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Laughter Yoga for Schizophrenia and Bipolar Depression

**Report on Delivery of Laughter Yoga
for Day to Day Living in the Community (D2DL) Program
at The Hut 104 Badajoz Road North Ryde NSW 2113
3rd June – 28th October 2009**

by

Usuff Omar

Certified Laughter Yoga Teacher (CLYT)
usuff.omar@gmail.com



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Disclaimers

I am not a qualified mental health professional.
I have, however, studied abnormal psychology at college level
and have participated in or led at hundreds of laughter clubs over the past 7 years.

The term “Laughter Yoga” is trademarked by Dr Madan Kataria.
This report represents the personal views of only one Certified Laughter Yoga™ Teacher.

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Laughter Yoga for Schizophrenia and Bipolar Depression

1. Introduction

I was approached in May 2009 by Catherine Tavernese, CALD (culturally and linguistically diverse) Project Worker of the Schizophrenia Fellowship of New South Wales (SFNSW), about the possibility of conducting laughter yoga sessions at “The Hut” in North Ryde for the SFNSW’s Day to Day Living in the Community Program (D2DL) for those with severe or persistent mental illness. Catherine probably saw me deliver laughter sessions for the CALD Carers’ Retreat in the Hunter Valley on 20th May 2009.

Although I had never delivered regular laughter yoga sessions to participants with significant mental health issues during my seven years experience with laughter yoga, I was happy to take on this challenge. A principle of laughter yoga is that one doesn’t laugh because one is happy, rather, one laughs to make oneself happy. This assignment was a good test of that principle.

Over the five month period June to October 2009 I delivered 21 laughter yoga sessions to consumers at “The Hut” at 104 Badajoz Road, North Ryde, NSW 2113. It would have been 22 sessions but there were almost no consumers present on 21st October 2009 so no laughter yoga session took place on that date (I was told they were all at a BBQ at a neighbouring house.)

The sessions took place on Wednesdays from 11:30am to 12:30pm according to the schedule, although the total duration spent was longer than an hour as the undersigned often arrived slightly early and left late.

I was surprised that many consumers with mental illness had their sense of humour intact or even accentuated. Quite often consumers would tell me stock jokes or make them up on the spot.¹ Intellectually, many consumers were functioning at a normal level or even high level despite the cognitive impairments associated with their conditions.

¹ Example: At a laughter session just after Michael Jackson’s death one consumer told an unrelated joke involving meeting St Paul at the pearly gates. When I asked the rhetorical question “what did St Paul say to Michael Jackson when he arrived?” An****, a consumer with a reserved demeanour, replied immediately “beat it!” An**** barely smiled at her own joke (highlighting the difference between humour and laughter.)

2. Benefits of Humour and Laughter in Relation to Schizophrenia

For the population at large, laughter reduces stress², lowers blood pressure³, increases altruism⁴ and increases one's level of hope⁵ amongst many other benefits. Hope, according to one paper, is something that is missing in schizophrenics.⁶ A review of the medical literature led one author to state there "is support in the literature for the role of humor and laughter in... psychological aspects of patient care..."⁷

What of humour and laughter in relation to mental illness? A quick review of the medical literature has, surprisingly, produced reports that lend support to the therapeutic use of humour and laughter in psychiatric care.

For instance, a paper from the University of Florida in 1990 even concludes that "the psychiatrist should undertake formal training in the use of humor techniques". See the abstract below.

[Psychiatr Q.](#) 1990 Winter;61(4):261-72.

The Therapeutic Use of Humor For Psychiatric Disturbances of Adolescents and Adults.

[Saper B.](#) Department of Psychology, Florida International University, Miami 33199.

*"The use of humor in psychiatric care and treatment is examined within a life-span-development context, comparing its utility in late adolescence with that in early adulthood. The literature of the past two decades, based on careful experimental research as well as on more subjective clinical experience, tend to support the following conclusions: A well-developed sense of humor provides a beneficial ingredient to the patient's coping or adjustive ability. The salutary physiological effects of laughter are the same for adolescents and adults. In terms of psychosocial factors, individual rather than developmental stage differences in the patient's personality, psychopathology and humor preference will alter the effectiveness of humor application. According to a cognitive-behavioral analysis, the mechanism by which positive emotions (including laughter) operate to reduce or eliminate the undesirable negative emotions resides in the interplay of the physiological and psychological processes involved in the stress reaction and its management. Finally, to be optimally effective the psychiatrist should undertake formal training in the use of humor techniques comparable to the traditional training in the usual assessment and therapeutic procedures."*⁸

There have been reports in the medical literature since that have looked at the role of laughter and humour in relation to schizophrenia itself.

² <http://www.ncbi.nlm.nih.gov/pubmed/2556917>

³ <http://www.abstracts2view.com/ash/>

⁴ <http://www.news-medical.net/?id=22556>

⁵ <http://www.sciencedaily.com/releases/2005/04/050413091232.htm>

⁶ There is a paper from 1970s entitled "Hope and Schizophrenia" [Psychoanal Rev.](#) 1972-1973;59(4):609-16. I have not been able to find this paper online, only a reference to it below :

"In my own work with schizophrenic patients I have observed that the chronic schizophrenic is perhaps the least hopeful of all patients, and this finding does not exclude the manic-depressive, who more than anyone else lives in darkness during his episodes."

Extrtacted from <http://www.pep-web.org/document.php?id=psar.059.0609a>

⁷ South Med J 96(12):1257-1261, 2003 Lippincott Williams & Wilkins copied from

<http://www.medicinskhumor.dk/default.asp?ID=171&pID=165&tilhoerer=166>

⁸

http://www.ncbi.nlm.nih.gov/pubmed/2103010?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=5

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For instance, a 1993 study in the Journal of Nervous and Mental Disorders found exposure to humor had the effect of significantly reducing verbal hostility, anxiety and depression in hospitalized schizophrenics. Abstract below.

[J Nerv Ment Dis.](#) 1993 May;181(5):283-9.

Laughter in a psychiatric ward. Somatic, emotional, social, and clinical influences on schizophrenic patients. [Gelkopf M](#), [Kreitler S](#), [Sigal M](#).

“Research Department, Lev Hasharon Mental Health Medical Center, Netania, Israel.

The study was designed to explore the potential therapeutic effects of humor on hospitalized schizophrenics. For this purpose, in the first stage, we conducted a review of findings in regard to physical health, emotions, psychiatric state, and social behavior. In the second stage, we carried out an experiment with 34 resident patients in two chronic schizophrenic wards who were exposed to 70 movies during 3 months. The experimental group was exposed to humorous movies only, and the control group to different kinds of movies. Before and after the exposure to films for 3 months, both groups were tested on different health, emotional, social, and clinical measures using the Cognitive Orientation of Health Questionnaire, the Shalvata Symptom Rating Scale, blood pressure, heart rate, Perceived Verbal and Motor Aggression (rated by nurses), the Multiple Affect Adjective Check List, the Social Support Questionnaire 6, and the Brief Psychiatric Rating Scale (BPRS; rated by psychiatrists). Covariance analyses yielded significant reductions in Perceived Verbal Hostility, BPRS scales (total score, anxiety/depression), and significant increases in BPRS (activation) and degree of staff support experienced by the patients. The results indicate that the effects of exposure to humor may be mediated by the effects on the staff of the incidental exposure to humorous films.”⁹

A later study published in the Journal of Nervous Disorders found humor had the effect of reducing levels of psychopathology, anger, anxiety, and depression symptoms and an improvement in social competence in schizophrenia patients.

[J Nerv Ment Dis.](#) 2006 Nov;194(11):880-3.

The effect of humorous movies on inpatients with chronic schizophrenia.

[Gelkopf M](#), [Gonen B](#), [Kurs R](#), [Melamed Y](#), [Bleich A](#).

Lev Hasharon Mental Health Center, Netanya, Israel.

*“We assessed the impact of humorous movies on psychopathology, anxiety, depression, anger, social functioning, insight, and therapeutic alliance in schizophrenia inpatients. Twenty-nine psychiatric inpatients in open wards participated in the study. The study group viewed humorous and the control group viewed neutral movies daily for 3 months. Participants were assessed before and after viewing movies with the Positive and Negative Symptom Scale, Calgary Depression Scale, the State-Trait Anxiety Inventory, the State-Trait Anger Expression Inventory-2, the Multnomah Community Ability Scale, the Insight and Treatment Attitude Questionnaire, and the Working Alliance Inventory. Reduced levels of psychopathology, anger, anxiety, and depression symptoms and an improvement in social competence were revealed in the study group. No changes were observed in treatment insight or working alliance. Video films are a practical and cost-efficient means of entertainment that seem to have a positive effect on patient morale, mood, and mental status”.*¹⁰

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http://www.ncbi.nlm.nih.gov/pubmed/8501443?itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVDocSum&ordinalpos=12

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[http://www.ncbi.nlm.nih.gov/pubmed/17102716?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_SingleItemSuppl.Pubmed_Discovery_RA&linkpos=1&log\\$=relatedarticles&logdbfrom=pubmed](http://www.ncbi.nlm.nih.gov/pubmed/17102716?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_SingleItemSuppl.Pubmed_Discovery_RA&linkpos=1&log$=relatedarticles&logdbfrom=pubmed)

3. Laughter Yoga Approach Adopted

Laughter Yoga Creates High Quality Laughing Without Humor

The studies referred to above used humour to stimulate laughter. Laughter yoga is a new discipline which does not rely on humour to stimulate laughing. It involves “laughing for no reason”.

Ultimately there is a reason why participants laugh: because others are laughing. This is the phenomenon of “mirror neurons” and the fact laughter is inbuilt into primates¹¹.

Depending on the skill of the laughter leader, and the chemistry of the group, laughing in a laughter yoga session can create laughter that is superior in duration, depth and degree of elation compared to laughter generated by humour alone. Especially in the gentler, less active form preferred by the author.

Laughter yoga is a young, perhaps still evolving discipline. It has its origins in India where, in 1995, an Indian medical doctor was inspired to create a “laughter club” by accosting strangers in the park and asking them whether they would laugh with him. Since its inception the phenomenon of laughter clubs has spread throughout India and now to the rest of the world. In its wake, Dr Kataria has formalized a system he trademarked as “laughter yoga” and has traveled worldwide selflessly and extensively to spread the word and the hope for a better world through laughter.

Conventional Laughter Yoga Physically Active, Fake Laughing Sometimes Vigorous

Conventional laughter yoga encourages physically energetic sessions and simulated laughing sounds to create laughter. The motto is “fake it till you make it”. Participants are usually expected to make laughing sounds regardless of how they feel. The aim is that simulated laughter engenders real laughter. It often can. And the laughter in a laughter yoga session often dips in and out between real and simulated.

When laughter becomes fully real as the author has personally experienced, structure in a laughter yoga session can momentarily fall apart as participants just stand and laugh, fall to the ground and laugh or excuse themselves to recover. Real laughter is anarchic.

Other times, genuine heartfelt laughter remains out of reach and laughter is forced. Examples of this can be seen in videos on the internet. Participants can be seen to be very active physically.

Sometimes the fake laughing can be quite intense and vigorous. For example, at a laughter yoga session in Taipei, Taiwan.¹²

Laughter generated forcefully, however, is not natural, genuine nor heartfelt. Furthermore, prolonging vigorous physical activity risks inhibiting real laughter: when one laughs for real, one loses muscular control – the phenomenon of *cataplexy*. Being continually physically active works against cataplexy and therefore inhibits real laughter.

¹¹ <http://news.bbc.co.uk/2/hi/science/nature/8083230.stm>

¹² See the video entitled “Laughter Yoga Club in Taipei” which can be found at link below.

http://www.dailymotion.com/video/x1a51j_laughter-yoga-club-in-taipei_fun

[My apologies to this club if my citing it causes any offence. You guys in Taipei are doing a fantastic job!!]

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Conventional Laughter Yoga Approach Considered A Poor Fit for Mentally Ill

The author therefore considered the conventional laughter yoga approach to have an element of force that is unsuitable for those with mental health issues. Whilst the approach can work with a mentally healthy population, and there are many testimonials to the benefits experienced, imposing unheartfelt, vigorous simulated laughter on those mentally or emotionally vulnerable may only be to their detriment.

Conventional Laughter Yoga Mimics Symptoms of Schizophrenia

Furthermore, laughing that is fake and does not come from any connection – “inappropriate” - in some ways mimics schizophrenic behaviour. It would be fair for one to ask: would mimicking the symptoms of schizophrenia precipitate the condition itself?

Inappropriate and compulsive laughter is exhibited by those with schizophrenia. For example, compulsive laughter has been described in terms that follow.

“laughter, compulsive Inappropriate laughter, as seen in the hebephrenic form of schizophrenia. “Among the affective disturbances [in schizophrenia] compulsive laughter is especially frequent; it rarely has the character of the hysterical laughing fit, but that of a soulless mimic utterance behind which **no feeling** [bold mine] is noticeable. It may often be provoked by allusion to a complex. Sometimes the patients feel only the movements of the facial muscles (the ‘drawn laughter’)” (Bleuler, E. Textbook of Psychiatry, 1930)”¹³

Another author points out that :

“...although emotions are usually blocked in schizophrenia, laughter is commonly seen ie giggling, smiling or wild laughter **without apparent reason.**”¹⁴ [bold mine]

And also:

“A person with disorganized schizophrenia may intersperse speech with laughter or silliness. The humor is called inappropriate by psychiatrists because it has **no connection** [bold mine] to the topic of conversation, if conversation is even possible.”¹⁵

It is only fair to consider that asking those diagnosed with schizophrenia to laugh “without apparent reason,” with “no feeling” and “no connection” could conceivably increase the possibility of precipitating a crisis in prone individuals. Therefore “major psychiatric disorders” are quite rightly listed as a contraindication in the Certified Laughter Yoga Teachers’ Manual in respect of the active style of laughter yoga described in the manual. See page 10 of this report.

A Less Active Style of Laughter Yoga Employed

Therefore, a gentler, more connecting style of laughter yoga was used by the author for those with mental illness.

¹³ p551 Campbell’s Psychiatric Dictionary by Robert Jean Campbell Oxford University Press 2009

¹⁴ p155 The Annual Survey of Psychoanalysis volume 3 by John Frosch 1956

¹⁵ p35 The Everything Health Guide to Schizophrenia by Dean Haycock, Elias K Shaya 2009

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In a nutshell, the author sought to create laughter of the “weather girl” variety. This is the laughter exhibited by a weather girl, or any media newsreader, who is required to present on air but who finds him or herself cracking up uncontrollably for little or no reason. An example of this is “German Weather Girl Can’t Stop Laughing” posted on YouTube on May 24 2006.¹⁶ This phenomenon is found not just with newsreaders; they are the ones who happen to find themselves in front of a camera.

Here the newsreaders’ laughter was not preceded by mock laughing sounds nor physical activity. Rather, it was a mental process, a perceptual shift perhaps. From doing little physically. The laughter is continuous, bubbly, self-sustaining and incredibly revitalizing. It peaks and troughs and is strengthened when others are ‘infected’ and join in. It is pure and spontaneous. It is the author’s overriding goal.

The Author’s Gentler Laughter Yoga Style at “The Hut”

The pace of the session was set to that of the weakest, slowest participant. It involved the following pre-session preparation: engaging with each consumer individually (if possible), knowing them by first name, explaining who I was and what I was there for, answering questions and asking for support. Whilst gentle encouragement and reminders to participate were repeated, no element of compulsion was involved. Consumers were free to decide whether to participate or not. Individual wishes were always respected.

Laughter sessions started with a self introduction, explanations of the benefits of laughter, gentle warm up exercises, greeting of one another and easy “laughs”, such as the cup of tea laugh. Pauses for “breaths” were given. Lots of encouragement was also given. Humour, whilst avoided in conventional laughter yoga, was also used to help jump start natural laughter and lighten the mood. Humorous interchanges between the leader and consumers or amongst the consumers themselves was allowed. When consumers got actively involved, and took conversational detours, leeway was given and participants allowed to repartee amongst themselves. The interaction between consumers was also valued. However, when lulls in the session occurred, structure was reimposed.

The goal was to foster natural laughter. Soft “ha ha” sounds, which act as a neurological kickstart were used. Vigorous fake laughing was avoided, replaced by softer laughter sounds to jump start laughter. The approach was one of patience, playfulness, levity, humour, compassion, safety and empathy. A permissive style of laughter leading was adopted emphasizing a spirit of laughter and inner playfulness.

Consumers were always treated with full dignity and respect, regardless of the circumstances. This was especially important as laughter and humour can easily be used as sarcasm, a mode of ridicule or put down. It was important not to violate that trust. Consumers were reminded the activities were voluntary and they should not do anything that was outside their physical or emotional comfort zone, and to respect their own limits. Often this resulted in the session being conducted sitting down in chairs formed in a circle as participants were just too low energy to keep standing.

As a result of the slower and more cautious pace, far less laughing was created compared to mentally healthy participants. However, whatever natural laughter that was generated was prized.

¹⁶ http://www.youtube.com/watch?v=2Wo_N3tO-vU

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4. Challenges Experienced

1. Getting attendees to participate. On average, only half or less would choose to participate in the laughter sessions. Looking at the overall numbers, a third never participated. The participation of the remaining two thirds ranged from “sometimes” to “almost always”. However, all consumers were engaged where possible, regardless of their participation choice. (This participation rate may even mirror participation rates of the mentally healthy population in laughter yoga. The experience worldwide of laughter clubs is that the rate of return for those attending for their first time is very low.)

2. Eliciting natural laughter. This was difficult because of the “flat affect” of those with schizophrenia and depression. Participants exhibited a reduction in emotional expressiveness and increased apathy. Physically, participants were also low energy compared to a mentally healthy group. Furthermore, a side effect of SSRIs is emotional blunting and numbness, and indifference.

3. Numbers small, especially in last few months. Significant natural laughter was only obtained when the numbers at “The Hut” were swelled by the Paramatta group on alternate Wednesdays. The number of consumers present at “The Hut” tailed off in latter months of the program, with one session cancelled in October as “The Hut” was comparatively deserted at the time the laughter session was scheduled.

4. Difficulty in Sustaining Focus. Some consumers would lose attention and stop participating midway through the session. They were thanked for joining and invited to return anytime.

5. Difficulty in Tuning Inwards During Seated Relaxation Session. For seated relaxation (which involves focusing on the breath and awareness of body parts) many consumers could not keep their eyes closed or focus on the internal experience, and fidgeted, although some got better with experience.

6. High Turnover of Participants and Lack of Regulars. Not many of the same consumers were attending each week. There would be newcomers who would come and go, especially from the Paramatta group. This meant the core group of laughers was extremely small, numbering only a few. The benefits of laughter yoga may strengthen from week to week. This meant I couldn’t build on the laughter of previous sessions with the same people.

7. Delivery of Laughs for Schizophrenics. The mainstay of laughter yoga are “laughs” where participants interact with one another in carrying out imaginary playful exercises. It was made clear the laughs are imaginary, such as holding a pretend cup of tea in one’s hand. All participants seemed aware they were imaginary exercises for fun, except for one consumer. He thought a real cup was needed. Later in the session he continued to think the exercises were for real in that he actually unbuttoned his sweater for the cardigan laugh, where all that was needed was to make the motions. When this caught my attention I went to greater lengths to explain what we were doing, and to continue to choose only the gentlest and safest of laughs. For this consumer, reality and imagination was intermingled. This caused this consumer momentary stress until further explanations and assurances were given.

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5. Successes Experienced

1. Benefit Observed to Individual Consumers. From personal observation, a number of individuals were seen to benefit from the laughter program. The following individual cases come to mind. (Real names included only for copy of report to SFNSW. Names disguised otherwise.)

Pe***. Attended the first three sessions. He laughed more from week to week. On fourth week he was not present. I was informed he had obtained part time employment.

Ch*** – avoided eye contact and very unresponsive when I first met him. At end of the program he was engaging and communicating better. He was one of two consumers who were present from start to finish of the program.

Ge**** - Kept to himself in first few weeks. After that he took part more, although not consistently. He even burst out in song at the end of one good session.

Ja*** – openly stated she felt less stress after session.

Fr*** – stated he felt less inhibited after session.

2. Positive Response to my request for feedback after the laughter session. After the session was over I'd often approach consumers privately to ask one on one whether the session that had just taken place helped or not. I always got nods. This is not objective as its not known whether they were telling me what I wanted to hear or not.

3. Observed Response to Relaxation Session. On a few occasions participants remained quietly in their seats for a long time after the seated relaxation (yoga nidra) session ended as a sense of calm pervaded the room. One consumer especially, Jason, did well in the relaxation session.

4. Feedback from “The Hut” Team Leader on Effect of Laughter Yoga Sessions for Remainder of Day. For this I have to rely on the observations of the team leaders. Josh Onikul, Team Leader, has reported to me that most consumers “reported greater feelings of well-being, and appeared more relaxed and cheerful” after each session.

6. Points to Ponder for Improved Results

1. Larger Numbers Needed. For laughter yoga to be effective, a sizeable group is best. Larger numbers were needed at “The Hut”. In earlier months, especially when joined by the Paramatta consumers, numbers were high enough to form a group and get natural laughter going. But numbers fell short in latter months when they'd be only two or three others attending if I was lucky.

2. Relaxation Session Requires Quiet Environment. The relaxation, or “meditation” session as consumers liked to call it, after the laughter is for winding down and consolidating the laughter experience. This was often conducted in the main front room of “The Hut”. There were noise distractions: sounds from the adjoining kitchen, consumers entering and leaving, conversations etc. It was better to conduct the sessions outside in the backyard, where it was quieter. However, when the weather was unfavourable: cold, wet or windy, there was no choice but an indoor session. Perhaps the author could have conducted the relaxation sessions in the smaller room at the far end? However, the process of relocating and chair moving would entail a loss of participants. Many would opt out simply because of the extra effort involved.

7. General Discussion on Laughter Yoga and Mental Illness

Laughter Yoga and Mental Illness

What is the relationship between laughter yoga and mental illness? Laughter yoga is said to be beneficial for physical health, as suggested by initial scientific studies from India – the 2007 Bangalore Study¹⁷. But what of mental health? Especially in severely compromised individuals? Laughter yoga is a relatively recent innovation and nothing exists in the medical literature on this issue. The following is a discussion of the available sparse anecdotal evidence regarding laughter yoga and serious mental illness.

Mental Illness Contraindicated for Laughter Yoga?

According to Dr Madan Kataria's Laughter Yoga Training Manual, "major psychiatric disorders" is a contraindication for laughter yoga. This has always been stated to be the case since the author's introduction to laughter yoga in 2002.

However, in speaking personally with Dr Kataria during a training he gave in Sydney in November 2009, the author was informed laughter yoga could be open to consideration for cases of bipolar depression, though not schizophrenia. This is a recent modification to the list of contraindications.

Laughter Yoga for a Patient's Bipolar Depression – a Psychiatrist's Endorsement

Lending support to this recent modification, there is an endorsement from an unnamed psychiatrist in Michigan City, Indiana, USA (who states he is on the faculty of Notre Dame University and Indiana University) for use of laughter yoga with bipolar depression in relation to a specific patient of his. This is in the form of a video testimonial posted on 5th November 2009 with the title "Laughter Yoga as Laughter Therapy for Depression" on YouTube¹⁸.

Here a psychiatrist gives his endorsement, although anonymous, for the use of laughter yoga with bipolar depression in relation to his patient (ie. not a blanket endorsement), Tanaz Bambot, a Certified Laughter Yoga Leader in Munster, Indiana, USA. Quotes from the captions and script of the video are below.

"The psychiatrist of Tanaz Bambot was amazed by her response to [LY for] bipolar depression. After initial scepticism he is totally convinced laughter yoga did it for her. The idea of changing your brain chemistry by using laughter as a treatment for severe depression in patients who need something additional to medications, therapy and shock treatment to stay well. Laughter Yoga is an interesting way to change brain chemistry. Tanaz's [his patient] frequency of relapse decreased, level of wellness between relapses improved and response to medication has improved. Laughter occurs in the frontal lobe and temporal lobe, the same areas where research is being conducted with regard to the origin of depression. Using functional MRIs, the same areas of the brain are being affected by laughter that are affected by the illnesses and by the medications". The psychiatrist refers to Daniel Pink's "A Whole New Mind: Why Right Brainers Rule The World."

¹⁷ http://www.laughteryoga.org/index.php?option=com_content&view=article&id=493&Itemid=280

¹⁸ http://www.youtube.com/watch?v=duhuUiG5_m4

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Self Reported Case Study of Laughter Yoga with Depression

There is a report from Dianne Theil McNinch in Long, Beach, California, USA, now a Certified Laughter Yoga Teacher, who used laughter yoga to alleviate her depression in an online testimonial entitled “Laughter Yoga Alleviates Depression.”¹⁹

The use of laughter yoga for depression is also discussed on the www.laughteryoga.org website²⁰, though this may refer more to reactive depression or adjustment disorders than serious or chronic conditions.

Laughter Yoga and Schizophrenia

Dr Kataria advises, nevertheless, that laughter yoga is unsuitable for those with schizophrenia. However, the style of laughter yoga that is referred to here is the physically active style that is taught in conventional laughter yoga, the “fake till make” approach that favors sustained active movements and active simulated laughing to generate real laughter. The laughter yoga style that was delivered at “The Hut”, however, was an altogether different style: softer, gentler and more connected. The author took the view any modeling of vigorous laughing or spirited motion would be poorly tolerated by those whose mental health was not robust. Heartfelt laughter was sought instead.

The author of this report discussed the use of his less active laughter yoga style with Dr Madan Kataria during his visit to Sydney in November 2009. Dr Kataria advised that providing the core principles of laughter yoga were adhered to²¹, which they were, a modified and less active style of laughter yoga was acceptable and would still be classed as “laughter yoga”.

Physical Laughter Yoga Versus Psychological Laughter Yoga

A comparison between the conventional active style of laughter yoga (“physical” laughter yoga) and the less active style of laughter yoga favoured by the author (“psychological” laughter yoga or laughter yoga “of the mind”) is offered below.

Physical LY – talking discouraged, emphasis on different clapping movements, chanting, slogans, more vigorous movement, faster pace, eye contact, laughing sounds, laughter on cue, cessation of laughter on cue, louder, active playful interaction, breathing, rotation of laugh-leading amongst participants permitted (each take a turn to introduce a laugh).

Psychological LY – talking discouraged, emphasis on connection, establishing emotional safety, eye contact, gentle laughter warm ups, passive playful interaction, less physical activity, breathing, a spirit of laughter, softer, real laughter if it comes naturally, permission to remain silent, permission to laugh anytime, laughs sequenced by laughter leader and leading not distributed.

Ultimately, in a successful “psychological” laughter yoga session, a stage is arrived at where participants no longer need any structure (“laughs” or clapping) but just stand around and laugh. Participants “lose it” in a good sense. A degree of chaos ensues. The laughter leader then has, essentially, little to do except maintain safety. Participants experience a natural high – the “endorphin rush”.

¹⁹http://www.laughteryoga.org/index.php?option=com_content&view=article&catid=202:testimonials&id=184:dianne-theil-mcninch-usa-&Itemid=405

²⁰http://www.laughteryoga.org/index.php?option=com_content&view=article&catid=263:laughter-yoga-for-healing-therapeutic-benefits&id=223:laughter-yoga-alleviates-depression&Itemid=583

²¹ Among the core principles are : laugh for no reason, laugh in a group, yogic breathing and playfulness.

Laughter Yoga and Mental Illness - Psychotic Laughter

Laughter yoga's foundation principle is "laugh for no reason", also the title of the book by Dr Madan Kataria. In December 2008 at a social function the author met a psychiatric nurse who worked at a facility for the criminally insane in Sydney. When I told him about laughing for no reason, he said that is what some of his patients did. I was reminded of the phenomenon of "psychotic laughter" or cachinnation.²² I interviewed this nurse in a one minute video on google videos.²³

What is the significance of this and what are the ramifications? When we laugh for no reason, are we promoting self-psychosis? Unlikely (though it can't be ruled out!) When the mind is in severe break down, is auto-generated laughter a reaction caused by the "psychotic disintegration of the self"? As one author suggests as follows.

"In both inappropriate laughter and silliness "there is a precipitating loosening of the personality, and both attitudes function as a relief from tension... Both are reactions of frustration and imply that any active solution is impossible. 'Inappropriate laughter' is actually the appropriate reaction to a unique situation (the experience of the psychotic disintegration of the self) which contains a note of grim, bizarre humor... With the 'normal zone' of the personality abandoning all resistance, there results the 'happy silliness' in which only the occasional impression of deliberate clowning tells of the original conflict and the patient's vague realization of the disintegration of his own self."²⁴

Genuine Laughter Can Help Overcome Negative Emotions

Auto-generated laughter may also be seen to be a self healing or coping mechanism. To lend support to this notion, a 1997 study found that bereaved subjects who expressed "genuine smiling and laughing" when talking about their deceased spouses had better coping.

"The role of positive emotions in coping is an area of current interest to researchers. Positive emotions may co-occur with negative emotions during stressful situations, and they can provide some benefit. For example, positive emotions can "undo" some of the ill effects of negative emotions, particularly the physiological effects (Frederickson & Levenson, 1998). In one study, individuals who expressed genuine smiling and laughter when talking about their relationship with a spouse who had died 6 months earlier had fewer grief-related symptoms and better relationships with others 2 years after the loss." (Keltner, D and Bonanno, G.A. (1997) A study of laughter and dissociation: Distinct correlates of laughter and smiling during bereavement. *Journal of Personality and Social Psychology*, 73, 687-702)²⁵

Abnormal or Disconnected Laughter – an Indicator or Precursor of Mental Illness?

In 2004 the author led a laughter club session where a new attendee, Alvin, on his own volition, laughed uproariously for extended periods. He was a "super laugher". He never returned. It was later learned he had undisclosed mental health issues and was said to be recovering from his extended laughter bouts which had an adverse effect on him. In the words of his friend, Mark, he had been "showing off" with his sustained laughing and had, as a result, "done himself in." From this the author surmises Alvin had been "pushing" his laughter rather than letting it bubble up naturally.

²² "Cachinnation *canchasmus*; inordinate laughter without apparent cause, observed most frequently in the hebephrenic form of schizophrenia." p155 of Campbell's Psychiatric Dictionary by Robert Jean Campbell 2009 Oxford University press

²³ <http://video.google.com/videoplay?docid=69880592899238793&hl=en#>

²⁴ "Inappropriate laughter" and "silliness" in schizophrenia by Kant, O. *The Journal of Abnormal and Social Psychology*. Vol 37(3), Jul 1942, 398-402.

²⁵ p191 *Abnormal Psychology* by Ann Kring, Gerald C Davison Wiley 2006

Laughter Yoga for Schizophrenia and Bipolar Depression

Another interesting observation in the connection between laughter yoga and mental illness is the case of Rodney, approximately 50 years old, who shared the same house with the author during a laughter yoga workshop with Dr Kataria in Byron Bay, Australia in August 2005. The workshop heavily promoted laughing for no reason. Rodney began to laugh by himself in his room. His spontaneous, disconnected laughter was a source of mystery to and even envy by other workshop participants. Rodney would wake up in the morning and laugh to himself whilst lying in bed. The author recently learned that Rodney was diagnosed with bipolar disorder and had been taken to a psychiatric institution by the Queensland police.

Rodney was not a regular practitioner of laughter yoga. He did not consistently participate nor lead laughter yoga sessions (as far as is known) and only attended the Byron Bay training to accompany a friend and out of curiosity. It is unlikely that his bipolar condition, which was probably pre-existing, was precipitated by laughter yoga. His disconnected laughter was probably connected to his incipient mental health condition.

These cases are a reminder to the author to continue to rigorously avoid creating situations where participants are encouraged or are able to laugh unnaturally on a sustained basis.

However, the author himself has experienced deep laughter bouts during laughter club sessions that probably looked unnatural to bystanders, where an endorphin rush was experienced, resulting in an elevated mood that lasted a few days before dissipating. A “natural high” with no side or ill effects.

Discernment by the laughter leader as to the “quality” of the laughter is therefore important in controlling a laughter session. Hence laughter leading in a “psychological” laughter session is usually not farmed out to participants (each volunteering a laugh in turn) but is centrally orchestrated by the laughter leader who has a finger on the laughter pulse.

The relationship between laughter, mental illness and psychological health seems to be a complex, rich and subtle one. Laughter is ultimately a mystery and cannot always be bottled and released on demand.

Proposed Modified Contraindications to Laughter Yoga for those with Mental Health Issues

An experienced licensed mental health therapist²⁶ in New Mexico, USA who is also qualified in laughter yoga has proposed that laughter yoga should be contraindicated only for those with active mental health problems, namely, those with psychosis or mania, those with reality testing problems and those who have trouble knowing what is socially appropriate in a given setting. The therapist advises this would constitute only a “small minority” of those receiving outpatient mental health treatment. This therapist supports the use of laughter yoga for everyone else with mental health issues in a psycho social rehabilitation context.

The author fully agrees with the above and adds only a gentle, soft, less active and more connected laughter yoga approach should ever be considered for those with any degree of emotional fragility.

²⁶ James Masica, MA, LPCC in message #741 in Laugh4Health Yahoo newsgroup on 27th November 2009. He holds a masters in clinical psychology and has 26 years experience in the field, two years with laughter yoga.

Laughter Yoga for Schizophrenia and Bipolar Depression

8. Concluding Remarks

It was a thrill to have conducted the laughter program at “The Hut”. It was a test of my laughter leading skills and an opportunity for me to re-discover the nature of laughter with a hard audience. In the initial weeks of the program I thought I was not succeeding. I was generating far less laughter than I normally would with a group of more mentally healthy participants. I was therefore expecting the program to be terminated at any moment. The fact it was not, and I kept coming back month after month was a surprise. I learned that despite the weak participation rates, I was getting consumers to participate who wouldn't participate otherwise.

From notes made after each session, I saw I benefited about third of the consumers, another third I'm not sure whether the laughter was of benefit, it may have been in varying degrees, and a third of the consumers chose not to, or were unable to, participate in the laughter sessions at all. The notes I made after each session are included below as Appendix 1 for information and completeness. (SFNSW copy only.)

The program was eventually terminated in late October 2009 due to federal government budget cuts. The termination was probably timely because of the decreased numbers at “The Hut” on the days the laughter sessions were held.

I enjoyed laughing at “The Hut” and working with the team leaders Philippa and Josh, the various visitors from Chaplaincies, the student interns and other volunteers, as well as the consumers themselves. The circumstances under which the team leaders work are trying, and I take my hat off to them. I myself got a boost after every laughter session and left lifted.

USUFF OMAR usuff.omar@gmail.com

CLYT (Certified Laughter Yoga Teacher)

Laughter Yoga Instructor

www.hohohahaha.com

61 – 2- 9484 0813

0400804354

Sydney, Australia

Leader, North Sydney Laughter Yoga (NSLY)

NSLY: a laughter lab for natural highs (we inhale, but only air.)

VENUE : North Sydney Community Centre, 220 Miller Street (near Ridge St.) **TIME**: Every Sunday 5 - 6pm

COST : Free to public. Donations appreciated (to help meet room rental).