

Laughter Yoga as a School-based Wellness Program: Supporting the Well-Being of Nishnawbe Youth

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Abstract: This paper explores how the participation in Laughter Yoga (LY) could assist in supporting the overall well-being of Nishnawbe¹ youth. Many Nishnawbe youth are at a heightened risk of mental health issues and social inequities that are associated with the (social) stigma and discrimination that is indicative of colonialism. I illustrate these risks and inequities by discussing the effects of colonialism and the Indian Residential Schools. I discuss the educational inequities that impact many First Nations youth and review the province of Ontario's largest coroner's inquest into the tragic deaths of seven Nishnawbe youth in the Canadian city of Thunder Bay as an example of these inequities. I then provide an Indigenous² perspective of mental health in Canadian schools and introduce how the use of laughter has been recognized by Indigenous groups around the world as an integral component of community bonding, social interaction, and communal storytelling. Next, I examine the positive physiological and psychological affects that laughter has on the body and how the promotion of laughter is one strategy that could be introduced to advocate an overall sense of wellness. I then explain the concept of LY and the benefits that LY could have in the classroom. This paper concludes with a list of recommendations that will help support educational administrators, educators, and those who work with/for First Nations youth in the implementation of a school-based LY program as an embodied movement wellness practice with/for First Nations youth within Canadian schools.

Keywords: indigenous youth wellness, laughing to heal, laughter yoga, nishnawbe youth, play-based wellness, school-based wellness, Thunder Bay

Introduction

I have designed, led, and directed multiple youth camps during my time as director of Zen's Outdoor Leadership Camp for Youth (ZOLCY), a volunteer-driven Canadian not-for-profit organization that worked with global underserved communities (2012-2018). ZOLCY's mission was to cultivate positive well-being through a variety of means: leadership development; diverse cultural perspectives immersion; group bonding through Laughter Yoga (LY) sessions; and a social-environmental justice orientation. I had used LY sessions as a method towards building relationships, trust, and positive group cohesion among the volunteers, youth, and community members that had participated in ZOLCY's programming. Additionally, I have facilitated LY sessions at a children's summer camp that I worked for (2013-2017) and implemented LY into a Leader in Training program for youth between the ages of 14-16 (at that camp).

My experience in facilitating LY with groups in Canada and around the world has given me insight into the healing potential of laughter for emotional, physical, mental, spiritual, and social well-being. Given these experiences, I was hired by a university professor in the city of Thunder Bay to work on an international youth project that crossed borders to include five sites from three countries, 30 youth researchers, 15 community organizations, and 10 university researchers from the fields of education and sociology. The Thunder Bay site focused on working with/for a group of Nishnawbe youth at a local high school. The project had invited the group of Nishnawbe youth to a Land-based well-being retreat where I was given the opportunity to lead a LY session. The positive effects that the LY session had on the group of Nishnawbe youth, as well as the individuals from the five international sites (who took part in a LY session during a culminating youth symposium that took place in Windsor, Ontario), was so powerful that it prompted me to re-evaluate my graduate work. In the end, my graduate portfolio was entitled Laughter Yoga as Embodied Healing and Educational Well-being with Nishnawbe Youth.

The courage, strength, and resilience of Canada's Indigenous population should be a source of inspiration. For over a century, Canadian legislation has been responsible for the forced relocation of Indigenous communities from their traditional lands and territories; the criminalization of Indigenous people partaking in their spiritual practices and the forced and systematic removal of Indigenous children from their communities and homes to residential schools where—more often than not—they faced horrendous abuse (Aboriginal Healing Foundation, 2006; Lavalée & Poole, 2010; Pidgeon, Munoz, Kirkness, & Archibald, 2013; Spear, 2014). “The plain fact is that (Canada's)

¹ “Nishnawbe” refers specifically to the youth who are part of the Nishnawbe Aski Nation. Throughout this paper, “Nishnawbe” and “First Nations” are used interchangeably.

² In this paper, the term “Indigenous” refers to all First Nations, Métis, and Inuit people in Canada as a group.

aboriginal³ people have survived – and more than survived” (Spear, 2014, p. 254). Survivors of Indian Residential Schools “are living embodiments of the resilience, beauty and tenacity of Inuit, Metis and First Nation people in Canada” (Chansonneuve, 2005, p.1). The injustices that Canada’s Indigenous people have endured have become public discourse through the rise of grassroots initiatives and Indigenous-led activism (Castellano, 2006; Lavallee & Poole, 2010). Furthermore, Indigenous leaders have made headway in working with the Canadian government to develop “a number of unprecedented agencies and public policy instruments” (Spear, 2014, p.3) in an attempt to reclaim culture, identity, education, and governance (Absolon, 2011; Castellano, 2006; Godlewska, 2010; Neeganagwedgin, 2013). Although the ongoing reclamation of autonomy will continue to be at the forefront for Indigenous Canadians, the impacts that colonialism has had on many of these people has had a dramatically negative impact on their well-being, especially on Indigenous youth (Elias et al., 2012; Macdonald & Wilson, 2016).

In this paper, I discuss issues related to the mental health, well-being, and healing of Nishnawbe youth. First, I describe the impact that mental illnesses are having on youth worldwide. Then, I explain how the effects of colonialism and the Indian Residential Schools have impacted Canada’s Indigenous people. Next, I discuss the educational inequities that impact many First Nations youth, particularly those who move to the city of Thunder Bay to gain access to secondary education. I illustrate these inequities by discussing the tragic deaths of seven Nishnawbe youth in Thunder Bay, referred to as the “Seven Fallen Feathers”. I then explore what mental health means from an Indigenous perspective. Next, I provide an overview of research on laughter and explain the physiological and psychological benefits of laughter as wellness. Then, I explain what LY is and the possible benefits that a school-based LY program could have on advocating embodied healing, enhanced learning, and relationship capacity building for Nishnawbe youth. I conclude with a list of recommendations that could help support the implementation of a school-based LY program as an embodied movement wellness practice with/for First Nations youth within Canadian schools. The purpose of this paper is to showcase how LY could be implemented in Canada’s schools as a wellness strategy to support the overall wellness of First Nations youth.

Mental Health

More than ten percent of youth worldwide are afflicted by severe mental illnesses (Cheng, 2016). In Canada, education policymakers and school administrators are observing rising rates of stress that are resulting in a higher prevalence of negative emotions such as anger, anxiety, and depression, and behaviours like violence and bullying (Greenberg & Harris, 2012; Rempel, 2012). These emotions and behaviours are impacting students' school engagement and academic performance (Canadian Education Statistics Council [CESC], 2011; Murnaghan, Morrison, Laurence, & Bell, 2014; Richards, 2014). Many mental illnesses, such as depression, if untreated and severe, can lead to suicide, which is the second leading cause of youth mortality in Canada (Sampasa-Kanyinga, Roumeliotis, & Xu, 2014). Additionally, the effects of colonialism have directly impacted the emotional, mental, physical, and spiritual well-being of Canada’s Indigenous youth, who often face higher rates of substance abuse, sexual abuse, depression, and suicidal ideation than non-Indigenous youth (Dell & Lyons, 2007; Elias et al., 2012; Kumar, 2016; Macdonald & Wilson, 2016). Consequently, suicide rates are an alarming five times higher for First Nations youth between the ages of 10-29, the highest rate of suicide of any group in Canada (Kumar, 2016; White, 2016). The First Nations Information Governance Centre (2014) state that these rates are ten times higher for First Nations youth who live on reserves, particularly in remote or northern communities. According to researchers, these psychological issues are associated with the social stigma and discrimination against Indigenous youth (that is indicative of colonialism; Elias et al., 2012; Macdonald & Wilson, 2016).

The Effects of Colonialism and the Indian Residential Schools

Many of the mental health issues that First Nations youth face have resulted from Canada’s history of colonialism (Elias et al., 2012; Macdonald & Wilson, 2016; Pidgeon et al., 2013). One shameful example of this is the legacy of the Indian Residential Schools. A report from The Truth and Reconciliation Commission of Canada (2015) stated that, from the year 1883 to 1996, more than 150,000 Indigenous children were forcibly removed or coerced from their families and communities to attend one of the 139 schools (mostly administered by the Roman Catholic, Anglican, United, Methodist, and Presbyterian Churches) that were established across Canada. Furthermore, The

³ The term “aboriginal” is outdated and refers more accurately to the aborigines of Australia. However, in this paper the terms “aboriginal” and “Indigenous” are synonymous.

Truth and Reconciliation Commission of Canada (2015) stated that over 6,000 children died while in attendance of one of these schools. “Those 6,000 deaths put the odds of dying in Canadian Residential Schools over the years they operated at about the same as for those serving in Canada’s armed forces during the Second World War” (Schwartz, 2015). Children attending these schools often faced physical, emotional, and sexual abuse and were physically reprimanded if they spoke their language or partook in any of their cultural practices (Lavallee & Poole, 2010). “Residential Schooling was always more than simply an education program: it was an integral part of a conscious policy of cultural genocide” (The Truth and Reconciliation Commission of Canada, 2015, p. 54-55).

The colonial impacts of the Indian Residential Schools are best illustrated by Elias et al. (2012) saying, “In one century, the Government of Canada exposed tens of thousands of indigenous children to a system fraught with structural and systemic problems, impacting their well-being and that of their families, communities and future generations” (p. 1561). These systemic problems have resulted in Canada’s child welfare system being overwhelmingly occupied by Indigenous children; half of all children in foster care are Indigenous (Gray, 2011; Macdonald & Wilson, 2016).

Educational Inequities that Impact First Nations Youth in Thunder Bay

Canada’s policies of colonialism continue to this day as many First Nations youth have no way of accessing secondary schooling except by leaving their reserve communities, usually after grade eight, to attend provincially funded schools (Richards, 2014) in urban centres. Richards (2014) states that approximately 40 percent of First Nations youth must leave their homes to continue secondary schooling. In the province of Ontario, many northern communities do not have the funding or capacity to have a secondary school (in their community), while their elementary schools have been seriously underfunded by Indigenous and Northern Affairs Canada (INAC) (CESC, 2011; Hare & Pidgeon, 2011; Talaga, 2017). The city of Thunder Bay is one urban centre that many of these Nishnawbe youth must move to attend secondary school.

Nishnawbe youth who leave their northern communities to attend secondary schooling must cope with being separated from their communities, families, and friends. The dislocation of moving to an urban, predominantly White community, often alone and without peers or family members, brings intense loneliness and isolation (CESC, 2011; Neeganagwedgin, 2013). Unfortunately, the repercussions of this dislocation from community subjects these youths to more psychological isolation, racist abuse, and physical threats than non-Indigenous youth (Richards, 2014; Talaga, 2017). These negative social consequences often lead to mental illnesses, anxiety, depression, and educational disengagement that can contribute to the inability to complete secondary education (Neeganagwedgin, 2013; Richards, 2014).

In sum, the severity of risk to Nishnawbe youth’s mental health and safety can be attributed to the challenges they face in order to access and pursue a regular secondary schooling education. (CESC, 2011; Richard, 2014). The dislocation of these youth trying to get an education has resulted in the situation that led to the Ontario Coroner’s inquest into the deaths of seven Nishnawbe students in Thunder Bay – the largest Coroner’s inquest in Ontario history (Talaga, 2017).

Thunder Bay’s “Seven Fallen Feathers”: Ontario’s Largest Coroner’s Inquest

One of the urban centres to which Nishnawbe youth move to attend secondary schooling is the city of Thunder Bay. Students have the choice to attend the Catholic school board or the public school board. As well, in an effort to take control of their children’s education and well-being, the Northern Nishnawbe Education Council (NNEC) established Dennis Franklin Cromarty High School (DFCHS) in Thunder Bay, opening its doors in October of 2000 to Indigenous youth from many of the surrounding (mostly fly-in) northwestern Ontario communities (Talaga, 2017).

DFCHS is supported and funded by NNEC and the many Sioux Lookout District First Nations that send their youth to DFCHS (Northern Nishnawbe Education Council, 2014). From 2000 to 2011, seven Nishnawbe youth, now referred to as the “Seven Fallen Feathers,” who flew hundreds of kilometers from their communities and families, died while visiting the city of Thunder Bay; five of their bodies were found in rivers around Lake Superior (Talaga, 2017). These seven deaths led to an eight-month-long national coroner’s inquest where “three of the five river deaths could not be explained” (Macdonald, 2017, p. 42). Upon discovery of each of the bodies that were found in

the rivers, the Thunder Bay Police Department (TBPD) “made the same assessment, hurriedly classifying them not as hate crimes but tragic accidents” (Macdonald, 2017, p. 42). It had become apparent that the TBPD failed in their duty to protect the city of Thunder Bay’s most vulnerable, which continues to increase the racial tensions and distrust between the TBPD, the Indigenous community, and the Nishnawbe youth who move to Thunder bay in search of having a higher education (Macdonald, 2017; Talaga, 2017).

The effects of colonialism and the Indian Residential Schools, educational inequalities, and the inquest of the “Seven Fallen Feathers” have illuminated the serious challenges that Canada’s Indigenous populations face, and the impacts this has on mental health, including on Nishnawbe youth who move to Thunder Bay to attend secondary schooling (Smylie & Cywink, 2016). When one examines Canada’s history, it becomes apparent that the country is steeped in neo-colonialist racism, mistrust, and social injustice that continue to impact the well-being of its Indigenous people.

An Indigenous Perspective of Mental Health in Canadian Schools

The concept and meaning of health has been rooted within the dominant colonial medical model that focuses primarily on the absence of physical illness or disease within an individual, rather than the overall context of their well-being (The Assembly of First Nations, 2015). Fortunately, this model of health has been shifting towards a model of “wellness⁴,” aligning more closely with a First Nations approach as defined by The Assembly of First Nations (2015) as “a common understanding of the interconnectedness between the physical, mental, emotional and spiritual realms” (p. 3). This approach to wellness is derived from the teachings of the Medicine Wheel used by First Nations that views a healthy state of being as the balance of these four interconnected domains (Blackstock, 2008). Additionally, Lavelle and Pool (2010) further explain this holistic approach towards wellness within the context of Indigenous knowledge:

The mental realm refers to the mind and/or intellect, not the Western definition of mental health. The four realms cannot be understood separately and the Western concept of mental health can only be understood in relation to physical, mental/intellectual, emotional and spiritual well-being (wellness). Sickness begins with the spirit, if the spirit is wounded – because of the principle of interconnectedness – the mind, emotions and body become sick... True healing includes reestablishing a balance between the four realms. (p. 274)

Provincially funded education systems in Canada are still Eurocentric and an example of cognitive imperialism (Battiste, 2004) and the approach taken in these systems typically contradicts traditional Indigenous education and an Indigenous approach to wellness. To put it succinctly, Eurocentric education puts far too much emphasis on standardized testing and compartmentalized learning rather than on Indigenous methods of comprehending interrelated modes and ways of knowing (cognitive, emotional, physical, and spiritual) as a whole (Neeganagwedgin, 2013; Rico, 2013). According to Pidgeon et al. (2013), an Indigenous approach to educational programming should include “intellectual, emotional, physical, and spiritual aspects of development, for which growth can be demonstrated in a number of personalized, non-competitive, and inclusive ways” (p. 31). Neeganagwedgin (2013) further emphasizes the importance of this four-dimensional approach to traditional First Nations teaching and learning where the balance of “emotional, mental, physical and spiritual needs” (p. 18) is always at the forefront.

In conclusion, a successful school-based wellness program directed towards First Nations youth healing must incorporate the four-dimensional approach to teaching, learning, and wellness. Laughter therapy, through the embodied practice of LY, is one approach that could be implemented in schools since those who participate in LY sessions have been shown to “experience its physical, psychological, emotional, and spiritual benefits” (Moral-Ripoll, 2011, p. 60), which seemingly resonates with the four dimensions of First Nations teaching, learning, and wellness.

⁴ From here on out the term “wellness” will be used when referring to well-being.

The Physiology and Psychology of Laughter

Laughter is a universally shared feature of nonverbal communication that is common to all human groups throughout the world (Dunbar et al., 2011). Laughter occurs particularly in the context of social interactions, including play, and has been used as a form of physiological and psychological therapy for the past millennia (Bennett et al., 2014; Berk, Felton, Tan, Bittman, & Westengard, 2001; Dunbar et al., 2011). The use of laughter, like communal music-making and dancing, has been recognized by many Indigenous groups around the world as integral components of community bonding, social interaction, and communal storytelling (to foster wellness) (Ballick & Lee, 2003; Dunbar et al., 2011). An illustration of this is from the Alaska Native Peoples whose cultural values acknowledge laughter as “good medicine” and “healing” that contributes to a state of wellness (Cueva, Kuhnley, Lanier, & Dignan, 2006).

Although the use of laughter has been valued by Indigenous peoples for many centuries, if not millennia, the positive effects of laughter have only recently been recognized, reported, and taken seriously in a Western context of wellness. For example, the positive physiological and psychological effects of laughter have been documented in the fields of geriatrics, oncology, critical care, psychiatry, rehabilitation, rheumatology, and hospice care (Berk et al., 2001; DeCaro & Brown, 2016; Hasan & Hasan, 2009; Rosner, 2002). Indeed, health care practitioners have begun to recognize the importance and value of laughter therapy as a promoter of wellness for both patients and caregivers (Rosner, 2002). Moreover, it has been well documented and established that laughter therapy reduces depression, anxiety, stress, and fatigue, while also improving immunity, quality of life, happiness, self-esteem, and resilience (Bennett et al., 2014; Heo, Kim, Park, & Kil, 2016; Kim et al., 2015; Nasr, 2013).

These physiological and psychological health benefits are achieved because the effects of laughter involve the “muscular, respiratory, cardiovascular, endocrine, immune, and central nervous systems” (Rosner, 2002, p. 434). It is the physical act of laughing that stimulates and triggers the activation and release of endorphins (Cueva et al., 2006; Dunbar et al., 2011). Dunbar et al. (2011) explain the role of endorphins further by stating that:

Endorphins are a class of endogenous opioid peptides produced in the central nervous system (CNS) that not only function as neurotransmitters but also play a crucial role in the management of pain through their analgesic properties: b-endorphin, in particular, appears to play a critical role in buffering the organism against the effects of physiological and psychological stress. (p. 1161)

Additionally, the act of laughing increases natural killer (NK) cells and activates T-cells in our bodies both of which assist the body in fighting infection and strengthening immunity (Hasan & Hasan, 2009; Rosner, 2002). To summarize, the act of laughter can have profound positive impacts on an individual’s physiological and psychological wellness. Therefore, the promotion of laughter is one strategy that could be introduced to advocate an overall sense of wellness, hence the creation of LY.

Yoga and Laughter Yoga (LY)

Before explaining LY, I believe it is important to clarify what yoga is. The word yoga derives from the ancient Sanskrit word *yuj* and means to join (Saraswati, 2008). According to Saraswati (2008) “yoga is a means of balancing and harmonizing the body, mind and emotions” (p. 1). Furthermore, yoga “is the science of right living...it works on all aspects of the person: the physical, vital, mental, emotional, psychic and spiritual” (Saraswati, 2008, p. 1). Therefore, yoga is not only the practice of physical postures, which seems to have become the main focus outside the traditional practices of yoga in India, and what many people in the West have misunderstood yoga to only be. According to many yogi’s, including Saraswati (2008) and Saraswati (2012), yoga is any practice that focuses on the development and harmonization of the mental, emotional, physical, and spiritual aspects of an individual.

LY was founded in Mumbai, India in 1995 by Dr. Madan Kataria (MacDonald, 2004). LY clubs have since been established all over the world as a supplementary and/or preventative therapy to achieving an overall state of wellness (DeCaro & Brown, 2016; MacDonald, 2004). A LY session is comprised of simulated laughter exercises that focus on the following:

- (1) emotional wellness (pantomiming any action and adding laughter on top);
- (2) physical workout (aerobic training; balance, flexibility, mobility, resistance and strength training, and improving lung capacity);
- (3)

playful behaviors (engaging in playful movements to help dissolve inhibitions); and (4) special techniques (cross-brain exercises; dancing and singing exercises; empowering behaviors and conversations; group games; floor exercises; laughter and ideokinesis; laughing alone; and laughter meditation). (Mora-Ripoll, 2011, p. 172)

It is vital to mention that LY does not rely on humour or jokes to evoke spontaneous laughter to be successful. Rather, it is the combination of laughter exercises (simulated laughter), pranayama, or yogic breathing techniques, and the participants willingness to engage and let go of their inhibitions that makes this practice successful. To clarify, spontaneous laughter and simulated laughter are different. Spontaneous laughter requires some form of humour as a stimulus to be effective, whereas simulated laughter only requires the will to laugh and is not dependent on humorous stimuli (DeCaro & Brown, 2016).

In closing, laughing with others connects people with each other, themselves, and their environment. Participating in a LY session can therefore be seen as a means by which people can join together to interact, play, and laugh for the purpose of balancing body, mind, emotion, and spirit (overall wellness).

The Benefits of Laughter Yoga in the Classroom

Introducing laughter, through LY, as a school-based wellness program could support healthy relationships among learners and teachers by breaking down barriers through laughter and play to create a safe and inclusive environment (Savage et al., 2017). Consequently, LY could be a catalyst in providing greater student success and an overall positive school climate (Cuvea et al., 2006) by enhancing and energizing the teaching and learning process (Cuvea et al., 2006; DeCaro & Brown, 2016; Savage et al., 2017). Studies have shown how laughter can improve memory retention, creativity, divergent thinking, and positive attitudes, while also promoting mental relaxation and a decrease in anxiety and stress within a learning environment (Cuvea et al., 2006; Heo et al., 2016; Mora-Ripoll, 2010). As a result, teachers are better able to meet curriculum goals and expectations, while also supporting the growth of relationships within the classroom environment (Savage et al., 2017).

According to the First Nations Health Authority (2015), a foundation towards positive health and wellness for First Nations youth is dependent on the capacity towards building relationships among “Nations, Family, Community, and Land” (p. 15). In addition, Hart (2010) discusses the importance of honouring relationships with all of life. Laughing with others can be communal and spiritual as it connects people with each other, themselves, and their environment (Mora-Ripoll, 2010; Rosner, 2002). The embodied practice of LY can thus be viewed as a holistic form of therapy and meditation (MacDonald, 2004) where interpersonal skills and relationships are improved by means of social bonding through play (DeCaro & Brown, 2016; Dunbar et al., 2011; Mora-Ripoll, 2011). Mora-Ripoll (2010) found that the therapeutic value of laughter “builds group identity, solidarity, and cohesiveness” (p. 58), which illustrates the potential for laughter to build relational capacity - thereby creating or enhancing a sense of belonging and identity among Nishnawbe youth (and all participants) who participate in a LY session.

Recommendations

It is strongly recommended that any teacher or person working with/for First Nations youth is able to ground their work within an Indigenous paradigm that “factors in a historical, colonial and power analysis” (Absolon, 2011, p. 55) and who is able to take into consideration Indigenous worldviews, principles, and methodologies (Absolon, 2011). And so, an Indigenous approach to education and wellness must be considered when developing and implementing any school-based wellness program with/for First Nations youth.

The following recommendations (based on my personal experiences of leading LY sessions around the world and with First Nations youth) should be taken into consideration if one is interested in implementing a school-based LY wellness program with/for First Nations youth:

(1) Participate in at least two LY sessions. Get a feel for it, it may or may not be for you. LY sessions are offered in many Canadian cities and it should be relatively easy to find a group. If this is not possible, you may have to wait until you are in a city where this is offered.

(2) Sign up for a LY Leader course to learn how to effectively facilitate a LY session. Visit laughteryoga.org to find an instructor near you. If there is not an instructor near you, it may be possible to have one come to you.

(3) Practice facilitating LY sessions with friends and family so you become comfortable. In this way, you will be able to figure out what works best and what does not while also building your confidence in the facilitation process.

(4) LY sessions should be done with everyone standing (or sitting) in a circle (the importance of this will be explained further down) and should always begin with icebreaker games. The main objectives of these games are to facilitate playful interactions among participants and to create a fun, cohesive, and safe environment. An example of this is the game of rock, paper, scissors. These games are flexible and require a minimum of two participants. Search “icebreaker games” on the internet to find plenty of examples. In my personal experience, these games assisted in supporting the relationship-building process while keeping things “light and fluffy.” These games help set the tone and aid in transitioning to the simulated laughter exercises. The icebreaker games can be as long as 20 minutes and as short as two. This will depend on how much time is available and the level of student engagement.

(5) Transition to simulated laughter exercises. There is an endless amount of simulated exercises that can be performed, but the facilitator should have at least 15 memorized. Some of the simulated exercises will be more successful than others depending on the group and, in some cases, none of the exercises may be successful at all! The simulated laughter portion of the LY session can range from 5-15 minutes. You will learn many laughter exercises when participating in a LY session and the LY Leader course.

(6) End the session with a silent reflection or guided meditation. For example, have students focus on their breath and the sensations in their body. The LY facilitator can play calming music while this is happening to prevent participants from getting distracted. You may have a student(s) who enjoys/practices traditional drumming. This would be an excellent opportunity to get students involved. The point of this section of the LY session is to have participants become more aware of how they are feeling (emotionally, mentally, physically, and spiritually) – connecting to the Self.

(7) The LY session should end in a sharing circle (sitting on the ground or in chairs). The sharing circle is a culturally relevant tool that resonates with an Indigenous approach to communication; for example, sharing circles have been used by First Nations people as an effective means to address trauma and to promote the healing process (Castellano, 2006). Sharing circles are also a method of creating a safe space for participants to share stories and to express their opinions, views, and experiences (Hart, 2002). Thus ending in a sharing circle can stimulate conversation, trust, and a sense of community among all participants.

(8) After students have participated in some LY sessions, invite them to take the lead in facilitating some of the activities (for example, leading an icebreaker game or leading the sharing circle discussion). This can be a positive way to promote leadership skills and a sense of autonomy for students.

(9) Let things unfold naturally. If students are really enjoying a particular game or simulated laughter exercise, stick with it for a bit longer. Likewise, if students are not enjoying a particular game or simulated laughter exercise, move on to the next.

(10) Have an open mind. In order for LY to work effectively, you must have an open mind. Likewise, students and participants should be encouraged to have an open mind during the session. Explain to students why you want to try LY and the benefits of laughter. Be willing change the approach and expect that it may take some time for it to work.

(11) Don't judge LY by what you find on YouTube or on the internet⁵. There are many good examples of LY on the internet, but there are also many bad examples, too. Some of these examples will surely prevent people from ever trying LY. LY is truly an experiential practice, which means that you need to actually participate in it to understand its benefits.

(12) The facilitator can make or break the session (just view some of those LY videos on the internet to understand and learn what makes a good, and a bad, LY facilitator). If you don't buy into it, the students won't either. Similarly, if you come off with too much enthusiasm, it may deter anyone from wanting to take part. Don't be too over the top at first.

(13) Get buy-in. You need to have the students buy into why they should participate. Ask questions like “has anyone laughed so much that it felt like you just did 100 crunches?” Or, “has anyone laughed so hard that they couldn't stop” or “has anyone laughed so hard that they cried.” Have them connect to how their previous experiences of laughing has made them feel. In my personal experiences, I found that it was important to engage students in a discussion of what laughter actually is. Additionally, I found that talking about the science of laughter –

⁵ Based on my personal experiences, I have found that one must actually participate in a LY session to be fully convinced of its benefits. No amount of reading about LY or watching it on a screen can do it justice.

the physiological and psychological processes that are going on in the body – is an important buy-in for older students.

(14) Get feedback after each session. See what worked well and what didn't and use that information to improve the experience – remember, the benefit of these sessions are for the student participants.

(15) Eye contact. It is important to mention that maintaining eye contact in some cultures is seen as disrespectful and can also be incredibly uncomfortable for some people. However, one of the key components of LY (when taught by Dr. Kataria and others) is to maintain eye contact. I found that this did not work with First Nations youth. And so, I would recommend that, when facilitating a LY session with First Nations youth (and other youth from varying backgrounds), that it is not a necessary component to include at the get-go.

These recommendations are based on my personal experiences leading LY sessions and should be considered as a starting point rather than a be-all and end-all approach. Through your own experiential process, you may find alternative methods in which to facilitate LY sessions (that work best for you and your students). Finally, although these recommendations are more focused on working with/for First Nations youth, surely, these recommendations are a conceptualization of a LY wellness program that can benefit all youth.

Conclusion

In this paper, I discussed my personal experiences in facilitating LY with different groups of people in Canada and around the world. Next, I talked about the courage, strength, and resilience of Canada's Indigenous population and their successful attempts to re-claim culture, identity, education, and governance (Absolon, 2011; Castellano, 2006; Godlewska, 2010; Neeganagwedgin, 2013). I then explained how mental health is affecting youth worldwide and how Canada's Indigenous youth are at a greater risk (Cheng, 2016; Dell & Lyons, 2007; Elias et al., 2012; Kumar, 2016; Macdonald & Wilson, 2016). I attributed the effects of colonialism and the impacts that the Indian Residential Schools have had on the emotional, mental, physical, and spiritual well-being of Canada's Indigenous people, especially Indigenous youth (Aboriginal Healing Foundation, 2006; Lavallee & Poole, 2010; Pidgeon et al., 2013; Spear, 2014; The Truth and Reconciliation Commission of Canada, 2015). I then discuss the educational inequalities that Nishnawbe youth face in the Canadian city of Thunder Bay and how these inequalities have led to the province of Ontario's largest coroner's inquest and the death of the "Seven Fallen Feathers" (Hare & Pidgeon, 2011; Macdonald, 2017; Neeganagwedgin, 2013; Talaga, 2017). After, I discussed what an Indigenous perspective on mental health in Canadian schools should look like and the importance of incorporating (in school programming) a four-dimensional approach to traditional First Nations teaching and learning where the balance of "emotional, mental, physical and spiritual needs" (Neeganagwedgin, 2013, p. 18) should always be at the forefront (Battiste, 2004). Next, I explained the physiology and psychology of laughter and how laughter has been recognized by many Indigenous groups around the world as an integral component of wellness (Ballick & Lee, 2003; Dunbar et al., 2011). I then clarified and explained what yoga and LY are. Next, I discussed the potential benefits that LY could have in the classroom and within the school environment. I concluded with a list of recommendations that could support the implementation of a school-based LY wellness program directed towards Indigenous youth. My intention in writing this paper was to give educational administrators, educators, and those who work with/for First Nations youth a better understanding of LY and to explore how a school-based LY program could be an effective embodied movement wellness practice with/for First Nations youth (and all youth in general).

REFERENCES

- Aboriginal Healing Foundation. (2006). *A healing journey: Summary points*. Ottawa, ON: Aboriginal Healing Foundation.
- Absolon, K. (2011). *Kaandossowin: How we come to know*. Halifax, NS: Fernwood Publishing.
- Battiste, M. (2004). Unfolding the lessons of colonization. In C. Sugars (Ed.), *Unhomely states: Theorizing English-Canadian postcolonialism* (pp. 209-220). Peterborough, ON: Broadview Press.
- Bennett, P. N., Parsons, T., Ben-Moshe, R., Weinberg, M., Neal, M., Gilbert, K., ... & Hutchinson, A. (2014). Laughter and humor therapy in dialysis. *Seminars in Dialysis, 27*(5), 488-493.
- Berk, L. S., Felten, D. L., Tan, S. A., Bittman, B. B., & Westengard, J. (2001). Modulation of neuroimmune parameters during the eustress of humor-associated mirthful laughter. *Alternative Therapies in Health and Medicine, 7*(2), 62.
- Blackstock, C. (2008). *Rooting mental health in an Aboriginal worldview*. Ottawa, ON: Provincial Centre of Excellence for Child and Youth Mental Health at CHEO.
- Castellano, M. B. (2006). *Final Report of the Aboriginal Healing Foundation: Volume 1*. Ottawa, ON: Aboriginal Healing Foundation.
- Chansonneuve, D. (2005). *Reclaiming connections: Understanding residential school trauma among Aboriginal people*. Ottawa, ON: Aboriginal Healing Foundation.
- Cueva, M., Kuhnley, R., Lanier, A., & Dignan, M. (2006). Healing hearts: Laughter and learning. *Journal of Cancer Education, 21*(2), 104-107.
- Canadian Education Statistics Council (CESC). (2011). *A literature review of factors that support successful transitions by Aboriginal people from K-12 to postsecondary education*. Toronto, ON: Council of Ministers of Education.
- Cheng, F. K. (2016). Is meditation conducive to mental well-being for adolescents? An integrative review for mental health nursing. *International Journal of African Nursing Sciences, 4*, 7-19.
- DeCaro, D. S., & Brown, J. L. C. (2016). Laughter yoga, adults living with Parkinson's disease, and caregivers: A pilot study. *Explore: The Journal of Science and Healing, 12*(3), 196-199.
- Dell, C. A., & Lyons, T. (2007). *Harm reduction policies and programs for persons of Aboriginal descent*. Ottawa, ON: Canadian Centre on Substance Abuse.
- Dunbar, R. I., Baron, R., Frangou, A., Pearce, E., van Leeuwen, E. J., Stow, J., Partridge, G., MacDonald, I., Barra, V., & Van Vugt, M. (2011). Social laughter is correlated with an elevated pain threshold. *Proceedings of the Royal Society of London B: Biological Sciences*.
- Elias, B., Mignone, J., Hall, M., Hong, S. P., Hart, L., & Sareen, J. (2012). Trauma and suicide behaviour histories among a Canadian Indigenous population: An empirical exploration of the potential role of Canada's residential school system. *Social Science and Medicine, 74*(10), 1560-1569.
- Gray, R. (2011). Visualizing pedagogy and power with urban Native youth: Exposing the legacy of the Indian residential school system. *Canadian Journal of Native Education, 34*(1), 9-27.
- Greenberg, M. T., & Harris, A. R. (2012). Nurturing mindfulness in children and youth: Current state of research. *Child Development Perspectives, 6*(2), 161-166.
- Hare, J., & Pidgeon, M. (2011). The way of the warrior: Indigenous youth navigating the challenges of schooling. *Canadian Journal of Education, 34*(2), 93-111.
- Hart, M. A. (2010). Indigenous worldviews, knowledge, and research: The development of an Indigenous paradigm. *Indigenous Voices in Social Work, 1*(1), 1-16.
- Hart, M. (2002). *Seeking mino-pimatisiwin: An Aboriginal approach to helping*. Halifax, NS: Fernwood.
- Hasan, H., & Hasan, T. H. (2009). Laugh yourself into a healthier person: A cross cultural analysis of the effects of varying levels of laughter on health. *International Journal of Medical Sciences, 6*(4), 200-211.
- Heo, E. H., Kim, S., Park, H., & Kil, S. Y. (2016). The effects of a simulated laughter programme on mood, cortisol levels, and health-related quality of life among haemodialysis patients. *Complementary Therapies in Clinical Practice, 25*, 1-7.
- Kim, S. H., Kook, J. R., Kwon, M., Son, M. H., Ahn, S. D., & Kim, Y. H. (2015). The effects of laughter therapy on mood state and self-esteem in cancer patients undergoing radiation therapy: A randomized controlled trial. *The Journal of Alternative and Complementary Medicine, 21*(4), 217-222.
- Kumar, M. B. (2016). *Lifetime suicidal thoughts among First Nations living off reserve, Métis and Inuit aged 26 to 59: Prevalence and associated characteristics*. Ottawa, ON: Statistics Canada.
- Lavallee, L. F., & Poole, J. M. (2010). Beyond recovery: Colonization, health and healing for Indigenous people in MacDonald, D., & Wilson, D. (2016). *Shameful neglect*. Canadian Centre for Policy Alternatives. Ottawa, ON.

- MacDonald, L. C. M. (2004). A chuckle a day keeps the doctor away: Therapeutic humor and laughter. *Journal of Psychosocial Nursing and Mental Health Services*, 42(3), 18-25.
- Macdonald, N. (2017). A river of tears. *Maclean's*, 130(7), 38-45.
- Murnaghan, D., Morrison, W., Laurence, C., & Bell, B. (2014). Investigating mental fitness and school connectedness in Prince Edward Island and New Brunswick, Canada. *Journal of School Health*, 84(7), 444-450.
- Mora-Ripoll, R. (2011). Potential health benefits of simulated laughter: A narrative review of the literature and recommendations for future research. *Complementary Therapies in Medicine*, 19(3), 170-177.
- Nasr, S. J. (2013). No laughing matter: Laughter is good psychiatric medicine. *Current Psychiatry*, 8(20), 20-25.
- Neeganagwedgin, E. (2013). A critical review of Aboriginal education in Canada: Eurocentric dominance impact and everyday denial. *International Journal of Inclusive Education*, (17)1, 15-31.
- Northern Nishnawbe Education Council. (2014). Retrieved from <http://www.nnec.on.ca/index.php/dennis-franklin-cromarty-high-school/>
- Pidgeon, M., Munoz, M., Kirkness, V., & Archibald, J. (2013) Indian control of Indian education: Reflections and envisioning the next 40 years. *Canadian Journal of Native Education*, 36(1), 5-35, 148-149.
- Rempel, K. D. (2012). Mindfulness for children and youth: A review of the literature with an argument for school-based implementation. *Canadian Journal of Counselling and Psychotherapy*, 46(3), 201-220.
- Rico, B. (2013). Awakening vision: Examining the reconceptualization of Aboriginal education in Canada via Kaupapa Maori praxis. *Asia Pacific Journal of Education*, 33(4), 380-393.
- Richards, J. (2014). *Are we making progress? New evidence on Aboriginal education outcomes in provincial and reserve schools*. Toronto, ON: C.D. Howe Institute.
- Rosner, F. (2002). Therapeutic efficacy of laughter in medicine. *Cancer Investigation*, 20(3), 434-436.
- Sampana-Kanyinga, H., Roumeliotis, P., & Xu, H. (2014). Associations between cyberbullying and school bullying victimization and suicidal ideation, plans and attempts among Canadian schoolchildren. *PLoS ONE*, 9(7), 1-9.
- Saraswati, S. N. (2012). *Gheranda samhita: Commentary on the yoga teachings of Maharshi Gheranda*. Munger, Bihar: Yoga Publications Trust.
- Saraswati, S. S. (2008). *Asana pranayama mudra bandha*. Munger, Bihar: Yoga Publications Trust.
- Savage, B. M., Lujan, H. L., Thipparthi, R. R., & DiCarlo, S. E. (2017). Humor, laughter, learning, and health! A brief review. *Advances in Physiology Education*, 41(3), 341-347.
- Schwartz, D. (June 3, 2015). Truth and Reconciliation Commission: By the numbers. Retrieved from <https://www.cbc.ca/news/indigenous/truth-and-reconciliation-commission-by-the-numbers-1.3096185>
- Smylie, J., & Cywink, M. (2016). Missing and murdered Indigenous women: Working with families to prepare for the National Inquiry. *Canadian Journal of Public Health*, 107(4/5), 342-346.
- Spear, W. K. (2014). *Full circle: The Aboriginal healing foundation & the unfinished work of hope, healing & reconciliation*. Ottawa, ON: Aboriginal Healing Foundation.
- Talaga, T. (2017). *Seven fallen feathers: Racism, death, and hard truths in a northern city*. Toronto, ON: Anansi.
- The Assembly of First Nations. (2015). *Wellness foundational model*. Ottawa, ON: Assembly of First Nations.
- The Truth and Reconciliation Commission of Canada. (2015). *Honouring the Truth, reconciling for the future: Summary of the final report of the Truth and Reconciliation Commission of Canada*. Winnipeg, MN: The Truth and Reconciliation Commission of Canada.
- White, J. (2016). *Preventing youth suicide: A guide for practitioners*. Victoria, BC: Ministry of Children and Family Development.

ABOUT THE AUTHOR

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An avid martial artist, Jacky has trained in martial arts for over twenty years and spent several months in China where he trained with the legendary Shaolin Warrior monks. He currently holds the title of "Sensei" as a third-degree black belt in the art of Shotokan karate-do. Jacky is an advanced instructor in Control and Defense Tactical Training and is proficient in Traditional Chinese Kung Fu, Yoshinkai Aikido, and Krav Maga. He has studied Yoga

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Jacky is a graduate of the Master of Education for Change program at Lakehead University. His M.Ed. research focused on Indigenous youth wellbeing and resilience through an embodied healing practice of laughter-play yoga. This innovative mental health leadership for First Nation youth from remote communities has been developed through the Tikkun Youth Project: Pedagogies of Repair and Reconciliation (funded through the University of Windsor) and recognized through various national awards (3M National Student Fellowship and SSHRC).