

# Why Laughter Heals? A Review on the Use of Humor in Therapy

## *Gülmek Neden İyileştirir? Terapide Mizah Kullanımı Üzerine Bir Derleme*

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### ABSTRACT

Humor is an important tool for expressing many emotions such as happiness, sadness, anger and surprise. In recent years, the use of humor has started to gain the quality of a therapy approach. The use of humor in therapy helps clients to express meaningless situations or inconsistencies in their lives in a humorous way by making them entertaining. At this point, it is very important for the counselor to be able to understand the purpose of the clients' arrival and their sense of humor depending on this purpose and to make interventions accordingly. Since the concepts of humor therapy and Laughter Therapy / Laughter Yoga are often used interchangeably in the literature, this study synthesizes both therapy approaches and tries to reveal their elements and importance. In this review, it is aimed to examine all aspects of the emergence of the use of humor in therapy, basic concepts, sub-dimensions of humor, counselor-client relationship using humor in therapy, humor therapy process, laughter therapy / laughter yoga process, laughter therapy / laughter yoga techniques, studies on the use of humor in therapy, why humor should or should not be used in therapy. With these aspects, it is thought that this study will contribute to the literature and help to fill the existing gaps. In addition, it is predicted that the widespread use of humor therapy and the use of humor therapy in different studies will benefit many clients and experts working in this field.

**Keywords:** Humor, therapeutic humor, humor therapy, laughter therapy, laughter yoga

### ÖZ

Mizah mutluluk, üzüntü, öfke, şaşkınlık gibi birçok duyguyu ifade etmeye yarayan önemli bir araçtır. Son yıllarda mizah kullanımı bir terapi yaklaşımı niteliği kazanmaya başlamıştır. Mizahın terapide kullanımı, danışanların yaşamlarındaki anlamsız durumları veya var olan tutarsızlıkları eğlenceli bir hale getirerek mizahi bir biçimde ifade etmelerine yardımcı olmaktadır. Bu noktada danışmanın, danışanlarının geliş amaçlarını ve bu amaca bağlı olarak mizah anlayışlarını iyi bir şekilde anlayabilmesi bu doğrultuda müdahalelerde bulunması oldukça önemlidir. Mizah terapisi ve Kahkaha Terapisi/Kahkaha Yogası kavramları alanyazında birbirinin yerine sık sık kullanıldığından bu çalışmada iki terapi yaklaşımı da sentezlenerek unsurları ve önemleri ortaya konulmaya çalışılmıştır. Bu derlemede terapide mizahın kullanımının ortaya çıkışı, temel kavramlar, mizahın alt boyutları, terapide mizah kullanan psikolojik danışman-danışan ilişkisi, mizah terapisi süreci, kahkaha terapisi/kahkaha yogası süreci, kahkaha terapisi/kahkaha yogası teknikleri, terapide mizah kullanımına dair çalışmalar, mizahın terapide neden kullanılması ya da kullanılmaması gerektiği açısından geniş bir çerçevede ele alınarak tüm yönlerinin incelenmesi hedeflenmiştir. Bu yönleriyle bu çalışmanın alanyazına katkı sunacağı ve var olan boşlukların doldurulmasına yardımcı olacağı düşünülmektedir. Ayrıca mizah terapisinin kullanımının yaygınlaşması ve farklı çalışmalarda mizah terapisinden yararlanılmasının birçok danışana ve bu alanda çalışan uzmanlara yarar sağlayacağı öngörülmektedir.

**Anahtar sözcükler:** Mizah, terapötik mizah, mizah terapisi, kahkaha terapisi, kahkaha yogası

## Introduction

Humor is a fun, funny behavior or expression (Erdman 1993). Humor helps overcome obstacles, strengthens the bond between people and makes people feel closer to each other (Buxman 1991). It is also a useful skill that facilitates people's work in establishing effective communication (Gençtarım-Kurt 2022). It is known that humor is used in many therapy methods such as Psychoanalytic Therapy, Rational Emotional Behavior Therapy (RADT), Individual Therapy, Person-Centered Therapy, Existential Therapy, Gestalt Therapy, Reality Therapy, Bowen Intergenerational Transition Theory, Satir Family Therapy Model (Zorlu and Gündüz 2019, Karataş and Yavuzer 2020). Recently, humor has started to be included in the literature as a therapy approach. Although humor is used in many therapy methods, it may vary in terms of process, methods and techniques since it has

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only recently started to be used as a therapy approach in its own right. For this reason, a review on the use of humor in therapy was needed. The aim of this research is to examine the use of humor in therapy in a broad framework and to examine it in all its aspects. In addition, it is aimed that this research will contribute to the field and field experts by filling the gaps in the literature.

According to The Association for Applied and Therapeutic Humor (AATH) 2022, humor therapy helps individuals explore the meaninglessness or inconsistencies in their lives in a playful and humorous way. The use of humor in therapy makes it easier for individuals to express what they have discovered about these experiences and to gain awareness of the meanings in the content of their experiences. Humor can be used as a complementary therapy approach that positively affects individuals' health and well-being in psychological, cognitive and social terms and facilitates their coping with challenging experiences. Humor therapy uses laughter and smiles to help individuals heal and cope with overwhelming and exhausting thoughts and emotions (Theravive 2022). Humor therapy is also a positive emotional experience shared by the client and the counselor, which is a quiet, empathic fun as well as loud laughter and constantly changing (Franzini 2001).

In the literature, there are similar therapy types such as "Humor Therapy, Laughter Therapy, Laughter Yoga". Sometimes these concepts are used interchangeably. Laughter therapy or Laughter yoga, on the other hand, was introduced in 1995 by Dr. Dr. G. G. It was developed by Kataria. Laughter therapy is an approach that uses laughter, breathing exercises and various yoga movements in a therapeutic way (Laughter Yoga International 2022). In this section, although the differences between these concepts are tried to be revealed, sometimes they are also tried to be explained together due to their mutually supportive features.

## **Emergence of the Use of Humor in Therapy**

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The emergence of the use of humor in therapy dates back to the Bible, which contains verses such as "A cheerful heart is good medicine, but a broken spirit dries up the bones" [Proverbs 17:22] (Strean 2009). Again, one of the oldest historical references to humor therapy is a text from the 1300s in which the French surgeon Henri de Mondeville advises his students to be careful to regulate the entire lifestyle of the patient with joy and happiness, to cheer him up and allow his family and close friends to make jokes (Brehony 2000). By the sixteenth century, Martin Luther used a form of humor therapy as part of his counseling for depressed people and advised his clients not to isolate themselves but to have friends around them who could joke and laugh with them (Wells 1995).

Humor is a tool to look at the client's problem from a different perspective. With the use of humor in therapy, it is aimed to help the client find the humorous aspects of the existing problem, while at the same time reducing his/her hopelessness (Dewane 1978). In recent years, based on the benefits of humor, many different programs have been created to be used in situations such as recovery from illness, survival and increased functionality. These programs have been implemented in many settings such as care homes, hospitals, various organizations and universities. The basis of many of these programs is the use of the stimulating and cathartic effects of humor. Thus, the use of humor can provide physiological and psychological protection, reduce the negative effects of stress and increase the quality of life (Fry 1994). In humor therapy to achieve all these goals, humorous materials such as funny photos, books, movies, videos, shows or stories are usually used to encourage patients to spontaneously discuss their own humorous experiences (Satish 2012). In addition, the use of humor in therapy can take the form of a structured joke, drawing attention to absurdities, exaggerations, illogical reasoning or word games. Sometimes extreme uses of humor are used. For example, the counselor's expressions of self-deprecation, the counselor's drawing attention to the universal weaknesses of all people, or the counselor's funny observations of current events are examples of the extreme use of humor in the therapy process (Franzini 2001). The use of humor in therapy requires some basic concepts to be familiar to the counselor.

## **Basic Concepts**

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### **Laughter**

Laughter can help to see the pain of a situation from a different perspective. It is like putting on someone else's glasses and watching a scene through their eyes. Although it does not relieve pain, it enables us to see the world beyond pain in different ways (Erdman 1993). As a matter of fact, individuals who laugh and laugh frequently show lower stress symptoms in the face of stressful events than individuals who laugh less (Zander-Schellenberg et al. 2020).

## **Humor**

Humor is an important tool for expressing many emotions such as joy, sadness, anger, hostility and frustration. The feeling of contagion created by interaction and sharing are important components for obtaining satisfaction from humor (Vanwormer 1997). Although laughing with someone often involves a positive use of humor, laughing at someone else is considered by people to be a negative use of humor. Humor can be misinterpreted in some cases, no matter how good the intentions of the person doing it are, and for this reason humor is neither completely black nor completely white, but is in the "gray zone". This humor can include sarcasm and irony, inside humor, stereotypical humor (e.g. humorous elements of racism or sexism) and gallows humor (Buxman 2008).

### ***Inner Humor or Humor that You Have to Be There***

It is humor that is unique to the members of a group, that only they can understand among themselves. The feeling of belonging to a group is reinforced in individuals in groups where this type of humor develops (Buxman 2012). For example, in an all-girls group, the girls' choice of the slogan "team of shining stars" and their use of this as a motto to make fun of each other is internal humor.

### ***Racist Humor***

Racist humor is making fun of someone because of his/her ethnic identity, displaying derogatory attitudes towards him/her, insulting him/her or using humor to display an aggressive attitude towards that person (Philips 1984). Racist humor mostly uses stereotypes about races (Anderson 2015). Racist humor has both an offensive aspect in its context and functions as a tool used to support dominant racial ideologies and social inequalities and to naturalize these inequalities (Pérez 2016). Racist humor also expresses a repressed humor. Individuals occasionally find humorous elements with this derogatory tendency funny, even if they are about themselves. In a way, this tendency to find it funny can be considered harmless. Logically, a good laugh directed at this situation can have a positive therapeutic effect (Philips 1984). For example: "What do you call a black kid on a bicycle? Thief!" (Pérez 2017). Based on this racist joke, it can be said that racist humor contains condescending and aggressive attitudes towards both the appearance and personality traits of individuals through their ethnic identities.

### ***Sexist Humor***

It is a type of humor whose target audience is women or men and contains derogatory elements based on gender characteristics, and many people are exposed to this humor at least once in their lives (Thomas and Esses 2004). Many examples in our proverbs and idioms contain sexist humor. "Her hair is long and her mind is short" (Idiom). This idiom to humiliate women. "Let the one who gives birth to a boy be proud and the one who gives birth to a girl be beaten." (Proverb). This proverb means that a son is something to be happy about and a daughter is something to be sad about. "If they say there is a wedding in the sky, women get up to build ladders." (Proverb). This proverb emphasizes that women can do anything for fun. "There is no wood from a rose branch and no woman without feeding." (Proverb) In this proverb, it is explained that something or someone may not always be qualified to fulfill what is expected of them. "Missing skirt" (idiom). This idiom is used metaphorically for woman as a noun. "Nine-tenths of manhood is running away" (Proverb). This proverb means that men benefit by escaping from a dangerous situation (Türk Dil Kurumu Sözlükleri [TDK] 2019).

### ***Gallows Humor***

This type of humor is named after a man condemned to the gallows. A prisoner about to be executed overcomes his existential malaise with a clever joke. When the executioner offered him a cigarette to smoke in his last moments, the prisoner replied, "No thanks, I quit yesterday." This type of humor serves as a coping mechanism for the situation when the person has no hope for life (Kuhlman 1988).

### ***Sexual Humor***

It is a type of humor related to sexuality. Care should be taken when using this type of humor, because even if the person using sexual humor does not intend to do so, it is possible that a situation leading to accusations of abuse and harassment may arise. An example of sexual humor is jokes about blondes. Many blonde jokes are made under the heading "Stupid Blonde". For example, "How do you drive a blonde crazy? Give him a packet of M&Ms and ask him to sort them alphabetically." (Buxman 2012).

## **Sub Dimensions of Humor**

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Martin et al. (2003) mentioned four dimensions of humor:

### **Participatory Humor**

People with this humor style tend to tell funny jokes and anecdotes to entertain others. People with participatory humor style, which is a humor style that increases interpersonal harmony, are cheerful, have high self-esteem and are extroverted. For example, Cem Yılmaz and Ata Demirel, who adopt humor as their profession, have participatory humor.

### **Self-Improving Humor**

People with this humor style generally look at life from a humorous perspective and maintain this humorous perspective even in the face of stressful life events. These individuals are able to regulate their negative emotions thanks to the perspective they have. Accordingly, it is assumed that self-enhancing humor style is positively related to negative emotions such as anxiety, depression, neuroticism and negative life experiences; openness, self-esteem and psychological well-being. Metin Şentürk is one of the people who can be an example of the type of humor that develops itself. Despite being visually impaired, he makes his life more positive by laughing and joking. Metin Şentürk produces a lot of content that can be an example of self-improving humor. For example, he organized a humorous morning show called "The Blind of the Morning". In addition, during the holidays, he tweets things like "Just now, the children of Eid came and I gave 100 liras instead of 10 liras, there was a queue in front of the house." (Şentürk 2022).

### **Offensive Humor**

People with this humor style tend to use humor through sarcasm, ridicule or with a derogatory approach. Aggressive humor is also the tendency to express humor without considering the impact it may have on other individuals (e.g., humorous remarks directed at individuals' personality traits, appearance, gender, or race). This tendency has the potential to hurt or alienate others. Aggressive humor is closely related to anger, aggression and neuroticism, especially hostility. For example, the saying "Kaz flies but Laz can't?" (Altıntaş 2003) for the Laz is included in aggressive humor. An example of aggressive humor is "Bears eat the best of the pears (on the mountain)" (Proverb). This proverb (TDK 2019), which speaks of someone who is seen as rude, aggressive and ugly by the society as having acquired something that does not suit him or her, offers a criticism in terms of both appearance and character traits.

### **Self-Defeating Humor**

People with this humor style attempt to entertain others by directing humor towards themselves in a way that humiliates them. Although they may be seen as very funny on the outside, they actually tend to hide their negative emotions. This humor style is also assumed to be closely related to negative emotions such as depression and anxiety. They are people who make fun of themselves just so that others don't make fun of them. For example, a person who is very short and falls into the category of dwarf is self-defeating humor when he or she makes jokes about his or her height without giving others a chance to make jokes. Another example is an adolescent who is constantly humiliated by his/her father about his/her weight in the family, such as a funny adjective such as "Obelix" or his/her statements to his/her family such as "If you make me angry, I will eat you too." He is actually upset by his father's behavior, but he uses these funny expressions to hide his anger at his father.

## **Counselor-Client Relationship Using Humor in Therapy**

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All human beings are capable of developing a sense of humor. Although individuals' sense of humor is similar to each other in many respects, there are also points where they differ (Shaughnessy and Wadsworth 1992, Fry 1994). For this reason, care should be taken to intervene with a sense of humor that is acceptable in terms of the demographic characteristics of the clients and the society they live in (Zorlu and Gündüz 2019).

Humor provides cognitive and affective benefits for the client in the change process. It is important to use humor to raise awareness about the client's long-standing and recurring dysfunctional behaviors and for the client to evaluate himself/herself (Corey 2015). However, the counselor should pay attention to the jokes and humorous

elements he/she uses for humor, and should act knowing that a humorous element that may be funny for him/herself may not be funny for the client (Zorlu and Gündüz 2019). Inappropriate use of humor may cause the client's problem to be seen as insignificant and the therapeutic relationship between the client and the counselor to be damaged and a distance to be created between them. Humor should not be used in a condescending way or to express the counselor's ideas about the client, and the counselor should not violate the client's boundaries (Dewane 1978).

In laughter therapy, each session is led by a laughter leader or teacher who controls the session, giving explanations and commands to start and complete different exercises. The leader guides members to initiate and complete the exercises together to improve group dynamics (Laughter Yoga International 2022).

## **Process**

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Humor can be used individually or in group settings in therapy (Satish 2012). Although there is no complete clarity about the process of humor therapy, in a study involving the therapy process, the process took place as follows:

Tse et al. (2010) examined the effectiveness of humor therapy program in reducing chronic pain and loneliness perception as well as increasing happiness and life satisfaction in elderly individuals. The program was a quasi-experimental pretest-posttest program, with 36 students in the experimental group, It was conducted as a controlled study with 34 elderly individuals in the control group. The humor therapy was conducted in the multipurpose hall of the nursing home. The humor therapy program lasted for 8 weeks, one hour a week. The general atmosphere during the sessions was relaxed and cheerful. In the first week, each participant was given a portfolio titled "My Happy Collection". The research team worked collaboratively with the participating members to design and create the portfolios and found photos, videos, books, stories, jokes, audio recordings, cartoons, and news and articles that were both funny and interesting to be used in the portfolio. Each member's portfolios were reviewed every week and the challenges and joys of preparing the portfolios were shared. In the following process, humor therapy was applied by the research team. From week 2 to week 8, all sessions started with the joke of the day and the reading of a funny joke or story. Then, information about research on humor was given. In addition, participants in the therapy group were given ideas on how to include humor more in their daily lives by encouraging humorous and joyful activities such as laughing exercises and funny games, sharing funny stories they have experienced, magic shows. At the end of the 8th week, portfolios were shared among all members. The post-test questionnaires were collected and the participants in the experimental group were invited to an individual interview to share their humor therapy experiences. After the completion of the humor therapy program, there were significant decreases in the perception of pain and loneliness, and significant increases in happiness and life satisfaction for the experimental group.

## **Laughter Therapy / Laughter Yoga Process**

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In laughter therapy, each session is led by a laughter leader who controls the session, giving explanations and commands to start and complete different exercises. The leader guides the members to start and complete the exercises together to develop group dynamics. The first 30 minutes of a one-hour session is spent laughing, breathing and stretching exercises. This is followed by 15 minutes of laughter meditation and guided relaxation exercises. Then the laughter therapy phases begin. Stages of laughter therapy Dr. Kataria identified clapping, deep breathing, childlike playfulness, laughter exercises and laughter meditation (Laughter Yoga International 2022):

### **Applause**

The fingers and palms touch and clap with the hands parallel to each other. This stimulates the acupuncture points on the hands and increases energy levels.

### **Deep Breathing**

In addition to laughter exercises, deep breathing exercises are practiced to promote mental and physical relaxation. These exercises also help to clear the lungs.

### **Childlike Playfulness**

The aim is to develop childlike playfulness, which helps to laugh for no reason, increases and maintains energy

levels, and gives enthusiasm and joy.

### **Laughter Exercises**

Laughter exercises form the basis of the session. These exercises help to reduce timidity and shyness. At the same time, adapted laughter can be transformed into unconditional and heartfelt laughter by using laughter exercises.

### **Laughter Meditation**

This is the second part of the laughter therapy session. During laughter exercises, clients try to laugh, but thanks to the group dynamic, laughter becomes spontaneous and effortless after a while. This is called laughter meditation. Here the clients don't just laugh; they become the laughter itself. It is a deeper experience of unconditional laughter. There is laughter accompanied by tears and the kind of laughter that makes the stomach ache. Sometimes clients find themselves on the floor laughing. The most basic feature of laughter meditation is that it does not involve any jokes, humor or comedy. Laughter meditation is the purest form of laughter and allows clients to experience catharsis.

### **Laughter Therapy / Laughter Yoga Techniques**

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Dr. Below are some laughter exercises that can be used in sessions recommended by Kataria (Laughter Yoga International 2022):

#### **Greeting Laughter**

In this technique, clients shake hands and look into each other's eyes while smiling gently at each other. The session can start with a "Greeting Laughter" as it helps to connect the group while shaking hands and making eye contact. This is called the "handshake smile". Greetings may vary from culture to culture. After the greeting, they say ho ho ho ha ha ha ha 5-6 times and applaud. Then take two deep breaths.

#### **Hearty Laughter**

After the ho ho ha ha ha ha exercise, the technique of hearty laughter is used. When the leader gives the command 1,2,3..., everyone starts laughing at the same time. Laughter is brisk and harmonious. In a hearty laugh, one raises one's arms and laughs heartily. Arms should not be in the air during laughter, but should be lowered and raised again in between. At the end of a hearty laugh, the leader applauds the clients and starts saying ho ho ho ha ha ha ha 5-6 times. When the leader says this, it signals the end of a certain type of laughter. Again, as before, at the end of this technique, take two deep breaths.

#### **Milkshake Laughter**

The clients are asked to hold two imaginary cups and milk or coffee. The leader instructs the clients to say Aeee aeee aeee ... and pour the milk from one glass to the other and then back to the first glass. Then he says Aeee again and starts laughing. So all the clients start laughing. They are then asked to pretend to drink milk. This is repeated four times, followed by ho ho, ha ha ha, ha ha ha and applause.

#### **One Meter of Laughter**

This laughter technique involves measuring using a very funny and imaginary meter. Measurement is made by moving one hand over the stretched arm on the other side and extending it to the shoulder (stretching as if shooting a bow and arrow). An imaginary measurement is made first on the left side and then on the right side. This measurement movement is repeated twice.

#### **Lion Smile**

This laughter technique is derived from a Yogic posture known as Simha Mudra (Lion Pose). The mouth is held wide open and the tongue is completely protruded. Eyes wide open, hands stretched out like a lion's claws and belly laughs like a lion's roar. The lion smile is a useful exercise to work the facial muscles, tongue and throat.

### **Silent Laughter with Mouth Open**

In this laughter technique, the mouth opens as wide as possible and the clients laugh while looking at each other's faces. At the same time they shake their heads and hands, show their palms to each other and make different movements.

### **Cell Phone Laughter**

Participants try to laugh by making different movements and pretending to hold imaginary cell phones in order to meet different people in the group. They appear to enjoy their laughter. This technique can be practiced in two groups facing each other. At the direction of the group leader, the two groups walk past each other laughing and holding imaginary cell phones in their hands. If necessary, the two groups can cross again to return to their original positions, but again the members must look at each other and laugh.

### **Argument / Argument Laughter**

In this technique, two groups are divided into two with a space in the middle. The members of the two groups start laughing by looking at each other and pointing at the members of the other group with their index fingers. Usually women are on one side and men on the other.

### **Gradient Laughter**

This laughter technique is applied at the end of the session. Members are asked to approach the leader. First there is a smile and the members look at each other. Gradually, it is accompanied by light giggling by the leader. Others follow and start giggling. Gradually, the intensity of the laughter increases and members laugh heartily for about a minute. The laughter gets louder and louder and this kind of laughter is highly contagious.

## **Studies on the Use of Humor in Therapy**

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The therapeutic use of humor has become widespread in many areas, especially in hospitals. In addition to clowns who make sick children laugh and cheer up, humor carts with entertaining materials for inpatients of all ages are now available in many hospitals (Husney et al. 2020).

When we look at the studies on the use of laughter and humor in therapy, we can see that the use of laughter and humor in reducing stress and anxiety (Hae Jeong et al. 2011, Ensook and Yeon Hee 2012, Kim et al. 2015, Yim 2016, Friedler et al. 2017, Memarian et al, 2017, Markova et al. 2021, Meier et al. 2021), which is the most important issue in the region. In terms of reducing the stress of sick individuals, dialysis patients (Bennet et al. 2014), women undergoing in vitro fertilization treatment (Friedler et al. 2017) studies were conducted. In addition to reducing the anxiety of patients, a study (Lee and Lee 2020) was also conducted to reduce the employment stress of nurse candidates.

In these studies, humorous elements and laughter usually come to the fore. Below are some studies conducted on individuals with anxiety from different groups and information about the methodology used in these studies.

A randomized controlled trial was conducted with breast cancer patients, including 31 patients who received a four-session laughter therapy program aimed at reducing anxiety and depression and 29 patients in the control group. As a result of the study, no change was detected in the control group, while the anxiety and depression levels of the patients in the group where the program was implemented decreased. The program consists of information about the effects of laughter therapy and loud, prolonged laughter. After a brief introduction about the positive effects of laughter, the clients were asked to practice various types of laughter such as rhythmic laughter by clapping their hands, laughing with the whole body and laughing together for a long time. After these practices, exercises were done to calm the mind and the process ended with the clients sharing their feelings (Kim et al. 2015).

Kim et al. (2015), the content of the application is as follows: Entrance takes 10 minutes. Ice-breaking includes introducing oneself to the other participants, introducing the program, introducing the laughter therapy session program, and giving brief information about the positive effect of laughter. The application part takes 40 minutes. In the warm-up phase, the body muscles are relaxed. The facial muscles used in laughter are relaxed. Laughing in rhythm with applause. The finalization takes approximately 10 minutes. The clients' minds are calmed by playing relaxing music or reading a good text (poem). They are then asked to share what they feel by participating in laughter therapy. This ends the process.

As laughter therapy was successful in reducing anxiety in breast cancer patients, the effectiveness of laughter therapy in reducing anxiety in patients with other diseases has also been examined. One of these studies was conducted to reduce anxiety and improve sleep quality in Parkinson's patients. In this study, experimental and control groups were formed and firstly, anxiety and sleep quality in Parkinson's patients in both experimental and control groups were measured with various inventories by pretest application. Then, in addition to the patients' medical treatment, the experimental group practiced laughter therapy exercises under the supervision of a laughter therapy trainer for 8 weeks, 2 sessions per week for 45 minutes each session. Meanwhile, patients in the control group continued their standard medical treatment. Patients in the control group did not participate in any laughter therapy exercise. As a result of the study, laughter therapy was found to be useful as a complementary therapy to standard treatment methods to reduce anxiety and improve sleep quality in Parkinson's patients (Memarian et al. 2017).

Friedler et al. (2017) to reduce anxiety levels of women undergoing IVF treatment, women were contacted before embryo transfer and randomly assigned to one of 3 different study groups. While the patients were resting in the waiting room, the procedure started immediately after the embryo transfer. The clown group received a live "personalized" medical clown intervention. In the movie group, a medical clown intervention was performed with a movie screening. In the control group, the usual treatment was applied and no other intervention was performed. In the Medical Clown intervention, each patient in this group encountered a professional medical clown immediately after the embryo transfer, while sitting on a couch in the waiting room, and watched the clown perform. In the humor film intervention group, a 10-minute film was produced specifically for this study. The movie takes the form of the same clown visiting a woman (a nurse playing a role) in the recovery room. The camera captures the clown filmed from the point of view of the patient sitting on the couch. The filmed routine is basically the same one used by the clown for the Clown group. The practice greatly reduced the anxiety levels of the participants and made the time spent pleasant by distracting them. In addition, the face-to-face clown intervention was more preferred than the humorous film. This may be explained by the fact that the patient is more active during the encounter with the medical clown (Friedler et al. 2017).

Other studies on the use of laughter and humor in therapy are life satisfaction (Wanzer et al. 2009, Hall 2017) and depression (Bressington et al. 2019) on topics such as. At the same time, humor and laughter therapy has been used with dementia patients (Takeda et al. 2010), schizophrenia patients (Cai et al. 2014) and patients with addictive disorders (De Francisco et al. 2019) was also studied.

Other groups where laughter and humor therapy is intensively studied are the elderly and children. Depression in the elderly (Ko and Youn 2011, Low et al. 2013, Armat et al. 2022), residential care (Goodenough et al. 2012), reducing agitation and increasing happiness (Low et al. 2014), physiological and psychological functions (Yoshikawa et al. 2018) are available on the subjects. In children, humor and laughter therapy is mostly in the form of clown therapy. In clown therapy, doctors, often dressed as clowns, help surgical or oncological patients cope with the stress and anxiety they experience during their treatment (Boscarelli 2017). In hospitals, especially in pediatric settings (Koller and Griski 2008, Markova et al. 2021) in pediatric intensive care units (Mortamet et al. 2017), children and adolescents in psychiatric care (Zemp et al. 2022) and in the examination of sexually abused children (Tener et al. 2010) clowning is used therapeutically. It has also been observed that the use of clowning therapeutically during venous blood sampling has positive effects on pain and anxiety (Meiri et al. 2016, Kurudirek et al. 2021). The use of clowns in hospitals has been shown to reduce not only the anxiety of children and adolescents but also that of their parents (Agostini et al. 2014; Markova et al. 2021). Regarding anxiety reduction, Markova et al. (2021) with children between the ages of 5 and 12, the positive effects of a health worker dressed as a clown on reducing anxiety in children undergoing surgery and how parent-child relationships play a role in their effectiveness were examined. Children were observed before surgery with a clown and their parents (experimental group) or only their parents (control group). Eight different clowns experienced in clowning participated in the study and performed music, magic tricks, verbal and physical improvisations within the application. The control group did not receive any intervention other than their standard treatment. Children and parents in the experimental group reported more positive mood and well-being than children and parents in the control group. A decrease in anxiety levels was also observed. In addition, the positive child-parent relationship increased the effectiveness of the health worker clown intervention.

### **Why Humor Therapy should or should not be used?**

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The use of humor therapy appears to be an effective non-pharmacological intervention. Nurses and other health professionals can benefit from humor therapy (Tse et al. 2010). Laughter therapy focuses on the approach that both body and mind can be healthy as long as the psychological aspects of the brain are changed. In this respect,

it also differs from other therapy methods (Bal 2021).

Almost all health studies on laughter point to positive results. There are almost no negative side effects or unintended consequences associated with the use of laughter as an intervention. In this context, "innocent until proven guilty" is an appropriate assumption for laughter therapy (Strean 2009). At the same time, the strengths of humor and laughter therapy are that it is low cost, easy to apply anywhere and anytime (Bal 2021), and applicable to a wide range of people from children to the elderly.

However, some social barriers may be encountered when using laughter therapy. Often children are conditioned in their early years of development to laugh only when and where it is socially appropriate. Therefore, they refrain from laughing in environments that society does not approve of. This makes it difficult to apply laughter as a therapeutic intervention in the therapy process. Individuals tend to feel uncomfortable when confronted with expressions that reflect laughter, crying or anger. Because usually in such moments individuals tend to fear losing control in a cathartic sense (Hatzipapas et al. 2017).

In addition, laughter is not always a pleasant experience and can be associated with several negative situations. Excessive laughter can lead to cataplexy (muscle tone disturbance) in individuals. Laughing fits and unpleasant laughter are often seen in individuals with a neurological problem. Although such patients seem to be having fun, they may actually be experiencing unwanted sensations (Satish 2012). For this reason, it is important that the experts who will apply laughter therapy are careful in this regard.

## Conclusion

Whether it is called humor therapy, laughter therapy/yoga or clown therapy, many studies have shown that humor and laughter have a therapeutic healing power. When all this information and studies are taken into focus, it is seen that humor therapy is positively effective especially in the field of health, individuals with anxiety, elderly and children. Although different applications were used in the studies, basically humorous elements and laughter were used and generally effective results were obtained. In this respect, it is thought that the widespread use of humor therapy and the use of humor therapy in different studies will be effective in terms of benefiting many clients.

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