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## Warming Up to Dance/Movement Therapy Through Humor

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Warming Up to Dance/Movement Therapy Through Humor

Capstone Thesis

Lesley University

Wednesday April 29, 2020

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Dance/Movement Therapy

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### Abstract

This thesis examined the effects humor has on a Dance/Movement Therapy (DMT) warm-up intervention in increasing engagement for individuals in a grief setting who are new to DMT practices. Studies have demonstrated the positive effects humor has on individuals' sense of comfort and there were notable similarities with the benefits of DMT. The healing advantages of humor were thoroughly studied and the comedic principle of the "Rule of Threes" was chosen and translated into a movement warm-up intervention to create a space that allowed for humor and laughter. This humor strategy for the warm-up intervention was used in a group and individual DMT sessions. Data were collected regarding the individuals' feelings on movement prior to the intervention as well as after completion of the intervention. The data collected showed that laughter occurred throughout the sessions and individuals felt a sense of readiness to continue with the rest of the DMT session. These findings suggested that utilizing humor and laughter with DMT interventions could lead to increased engagement from participants. Further study is needed to demonstrate effective uses of humor with DMT practices.

*Keywords:* Dance/Movement Therapy, warm-up, humor interventions, "Rule of Threes," increased engagement

## Introduction

When imagining a large social gathering of peers in which there is food, music, and dancing, it might be difficult to imagine this gathering without also imagining social interactions, humorous conversations, and laughter happening simultaneously, specifically on the dance floor. Similarly, when imagining the act of laughter on its own, it might also be difficult to imagine laughing without a physical response of smiling, breath exertion, and abdominal muscles tightening in a pulsating fashion. Dance/Movement Therapy (DMT) practices and humor have a notable overlap in functions: both provoke physical movements and reactions to an internal, emotional stimuli. Laughter is the physical release of an internal emotional state, similarly bodily movements produced in a DMT session are the physical release of an internal emotional state. Due to the overlaps that exist between laughter and DMT, this Capstone Thesis Project will examine the possibility that humor could be utilized as an important tool in DMT interventions to increase engagement and the positive impacts on mental and emotional states of an individual experiencing grief.

Humor can be produced in several different ways including verbally, physically, or in visual and written art forms. The following questions will be addressed: What is the most logical and effective form of humor to implement into a DMT session, and when would it be most beneficial to do so? Through research into humor, a specific technique in improvisational comedy called the “Rule or Law of Threes” was discovered by this researcher. According to Olsen (2016), three is “the shortest number of times to repeat an action and then surprise the audience: the setup and then shattering the expectation” (p. 67). For example, a specific occurrence is repeated in three rounds in the same fashion and on the fourth round, is changed in an unexpected way, destroying the assumption created from the first three rounds that another

repeat will occur. In stand-up and improvisational comedy, this act has shown to surprise the audience and create laughter. The “Rule of Threes” can be done in many different forms including with physical movements. Implementing this technique into a DMT session can be done by using bodily movements in place of words or phrases; three identical movements can be performed in a row, then a fourth, unexpected movement can be performed.

The next step is to consider when to utilize humor and the “Rule of Threes” in a DMT session that would be most appropriate and beneficial for the group members. When facilitating a DMT session in Marian Chace style, a circle is formed and within this particular style, there is a certain format of three phases, “beginning (warm-up), middle (theme development) and end (closure)” (Levy, 2005, p. 23). In a recent study completed by Parsons and Dubrow-Marshall (2018), prior to beginning a session, individuals who are new to DMT practices express feelings of fear and concerns regarding movement. In similar fashion, this researcher noted such fear and anxiety when facilitating DMT sessions with individuals who are unfamiliar with body movement. In order to assist individuals in feeling more comfortable with body movement for the entirety of a session, the group members may benefit from using humor during the beginning or warm-up phase of a Chace style DMT session.

Similarities between the benefits of laughter induced by humor and DMT interventions have on individuals who partake in the activities can be found with further review of available literature. These similarities were the basis for integrating humor into DMT interventions. According to Vilaythong, Arnau, Rosen, and Mascaro (2003) humor, through the format of a comedy video shown to a test group, increased states of hope and hopefulness as compared to a control group in which no video was shown. This finding implied that humor and laughter have a positive impact on hopefulness. Previous research has also discovered that dance/movement

therapists who are more focused on positive affect, including feelings of joviality, self-assurance, attentiveness, and amusement including laughter, have more success with their DMT approach in making clients feel “safe enough to engage in an unfamiliar DMT group” (Gordon, 2014, p. 72). An increased sense of hopefulness and safety that can be found through humor and laughter as well as through movement was very beneficial for newcomers to DMT and people with initial hesitations towards the idea of moving. Applying these principles to the beginning of a session, during the warm-up phase, may increase the overall benefits of the DMT session in its entirety.

This topic of utilizing humor with DMT interventions is important to investigate since therapists may need approaches in working with newcomers to groups or individuals who are uncomfortable, or ambivalent about movement. Dance/movement therapists are required to create a safe and comfortable space for individuals to express and move (ADTA, 2015). Using a technique that may reduce feelings of discomfort, therapists may achieve that sense of safety and comfort. Trudi Schoop is a DMT pioneer who successfully utilized humor in her approach with hospitalized psychiatric patients. Schoop “strongly believed in the healing aspects of humor” (Levy, 2005, p. 64). However, despite the similarities between laughter and DMT interventions, as well as a DMT pioneer successfully utilizing humor in her work, there is minimal literature available about the combination of the two. Levy (2005) stated that Schoop’s work with humor “was usually only implied in her publications,” and that the humor was “common knowledge amongst those whom she taught” (p. 64). Completing research into humor and DMT may spark more interest into researching it further and adding to DMT literature.

This Capstone Thesis Project will examine utilizing “The Rule of Threes” style of humor with a DMT warm-up intervention within a grief setting. The expectation was to use research and practice protocols to develop an appropriate method that can be utilized within the grief

setting as well as across various multicultural populations to increase knowledge on the benefits of using humor in a warm-up intervention. Additional expectations were to increase knowledge on how to impact the group members' thoughts and feelings regarding their comfort and engagement levels in the session, and with movement in general.

### **Literature Review**

The experience of this researcher has been that participants who are brand new to Dance/Movement Therapy (DMT) express feelings of anxiousness, discomfort, and uncertainty about the process and benefits of DMT despite a thorough introduction to this approach. Research into the initial thoughts of individuals who have never participated in a DMT session before showed that expectations of a DMT session were “uncertain” or “foreboding in nature” due to “fear of the unknown” or “inaccurate expectations around familiar notions of ‘dance lessons’” (Parsons & Dubrow-Marshall, 2018, p. 260). Initial feelings of doubt prior to even beginning the session may possibly be a hinderance to the purpose of using dance therapy as a psychotherapeutic or healing tool (Levy, 2005).

Movement interventions performed within a population of cancer patients and their families and caregivers, can center around reducing feelings of stress and anxiety in addition to processing grief due to the illness. According to Jacobsen, Zhang, Block, Maciejewski, and Prigerson (2010), “Patients who are dying cope with multiple losses including the loss of health, independence, function, role, and the future loss of relationships, all of which may be sources of grief” (p. 258), suggesting that terminal cancer patients experience grief at some level throughout their treatment. To the general population, grief and the process of grieving or being bereaved is not associated with laughter and happiness. However, a study completed by Lund, Utz, Caserta, and de Vries (2008) concluded that bereaved spouses aged fifty and older “place a great deal of

importance on having humor and happiness in their daily lives” (p. 98), and individuals who did not place any importance of laughter and happiness had higher levels of reported depression symptoms (pp. 100-101). These findings suggest that despite myths that grieving or bereaved individuals are depressed and cannot find laughter or humor in everyday life, grieving or bereaved individuals actually do want to experience these positive feelings. Professionals working within a cancer-related grief setting also experience feelings of stress due to “being surrounded by negative connotations associated with cancer diagnosis” (Breen, O’Connor, Hewitt, & Lobb, 2014, p. 65). This same study mentioned the importance mental health professionals placed on their self-care when working with this population. These understandings of the importance of laughter, humor, and self-care within a grief setting, provide further evidence of the importance in using humor with DMT interventions.

The first therapeutic goal in a therapy session is to foster a comfortable, engaging, and safe environment for individuals, to relieve anxieties caused by the fear of the unknown, and to spark an interest in continuing with DMT practices. The design of this Capstone Thesis Project method included developing a method in which a humorous approach is applied to a warm-up intervention of a DMT session as an appropriate way to reduce and ameliorate anxiety, and to increase hopefulness for the session, as well as to gather information on the effectiveness of humor in the therapeutic setting. Understanding the characteristics of humor and how it affects the body and mind, as well as specific models of humor, was a crucial step in determining how it can be utilized appropriately in a DMT session.

Parsons and Dubrow-Marshall (2018) listed quotes from research participants in which they expressed concerns about being outcasted from the group based on an inability to move and dance well (p. 260). These initial negative feelings can be alleviated in participating with the



group as described by a panel of internationally practicing dance/movement therapists at the American Dance Therapy Association (ADTA) conference in 2017 (Capello, 2018). These practicing therapists, considered experts in their field, discussed the impacts of movement sessions on elderly adults with dementia. Dementia patients are a population which often feels excluded due to diminished mental capacities. The implications of this discussion included that dancing in a group may enhance the feelings of inclusion within the community, as well as increasing feelings of being “seen and heard” (Capello, 2018). These findings were further supported by Behrends (2012); in a 10-week empathy-fostering DMT intervention, the study found that moving synchronously with other individuals helps increase affect regulation, and therefore, empathy (Behrends, 2012).

In addition to the positive effects DMT has on social health, there is much literature available that describes the positive impacts it has on mental health. Research in the area of psychological effects of DMT has grown “from 1.3 detected studies/year in 1996–2012 to 6.8 detected studies/year in 2012–2018” (Koch, Riege, Tisborn, Biondo, Martin, & Beelmann, 2019, p. 1). In this meta-analysis by Koch et al. (2019), forty-one controlled intervention studies evaluated the impact that DMT and dance interventions had on quality of life, clinical outcomes, interpersonal skills, cognitive skills, and psychomotor skills. Twenty-one of the studies included DMT interventions that were facilitated by dance/movement therapists and the remaining twenty studies classified as dance interventions as they were facilitated by individuals with dance, exercise, or healthcare education, but who were not dance/movement therapists. The findings of this analysis suggested that DMT interventions increased quality of life and decreased depression and anxiety, while dance interventions increased psychomotor skills. A general conclusion was made that dance and movement have a positive impact on mental and physical health (Koch et

al., 2019). In a similar study performed by Koch, Morlinghaus, and Fuchs (2007), thirty-one psychiatric patients were split into three test groups, a dance intervention group, a group who just listened to the music of the dance intervention group, and a group who exercised on an ergometer at the same arousal rate of the dance intervention group. A 12-item inventory measure was given to each participant prior to the intervention in which they rated their current feelings of depression, vitality, affect, anxiety, motivation, coping, and tired/awake, fighting/indulging on a scale of one to nine. After the interventions were completed, the same 12-item inventory measure was given to each participant again. The findings of this study showed that the dance intervention decreased feelings of depression while the music and ergometer interventions maintained the same scores on depression. The dance intervention also showed the highest increase in vitality scores compared to the other intervention groups (Koch et al., 2007). Important to note from this study is that it was completed in one session to evaluate the effects of DMT interventions in a short-term setting.

Much like the impacts that DMT has on the body and mind, laughter induced by humor has similar effects, and there is extensive literature available on these impacts; there is a wealth of literature on humor and how it impacts individuals mentally. Traditionally, humor has many definitions including: a “quality which appeals to a sense of the ludicrous or absurdly incongruous: a funny or amusing quality, something that is designed to be comical or amusing” (Merriam-Webster, 2020). In research completed by Kopytin and Lebedev (2015), visual art was created in art therapy sessions with war veterans for 12-14 sessions. The study discovered that humor was present in the artwork that was created, but that the humor was specific to the individual and men created more “negative humor” art than women in the study (Kopytin &

Lebedev, 2015). An important conclusion from this study is that humor can be subjective and depends on an individual's preferences.

Preferences for what an individual deems as funny or humorous, can be influenced by the types of comedy and humor. In Olsen's (2016) book, *Acting Comedy*, a wide range of comedic approaches are explained including comedic wordplay, storytelling, and "The Rule of Threes." In comedy, "The Rule of Threes" is also known as the comedic triple and is defined as a set-up of two similar items, followed by a third unrelated item. The humor stems from the surprise that breaks the pattern of the first two items, and the absurdity of the third item (Clark, 2019). The important aspect of this comedic triple comes from the timing and rhythm according to comedian Ken Levine (2017). Understanding the "audience" is an important aspect of humor and comedy and identifying the correct form of humor is crucial to its success in a therapeutic setting. A study by Stevens (2012) concluded that comedy in the form of stand-up and improvisational techniques performed by the participants had a positive effect on dementia patients' memory, communication, sociability, and overall self-esteem. However, comedy in the form of visual video had a different positive impact; a comedy video shown to a test group increased states of hope and hopefulness as compared to a control group in which no comedic video was shown (Vilaythong et al., 2003).

As much research that exists on the psychological effects of DMT and humor, there is not much literature available on how to utilize them together and what benefits doing so may hold. According to Strick, Holland, van Baaren, and van Knippenberg (2009), "humor should be most effective in reducing negative emotions when it matches the stressor, providing a way for individuals to reappraise the situation from a new and less threatening point of view" (p. 574). This statement relates directly to utilizing humor in a DMT session to allow for the individuals to

gain a sense of comfort in their discomfort, fear of the unknown, state. According to this study, this change in emotional state was caused by humor being a distraction from negative feelings, causing a “cognitive distraction” (Strick et al., 2009, p. 577). Previous research conducted by Gordon (2014) discovered that dance/movement therapists have more success with their DMT approach when they are more focused on positive affect. Positive affect includes feelings of joviality, self-assurance, attentiveness, and amusement including laughter. In focusing on these elements, the therapists create an environment for the participants in which they can feel “safe enough” to “engage in an unfamiliar DMT group” (Gordon, 2014, p. 72).

DMT pioneer Trudi Schoop often utilized humor in her movement sessions, but not much was recorded as to specific uses of humor with movement (Levy, 2005). Research into how humor can be utilized with other expressive therapies does exist and can be helpful in finding a way to successfully implement humor with DMT. In a qualitative study completed by Amir (2005), humor within music therapy was explored as “it is important to understand how to use it in a constructive way but also to be aware of its danger and learn how and when not to use it” (p. 5). The conclusions made from this study resemble goals that are created and acted upon in a DMT session. Amir (2005) further stated that:

The findings indicate that humour and music share common features. Both humour and music provide means of expression which might not otherwise find an appropriate outlet. Both humour and musical improvisation are being created in the here-and-now and allow freedom from constraint and release from tension. The music allows clients and therapists to tap into their sense of humour, to use their imagination, to feel freer, and to be spontaneous, funny, playful, and creative. (p. 19)

These findings have implications within the realm of DMT as it relates to the scope of Expressive Therapies, such as music and other expressive modalities.

The method developed in this Capstone Thesis Project utilizes humor within a DMT session to foster opportunities for more engaging experiences and reducing anxiety for individuals who are new to DMT practices. Specifically utilizing a type of humor, such as “The Rule of Threes,” as it can be adapted to make sense for the specific audience, ensures that it could potentially be used with various age groups and populations while also creating opportunity for further implementation of the method in different scenarios.

### **Methods**

Once a thorough understanding of humor in the context of “The Rule of Threes” was grasped, applications to dance and movement were created. The decision was made that since what makes “The Rule of Threes” humorous is based on timing and a surprise change, this was translated to dance and movement in the context of how dancers count time in music by the rhythm of eight beats, known as counting by eight-counts. A second decision was made that a surprise change could occur in a sudden switch of movements by an individual in the group. Since counting music was an important aspect of the method, specific music was selected based on this researcher’s opinion of if the eight-counts could be clearly heard to an untrained ear. A playlist of three songs totaling ten minutes was created for the warm-up that offered an opportunity to become centered in the moment, to teach counting by eight-counts as well as the method, and to experience the method. The first song was chosen for its length of one minute and ten seconds, as well as for its neutral use of instrumentals that would be used to center the group and welcome them to the warm-up. The second song on the playlist was chosen for its length of three minutes and fifty-three seconds and use of instrumentals in which eight-counts in

varying tempos can be taught and initially experienced by the group. The third and final song on the playlist was chosen for its length of five minutes and thirty-seven seconds, and its use of instrumentals in which tempo can be explored and experienced deeper by the group.

The method created included the following steps for a large group setting: in a large Chacian style circle, after introduction of the facilitator and group members, the facilitator would introduce the group to the warm-up by playing the first song on the playlist and asking the group to mill around the room while taking notice of the room and the people in it; getting used to the idea of moving their bodies in a way that is familiar to them, as well as to become familiar with the space and fellow group members. As the music moved into the next song, the facilitator would introduce a short instructional on how to count music in the form of eight-counts. The facilitator would first count one eight-count out loud, then request that the group members join in and count aloud with the facilitator. Half-time (considered slow as compared to the initial eight-count) and double-time (considered fast as compared to the initial eight-count) would also be explained and counted aloud. This short instructional session would take no longer than roughly thirty seconds. Once the group displayed an understanding of how to count with eight-counts, the facilitator would explain aloud, and be the first to demonstrate the movement expectation for the warm-up. The movement expectation required that one group member make their way to the center of the group by the end of an eight-count and create the surprise element of the comedic “Rule of Threes” by performing a movement of their choosing - listening to what their body wants to do in that moment. This movement would then be mirrored and performed by the rest of the group members for the following eight-count, during which another group member would make their way to the center of the group by the end of that eight-count and perform a movement of their choice. This pattern would continue through the duration of the second and third songs

on the chosen music playlist. Once individuals seemed comfortable with this pattern of movement and switching up of movements, the facilitator would encourage the group to explore half-time to lengthen the element of surprise and double-time to create a more chaotic element of surprise. This exploration of timing would serve to also study which style of timing produced any amount of laughter and discussion among the group members.

This same method would be used in an individual session with a few changes to the setup, but maintaining an identical flow and use of music, timing, and movement. In an individual setting, a Chacian style circle is not necessary, instead, the facilitator and participant would face one another. An introduction to the warm-up would take place by playing the first song on the playlist and asking the individual participant to become familiar with the space and moving their body in a comfortable manner, listening to the body's needs in the moment. As the music switches to the second song, the facilitator would instruct the individual on how to count music with eight-counts, just as was done with the large group. Exploration of half-time and double-time would occur and once the individual seemed comfortable with counting by eight-counts, the facilitator would explain aloud, and be the first to demonstrate, the movement expectation. Unlike the movement expectation in the large group setting, the responsibility of the switching of the movement at the end of the eight-count would occur in a specific pattern. With the initial demonstration of the movement expectation being done by the facilitator, the responsibility to switch the movement would then be placed on the individual participant, then the facilitator, then back to the individual, and so on as the rest of the warm-up continued. As this pattern was developed and understood, the facilitator would encourage exploration of half-time and double-time just as was done in the large group. The core concepts of the method

remained the same between the large group and the individual settings with only a few, small adjustments made to fit the setting appropriately.

The method was first implemented with a group of eighteen staff members and interns during an all staff meeting at a cancer support center which offers programming for individuals who are currently in treatment for cancer, who have had cancer in the past, as well as their family and friends. This group of eighteen members included one male and seventeen females. The purpose in testing the method with this group was to assist the staff in a warm-up to their agenda for the staff meeting as well as to gain insight from professionals into how this type of intervention may impact individuals like those who receive services from them at their support center. Prior to beginning the warm-up session and testing the method, participants were asked about their initial thoughts on being told they were about to partake in a movement intervention. The questions asked included; “How do you feel knowing that you are about to move and/or dance in just a few moments,” “Are you having any concerns about moving and dancing,” and “What are your initial thoughts on being told you are about to be dancing?” These thoughts and answers were recorded by the facilitator on paper for later reference and study for themes. Once discussion on initial thoughts was completed, the method was applied with all individuals and the facilitator taking part in the intervention. Discussions and laughter amongst group members were encouraged by the facilitator throughout the duration of the intervention.

Upon completion of the warm-up intervention, the group was asked to sit in chairs in the circle and to share their thoughts on the warm-up including what occurred physically, mentally, and/or emotionally for them. Questions that were asked to the group post warm-up reflected the questions that were asked prior to starting the warm-up as participants were asked “How do you feel now that you have completed this warm-up,” “Do you have any concerns about moving and



dancing within this group setting at this point?” and “Would you be willing to continue with more movement after this warm-up?” Additional questions of “What made you want to get in the middle and switch up the movement if you did so,” and “If you did not head to the middle of the group to switch up the movement, why not, or what stopped you?” Thoughts and answers to these questions were noted on paper by the facilitator to be later referenced and studied for themes.

To continue studying the effects of this method in different settings, the method was then performed with an individual female participant of the support center the week following the large group. This individual was open to using Expressive Arts during her sessions but denied experience with any DMT interventions in her previous sessions and was unfamiliar with the practice. Following the same process of the large group, the individual participant was asked questions in regard to her thoughts and feelings on dance and movement. She was asked “How do you feel knowing that you are about to move and/or dance in just a few moments,” “Are you having any concerns about moving and dancing,” and “What are your initial thoughts on being told you are about to be dancing?” Her responses were noted on paper by the facilitator. Once discussion had completed, the specified method for individual sessions was applied and laughter and discussion were encouraged to the individual by the facilitator throughout the duration of the warm-up.

Upon completion of the warm-up, the individual was asked to share her thoughts and feelings of her experience. She was asked the same follow-up questions as the large group with a few appropriate adjustments made. The questions asked included: “How do you feel now that you have completed this warm-up,” “Do you have any concerns about moving and dancing within a one-on-one session from this point forward?” and “Would you be willing to continue

with more movement after this warm-up?” Additional questions of “How did you feel knowing you had to switch the movement,” “How did you feel when the movement was switched by me,” and “Would you be open to doing a movement intervention like this in a larger group with other individuals?”

The data that was collected on paper from the pre-intervention and post-intervention questions was reviewed and studied for themes from the large group as well as from the individual setting. Themes from both sets of responses were then compared to one another to determine if there was any correlation or impact on initial hesitations towards dance and movement from the applied method. The notes on any laughter, discussions, or verbalizations of any kind were also studied for themes of specific times or reasons they would occur in both the large group and individual setting.

## **Results**

### **Large Group Session Setting**

Throughout the duration of the large group warm-up intervention, discussion and laughter from the participants was encouraged by the facilitator. Laughter and discussions that occurred in small amounts during the initial portion of the warm-up, the milling around the room to become centered, were noted. Laughter in the form of quiet chuckles happened when an individual would brush closely by another individual or when it appeared that a collision may occur but was avoided at the very last moment. Quiet verbal greetings between participants were also noted during this portion though overall, this milling was filled with low verbal noise level. Movements during this portion were slow ambulatory movements, sharp turns were noticed when a collision was about to occur, but overall, the movements were steady walking pace in a weaving circular pattern. During the instructional portion of the eight-count, the participants

counted out loud along with the facilitator and no laughter or discussions were noted. Some participants could be seen bobbing their head with the eight-count accentuating their verbalization of the numbers, while others stood still counting out loud.

The movement expectation portion of the warm-up produced the most laughter, verbalization, and movement from the participants. During this portion, the music became less important to the group and eight-counts were not used. Instead, movements were switched based upon the willingness of a participant to enter the middle of the circle and switch it. Of the eighteen participants, the movement was switched by a participant eleven times; two participants switched the movement twice and the facilitator switched the movement once, the remaining movement switches were each produced by different participants. A burst of loud laughter from the group occurred each time the movement was switched. The burst of laughter was louder when an individual either jumped or ran into the center of the circle to produce the next movement. This laughter would subside while the movement was being mirrored by the rest of the group. At one point, the movement had not been switched for an extended period-of-time causing the group to laugh together at the fact that the movement was not changing. This laughter was not a burst like that of when a movement was switched and was lower in volume.

Familiar dances including “voguing,” “twerking,” the “YMCA,” the “Macarena” and the wave were introduced to the group by individuals. These familiar dances, particularly the “YMCA” and the “Macarena” were accompanied by group members singing the song together while performing the movement. When the wave was being performed, a group member suggested to reverse the wave and throw the arms to the side to enhance the passing of the wave. These moments were all accompanied by laughter and discussion of memories of doing these dances at block parties or sports games.

Three main themes appeared in the pre-intervention feedback. These themes included concern about physically being able to perform, feeling anxious about what is to come, and an overall openness to trying something new. These themes correlated with the post-intervention feedback themes of feeling energized and ready for what is to come, feeling warm, and an overall sense of feeling good. One staff therapist stated that she felt this type of warm-up would be beneficial to use with groups at the support center who are new to each other and to taking part in the programming as she felt it created a sense of group cohesion in a fun, enjoyable way.

When discussing the reasons an individual had for heading to the center and switching the movement, responses included a sense of responsibility to help the facilitator as well as feeling a sense of wanting to move and share with the group. For those who did not head to the middle to switch the movement, what held them back was not wanting to be in the center and not knowing what to share with the group.

### **Individual Session Setting**

During the individual session warm-up intervention, the individual was continually encouraged to express out loud any thoughts, feelings, or emotions she was experiencing; it was emphasized to express laughter as it occurred. This participant chose to remain seated throughout the warm-up due to physical discomforts from standing for an extended period. The facilitator encouraged the participant to only move in a way that was comfortable for her and to listen to her body's needs and warnings in order to reduce the chance of physical harm.

Upon playing the first song in the selected playlist that was meant to center the participant in the room, the participant became tearful and noted to the facilitator that she was feeling emotional due to the music playing. The movements noted during this time were that of slow breathing with eyes closed. As the playlist continued into the second selected song, the

participant was no longer tearful, and the instructional portion began with the facilitator explaining how to count music using eight-counts. The participant joined the facilitator in counting out loud and it was noted that the participant had a smile throughout this portion while bobbing her head in time with the beats of the music. The volume of her counting was very low but could be heard above the music. Once the participant was comfortable with counting music, including half-time and double-time, the facilitator explained and was the first to demonstrate the movement expectation of the method.

Throughout the movement expectation portion of the method, the individual did not hesitate when it came to be her turn to switch the movement. The facilitator and participant went through a few patterned rounds of taking charge of switching the movement before the participant took charge of it each time. The facilitator continued following the participant's movement changes rather than taking the role back from the participant. The participant expressed minimal verbally throughout the entire movement portion while laughter was present often. The participant did verbally express that certain movements were feeling good on her body towards the middle of the movement portion. Small, low volume, chuckles of laughter from both the participant and facilitator occurred mostly during the eight-count when the movement was being repeated. Upon the surprise movement switch, there were no notable bursts of laughter, but the participants' eyes would widen when the movement was switched as if in a surprised fashion. Smiling was apparent from the participant from the beginning to the end of the movement portion.

As the warm-up was occurring from a seated position, arm movements were utilized most often. Leg movements were introduced by the facilitator during one of the facilitator's opportunities to switch the movement in order to remain true to the purpose of a DMT warm-up

intervention, warming up the whole body. It was noted that the participant often looked down at the floor or had her eyes closed, only occasionally making eye contact with the facilitator. The most eye contact that occurred between the participant and the facilitator was when the participant switched her movement to an arm movement that was reaching into the facilitator's kinesphere in a "patty-cake" fashion. A large burst of laughter from the participant and facilitator was noted during these movements. Another remarkable occurrence was the participant's use of timing; the participant would switch between half-time, regular-time, and double-time when switching her movements. This act was a surprise to the facilitator and upon seeing the facilitator's surprise, the participant would laugh with a large burst. The participant also introduced music making using her hands with the rhythm of the music playing. She did this by slapping her hands in an alternating fashion onto her legs to the beat of the song.

Feedback from the pre-intervention and post-intervention questions mirrored the feedback from the large group session. The pre-intervention feedback from the individual session developed two main themes: a theme of openness to participating in the intervention and a theme of slight uncertainty towards not knowing what to expect and if she would be able to perform due to physical discomfort. The post-intervention feedback from the individual session created three main themes: feeling energized and an overall sense of feeling good, a want to continue with movement, and a feeling of being in control. The individual participant stated she was laughing and smiling throughout the warm-up as she noticed the facilitator enjoying the warm-up as well. When discussing the feelings and emotions she experienced being the one to switch the movements, she acknowledged feeling a sense of control and was not worried about doing something incorrect or that would produce judgment from the facilitator. She also acknowledged

a sense of letting go and acceptance when the facilitator would switch the movement to something unexpected.

### **Discussion**

The purpose of this Capstone Thesis Project was to explore how humor can be implemented into a DMT warm-up within a population of individuals who have some amount of grief and particularly, who are new to DMT practices. Parsons and Dubrow-Marshall (2018) discovered that individuals who have never experienced a DMT session may feel concern about being outcasted from a group or fear of what is to come while it was also discovered that humor and laughter increase hopefulness, sociability, and overall self-esteem (Vilaythong et al., 2003; Stevens, 2012). Implementing humor into the warm-up portion of a DMT session would assist in relieving negative feelings for the duration of the movement session.

Information gathered from the pre-intervention and post-intervention questions during both the large group session and the individual session showed many similarities in the effects of the intervention. In both sessions, the feedback indicated that the intervention assisted in creating sense of comfort for all participants. This feeling was especially heightened for individuals who chose to take on the role of switching the movement. The feedback also indicated that the warm-up did physically warm up the body and energized the participants in an enjoyable manner. It is important to note that both the large group and individual were initially hesitant to taking part in the movement but were overall open to trying.

A notable occurrence to report is that music was thought to be an important aspect of the success of this method, however, it was not needed to create the element of surprise or laughter from both the large group setting and in the individual setting. The music was utilized by the individual participant more so than it was in the large group but was still not relied on as heavily

as was initially expected. Since the music and timing of the music was not necessarily needed for this effect, another remarkable occurrence was when an individual in the large group would not make their way to the center to switch the movement. Laughter was still produced when the movement would remain the same over an extended period of time. This phenomenon occurred in both the large group and the individual setting. However, it is important to note that this laughter created by a movement lasting longer than expected in the large group, was lower in volume and less in terms of a “burst” as compared to when the movement was switched by an individual. No change in movement was also a surprise as the participants had an expectation of someone switching the movement, holding true to the important breaking of expectations that “The Rule of Threes” relies on.

In contrast to the laughter that occurred upon the switching of a movement during the large group, within the individual setting, laughter occurred during the repetition of the movement. This is an important distinction to note as it shows how both the repetition of a movement and the surprise of a change of movement can produce a humorous effect. The large group also had many small discussions and verbal exclamations from the group members throughout the session as compared to the individual setting where there was minimal verbalization from the participant. These distinctions bring to question the impacts of a group on its members and may serve to be an important aspect to take into consideration with future explorations.

Another important aspect of this study to note is that the laughter produced in the large group relied on participants from a similar background who may share a similar sense of humor. As memories of performing specific dances in the past were shared, it may be considered that other group members may not have had the same experiences and may not be able to share in the



laughter. The large group was also heavily female with only one male participant which may have had an impact on participation. These important points continue to serve as a reminder that humor varies by person and is subjective and/or cultural as was noted by Kopytin and Lebedev (2015). Another important consideration to notice is the importance of a therapeutic connection and empathy created between the individuals and the facilitator. This is evidenced by the themes that came up in the post-intervention questioning: a sense of responsibility in the large group to help the facilitator and the participant in the individual setting laughing and smiling because the facilitator was doing the same.

This method produced laughter in a grief setting through movement and created themes of readiness to continue with the remainder of a session as well as group cohesion. Using this method in the warm-up portion of a DMT session may be a productive way to increase feelings of inclusivity and encouraging group members to continue with the DMT session as well as future DMT sessions. In addition, it may also assist in encouraging individuals to join large groups if that is a goal a therapist is attempting to achieve with a hesitant individual. Importantly, further exploration into different cultures and using their preferred style of humor can increase the literature on how to appropriately use humor in DMT practices. This study is a promising start for further research into effectively using humor within expressive therapies.

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***THESIS APPROVAL FORM***

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**Student's Name:**   Amanda Ouimette  

**Type of Project:** Thesis

**Title:**   Warming Up to Dance/Movement Therapy Through Humor  

**Date of Graduation:**   May 16, 2020  

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

**Thesis Advisor:** Dr. Sarah Hamil