The other night, my husband, Art, and I joined some friends at an outdoor country music festival (as everyone does who lives or visits in the Blue Ridge Mountains of North Carolina). The music was terrific, the weather cool and clear, and the company delightful. But the most significant part of the evening for me was the laughter. With the fiddles playing in the background and young and not-so-young neighbors clogging around us, we sat together with our friends and laughed for hours, telling silly stories and having fun. I awoke the next morning refreshed and smiling. Laughter had once again worked its wonder. This feeling of laughter-induced wellness started me thinking about the magic laughter can add to both our personal and professional lives.

Kathy Antoniotti, with the Knight Ridder News Service, must have been having similar thoughts. “Why,” she asked in a recent column in the Lexington KY Herald-Leader, “does a belly laugh—laughter so hard it makes your abdomen hurt—make us feel so doggone good? We never need lessons in laughter; babies giggle and coo with pleasure. Just a tiny tickle can bring about gales of laughter from youngsters as well as adults.”

Although we all have experienced the truth of Antoniotti’s observations, laughter isn’t one of the human variables that we seem to give much attention to in current child development research and practice. Looking through texts currently housed on my bookshelves, I found little about the magical effects of laughter, although there was plenty of discussion about the social and cognitive significance of smiling and positive affect. Meredith Small used the following label for one of the beautiful baby photos included in her book: Our Babies, Ourselves (1999): “Grinning when we talk to them, crying in distress when left alone, sleeping best when nestled close beside us, babies teach us that growth is a cooperative venture.” In fact, Small is one of the few authors I found (in my very unscientific perusal of recent child development literature) that talked about the “laughing joy” that brand-new babies can display.

Psychoanalysts, on the other hand, have a rich and on-going history of studying laughter and its developmental impact. Beginning with Freud’s (1916) theory of humor and wit, psychoanalytical perspectives have described why we laugh: perhaps because we are permitted to express the energy from hostility or aggression openly or because the release plus the infantile joy of word play account for the pleasure in laughter. According to Kincaid (1971), “In addition to the pleasure aroused from release, there is also play pleasure: the infantile and pure joy in nonsense, playing with words, and combating order.”
Some cultures focus early life rituals on laughter. Author Rich Heffern (2003) describes a tradition among the Navajo:

After a Navajo baby is born, the first celebration takes place just after the child’s first laugh. Yes, laugh! “We believe the soul (also called ‘the wind’) enters the body soon after birth,” says Lori Alviso Alvord, a Navajo physician. “A baby’s laugh is an indication that the soul has become attached to the body.

Laughter functions as “a sign of holiness” throughout Navajo spirituality. Heffern reports a conversation with a teacher of Native American spirituality in New Mexico: “I noticed,” she told me, “that the holy people in our community, the ones we turned to for spiritual guidance and who conducted the blessing and healing ceremonies, were always the people who had the keest sense of humor. You could spot them by the laugh wrinkles near their eyes!”

“Humor,” Heffern concludes, “is a side effect of living deeply.” He describes the Navajo’s hallmark of holiness — and wholeness — as “a common lively sense of humor, honed from birth on the lathe of life’s ups and downs, its absurdities and sorrows, its joys and unpredictable encounters.”

Evidence from neuroscience is beginning to confirm that laughter isn’t just fun, it also affects brain activity and health. Research reported in *Neuroscience Letters* (Osaka et al, 2003) used functional magnetic resonance imaging to observe that words “highly suggestive of laughter” significantly activated parts of the brain not affected by “the same task that did not imply laughter”. The authors describe a “laughter module in the human brain” and see their study as demonstrating how different stimuli (and life events) may affect (or not affect) brain activity.

Other current research is examining the effects of laughter on the immune systems of ill children. A study called “Rx Laughter” begun in 2000 investigates the “possible biologic links between health, having a good sense of humor, and even the act of laughter itself”. Based at the University of California, Los Angeles, Jonsson Cancer Center this study is designed to investigate if laughter can help reduce pain and prevent and treat diseases. (Retrieved from World Disease Weekly, February 20, 2000).

In a study begun in the mid 1990s, pediatricians at Columbia University’s College for Physicians and Surgeons “proposed to determine scientifically the supposed healing effects of laughter. In an article titled “Does clowning help the medicine go down? Research on the therapeutic use of laughter”, it was reported that “anecdotal evidence points to the positive effects of humor on sick children and a cross section of patients afflicted with various ailments.” (Manning, 1996).

Although most of us (and our grandmothers) would say, of course, laughter helps; it is a relatively recent phenomenon to have scientific studies and research monies focused on validating the use of laughter as a positive therapeutic treatment. It will be important,
during the next few years, to look for research findings and seek out evidence of the spillover of this developing knowledge base into the scholarship and practice of child development. However, we probably don’t need to delay the incorporation of laughter into our own professional (and personal) lives.

“Laughter,” Potemra (2003) wrote, “is the advent of a language of transcendence, a language in which human beings reject the limits placed on them by power and circumstance.” Rejecting limits placed on us and on the families and children we work with sounds like a good way to start. But sometimes we are the placers-of-limits. In our busy, over-scheduled lives, we perhaps don’t take time to notice the new silly antics the two-year-old we’re observing has invented or to laugh at the story of the missed bus (and, therefore, missed appointment). Sometimes we don’t notice the (ridiculous) incongruity of our “assignments” to parents asking them to take time they don’t have or to “act naturally” in unnatural situations. We don’t build in time during our staff meetings or supervision sessions for silly stories about ourselves (not our clients or students) or giggle-fests about our own periods of confusion, forgetfulness, or just plain goofiness!

There is a magic to laughter that can brighten our days and that appears to have the power to brighten our professional interactions as well. On-going research studies on laughter and the brain, health, and other cultures report the positive impact of laughter on many aspects of our own development as well as that of the families and children we work with.

Now if only I had two things to offer at the end of this essay. First, it would be nice if I had a “laughter plan” that would serve as a guide for channeling the positive power of laughter without losing its magic. If anyone has such a plan, please share it. Second, wouldn’t it be great if I had the perfect joke or silly story to end this essay? I don’t. I invite you instead to turn right now to your nearest colleague, friend, client, student, or family member and share some nonsense and laughter.

Related References


