Laughter, Chuckles, and Giggles; Oh My: Laughter Therapy Treatment

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Abstract

Laughter based therapies are generally accompanied by words such as humor, comedy, play, and joke and laughter is the effect of these therapies. This study provides an opportunity to explore and experience all the varieties of laughter in a clinical setting for therapeutic benefit and using laughter as the “gateway drug” to experience other emotions and enhance the therapeutic bond between clinician and patient. This applied study is focused on laughter as the basis of a clinical therapy utilizing laughter exercises and laughter meditation in a 6-week treatment manual utilizing an eclectic theoretical foundation of mindfulness, positive psychology, and catharsis. This manual was distributed to 4 licensed professionals currently working in the field of mental health and their Likert statements and feedback was instrumental in providing insight into the application of the laughter treatment manual in clinical settings with individuals and groups.
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Chapter 1: Nature of the Study

**Background of the Problem**

I Want a New Drug

I want a new drug / One that won’t make me sick
One that won’t make me crash my car / Or make me feel three feet thick
I want a new drug / One that won’t hurt my head
One that won’t make my mouth too dry / Or make my eyes too red
One that won’t make me nervous / Wondering what to do
One that makes me feel like I feel when I’m with you / When I’m alone with you
I want a new drug / One that won’t spill
One that don’t cost too much / Or come in a pill
I want a new drug / One that won’t go away
One that won’t keep me up all night / One that won’t make me sleep all day
One that won’t make me nervous / Wondering what to do
One that makes me feel like I feel when I’m with you / When I’m alone with you
I’m alone with you baby
I want a new drug / One that does what it should
One that won’t make me feel too bad / One that won’t make me feel too good
I want a new drug / One with no doubt
One that won’t make me talk too much / Or make my face break out
One that won’t make me nervous / Wondering what to do
One that makes me feel like I feel when I’m with you / When I’m alone with you (Hayes & Lewis 1984, Track 1)
In 2006, this writer was reading an article in a magazine on something strange and wonderful called laughter club, where the participants laughed at something called laughing exercises and then finished the hour with something called a laughter meditation. This information sounded perfect for this writer and fit with a philosophy that laughter was curative and connected to the soul. As with most journeys in this the time of computers, a frantic Google search yielded an opportunity for this writer to study and become certified as a laughter yoga instructor and leader as well as to study with the founder of this movement in Pasadena, California within the next month. It was perfect timing. This writer was excited much to the dismay of the eye rolling and well-meaning role of family and friends.

The training was fun, insightful, and healing to participate. It was an education and created a glimpse into a belief that laughing could provide a gateway to other emotions as a cathartic act. Move forward another year as this writer enters a master’s program into the field of marriage, family, and children therapy and laughter is still providing opportunities for connection, understanding, and healing. But always a question remains: if laughter is so healing, is it possible to create a laughter treatment with the focus on the experience of laughter without stimulus or invoking humor to create a catharsis? So far into this psychology education, this writer had not found a theorist or intervention that based laughter as the healer in therapy.

In 2010, this writer starts her doctoral program in the field of applied clinical psychology and the thought of a dissertation looms over the completion of this degree and only one focus seems to fill the endless thoughts; is there room for laughter as an experience in a clinical setting to create a gateway to expressing and understanding the emotional self? Is laughter the new drug that will create a gateway to other emotions?
Laughter is the proposed new drug and this writer wants it. It may provide a gateway to other emotions through the cathartic act of experiencing laughter. Laughter has many aspects. “Two things are noted physiologically before laughter begins, the taking in of a big breath and the tensing of the body. The laugh is initiated with a general relaxation of the body” (Hayworth, 1928, p. 368). Hayworth went on to say that the origin of laughter was to communicate relaxation with safety as a hypothesis (Hayworth, 1928). The two pulls within the body occurring at once are tension and relaxation creating an outlet for other emotions to be released. Wooten explains the process of laughter as:

Laughter is a smile that engages the entire body. At first, the corners of the mouth turn up slightly, then the muscles around your eyes engage and a twinkling in the eyes appears. Next you begin to make noises, ranging from controlled snickers, escaped shortles, and spontaneous giggles, to ridiculous cackles, noisy hoots, and uproarious guffaws. Your chest and abdominal muscles become activated. As the noise gets louder, you begin to bend your body back and forth, sometimes slapping your knees, stomping your feet on the floor or perhaps elbowing another person nearby. As laughter reaches its peak, tears flow freely. All of this continues until you feel so weak and exhausted that you must sit down or fall down. Very strange behavior! (Wooten, 1996, p. 3)

“What soap is to the body, laughter is to the soul,” so states a Yiddish proverb. If in fact, laughter is the best medicine, might laughter be a gateway to heretofore unrecognized, suppressed emotions? Most individuals would agree that there is no greater sound than that of a baby’s laughter; curiosity and awe fill the observer. Does the child’s laughter have the ability to impact the mood of the observer? One might deduce that an infant’s laughter is not the result of humor or a “knock-knock” joke. As the child grows into the adolescent, his or her-laughter is
based on humor and perceived as funny. From adolescent to adult, laughter is based on the engagement of the mind through a developed sense of humor. Is it possible, then, like the baby, to have laughter without the use of humor? The research is limited in this aspect.

There will be a challenge with the current research to differentiate humor from laughter throughout this paper. This research is about creating a treatment based on laughter exercises and Olsson, Backe, Sorensen, and Kock (2002) described humor best. “Humour is one of the innate abilities that an individual develops whilst growing up and which is affected by his/her experiences of life” (p. 21).

In March of 1995, Kataria of Mumbai, India, made a decision to investigate the benefits of laughter by starting a laughter group. Kataria started a club with five individuals and within 2 weeks there were 50 people in the group. Laughter club, during those few weeks, was based on the activity of joke telling, one person would stand in the center of the circle and tell a joke and everyone would laugh. The club participants reported the benefits of laughter: breathing, personal feeling of better life. By the end of 2 weeks, individuals were repeating the same jokes and two women were offended by the jokes, it became apparent that jokes would not be able to sustain the process. Kataria reported that the laughter had a positive impact and wanted to continue with laughter club and with the help of his wife, a yoga instructor; they created Laughter Yoga Clubs (Kataria, 1999). This method focused on the expressions of laughter but as a group social activity, not as a therapeutic setting or treatment.

Laughter Yoga Clubs based the premise of sessions on one-hour formats, divided into two halves. The first half was laughing exercises, focused on everyday routines and some not-so-everyday-routines to bring about the experience of laughter. An aspect that is important to laughter groups is the eye contact between participants, the genuine contact. The second half of
Laughter Yoga Club was laughter meditation. The laughter meditation is defined as mindfulness of breathing and allowing laughter to guide the meditative experience. Laughter Yoga Clubs are free and open to the public. According to Kataria’s website (http://www.laughteryoga.org/english/laughteryoga.), there are more than 6,000 Laughter Yoga Clubs in about 60 countries. With the creation of Laughter Yoga an individual can experience laughter without any stimulus other than instruction.

Is laughter the new drug and a gateway to experiencing a gamut of emotions? Laughter traces can be found through the stories in the bible and Socrates. Laughter can be found in the King James Version of the Bible, “And Sarah said, God hath made me to laugh, so that all that hear will laugh with me” (Genesis 21:6). Sarah spoke these words when she bore a child to 99-year-old Abraham, they named him Isaac, which means laughter or he who laughs (BiblicalBabyNames.com, 2013). Laughter is also found in the story of Philebus:

    Socrates: Then the argument shows that when we laugh at what is ridiculous in our friends, we mix pleasure with envy, that is our pleasure with pain; for envy has been acknowledged by us to be mental pain, and laughter is pleasant, and we envy and laugh at the same instant.
    Protarchus: True.
    Socrates: And the argument makes clear that the combination of pleasures and pains exist not only in laments, or in tragedy and comedy, but also off the stage in the entire tragi-comedy of human life on countless occasions. (Lauter, 1964, p. 8)

It would appear that it was known in 360 B.C.E. that there was a close connection to between laughter and other emotions as demonstrated by the conversation between Protarchus and Socrates.
This writer grew up reading “Laughter is the Best Medicine” section, from the Reader’s Digest Magazine. It was a gift to laugh until her belly would hurt. As a child, the laughter did not always make sense but there was a yearning to stay in laughter and allow it to heal the rough moments of awkward teenage years. Many years have passed with laughter as a daily companion in this writer’s life and a corresponding awareness of the lack of laughter in the lives of so many others. Knowing the personal value of laughter and feeling laughter to clean the soul, how might that benefit be expanded to include others? Would an individual or group experiencing laughter recognize the same therapeutic outcome?

Statement of the Problem

Jean Houston spontaneously stated that, “At the height of laughter, the universe is flung into a kaleidoscope of new possibilities.” Does laughter open the door to a kaleidoscope of possibilities? Is laughing at nothing, the same experience as when a joke is being told? Chapman describes laughter as, “inarticulate vocal sounds, and smiling was deemed as an upward stretching of the mouth occurring without vocal sound; it was recognized, however, that a smile can sometimes be accompanied by a loud exhalation of breath at its genesis” (Chapman, 1975, p. 48). This may be the description of a kaleidoscope of new possibilities for individuals. A kaleidoscope may be the overdue cathartic experience of a deep belly laugh or tears running down the face from laughing so hard.

The experience of laughter for no reason may seem foreign to many individuals. Individuals may know the feeling of laughter by engaging the mind, a sense of humor or another’s error. Can a laughter treatment plan help capture the child-like laughter, absent of comedic stimulus or jokes? This writer will create a laughter therapy treatment manual for use
in clinical settings to share the essence of laughter and a therapeutic intervention to deepen client’s connection to emotions and healing.

The mind is engaged when listening to a joke and on occasion if the mind cannot comprehend, the meaning is lost, so much so, that it can often be said to go over one’s head. Kozbelt’s research showed promising data returns that correlated “the nature of humor production, its relation to humor comprehension and appreciation” (Kozbelt & Nishioka, 2010, p. 398). Laughter therapy attempts to transcend the engagement of the mind in humor production that enters most interactions causes synchronicity with another human being (i.e. therapist and/or group participants).

According to Martin (2001), there is a popular trend toward connecting a positive link between health and humor. “Several possible mechanisms by which humor and laughter may be thought to positively impact physical health. Each of these models of causality focuses on a different aspect or component of humor and a different conceptualization of sense of humor” (Martin, 2001, p. 505).

Is it possible that we have had a drug called humor and it can provide relief through the use of jokes, comedy and play and it can be used as a mature defense? There is research on laughter therapy involving play, jokes, and stimulus that leads to laughter but a true laughter therapy that involves laughter as the basis for a therapy and cathartic release is the new drug that this writer will seek to provide through a fundamental belief that laughter is a gateway emotion, a new drug. Laughter as a gateway emotion through a laughter therapy treatment manual and program will be the subject of this applied research study.
Purpose Statement

The purpose of this applied research dissertation was to design a treatment manual applying laughter in a cathartic and positive psychology therapy model for individuals who yearn for a “new drug” in expressing and accepting their emotions.

Research Questions

The objective of this study was to create a new therapy, which is based on both cathartic and laughter expression with the end result to create healing within the therapeutic setting. This qualitative applied research is important and needed for several reasons and may identify answers to the following questions:

1. Can the use of laughter in therapy be beneficial for symptom reduction in the patient?
2. Can the use of laughter therapy benefit the relationship between the clinician and patient?
3. When is it appropriate and beneficial to use a laughter therapy in a clinical setting?
4. Can the use of laughter in therapy reduce stress for clinicians?

Application of Results

If in all the research there is talk of humor without the focus on the laughter, might it be assumed that the field is not complete? If so then what is needed in the field of psychology is a place for laughter to exist without the impetus of stimulus that may be subjective in nature and not able to connect patient and clinician.

A laughter therapy treatment manual (see Appendix A) will offer a new take on humor therapy with the emotions and expression of laughter. Through the creation of laughter club, after the trial run of two weeks, there is finally an opportunity to understand how laughter can be experienced in various methods without the use of jokes, situational events or comedians.
Laughter clubs allow the field of psychology the opportunity to experience and express laughter in a social group setting but not in a clinical setting that might be able to pursue the feelings in a therapeutic manner to assist the patient in gaining insight into the suppression, repression and expression of emotions that are part of the human experience.

This writer will create this laughter manual to focus the individual on the various ways laughter can be evoked by instruction. The thought that laughter may provide a cathartic release for a patient in a clinical setting allows the clinician to assist in processing and understanding what is being experienced during the release. Without prejudice, it is unknown the magnitude of the experience of laughter to the individual without this study. In the beginning stages of this dissertation, this writer is hesitant to formulate an application without the knowledge and input of the validity judges. This dissertation has an opportunity to be the first step in exploring the psychological importance of laughter and developing a laughter therapy that enhances an individual’s expression of feelings and well-being.

The real question is why is this work important? This writer feels that our lives are busy; individuals do not take time to play, without purpose and to laugh. A laughter treatment model may offer a patient a chance to be relaxed but possibly a deeper connection to that which cannot or will not be expressed through the emotional states. Laughter may provide an opportunity for the patient to capture or retain what has become a scarcity. “People laugh about 17 times a day, with laughter emerging most frequently in spontaneous situations and interactions” (Kuiper & Martin, 1998, p. 148).

Satir was quoted as saying, “We need 4 hugs a day for survival. We need 8 hugs a day for maintenance. We need 12 hugs a day for growth.” Can the same be said about laughter? Is laughter essential in our life? Would a laughter therapy model bring quality of expression of
other emotions through laughter? Can laughter without stimulus provide a cathartic release and help a patient to experience a more authentic life without hiding and expressing emotions?

**Theoretical Framework**

An eclectic approach for the theoretical framework will be the focus of this laughter therapy model. The theoretical orientations will focus on a Freudian defined catharsis, mindfulness approach in regards to the laughter meditation and positive psychology as an approach to understanding what a laughter treatment may offer patients in a clinical setting. By combining the three approaches laughter may be a vehicle to offer insight into what has been repressed as well as a feeling of wholeness and an opportunity to flourish as an emotional being. The blended eclectic orientation will allow for this model to be directive, focused and allow for the possibility of suppressed emotions to be explored and understood in a safe environment.

Catharsis in the beginning was attributed to Hippocrates and the use of medicine but through the ages the interpretation has broadened its field to include psychology. Aristotle used the word to indicate a purging of emotions (Coleman, 2006). “Laughter arises if a quota of psychical energy which has earlier been used for the cathexis of particular psychical path has become unusable, so that it can find a free discharge” (Freud, 1905/1960, p. 146).

Experience has taught us that every living thing is different from every other and calls for a kind of expenditure by our understanding; and we find ourselves disappointed if, as a result of complete conformity or deceptive mimicry, we need make no fresh expenditure. But we are disappointed in the sense of a relief, and the expenditure on expectation which has become superfluous is discharged by laughter. (Freud, 1905/1960, p. 209)

“Noath, when taken far enough, restructures awareness, liberates insight and re-evaluation about the genesis and consequences of the originating trauma” (Heron, 1982, p. 3). It is the
belief of this writer that laughter offers a vehicle in which catharsis can be taken far enough. Catharsis “discharges some of the underlying energy that disables human behaviour, and gives scope for the re-emergence of flexible human responses” (Heron, 1982, p. 3).

Positive psychology offers an interpretation and lens of focus to support a laughter therapy treatment plan. Positive psychology is the study of qualities that assist individuals to flourish. “This field is founded on the belief that people want to lead meaningful and fulfilling lives, to cultivate what is best within themselves, and to enhance their experiences of love, work, and play” (Positive Psychology Center, 2007). According to the Positive Psychology Center (2007):

Understanding positive emotions entails the study of contentment with the past, happiness in the present, and hope for the future. Understanding positive individual traits consists of the study of the strengths and virtues, such as the capacity for love and work, courage, compassion, resilience, creativity, curiosity, integrity, self-knowledge, moderation, self-control, and wisdom. Understanding positive institutions entails the study of the strengths that foster better communities. (para. X)

The nature of a laughter meditation and exercises creates awareness of focus, attention and the nature of being present through the experience of laughter. While mindfulness may be a practice within itself, there is information that provides links to mindfulness that allows for “intersubjectivity to relate to Buddhist psychology, and to being in the present moment” (Davis & Hayes, 2011, p. 199). Mindful practice of a laughter meditation creates insight into new understandings and association (Davis & Hayes, 2011).

Definitions

*Catharsis.* Release or purging of emotions.
Humor/ humour. Defined as, “the quality of being amusing or comic… may also include a mood or state of mind” (Oxford Dictionaries, 2010). Kataria (1999) defined a sense of humor as, “an individual’s capacity to perceive, relate and experience a given situation in a funnier and more amusing way” (p. 13).

Gelotology. Is the study of laughter and humor.

Gelotophobia. Is the fear of being laughed at or the target and or reason of laughter.

Laughter. The activity of laughing. The Oxford Dictionary defines laugh as, “make the spontaneous sounds and movements of the face and body that are the instinctive expressions of lively amusement” (Oxford Dictionaries, 2010).

Laughter Club: As defined by Wilson of World Laughter Tours (2010), is as follows: The terms laughter club, laughter club program, and laughter session are used throughout in a general way, referring to any number of therapeutic laughter activities, so it includes the social laughter club that meets in a neighborhood and is open to the public, the workplace laughter club for employees of a particular business, and the one-time public demonstration of the laughter club. It also includes the therapeutic laughter programs that might be conducted in controlled environments such as nursing homes, jails, schools, private retirement communities, or the like; and, too, laughter meditation or other laughter activities that one might do either alone or with a small group of friends. (p. 6)

Laughter Yoga: Defined by Kataria (1999) as, “the Sanskrit meaning of Yoga is “Yuj” which means to unite or connect. The Group Laughter exercises are based on Yoga, which produce a unique physiological balance, by connecting body, mind and spirit” (p. 20).
Meditation. Defined as, the act of to “think deeply or focus one's mind for a period of time” (Oxford Dictionaries, 2010). For the purposes of this dissertation, meditation will be the act of deepening the awareness of the experience of laughter in the body.

Mindfulness. A practice of facilitating and maintaining awareness.

Mirth. Defined as “amusement, especially as expressed in laughter” (Oxford Dictionaries, 2010).

Outline of Remaining Chapters

This dissertation will consist of five chapters. Chapter 2 will discuss the literature review of laughter and research that impacts this study. Chapter 3 will include the research design and method of this dissertation on laughter as an applied research. Chapter 4 will report the results of the input in validity judges. Chapter 5 concludes with the summary, findings, and conclusions of laughter as a therapy treatment manual and as an applied research.
Chapter 2: Review of the Literature

Chapter Overview

What is the value of laughter for individuals that laugh for no reason? Laughter is an emotional response to a feeling or an expression. Can an individual laugh without the use of jokes and comedic situations? Is laughter only privy to humans? Much research has been completed to address who, what and why. But what do individuals feel as the result of laughter without the use of jokes and a laugh track?

Before creating a laughter therapy treatment manual model to be used in a clinical setting, several areas need to be considered and set as a foundation. It is necessary to understand the function of laughter and that it is a phenomenon experienced in other species as well as human beings. The significance in function may lead to questions as to the necessity of the experience and consequences without laughter in a being’s experience. Laughter has been researched through humor and jokes; does this information provide any insight into the experience of laughter? Psychology has tried to understand the use of laughter as well as the use of laughter as a therapeutic tool in therapy sessions. Laughter has function, history and expression for human beings.

The research will show that laughter has significance in human lives. Laughter may be a natural gateway to experiencing a fuller life and allowing other emotions to be expressed in fullness. The experience of laughter is multifaceted and may offer many gifts to the healing of the human soul and physical wellbeing.
Review of Historical Background

Laughter and Animals

In developing an applied research study to create a laughter therapy treatment model, it is necessary to understand the function of laughter. Charles Darwin noted that there are similarities and variances between primates and human laughter in his book, *The Expression of the Emotions in Man and Animals* (Darwin, 1872). There are many functions in laughter for humans but primate laughter has only been observed and recorded in social play and tickling (Davila-Ross, Allcock, Thomas, & Bard, 2011). A study conducted with 42 chimpanzees reported findings that laughter occurs from infancy to adulthood during periods of play. Spontaneous laughter was recorded in infants and the highest incidence of laughter was observed in adolescents (Davila-Ross et al., 2011). Davila–Ross et al.’s “study indicated that chimpanzees produce laugh-elicited laughter that is distinct in form and occurrence from their spontaneous laughter” (p.1).

Vettin and Todt (2005) studied Barbary macaques, chimpanzees, and humans and looked at the play that was involved and documented what they observed during those periods of play to discover the evolution of laughter in humans. Observations suggest that laughter may have evolved from the “relaxed open-mouth” expression and may display the play face (Vettin & Todt, 2005). The results of Vettin and Todt’s study provided information that “many play encounters in Barbary macaques and chimpanzees were accompanied by vocalizations” (Vettin & Todt, 2005, p.225). This study concluded that play had evolved in humans from a play gesture of vocalizations and facial expressions (Vettin & Todt 2005).

Laughter and Infants

“Laughter is certainly an instinctive act. In its simplest forms, as among children, it is an expression of a pleasurable state of being” (McComas, 1923, p. 47). In 1972, Sroufe and
Wunsch studied 70 infant babies from the age of four months to 12 months of age, and observed the interaction of laughter as it pertained to cognitive and emotional development (Sroufe & Wunsch 1972). This study observed infants when exposed to laughter were attracted and reached for the object and tried to duplicate the situation. Moreover, an infant will portray nervousness in smile when unsure of stimulus, which led Sroufe and Wunsch (1972) to assume that infants look for positive interpretation first. Sroufe and Wunsch suggested that, “laughter signifies the occurrence of an important transaction between the infant and his environment” (1972, p.1341).

According to McComas (1923), laughter not only provides a source of comfort but also stimulation and development to the nervous system. Laughter has the ability to alleviate anxiety of the small child in the face of unknown consequences, as well as create an intimacy of communication (McComas, 1923). Laughter is more than a form of communication at the base level; it is an instinct to be found in individuals born deaf and or blind and it has not been acquired by imitation (McComas, 1923). In that laughter is a form of communication, “We are safe in assuming that the creature that developed language had great needs of communication and in the remote past man found the instinctive vocalization of laughter in dispensable” (McComas, 1923, p. 52).

In these primitive conditions of life when no laughter was available to express pleasure and displeasure, weeping and laughter were the primary signals for telling a physical conditions, moods and emotions. They conveyed the idea of discomfort and an appeal for assistance as well as the idea of well-being and a desire to have it continued. (McComas, 1923, p. 53)
Laughter Around the World

Laughter carries a history throughout the world. What may be considered the world’s oldest laughter festival, was recorded in In Japan in 1856, known as the mountain goddess festival (Abe, 2010). According to Abe (2010), the older version of the story tells the tale of a man who would sit in the middle of the circle and hide a stone fish and then serve sake. When the guest entered the circle they would ask to see the stone fish and the man would ask that they not laugh; of course, they laugh and so does the man. This process is repeated and it is said that the laughter pleases the mountain goddess and she protects the village from evil (Abe, 2010, p. 31). Today the participants are chosen by a lottery and only 40-50 households get to participate. According to Abe (2010), “Order and time is renewed. An appropriate laughter is employed so that time flows well. This festival served an important function as a means to reaffirm order by introducing a ritual performance of laughter” (p, 34).

According to Clasquin (2001), Buddhists have not always honored the value of laughter; as a result Ancient Buddhism viewed laughter as an offense which required confession to the assembly. As Buddhism spreads throughout the world, a new image of laughter comes along in the form of “Pu-Tai, (Jap: Hotei), still familiar today as the jolly, fat ‘laughing Buddha’ of curio shops around the world” (Clasquin, 2001, p. 98).

According to Musharbash (2008), the Warlpiri people from Yuendumu of Central Australia believe that laughter is a source of weakness and fear. “Making others laugh, at Yuendumu, is often ‘rebuffed’ with remarks about the resulting weakness it causes” (Musharbash, 2008, p. 272). The Warlpiri explained that they are weak because when thier miyalu (stomach) hurts they are weakened as a result (Musharbash, 2008). The Warlpiri believe that laughter is associated with fear because of a term, mukunypa, translated to mean breaches of
the secret and the sacred. The Warlpiri believe that to reveal a secret or the sacred will result in death (Musharbash 2008). Musharbash inferred that certain situations involving laughter can be a breach, “laughter socially binds those who laugh… and excludes those not part of the group (2008, p. 275). Musharbash ended his research with an observation of the Warlpiri people, “there is nothing to fear but laughter itself; and, as more laughter alleviates as well as increases the fear, one laughs and cries in fear at the same time” (2008, p. 276).

There was a documented event in 1962 in Tanganyika (now known as Tanzania), Africa that led researchers to speculate on the contagious nature, the hysteria nature and the humorous nature of laughter that effected the town and outlying communities for 48 days (Hempelmann 2007). Hempelmann broke down the actual events:

As the 3 students from a boarding school for girls exhibited attacks of laughing and crying lasting for a few hours, in a few cases up to a maximum of 16 days, with an average of 7 days, followed by a respite and then a recurrence in the majority of cases; general restlessness, persecution complex; no clear physical symptoms. The first phase began January 30, 1962 and ended on March 18, 1962, 95 out of 159 pupils were affected. The school closed between the first phase and the second phase. The second phase began May 21, 1962 and ended on June 31, 1962 and 57 out of 159 pupils were affected. (2007, p 54)

Although Hempelmann (2007) focused her research on the theory of mass psychogenic illness (MPI), she did look into the research that states it was contagious laughter, pathological laughter, viral infection, and environment contagions. At the conclusion, Hempelmann defended her premise that this epidemic was the result of MPI and it is physiological impossible for laughter to continue that long (p. 67).
The Native people of Alaska consider laughter as “good medicine.” The research work of Cueva, Kuhnley, Lanier, and Dignan, quoted the Cheyenne Tribe elder, “Laughter heals yourself and those that hear you. How can you heal if you cannot smile, if you cannot laugh? Your healing cannot start until you start being happy” (Cueva et al., 2006). Cueva et al. (2006) looked at the high cancer morbidity rate and during an eight module educational course they included one question: does laughter help you learn and if yes, how (p. 105). The results of the question showed responses in relieving stress, building a community and enhancing learning. The results showed that “94% of both Alaska Native and nonnative survey respondents felt that laughter promoted learning” (Cueva et al., 2006, p. 107).

**Review of Current Research Literature**

**Laughter and Humor**

Laughter is multifaceted, from the vocal variety to the timing and situation. Berger (2010) listed the four reasons why people laugh: superiority thinkers, incongruity—the difference in what is expected and what is given, masked aggression and cognitive and communication theories- involving paradoxes. Berger also listed in his paper 45 ways to make people laugh including absurdity, eccentricity, irony, and slapstick. “Humor often involves code violations. It is often the code violations of accepted or logical codes that strike us as humorous” (Berger, 2010, p. 9). A laughter therapy treatment model may have to create the fifth and sixth reason individuals laugh: because of instruction and it heals through release.

**Laughter and Gelotophobes**

There are many reasons that jokes and the concept of the class clown work but there are some that are not amused or may be the target of the joke, these people are known as having a condition called gelotophobia. Gelotophobes are those people who have the fear of being
laughed at; it is the negative side of laughter. Platt (2008) showed a correlation between gelotophobes and social anxiety disorder. “The shame felt by the sufferers is brought on by the conviction that they are an object of ridicule and will evoke disparagement laughter in others” (Platt, 2008, p.106). A laughter therapy treatment model may induce more feelings of shame and ridicule and not be beneficial for a gelotophobes.

Laughter and the Comedian

The paid comedian does not get paid if people do not laugh. According to Kozbelt and Nishioka (2010), humor production, insight and comprehension are a cognitive function, the mind is engaged and the individual understands the joke. Kozbelt and Nishioka stated:

Humor appreciation is the experience of finding something amusing. It is typically operationalized by the intensity and duration of the “mirth response,” including smiling and laughing, or by subjective funniness ratings provided in response to humorous stimuli. Humor comprehension is the process of understanding or “getting” a joke. It is typically assessed by determining whether participants can correctly interpret a cartoon’s meaning, using open-ended or multiple-choice questions. In principle, appreciation and comprehension should be positively associated: one should not find an instance of humor funny if one does not understand it. (p. 376)

Laughter Benefits and Risks

In a time when there is an emphasis on mindfulness and awareness, is there a place for laughter without engagement of the mind? Does an individual have to understand why laughter is happening due to the mind comprehending some story or visual aid or is it possible that laughter can happen because of a release of the mind’s control? This paper will attempt to create a therapeutic foundation for a laughter treatment model that laugh without the use of jokes,
cartoons, or making fun of someone or something. It will be necessary to explore some documented benefits or side effects of laughter, in order to understand the therapeutic value of laughter.

Freud (1960) stated that humor is “the highest of defensive processes” (p. 233). Laughter is a coping strategy and can help individuals to adapt to new or uncomfortable situations. Berk (2001) looked at the physiological benefits and risks in older adults. Laughter may involve the following researched benefits for older adults; improves mental function, exercises and relaxes the muscles, improves respiration, stimulates circulation, decreases stress hormones, increases the production of endorphins, and increases immune system defenses (Berk, 2001, pp. 328-331). There are areas of risk in laughter with the population of older adults.

With serious medical conditions….a small numbers of people have experienced neurological reactions to laughter, including seizures and cataplectic and narcoleptic attacks. Large increases in abdominal and thoracic pressure are ill-advised following abdominal or pelvic surgery and after acute orthopedic distress. (Berk, 2001, p.333)

Berk (2001) stated that this information albeit directed researched with older adults is to the benefits of any adults.

Some people, in the grip of uncontrollable laughter, say their ribs are hurting. The expression is probably accurate, but it is a delightful “hurt”, that leaves the individual relaxed almost to the point of an open sprawl. It is the kind of “pain,” too, that most people would do well to experience every day of their lives. It is as specific and tangible as any other form of physical exercise. Though its biochemical manifestations have yet to be explicitly charted and understood as the effects of fear or frustration or rage, they are real enough. (Cousins, 1979, p. 85)
Another benefit that may have a positive impact for adults is the idea that energy is expended during laughter (Buchowski et al., 2007). The results of Buchowski et al.’s (2007) study is that energy increased 20% with genuine laughter compared to resting, the caution of this research is that this study was conducted with young adults and therefore results may vary as with the factors of age and other conditions.

Laughter can help ease grief and bereavement over the loss of a spouse (Lund, Utz, Caserta, & DeVries, 2009). The research showed, “the lowest grief and depression scores were found among those who were classified as experiencing a relatively high degree of humor, laughter, and happiness” (Lund et al., 2009, p.100).

Provine (2001) addressed the abnormal and inappropriate laughter. “People in tragic circumstances have laughed themselves to death, and sometimes perfectly normal laughter occurs in completely unsuitable social contexts such as funerals, often to the horror of the laughers” (Provine, 2001, p. 154). In 1950s, the Fore people of New Guinea were documented as cannibals and in 1957, they made the article of a Time magazine with the headline, “The Laughing Death”. Kuru was known as a culturally bound belief of a disease that was a result of eating infectious brain of other humans and the first stages of this fatal disease is “inappropriate excessive laughing” (Provine 2001). Another disease is masque manganique, which is a result of manganese poisoning; occurring in Moroccan miners, one of the symptoms is spasmodic laughter (Provine 2001).

Kataria has noted through his development and experience with Laughter Yoga, several risks and benefits to take into consideration before beginning the laughing exercises and laughter meditation. Kataria lists the following as risks that should prevent individuals from engaging into laughing exercises: hernias, advanced piles (hemorrhoids), heart disease with chest pains,
epilepsy, severe backache, recent surgery, uterovaginal prolapse, pregnancy, attacks of cold and flu, tuberculosis, eye complications, and any other complications (Kataria, 1999). Kataria stated that in the history of Laughter Clubs there has not been an “untoward incident” and “caution should be taken against any untoward effects of laughter” (Kataria, 1999, p. 73). The lists of health benefits appear to far outweigh the cons. The following are listed benefits of Laugher Yoga: anti-stress, strengthen the immune system, reduced depression, control blood pressure, increase level of endorphins (natural painkillers), improves lung capacity and oxygen levels, catharsis, best aerobic exercise, improves stamina, and a good massage to internal organs (Kataria, 1999).

Laughter and Catharsis

Those of us who believe there is a case for practising catharsis as one form of emotional competence, need to develop simple methods for dismantling the inappropriate and repressive controls which we have been conditioned to impose on distress emotions. (Heron, 1982, p. 3)

Finally, there is catharsis via active body work: the subject practises hyperventilation, loud sounds, vigorous shaking, trembling or agitation of the limbs with a frequency and in a manner that interrupts the somatic controls on distress emotions and sets off their catharsis. Both passive and active body work methods can be swift, effective and move steeply and powerfully into the unfinished emotional business of early life. (Heron, 1982, p. 10)

Laughing exercises guided by a clinician offer active body work. The laugh that leads to tears can be healing for a patient. “Laughing and crying often go together. They’re both
cathartic responses that serve to cleanse the body of distressing emotions” (Wooten, 1996, p. 50). Kahlil Gibran wrote in the *Prophet* on Joys and Sorrow:

> Your joy is your sorrow unmasked. And the selfsame well from which your laughter rises was oftentimes filled with your tears. And how else can it be? The deeper that sorrow carves into your being, the more joy you can contain. Is not the cup that holds your wine the very cup that was burned in the potter's oven? And is not the lute that soothes your spirit, the very wood that was hollowed with knives? When you are joyous, look deep into your heart and you shall find it is only that which has given you sorrow that is giving you joy. When you are sorrowful look again in your heart, and you shall see that in truth you are weeping for that which has been your delight. Some of you say, "Joy is greater thar sorrow," and others say, "Nay, sorrow is the greater." But I say unto you, they are inseparable. Together they come, and when one sits, alone with you at your board, remember that the other is asleep upon your bed. Verily you are suspended like scales between your sorrow and your joy. Only when you are empty are you at standstill and balanced. When the treasure-keeper lifts you to weigh his gold and his silver, needs must your joy or your sorrow rise or fall. (Gibran, 1923, pp. 29-30)

Helmuth Plessner’s insight into laughter cannot be overlooked and the value to the relation between laughter and crying speaks to the cathartic nature.

We are capable of laughing or crying—and here they reveal their partnership because they are parts of a particular genus of human expression—only if we give way to them. We burst out laughing and allow ourselves to burst into tears. While the lack of transition is readily apparent in expressions like “bursting out,” “splitting,” “exploding,” and the like, in crying it is concealed by the peculiarly reflexive behavior of the weeping person, who must let himself
dissolve in tears in order to find his solution. The occasion for laughter overtakes and overpowers us. Often we must hold ourselves in by force to keep from bursting out laughing. The occasion for crying can also overtake us suddenly and make demands on our self-control. Only we are not delivered up to it with the same directness. The occasion moves us, and only when we have given way to that affecting movement do tears come.

This lapsing and falling into tears and laughter reveals, especially with a view to the peculiarly autonomous process which then begins, and which frequently resists suppression and direction even to the point of complete exhaustion, a loss of control, a breakdown of the equilibrium between man and his physical existence. A sudden and powerful outburst of feeling can drive us to unthinking expressive movements, we are no longer have our wits about us. But the animation of the body reaches its high point in this situation. Even if the unity of the person, the control of his intellectual and moral center, is endangered, the expressive transparency of the body in such circumstances is at any rate not to be surpassed; a “minus” for man as a person, a “plus” for him as an ensouled-embodied creature.

Exactly the opposite is true in laughing and crying. The living transparency of the body reaches its lowest point in them. Bodily reactions emancipate themselves, man is shaken by them, buffeted, made breathless. He has lost his relation to his physical existence; it withdraws from him and does with him more or less what it will. At the same time we feel this loss as the expression of, and the answer to, a particular kind of situation. Our internal equilibrium is also at an end, but this time the “minus” is debited to the soul-body unit and not to the person. In contrast to mimic expressive movement, the genus of laughing and crying presents itself as a kind of manifestation in which the loss of control in the whole context has expressive value. (Plessner, 1961/1970, pp. 65-66)
Plessner voiced the idea of laughter as a spontaneous expression that has the power to drain us leaves us empty for a void to be realized and healed “soulfully” and physically. The value of laughter cannot be overlooked as a gateway to emotions physically and soul expressed.

In Laughter Yoga, Kataria (1999) noted that there is a cathartic benefit.

Laughter exercises and meditation, some people start crying to release their sadness, while others laugh out their aggression and anger. The most common problem is that many people are not able to express their emotions, and they keep it suppressed. It is not easy to express emotions, as other people might react adversely to them. Laughter Yoga is a harmless way of releasing the negative emotions. (p. 80)

**Laughter and Psychotherapy**

Laughter as a form of intervention or a therapeutic tool is documented in research. Zuk (1966) reported the following findings and impressions concerning laughter:

1. Laughter signals the existence of more than one level of interaction of an exchange between persons, particularly when it occurs in the absence of jokes or humor; 2. Laughter may be a signal of intent to disguise information or a sign of perception of an attempt to disguise; 3. Laughter may be a communication about a feeling-state or about an alliance structure in a group or both; 4. The bizarre laughter of schizophrenics closely parallels the laughter that occurs in normal individuals in the apparent absence of jokes or humor; 5. Intent to or perception of disguise is a key feature of laughter whether it occurs in the absence of or presence of jokes and humor, or whether it is determined primarily by an interpersonal or intrapsychic situation; 6. Laughter is the sort described in this paper commonly denotes a degree of readiness to express verbally the thoughts which it seeks to disguise, or itself is a form of communication of those thoughts; 7. To know
what a group laughs at or about gives one insight into what the group stands for and what it is attempting to do. (p. 101)

Mahrer (1984) researched the hearty strong laughter. Mahrer suggested that strong laughter may be a signal of a shift of “self-concept or self-perspective in the patient” (1984, p. 510) and may improve the relationship between therapist and patient. The gap in this research is that the reader is left not knowing whether laughter was induced or a result of spontaneous outburst.

Therapy and humor have benefits, insights and risks involved with the use. According to Goldin and Bordan (1999), humor can establish rapport and be insightful in the context that the patient uses humor in communication and non-verbal gestures. The observations of a patient that “does not experience humor in life may be among other things, grieving as a result of loss, chronically depressed, unable to comprehend humor or generally unable to “let go” because of a need to monitor his or her emotions” (Goldin & Bordan, 1999, pp. 405-6.). There is a risk involved in using humor, the patient may not understand or be insulted or hurt (Goldin and Bordan 1999).

**Laughter and Laughter Yoga Clubs Research**

There has been an emphasis put on anger, grief, and depression but the information on creating a laughter therapy treatment to be used in a clinical setting with groups or individual patients to learn to laugh without the use of ‘humor’ has been limited until 1995 when the first laughter club was created in Mumbai(Bombay), India by Kataria (1999). Kataria has cited many other researchers and the benefits of laughter but to date the field of psychology has left a gap in research to the creation of a laughter based treatment model. According to the website American School of Laughter Yoga, “There are currently many academic research on
laughter…and few on Laughter Yoga” (Gendry, 2005). This writer is interested in filling the gap and introducing a model of treatment void of jokes and a sense of humor.

**Evaluation of Research Literature**

The research recognizes the value and sometimes the overvalue of laughter in the lives of primates, infants, older adults, cannibals, therapy patients diagnosed with schizophrenia and those who lack the capacity to show emotion because of their need to control their emotions. There is still a gap in the research and it is in the area of laughter therapy as a treatment model without the use of jokes, slapstick or making fun of someone or something. The research lacks information on the many types of experiences of laughter such as laughter meditation or laughing exercises and what the expression of laughter does for patients in a clinical setting to practices of loud laughter, soft laughter, short laughter and much more. Will the validity judges agree that laughter can be a useful tool without being engaged in humor and lead the patient to a more meaningful expression of self and understanding of self? What clinician would consider the use of laughter or the “letting go” of laughter to be of therapeutic value? That is what this paper will explore through the creation of a laughter manual.

Laughter may be a portal to other emotional expressions; it may represent an opportunity to healing. Laughter may have an important part in our lives and this applied research study will create a laughter therapy treatment model with the benefits and the warnings to be included in the development of this new laughter therapy.
Chapter 3: Research and Design Method

Chapter Overview

This chapter defines the measures employed to accomplish the objectives of the dissertation: a laughter therapy treatment model to be used to create a catharsis. The research design will be presented in a detailed description to include writers to substantiate the laughing exercises and laughing expressions. Since 1995, laughter yoga began a series of clubs that consists of laughing exercises and laughter meditation; this is the experience and expression of laughter without the use of jokes or humor. The literature review is comprehensive in laughter in animals, infants, and the use of laughter through comedy and gelotophobes and the use of humor in therapy but lacking is the a laughter treatment in the clinical setting. The purpose of this chapter is to explain the process of collecting data on the validity and acceptability for this applied research study in creating a valid laughter manual.

Problem Statement

The current research lacks evidence on a therapy focusing on the expression of laughter. Can laughter be used in a clinical setting as a treatment and model to enhance a cathartic release and bring about beneficial change in a patient? This writer will create a laughter therapy model and have licensed professionals in the field of psychology give input as to the strength and accessibility and possible outcome of such a manual. This writer has found many articles on humor. There are many articles that talk about laughter as a result of jokes or comedic response. There are articles on gelotology and gelotophobes, and the negative impact on individuals. There are articles that discuss Laughter Yoga Clubs. Is there value in a laughter therapy treatment model that would benefit the clinical setting and enhance the benefit for the patient, the
patient—clinician relationship, and the clinician? This research attempts to answer the question as to the value of a laughter therapy treatment model.

Objectives and Their Rationales

Objective 1

The objective of this study is to create a laughter therapy treatment model for patients in a clinical setting.

This qualitative applied research is important and needed for several reasons. First, there is a lack of information on the expression of laughter in clinical settings. The second rationale for this study is to lay a foundation for understanding the importance of laughter on the impact of the psychological functioning of the individual.

Objective 2

To use laughter as instructed to create catharsis and an opportunity for patients to flourish.

This objective was used to develop the manual through the eclectic approach of psychodynamic, mindfulness and positive psychology lenses in order to access deeper connections to emotions and move through obstacles that may have been blocked or previously suppressed.

Objective 3

To evaluate the laughter therapy model by licensed mental health professionals for a clinical setting.

Evaluation of the laughter therapy treatment manual by licensed mental health professionals in the field will allow feedback and insight to the use of laughter as a possible valid approach for the following reasons:
1. To working with the patient, benefit the relationship of the clinician and the patient,

2. To the current research using laughter as a cathartic expression to create therapeutic benefit for the patient.

3. To establish appropriate time frame of when to implement a laughter therapy.

4. To establish therapeutic benefit for the clinician in using laughter as a therapy.

**Research Plan**

**Phase 1: Comprehensive Literature Review**

The literature reviewed information in regard to laughter. The literature reveals the history of laughter as humor, through the use of jokes, comedians to allow discovery if such a manual already exists. The literature review clarified the effects of laughter and humor on individuals and communities, benefits and risks. The literature identified that infants and animals have the ability to laugh. The literature does not show a laughter therapy treatment with focus on laughter only as the basis for treatment in a clinical setting through the use of licensed professionals in the field.

**Phase 2: Creation and Evaluation of a Laughter Therapy Treatment Model Manual**

The research indicates that there is a lack of a true laughter therapy in the sense that laughter is used as exercises and meditation to enhance therapeutic value to the patient. The method used to create the laughter therapy treatment manual was based on Kataria’s Yoga Laughter and Laughter Clubs and this researcher’s experience as a Laughter Yoga facilitator and licensed clinician. The format of using laughter exercises and laughter meditation is the premise of Laughter Yoga; this manual will incorporate a focus of laughter as a therapy in a clinical setting. The manual has directions on how to incorporate laughter into a 45-to-50 minute session for individuals and 90 to 110 minutes for groups for a period of 6 weeks.
The manual focuses laughter for 6 weeks in exercises. The manual starts with week 1 focusing on laughter as a form, the idea is to get used to hearing the sound of laughter. In week 2, the focus is on animal laughter, an association that most people may be able to identify with and just start to have fun. As the laughter is being developed, week 3 moves the focus onto activity laughter and brings into personal experience and some not so personal experience but some imagination to create laughter. Week 4 approaches the emotional laughter into exercises and may require more time to develop and sit with certain emotions. Week 5 may provide more challenges with character laughter and this may be a place to create a frame of reference that is time-oriented for the patient and the clinician. Week 6 provides an introduction of some new laughing exercises and some favorites from the first five weeks. No matter what happens in the exercise, all the experiences may be used to explore and deepen the therapeutic relationship. If the patient starts to experience physical pain, the recommendation is to stop the treatment and make a referral for the patient to see their doctor.

**Participants**

There will not be any participants in this applied research design.

**Evaluators**

This research will not involve participants or testing. This manual will be presented to evaluators for appropriateness and efficacy in clinical settings. Evaluators in this study include a panel of professionals in the field of psychology who currently work in clinical settings with individual and group patients. The four validity judges consist of (a) a licensed and practicing marriage and family therapist, (b) a licensed clinical social workers, (c) a licensed psychologist, and (d) a licensed medical doctor of psychiatry.
Instrumentation

Each evaluator was given a manual and questionnaire (see Appendix B) to address the validity of laughter as a therapy and in treatment in the form of a six-week model. The questionnaire addresses the research questions and the efficacy and appropriateness of laughter therapy in groups and for individual patients in a clinical setting. The questionnaire presented the opportunity for the evaluators to offer suggestions and comments to enhance this proposed laughter therapy treatment model.

Laughter Therapy Treatment Manual

The laughter therapy treatment model is created to be used in clinical settings for licensed professional clinicians to provide a gateway to emotions through laughter. This manual provides opportunity to work with individuals or groups in a clinical setting. The manual is designed for six-week duration with a focus on an eclectic theoretical framework to include Freudian Catharsis, Positive Psychology and mindfulness to create a safe environment for patients to explore and understand their emotional expression with the assistance and guidance of a licensed clinician. The processing of the laughter experience will focus the clinician on the observations of resistance and intersubjectivity to assist in creating insight into the barriers to emotions that have been suppressed.

This manual was designed after reviewing and researching information regarding laughter as a biological function in animal and humans, the value that laughter has created to the benefit and to the detriment of cultures and individuals. Laughter has value in the field of writers, poets, medicine, sociologist, researchers and psychology. There are books that suggest laughter as a therapy primarily using the stimulus of jokes, comedians, and humor to sustain a therapeutic value and result in laughter. This manual emphasizes laughter as the medium to
laughter and catharsis. The use of laughter exercises and mediation will provide an opportunity to experience other emotions.

**Data Processing**

This manual was evaluated by four licensed professionals who currently work with individuals and groups in clinical settings. The population size of evaluators is too small ($n=4$) to make use of statistical analyses. Therefore, quantitative results were gathered from a five-point Likert scale and the information will be reported in terms of mean and mode. The evaluation of the comments from the responses of the evaluators is based on the actual words used by the evaluators. The evaluations of comments are focused on the research objectives and provide relevant frequency of agreement and response themes are reported. The evaluation responses assisted in the strengthening the creation of this proposed laughter therapy treatment manual.

**Ethical Assurances**

This writer followed ethical guidelines and insured that the nature of the request to be an evaluator is voluntary and confidential. The expert panel provided information regarding the name, license and years in practice but the names are withheld to maintain the confidentiality of the evaluators. The evaluators have the option of requesting a free copy of the manual once final revisions have been completed. No compensation was used in this research.

**Chapter Summary**

This chapter outlined the data collection procedures and instruments used to obtain the objective of this applied research in utilizing laughter therapy-based treatment in a clinical setting.
Chapter 4: Findings and Evaluations

Chapter Overview

This chapter presents an overview of the treatment manual and the results of the questionnaire comments from the validity judges. The problem statement posed the questions: “Is laughter a gateway emotion to healing?” and “Can a laughter therapy treatment in a clinical setting to share the essence of laughter and therapeutic interventions contribute to client’s connections to emotions and healing?” These questions formed the basis of an eclectic treatment manual combining psychodynamic, mindfulness and positive psychology theoretical orientations as a foundation for laughter therapy treatment. The eclectic approach was used to create a six-week laughter therapy treatment manual to be used in clinical settings with individuals and groups. Evaluations and comments from the validity judges are presented in this chapter. The findings are based on analysis of feedback from the validity judges, with regards to the ability to incorporate feedback to strengthen this manual’s efficacy in the clinical field. This chapter concludes with a discussion of the findings as related to the research objectives.

Treatment Manual

The treatment manual presented to the four validity judges had several attachments. All validity judges received (a) a letter that outlined the objectives and purpose of the treatment manual, (b) a complete treatment manual that includes an overview of laughter, the theoretical orientation, quotes to inspire and a six-week treatment outline, (c) an expert panel information sheet (see Appendix C), (d) a questionnaire gathering input from the validity judges.

The cover letter served as a formal introduction of this writer and to acquaint the validity judges with the subject of the dissertation, the objectives of the dissertation and the need for input from clinicians in the field. The letter expressed the gratitude of the writer to each validity
judge and the value of their experience, time and insight. The letter gave organizational information as to the timeliness of feedback and return of the questionnaire.

The treatment manual consists of three components. The first is the impact and value of laughter as provided with quotes to start each section and week throughout the manual. The quotes were used as a method to introduce the topic and contents of the manual. Finally, it was a thought of the writer that the quotes might inspire and create insight into the integrity of laughter as an experience.

The second component is the introduction to laughter and proponents that would support laughter as a therapeutic path. An explanation of the eclectic theoretical orientation of combining elements of psychodynamic, positive psychology and mindfulness is offered to create a foundation for working in a clinical setting. The support of the literature review was used to increase the historical, phenomenological and therapeutic awareness of laughter throughout time and the world. The risks, benefits and personal experiences of this writer of laughter assist in being mindful of this laughter treatment. The manual breakdown explains the thought process in how each week is designed to cultivate the laughter experiences, clinician/patient trust and potential for healing as the weeks progress.

The third component of the manual is the sessions that are detailed with each week’s focus. There is a consistency to each week that assists in creating a flow for the clinician in providing therapy. Each week has space for the clinician’s personal method of checking in and processing with the patient. Each week has a description of laughing exercises and a laughter meditation script.

The treatment manual is intended for adults, both male and female. The treatment manual is set up for instructions for individual and group sessions. The individual patients meet
for a 45-50 minute session and groups would meet for 90-110 minutes for a period of 6 weeks. Although the literature shows support for laughter in depression and bereavement, at this time there is no specific clinical focus and this would be at the discretion of the clinician as to the appropriateness for each individual. This manual is directive and structured with focus on laughing exercises and laughter meditation. The treatment allows the clinician’s personal style in processing. The treatment manual also has suggestions for homework.

Findings and Survey Responses

Validity Judges Qualifications

The treatment manual and questionnaires were distributed to four validity judges as determined by objective number three. Of those surveyed, all four responded. Validity judges were asked to fill out an information sheet about their qualifications. The first section addresses demographic information of age and sex. The second part requests information on educational and professional background with focus on professional title and licensure, occupation, number of years practicing in a clinical setting, year licensed, experience with groups and individuals, experience with theoretical orientation. Additionally, judges were asked to comment on additional information regarding practice that was not covered by the information sheet.

Two validity judges completed master’s degrees in their field and two completed a doctoral program, one in psychology and one in medicine. The validity judges consisted of four licensed professionals ranging from Licensed Clinical Social Worker, Licensed Marriage Family Therapist, Licensed Psychologist and Medical Doctor, specialty Psychiatry with licenses current through the State of California. In addition the validity judges also had obtained the certificates of Registered Addiction Specialist, Electroencephalography (EEG) Neurofeedback, Equine Assisted Psychotherapy (EAGALA) and Psychoanalytic Psychotherapist. The four validity
judges had experience working with groups and individuals. Two validity judges had experience with catharsis, positive psychology orientation and mindfulness practices. Two of the validity judges had experience with catharsis and positive psychology orientation. Two validity judges had experience with mindfulness practices. The range of experience was from seven years to 26 years working in a clinical setting. One of the validity judges works in a community mental health setting with outpatient impaired functioning adults. One validity judge works for community health and has a private practice working with children and adults. Another validity judge has worked in acute care hospital, adolescent residential, psychosocial rehabilitation, residential outpatient drug and alcohol rehabilitation and a healing center. The fourth validity judge is a child and adolescent psychiatrist for a health provider and a psychotherapist.

**Questionnaire Responses**

The responses that were given by the four evaluators offered necessary feedback important to the efficacy and therapeutic value of the current laughter treatment manual, as displayed in Table 1. The questionnaire was based on a Likert scale, the range from one to five, represented at the low end of a one (1) score a “strongly disagree” response and the high end of a five (5) score represented a “strongly agree” response. There was a space for comments after each Likert statement to explain or add more information.
Table 1

**Summary of Responses to Questionnaire**

<table>
<thead>
<tr>
<th>Likert Statement</th>
<th>Judges</th>
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<tbody>
<tr>
<td></td>
<td>1</td>
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<tr>
<td>1. Clear and easy to understand</td>
<td>5</td>
</tr>
<tr>
<td>2. Laughter as cathartic and gateway to other emotions</td>
<td>3</td>
</tr>
<tr>
<td>3. Six (6)-week manual provides therapeutic value to individuals</td>
<td>4</td>
</tr>
<tr>
<td>4. Six (6)-week manual provides therapeutic value to groups</td>
<td>4</td>
</tr>
<tr>
<td>5. Benefits relationship between clinician and patient</td>
<td>3</td>
</tr>
<tr>
<td>6. Appropriate and beneficial in clinical setting</td>
<td>3</td>
</tr>
<tr>
<td>7. Laughter therapy reduces stress for clinician</td>
<td>4</td>
</tr>
</tbody>
</table>

*Note* - numbers correspond to a Likert scale numbers correspond to: 1- strongly disagree, 2- disagree, 3- neutral, 4- agree, 5- strongly agree. * Represents a respondent’s answer to be in between the two values and is given a .5 to indicate response
The first Likert item was designed to elicit information about the manual’s accessibility in writing style. On the average, the Likert scale resulted in a 4.75 favorable response to the manual being clear and easy to understand. The first validity judge added the following comment, “instructions for each week are clearly written out and well structured, and because they repeat each week it is much easier to learn and follow the steps in delivering them.” The second validity judge commented that “I had no difficulty following the instructions in this manual.” The fourth judge inquired as to a reason for the language being non-technical.

The second Likert item is linked to Objective 2. The foundation of this dissertation is that laughter is cathartic and is a gateway to other emotional experiences that will allow patients to flourish. The average response was a 4.25 that there is an agreement that laughter is cathartic. The first validity judge responded with a neutral response commenting that “not sure how much laughter can help client experience much deeper emotions that may be associated with severe psychiatric issues. For that matter, how much it can help client express other, deeper emotions.” The second validity judge responded favorably with, “No doubt about it. In the eclectic approach it would be nice to see how laughter-induced catharsis can be paired with other therapeutic techniques or strategies.” The fourth validity judge also reminded the writer that laughter is also a defense, a resistance to other emotions with an example of laughing to defend against anxiety.

The third and fourth Likert items are linked to Objective two as to whether this laughter treatment therapy model would provide therapeutic value to individuals and groups. The average response to individuals was a 4.37 in favor of agreeing that individuals would gain therapeutic value. The comments valued the therapeutic value of a laughter therapy but offered valuable insight. The first validity judge commented, “I believe it would provide some therapeutic values
to individuals, however, it would vary individually because client’s receptiveness to this particular intervention would vary from one individual to another.” The second validity judge added:

My thinking is that the laughter activities in this manual need to be associated with the therapeutic goals of clients. Laughter for all the general benefits is good, and to integrate the laughter into the resolution of clinical goals is necessary to support interest and sustain motivation.

The fourth judge agreed with the statement but felt intuitively that individual work could create “a lot of other problems.”

There was a slightly higher agreement for providing therapeutic value to groups, with an average of 4.75 in responses. Another response from the first validity judge commented, “I believe groups would respond more favorably than individual clients. Laughter oftentimes seems contagious and even fake laughing would not be so unnatural or distinguished because in a group other participants may be laughing aloud.” The second validity judge followed a strongly agree response with the following comments, “With the contagious effects of laughter, I think the inclusion of laughter strategies in certain groups would be very enhancing.” The fourth validity judge suggested that group laughter therapy might be better than individual laughter therapy.

The fifth Likert item corresponds to Objective 3, with an average of 4.00 that corresponds to agreeing with the statement that this new type of laughter therapy would benefit the relationship between the clinician and patient. The first validity judge with a neutral response commented, “I am not sure how it would benefit the relationship between the clinician and client.” The second judge strongly agreed and commented, “For sure, sharing laughter and
humor builds stronger and safer relationships.” The fourth validity judge had concerns that on an individual therapy level “the transference can get very complicated and introduction of laughter can muddy the picture, also.”

The sixth Likert item is linked to objective 3 in regard to appropriateness and beneficial in clinical setting for laughter therapy, with an average of 4.25 as more favorable in agreement. The first validity judge with a neutral response shared the following, “I see strong benefit using it in a group therapy setting but I am somewhat reserved about using it in my individual therapy setting.” The second validity judge strongly agreed with the use of laughter therapy in a clinical setting commented, “Absolutely! Laughter is good medicine and is beneficial in all settings.” The fourth judge suggested that the patient be selected “carefully.”

The seventh Likert item also corresponded to Objective 3 and addresses the belief that laughter therapy would reduce stress for clinicians. The average response of a 4.00 agrees that there would be a benefit toward reducing stress for clinicians. The first validity judge made the following comments, “It would be much less stressful for a clinician who uses laughter in therapy than clinicians utilizing other interventions working with clients who engage in high-risk behavior.” The second validity judge commented, “It might increase stress initially, but as it becomes genuine and congruent with the clinician, its releasing qualities cannot fail in reducing stress in clinicians who use it.” The fourth validity judge commented, “I think that, for clinicians, it would pretty much become a tool like any other tool. And not sure if it would have an added benefit of reducing stress.”

Additionally each validity judge was given an opportunity to add additional comments and suggestions to the manual. The following comments were offered:

Validity Judge 1 responded with the following comments and suggestions:
In the manual under week 1:

Checking in and Benefits of Laughter (3-5 minutes): Three to five minutes seem a bit too short for me to give my clients adequate information about the therapy. I’d prefer seven to ten minutes for education and some motivational work at the first session.

Laughter exercises: I strongly agree with “try to fake it” part as client would be reinforced with fake laughters and timely reinforcement would shape fake laughters into genuine and actual laughters.

Laughter forms: Initially, therapist modeling would help speed up client learning.

Homework: Assigning a small number of Laughter Forms practice at home or at work with others (family, friends, coworkers, etc…) to help client experience some success and promote learning.

In the manual Week 2:

Check in: this would tie in better with homework to practice a few Laughter Forms if they were assigned after the first session.

In the manual Week 3:

Laughter Exercises: It appears that there are so many different laughters every week. Are therapists required to do all of them in one session? Can therapist pick and choose a few from the list and spend more time with them? If not, I’d like to know how many minutes I can spend on each activity?

Homework: It is an appropriate assignment at this stage as clients can incorporate what they have learned and consolidate them into a solid skill.

Validity Judge 2 final comments and suggestions were the following: “Without actually putting this manual to an actual test, my imagination tells me it will work better as a supplement
to therapy vs. a sole methodology. I think it could be used as a standalone therapy process if it had more structures to connect the exercises to clinical goals.”

Validity Judge 3 comments focused on the laughter exercises and need for more clarity, “So for each week do I go through each and every laughter exercise and for how long do I spend on the individual exercises?”

Validity Judge 4 commented on the manual being fun and easy to read but also asked for elements not present. Treatment manual could have been, “more in-depth and technical,” as well as more personal breakdown of writer’s personal experience and a presentation of clinical experience and setting examples.

The use of the proposed treatment manual is strongly supported by the validity judges in four different clinical settings with groups and supported with individuals. Three of the four judges supported laughter as a cathartic experience and gateway to other emotions, and one was neutral. There was a consensus that the manual was clear and easy to understand. One validity judge would like to have seen more technical terms and two validity judges would like clearer instructions on whether it is necessary to complete all laughing exercises for each week. This is very good feedback and this oversight will be corrected and added in the following sections; “note to clinician” and “laughing exercises instructions.”

Another suggestion made by a validity judge was to offer a connection to clinical goals. The treatment manual did list the benefits of laughter including easing grief and bereavement and deceasing levels of stress hormones. At this time it is a leap to tie those specific comments to clinical goals without more experiential evidence. The ability to connect laughter therapy treatment with clinical goals will guide and enhance the future value of this manual, and this dissertation.
Chapter Summary

This chapter reviewed the treatment manual and evaluations from the validity judges. The findings include a discussion of the experience and the feedback from the questionnaire. The evaluation of the methods discussed the strengths and weakness to the manual. Overall, the findings were in agreement to near strong agreement on the value of the proposed laughter therapy treatment model being used in clinical settings with positive therapeutic value and impact on patients as well as clinicians. The suggestions made by the validity judges were noted and explored in order to create clarity.
Chapter 5: Summary, Conclusions and Recommendations

This study explored through the literature reviews, the social movement of “Laughter Yoga,” the treatment models of mindfulness, catharsis, and positive psychology in an eclectic approach to develop a laughter therapy treatment model that uses the experience of laughter through exercises and meditation to create a gateway to emotions in a six-week treatment plan. The eclectic approach allows this therapy to be directive and present in the moment to create a safe environment to explore through the experience of laughter a cathartic experience of release for the patient.

The focus is not just the experience of laughter but giving a space for the clinician to attune to the laughter and the cathartic releases that may be experienced from the six-week plan of laughing. The laughing exercises, although descriptive, allow for the relationship between the clinician and the patient to define their own interpretations and style. The idea of the clinician leading the exercises offers a model for the patient into a safe place to experience laughter. The exercises omit the use of needing a sense of humor, involving a cognitive process of understanding and freedom from ridicule from being laughed at because of a weakness or failure. The therapy is constructed in a manner that allows the clinician to use his or her own techniques to check in and process with patients the patient’s insights, emotions and resistances.

The sessions consist of 6 weeks to allow the experience of laughter to develop and access the deeper emotional realms while working within a safe clinical environment with confidentiality and safety at the core. The combination of mindfulness, catharsis and positive psychology allows the clinician to access a presence within the session and focus on allowing the patient an opportunity to cathartically identify and release old wounds and heal. The process of catharsis within a clinical setting allows for awareness to guide the patient through insight.
Much like tears are cathartic, laughter has the same ability to create a pathway to a more gentle openness to experiencing emotions. Laughing exercises and meditation are mindful and can directly have immediate impact on patients’ sense of well-being and stress management. This is a value that the patient can readily feel and access.

This writer has created a laughter therapy that is a “true laughter therapy.” The current literature is nonexistent on this method. The current literature assumes and documents that laughter therapy is due to comedic situations, use of irony, jokes looking for paradoxes, and creating funny stories or songs, but this is not true laughter therapy, in this writer’s opinion. The literature supports the benefits of laughter being experienced but has not yet looked at the value of the feel, the various expressions and experience of laughter as mindful and cathartic. This laughter therapy treatment model is bold in that it jumps the middleman in that it omits the use of anything other than laughter as a gateway to laughter and other emotional expression as a key to healing.

The manual is designed for use by qualified mental health clinicians who are familiar with mindfulness, positive psychology and catharsis. This manual at this time does not specifically target a clinical focus, although the literature does show laughter benefits overall sense of well-being. Clinicians should be aware of the risks of laughter and refer for medical evaluations performed by a licensed physician or psychiatrist. The clinician would be in the best place to discern the appropriateness of this therapy with a patient and this therapy could be stopped if discovered it is harmful to the patient. To do no harm is at the forefront of every decision a clinician makes when working with patients. The clinician will discuss the proposed length of treatment, voluntary nature of treatment and benefits and risks. The decision to
implement this type of therapy would be based on voluntary consent from the patient. The manual is focused on the adult patient and can be implemented with groups or individuals.

The laughter therapy treatment manual is based on a six-week model. The individual sessions range from 45-50 minutes based on the clinician’s definition of the clinical hour. The group sessions range from 90-110 minutes based on the clinician’s definition of the clinical hour. If the patient starts to experience physical pain the treatment stops and a referral is made to see the doctor. After the laughing exercises and laughing meditation, there is time for the clinician to connect to the material presented in session and process with patient. There is a homework suggestion at the end of each week but that is the clinician’s choice to implement depending on techniques or style. The value of this laughter therapy treatment model is that it works with the style of the clinician, the fidelity is in the laughing exercises and meditation and the opportunity for the patient to have a cathartic experience with the safety of the clinician’s frame of each session.

**Discussion of Method**

The method used to validate this manual was to obtain evaluative feedback from licensed professionals in clinical settings but there are some limitations to this method. First, the sample size is just that-- a small sample size of four licensed professionals. A greater number of validity judges could have generated more comments and valuable insight into the necessary changes needed to enhance efficacy of this therapy model. Second, the number of psychodynamic and positive psychology validity judges could be expanded. In expanding the number of validity judges with psychodynamic and positive psychology orientation, the feedback might have reflected experiences and insight to strengthen this six-week treatment plan. It is possible that the theoretical orientation could be strengthened and appeals to others with a more pure focus of
one of the theories. It is possible that the manual was not technical enough and could have benefitted from more medical terminology as to the biological aspects of laughter in the body and the impact of laughter on the human body.

One of the issues that this writer struggled with in creating this manual is the actual experience being presented in audio or visual form since this therapy concept is so new in a clinical setting. There may be limitations in visualizing or imagining this laughter therapy without an exact visual or experiential reference. Another limitation of this manual, as the feedback demonstrated, is that the instructions were not clear as to how many of the laughter exercises could be experienced in a weekly session. The writer’s thought process was to include enough examples to work with an individual but have some freedom to experience the laughter and any emotional release that might follow; this information could have been detailed and will be added.

The merits to this method of evaluating the objectives are strong. The inclusion of four different licensees in the field of psychology, ranging from masters in social work to marriage and family therapist to a doctor of psychology and a medical doctor of psychiatry and psychopharmacology, gives strength to this study- that it gave a range of clinical settings. The judges had experience with both groups and individuals with clinical insight to aspects of the individual and group dynamics. The greatest benefit of this method is that it draws on the experience and insight of practicing, licensed professionals in the field with exposure to this eclectic theoretical orientation.

The findings of this study provide a foundation and a model for a laughter therapy treatment to be used in clinical settings. Carried from the past to now, the clinical field has embraced laughter as a side-effect of comedy, jokes and stimulus used to provide outlet for
laughter. This writer has experience with the social phenomena of laughter yoga in social settings and could intuit the power of laughter offering opportunities for healing through a clinical setting. As this writer led and participated in groups and individuals experiencing laughter yoga, this writer noticed struggles and emotional releases in the individual as they went through exercises and meditation of laughter. The power and experience of laughter were observed to create a bridge for the individual to reacquaint and integrate what had been previously blocked in some manner. As this writer researched the literature it was apparent that a gap was present and this laughter therapy model was missing a presence in the literature and in clinical settings.

It is this writer’s opinion that the reason there has not been a laughter therapy model up until now is that laughter for no reason without stimulus seems foreign to the field of psychology. The literature supports humor and the use of jokes and comedy but the experience of laughter calls on the clinician to share with the patient an experience of them through laughter. The experience of laughter is not a one-way street, the impact on the clinician may be just as profound and has the ability to blindside the clinician. The clinical setting is a perfect environment to explore such issues as: resistance, defenses, transference and countertransference. These issues may be used as a guide to understand and create insight into the relationship between the clinician and the patient(s).

This study provides an outline of how laughter can be the focus of the treatment with laughter being the stimulus and the outcome. Askenasy stated, “Laughter has a function of release and purification through a complex discharge, and it is exclusively characteristic to humans” (Askenasy, 1987, p. 317). Laughter is cathartic and so through the release of laughter there is an emotional release of other emotional cues; such as, tears, exhaustion and frustration.
It is the emotional release that has the greatest value for clinical settings and can be used to create insight and offer a safe environment to the patient. The validity judges’ average response showed there was an agreement in laughter serves as a cathartic experience. Grotjahn stated, “Therapy is not a laughing matter nor is it a weeping wall. Laughter in therapy is welcome like any sign of spontaneity, strength, mastery, and freedom.” (as cited in Mendel, 1970, p.66)

Conclusions

This study explored the possibility of a standardized treatment manual focused on working with the experience of laughter as a channel to create catharsis and healing for a patient in a clinical setting. The literature review supported the importance and impact of laughter on individuals and societies. The literature lacked evidence on this form of laughter therapy treatment and created an opportunity for this writer to explore, create and gather validity for this treatment to have a birth into the field of psychology and mental health. Laughter shares risk and benefits but the evidence supports benefits.

The research allowed for this writer to gain information from four licensed validity judges and currently practicing in the field of psychology and mental health. Overall, the average response of the validity judges was in agreement that laughter therapy treatment, as described in the manual, holds value and would be beneficial to a patient in a clinical setting. There was input from judges on exact use of all or some of the exercises which was addressed in the manual to give choices and not have to use all of the exercises for each week. The validity judges’ response was in higher agreement to be of use with group patients over individual patients. The objectives of this manual were met with an average of an agreement response, most responses averaged higher than an agreement response. The validity judges’ questionnaire
responses indicated that laughter therapy treatment has the potential to be of value in clinical settings and be beneficial to the patient.

**Recommendations**

There are recommendations for furthering this study and considering the gaps in the literature for a laughter-only based therapy. Researchers who consider laughter therapy treatment are recommended to consider the implications that this manual has been evaluated by a small number \((n=4)\) of validity judges. Although the information and objectives are supported by the validity judges to date more data and value could be gained by actual clinical trials and working with patients on an individual and group basis with licensed clinical professionals. Future research should include the training of the licensed clinicians and evidence to support the benefits and impact to the patient both short-term and long-term. Future research might review the impact of laughter therapy as supplemental treatment along with other eclectic approaches and a stand-alone brief therapy.

This writer noted one downfall of the research; the assumption that laughter and humor are considered the same and this is not the case, therefore, future research would close a gap to differentiate between the use of humor and the use of laughter in therapy treatment. A sense of humor is neither required nor essential in laughter therapy. This writer’s opinion is to leave the intellectualization at the door and show up with your body and feelings and a willingness to laugh even if it is fake. It is the sense of this writer that this manual is based on an experiential process rather than a cognitive process.

This writer started off this paper with wanting a new drug, laughter is far from new but the literature shows that laughter therapy is new, missing from the field of psychology in the purest sense of just laughter as a treatment modality. This writer has had experience with
Katari’s Laughter Yoga and Laughter Clubs for 8 years but the component that was missing was a safe clinical place to process the resistance, the tears, and understand the release that is provided through laughter. Laughter is a gateway to releasing and expressing other emotions. This work values the “Laughter Yoga” movement and the field of psychology. This is not therapy for all patients and not only will some patients feel uncomfortable, but so will some clinicians. Laughter has filled the lives of humans from infancy to adulthood and across all of human evolution; it is the belief and hope of this writer that it will fill the clinical setting with expression, insight, and healing.
References


Appendix A: Laughter Therapy Treatment Manual

Laughter Therapy Treatment Manual

A Gateway to Emotions

6 Week Treatment Plan

Developed by

Rhonda “Ronni” DiGiovanni

Psy. D. Doctoral Candidate
Laughter Therapy - 6 Week Treatment

The most wasted of all days is one without laughter. ~e.e. cummings

Laughter is an instant vacation. ~Milton Berle

What soap is to the body, laughter is to the soul. ~Yiddish Proverb

A man isn't poor if he can still laugh. ~Raymond Hitchcock

Remember, men need laughter sometimes more than food.

~Anna Fellows Johnston

Seven days without laughter makes one weak. ~Mort Walker

At the height of laughter, the universe is flung into a kaleidoscope of new possibilities.

~Jean Houston

Carry laughter with you wherever you go. ~Hugh Sidey

A good laugh and a long sleep are the best cures in the doctor's book.

~Irish Proverb
Introduction

I have always known that laughter was powerful and in 2006, I was reading an article on laughing exercises and a laughter meditation, I was intrigued. After a Google search on laughter yoga and a man named Dr. Madan Kataria, I learned that training was being offered in Pasadena, the following month in February. This was my beginning of my educational journey into laughter and it has been a tremendous value and enhancement to my life.

What is Laughter?

Laughter has many aspects. “Two things are noted physiologically before laughter begins, the taking in of a big breath and the tensing of the body. The laugh is initiated with a general relaxation of the body” (Hayworth, 1928, p. 368). Hayworth goes on to say that the origin of laughter was to communicate relaxation with safety as a hypothesis (Hayworth, 1928). The two pulls within the body occurring at once are tension and relaxation creating an outlet for other emotions to be released. Wooten explains the process of laughter as:

Laughter is a smile that engages the entire body. At first, the corners of the mouth turn up slightly, then the muscles around your eyes engage and a twinkling in the eyes appears. Next you begin to make noises, ranging from controlled snickers, escaped chortles, and spontaneous giggles, to ridiculous cackles, noisy hoots, and uproarious guffaws. Your chest and abdominal muscles become activated. As the noise gets louder, you begin to bend your body back and forth, sometimes slapping your knees, stomping your feet on the floor or perhaps elbowing another person nearby. As laughter reaches its peak, tears flow freely. All of this continues until you feel so weak and exhausted that you must sit down or fall down. Very strange behavior! (Wooten, 1996, p. 3)

Why Laughter as a Treatment
Jean Houston spontaneously stated that, “At the height of laughter, the universe is flung into a kaleidoscope of new possibilities.” Chapman describes laughter as, “inarticulate vocal sounds, and smiling was deemed as an upward stretching of the mouth occurring without vocal sound; it was recognized, however, that a smile can sometimes be accompanied by a loud exhalation of breath at its genesis” (Chapman, 1975, p. 48). This may be the description of a kaleidoscope of new possibilities for individuals. A kaleidoscope may be the overdue cathartic experience of a deep belly laugh or tears running down the face from laughing so hard. Laughter therapy attempts to transcend the engagement of the mind in humor production that enters most interactions causes synchronicity with another human being (i.e. therapist and/or group participants).

There is research on laughter therapy involving play, jokes and stimulus that leads to laughter but a true laughter therapy that involves laughter as the basis for a therapy and cathartic release is the new drug that this writer will seek to provide through a fundamental belief that laughter is a gateway emotion.

**Theoretical Orientation**

The theoretical orientation is best described as eclectic. I have included Freud by incorporating the idea of cathartic method of laughter leading to a release of emotions. Catharsis allows the opportunity for the clinician to explore with the client the resistances and what has been suppressed or what needs to be released. The second theoretical orientation added to enhance the laughter treatment is positive psychology. Positive psychology offers an interpretation and lens of focus to support a laughter treatment plan. Positive psychology is the study of qualities that assist individuals to flourish. Through the use of laughter there may be an
opportunity to understanding positive “emotions that entails the study of contentment with the past, happiness in the present, and hope for the future” (http://www.ppc.sas.upenn.edu/).

The nature of a laughter meditation and exercises creates awareness of focus, attention and the nature of being present through the experience of laughter. While mindfulness may be a practice within itself, there is information that provides links to mindfulness allows for “intersubjectivity to relate to Buddhist psychology, and to being in the present moment” (Davis & Hayes, 2011, p. 199).

**Literature Support for Laughter**

Laughter carries a history throughout the world. In Japan, there is a story of the mountain goddess festival, which may be considered the oldest laughter festival recorded in 1856 (Abe 2010). Laughter in the festival restores order, gives importance to rituals and pleases the mountain goddess. According Clasquin, Buddhists have not always honored the value of laughter; as a result Ancient Buddhism viewed laughter as an offense which required confession to the assembly (2001). As Buddhism spreads throughout the world, a new image of laughter comes along in the form of “Pu-Tai, (Jap: Hotei), still familiar today as the jolly, fat ‘laughing Buddha’ of curio shops around the world” (Clasquin, 2001, p. 98).

The Warlpiri people from Yuendumu of Central Australia believe that laughter is a source of weakness and fear (2008). “Making others laugh, at Yuendumu, is often ‘rebuffed’ with remarks about the resulting weakness it causes” (Musharbash, 2008, p. 272). The Warlpiri explained that they are weak because when there *miyalu* (stomach) hurts they are weakened as result (Musharbash 2008).

The Native people of Alaska consider laughter as ‘good medicine’. The research work of Cueva, Kuhnley, Lanier and Dignan, quote the Cheyenne Tribe elder, “Laughter heals yourself
and those that hear you. How can you heal if you cannot smile, if you cannot laugh? Your healing cannot start until you start being happy” (Cueva, Kuhnley et al. 2006).

**Risks of Laughter**

There are areas of risk in laughter with the population of older adults “with serious medical conditions….a small numbers of people have experienced neurological reactions to laughter, including seizures and cataplectic and narcoleptic attacks. Large increases in abdominal and thoracic pressure are ill-advised following abdominal or pelvic surgery and after acute orthopedic distress” (Berk, 2001, p.333).

Kataria lists the following as risks that should prevent individuals from engaging into laughing exercises: hernias, advanced piles (hemorrhoids), heart disease with chest pains, epilepsy, sever backache, recent surgery, uterovaginal prolapse, pregnancy, attacks of cold and flu, ruling out tuberculosis, eye complications and any other complications (Kataria, 1999). Kataria does state that in the history of Laughter Clubs there has not been an “untoward incident” and “caution should be taken against any untoward effects of laughter” (Kataria, 1999, p. 73).

**Benefits of Laughter**

According to Martin, there is a popular trend toward connecting a positive link between health and humor (Martin, 2001). “Several possible mechanisms by which humor and laughter may be thought to positively impact physical health. Each of these models of causality focuses on a different aspect or component of humor and a different conceptualization of sense of humor” (Martin, 2001, p. 505).

Laughter may involve the following researched benefits for older adults; improves mental function, exercises and relaxes the muscles, improves respiration, stimulates circulation, decreases stress hormones, increase the production of endorphins, and increases immune
system’s defenses (Berk, 2001, pp. 328-331). Berk states that this information albeit targeted researched with older adults is to the benefits of any adults (2001).

Another benefit that may have a positive impact for adults is the idea that energy is expended during laughter (Buchowski, Majchrzak et al. 2007). The results of Buchowski et al. is that energy increased 20% with genuine laughter compared to resting, the caution of this research is that this study was conducted with young adults and therefore results may vary as with the factors of age and other conditions (2007).

Laughter can help ease grief and bereavement over the loss of a spouse (Lund, Utz et al. 2009). The research showed, “the lowest grief and depression score were found among those who were classified as experiencing a relatively high degree of humor, laughter, and happiness” (Lund et al., p.100). The lists of health benefits appear to far outweigh the cons. The following are listed benefits of Laugher Yoga: anti-stress, strengthen the immune system, reduced depression, control blood pressure, increase level of endorphins (natural painkillers), improves lung capacity and oxygen levels, catharsis, best aerobic exercise, improves stamina, and a good massage to internal organs (Kataria, 1999).

**The treatment manual breakdown**

This manual is focused on each week’s session. Each week includes laughing exercises and a laughter meditation. I decided against an audio of laughter descriptions because part of the emphasis is to allow the patient and the clinician to go within their imagination and create what is “right” for them and not what needs to be mimicked. There is a description provided for each laughter exercise but in the end the patient and the clinician are the creators of their own unique laughter sound. I have structured the weeks with an introduction to laughter and its different
expressions and a quick meditation in the first week and building the comfort and exposure to a multitude of experiences with laughter.

Week One (1) the patient will learn the proposed length of treatment is being suggested for six(6) weeks, that it is voluntary and that there are benefits and risks. This is an opportunity to express the purpose of this model is to allow the experience of laughter without stimulus other than direction and a clinician (i.e. therapist, social worker, psychologist) to create an opportunity for a gateway to be open to expressing and feeling other emotions and to be of a positive therapeutic benefit to the patient in a safe setting. “Laughter exercises and meditation, some people start crying to release their sadness, while others laugh out their aggression and anger. The most common problem is that many people are not able to express their emotions, and they keep it suppressed. It is not easy to express emotions, as other people might react adversely to them. Laughter Yoga is a harmless way of releasing the negative emotions (Kataria, 1999, p. 80)”

The manual starts with week one focus on laughter as a form, the idea was to get used to hearing and the sound of laughter. In week two, the focus is on animal laughter an association that most people may be able to identify with and just start to have fun. As the laughter is being developed week three moves the focus onto activity laughter and brings into personal experience and some not so personal experience but some imagination. Week four brings the emotional laughter into exercises and may require more time to develop and sit with certain emotions. Week five may provide more challenging with character laughter and this may be a place to create your own for a frame of reference that is time-oriented for your patient and you as the clinician. Week six provides an introduction of some new laughing exercises and some favorites from the first five weeks.
No matter what happens in the exercise, all of experiences may be used to explore and deepen the therapeutic relationship. If the patient starts to experience physical pain, stop the treatment and make a referral for patient to see their doctor. The meditation is short but gives a chance for the patient to sit with any emotions that may be bubbling to the service and to flow with laughter in relaxation. This also gives the clinician an opportunity to connect to material that may have presented itself during the session. There are questions suggested as an end to the sessions but you may find other questions more suitable (according to your own style), the idea is allow a space for the patient’s experience to be felt, explored and accepted.

The manual has directions on how to incorporate laughter into a 45-50 minute session for individuals and 90-110 minutes for groups for a period of six weeks. This manual can be adapted to groups by simply allowing more time for exercises, meditation and processes. Each weeks offers a variety of laughing exercises, as a clinician you may complete them all if time allows or pick and choose depending within that week’s exercises as time allows.

**Note to Clinician**

This is a clinician’s manual. This manual is meant to be used for the clinician to guide through six-weeks of therapy with the focus on laughing exercises and laughter meditation with the patient(s). An aspect of this laughter treatment is that the clinician will need to lead the patient(s) in laughter exercises through modeling and acceptance of silence and improvisation as needed by the patient(s). The quotes may be used in session with the patient or may be used for the clinician as inspiration for the week’s session.

It is important to check in and process with the patient but this section is a guide and reminder. The value of this Laughter therapy treatment model is that it works with the style of
the clinician, the fidelity is in the laughing exercises and meditation and the opportunity for the
patient to have a cathartic experience with the safety of the clinician’s frame of each session.

**What I Know About Laughter**

In the seven years that I have facilitated a laughter yoga group, as a certified Laughter
Yoga instructor and trainer, I have made some observations about laughter. These are my non-
clinical observations:

If you have not laughed in a while – your throat may hurt as if it is scratchy but it goes away
after the first week.

Laughter can be uncomfortable and awkward – it may feel like you are learning a foreign
language that is not spoken by anyone else.

Laughter may not feel good at first.

Laughter can and does lead to tears and the tears offer a chance for release and cleansing.

Laughter can create relationships; inappropriate laughter has the power to destroy relationships.

Laughter can make you feel child-like and carefree.

Laughter is a beautiful sound.

Laughter can heal many situations.

Fake laughter can lead to real laughter.

We can laugh without the use of jokes.

Laughter is a gateway to the experience of other emotions.
Even if there is nothing to laugh about, laugh on credit. ~Writer Unknown

Mirth is God's medicine. Everybody ought to bathe in it. ~Henry Ward Beecher

You can't deny laughter; when it comes, it plops down in your favorite chair and stays as long as it wants. ~Stephen King, *Hearts in Atlantis*

A good, real, unrestrained, hearty laugh is a sort of glorified internal massage, performed rapidly and automatically. It manipulates and revitalizes corners and unexplored crannies of the system that are unresponsive to most other exercise methods. ~Writer unknown, from an editorial in New York Tribune, quoted in *Quotations for Special Occasions* by Maud van Buren

Man, when you lose your laugh you lose your footing. ~Ken Kesey

It was not a laugh but merely a loud smile. ~Writer Unknown

A laugh is a smile that bursts. ~Mary H. Waldrip

Laughter on one's lips is a sign that the person down deep has a pretty good grasp of life. ~Hugh Sidey
WEEK 1: Laughter Forms

Informed Consent –

Voluntary – This treatment is designed to be voluntary and can be ended at any time within the course of this treatment. The length of this laughter treatment in the first phase is six (6) weeks length of treatment. Your confidentiality is maintained.

(For Groups - include introductions and housekeeping rules of group regarding confidentiality and closed group status – no new group members will come in for the six week sessions)

Check in – How do you feel right now (3 -5 minutes). (adapt to your style)

Benefits of Laughter (3 – 5 minutes):

What are their expectations or fantasies of how laughter will benefit them?

The benefits may include and research has shown:

- improve mental function
- exercise and relax muscles
- improves respiration
- stimulates circulation
- decrease stress hormones
- increase the production of endorphins
- increase immune system defense
- energy increases 20% with genuine laughter
- help ease grief and bereavement
- and much more…
**Risks of Laughter** (3 – 5 minutes)

What are their expectations or fantasies of how laughter could be a risk for them?

The risks may include and research has shown:

- a small number of people have experienced neurological reactions to laughter, including seizures and cataplectic and narcoleptic attacks

**Reminders:**

Modify the laughing exercises to your abilities; the goal is no new pain if you decide to be active in the laughing exercises. Please inform clinician if any surgeries or medical conditions have taken place that may be contraindicated for laughter.

**Laughter Exercises** (25 – 30 minutes) *Laughter Forms*

*The goal behind any of the laughing exercises is that you start with an exercise but if and when real laughter erupts without frame or structure go with it. If tears come, allow them to flow. This is a safe place. If you cannot find the laughter or create it, try to fake it and just repeat “ha-ha, ho-ho”, with flair with no flair, with rhythm if you got it or no rhythm. You may do all or choose not to do all exercises depending on time and patient’s content and processing.*

**Your Laughter** – People know you by your laugh - laugh as though you feel it inside bubbling up from the diaphragm. Something strikes you as funny as if you are the only one laughing, who “gets it”.

**Fake Laughter** – So maybe you do not feel like laughing- that is okay. Try the vocal sound of Ha- Ha- Ha- Ho- Ho Ho. How long can you fake laugh and what happens if real laughter happens – just continue to laugh.

**Quiet Laughter** – laugh quietly, the belly may move but there is a slight sound. The chest may move but only some vocal sound escapes from your mouth.

**Loud Laughter** – Laugh as loud as you can – act as if laughter could break through the room.

**Silent Laughter** - laugh silently, the belly may move but there is no sound. The chest may move but no vocal sound escapes from your mouth – just air.

**Short Laughter** - make short “ha” sounds, quick and short laughter with big breaths in between.

**Long Laughter** – hold on to the ha-a-a-a-a-a-a for as long as you can and repeat

**Old Laughter** - Does laughter change as we age – the answer is yes. Imagine and then vocalize the laughter of a 80-year old, 90 – year old and the laugh of someone that is 115 years old.

**Young Laughter** – the sound of youth laughing at nothing, the newness of the sound of laughter -, the unsure feeling of this vocal expression or the innocence of laughter.

**Close lip Laughter** – laugh without opening your mouth – keep the laughter trapped inside of your mouth. Does the laughter vibrate along the teeth or does it hit the roof of the mouth?

**Open mouth Laughter** – laugh with your mouth wide open. As you laugh show all of your teeth and where is the placement of your tongue? Does the laugh resonate from the throat or inside the cheeks?
**Snicker Laughter** – no not the candy bar but a laugh that is held in and comes out in spurts. Some might consider it not a nice laugh but it could be considered the escaped laugh that cannot be held inside any more.

**Belly Laughter** - Laugh with focus on the belly moving and shaking. Focus the energy of the laugh from the source of the belly.

**Stutter Laugh** – laugh in small spurts as if stuttering. Where does the stutter come from and are you able to notice a flow in stuttering?

**Chuckles** – a laughter that resonates form deep in the chest, full and robust in sound.

**Giggles** – childlike, spontaneous laughter that may sound higher in pitch.

**Body Laughter** – imagine that each part of your body has a laugh and can express that laughter.

**Heart Laughter** – What laughter sound would your heart express? Does your heart laughter sound to the rhythmic sound of a drum beat or is it a flowing of blood moving to and from the heart?

**Brain Laughter** – What does the sound of brain laughter sound like? Is it electric and buzzing or meditating?
Laughter Meditation - (3-10 minutes)

*Take a deep breath in and allow the stomach to expand and as you exhale allow all the thoughts, worries and excess energy to release with the breath. Center yourself with several more breaths, and feel laughter bubbling up through your being. As we moved through the laughing exercises, we know that we have tapped into the force of laughter within our being. As we focus on our breath, allow laughter to be united with your breath and release.* (End after laughing subsides or a few minutes of no laughter)

Process Time (10-15 minutes) (groups add 20 or more minutes)

- How do you feel?
- Did you find the expression of laughter easier in any of the exercises?
- Did you feel/ experience any resistance to any of the laughter forms? Which one(s)?
- Did laughing become easier as you went through the exercises?
- How does it feel to laugh?
- Any experiences that you would like to share?
**WEEK 2**

Dogs laugh, but they laugh with their tails. What puts man in a higher state of evolution is that he has got his laugh on the right end. ~Max Eastman

“There is a species of primate in South America more gregarious than most other mammals, with a curious behavior. The members of this species often gather in groups, large and small, and in the course of their mutual chattering, under a wide variety of circumstances, they are induced to engage in bouts of involuntary, convulsive respiration, a sort of loud, helpless, mutually reinforcing group panting that sometimes is so severe as to incapacitate them. Far from being aversive, however, these attacks seem to be sought out by most members of the species, some of whom even appear to be addicted to them....the species in Homo sapiens (which does indeed inhabit South America, among other places), and the behavior is laughter.”

~ Daniel C. Dennett, *Consciousness Explained*

“That was what happened to laughter when you caged it. It became unbearably sad. It was worse than crying.” ~ Isobelle Carmody, *Greylands*

“Humanity takes itself too seriously. It is the world's original sin. If cavemen had known how to laugh, history would have been different.” ~ Chuck Klosterman
WEEK 2: Animal Laughter

Check in (5-10 minutes) What’s going on? How has laughter showed up in your life since our last session? What did you notice and feel after the last session?

Reminders:

Modify the laughing exercises to your abilities; the goal is no new pain if you decide to be active in the laughing exercises. Please inform clinician if any surgeries or medical conditions have taken place that may be contraindicated for laughter

Laughter Exercises (25 – 30 minutes) - Animal Laughter

The goal behind any of the laughing exercises is that you start with an exercise but if and when real laughter erupts without frame or structure go with it. If tears come, allow them to flow. This is a safe place. If you cannot find the laughter or create it, fake it and just repeat “ha-ha, ho-ho”, with flair with no flair, with rhythm if you got it or no rhythm. You may do all or choose not to do all exercises depending on time and patient’s content and processing.

Snake Laughter – the sound of a snake may be the hissing sound, the repeated “s-s-s-s-s” or the strike of the snake. How do you express snake laughter?

Pig Laughter – a simple oink sound or a snort that is resonates from the nose or more nasal in based.
**Monkey Laughter** – The zoo is full of different species of monkeys and the variety of their vocal sound can make for an interesting expression of laughter. The well-known high pitch screech of “e-e-e—ah-ah-ah” sound or the deep base of a “bo-oo-op” or nay other sound you have heard a monkey sound.

**Donkey Laughter** – the donkey sound is generally that of a “hee-haww”, in laughter we exaggerate and add some character to our donkey.

**Dog Laughter** – your experience may be that of a “woof” or a “bark”, or of a tiny yipper dog.

**Cat Laughter** – the cat’s meow can be soft, long or quick mews.

**Wolf Laughter** – There is a quote by Charles Simic, “He who cannot howl will not find his pack.” This is an opportunity to express howling laughter as if to the moon or to find your pack.

**Bird Laughter** – are you a tweeter or does your bird sound like that of a woodpecker or some melody found in a tropical island? Sound off your bird laughter in your own unique version.

**Dolphin Laughter** – the dolphin is said to be one of the smartest animal with a high pitched ee-ee-ee –ee. Express your dolphin laughter.

**Lion Laughter** – roar as the mighty lion or as the lion that needed courage. Get into the motion of the lion roaring with arms and body.

**Hyena Laughter** – the hyena laugh closely resembles laughter, high pitched rapid laughter.

**Sheep Laughter** – the song baa- baa black sheep comes to mind as to the sound of the sheep.
Duck Laughter – each of us has an inner quack just waiting to break through. Quack it out.

Rooster Laughter – cock-a-doodle-doo or make the sound and laugh the rooster laugh with great attitude,

Nanny Goat Laughter - almost like the sheep sound but more high pitched and staccato “a-a-a-ah”

Cow Laughter – whether chewing on cud laughter or the moo laughter, let your inner cow express.

Peacock Laughter – on a quiet evening in the country or city you may hear what sounds like a child crying, this may be the sound of a peacock.

Laughter Meditation - (3-10 minutes)

Take a deep breath in and allow the stomach to expand and as you exhale allow all the thoughts, worries and excess energy to release with the breath. Center yourself with several more breaths, and feel laughter bubbling up through your being. As we moved through the laughing exercises, we know that we have tapped into the force of laughter within our being. As we focus on our breath, allow laughter to be united with your breath and release. (End after laughing subsides or a few minutes of no laughter)
**Process Time** (10-15 minutes)

How do you feel?

Did you find the expression of laughter easier in any of the exercises?

Did you feel/ experience any resistance to any of the laughter forms? Which one(s)?

Did laughing become easier as you went through the exercises?

How does it feel to laugh?

Any experiences that you would like to share?

HOMEWORK: (optional) This week create your own animal laughter inspiration.
WEEK 3

So many tangles in life are ultimately hopeless that we have no appropriate sword other than laughter. ~Gordon W. Allport

I've always thought that a big laugh is a really loud noise from the soul saying "Ain't that the truth." ~Quincy Jones

Laughter is the corrective force which prevents us from becoming cranks. ~Henri Bergson

Laughter is the sensation of feeling good all over and showing it principally in one place. ~Josh Billings

Laughter is a tranquilizer with no side effects. ~Arnold Glasow

I love people who make me laugh. I honestly think it's the thing I like most, to laugh. It cures a multitude of ills. It's probably the most important thing in a person.” ~Audrey Hepburn

“If we couldn't laugh we would all go insane.” ~ Robert Frost

“The earth laughs in flowers.” ~Ralph Waldo Emerson

“I don't trust anyone who doesn't laugh.” ~ Maya Angelou
WEEK 3: Laughter Activities

Check in – How do you feel right now (5 - 10 minutes)

Reminders:
Modify the laughing exercises to your abilities; the goal is no new pain if you decide to be active in the laughing exercises. Please inform clinician if any surgeries or medical conditions have taken place that may be contraindicated for laughter.

Laughter Exercises (25 – 30 minutes) Activities

The goal behind any of the laughing exercises is that you start with an exercise but if and when real laughter erupts without frame or structure go with it. If tears come, allow them to flow. This is a safe place. If you cannot find the laughter or create it, fake it and just repeat “ha-ha, ho-ho”, with flair with no flair, with rhythm if you got it or no rhythm. You may do all or choose not to do all exercises depending on time and patient’s content and processing.

Singing Laughter – think of your favorite song and then add ha – ha in place of each syllable. Another technique is Beethoven’s Fifth, for these singing exercises just add ha ha for each note.

Dance Laughter – this is more motion – but imagine the dance from Pulp Fiction, Saturday Night Fever or even a more traditional interpretive dance such as aloha and making the sound of ha- ha- ho- ho to each movement.
**Cell Phone Laughter** – your phone is symbolized through your hand and you can imagine dialing with ha ha’s and allowing laughter to erupt as the phone conversation is stimulated or dropped.

**Lawn Mower Laughter** – this laughter exercise is with the use of the pull chain lawn mowers. Each time you pull an imaginary pull cord to start the lawn mower, make the sound of the lawn mower with ha- ha- ha or one long and dying ha-a-a-a-a, until it turns over the engine and then hum along the purring ha- ha of a motor.

**Make a Shake Laughter** – This laughter includes each step of the milk shake process with a ha- ha. You may scoop the imaginary ice cream with a ha-ha into an imaginary cup, then add the other ingredients with ha- ha ho ho to your other ingredients of ice, milk and flavor. As your ingredients are sitting in the cup, put the imaginary cover on and shake vigorously or gently with ha ha’s guiding the process. Time to try the milk shake and show your enjoyment with laughter and don’t forget the brain freeze if you drink too fast.

**Picking Flowers Laughter** - this laughter can be slow and gentle. You have walked into a field of flowers and there is one flower that speaks to you. As you pick the flower you start with gentle ha- ha sound, then proceed to inhale the scent and as you release the breath allow a sighing ha-a sound. You can choose more flowers or focus on this one flower with gentle ha- ha sounds escaping from your being.

**Bowling Laughter** – you are an expert bowler and have a technique all your own. My technique is exaggerated by the image of Fred Flintstone on tiptoes as he approaches the line to release the ball down the alley. The first step is to hold the ball with laughter, move the ball in front of you then move it behind you and release with arm outstretched in front of you with
laughter guiding each movement. How do you feel with laughter at a split, a strike or a gutter ball?

**Snowball Laughter** – the first real snow of the season has come and the snow is of perfect consistency for a snowball. Laugh as you feel the coldness of the snow, the packing and swirling of the perfect round snowball and the toss into the air or at something. Take each moment of the snowball and fill it with laughing sound of ha- ha- ha and ho- ho ho. Hmmm, now what to do with the snowball?

**Surfing Laughter** – Imagine all the steps in surfing and bring a ha-ha to each step or the wipeout laugh to the movements. Ha- ha as you attempt to stand up on the board and catch the perfect wave. Are you riding the wave or is the wave riding you? Imagine the balance as you ride the wave, the feel of the wave beneath you and the feeling as you fall over into the water to go catch another wave…. Or are you just wiped out? Remember to laugh in each step.

**Conductor Laughter** – You are a conductor of a symphony of laughter. Laugh with vibrato, create lift to the laughter and allow laughter to fade, it is a symphony of your making.

**Hot Soup Laughter** - hot soup has just been served and the ha-ha’s are punctuated with possible jumping and an expression of pain through laughter. Hands flap as if to cool off the mouth and the essence of a good soup is that you proceed to take another sip of the hot soup.

**Lifting Weights Laughter** – Imagine you are lifting weights in bicep curls, presses, lunges and the weight is so heavy that you exert with ha-ha’s throughout the repetitions. The next phase of a good workout is the pain that results from unused muscles being used and ha-ha’s can flow with every movement after a “good workout”.
**Boxing Laughter** – maybe the theme from Rocky guides your boxing moves and as you jab and duck you allow laughter to flow through each movement. Don’t forget to float like a butterfly and share your ha-ha’s.

**Library Laughter** – the library laughter is quiet but bursting at the seams. Trying to keep the ha-ha’s quiet until the librarian walks by with the “shhh” and then the real laughter begins.

**Stubbed toe Laughter** – The stubbed toe laughter is sudden and shoots right through the body with piercing “ha-ha” or the muffled prideful I can hold it in “ha!”.

**Stuck in traffic Laughter** – The laugh sounds exasperated and frustrated with long “ha’s” to several frantic “ha-ha’s” as you realize that no amount of mental willing will move the traffic any faster and you realize that it may take you 30 minutes to move one mile.

**Survival Laughter** - Some might think this is the laughter of a mania as you realize that supplies are dwindling and you are far from home or is it the echoing laughter of a “ha” that signals a response from rescuers looking for you.

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**Laughter Meditation** - (3-10 minutes)

*Take a deep breath in and allow the stomach to expand and as you exhale allow all the thoughts, worries and excess energy to release with the breath. Center yourself with several more breaths, and feel laughter bubbling up through your being. As we moved through the laughing exercises, we know that we have tapped into the force of laughter within our being. As we focus on our breath, allow laughter to be united with your breath and release.* (End after laughing subsides or a few minutes of no laughter)
**Process Time** (10-15 minutes)

How do you feel?

Did you find the expression of laughter easier in any of the exercises?

Did you feel/ experience any resistance to any of the laughter forms? Which one(s)?

Did laughing become easier as you went through the exercises?

How does it feel to laugh?

Any experiences that you would like to share?
WEEK 4

Laughter is the shortest distance between two people. ~Victor Borge

Laughter and tears are both responses to frustration and exhaustion. I myself prefer to laugh,
since there is less cleaning up to do afterward. ~Kurt Vonnegut

With the fearful strain that is on me night and day, if I did not laugh I should die.

~Abraham Lincoln

Perhaps I know best why it is man alone who laughs; he alone suffers so deeply that he had to
invent laughter. ~Friedrich Nietzsche

“Sometimes crying or laughing are the only options left, and laughing feels better right now.”

~ Veronica Roth, Divergent

“There is a thin line that separates laughter and pain, comedy and tragedy, humor and hurt.”

~ Erma Bombeck

“The only real laughter comes from despair.” ~ Groucho Marx, The Groucho Letters

“My body needs laughter as much as it needs tears. Both are cleansers of stress.”

~ Mahogany SilverRain, Ebony Encounters: A Trilogy of Erotic Tales
WEEK 4: Emotional Laughter

Check in – How do you feel right now (5 - 10 minutes)

Reminders:
Modify the laughing exercises to your abilities; the goal is no new pain if you decide to be active in the laughing exercises. Please inform clinician if any surgeries or medical conditions have taken place that may be contraindicated for laughter.

Laughter Exercises (25 – 30 minutes) Emotions

The goal behind any of the laughing exercises is that you start with an exercise but if and when real laughter erupts without frame or structure go with it. If tears come, allow them to flow. This is a safe place. If you cannot find the laughter or create it, fake it and just repeat “ha-ha, ho-ho”, with flair with no flair, with rhythm if you got it or no rhythm. You may do all or choose not to do all exercises depending on time and patient’s content and processing.

Embarrassing Laughter – Your head hangs low and your laughter is unsure and unsteady. The “ha-ha” may be soft at the beginning and then the realization that things did not go perfect brings about a louder and deeper “ha-ha”

Boo Hoo Laughter – exaggerate the “boo-hoo” sound and then create a stifled “boo-hoo”. The boo-hoo can be the sound of a baby crying or the deep moans of loss.

Maniac Laughter – What is the sound of a crazy person realizing that laughter may provide the only true escape?
Silly Laughter – release the inner child and let go with a laughter that loses itself in the “ha-ha”.

Wailer Laughter – The funeral parlor wail is loud and deep with grief. Take a big inhale and gasp out a “ha-a-a-a-a-a-a.”

Loving Laughter - Loving laugh may be a soft and sweet “ha-ha-ha” or a passionate give it all you got “ha!”

Forgiveness Laughter – Using hand gesture to open your heart and working with “ha-ha” with sincerity and humbleness.

Tantrum Laughter – Imagine a tantrum of laughter, the “ha-ha” is loud and indignant and filled with self needs not being met.

Sighing Laughter – the “ha-ha” may sound like a release and relaxing.

Excited Laughter – The “ha-ha” may not be able to be completed and filled with anticipation of something good coming but not quite here.

Proper Laughter – this is the “ha-ha” that is dignified and filled with airs, that does not lose control.

Angry Laughter – short with attitude “ha-ha’s” that almost feel like a shouting match or anger that has built into rage.

Stifled Laughter – the “ha-ha” that tries to be quiet and not make a sound but the laugh is to powerful and escapes from the confines of a closed mouth.

Intelligent Laughter – guffaw – Somehow the laugh does not seem quite real almost like the “ha-ha” is trying too hard.

Scared Laughter – The “ha-ha” is shaking and almost nearing a cry.
**Stubborn Laughter** – you can’t make me laugh “ha-ha”. The laughter is like pulling teeth, short and a little angry.

**Nervous Laughter** – This “ha-ha” is filled with quick starts and stops, not sure of itself.

**Serious Laughter** - Try to repeat as many “ha-ha’s” as possible with a straight face.

**Tired Laughter** – Try to make a “ha-ha” sound from a yawn or a “ha-ha” without energy and dragging.

**Bored Laughter** - The “ha-ha” is ready for the next thing with no interest and no liveliness.

**Happy Laughter** – The “ha-ha” is simply from a good place – no worries.

**Laughter Meditation** – (3-10 minutes)

*Take a deep breath in and allow the stomach to expand and as you exhale allow all the thoughts, worries and excess energy to release with the breath. Center yourself with several more breaths, and feel laughter bubbling up through your being. As we moved through the laughing exercises, we know that we have tapped into the force of laughter within our being. As we focus on our breath, allow laughter to be united with your breath and release.* (End after laughing subsides or a few minutes of no laughter)
Process Time (10-15 minutes)

How do you feel?

Did you find the expression of laughter easier in any of the exercises?

Did you feel/ experience any resistance to any of the laughter forms? Which one(s)?

Did laughing become easier as you went through the exercises?

How does it feel to laugh?

Any experiences that you would like to share?
WEEK 5

“Laughter is America's most important export.” — Walt Disney Company

Laughter gives us distance. It allows us to step back from an event, deal with it and then move on. ~Bob Newhart

We do have a zeal for laughter in most situations, give or take a dentist. ~Joseph Heller

“There is nothing in the world so irresistibly contagious as laughter and good humor.”

~ Charles Dickens, A Christmas Carol

“Life is worth living as long as there's a laugh in it.” ~ L.M. Montgomery, Anne of Green Gables

“I am the happiest creature in the world. Perhaps other people have said so before, but not one with such justice. I am happier even than Jane; she only smiles, I laugh.”

~ Jane Austen, Pride and Prejudice

“If you wish to glimpse inside a human soul and get to know a man, don't bother analyzing his ways of being silent, of talking, of weeping, of seeing how much he is moved by noble ideas; you will get better results if you just watch him laugh. If he laughs well, he's a good man.” ~ Fyodor Dostoyevsky
WEEK 5: Character Laughter

Check in – How do you feel right now (5 - 10 minutes)

Reminders:
Modify the laughing exercises to your abilities; the goal is no new pain if you decide to be active in the laughing exercises. Please inform clinician if any surgeries or medical conditions have taken place that may be contraindicated for laughter

Laughter Exercises (25 – 30 minutes) Character

You do not have to be good at imitation – just willing to try. The goal behind any of the laughing exercises is that you start with an exercise but if and when real laughter erupts without frame or structure go with it. If tears come, allow them to flow. This is a safe place. If you cannot find the laughter or create it, fake it and just repeat “ha-ha, ho-ho”, with flair with no flair, with rhythm if you got it or no rhythm. You may do all or choose not to do all exercises depending on time and patient’s content and processing.

Tigger Laughter – This is a deep full laughter filled with wonder and usually ends on a high note. “Hoo – hoo- hoo- hooo!?

I Love Lucy Laughter – She always had schemes but her laugh was a little off tune and somewhat high or do the boo-hoo laughter with her flair for crying….if you can remember.

Woody Woodpecker Laughter - old cartoon and rhythmic in sound,”Ha-ha-ha-HAA-ha”
The Nanny Laughter - was a sitcom in the 90’s and her laugh was a nasally :he-he-he” repeated over and over.

Mad Doctor Laughter - with the plot to take over the world in motion the mad doctor uses laughter while rubbing his hands together to indicate things in motion. This can be crazy and high pitched or sinister and deep in laughter.

Wicked Witch Laughter - you might think of the wicked witch of the West, “I’ll get you my pretty, “ah – ha-ha-ha-ha.”

Sponge Bob Laughter – this may be hard because his laughter sounds like a child on helium, high pitched and over and over almost annoying “he-he-he-he.”

Popeye Laughter – he loved his spinach and his laugh was unique, "A-gah-gah-gah-gah-gah-gah-gah!"

Muttley’s snicker Laughter – another oldie but goodie, his laugh was more of a wheezing snicker, the laugh felt like it was the end of a pneumonia session.

Elmo Laughter – imagine a 3 year old staccato laugh, “ha-ha-ha, ha-ha-ha”

Scooby Doo Laughter – always a little goofy anyway, “Ree hee hee hee hee hee”

Pirate Laughter – this laugh is a deep and a little dark, “Arrr- arrrr- arrr”

Laughing Buddha Laughter – who can define the divine; create your own laughing Buddha laughter by rubbing your tummy and allowing laughter to erupt.

Tarzan Laughter – while pounding on chest it might sound more like a cheer.

Dracula Laughter – deep, rich guttural laugh with a sinister flair

Wipeout Laughter – you might have heard of the song, high -pitched, staccato “he-he-he-he-he-he-heeee, wipeout”
**Robot Laughter** – automated and structured and accompanied by rigid body movements, it is the uniform “haa- haa-haa”

**Alien Laughter** – guess it depends on the planet of origin, but imagine your alien laugh with some sort of echo and distant sound involved.

**Laughter Meditation** - (3-10 minutes)

*Take a deep breath in and allow the stomach to expand and as you exhale allow all the thoughts, worries and excess energy to release with the breath. Center yourself with several more breaths, and feel laughter bubbling up through your being. As we moved through the laughing exercises, we know that we have tapped into the force of laughter within our being. As we focus on our breath, allow laughter to be united with your breath and release.* (End after laughing subsides or a few minutes of no laughter)

**Process Time** (10-15 minutes)

How do you feel?

Did you find the expression of laughter easier in any of the exercises?

Did you feel/ experience any resistance to any of the laughter forms? Which one(s)?

Did laughing become easier as you went through the exercises?

How does it feel to laugh?

Any experiences that you would like to share?
WEEK 6

“The human race has only one really effective weapon and that is laughter.” ~ Mark Twain

“I know not all that may be coming, but be it what it will, I’ll go to it laughing.” ~ Herman Melville, Moby-Dick; or, The Whale

“Laughter is the sound of the soul dancing. My soul probably looks like Fred Astaire.” ~ Jarod Kintz, This Book is Not for Sale

“Laughter is carbonated holiness.” ~ Anne Lamott

“Always laugh when you can, it is cheap medicine.” — George Gordon Byron

“You have as much laughter as you have faith.” ~ Martin Luther

“People who stop laughing are always the ones who get hurt.” ~ Josh Sundquist, Just Don't Fall: How I Grew Up, Conquered Illness, and Made It Down the Mountain

“Those who do not know how to weep with their whole heart don't know how to laugh either”

— Golda Meir

“Laughter is wine for the soul - laughter soft, or loud and deep, tinged through with seriousness - the hilarious declaration made by man that life is worth living.”

— Seán O'Casey
WEEK 6: Favorites and New Laughter

Check in – How do you feel right now (5 - 10 minutes)

Reminders:
Modify the laughing exercises to your abilities; the goal is no new pain if you decide to be active in the laughing exercises. Please inform clinician if any surgeries or medical conditions have taken place that may be contraindicated for laughter

Laughter Exercises (25 – 30 minutes) Favorites and New

The goal behind any of the laughing exercises is that you start with an exercise but if and when real laughter erupts without frame or structure go with it. If tears come, allow them to flow. This is a safe place. If you cannot find the laughter or create it, fake it and just repeat “ha-ha, ho-ho”, with flair with no flair, with rhythm if you got it or no rhythm. You may do all or choose not to do all exercises depending on time and patient’s content and processing.

Silent Laughter - laugh silently, the belly may move but there is no sound. The chest may move but no vocal sound escapes from your mouth – just air.

Mad Doctor Laughter - with the plot to take over the world in motion the mad doctor uses laughter while rubbing his hands together to indicate things in motion. This can be crazy and high pitched or sinister and deep in laughter.
Singing Laughter - Beethoven’s Fifth - think of your favorite song and then add ha – ha in place of each syllable. Another technique is Beethoven’s Fifth, for these singing exercises just add “ha ha” for each note.

Tigger Laughter - This is a deep full laughter filled with wonder and usually ends on a high note. “Hoo – hoo- hoo- hooo!?”

Boo Hoo Laughter - exaggerate the “boo-hoo” sound and then create a stifled “boo-hoo”. The “boo- hoo” can be the sound of a baby crying or the deep moans of loss.

Wicked Witch Laughter - you might think of the wicked witch of the West, “I’ll get you my pretty, “ah – ha-ha-ha-ha.”

Snow Ball Laughter - the first real snow of the season has come and the snow is of perfect consistency for a snowball. Laugh as you feel the coldness of the snow, the packing and swirling of the perfect round snowball and the toss into the air or at something. Take each moment of the snowball and fill it with laughing sound of ha- ha- ha and ho- ho ho. Hmmm, now what to do with the snowball?

Popeye Laughter - he loved his spinach and his laugh was unique, "A-gah-gah-gah-gah-gah-gah-gah!"

Aloha Dance Laughter - a more traditional interpretive dance such as aloha and making the sound of ha-ha-ho-ho to each movement.

High/Low Laughter – this like rubbing your tummy and patting your head at the same time. While standing have a low laughter, “ha-ha-ha” and then while bending low create a higher pitch laughter “he-he-he.”

Gibberish Laughter – create a language that is all you own with enunciations, and communication that means something to you – will laughter still be a “ha-ha” – probably not.
**Vowel Laughter** – make the “ha-ha” follow the sound of each vowel, “a-e-i-o-u”

**Excited Laughter** – you cannot hold it in and it builds to a frenzy of laughter – joy that cannot be contained.

**Discovery Laughter** – ooh and ahh your way through laughter

**Laughter Meditation** - (3-10 minutes)

*Take a deep breath in and allow the stomach to expand and as you exhale allow all the thoughts, worries and excess energy to release with the breath. Center yourself with several more breaths, and feel laughter bubbling up through your being. As we moved through the laughing exercises, we know that we have tapped into the force of laughter within our being. As we focus on our breath, allow laughter to be united with your breath and release.* (End after laughing subsides or a few minutes of no laughter)

**Process Time** (10-15 minutes)

How do you feel?

Did you find the expression of laughter easier in any of the exercises?

Did you feel/ experience any resistance to any of the laughter forms? Which one(s)?

Did laughing become easier as you went through the exercises?

How does it feel to laugh?

Any experiences that you would like to share?
References


Appendix B: Questionnaire to Evaluate Laughter Therapy Treatment Manual

Treatment Manual Evaluation Form

Name: _________________________________________ Date: ___________________

The goal of the treatment manual is to provide mental health professionals in therapeutic clinical
definitions with straightforward instructions on how to offer and guide a patient into a 6-week
laughter treatment program with the focus on laughing exercises as a cathartic tool to create a
gateway to other emotions and enhance patients’ experiences holistically. Your clinical
experience and license will offer insight and validity as to the appropriateness and efficacy of
this proposed laughter treatment model. Keep your own experiences in mind when evaluating
whether you think a laughter treatment would be a valuable and effective resource.

Instructions:
Circle the number corresponding to the degree to which you agree with each of the statements.
Use the space below each statement for comments. If you need more space please add the
number to the question on a piece of paper and attach it to the questionnaire to be mailed. When
you are finished and have filled out each evaluation sheet, please return the entire manual in the
enclosed packing. If you would like a free copy of this manual after final revisions have been
made, please email me at rld0282@ego.thechicagoschool.edu. Thank you very much for your
time, energy and participation.

Confidentiality:
Although your name is asked for on the expert panel information sheet and this questionnaire,
your name and license number confidentiality will be maintained and will not be made public.
1) The writing style for this manual is clear and easy to understand.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree
1            2            3            4            5

Comment and Suggestions:

2) Laughter is cathartic and may be a gateway to other emotional expression.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree
1            2            3            4            5

Comment and Suggestions:

3) A six-week Laughter Treatment Therapy Model provides therapeutic value to individuals.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree
1            2            3            4            5

Comment and Suggestions:

4) A six-week Laughter Treatment Model provides therapeutic value to groups.

Strongly Disagree  Disagree  Neutral  Agree  Strongly Agree
1            2            3            4            5

Comment and Suggestions:
5. Laughter therapy, as described in the manual, benefits the relationship between the clinician and patient.

**Strongly Disagree**  **Disagree**  **Neutral**  **Agree**  **Strongly Agree**

1  2  3  4  5

Comment and Suggestions:

6. It is appropriate and beneficial to use a laughter therapy in a clinical setting.

**Strongly Disagree**  **Disagree**  **Neutral**  **Agree**  **Strongly Agree**

1  2  3  4  5

Comment and Suggestions:

7. The use of laughter in therapy reduces stress for clinicians.

**Strongly Disagree**  **Disagree**  **Neutral**  **Agree**  **Strongly Agree**

1  2  3  4  5

Comment and Suggestions:

Comments or suggestions on the laughter treatment manual.
Appendix C: Expert Panel Information Sheet

Instruction: Please complete each item on the following information sheet regarding your demographic and professional background. Your information is strictly confidential, and will be used for the purposes of completing this study only.

**Demographic Information**

Name: ________________________________________________

Age: _________ Gender: _________________________

Preferred method of future correspondence:

- Phone: ____________________________________________
- Email: ____________________________________________

**Educational and Professional Background**

Professional title: ________________________________________________

Occupation: ____________________________________________________

Highest Degree Completed: _________________________________________

Special Certification(s): __________________________________________

Type of license: ______________________ Year license was issued: _______

Number of years working in clinical setting: __________________________

Type of practice: ________________________________________________

Experience working with individual: (yes/no) ______ Group: (yes/no) _______ 

Experience with catharsis: (yes/no) ________________________________
Experience with positive psychology orientation: (yes/no) ______________________
Experience with mindfulness practices: (yes/no) : ______________________________
What other comment(s) would you like to make about your practice?