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An Evaluation of the Use of Humour and Trickery as Tools in Non-Directive Play Therapy

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Abstract

This article reflects on a research project which explored the use of adaptive and maladaptive humour, trickery and trickster-like processes in non-directive play therapy, and considers the similarities between play and humour in child development. Trickster as a Jungian archetype is examined, as is the use of trickery and trickster-like narratives in the safety of both the play therapy and traditional story-telling space. The potential impact these processes may have on the psycho-social well-being of children accessing non-directive play therapy is explored.

The sample cohort comprised seven primary aged children between four and eleven years, of both genders, and from similar but not the same demographics. Qualitative and quantitative material was gathered from a variety of research methods and a thematic analysis created. Material included case notes from unstructured interviews with professionals and parents/carers of the children, pre and post Strengths and Difficulties Questionnaires (Goodman, 1997), and clinical notes from one long term and six short term case studies. These were utilised to explore uses of humour and the trickster as tools in non-directive play therapy. The lack of literature bringing these ideas together within this therapeutic modality is considered, and recommendations are put forward for future research and clinical practice.

Key Words: Humour, play, trickery, trickster archetype, psycho-social well-being, non-directive play therapy.

Introduction:

This research study evolved through the researcher's practice as a non-directive play therapist. During clinical practice recurring themes in children's play that appeared to use humour, trickery and the trickster archetype as rule breaker or boundary tester was noticed. Finding little research to substantiate what was observed, further explorations seemed apposite. An initial interest in this theme emerged during a Master of Arts degree in Visual Theories when I investigated the Jungian trickster archetype in creative processes. The experience of humour and trickery may produce positive or negative effects, depending on what may be considered adaptive or maladaptive humour. How this is borne out in children's play therapy processes may give insight into how the child experiences the world using defensive or adaptive humour techniques, potentially further highlighting their emotional vulnerabilities, resourcefulness and resilience.

Background:

Robinson (1991) and Gibson (2014) note similarities between play and humour and their value in relieving anxiety and promoting well-being in adults. Ventis and Ventis (1989) note, however, a lack of literature on humour and laughter in play therapy discourse, in

spite of similarities in the development of humour and play in children. As a practising play therapist, I have witnessed the use of humour and trickery during play processes in children, ostensibly in the movement towards increased emotional regulation, resilience and psychological well-being. At times it has seemed as though traditional trickster stories, and the Jungian archetypal trickster, were coming to life in the safety of the non-judgemental therapeutic space.

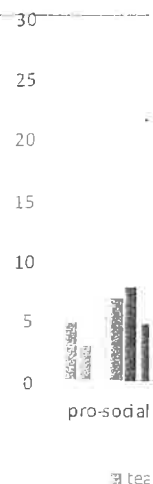
Axline (1974) and Landreth (1991) consider the notion of the play therapy space as a safe and protected environment for exploring difficult or challenging psychological content, using play as a natural means for exploring, expressing and communicating thoughts and feelings, while Hyde (2008), Radin, et al. (1972) suggest that the ritualised traditional storytelling space offers an environment in which to safely explore challenging psycho-social dynamics, norms and expectations and what is considered acceptable and unacceptable behaviour.

Data Gathering:

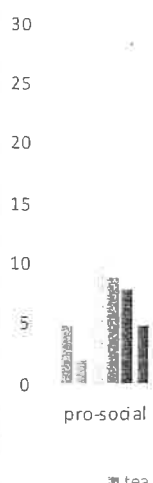
Data was gathered and collated using material from seven case studies involving primary aged children accessing non-directive play therapy. Clinical diaries, unstructured interviews, and SDQ forms (Goodman, 1997), were all used in the collation of data, after which a thematic analysis was made from the diaries and interviews using definitions of humour types as identified by Martin (1998). Colour coding was applied and the data inserted into pie charts, giving proportional uses of humour styles by each client over the relevant period. Interviews revealed humour styles of families or referrers and considered in the final analyses. What appeared to be trickery and trickster-like playfulness and humour was also noted and incorporated into the study of humour styles according to the humour type. Narratives within clients' processes that seemed to incorporate trickery and trickster-like behaviours was further used to compare to specific trickster stories when relevant while recognising the potential psychotherapeutic import that such inner drives may hold.

Comparisons between the client's SDQ scores, clinical diary content, interviews and humour styles appeared to reveal areas of potential strengths and vulnerabilities for each client. This process assisted elicitation of meaning through humour use and what this might reveal about the coping mechanisms of the children, as well as about their levels of anxiety

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Presentation of Data:

Stephen: aged six years old when the research study began and eleven years at the end

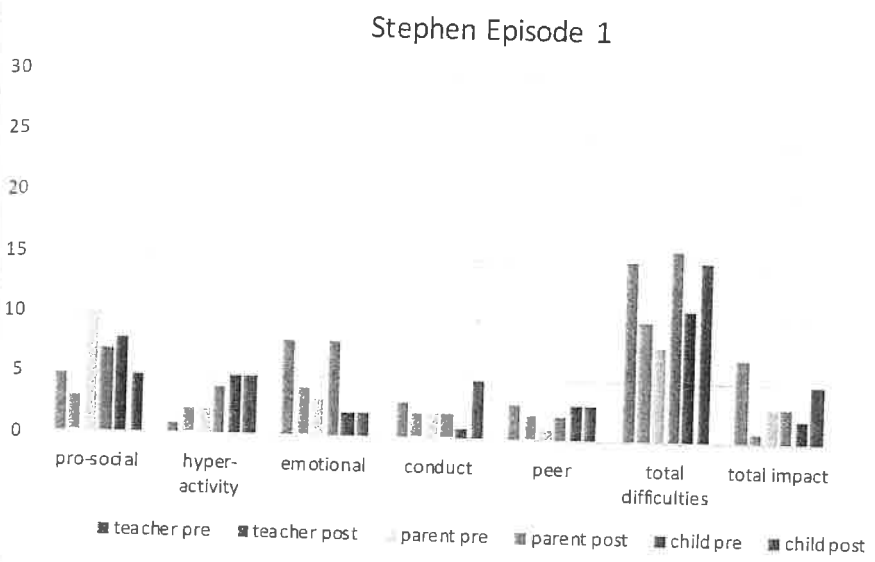
Two Episodes

Sessions Total:

Twenty-nine in episode one and eighty-eight in episode two

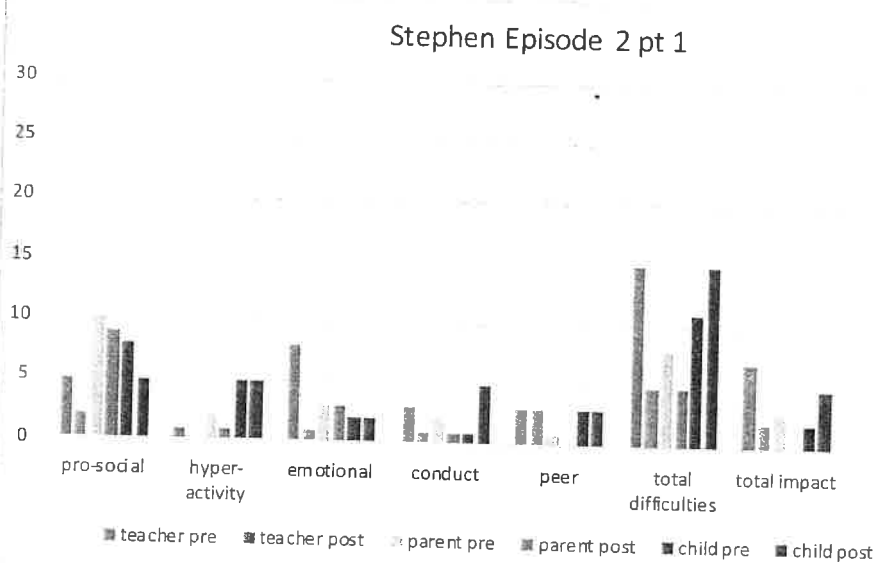
First referral period: 11/06/13 – 09/07/14

Goodman's SDQ scores during the first episode:



Second referral period: 09/09/15 – 06/12/17

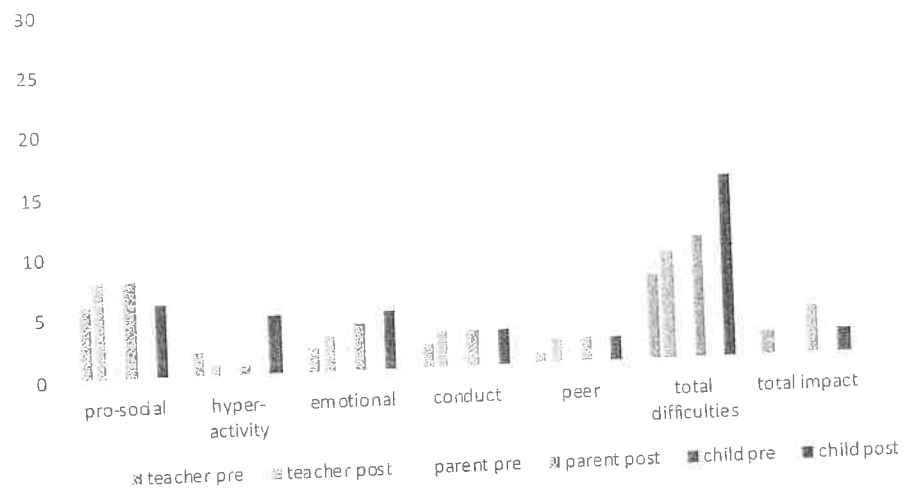
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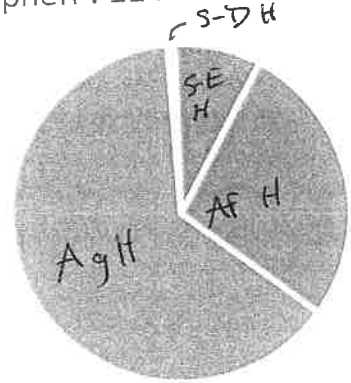
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Stephen : 114 Sessions Total



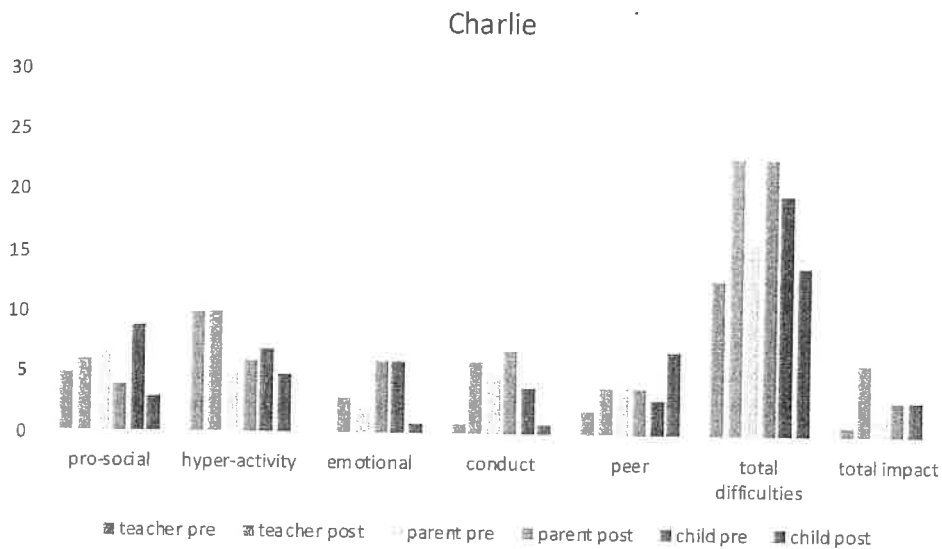
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 ■ Aggressive Humour ■ Self-defeating Humour

Stephen made full use of his play therapy, as well as trickery and humour, while over time he became increasingly able to regulate his emotions. However, when he learned that his play therapy was to end, he became more dysregulated in all areas of his life. The family have since removed him from school to home school him. His SDQ scores consistently demonstrate below borderline to borderline scores. However, the total impact and total difficulties scores decreased during the course of play therapy intervention until Stephen learned his play therapy was to end on a permanent basis when they increased. Stephen had been known to display uncontrollable outbursts at home and in class at least several times a day, but once play therapy began these episodes decreased to one a week, according to school professionals. Before play therapy began Stephen would self-harm at home, but once play therapy began and the therapist gave the mother coping strategies, his self-harm episodes ceased. It may be that Stephen's use of aggressive and self-enhancing humour

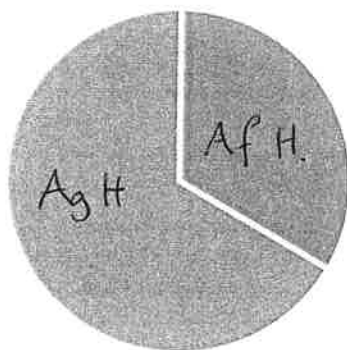
helped him to channel some of the energy and behaviours that he found difficult to manage in his everyday life, while giving him a sense of omnipotent control within the context of his play therapy processes.

Charlie – seven years old

Goodman's SDQ scores during research study period:



Charlie : 10/10 Sessions



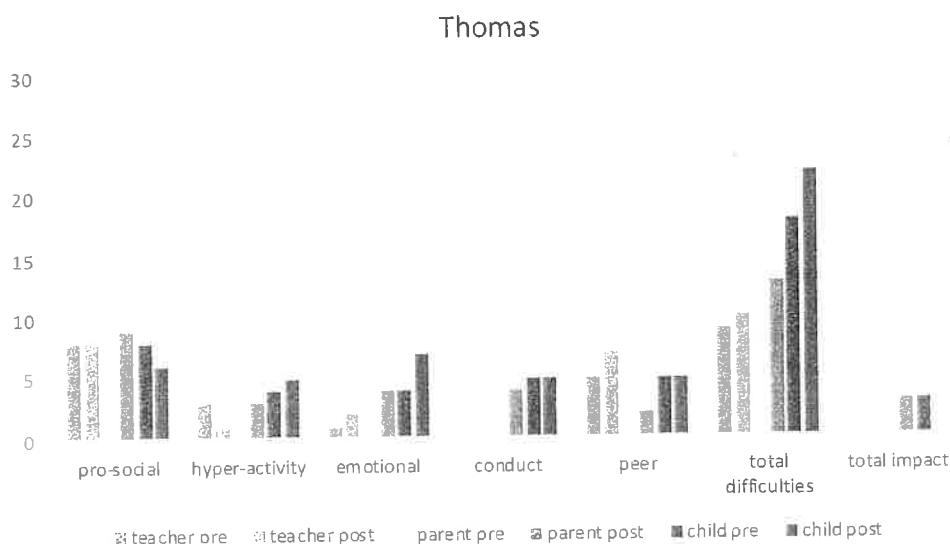
- Self-Enhancing Humour ▪ Affiliative Humour
- Aggressive Humour ▪ Self-defeating Humour

Charlie's family experienced numerous changes during the study period and his total difficulties scores may reflect this. He became dysregulated and seemed to find it hard to engage in adaptive humour that he had once used regularly, his processes incorporating more maladaptive humour seemingly at the therapist's expense. The school's SENCO (Special Educational Needs Coordinator) commented on his ability to engage in adaptive

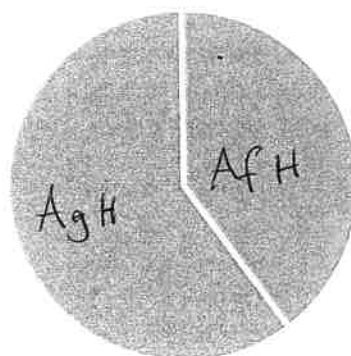
humour when he is feeling safe, which the play therapist had also noted. Charlie may have channelled some of his fears and frustrations through his use of aggressive humour to help him manage his difficult circumstances over which he felt powerless. During the study period social services made an unannounced visit to the family home, following a letter written to school by the play therapist expressing concerns about Charlie. The social worker discovered that Charlie had written 'help me' using food on his bedroom walls.

Thomas – ten years old

Goodman's SDQ scores during research study period:



Thomas: 7/10 Sessions



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- Affiliative Humour
- Aggressive Humour
- Self-defeating humour

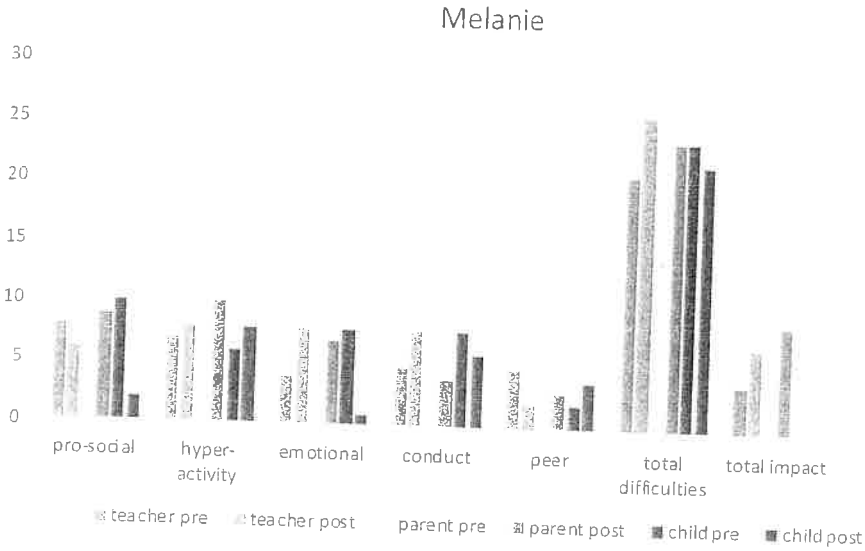
Thomas seemed to struggle to engage in metaphoric or symbolic play or humour and tended to ruminate over difficulties, as may be demonstrated in his total difficulties scores. School

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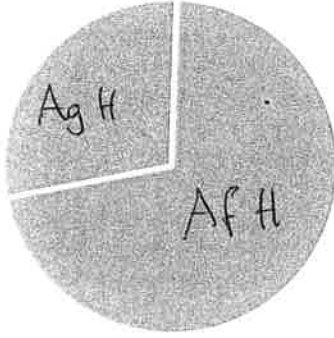
stated that Thomas is a model pupil, as is reflected in his SDQ scores which are consistently low. However, an increase in his peer scores may reflect Thomas' decreasing self-esteem as struggles at home escalated. At home Thomas struggles with managing his anger and with relationships with siblings. It may be that his use of aggressive humour helps him to manage and channel his anger and frustrations.

Melanie— seven years old

Goodman's SDQ scores during research study period:



Melanie : 9/10 Sessions



- Self-enhancing Humour
- Affiliative Humour
- Aggressive Humour
- Self-defeating humour

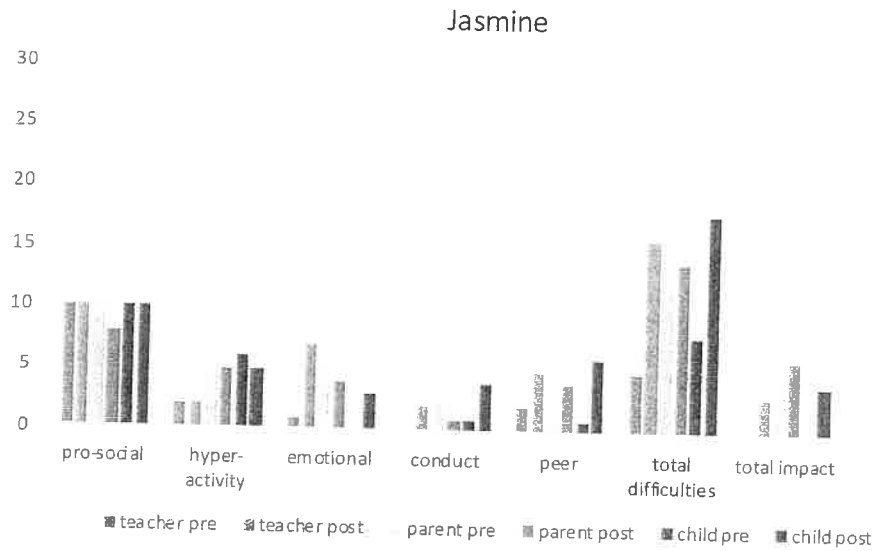
Melanie was excluded from school in the last week of the study period. She has the highest total difficulties scores of all the research cohort, and uses affiliative more than other forms of humour. School professionals believe she does not present with challenging behaviour in play therapy because she is getting what she wants. However, it may be that her attachment

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model with the therapist is secure, possibly demonstrated by her greater use of affiliative humour, and she finds what she needs to self-regulate in the safety of the therapeutic space (Bowlby, 2005; Axline, 1974).

Jasmine – seven years old

Goodman's SDQ scores during research study period:



Jasmine: 8/10 Sessions



- Self-enhancing Humour
- Affiliative Humour
- Aggressive humour
- Self-defeating humour

Jasmine struggles with friendships and low self-esteem. She was the only child in the cohort who did not engage in aggressive humour, and the only child to make noticeable use of self-defeating humour. During the study period according to teachers and parents she was struggling with peer relationships, leading to low self-esteem. Borne out of this, her referrer SDQ scores demonstrate increased scores for peer and emotional categories, as well as an

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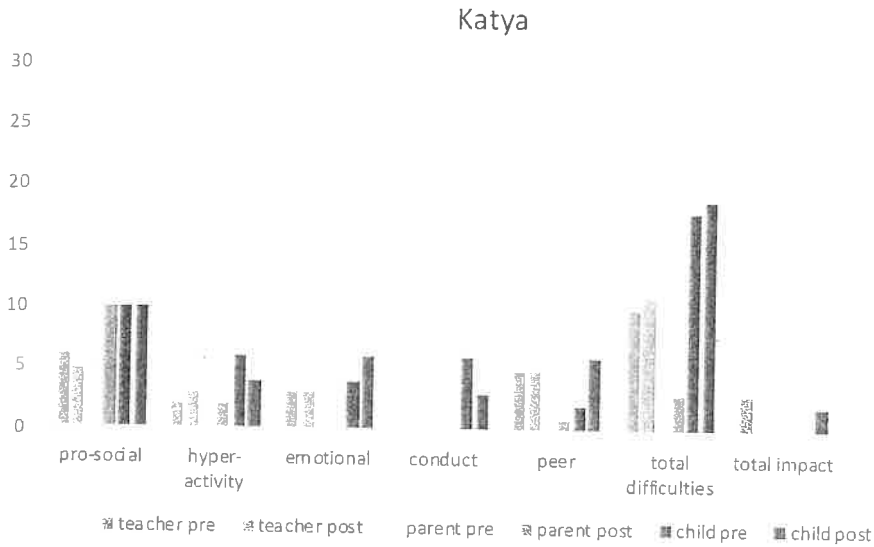
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increase in her overall difficulties. Jasmine's use of self-defeating humour may correlate with these observations, as does her lack of aggressive humour, as she struggles to put herself forward and be assertive socially, according to parents and school professionals.

Katya – four years old

Goodman's SDQ scores during research study period:



Katya : 10/10 Sessions



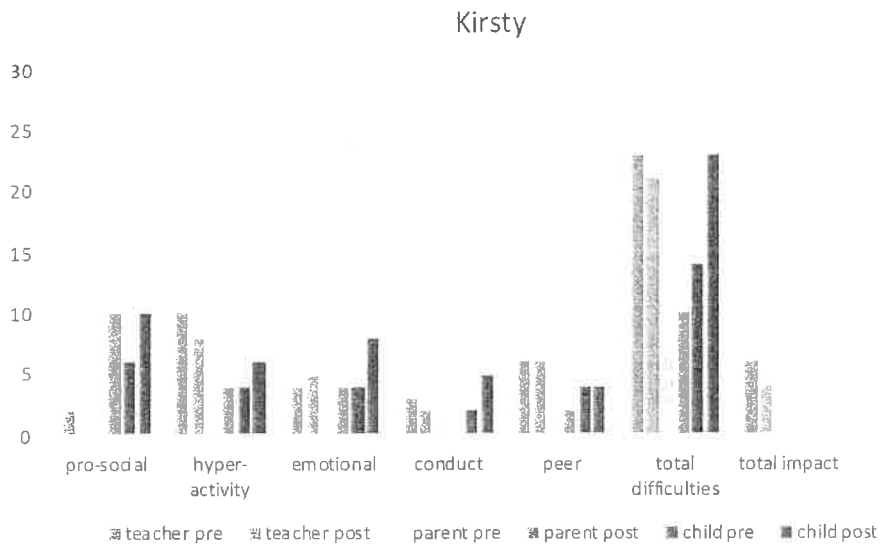
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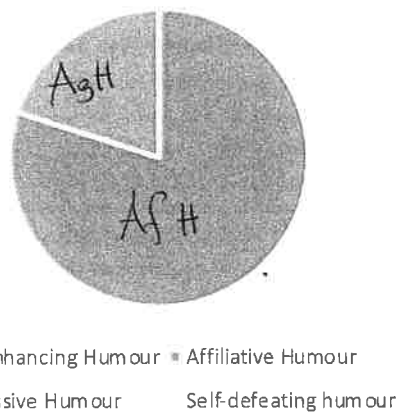
Katya made use of affiliative humour frequently, engaging the therapist in eye contact and big belly laughs. Katya's prosocial scores were high from her own as well as the mother's perspective, which seemed to be borne out in her play therapy and in her use of affiliative humour. She appears as the more demonstrative and confident twin between herself and Kirsty.

Kirsty – four years old

Goodman's SDQ scores during research study period:



Kirsty : 10/10 Sessions



Kirsty showed a degree of defensive humour initially, but as the study period progressed she used less of this form of humour, and more affiliative humour. Her SDQ scores indicate an increase in difficulties from her perspective; however, this could show an increase in self-awareness. School was aware of Kirsty's quite severe developmental delays, while the mother felt comfortable with where Kirsty was, developmentally, which may be reflected in the very different total difficulties scores by the referrers and the mother.

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Research Findings from Clinical Notes, Interviews and Quantitative Data

Research Findings from Clinical Notes: Stephen:

Stephen made use of humour or trickery 146 times in 117 sessions; his processes in play therapy were the first to alert the researcher of the degree to which trickery, trickster-like narratives and humour may be being used in this modality. Further questions as to how these themes seem to manifest in the client's processes arose, as well as what these play narratives might suggest about this child and others attending play therapy regarding their emotional and psycho-social well-being.

Trickster as Shape-Shifter:

Hyde (2008) purports that the trickster is adaptable, as opposed to immutable, whereby it can shape-shift, or move freely from one shape or state to another. In this clients' third session his play narrative began to involve narratives that follow this processual flow, and it continued to do so with variations of this theme during the four years over which he accessed play therapy. Shape-shifting processes were also utilised by Charlie and Melanie with some frequency in their play. Borkovec (2004) advocates the use of humour and play to maintain flexible approaches that enhance mental well-being in adults; the flexibility and creative possibilities afforded through shape-shifting and other transformational processes in play therapy may also offer such creative methods that foster such flexibility.

Trickster as God of Boundaries:

Hyde (2008) states that trickster narratives both violate as well as mark the boundaries of the cultures in which they are recounted. Stephen's narratives involved moving from sea/water to burrowing (in sand or the large sack within the play therapy toolkit) to climbing high or flying, as did Charlie's and Melanie's. The trickster is often referred to as the god of boundaries, for example, in the guise of Hermes or Mercury (Nozedar, 2010), or Eshu Alegba (Parrinder, 1967). These clients' processes seemed to display, and at times embody, these qualities, perhaps discovering where the boundaries lie of what feels safe or acceptable in space safely contained and held, therapeutically.

Trickster - Left Hand Right Hand:

Radin (1972) states that Winnebago North American trickster myths are as old as Paleolithic times and, in these, the trickster often does battle with itself, the left hand not knowing what the right hand is doing, or the anus not knowing what the mouth is doing, and in this way it eventually comes to know which way up in the world it is. There were numerous sessions in which Stephen, as well as other clients, would put a puppet on both hands, and each puppet would battle with its opponent – the left and right hands doing battle – playing or acting out what seemed to be an internal struggle. On one occasion the giraffe puppet and snow tiger became literally embodied within Stephen who then became, as he recognised the roles of prey and predator in them each, a lofty giraffe and a stalking tiger as he rolled and writhed around on the floor 'convulsing', until he took the actual puppets on his hands and recommenced with the puppets in play.

Coping with Paradox

Omnipotent Control - The Transitional Object

Another common theme for Stephen emerged in his third session in which he gave me a gun, kept a sword for himself and initiated a dual, eventually 'killing' the therapist before sourcing magic glue and sticking me back together. Almost weekly, the client would kill and re-life me, sometimes up to twenty consecutive times. Stephen was not the only child to engage in this process during play therapy. Charlie frequently killed then re-lived me, as did Melanie on occasion. It may be conjectured that such a narrative gives the impression of omnipotent control for the client, at the same time helping the client to withstand the paradox inherent in knowing this time would end and separation from the therapist would be inevitable (Winnicott, 1968). Crucial to a successful play therapy alliance is the development of a secure secondary attachment, not unlike that usually given to the primary carer, which may also underpin the above processes whereby the client is ensuring that the therapist is reliable enough to secure their position in relation to the therapist (Axline, 1974; Bowlby, 2005).

Absurdity:

Sisyphus and the absurd:

Stephen would sometimes discuss how 'stuck' he felt with managing his emotions and getting along with others in his daily life which also seemed to be reflected in the processes of Charlie, Kirsty, and Melanie.

In November 2017, Stephen told me about how he was reading about Greek Mythology, and he recounted the story of Sisyphus stuck in the underworld. Gibson (2014) also refers to this aspect of human existence:

"... the absurd is beautifully demonstrated in The Myth of Sisyphus where Sisyphus is condemned to push a boulder up a mountain ad infinitum. Camus suggests that meaning can be created in a, paradoxically, meaningless existence. Our urge to ask questions and seek meaning in life from an empty, indifferent universe reveals the absurdity. We are compelled to seek and ask even though we will never find or know." (p. 46)

In his sessions Stephen would frequently create narratives in which the therapist's character had to either do one thing 'illegal' and get put in prison for a year, or another thing and get put in prison for life, and when the therapist's character would say how unfair that seemed, Stephen's character would say that is because it is crazy town.

Thomas, on the other hand, felt very stuck in his life, as though everyone around him was making his life difficult and he had no agency within his family and life situation. Thomas found it a challenge to immerse himself in his processes and play freely, conducting much of his session by talking through his anxieties.

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Moral Perspectives of the Trickster

Black and White; Right and Wrong; Chaos and Order

Radin (1972) states:

“Trickster is at one and the same time creator and destroyer, giver and negator, he who dupes others and who is always duped himself. . . He possesses no values, moral or social, is at the mercy of his passions and appetites, yet through his actions all values come into being” (p. xxiii).

In some sessions, Stephen noted that there needed to be both good and evil in the world. There were times when we would do battle, initiated by Stephen, with Stephen saying that evil needed to win because there needed to be evil in the world to ‘keep the balance’. He also noted that ‘sometimes too much order can create chaos’. He embodied a character he had invented through a puppet who was hammering and hammering at another character and explained to the therapist about this character who, he said, ‘holds everything in balance. He is neither good nor bad. He creates order and chaos.’

Jasmine alluded to this sense of balance when she, smiling, explained how she liked it when ‘one sock was up and one was down, in order to keep the balance’.

Trickery and Humour:

Stephen made consistent use of humour and trickery. However, when Kirsty made use of trickery in a situation that seemed to indicate that she was holding onto fear, the therapist felt alerted to her potential to shift her sense of agency. Kirsty is a twin, and always deferred to her sister as well as peers in Foundation year. She was often fearful and rarely spoke. Before the study period began, she engaged in a repeated role play in which she assigned one doll to me and another for herself. She set up the doll’s house, barricaded the door with furniture, and told the therapist’s character to knock on the outside door, which she did. Kirsty’s character then said, ‘Go away. There’s no one here’. My character replied, ‘But someone just said no one’s here’ and she giggled and said ‘No there isn’t, go away’ and I replied, ‘But someone just said no one’s here’. Then ‘her character’ smiled through her, then looked fearful, and got stuck on the roof crying ‘Help! Help!’ My character got the rescue helicopter, took her to the hospital and made her better. Although school and the educational psychologist had put this child’s developmental age at eighteen months, this scenario demonstrated a more sophisticated theory of mind, showing a degree of empathic understanding, as the child could understand how her joke was perceived, and share in this somewhat abstract humour. Having worked with twins before, I wondered whether this child had learned helplessness due to her twin, Katya, taking charge of situations and being more assertive. This was the reasoning behind both including them in the study as well as including their mother, Bernice, in the second half of the study, to unravel this behaviour along with behaviour and humour of Katya that seemed to indicate a certain ability to connect through affiliative humour.

The first session Kristy engaged in after the research period of first one-to-one play therapy followed by sessions with Bernice and Katya, she gave the therapist a doll and took one herself, sorted the doll’s house furniture out and told my character to knock on the door,

which she did. Kirsty's character answered the door and said, 'Hello! Would you like to go up to my room and play with my toys?' which was in marked contrast to the defensive humour she had used in role play previously.

Coping with Losing

Humour, Trickery and Omnipotent Control:

Managing feelings around losing (in games) and making mistakes was a consistent challenge for Stephen who was known to have 'meltdowns', according to school staff and parents, if he felt cheated or unable to perform a task to perfection. Frequently in his play, Stephen would find a clever way to ensure that he would win, either by making then changing the rules or by adding specific tricks to secure his win whether this was in a regular balloon touch down game or Jenga, for example, which would always be accompanied by either laughter or smiles that were shared with me as I reflected on his instructions.

In Session sixty four he created four extra Uno cards that he referred to as 'Trickster Cards'. Cleverly designed, each of these cards when played whether by the therapist/opponent or Stephen, would ensure that Stephen would win. Changing rules to ensure that the client would win was something that seemed to regularly occur with Melanie, Charlie and Jasmine during their sessions also.

Taboo Humour

Poo, Messiness and the Dark Side:

Cunningham (2004) suggests that taboo subjects such as those involving bodily functions are deemed acceptable to talk about when couched in humour. The processes of some children in play therapy seem to bear witness to this, while it could be that the safe space of the play therapy supported this experimentation with what is deemed acceptable and unacceptable behaviour, as do many traditional trickster stories (Douglas, 1992).

Stephen included smelliness and poo in his processes on at least five occasions. In one session 'George the Giraffe' was giving 'Theresa May' (snow tiger puppet) singing lessons, putting Theresa May on the chair next to the toilet, creating sewage in the toilet to feed to her while stating that 'dark matter is needed in order for her voice to be transformed' (his words). Theresa May sang, and her voice began sweetly then declined into scratchy sounds. I gave her five out of ten and Stephen said, 'You teach her then'. I gave her sweet honey to sweeten her voice. Stephen said, 'No, you see, what she needed was more dark matter', as he smiled and fed her sewage from the toilet. Jung (1940) suggests that to reach individuation it was necessary to embrace the shadow, or the dark side of human nature that is kept unconscious but must be recognised and integrated into the whole psyche.

Trickery and Trickster Stories for Survival:

One of the most frequent role plays that Stephen engaged in with involved him taking on the character of a plastic animal or a puppet and the therapist another. The client's character would invite me to tea, or to be its friend, and my character would be delighted and join Stephen's character. Eventually or directly, however, Stephen's character would devour my character who, when being eaten, would cry, 'Ahhh... help... I thought you wanted to be my

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friend! You tricked me...' as the client smiled and I then took hold of another character who would enter into this same scenario, ensuring omnipotent control for the client.

Melanie also used very similar play narratives to the one above on more than one occasion. Many traditional trickster stories worldwide involve survival on a collective basis, and often follow similar themes regarding survival and sustenance, with at least one character profiting through trickery, cleverness and quick-wittedness and another losing out, often ending in starvation or death (Radin, 1972).

Making Connections

Affiliative Humour:

Humour used in joyful connections may indicate strong potential for a child's readiness to progress, as well as signs of a more secure attachment base. When Katya, Kirsty's twin, began play therapy she immediately took some foam soap, clapped her hands together and sent soap flying all over me, as she looked me in the eyes and shook with huge belly laughs, the therapist joining in. This process seemed to indicate the potential for meaningful connections from which to build a positive therapeutic alliance.

There were many moments of connecting and joyful laughter between the clients and the therapist during the research study. However, also noteworthy was when any sense of humour seemed impossible for a client, such as with Thomas, and this in itself can raise questions as to how the client makes sense of their world and the challenges they face.

Feeling Tricked:

Crucial to a positive therapeutic alliance is the feeling of safety and trust. The sense of laughing with and not at a client is critical to maintaining this rapport (Shearer, 2016; Robinson, 1991). On one notable occasion, Stephen, who found many textures and getting mucky difficult, went to the foam soap for the first time, smiled broadly, and said as he plunged his hands into the foam, *'Now I'm going to get really messy!'* On retrieving them, he looked puzzled and said they weren't mucky. I carefully explained that it was soap, at which Stephen looked betrayed, repeatedly crying, *'You tricked me!'* I explained it was not an intentional trick; it happened accidentally. A similar scenario occurred in play for Charlie when he impulsively lashed out at me in his defensiveness, having at first laughed at/with me when he put the bowl of soap on her head, laughing, then tried this on his head, and became immediately dysregulated.

Family Humour Styles:

Rieger and McGrail (2014) suggest maladjusted humour correlates in families whose healthy functioning styles are compromised. Unstructured interviews with parents revealed two families presenting results in accord with the above studies, further borne out in the total difficulties sections of their SDQ scores. Stephen's parents frequently found humour in challenging family situations, using it regularly. Martha, his mother, explained how, for example, when Stephen takes his allergy medicine all of the family gathers around to watch the spectacle of Stephen performing the 'Dance of the Dying Fish' as he writhes on the floor and they laugh with him in his peril. Thomas' mother, Sophia, explained how Thomas'

teenage half-brother who recently moved into the family home was doing pranks throughout the house, such as one in which he put cling film on the toilet seat, and Thomas urinated to find himself getting splashed back, upsetting him greatly, the half-brother explaining that it was 'just a joke'. In this family, both Sophia and Thomas tend to ruminate over troubles, without seeing a resolution, Sophia states.

Whilst Stephen has Asperger's Syndrome and struggles daily with interactions his meltdowns at school, as they referred to them, went from four to six a day, according to his teachers, to one a week once play therapy was accessed regularly. Thomas is a model pupil in school according to his teachers, yet at home, he struggles daily with his anger management and Sophia contacted the therapist when he put a sharp knife to his brother's and then his own throat.

Affiliative and Aggressive Humour:

All of the girls made greater use of affiliative humour than other forms of humour, whereas all of the boys engaged in aggressive humour with greater frequency than other forms of humour. Finding an acceptable outlet for aggressive impulses, as well as the impulse to connect positively could be one of the useful outcomes of humour use in play therapy.

Self-Defeating Humour:

Jasmine struggled a great deal with gaining friendships and with low self-esteem. SDQ scores demonstrate her peer scores increased, suggesting an escalation in anxiety around peer relationships, and her use of self-defeating humour also indicated low self-esteem while her use of this form of humour was higher than all other children in the study (Martin et al., 1998). Jasmine was also the only child in this study who did not engage in aggressive humour.

Conclusions:

This section encapsulates findings from this study, culminating in proposals for further research and practical clinical applications. This research study aimed to originate research and advance knowledge and awareness in the following fields:

- The use of humour and trickery as tools for positive emotional and psychosocial growth and change within the context of non-directive play therapy, in part, achieved through:
 - flexible thinking;
 - attachment-based connections;
 - safely testing acceptable and taboo behaviours;
 - regulating emotions;
 - inviting the pleasure principle.
- The trickster archetype and ritualised trickster stories as mechanisms for using humour and trickery to:
 - withstand paradox;
 - build social cohesion;
 - foster transformation;
 - build resilience.

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- The use and value for clients of adaptive and maladaptive humour and laughter in therapeutic processes, and what these might reveal about:

- the client;
- the therapist as a reflexive practitioner;
- the therapeutic relationship.

Therapists may be offered tools and theories for identifying and engaging in safe humour given the potential for maladaptive humour use.

Strean (1994) and Kubie (1994) suggest refraining from the use of humour in therapeutic processes due to potential harm caused by inappropriate uses. However, this research study suggests that by engendering a reflexive professional practice, therapists may assist in the secure and adaptive use of humour thereby helping to avoid potential harm in its use while enabling possibilities for emotional growth and psychological resilience in clients.

Proposals for Further Research:

When gathering and eliciting meaning from the clinical processes of the children, I was aware of bias. For example, 'aggressive, self-enhancing, self-defeating or affiliative humour' (Martin, 1998) may be understood or experienced differently by different observers. The purpose of this inquiry was to begin to explore this little-studied field of research, using descriptors put forward by Martin et al. (1998). Further research in this area might be further supported using more than one therapist's viewpoint in the analytical stages of inquiry. Implementing a triangulation strategy could assist the rigour of the analysis of data (Bryman et al. 2009).

In conclusion, findings from this research study suggest that humour and trickery and processes engaging the archetypal trickster may reveal, as well as enhance, emotional and psycho-social development and function amongst individuals as well as families, while non-directive play therapy may be used to support these processes. Humour and play share similar stages and functions in psycho-social development (Cunningham, 2004; McGhee, 1989) while non-directive play therapy emphasises the child's capacity and innate drive to self-actuate and affect healthy emotional behaviours (Axline, 1974). The unconditional positive regard of the therapist who may become a secondary attachment figure in the play therapy processes allows for experimentation within a secure and safe relationship (Bowlby, 2005). While being offered a stable base for humour development and experimentation to evolve, alongside play themes, the child can institute change towards healthier emotional and psycho-social functioning, adding humour or trickery to the play therapy toolkit (Axline, 1974). The perspective on humour that the play therapist holds seems vital to the use of humour, trickery and the trickster archetype within the play therapy processes. Therefore a reflexive professional approach would be advisable. This research study suggests a promising area for further research in therapeutic interventions, while taking into account adaptive and maladaptive humour styles and healthy psycho-social and emotional well-being amongst families, children, communities and organisations.

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