



“I felt like I was me again”: a pilot study exploring improv as a facilitator of wellness among women experiencing homelessness

Stephanie Begun

To cite this article: Stephanie Begun (2024) “I felt like I was me again”: a pilot study exploring improv as a facilitator of wellness among women experiencing homelessness, *Journal of Social Distress and Homelessness*, 33:1, 290-293, DOI: [10.1080/10530789.2022.2095161](https://doi.org/10.1080/10530789.2022.2095161)

To link to this article: <https://doi.org/10.1080/10530789.2022.2095161>



Published online: 01 Jul 2022.



Submit your article to this journal [↗](#)



Article views: 103



View related articles [↗](#)



View Crossmark data [↗](#)

BRIEF REPORT



“I felt like I was me again”: a pilot study exploring improv as a facilitator of wellness among women experiencing homelessness

Stephanie Begun

Factor-Inwentash Faculty of Social Work, University of Toronto, Toronto, Canada

ABSTRACT

This pilot study qualitatively examined the benefits of engaging women experiencing homelessness in group-based improv activities as a means of enhancing health and wellness outcomes in this marginalized population. Seven women experiencing homelessness residing in a women’s shelter and who participated in a professionally-facilitated improv workshop were engaged through in-depth qualitative interviews about their experiences. The workshop and data collection occurred in October 2021. Participants indicated that improv boosted their self-esteem and deepened social connections with others at the shelter. Participants were enthusiastic about accessing further improv opportunities, noting that improv should be embedded into other prevention and intervention approaches, particularly groups that are mandatory or that focus on stigmatized topics. Inclusion of improv activities in intervention and prevention efforts would benefit from additional exploration as ways by which services might be innovated and tailored to the specific health and wellness needs of women experiencing homelessness.

ARTICLE HISTORY

Received 21 February 2022
Revised 10 June 2022
Accepted 23 June 2022

KEYWORDS

Homelessness; improv; health promotion; arts-based research; well-being

Introduction

Scenic improvisation (“Improv”) is the spontaneous production of unscripted responses to a scenario of the moment and involves impromptu acting, skit- and scene-development, and problem-solving (Bermant, 2013). Circumventing the need for memorization or prior experience, improv has shown to enhance focus, communication, acceptance, compassion, and overall well-being (Bermant, 2013). Improv is typically experienced in a group-based format, and research documents that improv increases personal awareness, interpersonal attentiveness, and trust among group-members, and is unavoidably social, whereby individual vulnerability contributes to collective strength (Bermant, 2013).

When used specifically as a therapeutic intervention, improv has been found to reduce symptoms of Parkinson’s disease (Bega et al., 2014), and demonstrated improvements on learning, sociability, communication, and self-esteem among people with early-stage dementia (Stevens, 2012). Improv group-participation is associated with increased positivity, self-awareness, and feelings of acceptance among older adults, outcomes attributed to enhanced problem-solving and sustained social involvement (Morse et al., 2018). Improv is a mechanism to generate laughter and humor, which reduces anxiety, stress, depression, and loneliness, while improving energy-level, feelings of

empowerment, and restored hope (Berk, 2001). Improv has also been recognized as an effective means to reduce mental health stigma, enhance coping, and increase help-seeking behavior among incarcerated women (Wright et al., 2014).

Despite many positive outcomes observed, a gap exists regarding the potential of improv to nurture creativity, self-esteem, social connectedness, positive communication, and self-advocacy skills specifically among women experiencing homelessness. Women experiencing homelessness are a highly marginalized population, and one that is often difficult to engage in health and wellness intervention programming. This hesitation is due, in part, to mistrust in service providers, as well as reticence to engage in group-based interventions (David et al., 2015). Further, as arts-informed approaches have been deemed effective and well-received in programming to meaningfully engage populations experiencing homelessness (Schwan et al., 2018), there is further reason to suspect that improv may similarly hold promise as a way to promote well-being and connection-building in this group. Taken together, and theoretically rooted in tenets of social learning (Bandura, 1977) and social capital (Mitchell & LaGory, 2002), this pilot study’s overall goal was to qualitatively explore group-based improv participation experiences and insights among women experiencing homelessness.

Methods

The current study followed a successful and highly exploratory, brief improv drop-in session designed to discern whether there was any participant interest in attending improv trainings. Purposive sampling was used to recruit women aged 18+ experiencing homelessness, residing in a women's shelter in [location], for a longer-form improv workshop. This study built upon the prior drop-in session by conducting a more rigorous and in-depth follow-up qualitative examination of participants' experiences and insights regarding improv as a potential facilitator of health and wellness specifically among women experiencing homelessness. The shelter was operating in a temporary space, a small motel that ceased commercial operations, to facilitate COVID-19 social-distancing restrictions. Accordingly, each resident occupied their own room, which was equipped with a functional land-line telephone. Shelter staff posted recruitment fliers in the shelter hallways and common space about a voluntary improv workshop that would occur outdoor in a park adjacent to the shelter. Anyone residing at the shelter who was interested in participating or learning more about the opportunity was told to convene at the park just prior to the workshop time listed on the flier. Study procedures were approved by the study PI's university-based Research Ethics Board.

The workshop was co-facilitated by an expert improv instructor from [partner improv organization] and the PI. The workshop began with introductory improv "ice-breaker" activities, and slowly built into more complex skit and scene construction, role playing, and improvisational acting tasks and activities. The workshop concluded with a de-briefing "check-out" whereby participants and facilitators were able to share any immediate insights, reactions, or learnings that they had during the workshop. Participants received a \$50 cash-incentive for attending the workshop, and there was no obligation to participate in any subsequent research activities. However, if participants opted into a follow-up research interview, they received an additional \$50 e-gift card. Participants arranged to conduct their follow-up interview using their shelter room's private telephone line, after providing written informed consent via phone and e-mail correspondence.

A structured interview guide was designed to ask women about their experiences and perspectives on participating in the 2-hour workshop. Interview duration spanned 40–60 minutes, and permission to audio-record each interview for verbatim-transcription was obtained. Seven of nine workshop attendees elected to complete follow-up interviews. Specific and unnecessarily invasive sociodemographic data were not collected, as lived experience of homelessness

as women-identified individuals was of greatest relevance to this study; however, the sample was indeed diverse regarding presumed ages, races, and homelessness duration.

Transcripts underwent qualitative template analysis (Crabtree & Miller, 1999), identifying codes and data-segments that correspond to *a priori* areas of inquiry that referred directly to each question asked in the structured interview guide (Padgett, 2008) and then recognizing themes that emerged within such coding structures (Miles & Huberman, 1994). Themes that emerged within these *a priori* categories are reported, as follows.

Results

Participants' responses to structured interview guide questions indicated overall positive experiences and support for further engagement of women experiencing homelessness through improv. Qualitative template analysis revealed two key themes pertaining to participants' positive insights on improv training: (1) Improv provided a healthy escape from anxiety and stressors associated with homelessness; and (2) Improv facilitated a space in which all were equal, such that no one had any advantage over another person due to improv being new and truly extemporaneous for all involved. The most challenging aspect of improv according to participants was the hesitation they felt in trying such an activity, especially for those who identified as introverted. However, participants learned about themselves in the form of reminders of their own self-worth and creativity; they also reported stronger social connectedness to other group participants, with many noting that they saw others in a new and more positive light after the collective workshop experience. Participants resoundingly indicated that it would be useful to integrate improv activities into group-based intervention activities, especially those that are mandated or which cover sensitive, perhaps "taboo" issues and experiences. In doing so, improv's ability to bring people together with empathy, positive risk-taking, and levity were suggested as ways by which difficult conversations and trust-building could be better facilitated in prevention and intervention efforts. Although expressed by only one participant, the suggestion was offered that improv is fun and can be helpful, but it should not replace traditional forms of individual therapy. The participant believed there are times that facing one's struggles is simply not supposed to be fun, and thus, improv may not always represent the most appropriate intervention or treatment. Table 1 displays a summary of emergent qualitative themes accompanied by exemplar direct quotations from participants that serve to illustrate each of these themes.

Table 1. Qualitative Themes and Exemplar Quotes from Engaging Women Experiencing Homelessness in Improv.

Question	Key Theme	Exemplar Quotes from Participants
What did you enjoy about trying improv?	Release from anxiety and challenges of homelessness Everyone is equal in improv	<p>"The most important thing was that it got me right out of my head and out of all my anxiety and worries. For the first time in a very long time, I didn't think about anything but the moment. That was amazing to me and just feels so good. I felt like I was me again, for the first time in years. It gave me a little bit of release from the stress of being homeless."</p> <p>"Everybody was in high spirits afterwards. It sort of put people in a position where they had to step outside of whatever personal issues and anxieties they were having."</p> <p>"No one has an advantage. Everyone is awkward and doesn't know what to expect, but then it's awesome because we all just accepted each other as equals and built off each other's ideas."</p> <p>"One of the things I noticed that I thought was great, was everybody felt unsure at some point, but we needed each other and there was no winner and no one who was the best – we were all part of creating the story."</p>
What was most challenging about improv?	Introversion and nervousness	<p>"I'm introverted and painfully shy. I was really nervous and almost didn't show up. But I did and learned it's more about listening than being funny. It's probably best for people who are quiet because they usually listen well."</p> <p>"I was kind of scared that I would say the wrong thing and that people would think I'm dumb or ridiculous or something. But the warm-up activities were easy and then I started to open up more and more as I started to see that we all were in the same boat."</p>
What did you learn about yourself through improv?	Reminder of creativity and self-worth	<p>"Oh, getting to try improv was so good for me. God, I really needed that. I needed to be able to raise my voice and be heard. It made me feel so good about myself. It made me feel important and creative."</p> <p>"When you're homeless, a lot of people just look past you – like you're not even there. Most people don't know that I am actually pretty smart – they only try to pretend not to see me. Doing this helped me remember what I felt like when I was younger, when I was involved in creative things and actually really be seen. I felt valued in our group, too."</p>
What did you learn about others through improv?	Increased social connectedness and discovery of others' creativity and intelligence	<p>"Here at the shelter, we usually just come out of our rooms and don't talk to each other much. But now we talk when we're getting our lunch, breakfast, and dinner. Now we laugh and actually see each other – it's like we have inside jokes with each other because of the activities we did. I also learned just how creative and smart these women are – I saw a new side to them."</p> <p>"[Participant name] is very meek, oh my god, she is afraid of her own shadow usually. But get her on stage doing improv, and wow. I learned she is absolutely hysterically funny and quick-witted. I have a whole new impression of her now."</p>
How might improv be used to enhance wellness in people experiencing homelessness? Are there ways it should not be used?	Integration into intervention activities (mandated and/or sensitive topics) Should not replace therapy	<p>"Improv could work well for groups that people are required but don't want to attend – the activities would make that less of a chore. It'd be perfect for things that have a lot of judgment – like you could do improv to help with addiction, or anxiety, depression, or trauma. You'd start to see that other people are going through the same thing in a way that feels less lonely. And you could cope together by making everything feel a little less heavy."</p> <p>"Putting improv and some of these ice-breaker types of games and activities into group sessions would help to make them feel less robotic. Group activities like that can be so boring and most of them don't feel useful to me in any way. I actually felt like I learned something new in this."</p> <p>"Improv is fun, but therapy isn't a place to have fun – it's a place to deal with things that aren't fun. It's good to have different spaces for different things."</p>

Discussion

Similar to prior studies with other groups and populations (Berk, 2001; Bermant, 2013; Morse et al., 2018; Schwan et al., 2018; Stevens, 2012), the current study, which engaged women experiencing homelessness in

group-based improv activities, found promising support for improv as an arts-informed approach to building meaningful social connections and acceptance of others, while increasing self-esteem and communication, and reducing stress and anxiety. Participants

enthusiastically reported that they would enjoy opportunities to engage in subsequent improv workshops and training. Several further noted that though they were initially hesitant to participate because of introversion and nervousness, they surprised themselves by their abilities and positive reactions.

As improv endorses a “no wrong answers” and “yes and” approach to scene-building, participants must be focused on being mindful and present, listening, and building with others in a collaborative and non-judgmental way. Improv calls upon participants to test internal boundaries by taking risks, along with its emphasis on showing external support for others’ ideas and contributions. As such, there may be utility in embedding improv activities into other prevention and intervention services with this difficult-to-engage group that often lacks trust in service providers and is reticent to participate in group-based interventions (David et al., 2015). Moreover, participation in some group-based programming with populations experiencing homelessness are mandatory or required, and many focus on taboo or sensitive topics. Improv may thus show promise in creating more comfortable, communal climates for group-based service delivery approaches, especially in improv’s focus on team-building, mutual support, positivity, and levity. However, there are caveats of not doing so in replacement of other “tried and tested” models of individual therapy. As such, results indicated that there are perhaps times and places for both approaches. Though there were several study limitations (e.g. social desirability, incentives as primary motivation, limited qualitative sample), the study was designed to be as minimally invasive and culturally humble as possible, also with aims of creating comfortable and empowering experiences for all participants.

Conclusion and implications

In this qualitative examination of the potential of improv for engaging women experiencing homelessness in group-based activities, with aims of improving health and wellness outcomes, improv shows a unique promise in bolstering social connectedness and self-esteem. Further inclusion of improv activities into existing intervention and prevention efforts would benefit from additional exploration as ways by which services might be innovated and tailored to the specific health and wellness needs of women experiencing homelessness.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

This work was supported by Social Sciences and Humanities Research Council of Canada: [Partnership Engage Grant].

Notes on contributor

Stephanie Begun, PhD, MSW, RSW is an Assistant Professor at the Factor-Inwentash Faculty of Social Work, University of Toronto.

References

- Bandura, A. (1977). *Social learning theory*. General Learning Press.
- Bega, D., Gonzalez-Latapi, C., Zadikoff, C., & Simuni, T. (2014). A review of the clinical evidence for complementary and alternative therapies in Parkinson’s disease. *Current Treatment Options for Neurology*, 16(10), 1–19. <https://doi.org/10.1007/s11940-014-0314-5>
- Berk, R. A. (2001). The active ingredients in humour: Psychophysiological benefits and risks for older adults. *Educational Gerontology*, 27(3-4), 323–339. <https://doi.org/10.1080/036012701750195021>
- Bermant, G. (2013). Working with(out) a net: Improvisational theatre and enhanced well-being. *Frontier Psychology*, 4(1), 1–3. <https://doi.org/10.3389/fpsyg.2013.00929>
- Crabtree, B., & Miller, W. (1999). *Doing qualitative research* (2nd ed.). Sage.
- David, D. H., Rowe, M., Staeheli, M., & Ponce, A. N. (2015). Safety, trust, and treatment: Mental health service delivery for women who are homeless. *Women & Therapy*, 38(1-2), 114–127. <https://doi.org/10.1080/02703149.2014.978224>
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Sage.
- Mitchell, C. U., & LaGory, M. (2002). Social capital and mental distress in an impoverished community. *City & Community*, 1(2), 199–222. <https://doi.org/10.1111/1540-6040.00017>
- Morse, L. A., Xiong, L., Ramirez-Zohfeld, A., Seltzer, V., Barish, B., & Lindquist, L. A. (2018). Humour doesn’t retire: Improvisation as health-promoting intervention for older adults. *Archives of Gerontology and Geriatrics*, 75, 1–5. <https://doi.org/10.1016/j.archger.2017.10.013>
- Padgett, D. K. (2008). *Qualitative methods in social work research* (2nd ed.). Sage.
- Schwan, K. J., Fallon, B., & Milne, B. (2018). “The one thing that actually helps”: Art creation as a self-care and health-promoting practice amongst youth experiencing homelessness. *Children and Youth Services Review*, 93, 355–364. <https://doi.org/10.1016/j.childyouth.2018.08.002>
- Stevens, J. (2012). Stand up for dementia: Performance, improvisation and stand-up comedy as therapy for people with dementia; a qualitative study. *Dementia (basel, Switzerland)*, 11(1), 61–73. <https://doi.org/10.1177/1471301211418160>
- Wright, S., Twardzicki, M., Gomez, F., & Henderson, C. (2014). Evaluation of a comedy intervention to improve coping for mental health problems in a women’s prison. *International Review of Psychiatry*, 26(4), 423–429. <https://doi.org/10.3109/09540261.2014.924096>