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Laughing to Heal and Renew: Implementation of Humor in Dance/Movement Therapy

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Laughing to Heal and Renew:

Implementation of Humor in Dance/Movement Therapy

Elisabeth Ritter

Submitted in partial completion of the Master of Science Degree in

Dance/Movement Therapy at Sarah Lawrence College

May 2017

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Abstract

This thesis aims to identify and investigate humor as a therapeutic resource in connection with the dance/movement therapy process. Laughter is a universal form of expression. This theoretical based study highlights laughter as a tool for enhancing relationships, and supporting both mental and physical health. Laughter is a component in dance/movement therapy, but the research is lacking on the implementation and advantages of humor within the practice.

Keywords: humor, laughter, dance/movement therapy

When the corners of the mouth stretch across the face, a hesitant stutter emerges. Within seconds, a sudden howl releases like it has been waiting for escape. The release of breath evolves into total helplessness. A brief, physically intense, transcendent experience broken up by squeals of delight. Tears roll down rosy cheeks onto an aching smile. Patterns of silence, gasps for air, and breathlessness cause an irregular rhythm of breath resulting in abdominal soreness. This uncontrollable refreshing moment is so ephemeral that the desire and need for this feeling can last a lifetime.

Laughing is a physical expression of pleasure (Martin, 2007). I latch onto those outbursts of deep belly laughs that stick with me for months, even years. This bodily experience can be recognized as having natural healing powers. It is a universal expression that is good for the body as well as the soul. The activation of a joyful experience triggers an expressive response of laughter and smiling. When laughter emerges, the response involves the nervous system, causing muscle changes in the larynx, respiratory system, and face, as well as physiological changes in the brain (Martin, 2007). With the power to heal and renew the senses, the ability to laugh is a resource for enhancing relationships, and supporting both mental and physical health (Martin, 2007). These changes support the proposal that people need laughter. The research is mounting about the positive affects laughter can bring to the body physiologically, emotionally, and socially (Martin, 2007).

Researchers of medicine and philosophy have proposed the health benefits of laughter (Martin, 2007). There are numerous physical benefits of laughter, including improved blood circulation, enhancement of the immune system, restoring and activating

energy, and enhancing the function of vital organs, such as the respiratory and cardiovascular systems (Martin, 2007). Laughing serves as a catalyst for change within the body. Engaging in laughter is like “inner jogging” (Martin, 2007, p. 7). Respiratory movement of the lungs, caused by laughter, enhances pulmonary functions, potentially reducing the risk of bacterial infections (Martin, 2007). Stanford University psychiatrist, Dr. William Fry, Jr., studied the effects of laughter on the physical body and concluded that this practice is similar to aerobic exercise (Karren, Hafen, Smith, Frandsen, 2006). The cardiovascular system is enhanced as one’s blood pressure and heart rate rises and falls. The intense exchange of air in and out of the lungs provides a healthy exercise of the respiratory system allowing oxygen to be delivered to organs, which improves circulation (Karren, Hafen, Smith, Frandsen, 2006).

Laughter directly impacts the activation of endorphins and lowers stress hormones (Martin, 2007). Releasing serotonin, oxytocin and endorphins allows one to build relationships, and feel a sense of worth and inclusion (Martin, 2007). Norman Cousins put value into laughter as therapy (Martin, 2007). A well-known journalist and editor, he recognized the impact of an encounter with laughter after being diagnosed with a chronic illness that caused him severe pain and stress-related negative emotions. Cousins decided to foster opportunities for daily laughter. He counteracted his negative feelings and cultivated experiences of positive emotions. He concluded that laughter might reduce pain, by stimulating the release of “feel good” endorphins, the morphine like substances formed by the brain (Martin, 2007). The act of laughter shifts facial and vocal expressions (Martin, 2007). The jaw drops, the mouth opens and there is a gasp for air. There is a pattern of the muscles tightening and releasing, resulting in stress reduction

(Klein, 1989). Muscles of the abdomen, diaphragm, neck, shoulders, and face are released of tension, enabling a feeling of total relaxation (Karren, Hafen, Smith, Frandsen, 2006). Studies show that stress has a negative impact on the immune system and, as a result, the body goes into turmoil. Bennett, Zeller, Rosenberg (2003) examined the physiological effects of laughter on stress and the body's immune system. Participants were instructed to watch a humorous video while the researchers measured the changes in immunity. The participants had a greater stress reduction, and there was an increase in activity among natural killer cells. These cells assist in the fighting of potential diseases and bacteria. With an activation of immunity cells, the body is able to regulate, and possibly fight off, disease and stress (Bennett, Zeller, Rosenberg, 2003, as cited in Karren, Hafen, Smith, Frandsen, 2006).

The physical benefits of laughter are complemented by the psychological effects (Klein, 1989). Negative emotions and feelings cause negative outcomes in the body. Experiencing feelings of fear, grief, powerlessness, stress, and anger cause one to feel physically ill. Sometimes we make ourselves sick with worry (Klein, 1989). Laughing transforms our feelings of despair and discouragement, evolving them into feelings of empowerment. When a person laughs, feelings of depression, anxiety, irritability, and tension minimize, resulting in an increase of cheerfulness, joy, and energy. Ultimately, laughter serves to induce positive emotions and counteract negative feelings (Martin, 2007). Hans Selye, a stress researcher, states, "Nothing erases unpleasant thoughts more effectively than concentration on pleasant ones" (Klein, 1989, p.7). Laughter contributes to the regulation of emotions and elevation of mood, which benefits overall mental health. Laughing allows the body to release tension and stress while creating a sense of

vigor and vitality. The pain of anxiety and tension eases, as the body melts in a bellow of laughter (Martin, 2007).

Laughter is paramount in its ability to squash fear, relieve depression, and reduce stress (Klein, 1989). As humans, we all suffer pain, heartache, stress, and fear. The pain we confront in life is inevitable, but suffering is not. Hearty laughter can help achieve and maintain balance to improve life's perspective. Engaging in laughter can shift how we view life and the hardships we face. Laughter provides a sense of vivacity and aliveness leading to stress release. (Karren, Hafen, Smith, Frandsen, 2006). Lawrence Peter, author of The Laughter Prescription, identifies the importance of laughter in getting rid of stress-related tension and negativity (Klein, 1989). Research has shown that laughter provides a new perspective, which aids in coping with stress, tension, and pain caused by daily life (Klein, 1989). Finding laughter draws the attention away from the issues, and thus allows individuals to frame problems with a new perspective (Klein, 1989). If there is potential to find laughter in our stressful situations, the pain and stress subsides. Fry conjectured that engaging in laughter counteracts and alleviates fear and rage (Klein, 1989). He stated, "Rage is impossible when mirth prevails" (cited in Klein, 1989, p.9). There is a reciprocal relationship between laughter and maintaining a healthy heart. Since laughter reduces stress levels, engaging in laughter can help keep your heart healthy (Klein, 1989). Humor allows us to look at life through a different lens. Our perspective is broadened. With the initiation of humor, we can recognize the stress life brings and invite adaptability and flexibility, rather than fragility and rigidity. (Avery, 1988, as cited in Karren, Hafen, Smith, Frandsen, 2006).

Laughter has played a significant social function since the time of Aristotle (Ziv,

1984). Humans are social beings, and there is a necessity to connect with others. Laughter creates a bond between people (Karren, Hafen, Smith, Frandsen, 2006). Laughter plays a major role in the development of our interpersonal relationships and identity. A humorous exchange allows for a shared, joyous experience that enhances interpersonal connections. Laughter is associated with enjoyable experiences, which parallels the social activity of play. This turns into physiological expressions of joy, starting with humor (Ziv, 1984). People feel liked and accepted when they make others laugh. Laughing with others provides a source of pleasure. Laughing with others in a group setting is a behavioral expression that is equally shared between the members. Comedian Emily Levine articulates the notion that everyone experiences a different reality and perception on life, which can feel isolative (Karren, Hafen, Smith, Frandsen, 2006). Once organic laughter emerges and is shared between two people, for that moment, there is a synchronized bond (Karren, Hafen, Smith, Frandsen, 2006). The fostering of communal laughter enhances interpersonal relationships and acceptance, leading to group cohesiveness and the strengthening of social bonds. (Ziv, 1984, Martin, 2007).

Laughter is a form of communication that naturally captures the attention of others, expresses emotions and feelings, and contagiously activates a similar response in others (Martin, 2007). Hearing others laugh results in more laughter. The positive contagion laughter fosters strengthens interpersonal relationships, increases feelings of bonding, builds group identity and solidarity, and promotes a sense of social cohesion. Laughter allows for a letting go of the realities we face in life. A refreshing feeling of relaxation sets in when we stop concentrating on the problems in life. We are set free

from the seriousness external environments place on us. Laughing with others provides a buffer in which to experience face-to-face interactions, and it strengthens positive relationships. Its infectious sensation and reaction leads to social connection (Ziv, 1984).

Medicine provides treatments for a wide variety of diagnoses; however, several physical and mental health issues leave individuals with a considerable amount of suffering, pain, and stress (Takeda, 2010). Stressors faced in professional and personal duties, social, environmental, and familial areas often leave people feeling emotionally and psychologically in pain. Medication treats symptoms the individual is experiencing, but the psychological and emotional distress must also be treated. In the field of mental health, the entire individual is considered during treatment. So, is laughter the best medicine? The implementation of laughter-based therapies, such as Laughter Therapy, Laughter Yoga, and Humor Rooms into the mental health field provides opportunities for growth and vitality. Although sufferers of illness may seem to lack the full potential for mental and emotional healing, the human body is equipped with the organic healing powers of laughter. Laughter is accessible to all. It doesn’t require special equipment or classes. Recognizing that the human experience of laughter has tremendous value, research has been performed on the therapeutic benefits of laughter in these structured settings (Takeda, 2010).

Laughter therapy provides opportunities for the use of humor and physical expressions of laughter in a therapeutic setting (Ko & Youn, 2011). Bellows of laughter, chuckles, and giggles are the tools for healing in laughter therapy. This practice utilizes specific exercises to engage participants in laughter. Participants in laughter therapy are encouraged to make silly sounds and exaggerated fake laughs until this forced laughter

turns into genuine contagious laughter within the group. Ko and Youn (2011) conducted a study to investigate the effects laughter therapy had on an elderly population diagnosed with depression, cognitive impairments, and difficulties with sleep. Results showed that the implementation of laughter therapy had positive effects on geriatric depression and sleep. Laughter therapy increased self-esteem and decreased depressive states (Ko & Youn, 2011). Through chanting, rhythm, laughter, and sound, this treatment is a complementary intervention that allows its participants to enhance their physical, emotional, and social well-being (Yazdani, Esmaeilzadeh1 , Pahlavanzadeh1 , Khaledi1, 2014).

Similar to laughter therapy, laughter yoga is a structured outlet that allows a person to release laughter without a focus on rational thinking (Satpathy, 2016). The laughter exercises of both practices influence the body, psyche, and emotions in a positive way. Although the process parallels laughter therapy, laughter yoga is heavily influenced by the yoga practice. Yogic breathing techniques are integrated into playful laughter exercises. Yoga poses, role-play, and deep breathing are the tools used to enhance sound and laughter. There is a guided exploration of laughter through synchronized chanting, moving through poses, gibberish talk, and childish play (Satpathy, 2016). The instructor leads the participants through laughter exercises. The activation of laughter is artificial to begin, but this practice quickly changes to natural laughter, which increases the oxygen in the brain and the body (Yazdani, Esmaeilzadeh1 , Pahlavanzadeh1 , Khaledi1, 2014).

The Living Room of the William Stehlin Foundation for Cancer Research has implemented a “humor room” as an open room for patients to relax and slow down

(Karren, Hafen, Smith, Frandsen, 2006). This is a room to find comic relief, and it is embellished with comfortable furniture and enhanced with greenery. Patients are encouraged to utilize the room when the severity of their illness takes control of their emotional and mental well-being. They are able use the "comic relief" room when the difficulties of their illness are hard to deal with emotionally. Patients can step away and find a sense of relief and relaxation. As patients find a feeling of relief with others, the room becomes a space where laughter emerges (Karren, Hafen, Smith, Frandsen, 2006). Another "humor room" at Schenectady's Sunnyview Hospital and Rehabilitation Center encourages patients to take a "humor break" in a safe and fun space. Patients have the opportunity to explore funny movies and books. The room provides access to balloons, clown noses, and bottles of bubbly soap. Humor rooms offer a tool for patients to unwind and keep their minds off the severity of their illness and pain (Karren, Hafen, Smith, Frandsen, 2006). There is limited research on the application of laughter based therapies and humor rooms, but one can conclude that mental health facilities recognize laughter's importance on a person's physical, emotional, and social well-being (Karren, Hafen, Smith, Frandsen, 2006).

To laugh is a natural process that is caused by factors that are amusing or comical (Takeda, 2010). Humor can vary in its definition, and there are different ways humor can bring about laughter. Laughter is the physical reaction to moments of spontaneous humor including mirth, warm feelings, jokes, puns, and banter (Takeda, 2010). According to Sidis (1923), "The mind feels soothed and relaxed by the comic, the joke, the pun, the anecdote, the amusing story, and the fable. There is a release from the pressure of limitations, conditions, regulations, and efforts of conforming and squeezing one's

individuality into a defined frame (p. 75)". Relaxation becomes present once we can express laughter and humor (Sidis, 1923).

Humor has wide spheres of influence, and it is important to recognize these domains when channeling its benefits (Warren, McGraw, 2015). Sigmund Freud's psychodynamic theory examines humor as a defense mechanism. This protection allows the individual to avoid the actual feelings of negativity, and offers ego support to face the problems (Freud, 1960, as cited in Takeda, 2010). It is important to recognize that humor can also be a maladaptive defense and ultimately cause damage. When humor is used to mock, humiliate, or demean a person, this can be damaging to the interpersonal relationship. It can become a barrier to treatment when it is used to completely avoid a problem, feeling, or emotion. According to Takeda (2010), "Humor is perceived at the beginning as surprise or disharmony, then the paradox is solved, and, finally, the punch line is understood in association with a pleasant feeling. The appreciation of humor requires a wide area of neural circuits covering attention, working memory, flexible thinking, extraction of word meaning, and positive mood" (p. 3). Without this range of cognitive ability and understanding, humor may be difficult to tolerate. There may be mixed emotional responses. Laughing is a pleasurable experience, but when humor is used to avoid or belittle it can cause offense and damage (Takeda, 2010). However, if humor is used therapeutically, the therapeutic alliance can progress and gain strength. Humor and laughter can promote a sense of friendliness and positivity. The expressive embodiment of laughter between two people relays a message of safety and security. Laughing together creates a shared experience, forming a foundation from which a relationship can grow (Takeda, 2010).

What makes something humorous varies (Takeda, 2010). The incongruity theory is fundamental in the study of humor. It breaks down humor into categories, and theorizes that humor occurs when things that do not normally go together replace logic and familiarity (Warren, Mcgraw, 2015). In other words, laughter emerges from a mismatch between the physical perception and the abstract representation of an idea (Takeda, 2010). There are many ways that things can be unexpected or incongruent. Some situations are just genuinely unexpected or surprising, while others involve a strange juxtaposition of things that should not belong together. Sometimes, laughter emerges when something different happens than expected. Unexpected events are violations of a norm or standard of how the world should be (Warren & Mcgraw, 2015). As displayed in Table 1, the elements of surprise, juxtaposition, atypicality, and violation are variations in the expression of humor (Warren & Mcgraw, 2015).

Definitions of Incongruity

Violation	Atypicality	Juxtaposition	Surprise
Something that threatens your sense of how things should be	Something different than what is normally expected	The simultaneous perception of incompatible elements or perceptions	Something Unexpected

Warren, C., & Mcgraw, A. P. (2015). Differentiating What is Humorous From What is Not. *Journal of Personality and Social Psychology,110*(3), 407-430. doi:10.1037/pspi0000041

Many of the authoritative structures that we find ourselves in dictate and inhibit a free and spontaneous expression of self (Klein, 1989). The stress experienced in our professional, personal, social, environmental areas, and familial life often leave ourselves feeling emotionally distressed. Our society is primarily a left-brain culture. As a

population, we are pushed to think in a logical and linear, or left brain, way, which can be restricting. Once we start using the right side of our brains, we have options, and we are able to tap into the creative parts of ourselves (Klein, 1989). The experience of laughter is often connected to free, uninhibited activities (Sidis, 1923). Sidis stated, “When activity is impeded, forced, constrained, and a relief sets in, we have an outburst of accumulated energy held in restraint, and the result is play, joy, and its psychomotor manifestations of smiles and laughter” (p. 74). Relaxation becomes present once we can express laughter and humor. The stress we experience in daily life can lessen by engaging in laughter. To develop the ability to experience laughter, adults must remove layers of inhibition, setbacks, and mental programming created by oneself and society (Sidis, 1923).

The use of humor can provide us with a sense of power (Klein, 1989). Implementing humor during difficult times can create levity, and soothe the rough edges we face in life (Klein, 1989). The use of humor will not recover the losses we face, but laughter can help us move through difficulties. President Lincoln implemented humor through reading and laughter during the darkest days of the Civil War. Speaking with his cabinet members, Lincoln asked, “Gentlemen, why don’t you laugh? If I did not laugh I should die, and you need this medicine as much as I do” (Klein, 1989, p. 6). He used the tool of humor to find the strength and power to push forward during difficult times. Humor undoubtedly allows us to cope with difficult situations and events. Comedian Michael Pritchard compares experiencing laughter to a wearing a baby’s diaper. “It doesn’t change things permanently, but it makes everything okay for a while” (Klein, 1989, p.10). There is an instant drive away from the current emotions that inflict negativity, and there is a focus on a release of tension (Klein, 1989).

Humor clearly provides therapeutic benefits at both the emotional and physical level, and would seem to have a natural affinity with other therapeutic approaches linking body and mind. Dance/movement therapy (DMT) provides a safe therapeutic environment to explore the creative and spontaneous use of music and movement. It is an outlet to enhance and integrate an individual's mental, physical and emotional states (Payne, 1992). "Dance therapy is a form of psychotherapy differentiated from traditional psychotherapy in that it utilizes psychomotor expression as its major mode of intervention" (Levy, 1988, p. xi). Engaging in the use of expressive and communicative movements are elements that encompass the dance/movement therapy process. The use of rhythm, imagery, symbolism, group movement, and breathing exercises are integrated into the therapeutic process (Bernstein, 1986). DMT groups are centered on building social skills and forming a sense of community through movement when verbal communication is not accessible (Chaiklin, 2009). Verbalizations may or may not be a part of the process. This allows for creativity, release, personal and communal expression, playfulness, and ownership. The dance therapist and group members become immersed in movement to promote the body/mind connection as it relates to improved mental and emotional functioning and stability (Bernstein, 1986).

Laughter is often present within a dance/movement therapy session. Dance/movement therapists use humor to foster opportunities for laughter, provide new perspectives, bring balance, and clarify feelings and emotions (ADTA, 2016). Laughter is a component in dance/movement therapy, but the research is lacking on the implementation and advantages of humor within the practice. Practitioners of dance/movement therapy can provide the ability to renew the body/mind connection by

offering opportunities to laugh as a resource for solving problems, releasing stress, enhancing relationships, and supporting both physical and emotional health (Chaiklin, 2009).

Movement and laughter are behaviors innate to the human experience (Sandel, Chaiklin, Lohn, 1970, Martin, 2007). Everyone laughs and everyone moves, but sometimes these experiences are hindered or ignored due to life's difficulties. Moving through life at a fast pace, we often neglect moments of relaxation and reflection. We find ourselves inhibited, immobile, and with an absence of positive bodily experiences. Often in recovery, there is a desire for a "quick fix" through the use of medications without addressing emotional and psychological needs. However, in order for treatment to be successful, the whole person must be considered in the therapeutic process (Rogers, 1989). As mentioned previously, dance/movement therapy utilizes and renews the strengths and tools within the body. It is based on the premise that the mind and body are inseparable, and in fact the mind and body are in a reciprocal relationship (Chodorow, 1991, Payne, 1992). The body is the tool within the therapeutic process. Movement influences the way we think and feel, leading to changes in how we react and act (Payne, 1992). In dance/movement therapy, engaging in expressive movement and laughter wakes up the body, so that gradual internal and external shifts can occur. Laughing activates the body and serves as a catalyst for change (Martin, 2007). Feelings and emotions are held deep within, which provides an opportunity to explore and bring material to the surface. The processing of thoughts, feelings, and behaviors occurs kinesthetically. DMT offers its clients a positive embodied experience leading to possibilities and new potential in life outside of therapy (Payne, 1992). This is unique to

dance/movement therapy, in that this offers its participants' options, tools and a sense of self-control (Chodorow, 1991).

Traditional talk therapy emphasizes the verbal processing of experience, but can neglect the expressive aspects of an individual. The verbal component of therapy holds value, but the movements of the body can be a direct expression of thoughts and feelings at an unconscious level (Chodorow, 1991). For some, words are not available to express deeper emotional states, which can delay the development of the therapeutic relationship. It can be challenging to engage patients on a verbal level. In dance/movement therapy, there is a verbal component, but there is a focus on the nonverbal aspects of expression. Exploring humor and laughter brings a lighter energy that can shift the dynamics of a dance/movement therapy group. Humor can be used as an "icebreaker", an entryway into the development of the therapeutic relationship. Building a therapeutic relationship involves two individuals, the therapist and the client. This relationship is developed and nurtured through the therapist's encouragement of self-exploration (Rogers, 1989). Entering into a new therapeutic environment can be scary. It requires vulnerability and exposure, and clients may have difficulty opening up due to fears and assumptions about therapy. There may also be resistance to treatment, resulting in inhibited and withdrawn behaviors from clients. Raw feelings, emotions, and thoughts are bound to be uncovered. Without the establishment of a positive therapeutic alliance is critical to creating successful therapeutic outcomes. Without therapeutic trust the work becomes difficult and ineffective (Rogers, 1989).

Carl Rogers developed the theory of person-centered psychotherapy and created his techniques through a humanistic perspective (Rogers, 1989). Like Rogers, many

dance/movement therapists practice through this lens. There is a focus on engaging and looking at the whole person. The role of the therapist is to accept, understand, and see the client for who they are. The goal is to create a mutual understanding between the client and therapist. Without this understanding the relationship will seperate, inhibiting the therapeutic process (Rogers, 1989). Dance/movement therapists facilitate verbal and nonverbal interactions that focus on the self and emerge directly from the client. There should be an open and fluid dialogue within the relationship allowing for self-expression and introspection. Free flowing communication strengthens the therapeutic relationship (Chaiklin, 2009, Sandel, Chaiklin Lohn, 1993). This fluid partnership between therapist and client is paramount to the therapeutic process (Rogers, 1989). To establish this sense of freedom, Rogers centered his approach through the concept of unconditional positive regard (Rogers, 1989). Without judgments and provisions, the therapist accepts the client for their past and present selves. Not only is this paramount to the therapeutic relationship, this acceptance allows the clients to feel free from the fear of rejection. Unconditional positive regard serves as the foundation for a client to explore parts of themselves they would not have before (Rogers, 1989). In dance/movement therapy, the work that unfolds on an expressive and intimate level in a therapeutic relationship is centered on this concept. The use of humor and laughter in dance/movement therapy can build this foundation. The positive contagion laughter fosters strengthens interpersonal relationships and increases feelings of bonding. Laughing with others serves as a buffer to the therapeutic relationship. When laughter is shared, it eases someone into a new relationship, leading to a sense of acceptance and approval. The relationship is less overwhelming once two people can share in a mutual exchange of laughter. When

therapist and client are able to share a laugh, there is a freedom to discover both conscious and unconscious levels of expression (Rogers, 1989).

Alongside these principles, the basis of the therapeutic relationship lies in empathy (Rogers, 1989). An empathic therapist has the ability to be genuine and authentic. The therapist meets the client where they are in present time. Without judgment, the therapist actively listens, while attempting to feel and sense the world of that individual (Rogers, 1989). Dance/movement therapy pioneer Marian Chace highlighted the importance of the therapeutic movement relationship in the process of working with psychiatric patients. The interaction between therapist and client encompasses a sharing of deep emotional acceptance and communication through movement. Through a movement perspective, trust and kinesthetic empathy are the foundation of the therapeutic relationship (Sandel, Chaiklin, Lohn, 1970). Kinesthetic empathy highlights the sharing and observing of a client on a body level. The empathic dialogue centers on the premise that the therapist will sense and acknowledge the client and meet them where they are (Chaiklin, 2009). A central tenet of Chace's practice, and the one from which all others follow, is that dance is a form of communication. Chace tuned into the "subjective experience of the patient, joining him 'where and how he is'. They jointly created an environment of trust and safety that helped in unwinding defensive behaviors, explored conflictive aspects of the patient's life, and allowed spontaneous expressive movement to emerge" (Chaiklin, 2009, p.34). A way to soothe tensions, and create a safe environment, is through humor. Communicating through humor, and sharing in laughter and spontaneous expressive movement, bridges the gap between the therapist and client. When two people share a laugh, the bond is illuminated

and strengthened. The therapeutic relationship deepens. Humor must be used with caution and sensitivity. It is important to pay attention, and intuitively sense when humor is appropriate and when it is not. Kinesthetically attuning and empathizing with clients allows for comfort and understanding. When there are feelings of comfort and acceptance, the result is relaxation. Relaxation becomes present once humor and laughter is expressed (Sidis, 1923). When relaxation surfaces in the therapeutic relationship, clients will be able to communicate, and engage in self-expression as a means to further progress the recovery process. In dance/movement therapy, offering opportunities to laugh, as a resource for relieving stress and establishing the therapeutic relationship, provides the ability to renew and strengthen the body/mind connection (Sandel, Chaiklin, Lohn, 1970).

When laughter is present alongside the difficult work of introspection, self-expression, connection and making changes, it allows participants to confront these matters more readily (Klein, 1989). It is possible to take our therapeutic work seriously without taking ourselves too seriously. Dance/movement therapy pioneer, Trudi Schoop, greatly affected people with whom she worked closely through her knowledge, humoristic perspective, and empathetic drive (Levy, 2005). She formulated her dance/movement therapy perspective on the idea that humor and movement, specifically the exploration of gestures, are interconnected. Her participants experienced opposites through the use of spontaneous movement expression (Levy, 2005). As a dancer living through Hitler's rise to power in Germany, she experienced many hardships, which led her to leave the performance world and dive into the deeper meaning of movement (Chodorow, 1999). Schoop identified dance/movement therapy's ability to connect with

all sides of one's movement repertoire and personal experiences. Humor and laughter are two experiences that help create a deeper understanding of reality (Levy, 2005). Implementing humor during difficult times can create levity, and soothe the rough edges we face in life (Klein, 1989).

Sometimes emotions are difficult to identify. Emotions may be repressed and inhibited, explosive, or out of control (Chaiklin, 2009). Challenges in acknowledging and accepting difficult emotions can be frustrating and aggravating. Finding humor and laughter offers a space for individuals to gain insight into feelings and emotions. When we engage in laughter, there is a physical response of muscles tightening and releasing, resulting in a release of stress. Finding laughter while struggling with difficult emotions can bring a sense of ease. With a release of tension, individuals can begin to identify emotions and regulate overwhelming feelings more easily. It is a way to cleanse disorganization in the body and get rid of tension and unease. Finding humor and laughter can provide a sense of resilience. The act of laughter can help us recognize our feelings and see our difficulties as being the progression to success. Dance/movement therapists can foster group laughter, which allows participants to tolerate the discomfort emotions may bring. This provides dance/movement therapy participants with more options, and an opportunity to explore a wider range of feeling states and cognitive and behavioral choices (Chaiklin, 2009).

Tension and pain that is held within the body increases anxiety and affects the perception of self (Levy, 2005). A distorted self-perception may be demonstrated by narrow and rigid patterns of thinking (Levy, 2005). The emotional expression is limited and blocked. The ability to find a sense of relaxation can soothe the mind (Sidis, 1923).

Alma Hawkins was an innovative dance/movement therapy pioneer who utilized relaxation to help understand inner feelings, form a holistic body image, and create connections through the use of imagery. She believed that experiencing a sense of relaxation allows movement to be full of meaning and enhance insight. She stated, “an optimal mode of handling information and functioning is being open to a wide range of sensory data” (Levy, 2005, p. 75). Relaxing into a moment of laughter has the potential to squash the stress we experience. Dance/movement therapists can create openings for laughter. In Hawkins’ dance therapy practice she explored polarities. The use of polarities looks at the extremes of movement range, i.e. strong/weak, open/closed, with the acknowledgment of the movement found in between the two extremes. To know and experience one end, there needs to be an experience in the other. For patients who suffer from psychiatric illnesses, there can be difficulties around experiencing a range of affective emotional states. Dance/movement therapists can encourage this exploration and begin to modulate movement patterns between two extremes. This encourages flexibility, insight, and a new perspective. Exploring polarities in movement provides the opportunity for a larger range of emotional expression. Polarities expand movement, and participants can embody a range of emotions. This vitalizes the body, which shifts how we perceive ourselves (Chaiklin, 2009). Finding these patterns of movement bridges the exploration of the experience and perception (Levy, 2005).

In the following vignette, an experience is shared through an exploration of polarities. During a dance/movement therapy session at a psychiatric hospital, the group was exploring the polarity of feeling stable versus unstable through the use of movement. Clients represented “stability” with two feet planted on the ground, shoulders wide, torso

and spine elongated and the tops of their heads reaching toward the ceiling. As a group, they discussed and embodied the feelings of being grounded and having a sense of control. After fully experiencing the sense of stability, the group was asked to explore the opposite feeling of instability. With puzzled faces, the clients expressed their difficulty demonstrating instability in their bodies.

> *A group of eight clients were standing with their feet shoulder's width apart, backs straight, demonstrating stability. When asked to switch to instability, no one moved. Seeing that they were stuck, I collapsed to the floor with a limp body. My head fell to my chest, my torso hollowed, and my upper and lower half collapsed to the floor. I raised my eyebrows with wide wild eyes, matching my facial expression to my body shape. With the humorous intention of an unexpected surprise, I expressed instability in my body. The participants burst into thunderous laughter, filling the circle with joyous energy. My exaggerated choice as facilitator gave the group permission to go there in their own bodies, and frame this negative association with something positive. Soon after, participants were exploring instability in their bodies as "noodles", collapsing to the floor.*

The interplay of humor, imagery and polarities provided a new perspective. Discussion followed on instability and its associated feelings of vulnerability, fear and defeat. One of the participants shared, "Laughter has allowed me to let go of the seriousness. Instability is scary but the movement wasn't" (Personal Communication, 2017). Engaging in laughter provides a new perspective, which aids in coping with stress, tension, and pain caused by daily life. Finding laughter draws the attention away from the issues, and thus allows individuals to frame problems with a new perspective (Klein,

1989). Dance/movement therapists can engage in difficult conversations with a softened intention through the embodiment of something humorous. This gives the therapist and participants a way to address difficult or challenging themes through a different lens. If there is potential to find laughter in our exploration of difficult situations, the pain and stress subsides (Klein, 1989).

There are several therapeutic interventions that dance/movement therapists can implement to elicit humor and laughter. Music can be a catalyst that activates a participant's body, leading to an emotional response (Murrak, Higgins, 2013). The use of music in the therapeutic process evokes inner feelings that can transcend into free expressions of laughter. Implementing a range of music styles and genres allows participants to experience the music of a certain time period, fostering moments of reminiscence and reflection. An emotional response to the music can allow for singing, smiling, and laughter to emerge. Finding laughter through music fosters a joyous experience. Memories are shared, and intrapersonal and interpersonal connections are made. When therapist and client share a mutual affinity for a particular type of music, it strengthens the connection within the therapeutic relationship. Music and laughter encourages social interaction in a way that is both safe and accessible. Intertwining these elements plays an important role in self-expression leading to a sense of belonging and companionship between therapist and client. A range of musical exploration not only evokes laughter, but also enhances the emotional experiences of clients (Murrak, Higgins, 2013).

Imagery as a tool in dance/movement therapy encourages "individuals in moving beyond their preconceived beliefs through experimentation, with new ways of

communication and experiences that involves 'pretend' (Malchiodi, 2005, p. 11)". What does it feel like to embody something that you're not? What does it feel like to experience yourself in a different way? Through self-expression and the use of imagery, individuals are able to practice and embody something they do not consider themselves to be. Imagery becomes valuable in dance/movement therapy when the participants are not ready to communicate feelings, emotions, and stories. While participants are moving, and experiencing their bodies in space, imagery provides a container for feelings and perceptions to emerge. Using the imagination sparks creativity, and allows individuals to discover their ability and potential (Payne, 1992). Humor and laughter are embedded within the imaginative experience. Once we let go and express ourselves in our fullest capacity, pure creativity and joy surfaces. It can also provide clarity and resolution, leading to changes in body attitudes, and a deeper understanding of the self. Some individuals may relate through another character, image, or story more readily. This experience is different from other forms of psychotherapy in that the nonverbal expressive body movements may be made more tolerable than direct verbalizations. Dance/movement therapists provide opportunity for titration of emotion. They capitalize on the group discoveries, and use the images that emerge to broaden the groups' understanding, both personally and globally (Malchiodi, 2005, Payne, 1992).

In psychiatric settings, psychotherapists often work with clients who experience internal preoccupation (Payne, 1992). Clients may become distracted and have difficulty regaining focus. Within a group setting, it is common for participants to feel isolated, anxious, and preoccupied with something other than the group. It is important to recognize that these difficulties may or may not be in the conscious awareness of the

individual. Dance/movement therapists sculpt the therapeutic process by engaging and guiding clients' needs, participation, and abilities (ADTA, 2015). Taking into consideration each group member's needs, the dance/movement therapist utilizes playfulness as a tool in the therapeutic process to engage the group members socially and emotionally. A component of the therapeutic process that is often overlooked is joy and fun. All populations can benefit from engaging in a joyous experience. Dance/movement therapy can be pleasurable and enjoyable. When clients are internally preoccupied, movement that initiates fun and joy is a way to bring someone out of themselves and into the group experience (Payne, 1992). When individuals have fun, and share in laughter as a community, there is a release of stress and tension. With this release, participants are able to feel connected not only with themselves but with the group. Dance/movement therapists celebrate the individual and form a sense of community through movement (Payne, 1992).

The following vignette demonstrates a spontaneous improvisation during a dance/movement therapy session when the participants and facilitator were speaking and moving in slow motion.

> *Sitting in chairs in a circle, group members were twisting their torsos gently to bring awareness to their bodies. Their arms were freely reaching and swaying into the center of the circle. I asked the group to notice who was moving next to them as they twisted and waved their arms and hands alongside of them. Smiles emerged as the group shared in pleasant exchanges of good mornings and hellos. I asked the group to move in a larger kinesphere but as slowly and gradually as possible. Moving in slow motion, a client initiated a drawn out, elongated good*

morning to me across the circle. Another client slowly stretched out an entire sentence saying, "Hello, how are you doing?" Clients were reaching toward each other as if to share an embrace or wave hello. It was as if we had not seen each other in years. Slowly with eyebrows raised, eyes and mouth lengthened, we expressed a look of surprise and joy. The gestures were dramatic, and the group burst into howls of laughter and gasps for breath.

This movement exploration became a way to communicate with one another and share in storytelling through slow motion. It was uncharacteristic to communicate in slow motion, which emerged out of humorous spontaneity. During the verbal closure, one client expressed her experience in the session, "I enjoy that this group gives me permission to play. I don't feel judgments and laughing with the group has strengthened my relationships at this program" (Personal Communication, 2017).

In the practice of dance/movement therapy, there is a focus on movement behavior as it emerges and develops in the therapeutic process (ADTA, 2016). Dance/movement therapists, offer clients opportunities to engage in free and spontaneous expression leading to the expansion of creativity (Payne, 1992). Sometimes participants can get "stuck" and over think, but humor and playfulness allow participants to get out of their heads and experience the expression of their bodies (Levy, 2005). Being playful fosters lightness and the emergence of humor. Humor is improvisation in the present moment. Dance/movement therapists do not need to be clowns, but they can encourage a sense of playfulness. Not only does dance/movement therapy foster a safe space to get out of one's comfort zone and be playful, the increased feelings of bonding leads to group cohesion (Levy, 2005).

Laughter is a form of communication that naturally captures the attention of others, expresses emotions and feelings, and contagiously activates a similar response in others (Martin, 2007). Hearing others laugh results in more laughter. The positive contagion laughter fosters strengthens interpersonal relationships, increases feelings of bonding, builds group identity and solidarity, and promotes a sense of social cohesion in the dance/movement therapy practice. Finding laughter in a dance therapy session can disarm, and open possibilities to a positive experience enabling elements of levity like playfulness, surprise, and a celebration of life. Dance/movement therapy provides its participants with opportunities to connect with other group members, share in laughter, and engage in playfulness (Payne, 1992). While dance/movement therapy holds weight for serious material to emerge, there is also lightheartedness within the group context. When laughter emerges between a group of people, the result is a sense of cohesion. An operative process in dance/movement therapy is establishing cohesion and a sense of community within the group. When cohesion emerges within the group, participants move as a whole and actively engage in finding commonalities within each other's personal stories. The laughter shared in a dance therapy session allows the group to feel a sense of self-acceptance (Schmais, 1985). A client shared his experience during a dance/movement therapy group:

"Finding humor and commonalities with the group diffuses the mental health stereotypes I have associated with (Personal Communication, 2017)"

Using humor in dance/movement therapy provides the participant with a sense of perspective and potential. Laughing about life's challenges can make the feelings, emotions and thoughts more manageable. Offering opportunities to laugh releases held

tension and stress, which supports physical and emotional health. Dance/movement therapists work directly with the physical body and the emotional expression of an individual providing the ability to renew the body/mind connection (Payne, 1992). The infusion of humor into my dance/movement therapy sessions has allowed for a deeper exploration of laughter, those deep belly laughs. Creating a safe environment allowed the clients to let go and engage with their bodies as a form of self-expression and communication. Humor and laughter are therapeutic tools in dance/movement therapy that should not go unnoticed. Group laughter facilitates the interplay of client material, imagery, movement, and music interventions. Laughter drops the shield of inhibition and activates a shift in the psychological and emotional perspective (Klein, 1989). Finding jokes, inspiring a chuckle, a smile, or full belly laugh, provides clients the opportunity to view therapy less as heavy work, and more as an enjoyable process of self-discovery.

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