

Master Class

Have You Had Your DES Today?

Laughter therapist Lisa Wessan '80 shares the benefits of a good “daily ecstatic seizure”—or, simply, “laughgasm.”

Interview by Karen McCally '02 (PhD)

My interest in laughter therapy really began during my first career, as a science and health reporter. I was working for *Genetic Engineering News*. I was doing research on monoclonal antibodies, and my newspaper was sending me to conferences where I was meeting all these immunologists. I met an immunologist who was interested in psychoneuroimmunology, the study of how thoughts or emotional states cause chemical reactions in our bodies, affecting our immune response. It captivated me, too, leading me to clinical social work, and eventually to laughter therapy.

Laughter therapy isn't about avoiding, denying, or being evasive about grief. I talk about grief work in the very first session. I have meditations my clients do, writing exercises, journaling. I have a grief workbook for them. I use a quote from Golda Meir. She said, “Those who do not know how to weep with their whole heart don’t know how to laugh either.” And that guides me. If you can’t access the grief and the pain and trauma in your life, you’ll have a superficial laugh. It will be the cocktail party laugh. We don’t want that.

What I joke about with my clients is, it's important to have a DES—I've coined this term: daily ecstatic seizure. I also call it the laughgasm. All of the neurotransmitters are affected very powerfully by laughter, more powerfully than with medication in some cases.

My specialty is actually geriatric mental health and I serve a lot of caregivers, in addition to elderly clients. I speak to groups at hospitals and nursing homes, mostly on two topics: Laughter for Caregivers or Team-building with Laughter. Mental health among these groups is about being able to embrace the absurdities and paradoxes and incongruities of aging. You have a head full of knowledge and wisdom and a life full of experience, but your body’s falling apart. It’s crazy. And it can be very frustrating. But people who can laugh at the absurdities and paradoxes of their lives are tremendously resilient.

The therapy I do in my office, with individuals, couples, or families, is often based on paradoxical intention.

This is a technique popularized by the psychiatrist Viktor Frankl that goes along well with laughter therapy. I ask a dramatic question, or give a paradoxical assignment. For example, a couple comes to me and they’re fighting constantly. I say to them, “This is your assignment. I want you to go home and fight for an hour every day. Set a timer. Pick a subject, then fight.” They’ll look at me like, Are you crazy? They’ll leave mumbling to themselves, laughing. I think maybe they won’t come back. But they do—this has happened several times. I say “How was your week?” They say, “We didn’t fight.” I say, “What do you mean? I gave you an assignment!” And they laugh. And then the discussion gets very deep.

My experience is that most people do not like being told what to

do. So I’ve come to understand using paradoxical intention often works better. Underneath all the nonsense, people want to get well. **R**

Lisa Wessan '80

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Licensed clinical social worker and laughter therapist

Home: North Chelmsford, Mass.

Majors at Rochester:

Psychology and religious studies

On laughing at Rochester:

“I had a great group of friends and we laughed a lot. But I laugh much more now. I was a more serious person then. I wanted to be an intellectual.”

