinyurl.com/y687ox75> [Accessed 8 July 2019].

Worryingly, some research also suggests that cloaking dangerous behaviours, such as smoking with humorous ads might help dull people to the risks.²⁴⁹ Presumably however this might also be true of other healthy behaviours such as going for scary or embarrassing medical tests. You know the kind that usually involve steel instruments going into fleshy orifices. Desensitisation could be helpful here.

Sophie Hagen talks about trigger warnings at her gigs

“My 2017 show ‘Dead Baby Frog’ was about my emotionally abusive grandfather, which is potentially triggering for victims of abuse. So a trigger warning, in this case, meant that I told the audience that they were about to see a show about emotional and physical abuse. I made an announcement before I started the show and told people that they were free to leave, if they needed to. I also put little leaflets on the seats ... (with) numbers for helplines printed on the back. I also spoke about it on my podcast loads and put it on this website.”

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Harm minimisation

Obviously, jokes about certain health topics such as weight have to be thought about carefully. Getting the tone right about drugs and alcohol maybe difficult as well. Harm minimisation may sometimes be a good approach to use.²⁵² Perhaps accept that some target groups are always going to be hammered or out of their heads. Try to build an act around limiting the trouble they can get into, e.g. how to look after your mates on a night out.

More on the ethics of health education

It's worth revisiting yet again the perennial ethical issue of health education itself. Do you want to give information or provoke debate through self-reflection and shared learning, hoping this leads to changed beliefs and behaviours? Alternatively, are you there to sell and persuade - even through manipulating emotions if necessary?

If it's the latter, is this really acceptable even if it is for people's own good? (Or only when it is done to sell unhealthy products to make shed loads of money?)

²⁴⁹ Ventis, W.L., Higbee, G. & Murdock, S.A. (2001) “Using Humor in Systematic Desensitization to Reduce Fear” *The Journal of General Psychology*. 128 (2) pp.251-252.

²⁵⁰ Hagen, S. (2019) “Sophie Hagen” *Sophie Hagen*. Available from: <http://www.sophiehagen.com/accessibility> [Accessed 22 June 2019].

²⁵¹ She also got a lot of abuse on Twitter for this and related ideas around her shows being “anxiety safe”. Is this less likely if a show was put on by health organisation? Jeffries, S. (2019) “Is standup comedy doomed? The future of funny post-Kevin Hart, Louis CK and Nanette” *The Guardian*. 20 January. Available from: <https://www.theguardian.com/culture/2019/jan/19/is-standup-comedy-doomed-future-of-funny-kevin-hart-louis-ck-nanette> [Accessed 22 June 2019].

²⁵² The Department of Health (2004) “2.1 Harm minimisation” *Australian Government*. Available from: <https://www.health.gov.au/internet/publications/publishing.nsf/Content/drugtreat-pubs-front9-wk-toc~drugtreat-pubs-front9-wk-secb~drugtreat-pubs-front9-wk-secb-2~drugtreat-pubs-front9-wk-secb-2-1> [Accessed 8 July 2019].

One Australian study of using comedy DVDs with young people also questioned whether preaching, even if done as part of entertainment, ever worked. It preferred a more ambiguous approach that allowed people to make up their own minds.²⁵³

Mind your language

Language is very important in stand-up. Certain words are funnier than others. (See page 82.) All help set the scene and hopefully move the audience in the way you want them to go.

What is acceptable also changes over time e.g. around ethnicity, swear words etc. Personally, I also think we need to be careful around using words about health itself. Here's another excerpt from my hypothetical *Seriously Funny* public health routine where I look at this in more detail:

Ah, oh what's that, there might be important visiting American public health professionals in the audience, perhaps even Republicans...

(In an agitated voice, talking to myself) Don't panic. Keep calm. Focus. Public health. Think, think. Something uncontroversial. Individualistic and lifestyle based. Diet. Unhealthy diet. Biscuits... ah, got it.

It's interesting isn't it in that we have Bourbon biscuits, they were 18th century French kings and Garibaldi biscuits, he was a 19th century Italian leader. But what have we got in the present to commemorate our rulers?

How about...

Trump's...

Trump's crackers.

Damn. Damn. I've done it again. Might have offended people in the audience. Must, must think before I speak.

So, I apologise to anyone with mental health issues who is hurt by my choice of words. I've had depression and anxiety myself, so I wasn't being offensive.

I think though sometimes as humans we have a real need for comical slang words that scream out "Grrr, that's so damn irrational!"

And that's why in the earlier biscuit joke I used the somewhat offensive word:

"Trump".

²⁵³ McKee, A. Walsh, A. & Watson, A. (2014) 'Using digitally distributed vulgar comedy to reach young men with information about healthy sexual development' Media International Australia 153 (1) pp. 128-137. Available from: <https://journals.sagepub.com/doi/pdf/10.1177/1329878X1415300115> (Accessed as a print off from NHS library, 5 November 2018).

I know. I'm sorry.

Seriously, I think it is important to differentiate the language we use for mental illness and that for everyday prejudice or irrationality we come across.

*Crackers is a fair word to use carefully if you mean **something** is irrational but always a hurtful and unhelpful word if you mean **someone** with mental health challenges. The two aren't the same thing at all.*

Do famous people even really exist?

In the previous section I made fun of the Donald. I could add “who doesn't”, but it does worry me. I don't know anyone famous, so they seem unreal to me, “the other”. However, in a world where social media is the norm, they're in fact neighbours. Their feelings can be hurt, they can feel threatened and indeed be threatened. I think therefore health stand-ups should think carefully about the costs and benefits of making fun of them. There's also the issue of whether we should encourage a way of thinking that is negative towards anyone. Is being a critical friend more productive? What kind of world do we want? A kind or a cruel one?²⁵⁴ (Elsewhere in this chapter I present some alternative viewpoints on some of these issues for you to consider.)

Bad language: The Curse of the Stand-up Comedian

As Lily Tomlin has alluded to, one problem with swear words is that they tend to give out negative messages about the body or *certain* bodily functions, e.g. bollocks, he's such a dick, piss off or totally shit. Of course, they're usually about sex or excretion. We don't say “You're such an eating spleen”. Alternatively, they are sexual insult words connected to people's behaviour or background e.g. fucker, wanker, bugger or bastard. Perhaps, they belong more to our culture's hang-ups from the past, than how our lives today. After all these things aren't actually bad. However, talking as if they are may make people feel too embarrassed to go for contraceptive advice or early bowel cancer treatment.

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The F word and I don't mean 'Funny'

“... there are worse words. Food bank is worse.”

Janey Godley²⁵⁶

Swearing is more common in some professions than others. Troopers and, in-joke alert, heads of social services being obvious examples.

²⁵⁴ I know I've come back to this issue again and again. It's seems important, however.

²⁵⁵ In the Q&A interview on the DVD for the comedy *Grandma* she talks about her concern about using “asshole” as a form of abuse. *Grandma* (2015) Directed by Paul Weitz, USA: Depth of Field and 1821 Pictures. [Film: 79 min].

²⁵⁶ Brooks, L. (2019) “I joked about my life – Ma's murder, child abuse, gangsters’: how Janey Godley became the queen of comedy” *The Guardian*. 19 August. Available from: <https://www.theguardian.com/culture/2019/aug/19/janey-godley> [Accessed 19 August 2019].

In terms of health stand-up, it is problematic. With some target groups bad language (see previous) maybe the norm. Using swear words in the act may help bond with them and get over feelings of us and them. Swearing can also help with the rhythm of an act, adding emphasis and contrast. However, with some audiences it would be inappropriate, either because they would disapprove, or others might, e.g. parents if the act was aimed at teenagers.

With any audience, the media might be critical of a voluntary or public sector body that used swear words. Social media of course makes it more likely that the wrong people will be made aware of it too.

If you do decide that swearing is important, decide how much you can get away with. Also decide which words are OK and which aren't. Perhaps get approval from senior management, test out the act with the target group and try to stop the wrong people hearing the routine. Remember to have a plan of what you'll do if there are complaints. This could include having a very strong case of why it was a good idea. This could include research, theory and people who would speak on your behalf. These could be from the target audience as well as relevant professionals.

Gag gag: Nobody mention censorship

In 2019 Konstantin Kisin was going to perform a set for a student UNICEF fundraising charity at a London University. He pulled out after being sent a form that said:

*By signing this contract, you are agreeing to our no tolerance policy with regards to racism, sexism, classism, ageism, ableism, homophobia, biphobia, transphobia, xenophobia, Islamophobia or anti-religion or anti-atheism.*²⁵⁷

This got quite a lot of coverage in the media. It raised lots of issues including that of censorship. Konstantin Kisin himself said:

*The only people who should be controlling what comedians say are comedians. This is a threat to freedom of speech.*²⁵⁸

and

*I grew up under the Soviet Union. When I saw this letter, basically telling me what I could and couldn't say, I thought this was precisely the kind of letter a comic would have been sent there.*²⁵⁹

²⁵⁷ Willis, E. (2018) "Comedian pulls out of charity show at SOAS after he was asked to sign extensive 'safe space' contract" *Evening Standard*. 12 December. Available from: <https://www.msn.com/en-gb/news/uknews/comedian-pulls-out-of-charity-show-at-soas-after-he-was-asked-to-sign-extensive-safe-space-contract/ar-BBQQhkG?ocid=spartandhp> [Accessed 22 June 2019].

²⁵⁸ Willis, E. (2018) "Comedian pulls out of charity show at SOAS after he was asked to sign extensive 'safe space' contract" *Evening Standard*. 12 December. Available from: <https://www.msn.com/en-gb/news/uknews/comedian-pulls-out-of-charity-show-at-soas-after-he-was-asked-to-sign-extensive-safe-space-contract/ar-BBQQhkG?ocid=spartandhp> [Accessed 22 June 2019].

²⁵⁹ Willis, E. (2018) "Comedian pulls out of charity show at SOAS after he was asked to sign extensive 'safe space' contract" *Evening Standard*. 12 December. Available from: <https://www.msn.com/en-gb/news/uknews/comedian-pulls-out-of-charity-show-at-soas-after-he-was-asked-to-sign-extensive-safe-space-contract/ar-BBQQhkG?ocid=spartandhp>

This is a huge issue and there is a big difference between being prejudiced and exploring prejudice or respectfully challenging other's beliefs. However, from the point of view of health stand-up I think the response is more straightforward.

Most comics of course are freelance. I imagine they will censor themselves in terms of what they think will work with particular audiences and what might merely offend them. If they don't do this, they may quickly find they are without work and money. They are after all entertainers in a free market capitalist system. Similarly, if they are doing corporate events there may well also be expectations of what they say or don't say.²⁶⁰

If comics are contracted to do health comedy, I imagine there would have to be an agreement about their act. This would be true if they were paid members of staff or signed-up to do a particular piece of work. It would be a joint project. The comedian would only be able to develop and deliver the act if health workers had done a lot of work beforehand. The comic would need to work with health staff to clarify what the purpose of the act was and how the comedy would achieve this. I imagine as part of this there would need to be conversation and agreement about the content of the act. This would protect the organisation and the stand-up.

If they couldn't come to an agreement, the comic wouldn't be arrested and sent to the Gulag. (Gulaugh?) The work couldn't go ahead, however. This is no different from the everyday working practice of most people. An organisation has a need and finds someone to meet it. If you don't want to do it, you put up with it or get a different job. However, I appreciate artists are seen in a different way, so for PR purposes this might have to be treated carefully. You wouldn't necessarily want to get the same media attention as the UNICEF fundraisers.

If you're stony faced that doesn't matter

Many years ago, an old colleague of mine, Dave O' Brien, got permission to use the Viz character Idle Eric.²⁶¹ This was to run an advertising campaign aimed at getting local men to do more physical activity. It was in Tyneside where the comic comes from. It was a bit controversial professionally as some neighbouring health workers didn't like the humour. They felt that it put the men down. I never saw an evaluation but did hear claims that the target group liked it.

[gb/news/uknews/comedian-pulls-out-of-charity-show-at-soas-after-he-was-asked-to-sign-extensive-safe-space-contract/ar-BBQQhkG?ocid=spartandhp](https://www.theguardian.com/news/uknews/comedian-pulls-out-of-charity-show-at-soas-after-he-was-asked-to-sign-extensive-safe-space-contract/ar-BBQQhkG?ocid=spartandhp) [Accessed 22 June 2019].

²⁶⁰ Many comedy clubs too have guidelines Jeffries, S. (2019) "Is standup comedy doomed? The future of funny post-Kevin Hart, Louis CK and Nanette" *The Guardian*. 20 January. Available from: <https://www.theguardian.com/culture/2019/jan/19/is-standup-comedy-doomed-future-of-funny-kevin-hart-louis-ck-nanette> [Accessed 22 June 2019].

²⁶¹ Viz has been around since 1979 and is currently owned by London company Dennis Publishing.

Similarly, with stand-up routines aimed at a particular target group there is no need for commissioners to find them funny.

On the other hand, it could be a mistake to go for humour that reinforced untrue beliefs that the target group had about themselves. This could be that being overweight means that you're lazy, have no will power, are unattractive etc.

If you're embarrassed that doesn't matter either

I don't just mean embarrassed because the joke is too sexual for your taste. It may be appropriate sometimes for the joke to be on you, or at least your organisation. The NHS for example doesn't always get everything right and this is important to hear – up to a point of course. It says that you are listening and want to do better. It's vital however that if this is aimed at a professional audience it's not too disheartening. Similarly, if it's during a session for the public, the organisation's reputation shouldn't be damaged by the routine it's paying for. If it's a kind of way of apologising this needs to be acknowledged, as do why things are going to get better. Of course, individual staff should never be named and shamed.

Lawyer jokes – Try to avoid any gags that mean you may need one

Generally, I imagine that most people in the public eye avoid taking people to court who make jokes about them. It's not good PR. However, it's possible that if you say something that is untrue about a company or individual as part of an act, they might sue. Particularly if it might damage their reputation or income and you work for an organisation that has money. You'd probably be OK if you were presenting it as a personal opinion rather than as fact.²⁶² I'd also like to highlight that the Copyright and Rights in Performances (Quotation and Parody) Regulations came into force in 2014.²⁶³ This means that there is now a right in England to parody things such films, songs and company slogans.

Finally, the only really unforgiveable joke – One stolen from another comedian

Oscar Wilde (In response to a clever remark by Whistler): *I wished I'd said that.*

Whistler: *You will Oscar you will.*²⁶⁴

Before television it wasn't uncommon for people to "borrow" jokes or even whole routines from other comic's acts. The audience was not likely to know. Now it's frowned upon.²⁶⁵ However, I wonder if it's OK for health stand-ups to use other people's health-related gags, as long as they acknowledge this fact. It is for a good cause after all.

²⁶² But I'm not a lawyer.

²⁶³ Chortle (2014) "Right to parody" becomes law" *Chortle*. Available from: http://www.chortle.co.uk/news/2014/07/31/20665/right_to_parody_becomes_law [Accessed 22 June 2019].

²⁶⁴ Attributed.

²⁶⁵ Volle, J. (2019) "50 Best Stand-Up Comedy Tips" *Creative Stand Up*. Available from: <http://creativestandup.com/50-best-stand-up-comedy-tips/> [Accessed 22 June 2019].

9) Performing: The Who, Where and When

The who

Laughing at or laughing with?

You know the definition of a healthy person?

Someone a doctor hasn't thoroughly enough examined yet.

It's a quip at the expense of the medical model, but in a sense it's true.

And when it's "your time" and they say you've "gone to a better place" ...

...they won't mean that glamorous promotion you've always dreamt about, leading the anti-diarrhoea campaign.

No, life is a terminal illness.

I thought I was dying once.

Swear to God my response was: "Please Lord, stop me having this fatal coronary.

The embarrassment. I lead the Healthy Heart team.

Everyone will think 'Loser. Couldn't even save himself.'"

A funny thing happened to me... Dying

Cariad Lloyd is the host of the *Griefcast*, the 2018 Podcast of the Year. It features comics talking about death and grieving.

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Actually, I am still alive. Turned out just to be a panic attack.

On the positive side though, I was able to tick "dying" off my bucket list.

On the downside, it was just something else to berate myself about. On top of my paranoia about people ignoring me – hey, don't skip ahead.

Anyway, it feels good to admit to you the self-doubt and insecurities that I feel around working in public health.

You do have these worries too, don't you?

²⁶⁶ Lloyd, C. (2019) "Griefcast with Cariad Lloyd" Acast. Available from: <https://www.acast.com/griefcast> [Accessed 22 June 2019].

I might feel defensive if an outsider started talking about them, however.

It's one thing for a group to laugh at itself. Quite another for others to laugh at them. Especially, if it's professionals making jokes about "lower status" communities such as people from poorer backgrounds. What did the people who "*lived for three months in a brown paper bag in a septic tank*" really think of *that* Monty Python sketch by the Oxbridge comics?^{267 268}

Seriously though it does raise difficult questions about who can write and perform material for a target group. The writing issue is perhaps an easier one, the target group can always be researched and consulted with (Though who has the final say?) There may even be people from it who can write the material. However, if there are no professional performers from the target group what options are there?

If you're a very large organisation and think that you can afford a big name or well-established performer either contact them through their website or an organisation such as NMP Live.²⁶⁹ They may not want to create a new act just for you of course.

Otherwise ask local comedy clubs and arts organisations to approach someone for you.

As I said before though using pros perhaps does come with potential problems. (Unless of course they have a particular condition or problem themselves they want to talk about. There are examples of this littered throughout this document.²⁷⁰)

Another option would be ask somebody to play the part of someone from the target group. This feels risky however and not necessarily in the spirit of stand-up.

Another possibility could be to get a professional stand-up to talk about the research and also send him or herself up. This could perhaps involve one of the target group too. It would be important to be respectful of the target group.

²⁶⁷ MontyPython.net (2014) "The 4 Yorkshiremen" *MontyPython.net*. Available from: <http://www.montypython.net/scripts/4york.php> [Accessed 22 June 2019].

²⁶⁸ *Monty Python's Flying Circus*. BBC and Python (Monty) Pictures. 1969-74.

²⁶⁹ NMP Live (2019) "How do I book a stand-up comedian for my event?" *NMP Live*. Available from: <https://www.nmplive.co.uk/help-and-advice/questions/how-do-i-book-a-standup-comedian-for-my-event> [Accessed 23 September 2019].

²⁷⁰ There's other too of course from a range of different backgrounds. For example, Paul Elliott of the Chuckle Brothers has spoken out on behalf of Marie Curie and terminal illness. Booth, R. (2019) "'Have a good cry': Chuckle Brother takes aim at the grief taboo" *The Guardian* 1 March. Available from: <https://www.theguardian.com/lifeandstyle/2019/mar/01/have-a-good-cry-chuckle-brother-takes-aim-at-the-grief-taboo> [Accessed 22 June 2019]. Comedian Jake Mills founded the mental health charity Chasing the Stigma. Chasing the Stigma (2019) "Normalising & Humanising Mental Illness" *Chasing the Stigma*. Available from: <https://chasingthestigma.co.uk/our-story/> [Accessed 22 June 2019].

A fourth option would be to make fun of the things causing the target group to behave unhealthily. This could include services. Perhaps the act could in part be about apologising for how services had treated people, if this was appropriate. A pro could do this. If you're lucky you might even find a member of staff who is also a professional stand-up.²⁷¹

In terms of many of these options Sarah Thornton talks about the mistakes radical theatre needs to avoid when working in the community.²⁷² These are probably relevant to health stand-up. She warns that there is always the risk of being parachuted in, not understanding the local community and thinking you're some kind of hero or rescuer. Instead it's important to use ABCD: asset-based community development.²⁷³ (See page 36.) Don't just focus on what the local community lacks or is struggling with. Instead make use of local resources and talents.

So perhaps it might also be possible to train up one or more of the target group to perform. Certainly, there are examples of ordinary people doing comedy about their health condition. In America and Australia there is now a history of *Stand-up for Mental Health* groups where:

*mental health consumers turn their problems into stand-up comedy, then perform their acts at conferences, treatment centres, psych wards, for various mental health organizations, corporations, government agencies, on college and university campuses, and most importantly for the general public.*²⁷⁴

(This approach can also be used with target groups to get them to look at issues and develop new skills and confidence. See page 39.)

What's the Sound of No Hands Clapping?

Not an advanced koan, but the typical audience reaction to a performer that would even leave the Laughing Buddha stony-faced.

This is always a risk with volunteers. Does it matter if they aren't very funny? Generally, I'd say that health comedy isn't about what the comics gets out of it. It

²⁷¹ This was the case in *Laff Yer Heid Aff*. Though she didn't apologise for poor services as far as I know. Jamieson, R., Donnelly, R. & White, J. (2008) "Laff Yer Heid Aff: The role of comedy in increasing public awareness of common mental health problems" *Clinical Psychology Forum*. 187.July. pp.55-58.

²⁷² Thornton, S. (2012) *Can the arts change things and should they try?* p.5. Available from: http://collective-encounters.org.uk/wp/wp-content/uploads/2014/02/Can-the-arts-change_-1.pdf [Accessed 22 June 2019]

²⁷³ Nurture Development (2019) *Asset Based Community Development (ABCD)*. Available from: <https://www.nurturedevelopment.org/asset-based-community-development/> [Accessed on 7 May 2019].

²⁷⁴ Granirer, D. (2019) "About David Granirer & Stand Up For Mental Health" *Stand-up for Mental Health*. Available from: <https://standupformentalhealth.com/> [Accessed 22 June 2019].

isn't a chance for them to vent their anger or get attention. However, if you are clear that the focus of the project is the performers not the audience, I think this is OK.

There may also be practical problems. A volunteer with a really strong accent who uses dialect words maybe ideal for a local audience but not a national conference.

Providing comedy training to volunteers as well as support around any feelings that come up around the material or performing could be helpful. A role description and a formal agreement around values and behaviours would be useful too.²⁷⁵

A funny thing happened to me... Trauma

Comic and therapist Ruby Wax:

"Most of my memories are horrific, so I learned to be funny as a defence. I turned my memories into comedy and delivered it to my mentor, Alan Rickman – he would listen and say, this is so great, keep going, write how you think.

So it was out of the darkness that light came in. I think I would have ended up... maybe I wouldn't have ended up. Maybe I would have killed myself. But I learned to take something painful and flip it – then people listen and acknowledge it, so at least you get it out of your system; part of the problem with trauma is that it's in your head and you can't get it out."

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It's also worth considering if volunteers will be attacked if they use material from their personal lives or local community. This could be in person or online. People may even be trolled on social media simply for being visible. Even professionals suffer. Rob Beckett sought NHS counselling, and started doing meditation because of unkind comments on Twitter about his act and appearance.²⁷⁷ If material is based upon shared life experiences, in some cases it's true that this might be freeing. Again however, it's important to ensure that at other times it isn't just reinforcing negative beliefs and attitudes people have about themselves or others.

There is also the question of whose agenda volunteers are meeting. Are they being empowered to tell their own story? (And are they paid?) Alternatively, are they employed to carry out a specific role for a public or voluntary sector body? Both seem reasonable options if everybody, including the audience, are clear which it is.

²⁷⁵ These ideas are from the people at the Scottish Recovery Network. Also check out Cause Communication (2019) "Ethical Storytelling: In Conversation with Michael Kass". Available from: <https://causecommunications.org/ethical-storytelling-michael-kass/> [Accessed 10 September 2019].

²⁷⁶ Sethi, A. (2019) "Ruby Wax: 'It was out of the darkness that light came in'" *The Guardian* 5 January. Available from: <https://www.theguardian.com/tv-and-radio/2019/jan/05/ruby-wax-interview-mindfulness-how-to-be-human> [Accessed 22 June 2019].

²⁷⁷ Davies, H.J., (2019) "Rob Beckett: 'Comedy is just a hobby that got out of hand'" *The Guardian* 8 September. Available from: <https://www.theguardian.com/stage/2019/oct/08/rob-beckett-comedy-tv-teeth-twitter> [Accessed 8 September 2019].

Tears of a Clown

As I said earlier all staff and volunteers need support and supervision. Perhaps this is particularly true of comedians who aren't funny - or those dealing with particularly painful subjects. Not just to make sure that their material is appropriate but to check out that they're OK.

If any volunteers consider trying to turn professional, it might be worth sharing with them the thoughts of comedian and broadcaster Mark Dolan:

It's an unsteady and unpredictable work. That's already a test of your mental health, just the uncertainty of the business you're in.

I think the lifestyle doesn't really suit good mental health, because you've got to be on great form at 10 o'clock at night, and I think the body naturally isn't supposed to peak at that time

And then of course after the show, there's the wind-down, the temptation to have a beer and, in a way, keep the buzz going, which is inevitably not good for you.²⁷⁸

A funny thing happened to me... Addiction

"Happy Hour makes (Matt) Rees part of a new wave of comedy at the fringe, as stand-ups share stories of coming back from the brink." (In his case, from drinking.)

"Being a stand-up, Rees 'got away' with his drinking for longer than most. 'It's quite normal to go up on stage after a few pints, and it's fine to be hungover the next day. Someone with a normal job would've been fired. But I was just getting on with it.' In 2016, after a visit to his GP, the damage became clear. 'There's an enzyme called GGT that shows how hard your liver's working. It should be under 50 in a healthy adult. At that point, mine was over 1,700.'"

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Ruby Wax also has something to share that may be of use to would-be comics:

I have to use mindfulness practices... to cool my engines so that I can take the hit of adrenaline that comes with the job. If I'm too "up" on stage I become

²⁷⁸ Barrell, R. (2016) "What It's Like To Have A Mental Illness On The Comedy Circuit" *The Huffington Post* 30 June. Available from: https://www.huffingtonpost.co.uk/entry/comedy-mental-health-problems_uk_5762c8c2e4b08b9e3abdf873?guccounter=1 [Accessed 23 June 2019].

²⁷⁹ Williams, B. (2018) "Booze, bankruptcy, brain haemorrhage: the comics turning tragedy into laughs" *The Guardian*. 1 August. Available from: <https://www.theguardian.com/stage/2018/aug/01/matt-rees-beth-vyse-adam-hess-standup-edinburgh> [Accessed 23 June 2019].

*anything but funny... If I'm calm I can think on my feet, my eyes lose their desperation and everything flows.*²⁸⁰

It's also useful to remember that the writers and performers are only one part of the team. Researchers, health workers and others also have an important role to play

Stephen Fry on needing to be sane to joke about insanity

"The very nature of comedy is that... it demands a clear understanding and an ability to communicate a reality, the reality of your experience...

...so if I'm utterly depressed I couldn't go on stage because I couldn't say the things and if I happen to be so manic that I'm you know sort of out of control... I would be inappropriate shall we say on stage. So, I have to be sane in order to talk about my insanity."

Stephen Fry, who as well as being a film star, actor, recording artist with Kate Bush, quiz show host, national treasure etc. has bi-polar disorder.

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The where of stand-up

The three options

You can either go to the audience, persuade them to come to you or reach them online. I look at online and social media more on pages 133-140. This approach can be used to back up a live act or to promote it, as well as a place to showcase health comedy. Further on I look in more detail at possible venues for live acts.

However, in this section we'll begin by looking at "where" not just in terms of venue but of purpose. Where can health stand-up be useful?

Everyday events

I'm guessing that often projects will be trying to reach target groups who aren't normally that interested in their health messages. Therefore, it will be necessary to go to them. Good research will tell you where this is.

In general terms, stand-up can be performed:

- At health events for the public or professionals
- Alongside ordinary comics at local comedy events, including open mics
- At other general events or venues where the target group go

In terms of the latter these could include major local festivals, specific meetings like the Women's Institute or even pubs and clubs. At these last venues material about

²⁸⁰ Wax, R. (2013) *Sane New World*. London: Hodder & Stoughton Ltd. p.92. The book is in part about mindfulness.

²⁸¹ Fry's *English Delight*. BBC Radio 4. 7 September. 09:00 hrs.

alcohol probably wouldn't go down to well. On the other hand, a fundraiser around certain kinds of cancer might be well-received. If you use local people as part of the act they may help bring in an audience of family, friends and friends of friends.

With some target groups it might also make sense to hire in some ordinary non-health comics to be part of the bill as well. Some people might be more likely to come to a more general comedy event than one purely about a health topic. You'd need to check out first that these other comics would go down well with the audience without offending any of your values.

It might even sometimes be possible to "busk" a comic health act in the high street. Build a simple physical set to create a sense of theatre. Perhaps also work alongside a musician playing suitable health related songs to attract people in the first place.

AIDA can help attract an audience

Sometimes however some target groups may be interested enough to come to a freestanding health comedy event. I talked earlier on pages 34-36 about AIDA: attraction attention, maintain interest, create desire and obtain action. This approach can be used to get people to come to a venue in the first place, as well as a way to try to influence their health behaviour.

Make sure however you don't make the same mistake as one project. They promoted it so well within the NHS that their colleagues rather than the target audience ended up with most of the tickets.²⁸²

There are also practical issues to consider such as microphones etc. It may help if the layout of the room looks like a comedy event.

Adding comedy to NHS services for young people²⁸³

I used to run a health information shop that also housed contraceptive services for young men and women.²⁸⁴ They were issued with a card that meant they could get free condoms. I think getting a card may have been a mark of passage for some of them. Clinics could build on this and allow the card to be used to access other opportunities as well. For example, these could include giving preferential access to health-related music and stand-up gigs. (Other people would also need to be allowed in. Otherwise parents might realise that their son or daughter were using contraceptive services.) This approach is similar to an extent to the loyalty cards issued by supermarkets.

²⁸² Jamieson, R., Donnelly, R. & White, J. (2008) "Laff Yer Heid Aff: The role of comedy in increasing public awareness of common mental health problems" *Clinical Psychology Forum*. 187.July. pp.55-58.

²⁸³ This section previously in Burns, M. (2014) *Health Improvement: At Full Volume*. pp.279-281. Available from:

<http://www.sexanddrugsandrockandhealth.com/Further%20exploring%20using%20story%20and%20musical%20SPOTIFY%203.pdf> [Accessed 10 June 2019].

²⁸⁴ This was in North East England between 2003-7.

Perhaps the cards could also give a small discount on non-alcoholic, sugar-free drinks from some bars. One day it might even be acceptable for them to give discounts on sexy underwear and better sex guides. The clinics themselves could show short recorded highlights of the gigs in their waiting areas. This would be to entertain and educate clients, as well as to promote the “loyalty card” idea. Projects could also have a website that only members could access. This would be by entering their contraceptive card number. It could be backed up by texted and emailed information, as well as social media. The website could include a range of information and activities, as well as videos of previous health stand-up events. There could also be other relevant embedded funny videos about health taken off YouTube.

Refocusing health centres towards prevention and entertainment

When new health centres are built, I would like to see them include spaces for community use. These could be with or without a bar. They could be used by the community for their own activities. Local people then might feel more comfortable about going to NHS health entertainment events in the same venue. These could be about art and sport as well as comedy or music. (Though for events linked to the contraceptive card, somewhere more anonymous and edgier might be better.)

This approach to health centres is not totally new. To an extent it echoes the Pioneer Health Centre, sometimes known as the Peckham Experiment.²⁸⁵ This was set up before the NHS began.

Refocusing NHS trusts toward prevention and entertainment

I think however that the NHS can go further towards embedding health entertainment into the work it does. Health promoting hospitals are part of the settings approach to health promotion.²⁸⁶ However, their potential goes beyond their own walls. They could become the heart of health in their communities, as long as they can attract the interest of the public. One way of doing this might be to use popular culture. Many people in England will have one or more hospital foundation trusts in their area. Generally, one for mental health issues and one for acute medical care. They often manage health centres, health improvement teams etc. too. Trusts are membership-based organisations.²⁸⁷ The need to have members from the public, as well as staff, offers many opportunities, as long as organisations are clear about what they want. As well as voting for hospital governors, members could:

²⁸⁵ The Peckham Experiment was an early attempt in London to create a health centre where people could stay fit as well as seek medical advice. Pioneer Health Foundation (2013) “The Peckham Experiment In the 21st Century” *Pioneer Health Foundation*. Available from: <https://thephf.org/peckhamexperiment> [Accessed 23 June 2019].

²⁸⁶ World Health Organisation (2019) “Healthy Settings” *World Health Organisation*. Available from: https://www.who.int/healthy_settings/types/hospitals/en/ [Accessed 8 July 2019].

²⁸⁷ The Department of Health (2005) “A Short Guide to NHS Foundation Trusts”. *NHS*. p.7. Available from: https://www.wvl.nhs.uk/Library/Foundation_Trust/Foundation_Trust_Guide.pdf [Accessed 23 June 2019].

- Be consulted and involved on a range of strategic and operational issues
- Be a focus for hospital PR campaigns, promoting a positive image of the trust and dealing with any negative stories about it. With an increased move to patient choice this becomes even more important
- Be persuaded to use specific hospital departments more, such as contraceptive services and breast screening, or become blood donors
- Be helped to become expert patients
- Be offered help and advice on healthy lifestyle choices
- Become volunteers in the trust or leave money to it in their wills
- Become advocates for all of the above, sharing information with family and friends face to face or online

A funny thing happened to me... Running

"The physical effort of these (stand-up) performances is not to be sniffed at. For most of It's a Sprint, (Grace) Chapman is running on the spot; it's estimated that she'll clock up the equivalent of four marathons over the course of the festival. (Fredrik) Høyer, meanwhile, wears a heart-rate monitor connected to a projector, his exertion flashing up in numbers. By the end, he's breathless and pouring with sweat."

Brings a whole new meaning to the expression a running gag.

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For organisations to be able to use a membership approach effectively depends on a significant number of people in different segments of the community joining. This probably means finding out what their interests are and linking these to the aims of the trust. In some cases, people may be actively interested in the trust because of their own experience e.g. a disease they have or a loved one died of. Often however this won't be the case.

One approach is to find out what health issues different communities are interested in and tie in membership information with this.

Another approach is to find out what different segments of the population are generally interested in and link membership to that, though still with a health focus. This could include things such as comedy and music gigs. In addition, as membership grows, if useful data is collected about members it could also be used to tailor specific emails to them. These could be on different issues related to medical conditions, stages of life or popular culture themed health events and

²⁸⁸ Love, C. (2018) "It's Not a Sprint / What I Talk About When I Talk About Running reviews – Edinburgh mini-marathons" *The Guardian* 14 August. Available from: <https://www.theguardian.com/stage/2018/aug/14/its-not-a-sprint-what-i-talk-about-when-i-talk-about-running-reviews-edinburgh-mini-marathons> [Accessed 23 June 2019].

materials. If membership is only open to people over 16, information could also be collected about any children they have, as a way of targeting them too.

In practice, for some communities, e.g. religious groups, health may be linked in with their beliefs, such as giving something up for Lent e.g. fatty food. In other cases, events can be organised around specific themes such as comedy and Red Nose Day.

Alternatively, more traditional arts and health events such as lantern making festivals may be a way of encouraging local people to get involved, interact with NHS professionals, feel part of the foundation trust and become healthier.²⁸⁹

All this need not be expensive in the long term if members with specific skills are encouraged to volunteer their time.

A funny thing happened to me... Cerebral palsy

Lee Ridley AKA Lost Voice Guy has cerebral palsy. His stand-up act involves using a voice synthesiser. He won *Britain's Got Talent* in 2018. He also has a new book out *I'm Only in It for the Parking*.

Rosie Jones has cerebral palsy too. She uses how slow her speech pattern is, in her act. Her jokes subvert the punchline the audience is expecting e.g. "As you can tell from my voice, I suffer from being... northern."

Francesca Martinez is another comedian who... "Oh yeah, she has mild cerebral palsy but she much prefers the word 'wobbly'".

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Health entertainment events would only be open to members, but people could join on the day. This way a hospital can become a real part of the community and not only in times of crisis such as illness. Health can become embedded in people's lives who normally wouldn't think about it. This ties in with current NHS thinking.²⁹⁵

²⁸⁹ Burns, M. (2014) *Health Improvement: At Full Volume*. pp. 222-223. Available from: <http://www.sexanddrugsandrockandhealth.com/Further%20exploring%20using%20story%20and%20musical%20SPOTIFY%203.pdf> [Accessed 24 June 2019].

²⁹⁰ Ridley, L. (2019) "Lost Voice Guy" *Lost Voice Guy*. Accessed from: <http://lostvoiceguy.com/> [Accessed 22 June 2019].

²⁹¹ *Britain's Got Talent*. Syco Entertainment, Talkback Thames (2007–2011) and Thames (2012–present). 2007–present.

²⁹² Ridley, L. (2019) *I'm Only in It For The Parking*. London: Bantam Press.

²⁹³ Gove, E. (2016) "Have you met Miss Jones?" *Royal Television Society*. Available from: <https://rts.org.uk/rosiejones> [Accessed 22 June 2019].

²⁹⁴ Martinez, F. (2019) "Francesca Martinez" *Francesca Martinez*. Available from: <http://www.francescamartinez.com/en/d3/Biog> [Accessed 22 June 2019].

²⁹⁵ NHS (2019) Putting Health into Place. *NHS*. Available from: <https://www.england.nhs.uk/wp-content/uploads/2019/09/phil-executive-summary.pdf> [Accessed 16 November 2019].

As well as events, materials and websites can be produced for members. If membership is large enough, other public sector bodies may well partly subsidise all this through limited advertising.

Overall, membership organisations offer an excellent opportunity for health services to build a relationship with local communities and become relevant to their lives. In doing so, they can meet the needs of both the public and health professionals.

Although foundation trusts have a legal duty to become membership organisations, this does not stop any other body from choosing to take a similar approach. It is important of course that membership is not discriminatory and serves everyone that the organisation needs to reach.

Stand-up in a mental health trust

I have experience of working for mental health trusts. I've therefore also thought about how stand-up could be used here. It might make most sense to start off using it with service users and staff before moving on to events aimed at the general public. Stand-up could be used in staff training to help people explore the stresses and strains of their work. Again, this could either be delivered by a professional comedian or staff and service users could be trained to do it.

Stand-up theoretically could be used in recovery colleges. These are where people go for courses to do with mental wellbeing or mental illness. Perhaps a different range of people might be attracted if humour was part of the mix. It could be used to explore issues. As poor mental health is often also linked with poor physical health, topics such as smoking could also be looked at.²⁹⁶

It could also be used to teach communication skills and increase confidence through learning how to do stand-up. (Again see page 39.) If the college also offers online courses, videos of stand-up on different topics could also be used as part of this.

Trusts that have secure wards could also include comedy as part of the services they offer. Perhaps it could be used too at involvement events where people give their views on services. I look at this in more detail on pages 119-124.

Some of these activities could be recycled for use at corporate fundraising, award giving and other events.

World Mental Health day is on October 10th. It often focuses on combatting stigma or giving tips around mental wellbeing. The NHS often take part. Stand-up could work

²⁹⁶ NHS England (2019) "Improving the physical health of patients with serious mental illness" *NHS England*. Available from: <https://www.england.nhs.uk/mental-health/resources/smi/> [Accessed 8 July 2019].

well here. It might then lead into developing further events aimed at members of the general public who are foundation trust members, as discussed earlier.

Much of this would also provide good content for communication teams' PR activity

Walk-in Health Stand-up

I once had an idea for historical walking tours of different places. The guide would talk about the history not of the building but of issues connected it with it. Themes could include mental health, sex, relationships or gender. It could take in local religious buildings, town halls, police stations, shops, rich people's houses, poor people's houses etc. Anywhere relevant to the theme. It could also potentially include a visit to see relevant objects in a museum. A historical understanding of issues often helps puts contemporary beliefs into context. And anyway, it's a different pool of money to apply for e.g. Heritage Lottery Funding.²⁹⁷ I still think it's a reasonable idea. It might be possible to adapt it so that a health comedian could accompany the ordinary guide.

Laugh-in online

Of course, with some target groups a cheaper option than live health comedy might be simply to produce and promote podcasts. This needn't even be restricted to stand-up.

Talking of sex, the BBC are really keen on reality history shows. So, the public health part of me has always wondered why they don't do a series where couples bonk using historical forms of contraception.

Or hey, the NHS or a family planning charity could even produce a podcast version themselves.²⁹⁸ (It could even be a spoof.)

They could start with the Ancient Egyptians. The woman used to stuff crocodile shit up herself.²⁹⁹

A lot of women in the audience grimacing there.

If that put them both off, I suppose she could ditch the shit and put a whole small croc in instead, so the jaw is just very slightly sticking out.

A lot of men in the audience grimacing now.

²⁹⁷ Heritage Fund (2019) "1.3 National Lottery Grants for Heritage: information and deadlines" *Heritage Fund*. Available from: <https://www.hlf.org.uk/looking-funding/our-grant-programmes> [Accessed 24 June 2019].

²⁹⁸ Alternatively have your own YouTube channel.

²⁹⁹ Lyon, A. (2014) "Sex" *Ancient Egyptian Sexuality*. Available from: <http://anthropology.msu.edu/anp455-fs14/2014/10/23/ancient-egyptian-sexuality/> [Accessed 24 June 2019].

Some women smiling.

(Slaps two open hands together like a crocodile's jaw) SNAP!

The earliest recorded form of vasectomy.

It could actually be quite an educational programme as long as they were using modern contraception as well. There could be an opportunity to look at different cultures' views on gender and sexuality. This might put a different perspective on our own attitudes.

The disadvantage of course of recorded comedy is the reduced opportunity for face to face follow up or discussion. However online comments can be encouraged as can links to other information including services.

An example of health-related stand-up on the radio

Stand-up Mae Martin did a one-woman radio series about modern sexuality for the BBC. This was loosely based on her live show *Us*:

"What would happen if we eliminated the terms heterosexuality and homosexuality? If we called it all human sexuality. It all falls under that umbrella anyway. It's so much harder to be human phobic than homophobic. You'd never leave your house. You'd wake up 'Oh my God, they're everywhere'. I think the minute you label a group of people it becomes a lot easier to create an us and them situation. When really there's no us and them, it's just us."

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What do you think of it so far? Comedy at consultation events

The overall process of consultation

Another place comedy could be used is consultation events. In one health job I had the main focus was on getting the views of service users and carers. We then passed this on to a commissioning organisation who were funding us. For some organisations getting people involved isn't necessary a problem but for these commissioners it was. We also had our own agenda around empowering service users and carers, as well as getting refunded. I learnt a lot from this and would like to share it with you here. It does eventually tie-in with stand-up so please be patient with me.

I think we need to be aware of the following steps when planning consultations:

³⁰⁰ "Oh my God" was indistinct so might be wrong. Martin, M. (2019) *Mae Martin's Guide to 21st Century Sexuality* BBC Radio 4. 23 January. 23.15 hrs.

³⁰¹ Martin, M. (2019) "About Mae" *Mae Martin*. Available from: <https://www.maemartin.net/bio> [Accessed 24 June].

1. *Clarifying the aims of the consultation.* (This should include making the process engaging enough to encourage people to take part again, and ideally also to get involved with the organisation in other ways)
2. *Identifying the target group* e.g. is it people with a particular condition, from a specific age range or who live in a particular place?
3. *Organising the event*, perhaps with some of the target group. What would attract them? This could include the topic itself, the approach or you could tie-in with their interests or hobbies. Would stand-up attract the target group?
4. *Communicating with the target group* to encourage them to attend. Where do they go? What do they do? How might this be used to reach them? Who might encourage them to come?
5. *Giving all the people attending the information they need* to take part on a strong footing
6. *Carrying out the consultation* in a way that helps people get in touch with what's important to them and makes feeding back the results interesting and simple to understand. Again, would stand-up be useful here?
7. *Communicating the findings* to relevant organisations and individuals, including the media, in a way that engages them and makes them both listen and act. Once again, might stand-up be useful here?
8. *Evaluating the process*
9. *Acting on the consultation*, though this may not always be in the power of people who run it
10. *Sharing any outcomes with service users* who took part. Could stand-up be useful here too?

The internal contradiction in most consultations

If one of the aims of a consultation culture is to encourage services to be more client focused, then surely the consultation should be too.³⁰² Often it isn't.

We live in a capitalist consumer society, geared around the exchange that is buying and selling. Most companies selling consumer products to the public claim their products offer benefits. These are either useful, pleasurable or both. (Though there may be other things, they are selling too e.g. status or freedom from fear.)

In all selling, there is a cost to the buyer in return for a benefit. With consumer products, the main cost is money. In terms of consultations, services want service users to give up something else, their precious time. What do they get in return? Nothing. Instead they are expected to give the people doing the consultation something that benefits them i.e. information. For nothing.

³⁰²The ideas in this section are in part inspired by marketing theory. Lauterborn, B. (1990) "New Marketing Litany: Four Ps Passé: C-Words Take Over" *Advertising Age*. 61(41), p. 26.

Of course, there may be long term benefits for service users taking part if services do improve. Some people may also find it good to get something off their chest, have social contact with similar people to themselves or help others.

However, for most people consultations ironically are not client focused. They appear service focused. People pay a cost in terms of time lost or boredom and in return meet the need of the consulting organisation. This may be one of the reasons why turnouts are often so low.

I am not suggesting that people should necessarily be paid for taking part, though there is an argument for this. However, to attract significant numbers of service users it might still be useful to think in terms of exchange. What can we offer people to give up their time? What can we offer that is useful, pleasurable or meets some other need?

The overall process revisited

The implication of all this is that we need another way of thinking about the overall process of consultation. Here communication, a form of selling, is not seen as a bolt on extra to get people to attend. Instead, it's something that runs through everything. And by communication, I mean showing people that the organisation is worth having a long-term relationship with. (See page 28.) And by people I don't just mean attracting service users to take part. It's also important in terms of trying to influence key commissioners and providers so that both change their practice.

One of the key ideas here is always to think about the people you're trying to reach. What's in it for them? Not so much in the long term but the here and now. What would service users get out of taking part in the consultation as they do it? What would a busy health professional get from picking up a report, looking at it and continuing to look at it with the intention of using it?

Another way of seeing this is that actions speak louder than words. Does the way the consultation is carried out communicate the message that it's something worthwhile and interesting to take part in? This is not only to service users but potential funders of future consultations. (Indeed, what image of the organisation as whole does the consultation give out? That it's approachable? That it's like me, the intended audience, in some important way? Healthcare organisations may also need to give out an image of being competent too of course. However, bureaucratic, dull and out of touch are definitely never engaging images.)

Also does both the process of the consultation and the way the findings are presented lend itself to social media? Indeed, might local traditional media become more interested in creating a story from the process or the findings?

So, what has all this to do with stand-up? Well the arts generally may be a good way of engaging all the various stakeholders. Art can tackle emotional issues as well be a

more interesting way of presenting factual information. It can be visual, offering good opportunities for photographs or video. It can also be interesting both to take part in and in terms of the end result. Art moves people. I will look at how to use art, including stand-up, in more detail a little later, as I systematically work through the overall consultation process.

Communicating to get people to go to consultations

In one sense every part of the consultation process communicates something, be it boredom or something more positive. However, here I will look at more specific forms of communication.

It is important to understand what different types of communication reach different groups. Similarly, it's also important to understand what forms they trust.

People are unlikely ever to say "I wonder what consultations are going on this week I can go to" or "You know I really fancy a good consultation. I better Google what's going on locally". People may search for health support for themselves but organisations doing consultations always have to reach out to them. This can be through posters or flyers in appropriate venues, newspaper articles, adverts, radio interviews and emails sent to specific people.

Websites can also be useful to refer people to for more detailed information. This initial advertising needs to engage people and be consistent in style and outlook to the event itself. This could include clips of a stand-up joking about the event as well as sharing useful information.

Use mental health services locally? Tired of difficult questions from the NHS? Or the same ones again and again?

Time to get your own back. Big time.

Come along and question a local NHS planner about what options they're considering for mental health services in your area. They haven't made a final decision yet so you can make a real difference. For more details go to...

With advertising remember your AIDA (pages 34-36): Attract Attention, Maintain Interest, Arouse Desire and Enable Action.

How to run consultations people want to come to

Many of the consultations I was involved in attracted tiny numbers of people. I'm not surprised, they sounded boring even to me. I was paid to be there, why would anyone else go? Often sadly it was just the usual people who sometimes come to consultations because they're lonely or have a particular issue they desperately need help with. They're not necessarily representative or that useful in terms of what they share.

Particularly if you want people to come a second time I think it's important to experiment with making consultations fun, e.g. through the arts. This would supplement more traditional ways of doing consultation that could happen at the same events. The art based approach can also be used to engage the organisations the consultation is about, as well as the media and general public. I once was part of a team that organised a consultation event in an area that was suffering from "consultation fatigue". We paid local musicians to perform and visual artists to design interesting consultation approaches.³⁰³ It ended up being the most successful consultation event in the area's history.

Depending on the intended target group I think it might be worthwhile running consultation events that are more general. They could include information about local health issues, free food and something to watch such as a health stand-up or singer. Then on top of this there could be either a traditional consultation or some of these approaches:

Choir workshop: Complaints choirs are popular throughout the world.³⁰⁴ People share their concerns that are then turned into lyrics. The results can be put on YouTube. Funny songs may work well. Positive views could be sung about too.

Stand-up workshop: People could work with a comedian to write a short routine. It perhaps would need to include positive issues as well as complaints, assuming there were any. Those taking part might want to perform the act themselves too.

The good-humoured approach to challenge and change

"This is where a certain kind of humour comes in. Exaggerating the exaggeration is a tool for criticising another person without arousing their irritation or self-righteousness. And the laughter we elicit isn't just a sign they have been entertained; it's proof that they have acknowledged an attempt to reform them".

A quote from Alain de Botton's School of Life talking about taking something that is already a distortion and in a good-humoured way sending it up. Presumably however you'd wouldn't have to make it sound like it was sarcasm.

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Drama workshop: Although many people are scared of acting, there are ways of interacting with professional actors to get people to share their stories and views.

³⁰³ Common Knowledge and Back on the Map (2002) *The Heart of the Matter: An Arts and Health Event*. Sunderland, UK: Common Knowledge and Back on the Map.

³⁰⁴ Complaints Choirs (2016) "Complaints Choirs Worldwide" *Complaints Choirs*. Available from: <http://www.complaintschoir.org/> [Accessed 25 June 2019].

³⁰⁶ The Book of Life (2019) "Humour" *The School of Life*. Available from: <https://www.theschooloflife.com/thebookoflife/humour/> [Accessed 8 July 2019].

Perhaps the work of Augustus Boal might be a way of exploring issues and coming up with new ideas.³⁰⁷

YouTube workshop: A few years ago, I went to an event in Durham on how to give people living in poverty a voice. It showed how to make short YouTube films using still images, words and voice over. A programme such as Microsoft Movie Maker or similar means that anyone can now easily do this. It might take a few weeks but of course there is no reason why a consultation has to be a one-off event.

Comics workshop: Here I mean the graphic kind of comic and not Richard Pryor. Though perhaps at times he could be quite graphic? One idea could be to complete a half-filled in comic strip of the journey through treatment. There could be speech bubbles to fill in as well as other techniques for staff, service users etc. to use.

Arts and Craft workshop: I also attended another event in Durham that was about using participatory art as a way of doing research.

These approaches might attract people to take part in a consultation event and then come back for another one. There are barriers. Some approaches might be more appropriate for some groups than others. It's probably easier to put on a consultation in a local neighbourhood where people don't have to travel far. Consulting with a dispersed community such as mental health service users requires more from them, in terms of time and effort. Thought this is true for traditional approaches as well. Of course, it might be easier just to go to them, if there are pre-existing groups. Perhaps some of the approaches I describe could also be adapted for use online.

Helping to ensure the consultation makes a difference

It's important to remember that the stand-up, music etc shouldn't bias the research. Perhaps though more creative approaches may help people to explore their experiences in more depth and give deeper answers. Perhaps. It would be interesting to research into whether this is the case.

In presenting the findings, comedy created by participants could be used to engage and influence decision-makers. Short humorous quotes may make a report more readable whilst also making an astute point. It may also do a similar job in interesting the media or when feeding back to the people who took part.

Another option is to have a one-person show.³⁰⁸ Here an actor turns research into a performance. The material from a stand-up workshop could be included in this. Short video clips of this or the original event could be put on YouTube, a website or social media. They could also be used to encourage people to come to future consultation events.

³⁰⁷ Boal, A. (1995). *The Rainbow Of Desire: The Boal Method Of Theatre And Therapy*. London: Routledge

³⁰⁸ See for example Cap-a-Pie (2013) "Under Us All" *Cap-a-Pie*. Available from: <http://www.cap-a-pie.co.uk/under-us-all/> [Accessed 8 July 2019].

The when

OK, moving on from both consultation and “the where” more generally, I want to look now at when stand-up might be performed.

Red Nose Day may be a good time to get media attention. I must digress here however in the manner of Ronnie Corbett sitting in his rocking chair and telling one of his long-winded shaggy dog stories.

I do have some concerns about Red Nose Day (and similar events). One is I morally preferred the days when anonymous government tax inspectors collected money for people in need, proportionally getting more from those most able to give it. I feel a bit awkward when two mud wrestling celebrities dressed as ewoks collect it from public donations. Especially as it's in a sense a regressive tax. Poorer people give a higher percentage of their income to charities than those better off.³⁰⁹

I also have a second very specific reservation. Every two years I do a photographic study of Red Nose Day in my local supermarket. It seems in part to be yet another opportunity to flog unhealthy food.³¹⁰ Mainly by Sainsbury, one of the main sponsors. Walkers Crisps however also had packets with famous comedians on them one year. These included Frank Skinner, Stephen Fry and Al Murray.³¹¹ It's good of them to get involved but I feel they're being used. Indeed, that we're all being used. The final straw for me was when I saw my nearest Sainsbury selling cut price booze as part of the day.³¹² Comic Relief were actually funding alcohol health charities at the time.³¹³ Kind of like bonking for virginity or boozing for sobriety. All good opportunities however for stand-ups to explore the absurdities of capitalism and health.^{314 315}

³⁰⁹ Ward, L. (2011) “Poor give more generously than the rich” *The Guardian* 21 December. Available from: <https://www.theguardian.com/society/2001/dec/21/voluntarysector.fundraising> [Accessed 27 June 2019].

³¹⁰ For example, this year (2019) Chicago Town Takeaway Stuffed Crust Loaded Pepperoni Pizza are raising money for Red Nose Day. Just half a pizza would give you your full saturated fat allowance for the day. Chicago Town (2019) “Large Loaded Pepperoni” Available from: <https://www.chicagotown.com/the-range/takeaway/stuffed-crust/loaded-pepperoni> [Accessed 22 January 2019]. (They may say of course you don't need to eat as much as this). Photos of this product with Red Nose branding available from me on request: mail@sexanddrugsandrockandhealth.com.

³¹¹ Photos of these products available on request: mail@sexanddrugsandrockandhealth.com.

³¹² Again, photos of these are available on request: mail@sexanddrugsandrockandhealth.com.

³¹³ This information is no longer online but I have paper copies if needed.

³¹⁴ In 2019, there was also a big controversy about whether Comic Relief documentaries were racist. This was because of Labour MP David Lammy's comments about “White Saviours”. Young, S. (2019) “Stacey Dooley in ‘White Saviour’ Row with David Lammy after Visit to Uganda for Comic Relief” *The Independent* 28 February. Available from: <https://www.independent.co.uk/life-style/stacey-dooley-comic-relief-uganda-david-lammy-white-saviour-a8800761.html> [Accessed 29 June 2019].

³¹⁵ Alternatively, and for the sake of balance right-wing comics might want to poke fun at Red Nose Day and comedian Lenny Henry. This would be for what the *Mail on Sunday* frontpage headline described as: “Comic Relief ‘was TV Ad for Corbyn’” Hastings, C. & Hookham, M. (2019) “Comic Relief ‘was TV ad for Corbyn’” *The Mail on Sunday* 16 March. Available from: <https://www.dailymail.co.uk/news/article-6817711/Comic-Relief-TV-ad-Corbyn-BBC-accused-breaching-neutrality.html> [Accessed 29 June 2019].

Anyway alternatively, there is April Fool's Day perhaps and any local comedy festivals. Stand-up on particular topics could also tie in with the various official health days or weeks connected with them. Be sure though to think about how your planned event ties in with your overall aims, who you want to target and how to make it work. This may sound obvious, but I've been involved in too many events that are just thrown together. Even if you do get a good turnout, is this because you engaged the healthy and interested? Was it more important to think about how to reach other less interested but more in need groups?

More generally people like a good laugh at any time, so health comedy may be a good approach to consider all year round.

10) “What a Performance”: Tricks of the Trade

I’ve never actually done any stand-up, but I’ve read about it.

Here’s my expert advice.

Otherwise known as The Bluffer’s Guide to Health Comedy...

Anyway seriously, here’s some tips from some pros filtered through my background in health education.

The importance of building a relationship with the audience

Stand-up is a kind of two-way conversation. It switches between the comedian’s jokes and the audience’s laughter (or embarrassed silences, followed by cries of “Get off, you’re rubbish” etc.)

Jimmy Carr in *The Naked Jape* expands on this further when he explains that the “conversation” is also between audience members.³¹⁶ The laughter is letting everyone know what a good time everyone is having together. He believes that creating this atmosphere of community is almost as vital as good material.

The purpose of the relationship is better health and wellbeing

In terms of health stand-up, you may need to build on this sense of community. You want people to be open at times to having their beliefs challenged. They may hear difficult or intimate issues discussed. Often you might want them to open up afterwards in groups or on the way home with friends.

You may also want to create a strong relationship between the target group and the health organisation funding the comedy. The organisation may want to use comedy to appear more approachable, less bureaucratic or even cool. Your exact aim should of course be based on market research and the organisation’s goals.

Take control of the relationship

Jo Brand in conversation with Stephen Fry said that:

I think a lot of doing stand-up, it is kind of about control, isn’t it really. It’s about stand-ups controlling the mood and the reaction of an audience and almost like being like a teacher if you like.³¹⁷

But how do you do all this in practice?

Greg Dean in *Step by Step to Stand-up Comedy* suggested that an audience will respond to the state that you’re in.³¹⁸ You’re not giving a presentation, so you need

³¹⁶ Carr, J. & Greeves, L. (2006) *The Naked Jape*. London: Michael Joseph. pp.117-8.

³¹⁷ Brand, J. (2017) Interview. In: *Fry’s English Delight*. BBC Radio 4. 7 September. 09:00 hrs.

³¹⁸ Dean, G. (2000) *Step by Step to Stand-up Comedy*. Portsmouth: Heinemann. pp. 105 and 159.

to be personal and in the moment. An audience will know if you're going through the motions – particularly if it's that revolting environmental health gag about how you mistook a sewage farm for a swimming pool.

Aussie stand-up Steve Hughes also has some useful advice:

*When they start people are very nervous and usually talk too quickly and move around a lot. You hold more power by doing nothing.*³¹⁹

If you do get stage fright Greg Dean suggests focusing on the emotion of the material rather than on performing.³²⁰

Are the audience crying with laughter, or pain?

Health stand-up should go to difficult places. However, for some issues for some people it maybe too much. Making an issue public may not be liberating but deeply distressing. Make sure people know beforehand what to expect so they can decide whether or not to come. (See about trigger warnings on page 101.) If the subject is particularly upsetting, right from the start highlight staff people can talk to. Also keep an eye on the audience to see if anyone needs any support. This role shouldn't be the responsibility of the stand-ups. However perhaps they should have a way of alerting their team if they see someone is very upset.

Stand-up is about the words and much, much more

Consider how to engage and move the audience with humour, but also with a narrative about truth, pain or even statistics. Colleen Manwell in her thesis *Stand-Up Comedy as a Tool for Social Change* stresses that:

*The feeling of intimacy created... is another key factor making the performance of stand-up comedy especially effective for creating social change; by sharing their own personal experiences and beliefs, comedians can summon those of their audience as well.*³²¹

As I said earlier laughter usually comes from the content of your jokes, sometimes though it can be because of your tone, a gesture or even just your overall delivery.³²²

The “character” you are playing, your material and your delivery all need to mesh together.

³¹⁹ Viney, M. (2017) “Tricks of the trade” *The Guardian* 24 March. Available from: <https://www.theguardian.com/money/2007/mar/24/careers.work4> [Accessed 30 June 2019].

³²⁰ Dean, G. (2000) *Step by Step to Stand-up Comedy*. Portsmouth: Heinemann. p. 152.

³²¹ Manwell, C. F. (2008) *Stand-Up Comedy as a Tool for Social Change*. BA (Hons) thesis. University of Michigan p. 18. Available from: https://lsa.umich.edu/content/dam/english-assets/migrated/honors_files/Manwell%20Colleen-Stand-Up%20Comedy%20as%20a%20Tool%20For%20Social%20Change.pdf [Accessed 30 June 2019].

³²² Richardson, J. (2017), “Jim Richardson's ‘How to Write a Joke: the 7 basic joke form’” *Jim Richardson*. Available from: <http://www.jimrichardson.com/write.shtml> [Accessed 30 June 2019].

Think about the rhythm of what you say. If you've got a follow up gag, pause and add the related joke called a topper or tag.

Don't worry about your grammar. Talk as you would normally.

Also allow the audience to finish laughing before starting another joke or giving them useful information.

In *Zen and the Art of Stand-up Comedy* Jay Sankey talks about the importance of feelings.³²³ The audience need to know how you feel at each particular point of the story you are telling e.g. mad with wide-eyed lust or mildly peeved. However, they also need to know that you feel the joke is safe enough for them to laugh about.

As you need to show your audience how you feel this will probably involve exaggeration, i.e. acting to make sure strangers, perhaps some distance, away get it. This could be by tone or how you use hands and the rest of your body. Greg Dean stresses that you tell a joke by recalling an experience through the senses. Emotions is what connects with an audience.³²⁴

A funny thing happened to me... Working with men

Comic John Ryan has worked with a number of different organisations looking at men's health. These include the British Army, prisons and the Men's Health Forum.

He has won two Royal Society of Public Health Arts and Health Awards. In addition, he's research published in a number of medical journals.

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Dealing with hecklers

More from the *Seriously Funny* tour, my imaginary act about working in public health:

Heckler: You're a pile of shit. Dickhead. Wanker.

Me: Sorry, I'm busy right now. Can't we talk about it tomorrow...

... at my annual appraisal, boss?

or

³²³ Sankey, J. (1998) *Zen and the Art of Stand-up Comedy*. Abingdon: Routledge. pp. 78-80.

³²⁴ Sankey, J. (1998) *Zen and the Art of Stand-up Comedy*. Abingdon: Routledge. p 100.

³²⁵ Men's Health Forum. (2019) "John Ryan - the comedy contractor" *Men's Health Forum*. Available from: <https://www.menshealthforum.org.uk/john-ryan-comedy-contractor> [Accessed 30 June 2019].

*(Dancing and breaking into parodying Lady Ga-Ga): "I live for applause, applause..."*³²⁶

Jay Sankey lists a number of different steps for dealing with hecklers. First though he talks about not attracting them in the first place by disrespecting the audience. As health stand-up is directly or indirectly about them, perceived lack of respect could be a risk. So, heckling is perhaps useful feedback that things mightn't be quite right.

However, he reckons that often hecklers just want some attention, so if you give it to them, find out their name etc, they might stop. If they continue, tell them that you've "got to get on with the show". Some people mistakenly think that comics like heckles so they can respond to them. If this doesn't work, make some gentle jokes about them. Give them a chance to back down before being more assertive. Make sure the audience know the person is heckling you, so they don't think you're just picking on someone. If you do have to be ruder do it in as clever a way as possible and don't sound too animated. This will keep the audience on your side.

Review, Rehearse, Review

Greg Dean stresses the importance of reviewing your act.³²⁷ Different audiences may react differently to material. Even within an audience people may not respond the same. You may need to try out a gag or a routine a few times to get a more useful feel of what works where. You might also want to score individual jokes both by how funny the audience found them and how much of a thoughtful response they got. In other words, did they succeed educationally?

Greg Dean also emphasises the importance, once you've ranked your material, of editing, rewriting and rearranging it.³²⁸ In health stand-up you may still need to keep some weaker material if it's essential to exploring an issue, and you can't think of anything better. No comic material at all is better than really poor stuff, however.

(I look at evaluating stand-up in more detail on pages 141-148.)

³²⁶ I missed out the 'the' for copyright reasons

³²⁷ Dean, G. (2000) *Step by Step to Stand-up Comedy*. Portsmouth: Heinemann. pp.174-175.

³²⁸ Dean, G. (2000) *Step by Step to Stand-up Comedy*. Portsmouth: Heinemann. pp.71-77.

11) “Thanks, you’ve been a Great Audience” is Just the Beginning: The Importance of Follow-up

The second A in AIDA

The AIDA model we looked at on pages 34-36 stressed the importance with the second “A” of enabling action. The whole stand-up routine should point the audience towards this. It should give them information and motivation. However, it probably needs follow up to really make sure it happens. There are many different ways you can do this:

- Give people a chance to talk more about the topic with the stand-up (who has been trained to do this)
- Offer them an opportunity to talk to specialist workers who are in the audience. They might help people there and then or refer them on
- Organise follow up discussion groups, particularly if the event is more formal, such as a conference or educational event
- Provide leaflets and posters to pick up and take away, including information about your website
- Offer social media and email messages to subscribe

These are also opportunities to encourage and enable people to come to future events, perhaps with friends.

Very brief advice in a few words

Ask, Advice and Act, a form of very brief advice, is a 30 second approach that health professionals can use to try to help people change their behaviour.³²⁹ It fits in well with the follow up work needed after a comedy performance. It’s at the action stage of AIDA. Brief advice, by its very nature does not work every time. However, it’s a useful tool when there is extremely limited time to speak with someone. It has three steps:

1. Ask e.g. Do you smoke? (Assuming that the event was about smoking)
2. Advise e.g. Would you like to stop because... (and add a relevant reason for that target group)
3. Act, i.e. Encourage people to quit by signposting them to the next step. This could be by giving them a leaflet about local quit services

This maybe a useful approach at some stand-up events as workers may only have a limited chance to talk to individual audience members. Of course, some keen members of the public may also want to stop and ask specific questions.

³²⁹ Fairhurst, A. (2010) ‘Developing a joined-up approach to smoking cessation in primary and secondary care’ *Nursing Times.net*. <http://www.nursingtimes.net/nursing-practice/clinical-zones/smoking-cessation/developing-a-joined-up-approach-to-smoking-cessation-in-primary-and-secondary-care/5019416.article> [Accessed 30 June 2019].

Different ways of running a follow-up group

In some more formal situations, it may be appropriate to offer people the option of taking part in follow up groupwork. (We looked at research that showed how laughter helps bond a group on pages 42-45.)

John Heron has written about the different ways of running groups. This is in terms of six different dimensions. His suggestions for the alternative ways of thinking about working with groups are:

Directive - nondirective: F (the facilitator) takes responsibility for deciding what the group does; or delegates this responsibility to the group.

Interpretative – noninterpretative: F conceptualises and gives meaning to what is going on in the group; or at most indicates behavioural phenomena in the group and leaves conceptualising them open to the group.

Confronting - nonconfronting: F supportively but directly challenges defensive and distorted behaviour in the group; or creates a climate in which the participant confronts herself from within.

Cathartic – noncathartic: F actively elicits cathartic release in the group through laughter, sobbing, trembling, storming or a creates a climate of tension-reduction without catharsis.

Structuring – nonstructuring: F structures the group process in one or more of variety of ways in order to provide specific types of experiential learning and self-discovery; or provides the type of experiential learning that is consequent on no such structuring.

Disclosing – nondisclosing: F shares own feelings, thoughts and responses with the group; or is present for the group in silent ways.³³⁰

What is most appropriate will depend on the group and the skill of the facilitator, as well as the emotions and thoughts brought up by the stand-up routine. Most groups I imagine will just be about discussion and perhaps some personal sharing. All good ways of reflecting, learning from others and perhaps feeling less isolated or abnormal. It does mean however that all six of John Heron's dimension won't necessarily always be relevant e.g. interpretative-noninterpretative. There might occasionally however be the opportunity for using stand-up as a stimulus for more therapeutic groups. The kind where people go deeper in terms of confronting themselves or letting feelings out. It's a continuum of course. For example, one

³³⁰ Heron, J. (1977) *Dimensions of Facilitator Style*. Guildford: University of Sussex and London: University of London. p.3.

Australian project tried using “vulgar” comedy DVDs as a health educational tool with young people. One of the facilitators stressed to them:

First thing, be as rude as you like ... I don't want to know what you would tell your parents. I don't want to know what you would tell your teachers. I want to know the truth. So be honest... otherwise it doesn't work.

*This is not how young people are typically encouraged to relate to adults in positions of power – parents and educators for example. They know very well that the vulgarity that they so value in their entertainment consumption is unacceptable to many authority figures.*³³¹

Whatever form the group takes it's still always important to build in the action step of the AIDA model. How can you help people follow up on what they have thought about?

Anna Sinner Parties

Discussion groups can take many forms. They can be a straightforward chance to talk about a topic. Another option however is to integrate the stand-up into the group work. I cover this in more detail on pages 163-165 where I look at Ann Summer type parties.³³² These could blend music, comedy, props and group work together to look at sex and relationship issues.

Another follow up option I've already mentioned is to run classes in stand-up for the target group. (See page 39 for more information relevant to this kind of approach.)

Follow up using the printed word or electronic media

Sometimes it may not be possible to build on the comedy routine with group work. Often only written handouts and social media maybe possible. These don't have to be funny. Sometimes however it might be useful to stay with the same comic tone as the act. Ruby Wax has written several humorous books that tie-in with her stage shows including *Sane New World: Taming the Mind*.³³³

Vanity publishing has a new name: Social media

Perhaps I've got a bit of a cheek saying that. After all I am spending rather a lot of time writing something that few people will ever read. However, I do think that my criticism of social media is true for many local public and voluntary sector organisations (and may be true for some national bodies.) They spend their limited time and money writing stuff that unfortunately will never be read.

³³¹ McKee, A. Walsh, A. & Watson, A. (2014) 'Using digitally distributed vulgar comedy to reach young men with information about healthy sexual development' *Media International Australia* 153 (1) pp. 128-137. Available from: <https://journals.sagepub.com/doi/pdf/10.1177/1329878X1415300115> (Accessed as a print off from NHS library, 5 November 2018).

³³² Ann Summers is a company that sells sexy underwear and sex toys in the UK. One of their marketing methods has been to sell through events in women's own homes.

³³³ Wax, R. (2014) *Sane New World: Taming the Mind*. London: Hodder Paperbacks.

They start Facebook, Twitter accounts etc. without giving it enough thought. Other than “How will this help my organisations goals?”, the first question is surely “Why will any of our target groups want to follow us?” How many people are that interested in the flatulence department of their local hospital or whatever you’re paid to be concerned about? (Or have even heard of you for that matter.) Most people probably aren’t concerned, until they have a problem. This might be OK for some health organisations, but often you will want to promote yourself to many more people than this. Particularly if you want to prevent health problems before they arise.

Sorry, I know nobody loves a know-all but sometimes I can’t stop myself

I used to say about NHS public information “*Produce something somebody wants to read, that’s called communication. Produce something nobody wants to read, that’s called printing.*” Now I’d have to add “*or posting on social media.*”

With social media posts or internet-based approaches people often have to consciously seek you out. As opposed to say posters, leaflets, stalls etc. where they might stumble upon you if go to where you know they’ll be. I know paper products aren’t free. However, if you’re paying staff to produce social media posts that isn’t seen, this seems a huge waste of resources to me. I appreciate you might be retweeted but someone has to see your tweet in the first place. Then like it enough to do this. (Another option is social media advertising but as we shall see on page 135 this has its limitations too.)

I’ve looked at quite a few local voluntary and public-sector organisations social media accounts. Often the content is inward looking and unimaginative. Sorry.

All of the communication theory we looked at earlier still applies. The key in traditional communication or social media is to be clear about:

- What you want to achieve
- What your target group will be interested enough to look at (and share)
- Where they might look at it
- What kind of content will change their behaviour or attitudes in the way that you want
- How to tie all these things together

I stress target group because in my observation often many local organisations’ social media followers will be irrelevant. On Twitter for example they may be made up of a large percentage of sister organisations, advertisers or students from different cities or even continents. These people are rarely the target group.

Of course, some service user group-based organisations may have a thriving social media presence. In this case it’s almost like friends or family using social media to share with each other. This is excellent. It may not translate into other people following however, which may or may not matter.

I thought initially that all this anecdotal negativity around social media as a health tool was me being a dinosaur or didn't apply to paid adverts. However, a *Guardian* article called "It's time for charities to stop wasting money on social media" said:

On average, a tweet only reaches around 10% of followers, and the average click-through rate for a link on Twitter is around 1.6%...

...If that tiny audience is more likely to do the things that truly matter to the charity in question, then maybe this small reach is OK, but the problem is they often don't. Social media traffic has a high bounce rate, which means that even if people do click through on a post or tweet most are going to leave the charity's website immediately.³³⁴

(You may not need people to link to other content of course. If you're just giving out basic information about something e.g. details of an event, a basic tweet is probably OK. Similarly, with an inspirational quote or image promoting your values. But usually if you want people to change their views or behaviour, more than just a few words are needed. A tweet isn't enough.)

Content is King

If you work for the kind of organisation, I've described what can you do about? Well, first decide if social media is a good way of reaching your target group. Are they already interested enough in you to want to follow you? If they are, read on to think about how to make them continue to follow you.

If they aren't that interested, should you still focus on your social media accounts? Possibly not. (Find out what would work. This could include paid for social media adverts.) However, social media posts are a good way of sharing with friends and family. They're interested in each other in a way that they mightn't be in your organisation's passion for haemorrhoid prevention. So, can you get them to share content on your behalf? Over 20 years ago Bill Gates of Microsoft said:

*Content is King.*³³⁵

By this he meant that though technology offered new possibilities, what was on it

³³⁴ Collins, M. (2016) "It's time for charities to stop wasting money on social media" *The Guardian* 11 March. Available from: <https://www.theguardian.com/voluntary-sector-network/2016/mar/11/charities-wasting-money-social-media> [Accessed 30 June 2019].

³³⁵ Originally the Content is King essay by Bill Gates was published on the January 1996 Microsoft website. Quoted in Evans, H. (2017) "Content is King" — Essay by Bill Gates 1996" *Medium*. Available from: <https://medium.com/@HeathEvans/content-is-king-essay-by-bill-gates-1996-df74552f80d9> [Accessed 30 June 2019].

was the most important thing. People don't chortle over the code that underpins a humorous tweet or guffaw at the programming behind a YouTube comic song video. (Though I have been known to laugh hysterically sometimes when drafting this document. You know when Word has mangled up my page layout yet again.)

More recently digital marketer Gary Vaynerchuk expanded on how to engage people:

*Marketers are on social media to sell stuff, consumers however, are not ... If you want to talk to people while they consume their entertainment, you have to be their entertainment.*³³⁶

Humour 2.0

I wonder, and I wouldn't put it stronger than that, if stand-up has a part to play here. I wonder what would happen if we put on events such as stand-up or music gigs that local people actually want to come to. If we then actively encourage them to post jokes they've heard or photos and video they've taken, on social media, will they?

People pass info on (so remember to talk to them originally in plain English)

"Comic texts endure well after the live event in the form of interpersonal retelling, mediated recordings, and internet memes that allow audiences to become producers themselves as they mimetically or digitally re-present them – making these insights equipment for living for all they touch. As comic routines are digested and re-presented in a ground-up, participatory fashion, a polyvocal, centripetal current is created that takes these comic insights and sends them spiralling outward to all corners of society."

David M. Jenkins

People like sharing jokes with each other. Perhaps they're more likely to start conversations about health as a result of this, rather than if they're told things by professionals in technical language that no one really understands.

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Also, what about creating amusing selfie opportunities for them at the event. These could include meeting the comedian or having entertaining backdrops and props. The backdrops should also include some health message to act on. (Perhaps the comic could have a T-shirt with a relevant slogan on too.)

And if they do post online, will their friends and family see it, share it and think about the content? Might a few more people even look at your own social media content to see if you've got anything else interesting coming up?

³³⁶ Vaynerchuk, G. (2013) *Jab, Jab, Jab, Right Hook: How to Tell Your Story in a Noisy Social World*. New York: HarperBusiness.

³³⁷ Jenkins, D. (2015) *Was It Something They Said? Stand-up Comedy and Progressive Social Change*. PhD dissertation. University of South Florida p.179. Available from: https://works.bepress.com/david_jenkins/1/ [Accessed 10 June 2019]. And I'm probably being a bit mean here. It's actually a good read.

Of course, I'm assuming that a reasonable percentage of their friends and family are local people. Indeed, that the people coming to the event in the first place are locals and from the intended target group. They may not be. It seems to me possibly worthwhile however piloting and evaluating the idea to check it out.

In passing if you're using the same professional stand-ups regularly, they may also have a strong social media following. Perhaps some health content can also be smuggled in this way.

I'm encouraged to think that some of this may work as it ties-in with communication theory around word of mouth marketing. This is a general term for attempts to get people talking about your brand or message. It includes buzz marketing. This is where you use a special hook, such as an event, to get the target group or the media talking about your message.³³⁸ Comedy could be this hook.

You saw it here first

Health stand-up projects may find online video to be a particularly useful follow-up tool.³³⁹ Online video is expected to increase around 20% between 2016 and 2021.³⁴⁰ This would mean that 81% of all internet traffic would by then be video.³⁴¹

Many marketing blogs, and similar, stress the effectiveness of video compared to text.³⁴²

Interestingly humour is one of the top four most popular categories on YouTube, the second most visited website in the world.³⁴³ ³⁴⁴ Getting friends and family to click on a humorous health video therefore may be relatively easy.³⁴⁵ Anyway, probably a lot

³³⁸ Kirby, J. & Marsden, P. (eds.) (2006) *Connected Marketing*. Oxford, UK: Butterworth-Heinemann. This is an entertaining book on this approach.

³³⁹ You don't even still have to be alive to use it. Prostrate Research dubbed footage of comedian Bob Monkhouse several years after he'd died of prostate cancer. Prostate Research (2007) *Bob Monkhouse Prostrate Cancer Ad* [online video]. Available from: https://www.youtube.com/watch?time_continue=7&v=quxOMX1j1lw [Accessed 1 July 2019].

³⁴⁰ Cisco (2017) "Cisco Visual Networking Index Predicts Global Annual IP Traffic to Exceed Three Zettabytes by 2021" Cisco. Available from: <https://newsroom.cisco.com/press-release-content?type=webcontent&articleId=1853168> [Accessed 3 July 2019].

³⁴¹ Cisco (2017) "Cisco Visual Networking Index Predicts Global Annual IP Traffic to Exceed Three Zettabytes by 2021" Cisco. Available from: <https://newsroom.cisco.com/press-release-content?type=webcontent&articleId=1853168> [Accessed 3 July 2019].

³⁴² Their claims are not always that well referenced. They're also about selling brands rather than health education. They are still interesting however in reflecting current thinking and practice in the mainstream communication profession. See for example Ritchie, J. (2017) "5 Reasons Why Video Is More Effective than Text" *Idea Rocket*. Available from: <https://idearocketanimation.com/17385-reasons-video-effective-text/> [Accessed 3 July 2019].

³⁴³ Think with Google (2016) "The top four content categories watched by YouTube users are comedy, music, entertainment/pop culture, and 'how to'". Google. Available from: <https://www.thinkwithgoogle.com/data/top-content-categories-youtube/> [Accessed 3 July 2019].

³⁴⁴ Alexa (2019) "The top 500 sites on the web" Alexa. Available from: <https://www.alexa.com/topsites> [Accessed 3 July 2019].

³⁴⁵ No pun intended or at least admitted to.

easier than getting them generally to click on a link to your website and actually stay on it.³⁴⁶ I think videos of stand-up performances therefore potentially has something to offer. This could either be by casual postings by fans or staff or as a part of a more formal paid for social media advertising campaign.

Some organisations have already used live stand-up and video together. Laff Yer Heid Aff produced a comedy info video as part of a campaign that included a live stand-up show.³⁴⁷

There are a few things to note however. The first is that people's attention spans are short so they may only look at the first two minutes.³⁴⁸ Another is that 85% of Facebook videos are looked at with the sound off.³⁴⁹ However, even if only a limited number of people watch part of your video as result it's still better than nothing. Of course, you may be able to subtitle some videos (and keep them short of course).

In line with the AIDA model we looked at earlier, make sure any Facebook campaigns have a call to action. Have a link showing exactly what people are to do.

This is particularly important because:

... the internet has also revolutionised humour on a molecular level. Online, comedy has been evolving in double-time, twisting itself to fit the demands of the medium – namely its insatiable desire for immediate, easily digestible content. Gags designed to spread on social media are often single images, 140 character quips or seconds-long snippets of film. “A lot of comedy stuff that goes viral is very short and decontextualised – it’s just a five-second clip of something very strange,” explains Brett Mills, senior lecturer at UEA and author of The Sitcom. “It’s that idea of narrative disappearing.”³⁵⁰

Health comedy however ideally needs to focus on an issue and what to do about it.

Another video-based option would be to have an online campaign that ties-in with the stand-up but is also independent of it. This could be some other kind of comedy. One possibility that I began working on once was parodying films that give a

³⁴⁶ Collins, M. (2016) “It's time for charities to stop wasting money on social media” *The Guardian* 11 March. Available from: <https://www.theguardian.com/voluntary-sector-network/2016/mar/11/charities-wasting-money-social-media> [Accessed 30 June 2019].

³⁴⁷ Jamieson, R., Donnelly, R. & White, J. (2008) “Laff Yer Heid Aff: The role of comedy in increasing public awareness of common mental health problems” *Clinical Psychology Forum*. 187.July. pp.55-58.

³⁴⁸ Fishman, E. (2016) “How Long Should Your Next Video Be?” *Wistia*. Available from: <https://wistia.com/blog/optimal-video-length> [Accessed 3 July 2019].

³⁴⁹ Patel, S. (2016) “85 percent of Facebook video is watched without sound” *Digiday UK*. 17 May. Available from: <https://digiday.com/media/silent-world-facebook-video/> [Accessed 1 July 2019].

³⁵⁰ Aroesti, R. (2019) “Horribly absurd: how did millennial comedy get so surreal?” *The Guardian*. Available from: <https://www.theguardian.com/tv-and-radio/2019/aug/13/how-did-millennial-comedy-get-so-surreal> [Accessed 14 August 2019].

misleading impression of mental illness. They included *Batman*³⁵¹, because of the Joker, *Psycho*³⁵², *Halloween*³⁵³, *Jane Eyre*³⁵⁴ and *The Silence of the Lambs*³⁵⁵. I produced some movie synopses that replotted them giving a more accurate angle on mental health. This was for a poster campaign in libraries.

I then wondered about sponsoring a competition. This would encourage film students or the general public to rework clips from these and other offending films. They could humorously send up their archaic views on mental illness and embed more helpful messages. This kind of material might also lend itself to being shared on social media. Parody is legal so copyright wouldn't be a problem.³⁵⁶ Of course, depending on who your target group is you may need a traditional advertising campaign to make them aware of the competition in the first place.

Elsewhere I've also talked about putting stand-up on websites tied-in with foundation trusts and contraception services for young people (See pages 113-114.)

The future of communication is something called "email"

Odd though it may sound, email maybe more useful to you than social media. Research shows that 72% of people prefer to get promotional content by email. This was by far the most popular option. Social media by contrast was under 20%.³⁵⁷

Perhaps then as well as encouraging people to take their own videos of a show it would be worth getting their email addresses. You can offer to send them short two-minute video clips of the act plus perhaps some stills with jokes or quotes on. (Avoid sending one big image by email, however. It may be seen as spam.³⁵⁸) If they like them they may well share them with friends and family. Make sure you ask them to do this.

By putting together your own video you can get over some of the problems I mentioned before. You can edit clips down to a few minutes and focus on key

³⁵¹ *Batman* (1989) Directed by Tim Burton, USA: Warner Bros. with others. [Film: 126 min].

³⁵² *Psycho* (1960) Directed by Alfred Hitchcock. USA: Shamley Productions. [Film: 109 min].

³⁵³ *Halloween* (1978) Directed by: John Carpenter. USA: Compass International Pictures and Falcon International Productions. [Film: 91 min].

³⁵⁴ *Jane Eyre* (2011) Directed by: Cary Joji Fukunaga. UK/USA: Focus Features, BBC Films and others. [Film: 120 min].

³⁵⁵ *The Silence of the Lambs* (1991) Directed by: Jonathan Demme. USA: Strong Heart/Demme Production and Orion Pictures. [Film: 118 min].

³⁵⁶ Chortle (2014) "Right to parody" becomes law" *Chortle*. Available from: http://www.chortle.co.uk/news/2014/07/31/20665/right_to_parody_becomes_law [Accessed 22 June 2019].

³⁵⁷ MarketingSherpa (2015) "Marketing Research Chart: How do customers want to communicate?" *MarketingSherpa*. Available from: <https://www.marketingsherpa.com/article/case-study/customer-communication-by-channel> [Accessed 3 July 2019].

³⁵⁸ Forer, L. (2017) "10 Ways to Ruin an Email Campaign [Infographic]" *MarketingProfs*. <https://www.marketingprofs.com/chirp/2017/32868/10-ways-to-ruin-an-email-campaign-infographic?adref=nlt101817> [Accessed 3 July 2019].

messages and the funniest bits. Make sure that you grab people's attention as soon as possible. You can also add text for people watching with the sound off.

Video of course doesn't always have to be recorded:

The use of livestream video is increasing, and marketers are finding new ways and reasons to livestream.

The top reason marketers livestream is to achieve deeper interactions with audiences, followed by the ability to make videos more accessible and add a human element to digital marketing.³⁵⁹

So, your health stand-up gigs could also be streamed live.

Does any of this work?

Perhaps some of these digital ideas will work for you. Perhaps none of them will – or all of them. The important thing is to test out what you do, evaluate it and then work out what to do next. Evaluation can be through looking at how many people:

- Follow you,
- Go to your website and stay on it
- Actually do what you want them to

This last point is fairly easy for some things. You can measure how many people give you money or turn up at an event. Whether you've changed people's political views around health or got them to eat less salt is more difficult to check out.

Even if it does work prepared to be criticised

If you do use stand-up and even if it's incredibly effective and popular prepare for how you're going to respond to criticism. I see stand-up as part of a family of approaches that use popular culture to engage and educate people. One of the other ways that has been used is to copy well-known magazine styles. The *Daily Mail* attacked *Prime*, a government funded health magazine. It mimicked the format of popular publications by including interviews with entertainers and other celebrities. The paper said that:

The Health Service is spending millions publishing celebrity magazines. Every year it pays £2 million for glossy publications featuring pop stars and actors discussing their views on diets, smoking and even fake tans. Critics said the money should be going to cash-strapped hospitals instead.³⁶⁰

I imagine health comedy by the public or voluntary sectors could be treated similarly.

³⁵⁹ Forer, L. (2018) "What You Need to Know to Livestream Like a Pro [Infographic]" *MarketingProfs*. Available from: <https://www.marketingprofs.com/chirp/2018/33792/what-you-need-to-know-to-livestream-like-a-pro-infographic> [Accessed 3 July 2019].

³⁶⁰ *The Daily Mail* (2005) 28 June. p. 17.

12) Evaluation: “You Can Lie so as Not to Hurt my Feelings. I Won’t Mind”

What can be learnt about stand-up from evaluations of previous projects?

Does research show that stand-up works?

I had limited success at finding examples of stand-up health projects in professional journals.³⁶¹ This suggests to me that both the use and evaluation of comedy is still at an early stage. Though personally I still think that theory and anecdotal experience suggests it’s worth pursuing, evidence to prove this is still thin on the ground. Sometimes effective research is limited for practical reasons e.g.

*In UK AF (armed forces) personnel, embedding mental health awareness within a comedy show format had a short-term positive effect upon military stigmatisation regarding mental health. The low rate of follow-up limited our ability to assess whether this effect was durable.*³⁶²

(This was because personnel often moved to other places as part of their duties.)

What is most important to look for?

However, I still think looking at evaluations from previous health education projects that have used stand-up is useful.³⁶³ This is both in terms of improving outcomes, as well as understanding how to evaluate the approach more effectively. It’s complicated however as stand-up isn’t like a standardised drug treatment. You aren’t always comparing like with like. Each project may be different.

³⁶¹ The five papers I looked at were:

- Jamieson, R., Donnelly, R. & White, J. (2008) “‘Laff Yer Heid Aff’: The role of comedy in increasing public awareness of common mental health problems” *Clinical Psychology Forum*. 187.July. pp.55-58.
- Jones, N., Twardzicki, M., Ryan, J., Jackson, T., Fertout, F., Henderson, C. & Greenberg, N. (2014) “Modifying attitudes to mental health using comedy as a delivery medium” *Social Psychiatry and Psychiatric Epidemiology*. 49 pp.1667–1676.
- McKee, A. Walsh, A. & Watson, A. (2014) ‘Using digitally distributed vulgar comedy to reach young men with information about healthy sexual development’ *Media International Australia* 153 (1) pp. 128-137. Available from: <https://journals.sagepub.com/doi/pdf/10.1177/1329878X1415300115> [Accessed as a print off from NHS library, 5 November 2018].
- Stevens, J. (2011) “Stand up for dementia: Performance, improvisation and stand up comedy as therapy for people with dementia; a qualitative study” *Dementia* 11 (1) pp. 61-73. Available from: <https://journals.sagepub.com/doi/abs/10.1177/1471301211418160> [Accessed as a print off from NHS library, 5 November 2018].
- Wright, S., Twardzicki, M., Gomez, F. & Henderson, C. (2014) “Evaluation of a comedy intervention to improve coping and help-seeking for mental health problems in a women’s prison” *International Review of Psychiatry*. 26 (4). pp. 423–429.

³⁶² Jones, N., Twardzicki, M., Ryan, J., Jackson, T., Fertout, F., Henderson, C. & Greenberg, N. (2014) “Modifying attitudes to mental health using comedy as a delivery medium” *Social Psychiatry and Psychiatric Epidemiology*. 49 pp.1667–1676.

³⁶³ I decided to put this section here rather than at the beginning as I thought readers would have a better understanding by now about stand-up as a potential health education tool.

When looking at published research, unless the paper is thorough, you may not always be able to tell what the significant factors were in explaining the outcomes.

Obviously, it's useful to know whether stand-up can be used to improve health at all. However, stand-up *potentially* has some specific special qualities it would be useful to study. It may attract people in a way that an ordinary health education event wouldn't. It might engage them in a way that a more formal approach couldn't. It might be good as a way of safely looking at fears and absurdities in individual behaviour or political life that impact on health. Laughter, especially, in a group may also have additional educational benefits. It could be useful to check out these assumptions when evaluating a project. It's also useful to look at whether previous projects have done this and if so how, and what the results were.

Can stand-up be used to attract a particular target group?

In terms of attracting people, it has sometimes been used in settings where people have limited choices around attending. I looked at two research papers where the audience were either prisoners or from the military.^{364 365} Although they had chosen to go perhaps, they had few other options. Therefore, this can't really help prove or disprove that stand-up is a good way of engaging more general "harder to reach" groups. Another study also showed one of the pitfalls to avoid. *Laff Yer Heid Aff* had a good turnout.³⁶⁶ However, it was unintentionally mainly members of staff rather than the intended target group. Workers had promoted it internally and lots of co-workers got tickets. This also, to me, brought into question their other results.

True story...

This isn't a joke as such, but it amused me. A friend told me how a colleague was at a séance and an undertaker was there. Now, that really is taking evaluating your work seriously:

"Was Gas Mark 7 OK for you?"

Does stand-up have any special qualities as an educational tool?

In terms of how effective stand-up might be in engaging people, there are several key things that it's important to know before making a judgement. Has the project done any research to know what content will be relevant to an audience? Will the act question some of the underlying beliefs that underpin behaviour? If this hasn't been

³⁶⁴ Wright, S., Twardzicki, M., Gomez, F. & Henderson, C. (2014) "Evaluation of a comedy intervention to improve coping and help-seeking for mental health problems in a women's prison" *International Review of Psychiatry*. 26 (4). pp. 423–429.

³⁶⁵ Jones, N., Twardzicki, M., Ryan, J., Jackson, T., Fertout, F., Henderson, C. & Greenberg, N. (2014) "Modifying attitudes to mental health using comedy as a delivery medium" *Social Psychiatry and Psychiatric Epidemiology*. 49. pp.1667–1676.

³⁶⁶ Jamieson, R., Donnelly, R. & White, J. (2008) "Laff Yer Heid Aff: The role of comedy in increasing public awareness of common mental health problems" *Clinical Psychology Forum*. 187. July. pp.55-58.

done, then any failure to engage people or change behaviour could be down to this. It may not be that stand-up as an approach itself is fundamentally flawed.

Ideally research papers should explain how both health education and comedy theory were used in the project. I wonder if staff sometimes think that a comic telling jokes is enough. For example, neither the military or prison studies I looked at went into any detail about the nature of the comedy used at all.^{367 368}

I also wasn't clear from *Laff Yer Heid Aff* if any health education theory was consciously used. The research paper talks about:

*personal accounts of CMHPs (common mental health problems) and simple advice for controlling them.*³⁶⁹

In terms of how comedy was specifically used it says that one of the five live comedians had personal experience of severe depression and another was a therapist.

The comedians were allowed to use any material they chose. It is unclear if most of the material was about mental health or whether stand-up was just a way to attract people to the event. Then once there they would occasionally hear mental health information. The performance however did include showing a video that was a mix of straight forward information and comedy.

A few examples of jokes from the event are given. These perhaps allowed the audience to talk about suicide by lightening a taboo subject, though this isn't expanded on:

*After an angry rant about a counsellor who informs him of the futility of attempting to commit suicide by running a hosepipe from the exhaust into the car because of the catalytic converter, he consoles himself: "Mind you, think how f**king depressed I would have been if I'd driven 30 miles into the country side at night in my motor (and) ran out of diesel. All I'd had to show for it is a face like a panda, a slight migraine and, now I'd have a 30-mile walk to the nearest petrol station."*^{370 371}

³⁶⁷ Jones, N., Twardzicki, M., Ryan, J., Jackson, T., Fertout, F., Henderson, C. & Greenberg, N. (2014) "Modifying attitudes to mental health using comedy as a delivery medium" *Social Psychiatry and Psychiatric Epidemiology*. 49. pp.1667–1676.

³⁶⁸ Wright, S., Twardzicki, M., Gomez, F. & Henderson, C. (2014) "Evaluation of a comedy intervention to improve coping and help-seeking for mental health problems in a women's prison" *International Review of Psychiatry*. 26 (4). pp. 423–429. The prison event also included additional content i.e. poetry readings

³⁶⁹ Jamieson, R., Donnelly, R. & White, J. (2008) "'Laff Yer Heid Aff': The role of comedy in increasing public awareness of common mental health problems" *Clinical Psychology Forum*. 187. July. pp.55-58.

³⁷⁰ I appreciate that "committing suicide" is now considered an old-fashioned term

³⁷¹ Jamieson, R., Donnelly, R. & White, J. (2008) "'Laff Yer Heid Aff': The role of comedy in increasing public awareness of common mental health problems" *Clinical Psychology Forum*. 187. July. p.57.

Another important question to look at with any project but one difficult to evaluate is how good was the stand-up comedian? Comedy could be a potentially useful health education tool let down by poor performers.

It would also be useful for research to show how individual or group follow-up was carried out after a performance. Was there any? What was it like? What effect did it have?

Does whether people laugh or not make a difference?

In terms of using laughter, what kind of humour did projects use? How often did people laugh and how hard? What percentage of people were laughing? Did this make any difference in terms of opening people up to new ideas? Did it help them bond as a group, share more openly and learn from others in any group follow-up? And how do you measure any of this? None of the reports I looked at examined any of these questions.

The limits of health education

It's also useful to remember that there are limits to any kind of health education, with or without comedy. Generally, health education probably works best not as one-off events. It's better as part of an ongoing programme of different projects all working to the same end. Persuading people through stand-up to use services maybe pointless for example, if the services are hard to get to or are unfriendly. In this case, they need to be improved first.

It may also be that some issues are easier to tackle than others. Getting people to attend for a one-off health screening maybe easier than persuading them to radically change something they enjoy on an ongoing basis. An example here could be sex without a condom.

There is also the issue of whether a project was cost-effective and can be easily scaled up to repeat with other people.

Any consideration of specific pieces of research into the use of stand-up has to bear in mind all these factors. In the long-term, hopefully enough stand-up projects will be robustly evaluated for more of a sense of what works, if anything, to become clear.

To help make sure this happens it would be useful when planning future evaluations to think carefully about how to collect and present appropriate information. The previous pages suggest some of the issues to take into account. However, now let's look at evaluation itself in more detail.

The project got an evaluation score of 9 out of 10 on the impossible-to-know scale

Make sure that what you are evaluating is meaningful and is accurate

Evaluating the use of popular culture as a health education tool³⁷²

In any relatively new approach, such as using stand-up, it is important to set up systems to test it out thoroughly. Both quantitative and qualitative approaches have a role to play in this. Overall questions to consider include did the project deliver and can it be improved.³⁷³

Any evaluation needs to be planned at the beginning of a project and not the end, as an afterthought. Different stakeholders for an evaluation will want different amounts of detail and focus. A stand-up comedian will want to know which jokes worked, whereas funders and academic journals will more interested in whether the project as a whole did. Prepare for this.

Evaluations are in part measured against the aims and objectives set at the beginning of a project. It is therefore useful to collect data right at the start so any change can be measured. Ideally projects should use control groups but in practice this may often not be possible. Monitoring also needs to be carried out throughout the lifetime of the project. This way any problems can be dealt with quickly.

The overall approach outlined in this guide/discussion paper depends heavily on social market research. Social marketing focuses its aims and objectives on action. It wants to change behaviour to improve health.³⁷⁴ The AIDA model used throughout the paper is action focused too. However, comedy can obviously also be used to meet other objectives such as raising awareness.

Right from the start social marketing theory suggests it is important to have a detailed image of the target audience. In terms of comedy the issues to consider include:

- Who is the target audience for a particular health topic, such as safer sex?
- What are their general interests? How many are interested in stand-up?
- What kind of stand-up and jokes would they respond to and how?
- What kind of language do they understand?
- What kind of messages would affect their sexual behaviour?
- What else would they need to be able to respond to the messages? (Such as access to condoms)
- Where can the target group be reached?

³⁷² This section on evaluation is a modified version of Burns, M. (2008) 'Sex & Drugs & Rock & Health: How music and popular culture can help reduce health inequalities' *Sex and Drugs and Rock and... Health*. pp.118-120. Available from: <http://www.sexanddrugsandrockandhealth.com/userimages/newPCTotalDocument.pdf> [Accessed 30 June 2019].

³⁷³ In writing this section of the document my ideas have been influenced by a number of different people and publications over the years. However, for anyone wanting to read more about evaluation I particularly recommend Keating, K. (2002) *Evaluating Community Arts and Community Wellbeing*. State of Victoria: Arts Victoria, Darebin City Council, City of Whittlesea and VicHealth.

³⁷⁴ See for example National Consumer Council (2006) *It's Our Health! Realising The Potential Of Effective Social Marketing (Summary)*. Available from: <http://www.thensmc.com/sites/default/files/ltsOurHealthJune2006.pdf> [Accessed 2 June 2019].

This is the research stage. It helps create a set of assumptions about what might work. These help you to decide on the correct intervention. It would also be useful to evaluate them later to see whether the assumptions were both true and useful.

Social marketing stresses the need to pre-test a solution before proceeding with it fully. So how does the target group respond to the intended project? Does anything need to be changed? This can be seen as a kind of early evaluation. Later a full evaluation could include the following:

Inputs

- What resources were put into the project? For example, find out:
 - How many hours did your project take to develop? How was the work spread out? Could this be streamlined?
 - How much did it cost? Could it be done cheaper?

Processes

- As well as some of the more formal issues covered earlier in the social marketing paragraph on the previous page, the main questions to consider, in my view, when evaluating the processes involved in a health comedy project are³⁷⁵:
 - Was your project delivered as planned?
 - Did all parts of the project reach all sections of the target groups?
 - Were participants satisfied with the project?
 - Were all the materials and components of the project of good quality?
- Also, what human factors were in play?
 - What was the official structure? What happened in reality? What were relationships like?
 - How were decisions made? Were they decided by government instruction, by senior management, by workers on the ground or by the participants? How fair and effective was this process? Could it be improved?
- In addition, was the theory that was used appropriate?

“They say the secret of comedy is timing...”

... so I'm leaving now before I hear what you think of my routine.”

In my opinion evaluations often report back on everything except the most important issues. How did you feel? What were relationships like? Was there a particularly difficult but powerful person that made things difficult? Is the culture of the organisation a problem? These are topics that are easy to avoid. I know I've run away from them in the past.

³⁷⁵ Australian Government Department of Health (2011) *Evaluating a Health Promotion Project*. Australian Government Department of Health.

Outputs

- What happened as a result of your project? In terms of a live performance:
 - How many people watched the show? Were they the target group?
 - What jokes seemed to get what response? How could this be built on? Jokes and performances generally need to be engaging, as well as entertaining. It is worth evaluating how far individual jokes as well as the overall act entertain people. Similarly, it's important to find out how far they engage them so as to help meet specific objectives around education or behaviour change. What balance of the two works with different target groups?
 - How many successful contacts did the follow up workers make?
 - How many people followed up any referrals?
- In terms of other formats, such as leaflets, social media or websites, that may be used alongside stand-up to help people take further action:
 - How accessible are they? What about the design or content could be improved?
 - How many materials were given out? How many hits did your website get on various pages? Did people talk about you on social media and was this positive?
 - How did people use your materials? With a website invite potential readers to look at it. Ask them to record how long they stay on each page. If they are looking for something specific, how easy is it to find?

What is the outcome you want?

“... his audiences howl with laughter because the comic has given them a licence to find themselves ridiculous.”

Jimmy Carr on Peter Kay

“Art is not a mirror to reflect reality but a hammer with which to change it.”

Attributed to Bertolt Brecht

Does your evaluation just show greater awareness, or has it led to actual behaviour change? In terms of ideology is the first all you want to achieve, as it's up to people to make their own minds up and decide what they want to do? On the other hand, if they don't want to change or awareness isn't enough to overcome circumstances or “addiction”, would you consider this failure?

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³⁷⁶ Carr, J. & Greeves, L. (2006) *The Naked Jape*. London: Michael Joseph. p. 137.

³⁷⁷ Perhaps wrongly. See Citations Celebres (2019) “Art is not a mirror to reflect reality but a hammer with which to change it” *Citations Celebres*. Available from: <https://citations-celebres.fr/citations/1131734-bertolt-brecht-art-is-not-a-mirror-to-hold-up-to-society-but-a-h/> [Accessed 23 October 2019].

Outcomes

- Has health improved as a result of the project? Two kinds of measures can be used to answer this:
 - They may be direct e.g. how many more people were immunised?
 - Alternatively, measures may be proxy. For example, if the number of alcohol related arrests goes down this could show your safe limits project is working, if the evaluation design backed this up

Outcomes are easier to measure if the intervention has a short-term outcome, such as someone going for screening. In terms of some health outcomes the result may take decades to measure, e.g. a reduction in deaths from cancer. Even then any change may be the result of many things.³⁷⁸

It's also worth looking to see if there have been any negative outcomes because of your project. These may not always be health related. Indeed, it may be worth doing a quick health impact assessment about any possible problems at the planning stage.³⁷⁹ Will your late-night comedy show disturb the neighbours?

Projects also need to be evaluated in the light of the overall programme they are part of. How did the overall programme do? Can it be improved?

A funny thing happened to me... Being a social worker

"The comedy is never about service users; it's about the system and how it treats service users."

Social workers and part-time stand-ups Debstar and Jim McGraw joke both to distress fellow professionals and challenge social injustice.

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Other issues to consider

Research also needs to be used to compare comedy with other possible approaches. Is the same result possible from another approach at a cheaper cost? Also who benefits from an evaluation? For example, who gets paid for doing it and who is expected to take part for nothing? Do professionals come into an area, do the evaluation and then leave? Alternatively, are local people skilled up to be employed to do this and any future evaluations? Does everyone who took part in the project see the findings e.g. local people involved in any initial consultation?

³⁷⁸ INTRAC (2015) "Outputs, Outcomes and Impact" *INTRAC*. Available from: <https://www.intrac.org/wpcms/wp-content/uploads/2016/06/Monitoring-and-Evaluation-Series-Outcomes-Outputs-and-Impact-7.pdf> [Accessed 30 June 2019].

³⁷⁹ Taylor, L. & Blair-Stevens, C. (2002) *Introducing health impact (HIA): Informing the decision-making process*. London: Health Development Agency.

³⁸⁰ Silman, J. (2015) "I don't like confrontation, so comedy helps me stay resilient" *Community Care* 7 October. Available from: <https://www.communitycare.co.uk/2015/10/07/dont-like-confrontation-comedy-helps-stay-resilient/> [Accessed 7 March 2020].

13) “Have You Heard the One About...”: Sharing the News on Health Comedy

Partnerships are important – Where would Stan have been without Ollie?

In another fine mess presumably. If you're interested in using stand-up to improve society, you may want to find out what others are doing or share your own work. There are others out there you may be able to work with.

Laughable organisations

The *Leicester Comedy Festival* spawned a programme around using comedy for health education purposes. Check out the Big Difference Company at www.bigdifferencecompany.co.uk/index.php . Also see the work they do with a range of audiences at <https://www.makemehappy-online.co.uk/> .

In North America and Australia people with mental health issues are being trained to do stand-up. Stand up for Mental Health says that:

We use comedy to give mental health consumers a powerful voice and help reduce the stigma and discrimination around mental illness...

*The idea is that laughing at our setbacks raises us above them. It makes people go from despair to hope, and hope is crucial to anyone struggling with adversity. Studies prove that hopeful people are more resilient and also tend to live longer, healthier lives.*³⁸¹

For more information including a ton of video clips go to www.standupformentalhealth.com .

Also in America there is the Association for Applied and Therapeutic Humor. See www.aath.org/ .

A funny thing happened to me... Working in science

“Helen (Keen) was appointed the UK's first Comedian in Residence at a scientific institution (Newcastle's LIFE), where she co-produced and compered 10 sell-out shows featuring academics from a wide variety of disciplines... She continues to develop innovative, pioneering performance ideas.”

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³⁸¹ Granier, D. (2019) “About Stand Up For Mental Health” *Stand up for Mental Health*. Available from: standupformentalhealth.com/about/ [Accessed 30 June 2019].

³⁸² Keen, H. (2019) “Helen Keen” *Helen Keen*. Available from: <https://www.helenkeen.com/> [Accessed 30 June 2019].

Although not just stand-up the annual *Sick Festival!* In Manchester does in part use comedians to explore issues of life and death. See

<http://www.sickfestival.com/about/> .

Economics impacts on everything from public spending on healthcare to whether people have enough money to live healthily to big corporations' influence over what people eat. However, how many ordinary people actually understand economics? How many economists understand economics for that matter?

In Ireland they are trying to make economics more accessible to the average person by holding *Kilkenomics* - Kilkenny's economics and comedy festival. Find out more at <http://kilkenomics.com> .

Want to go to uni, and spend your time having a laugh, watching endless repeats of *Seinfeld* in bed in the nuddy and not get kicked out? Well now you can.³⁸³ The University of Kent offer a degree unit in stand-up comedy. Get more details at <https://www.kent.ac.uk/courses/modules/module/DR676> .

(If you're even too lazy to even get out bed to perform, why not think about doing a research degree in comedy at Brunel University in London instead. When you can be bothered check out <https://www.brunel.ac.uk/research/Centres/Centre-for-Comedy-Studies-Research#>.)

Posh joke books

The European Journal of Humour Research is an open-access journal. Mildly undecipherable academic talk for nowt, free, won't cost you a penny. If you want to submit anything to it or just read it, go to:

<https://www.europeanjournalofhumour.org/index.php/ejhr> .

The people at the *International Society for Humor Studies* are stingier. *Humor – The International Journal of Humor Research* is a subscription only publication. Find out more about it at their website: <http://humorstudies.org/> .

Also check out *Comedy Studies* at <https://www.tandfonline.com/toc/rcos20/current> .

Arts & health

Health stand-up comes under the general heading of arts & health. In England LAHF, the London Arts & Health Forum, has taken the lead on arts & health issues. Their website is at <http://www.lahf.org.uk/> .

The Royal Society of Public Health take an interest in arts & health too. Each year they hold a competition and give an award in this area. See

³⁸³ *Seinfeld*. West-Shapiro and Castle Rock Entertainment. 1989-98.

<https://www.rsph.org.uk/our-work/awards/health-wellbeing-awards/arts-and-health/2019-winner.html>.

Arts & Health is also a well-established academic research area. Two UK universities to be aware of in this area are:

- Canterbury Christ Church University: <https://www.canterbury.ac.uk/health-and-wellbeing/sidney-de-haan-research-centre/sidney-de-haan-research-centre.aspx>
- Manchester Metropolitan University: <http://www.artsforhealth.org/>

In terms of more political community art and drama, there is Collective Encounters in Liverpool. Their website is at <http://collective-encounters.org.uk/>.

Funding

In England Local authority public health departments are the most likely public sector health commissioners to fund health stand-up. Occasionally they give grants for innovative ideas. More usually they put out tenders. Sometimes these are in partnership with local NHS Clinical Commissioning Groups (CCGs). You might want to talk to them about the potential of using stand-up locally on a particular health issue.

NHS provider organisations e.g. acute and mental health trusts are also entitled to fund prevention. This can even be from their reserves and doesn't have to be a contract from a funding body. I get the impression however that this is not widely understood. I had it confirmed in a personal email from the Department of Health and Social Care:

The Health and Social Care Act replaced subsections (1) and (2) of section 43 of the National Health Service Act 2006 with the following in respect of Foundation Trusts:

(1) The principal purpose of an NHS foundation trust is the provision of goods and services for the purposes of the health service in England.

(2) An NHS foundation trust may provide goods and services for any purposes related to—

(a) the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and

(b) the promotion and protection of public health.

(2A) An NHS foundation trust does not fulfil its principal purpose unless, in each financial year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.³⁸⁴

³⁸⁴ This was in an email dated 27 November 2019 to me about the 2012 act from Victoria Smeaton, Ministerial Correspondence and Public Enquiries, Department of Health and Social Care.

The Arts Council are another possible source of money. Go to <https://www.artscouncil.org.uk/funding> .

Otherwise look for funding information at <https://www.fundingcentral.org.uk/default.aspx>. It's free for organisations with an income of under £100,000 a year. You'll also find tips about crowdsourcing here.

If you work for an organisation you could even try putting on a comedy fundraiser to get things started. It doesn't necessarily need big names.³⁸⁵

Individuals interested in trying to carve out a career in health stand-up could also approach local charities or campaigning organisations to see if they would fund some work. Most towns in the UK have a body that supports the local voluntary sector and could suggest who to contact. They often have council for voluntary service in their name.

David Rovics is a left-wing American singer whose set includes the occasional comic political song.³⁸⁶ He's suggested a model for funding that aspiring health stand-ups could perhaps adapt if they're working freelance:

Here's how it works: money logistics vary depending on the gig, where it is, what kind of travel is involved etc., but just for the sake of simplicity, say I aim to make \$500 to do the show and I'm not asking for a guarantee for this one, but just for show organizers to aim for \$500 or so. Advertise it as a benefit, charge \$10 at the door. At the end of the night, after taking out your expenses for organizing the show, the first \$500 gets split 80/20 between me and the cause (I get 80%), and then for anything over \$500 the cause gets 80% and I get 20%. This way if the gig is only modestly-attended I still make a living, and if it's well-attended then it can also be a good fundraiser for the cause.³⁸⁷

³⁸⁵ Vanessa (2017) "Comedy for Depression" *Mind*. Available from: <https://www.mind.org.uk/information-support/your-stories/comedy-for-depression/#.XFyQNvZ2vIU> [Accessed 30 June 2019]. 10/3/19

³⁸⁶ Including Rovics, D. (2015) *I'm A Better Anarchist Than You* [online video]. Available from: https://www.youtube.com/watch?v=NGu_oqMcKM [Accessed 30 June 2019].

³⁸⁷ Rovics, D. (2019) "How To Organize a Show" *David Rovics*. Available from: <http://www.davidrovics.com/how-to-organize-a-show/> [Accessed 30 June 2019].

14) The Last Laugh: Some Conclusions

Those who laugh last laugh longest

Conclusions is a strong word as this guide/discussion paper is speculative and hopefully will raise as many questions as it will answer.

I wanted it to prove useful not just to comics and public health workers but also more political health campaigners, or even those interested in other issues. One of the guiding principles for me in writing it has been the quote *“We work through laughter, not for it”*.³⁸⁸ As health workers we aren’t primarily interested in humour for its own sake but to help people understand, develop or change around health and wellness.

I think that using theory is essential if the approach is to progress. This will need to be from the fields of psychology, education, communication and comedy amongst other disciplines. Similarly, a thorough consideration of ethical issues is also important.

However, it’s only through action and evaluation that we’ll really know how comedy can best be used as an educational or campaigning tool. If at all. There are several categories of question.

Firstly, how can we use it to engage specific target groups in the first place? Particularly, those sometimes described as harder to reach. When is it the best approach to use with them? Should it be part of wider programmes of health improvement?

The second category relates back to what I wrote about at the beginning of this guide/discussion paper. It ties in with my experience with therapeutic men’s groups. How might stand-up be used as a tool to help people to question and change their beliefs and behaviour? How far can it be used to respectfully show up logical absurdities in one’s own behaviour or that of the culture we live in? Can it release some of the fear we have around certain subjects and allow us to explore them more thoroughly on our own or with each other? Can all this be built on to lead to real change in individuals and our society?

As part of all this the role of laughter, as opposed to just smiles, is also something particularly worthy of being more fully investigated. Can this form of catharsis help people to bond as well as to individually feel, think and act differently? If so, how do we best harness it?

Depending on the answers to these questions, we may need to consider who best can deliver health stand-up? Is it comedy professionals, the target group or a mixture

³⁸⁸ Griffiths, T. (1976) *Comedians*. London: Faber and Faber. p.20.

of the two? In any case it would be a team effort involving researchers, health professionals and others as well as writers and performers.

I know that I'm stronger at writing about some of these issues than others. My background is health education, communication and counselling not comedy or biology for example. I hope however that I've excited your interest enough for you to make up for my deficiencies and look more into these topics yourselves.

As I promised at the beginning of the page that "those who laugh last laugh longest" I thought I should end with a selection of health jokes. I've chosen some voted as people's favourites on the internet:

I've been taking Viagra for my sunburn. It doesn't cure it, but it keeps the sheets off my legs at night.

A healthy sleep not only makes your life longer, but also shortens the workday.

Good health is merely the slowest possible rate at which one can die.

If 4 out of 5 people suffer from diarrhoea... does that mean that one enjoys it?

I always feel better when my doctor says something is normal for my age ... then think dying will also be normal for my age at some point.³⁸⁹

My dad died when we couldn't remember his blood type. As he died, he kept insisting for us to "be positive," but it's hard without him.

³⁸⁹ One Line Fun (2019) "Health one liners" *One Line Fun*. Available from: <https://onelinefun.com/health/> [Accessed 30 June 2019]. How might you use them?

15) What Passes for the Truth: Me, Comedy and This Guide

Funny ha-ha or funny strange?

I wasn't supposed to cry as a boy, whereas provoking laughter was almost compulsory. So, as a kid I loved jokes.

Who doesn't?

Well, as I grew up in the 60s and 70s probably the many minority groups they were aimed at. (Also, if I think about it, the wittiest repartee back then was the taunt "You woman".)

Funny strange

Looking back a lot of my humour was about trying to be a man like my dad, avoidance, one-upmanship, getting attention or trying to feel good about myself. And as I got older joking was also a way of communicating with women. Insult them. After all you couldn't say how you actually felt. All a bit odd.

Now at getting on for 60 with a background in public health, counselling, arts & health and unemployment I still like a laugh.³⁹⁰ I started writing this comedy guide/discussion paper a few years after producing a similar one about pop music as a health education tool. I seemed to have spent a large part of my life leading up to that. It was about using other people's songs so wasn't so much about me. This made it relatively easy to do. But I don't have a huge back catalogue of other people's jokes about health. To understand stand-up more, and later as a way of illustrating what I was talking about, I started to write my own hypothetical routine.

The more I got into writing it the more exposed I felt however. Sharing your sense of humour with strangers is extremely personal.

In terms of my *Seriously Funny* tour, the hypothetical act I wrote to understand stand-up more, I started to worry about lots of things:

- Am I being offensive or not true to my own values?
- Am I too sexual or heterosexist at times?
- Am I too whimsical? Not manly enough
- Is swearing acceptable?
- Are my reference points too obscure for readers without a public health background or simply aren't really me?
- Am I too negative and complaining? If so, could this alienate the audience?

³⁹⁰ This includes once organising a health comedy event where I was drawn by a *Viz* comic strip artist being custard pied. (*Viz* has been around since 1979 and is currently owned by London company Dennis Publishing.)

- Am I too aggressive and into creating an enemy to have a go at? Is this acceptable to an extent as a way of raising or defusing power issues? Is this only true as long as there is also understanding and sympathy there too?
- Am I inconsistent in terms of theory and my own practice?
- Is the act ineffective and poor health education?
- Even if my work is OK, and perhaps it isn't, will it still be ignored? On the cutting edge sounds good. Always on the fringes doesn't
- Worst of all am I simply not funny?

Some of these worries are professional. What works? What's ethical? Always at the back of my mind though, was what will people think of me? Will they attack me? (By the way, in case you're thinking of starting anything I'm a black belt in Karaoke. I can Michael Bublé you to death.)

In the end I decided not to share my whole act in this guide/discussion paper. I've left some of the material in though, so that you could have a better sense of what you yourself think is acceptable or works. Sometimes as you will have seen I actually make my own concerns part of the act.

"Don't call us. We'll call you." (They did. They called me a talentless wannabee)

So, finally I'm ready to put my musings out into the world. An experimental piece designed to ask questions and raise issues rather than pretend to offer definitive answers. You have to start somewhere after all. Having some theory to test out and modify, or even reject and start again, seems useful to me.

I hope my limitations don't put you off what might be possible if health workers and researchers collaborate with real comedians. I'm aware that most of my jokes were irrelevant fillers or to an extent tried to show up society's absurdities. I found it much harder to turn personal insights or experience into material. When I tried it often turned out more like tragedy than comedy. Even my take on toilet humour:

Good mental health. It's about keeping it real. Being yourself.

Yeah right.

Some decades of my life, the most "authentic" thing I did all day was go for a poo.

Gives a whole new meaning to "My life is really shit".

Often, my material was more towards dry than side-splitting:

Actually, I was lucky when I was made redundant from the NHS, I did some research of my own about how to use comedy as a health education tool.

I got a government grant to do it.

Well I call it a government grant; the government called it unemployment benefit.

Both my attempts at punchlines however are about important real issues. They may resonate with lots of people and are issues that aren't talked about as much as they could be. I encourage you to build better routines from similar episodes in your own life.

Thanks for all the fish

And talking of you, I thought I should end by thanking you for sticking with me so far in reading this document. I'd also like to thank all the other "yous" that made this guide/discussion paper possible. Particularly the *Seriously Funny* part of it. (Hopefully mentioning it yet again, isn't the final straw that makes you contact Trades Descriptions.) I suddenly realised that without the myriad of line managers, more senior leaders and other colleagues that I've encountered over the years it wouldn't have been possible.

As would neither many of the various physical and mental health symptoms I experienced. Tsk and double tsk!

Anyway, if you think you directly see yourself in anything I've written, you're wrong. The characters are a mishmash of various people I've encountered in various public and voluntary sector jobs. (Not just directors of public health.) The settings and situations are fictional. Only the political and emotional essence is true.

I guess we were all doing our best and, in many cases, this was pretty good. For the other times trust me I forgive you and bear you no malice.

So returning to you dear reader, if you've any thoughts, comments or the contact details of any hitmen email me at mail@sexanddrugsandrocksandhealth.com .

16) Music and Stand-up Appendix 1: Food Glorious Food

Music and comedy in health education

Music is everywhere in supermarkets, on Spotify, on MTV... So why not harness it to do good.

Talking of MTV if you're a musician why not do a fundraising acoustic set at your local hospital. It could be about the important work Intensive Care do in keeping people alive.

You could call it, I don't know...

... Life Support Unplugged?

I've written previously about using existing pop songs as a health education tool. This was often to get people in contact with how they felt about different topics as well to then help them to explore this rationally. In these two appendices I give examples of how stand-up might be combined with music. One is a top-down gig format.³⁹¹ The other is based around group work.³⁹²

I wondered earlier on page 58 if humour, or more precisely laughter, is better at putting people in contact with certain underlying emotions rather than others. I'm thinking here of laughter's close relationship with anger and fear. I appreciate that as people cry with laughter this suggests a link to sadness too. (See page 45.)

However, music may be a more powerful and easy way of putting people in touch with this latter emotion. A campaign or educational programme therefore might want to use the two art forms at different times. Comedy and music could be used to get people in contact with how they feel about the same health issue but from a different perspective.

However, songs about some issues such as sex, love or the difficulties of life can be serious or funny. In the second appendix I show how songs can be used in a comic way to look at some of these issues.

However, first I want to look at another health issue. I personally think songs about healthy eating generally need to be fun, or at least light-hearted, so as not to appear too worthy. Stand-up could also be included in the show to add to this mood.

³⁹¹ This section is based on an earlier document I wrote. On page 10 it also describes how to access the Spotify playlists that go with it. Burns, M. (2014) *Health Improvement: At Full Volume*. pp.106-110. Available from:

<http://www.sexanddrugsandrockandhealth.com/Further%20exploring%20using%20story%20and%20musical%20SPOTIFY%203.pdf> [Accessed 7 September 2019].

³⁹² Burns, M. (2014) *Health Improvement: At Full Volume*. pp.172-174. Available from: <http://www.sexanddrugsandrockandhealth.com/Further%20exploring%20using%20story%20and%20musical%20SPOTIFY%203.pdf> [Accessed 7 September 2019].

In terms of AIDA the songs and jokes would be there to attract people's attention and keep their interest. (See page 34-36.) The desire and ability to act i.e. eat more healthily, could be linked to this through talks and cookery demonstrations. A possible show could also address people's attitudes and feelings towards food. It therefore would make use of all aspects of the cognitive, affective and behavioural approach to health education. (See pages 37-39.)

In its mix of information and comedy, the show would be similar to many popular science events.³⁹³ Alternatively, comedy could be used to look at the absurdities of the food industry. It could also focus on society's obsession with thinness or how people use food for psychological purposes such as comfort eating. In this it would tie-in with the AIDA model, including trying to create a desire to change.

There is actually a comic who already has a routine about fruit and veg: Olaf Falafel.³⁹⁴ He even won a prestigious award for it at the Edinburgh Fringe in 2019.

There are quite a few songs making fun of people's weight. These obviously need to be avoided as do cruel jokes on these matters. A sympathetic stand-up routine however could be worked out and included before, during or after the songs. These songs about food and eating could be sung by the comic or by other people.

Possible songs

Introduction

- *Food Glorious Food* from *Oliver!*³⁹⁵
The show could start with a quick blast of this
- *Vindaloo* by Fat Les
Alternatively, depending on the audience, this song could be the starter
- *I've Got A Brand New Combine Harvester* by the Wurzels
I have heard it said but never confirmed that songs about food are the most common song topic after love. Presumably they're mainly folk songs by peasants from our agricultural past. Explaining this could give the singer a jokey introduction to a quick rendition of this "historical" tune. Nowadays of course there are few songs about food, though perhaps the Beatles could have reinvigorated the whole genre.

This section could end with the lyrics:

³⁹³ British Science Association [2013] "Lab notes: Songs of science" *British Science Association*. Available from: <http://www.britishsociety.org/british-science-festival/lab-notes-songs-science>. [Accessed 25 March 2014].

³⁹⁴ Wiegand, C. (2019) "Olaf Falafel wraps up victory in Edinburgh funniest joke award" *The Guardian*. 19 August. Available from: <https://www.theguardian.com/stage/2019/aug/19/olaf-falafel-edinburgh-funniest-joke-award> [Accessed 3 September 2019]. Also see page 18 of this document.

³⁹⁵ *Oliver!* (1968) Directed by Carol Reed. UK: Romulus Films and Warwick Film Productions. [Film: 153 min].

Scrambled eggs, oh my baby how I love your legs.

Not as much as I love scrambled eggs.

Oh, we should eat some scrambled eggs.

Try singing them yourself now to the tune of *Yesterday* by the Beatles. They were actually Paul McCartney's working lyrics for the song whilst he was trying to write something better.³⁹⁶

Alternatively, the section could perhaps finish with a medley of famous or current advertising jingles about processed food. Are these the closest thing today to the old folk songs about food? How do these products fit into a healthy diet?

A healthy diet

The show could include a very quick medley of wartime songs e.g.

- *Yes We Have No Bananas* by Louis Prima
- *You Can't Get That No More* by Louis Jordan
- *Ration Blues* by Louis Jordan
- *There Won't Be A Shortage Of Love* by Peggy Lee

In general people in Britain ate more healthily during the war. The show could explain why rationing was positive in some ways and what a healthy diet today looks like.

A healthy breakfast

Rationing in the UK continued into the 1950s. This provides the singer with a link to talk about a healthy breakfast.

- *How D'Ya Like Your Eggs in the Morning?* by Dean Martin and Helen O'Connell
This track is from 1951. (If the show is being performed for an adult audience, there is always the retort to the song title, fertilised or unfertilised. This could lead onto talking about diet in pregnancy)

Carrot cake (does not count) as one of your 5 A Day

If the audience is of a certain age, as an introduction to talking about vegetables, the singer could ask if there are any John Lennon fans in the audience. Then say he was a greens activist ahead of his time and burst into *All We Are Saying Is Give Peas A Chance*. (The real track of course was *Give Peace A Chance*.)

Another bad musical food pun is "*He was a smoothie operator*" referencing the 1984 hit *Smooth Operator* by Sade. It could be a way to talk about how often it is healthy to drink smoothies from the guy who operates the juicing machine.

³⁹⁶ *The Richest Songs in the World*. BBC Four. 28 December 2012. 21:00 hrs.

Perhaps it might also be possible for a show to include people playing musical instruments made out of vegetables to keep people's attention.³⁹⁷

Eating out healthily

Weird Al Yankovich has written a number of parody songs about food, based around chart hits. Some would be no good for this show as they are potentially offensive. Other tracks however could be usable. Depending on the intended length of the show, only a short version of each song may be necessary.

- *Girls Just Wanna Have Lunch* (A pastiche of Cyndi Lauper's *Girls Just Wanna Have Fun*)

This track could introduce the topic of eating out healthily

A healthy evening meal

Again, Weird Al Yankovich might be useful here.

- *Addicted To Spuds* (A pastiche of Robert Palmer's *Addicted To Love*)
This could be a way of talking about fries and relatively healthy alternatives, e.g. chunky chips or jacket potatoes
- *Lasagna* (A pastiche of *La Bamba*)
This song could be an introduction to talking both about pizza and the healthier aspects of a Mediterranean diet (Though the lyrics may need to be abridged slightly so as not to offend heavier people)
- *Vindaloo* by Fat Les
Similarly, this football song could be used to talk about Indian food
- *Fast, Fast, Fast, Fast Food* by Charles Murray
I didn't find this track that funny, but it may be OK to use with some target audiences

A healthy diet for children

- *Eat It* by Weird Al Yankovich is a spoof of *Beat It* by Michael Jackson³⁹⁸
This song is about trying to get a child to eat. It doesn't offer good advice. It could however be used to set the scene. Then someone could give some quick tips on how to really solve the problem. Information about children's nutritional needs could also be shared here. This could include pointing out a member of staff to talk to further about this issue

Caffeine and alcohol

- *Java Jive (I Like Coffee, I Like Tea)* by the Ink Spots

³⁹⁷ There is such an orchestra in Vienna. The Vegetable Orchestra (2013) "The Vegetable Orchestra" *The Vegetable Orchestra*. Available from: <http://www.gemueseorchester.org> [Accessed 1 July 2019].

³⁹⁸ I appreciate that given the claims against him regarding children, some people may not want to use his songs even as parody

A quick burst of this song could be sung before talking about how too much caffeine can be stressful for some people.³⁹⁹

- *Two Pints of Lager and a Packet of Crisps Please* by Splodgenessabounds
This is one of the few songs about alcohol I've come across that neither praises or damns it. Again, a short burst of it could be used to talk about the calorific content of different drinks – and snacks

Our relationship to food

- *Slave To My Belly* by Catie Curtis
This is a song about a person's relationship with food. It could prove a useful way to begin to chat about feelings and attitudes towards food, why people overeat and what to do about this. This leads on to the next song...
- *Me Want It (But Me Wait)* by Sesame Street's Cookie Monster^{400 401} (This is a pastiche of *I Love It* (feat. Charli XCX) by Icona Pop)
This song is about the struggle not to give in to immediate gratification. It lends itself to an over the top performance

Body image: You don't have to be size zero

- *Big Girl You Are Beautiful* by Mika
This song could lead into talking about body image and how the media promotes a certain shape in women. Bigger body shapes can still be alright as long as people exercise and have the right diet

OK Just one more

The show could end with a quick chorus of *Food Glorious Food* and an announcement that recipes and free samples are available. Perhaps there could even be a *Hungry Like The Wolf* Café serving healthy food.

³⁹⁹ Mental Health First Aid England (2012) *Mental Health First Aid Manual*. England: Mental Health First Aid England. p.51.

⁴⁰⁰ *Sesame Street* 1969-Present. The Jim Henson Company Children's Television Workshop (1969–2000) and Sesame Workshop (2000–present).

⁴⁰¹ If you are a fan of the Cookie Monster check out his take on self-regulation at Sesame Street (2013) *Sesame Street: Me Want It (But Me Wait)* [online video]. Available from: <http://www.youtube.com/watch?v=9PnbKL3wuH4> [Accessed 1 July 2019].

17) Music and Stand-up Appendix 2: Anna Sinner Parties

Sex and relationship education

This is an idea about how to teach younger heterosexual women about both sexual health and relationships.⁴⁰² People are perhaps unlikely to queue up for “How to save your failing relationship” classes. One alternative for a particular subgroup, if the social marketing backed it up, could be pop songs and comedy e.g. Ann Summers type relationship parties.⁴⁰³ These would be aimed at groups of women who normally go to such events. So as not to break copyright perhaps they could be called Anna Sinner Parties. They could look at relationships as well as sex.

The parties could initially use trained workers but could also be developed to use peer educators as well. The cognitive, affective and behavioural approach to health education could be used to give information, explore attitudes or feelings and develop skills. (See pages 37-39.) As well as short stand-up routines about different aspects of relationships the party workers could use amusing props to:

- Demonstrate theories about relationships
- Spark discussion and sharing
- Teach new skills e.g. around communication, assertiveness and self-esteem

Some of the props could also perhaps be taken home by participants as reminders of the learning.

Depending on the group, exercises could include the following:

- *Empathy Penis*: An empathy belly lets a man know what it feels like to be pregnant. This penis would help a woman understand what it's like to be male. In reality the party worker could use a cucumber as a prop to spark discussion about men's conditioning and behaviour, as well as the skills needed to deal with it
- *“They may look lovely, but they're damn hard work”*: Baby simulators are often used in schools to teach adolescents about babies. Here the party worker would ask the women to invent a partner simulator. This would show what it's like to have a partner and the skills needed to make a relationship work. A party worker would play the role of the simulator/partner, going on the information given to her by the women

⁴⁰² This section is based on an earlier document I wrote. On page 10 it also describes how to access the Spotify playlists that go with it. See Burns, M. (2014) *Health Improvement: At Full Volume*. pp.172-174. Available from: <http://www.sexanddrugsandrockandhealth.com/Further%20exploring%20using%20story%20and%20musical%20SPOTIFY%203.pdf> [Accessed 7 September 2019].

⁴⁰³ Ann Summers is a company that sells sexy underwear and sex toys in the UK. One of their marketing methods has been to sell through events in women's own homes.

- *Musical Condom*: It may well be an urban legend but there was supposed to have been a Japanese condom that played *Love Me Tender* by Elvis Presley. The party worker would ask the women what such a condom would sing or say about them or their partner

Local organisations such as Relate might be interested in working with people on this project, as well as providing resources and reading materials. I would also suggest reading *Passage to Intimacy* by Lori H. Gordon and Frandsen.⁴⁰⁴ Also check out the PAIRS website.⁴⁰⁵ The free resources provided by Denis Postle at the Mind Gymnasium are also worth a look.⁴⁰⁶

Possible songs

The *Anna Sinner Parties* could also include music e.g.:

- *Thank Goodness* from the musical *Wicked*⁴⁰⁷
The sung lines from this song could be used to introduce the subject of what happens after the fairy-tale ending of falling in love and getting together. (An alternative could be *Hurting Each Other* by the Carpenters. This asks the question, why do people who love each cause each other pain?)
- *Is That What You Really Want?* by Libby Roderick
This song is about thinking about what you want from life and not just what you've been taught to want⁴⁰⁸
- *Show Some Emotion* by Joan Armatrading
This song could open up a discussion about the role of feelings in relationships
- *Honesty* by Billy Joel
The song values truth between two people
- *It Wasn't Me Who Hurt You* by Heather Bishop
This one is about not blaming your partner for pain that is really from childhood or other relationships

⁴⁰⁴ Gordon, L.H. and Frandsen, J. (2001) *Passage to Intimacy*. Old Tappan, New Jersey: Fireside.

⁴⁰⁵ The PAIRS, Practical Application of Intimate Relationship Skills, website is a good place to get practical ideas on how to advise people to improve a relationship. See PAIRS (2013) 'PAIRS Apps: 24/7 Tools for Love Relationships' PAIRS. Available from: <http://apps.pairs.com/> [Accessed 1 July 2019].

⁴⁰⁶ Postle, D. (2014) 'Living together' *The Mind Gymnasium*. Available from: <http://www.mindgymnasium.com/ebooks/PDFs/LivingTogether.pdf> [Accessed 1 July 2019].

⁴⁰⁷ *Wicked* by Stephen Schwartz and Winnie Holzman premiered in 2003 in New York at the Gershwin Theatre.

⁴⁰⁸ The song in part focuses on childhood dreams. This might be a useful starting point for reflection. However, it may be that we're still unawarely living out unrealistic childhood fantasies. These too perhaps need to be questioned. Looking at unmet *needs* from early life may also bring insight.

- *Love Me For What I Am* by the Carpenters
This song calls for an end to fantasising about how someone could be and accepting them as they are
- *Be Kind To My Mistakes* by Kate Bush
This track asks for understanding and forgiveness in relationships

There are also of course many, many love songs about problems in relationships or breaking up. Depending on the nature of the group it might be useful to perform one or two to bring up memories and feelings for people to talk about. If something less painful is more appropriate choose a comic song. An example could be

- *You're Moving Out Today* by Carole Bayer Sager
- *The Ballad Of Barry And Freda (Let's Do It)* by Victoria Wood
- *It Would Never Have Worked* by Victoria Wood⁴⁰⁹
- *Nice Legs Shame About The Face* by The Monks
- *Jilted John* by Jilted John⁴¹⁰

It is also worth saying again that it's now legal to rewrite song lyrics for parody purposes.⁴¹¹

⁴⁰⁹ The last verse is perhaps a bit dated now

⁴¹⁰ Its lyrics at times are homophobic, i.e. "puff". However, perhaps this could be sensitively used to look at how people attack each other when they're hurt. I also think the lyric is more about masculinity than sexuality. This might also be a good discussion point. More generally the song may bring up memories about adolescent relationships for people. They can then think about whether their beliefs and values have changed or need to. Have old hurts hardened them or are they still too romantic, for example.

⁴¹¹ Chortle (2014) "Right to parody" becomes law" *Chortle*. Available from: http://www.chortle.co.uk/news/2014/07/31/20665/right_to_parody_becomes_law [Accessed 22 June 2019].

Seriously Funny:

Using stand-up as a health education tool

Health workers: Here's your chance to read jokes in work's time.

What people said about Mark Burns' "Seriously Funny" guide/discussion paper:

"I fell off my seat laughing"

Bob, Newcastle

"Had me in stitches"

Tony, Liverpool

"I could have died laughing"

Jenny, Totnes

"Ban this dangerous man"

A&E Consultant, London

Crimes against Humility

Mark Burns has also written an equally brilliant guide to using pop music as a health education tool and an exceedingly good one about using things like comics, crosswords, computer games and soccer. So, he says anyway.

You can find them on his website at
www.sexanddrugsandrocksandhealth.com.