PROCEDURE

Humor therapy

Humor therapy uses guided laughter or humorous activities to support comfort, mood, and coping.

PURPOSE
Support comfort, mood, stress relief, and coping

PROCEDURE TYPE
Therapeutic - bedside, individual, or group-based session

WHERE IT IS DONE
Outpatient clinic, hospital bedside, community setting, or online

ANAESTHESIA
None

HOW LONG IT TAKES
10-60 minutes, set by format and comfort

PREPARATION
No fasting; follow the treating facility's instructions

RECOVERY
Immediate; no routine driving restriction

MAIN RISKS
Emotional discomfort, breathlessness, worsened pain, insensitive content

RESULTS
Immediate feelings discussed; longer-term benefit assessed over time

Overview

Humor therapy is a supportive treatment that uses humor and laughter to promote relaxation, enjoyment, and coping. It may involve watching comedy, sharing amusing stories, playful activities, therapeutic clowning, or guided laughter exercises.

Some sessions use spontaneous humor. Others use simulated laughter, in which you begin laughing as an exercise rather than in response to a joke. Simulated laughter can sometimes become natural laughter during a group session.

Humor therapy is also called therapeutic humor or a laughter-based intervention. It is not a single standardized medical procedure, so its format and length differ between programs.

Research suggests that laughter-based activities may improve mood, stress, anxiety, pain

perception, or quality of life for some people. However, studies use different methods and are often small. Humor therapy should usually be viewed as an optional addition to medical or psychological care, not as a treatment for the underlying cause of an illness.

Why the procedure is performed

Humor therapy may be offered to help you:

Hospitals may use therapeutic clowning or bedside humor programs, particularly in pediatric care. Community and wellness programs may offer laughter exercises in groups. A therapist may also use appropriate humor during counseling to support rapport or help you consider a difficult situation from another angle.

The aim is not to make light of your illness or insist that you remain positive. You do not have to laugh, perform, or find a particular topic funny.

- Cope with stress, uncertainty, pain, or a hospital stay
- Feel more relaxed or socially connected
- Improve mood during rehabilitation or long-term care
- Take a brief mental break from difficult treatment
- Participate in an enjoyable group activity

Who should and should not have it

Humor therapy may be reasonable if you want a low-intensity, non-drug way to support relaxation or coping. It may be particularly appealing if you enjoy comedy, playful social activities, or laughter exercises.

It is not right for everyone. A session should be changed, stopped, or avoided if the humor feels disrespectful, embarrassing, culturally inappropriate, or connected to distressing memories. It should not be forced on someone who does not want to participate.

Active laughter exercises may need to be delayed or modified if laughing causes significant pain, breathlessness, dizziness, or loss of balance. This can matter after recent surgery, with a painful chest or abdominal condition, or when a healthcare professional has told you to avoid straining.

Extra care may be needed if you have a mental health condition in which overstimulation, group activity, or misinterpreted humor could worsen distress. A trained facilitator should

adapt the session to your communication needs, culture, age, and health.

Humor therapy should not delay assessment or established treatment for pain, anxiety, depression, breathing problems, or another medical concern.

How to prepare

Most sessions require little preparation. You can usually eat, drink, and take your regular medicines as usual.

The treating facility's own instructions take priority. This is especially important if humor therapy is scheduled during a hospital stay, rehabilitation program, or another treatment that has separate restrictions.

Wear comfortable clothing for a session involving movement or breathing exercises. Bring mobility, hearing, or communication aids that help you participate safely.

Tell the facilitator about:

You do not need to prepare jokes. You may observe rather than take an active role.

- Recent surgery or pain made worse by laughing
- Breathing or heart problems that limit activity
- Dizziness, balance problems, or urinary leakage with laughter
- Topics, language, or activities you want avoided
- Any need to leave, sit out, or participate without laughing

What happens during the procedure

The facilitator should first explain the activity and confirm that participation is voluntary. In a clinical setting, the facilitator may ask about pain, breathing, mobility, or other limits.

A session might include humorous videos, stories, games, improvisation, clowning, or playful conversation. Guided laughter sessions may combine gentle breathing, clapping, stretching, eye contact, and repeated laughter sounds.

You may sit, stand, or remain in bed. Activities should be adapted if you have limited mobility or become tired easily. You can pause or stop at any time.

No anaesthetic or sedation is used. The session does not involve injections, incisions, or medical instruments.

There is no required emotional response. Some people laugh readily, while others feel calm, amused, self-conscious, or unchanged. All of these responses are acceptable.

Recovery and what to expect afterward

Pain: Humor therapy should not be painful. Strong laughter can briefly tighten the chest and abdominal muscles. This may aggravate an incision, muscle pain, headache, or another painful area. Tell the facilitator if this happens.

Eating: There are usually no restrictions. You may eat and drink normally unless another procedure or medical condition requires different instructions.

Activity: Most people can return to normal activity immediately. Sit down and rest if you feel light-headed, short of breath, or tired after active laughter exercises.

Driving: Humor therapy itself does not affect driving, and there is no routine driving restriction. Do not drive if another treatment involved sedation, or if you feel dizzy, unwell, or unable to concentrate safely.

Work: You can usually return to work or usual responsibilities straight away. A hospital stay or the condition for which you are receiving support may create separate limits.

Risks and possible complications

Humor therapy is non-invasive, but it is not completely free of unwanted effects.

Poorly chosen humor can cause embarrassment, sadness, anger, or a sense that your concerns are being dismissed. Humor based on identity, illness, disability, culture, or personal experiences may be harmful even when no harm was intended.

Forceful or prolonged laughter can temporarily cause breathlessness, coughing, dizziness, urinary leakage, or muscle discomfort. It may worsen pain around a recent surgical incision or another sensitive area. Standing group activities can create a fall risk if you have poor balance.

You can lower these risks by choosing a trained facilitator, setting clear boundaries, remaining seated when needed, and stopping when you become uncomfortable.

Results and follow up

You may notice relaxation, enjoyment, reduced tension, or no clear change during or shortly after the session. There is no test that confirms whether humor therapy has worked.

If it is part of a care plan, your healthcare team may ask about mood, stress, pain, sleep, coping, or quality of life over several sessions. A brief pleasant response does not necessarily mean that an illness has improved.

Research on longer-term benefits remains uncertain because programs and study methods differ. If the sessions are helpful and comfortable, you may choose to continue them alongside your usual care. If they add stress or do not help, routine follow-up is a good time to discuss stopping or trying another approach.

Alternatives

You do not have to choose humor therapy. Alternatives include:

You may also decline a structured activity and use ordinary social contact, reading, music, or rest according to your preferences.

- Self-selected comedy: Easier and private, but not tailored or monitored by a facilitator
- Counseling or psychotherapy: Addresses emotions and coping more directly, but requires greater time and personal engagement
- Relaxation or mindfulness exercises: Do not rely on humor and can reduce tension, but some people find them difficult or less enjoyable
- Music or art therapy: Offers creative emotional support, but requires access to a trained program for formal therapy
- Gentle physical activity: Has broader physical benefits, but may not be suitable during illness or recovery
- Standard medical or mental health treatment: Targets the underlying condition; humor therapy cannot replace it

When to call your healthcare team

For routine follow-up, contact the program or healthcare team if sessions repeatedly worsen pain, anxiety, breathing symptoms, or emotional distress. Also speak with them if you feel pressured to participate or the content does not respect your boundaries.

Seek prompt medical advice if breathlessness, wheezing, dizziness, or significant pain continues after you stop laughing and rest.

Call emergency services for severe trouble breathing, fainting, new severe chest pain, or signs of another medical emergency. These symptoms are not expected effects of humor therapy

and need assessment rather than another session.

Common questions

Will I be asleep?

No. Humor therapy uses no anaesthetic or sedation. You remain awake and choose how much to participate.

Can I drive home?

Usually, yes. Humor therapy does not create a driving restriction. Restrictions may still apply if you received sedation or another treatment that day.

How painful is it?

It should not hurt. Strong laughter may pull on sore muscles or a recent incision. The activity can be modified or stopped.

Do I have to laugh?

No. You can watch, listen, smile, or decline an activity. Forced participation can work against the purpose of the session.

When will I know if it worked?

You may notice a change in mood or tension immediately. Possible longer-term effects are judged over repeated sessions and are less certain.

Can humor therapy replace medication or counseling?

No. It may support coping, but it does not replace treatment for a medical or mental health condition.

Sources

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