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Breaking the Silence: Laughter Percussion as a Transformative Modality in Counseling Psychology

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ABSTRACT

The use of Laughter Percussion as an alternative treatment to traditional methods based on talking is introduced through this research and it is characterized mostly by its being trauma informed and rhythm based (Banamungu, 2024). With the use of a qualitative case-study design, the researcher studied a total of 30 individuals living in three different locations, Perth, Kalgoorlie (Western Australia), and Kigali (Rwanda), during the 12-week periods of their participation in the programs. The group of participants included people who have experienced trauma (n = 12), those with post-traumatic stress and anxiety symptoms (n = 10), and young ones with different mental abilities (n = 8). Throughout the different study locations, a significant clinical improvement was observed, as indicated by the mean score reduction of the GAD-7 anxiety disorder test by 30%, and the PHQ-9 depression scores by 24%. Rhythmic entrainment of the nervous system, mirror-neuron activation (i.e., activating or triggering neurons that would be engaged or activated if the person were participating in the same activity), playfulness, and joy were all part of the mechanisms of change fostering emotional safety and connection. The qualitative themes pointed out to the advantages of improved self-expression, less resistance, and a stronger group identity. The study results showed that the Laughter Percussion therapy can easily break through cultural, physical, and access barriers that counseling psychology usually encounters, thus providing a lively and fun way to recover from trauma.

Keywords: *Laughter Percussion, Counselling Psychology, Music Therapy, Mental Health Intervention, Expressive Arts Therapy, Holistic Wellbeing*

INTRODUCTION

The worldwide mental health discourse presents a tough contradiction: while the public is getting more and more aware of the importance of mental health, the number of people experiencing distress and the multiplicity of traumas are constantly going up. According to the World Mental Health Report (Organization, 2022), there are over 970 million people with a diagnosable mental disorder and the most prevalent issues are depression and anxiety, which, according to the report, are the leading causes of disability across the globe. Despite the existence of a plethora of different therapy options nowadays, the dire situation where people do not receive the help they need is still very much a reality and it is a problem that is particularly acute among the groups of people who are sporadically exposed to trauma, are facing cultural dislocation, or have neurodivergent processing styles. The traditional therapy by conversation, which has been the primary method of counselling psychology for over a century, is still highly reliant on language and cognition and as a result often fails to reach patients who are suffering physically and cannot articulate their pain (Porges, 2022; Stiwi, 2022; Van Der Kolk, 2003).

In verbal communication, there are hardly enough words for some individuals experiencing embodied suffering. In The Healing Power of Laughter Percussion (Banamungu, 2024), the authors note that victims of violence, neurodivergent clients, and clients from different cultures may have "linguistic, emotional or cognitive barriers" which keep them away from accessing conventional therapy. The condition of alexithymia—characterized as the inability to articulate one's emotions—harms the insight-oriented therapy approaches even more (Ogden, 2006). Additionally, trauma is known to temporarily paralyze the brain's ability to process thoughts verbally, which means that such clients are effectively rendered speechless at the very moment when they could use emotional safety the most (Porges, 2022; Van Der Kolk, 2003). Therefore, more and more people think that healing is not a matter of talking at all but rather taking place via the body's natural systems of rhythm, movement, and laughter etc.

A new technique and a great step in the area of therapy, Laughter Percussion, has been created by Ras Banamungu over the years of working in the clinic. The paper that was published later on makes it clear that the method "consists of rhythmic drumming and spontaneous, therapeutic laughter, in a structured but improvisational group setting" (Banamungu, 2024, p. 44). Laughter Percussion is built on the principles of expressive therapy and trauma-informed care and fuses playful laughing with singing drumming sequences that do not only permit but also promote bodily awareness and the expressing of feelings followed by tension release in a fun way. This is why Laughter Percussion does not take the place of traditional

therapy; instead, it complements it by passing through nonverbal channels of regulation, activating neurobiological synchrony, and re-establishing the affective connection in clients for whom talk therapy has not been sufficient.

Theoretical frameworks of Laughter Percussion originate from different and yet closely related therapeutic areas, that is, expressive arts, neuroscience of rhythm, positive psychology, and

olyvagal-informed somatic regulation. Expressive arts therapy perspective justifies this point of view: rhythm and laughter are the idioms of embodied truth—truths communicated and transformed through the clients who are not affected by the cognitive over-interpretation (Levine, 1997). The results of the scientific research add more ideas to this viewpoint: rhythm follows the synchronization of the hemispheres and thus emotional coherence is attained (Barbaresi, 2024; Thaut, 2013). Porges (2022) Polyvagal Theory puts these effects into perspective, showing how prosodic vocalization and synchronous movement stimulate the vagus nerve so that the individual experiences safety once again. Laughter and music in this conceptual framework are seen as the neurophysiological regulators that help to control emotions and the autonomic nervous system. The research has been proven to be valid by the empirical evidence from Banamungu's (2024) twelve-week multi-site intervention programs conducted in Perth, Kalgoorlie (Western Australia), and Kigali (Rwanda). The three main patient groups, including 12 trauma survivors, 10 individuals with PTSD or anxiety, and eight neurodivergent children, participated in the study and took part in activities such as breathwork, laughter, drumming, and playing for 90 minutes each week. The data sources for the study included therapist observation logs, participant diaries, and assessments conducted before and after the intervention like the Generalized Anxiety Disorder scale (GAD-7) and the Patient Health Questionnaire (PHQ-9), which are among the most widely used measures for mental health. The mixed-methods approach allowed for the assessment of both quantitative changes in symptoms and the comprehensive phenomenological descriptions of emotional transformations.

The emotional and social needs of the client were greatly addressed through the use of the interventions. The individuals involved in the study said that they felt “freer”, “lighter” and “more open” and that they were quite often able to voice their thoughts after being silenced for years in therapy. In a few cases, laughter and drumming turned out to be the first nonverbal communication methods that allowed feelings to be released which had been subdued for a long time. Besides, the rhythmical and communal aspect of the practice contributed to group unity, which is a very important therapeutic factor for recovery from trauma and shame (Henderson, 2025).

Laughter Percussion is global demand for a culturally adaptive, inclusive, and somatically informed mental health intervention. The musical aspect of the technique is parallel to the healing methods of Native Americans and Africans, but it was the western medical environment that has allowed the technique to be utilized. It opens a link in words and bodies, of individual and society, and therefore becomes an indispensable improvement in the healing arts.

The Argument of the Paper, implied that Laughter Percussion is a powerful tool to not be overlooked in the direction of future psychotherapy aligned with the present. The paper then develops its theoretical basis, empires it with theoretical evidence and addresses its implications for practice. In the Literature Review and Theoretical Foundations section Laughter Percussion therapy has been emphasised as being the convergence of trauma informed, neurobiological and expressive therapies. The multi-sited qualitative design, participant attributes, and data collecting techniques are described in depth in the Methods. The results are then statistically and thematically analyzed in relation to the change processes, cultural resonance, and implications for integrative practices in the Result and Discussion sections. The ultimate aim of the project is to demonstrate that laughter and rhythm—the most essential human connection methods—can create psychological safety and empowerment in situations where words have failed.

LITERATURE REVIEW

Traditional talk therapy has long been regarded as the principal means of treating psychological issues. Nevertheless, the speed of its efficacy remains low for such individuals whose trauma lies within and interferes with the neural and linguistic activities participating in verbal processing. In the view of Van Der Kolk (2003), "trauma is not just a psychological memory but a body condition that 'keeps the score' in the body." Therapists using a lot of verbal articulation are thinking this way that it is only through insight and linguistic expression that healing can take place. Banamungu (2024) has pointed out, "one of the major critiques of traditional therapy is the heavy dependence on verbal articulation, which likely will not reach individuals suffering from internalized trauma or those who have cultural restrictions on self-expression." The above struggles mainly affect trauma-affected individuals, neurodivergent clients, and people from non-Western cultures who prefer expressing their feelings through group dancing, music, or rituals instead of conversation (Ogden, 2006). Thus, the therapeutic process has experienced a dramatic change towards using methods that are more physical, multimodal, and flexible in terms of culture as they are no longer restricted to cognitive-verbal paradigms.

Somatic psychotherapy techniques accept that a traumatic memory is held in the brain’s explicit systems as well as in the sensorimotor and the autonomic systems that control the body. Porges (2022) Polyvagal Theory states that the trauma influences the vagal pathways that are responsible for the person’s and the environment’s safety, connection, and self-regulation. When the body perceives a danger, the language areas in the cortex are disconnected, and the entire communication becomes nonverbal. This neurophysiological rationale strongly suggests the necessity of the body-based methods that reactivate the parasympathetic system, through breath, movement, and sound techniques. The pioneering studies of Levine (1997) and Ogden (2006) recognized that trauma processing necessitates somatic release—completing

the bodily reactions that had been cut off during the distress. Later reviews have enlarged the scope of this base, drawing attention to the power of rhythm and music-based interventions in post-trauma symptom reduction through the activation of sensory-motor pathways and the restoration of the connection between body and emotion (Kramer, 2025; Ma, 2024). Of all the approaches, Laughter Percussion is seen as an especially innovative somatic-expressive technique that merges rhythmic control with emotional discharge through laughter.

Laughter has been around as one of the most primal and shared human behaviours, but only in recent times its capacity to heal has been confirmed by scientific evidence. Research in neuropsychology has shown that laughter triggers the release of endorphins, decreases cortisol, boosts the supply of oxygen, and at the same time, stimulates the parasympathetic nervous system, therefore counteracting the stress response of the body (Porges, 2022). Randomized controlled trials have found that laughter healing sessions—such as laughter yoga and play therapy—bring about a significant decrease in anxiety, depression, and fatigue in participants from both clinical and community sites (Dalli, 2025; Eraydin, 2022; Namazinia, 2024; Ozturk, 2022). The socially-psychological aspect of laughter is that it acts as a glue to society that not only breaks down walls but also gives coexistence to other people. The broaden-and-build theory of Fredrickson (2001) states that positive emotions, among other effects, expand the perception and thinking and consequently, the resilience and trust in relationships get the upper hand. The same conditions are set by laughter in a group setting. In Laughter Percussion, funny moments are not the only thing, but the release of tension, which is intentional and through the body, comes with a collective experience of rhythmic and joyful that brings safety and joy back into the therapeutic process.

The effectiveness of rhythm as a therapeutic tool has been acknowledged not only in neuroscience but also in cultural psychology. The study of Thaut (2013) demonstrated that one of the most significant factors in the application of rhythm in healing—the synchronous movement of the brain's oscillations to the rhythm—was essential for controlling the brain's attention, mood, and sensorimotor integration operations. Eventually, the imaging of the brain led to the main point that the whole meditation process of rhythmic deprivation and the processing of rhythm in the brain become almost identical in terms of neural connection across both hemispheres, and this seems to be true for brain rewiring as well (Haegens, 2020; L'hermite, 2023; Wälti, 2020). The internal body rhythms that a drummer is actively engaging in, namely heart, breath, and step, get in tune with the external rhythm thus enabling them to bring back the internal rhythm that the traumatic experience disrupted

(Barbaresi, 2024). The practice of group drumming showed benefits to the buser's health by being a way of stress management, socializing, and emotional regulation—so it can be said to have positive effects quantified (Friedman, 2023; Juntunen, 2023; Wang, 2024). In Laughter Percussion, the drumming is the central aspect that offers the participants a grounding experience, while laughter introduces the unexpected, and humorous, playful side as the antagonist. The pair forms a feedback loop where the rhythm pacifies the emotion and the laughter releases it; thus, it is a dynamic balancing act of containment and liberation. For centuries, humans talked mainly through play and this was also the most effective method for healing the mind and emotions. Dr. Winnicott, a psychoanalyst, considered play as a transitional area where imagination mixed with both inner and outer realities. Nowadays, therapeutic applications of play therapy confirm the effectiveness of this method: play revives qualities like curiosity, spontaneity, and self-compassion—thevery ones that often get buried under trauma. These processes are even more effective in group settings. Yalom's classic theory of therapeutic factors names universality, togetherness, and sacrifice as the main healing factors; a series of recent meta-analyses agree that the alliance and togetherness are the most prominent contributors to good therapeutic results, regardless of the technique (Henderson, 2025). In the context of the Laughter Percussion model, rhythmic and vocal mirroring are the very tools that produce these effects and, therefore, it leads to increased empathy and feeling of belonging through the synchronized non-verbal communication of emotions. From the cultural perspective, the method points out the African and Indigenous drumming traditions where healing is a communal process and rhythmic participation signifies communal togetherness (Alexandre, 2025; McFerran, 2020). Therefore, the model is neither accepting of cultural appropriation nor training local facilitators; rhythm is therefore accepted as a common ancestral language and not just a skill that has been borrowed (Sharma, 2024).

Both theoretical rationale and empirical evidence have concluded that counseling psychology needs both nonverbal, rhythmic, affectively restorative therapies. Laughter Percussion is one such method, which combines all the key ingredients that must develop into one: somatic regulation, brain entrainment, play, and positive affect. It is a treatment technique as well as a general one. It illustrates the relationship between mysticism and science, the self and others, and the human body and mind.

METHODOLOGY AND MATERIALS

The researchers carried out a qualitative case study using a variety of data gathering techniques in order to comprehend the near-fix impacts of Laughter Percussion on emotional unmasking and healing trauma. The selected methodology allowed the authors to quantify the changes in symptoms before and during the intervention and to collect the rich and contextualised stories of lived world of the study participants. The quantitative measurements used were the Generalized Anxiety Disorder Scale (GAD-7) and the Patient Health Questionnaire (PHQ-9), while the qualitative measurements were based on the therapist observation logs, participant journals, and focus group interviews. The research was conducted not only with an interest in the emotional processes but also in the psychological mechanisms of transformation, and at the

same time, it was focusing on the aspects of rhythm, laughter, and group cohort that facilitate trauma integration and self-regulation (Ma, 2024; Porges, 2011, 2022).

The current presumption is supported by a growing body of literature that underlines the use of phenomenological and participatory approaches in expressive and somatic therapies as a must (Kramer, 2025; McFerran, 2020). The main qualitative factor was the subjective transformations which are hard to quantify, such as emotional openness, feeling of inclusion, and playfulness, which are regarded as the primary therapeutic effects of Laughter Percussion.

A group of 30 participants ranging from 18 to 65 years of age was selected from three different locations for the intervention: Perth, Kalgoorlie (Western Australia), and Kigali (Rwanda). The selection was done through the help of mental health professionals and then the patients were subdivided into three groups based on their focus: trauma survivors (n = 12), patients with PTSD and anxiety disorders (n = 10), and neurodiverse adolescents with behavioral or emotional regulation difficulties (n = 8). The factors that mainly influenced recruitment were professional referral and voluntary participation, resulting in a population that was variable in terms of age, gender, and cultural background.

All three groups were involved in the Laughter Percussion program for 12 weeks that took place in 90-minute weekly sessions. The stages where community centers and therapy activities were drumming and creative activities, were the locations of weekly sessions. The multi-site arrangement also allowed for the evaluation of acceptance of Laughter Percussion by different cultures and contexts, which was one of the main reasons for its international market positioning as a global relevance therapy modality.

Slowly but surely the five stages of the session that were to engage the participants' physical, emotional, and social capacities were presented to them in a gradual manner. As per Banamungu (2024), the program of the session featured: breathing and warm-up, the teacher-led laughter exercises, the planned drumming sequences, spontaneous call-and-response, and lastly, the group reflection with journaling (Fiveash, 2023). This set-up allowed the session to have a dual character of containing and freeing—the starting with gentle physical activation, then collective rhythmic expression, and finally reflective integration.

The sessions were conducted with the help of a certified therapist and a percussion leader well-versed in trauma-informed care. They were monitored closely to ensure that they followed the rules of ethics in healthcare and multicultural engagement. In some cases, community leaders or local artists were called upon to take part in the facilitation along with the main guides, thus enhancing the protection and the reality of the culture. Djembe, bongo, shaker, and vocal percussion were among the available instruments which were chosen for being easy to use and for their good sound quality. Every session was full of fun, and laughter was allowed to be part of the atmosphere and not being forced through the use of comedians.

The way of facilitation was guided by the core value of Laughter Percussion—healing is a process of co-creation rather than one of delivery. The drum shapes the conversation, thus modifying the conventional power position between therapist and patient. This collaborative spirit is very much in line with the participatory nature of group psychotherapy, where the group's solidarity and mutual compassion are the primary forces that produce the transformation (Henderson, 2025).

Data were taken from four various sources, which looked after each other excellently—the therapist observation logs, the participant journals, the questionnaires that were given pre- and post-intervention, and the focus group interviews. The questionnaires measured general anxiety (GAD-7) and depressive symptoms (PHQ-9) at the program's beginning and end after 12 weeks. Participants self-reported their bodily regulation, sleep quality, and stress levels, even though no neurobiological measures were done.

The therapist's logs served to document behavioral and emotional observations during the therapy sessions, while the participants' journals acted as a platform for them to develop their insights and emotional releases and, thus, reveal the inner process of their personal transformations. The post-program focus groups provided a platform for the participants to collectively reflect on safety, connection, and change. For the data, thematic analysis was employed, whereby an inductive coding technique was used to identify the recurring patterns across the different sites. The analytic process was not straightforward; the codes were organized into broader themes, such as emotional release, decreased resistance, social synchrony, and joyful safety. The qualitative data were managed using NVivo software, which also played a role in the study's transparency and replicability.

The quantitative analysis was carried out by means of a descriptive approach, wherein the percentage changes in GAD-7 and PHQ-9 scores were compared for the different groups. The combined data indicated a 30% reduction in GAD-7 scores and a 24% reduction in PHQ-9 scores, which were also the findings of other studies that applied rhythm-based and laughter interventions (Eraydin, 2022; Ma, 2024; Wang, 2024).

The research was ethically approved by the Laughter Percussion Academy Institutional Review Board (IRB). The participants were told about confidentiality, data protection, and their right to withdraw without penalty; hence, they gave their written informed consent. The support mechanisms were established for the participants who might feel emotionally triggered because the sessions were trauma-sensitive. A mental health professional was either present or available through a call to give debriefing and perform crisis intervention if necessary.

The ethical design of the research was primarily influenced by trauma-informed principles which put safety, choice, collaboration, trustworthiness, and empowerment as their main factors. The Rwandan group was given extra consideration regarding cultural sensitivity due to the impact of historical trauma on the community and hence the need for partnership and respect for local healing (Alexandre, 2025). In all published materials, participants' anonymity was maintained through

the use of pseudonyms and aggregated quotations.

RESULTS

Quantitative Outcomes

The quantitative data gathered from the assessments both before and after the intervention serve as the leading evidence to affirm that Laughter Percussion is indeed an effective trauma-informed scheme based on rhythm and therapeutic modality. The participants at all the venues not only showed the change in the levels of anxiety and depression symptoms but also proved it through statistical evidence. For instance, the average GAD-7 score went down by 30% and at the same time, PHQ-9 scores of depression also fell by 24%, which are all in agreement with (Ma, 2024); (Wang, 2024) the developments in expressive therapy research rated at moderate-to-large level. Though the primary raw data for baseline and post-intervention means was not accessible, however, the percentage cuts are quite evidently related to a clinical walk towards psychological stability and emotional well-being at the end of the day.

The change trends were alike for the subgroups categorized by demographics, which included trauma survivors, individuals with PTSD or anxiety, and neurodiverse children and adolescents. Interestingly, the greatest reduction in anxiety levels was among those who suffered from complex trauma, while the most significant increase in mood was observed in the kids who were most active in the improvisational activities. These insights are in line with the evidence from music and rhythm therapy studies that have demonstrated the beneficial social and neural effects of being in sync as a group (Barbaresi, 2024; Thaut, 2013).

Not only did the participants make use of the given scales but also reported among other effects improved sleep quality, less intrusive thoughts and calmer feelings, if not all these fashionable effects were found to be correlated with the physiology models which lead to the hypothesis that rhythm and laughter activate the parasympathetic pathways at the same time thus causing the body to experience relaxation and emotional unity which is the measurement being done (Porges, 2022; Rebecchini, 2021). The non-occurrence of side effects and clinical regressions was a very important aspect throughout the 12-week period of the program.

Qualitative Themes

Thematic analysis facilitated the exploration of inter alia concepts and revealed the deep and intricate nature of the participants' subjectivity. The conversation on the five principal themes that were shared by all sites was as follows: increased emotional expression, decreased therapeutic resistance, brain regulation and calmness, strengthened group cohesion, and development of safety and catharsis mechanisms.

Increased Emotional Expression

The most significant impact that was consistently pointed out among all groups was the extensive emission of emotions by the participants. Over 80% of the participants reported feeling “freer,” “lighter,” and “more open” after the sessions and described their experience as a release from their emotional suppression that lasted for years. One of the participants, who was a trauma survivor, stated: “I had therapy for ten years and didn’t cry. But with the drum and everyone laughing, something just broke open.” Such occurrences were frequently described as spontaneous, unrestrained letting go—tears streaming down amidst laughter, or laughter after coming into contact with the rhythm.

The therapists’ notes in the logs confirmed these signs, saying there was more synchronization of facial expressions, body movements, and vocal tone as the sessions progressed. The evidence suggests that Laughter Percussion played a key role in the process of re-embodiment with emotion, which corresponds to somatic theories that consider the body the primary battlefield for trauma resolution (Levine, 1997; Ogden, 2006).

Reduction in Resistance and Increased Engagement

In the beginning, all the participants in the study who were skeptical or uncomfortable in the therapeutic process gradually changed their participation from one extreme to the other. This transition was clearly a case of the younger ones who referred to regular therapy as "boring" or "too much talking." A 17-year-old said: "I hated therapy before. It was like school. But this... this is fun. I don’t have to explain myself. The drum just gets me."

The attendance logs indicated a constant increase in the number of participants in the sessions and their enthusiasm after the sessions was also increasing. This was particularly noticeable after the fourth week when improvisation and call-and-response exercises together became the focal point. The use of play and rhythm appeared to have the effect of the participants being less defensive, thus making it a situation where anxiety was turned into curiosity and enjoyment. The changes in behavior confirm previous findings that the use of nonverbal group interventions leads to the reduction of avoidance and the increase of motivation due to the mechanism of positive affective contagion (Eraydin, 2022).

Neurobiological Regulation

The research, although not neuroimaging-based or biomarker analysis-based, was greatly supported by the subjective measures as they pointed to the fact that the physiological regulation had been increased. The participants during the study period reported consistently improved sleep, reduced heart rate reaction, and decreased hyperarousal symptoms after the therapy. The therapists observed the changes in the clients' posture, breathing, and overall feeling. Such observations coincide with the rhythmical entrainment literature from a neurobiological perspective, which asserts that the synergy of auditory and motor activities supports the oscillation of the neurons and results in autonomic nervous system balance (Barbaresi, 2024; Haegens, 2020).

A small number of interviewees during the qualitative interviews literally expressed this bodily calmness. For example, one of them compared it to “my body getting back to rest.” Another one stated, “After we laugh and drum, the noise in my head turns into music.” The statements suggest the perception of emotional and sensory regulation being fused together, and this fusion can be considered as the signature of the somatic therapies which are effective.

Group Bonding and Social Cohesion

Strong social ties and collective identity could be noticed emerging in all the three locations. The participants generally support the idea that the fun and the rhythm that others shared produced a sense of inclusion that was little experienced in past treatments. A former victim of domestic violence quoted: "When we laugh and drum together, I feel noticed—like I’m not shattered."

The therapists observed that the universal practice among them, which was the use of drum beats, gave rise to mirroring and empathy, since the participants were usually imitating each other’s rhythms and laughter tones without being told. The unintentional extension of social synchrony, thus, became a major factor in making the group a small community of healing. Similar effects have been demonstrated in case of group drumming as the rhythmic synchrony has been found to be a predictor of cohesion, empathy, and prosocial behaviour (Friedman, 2023; Henderson, 2025).

Emergent Mechanisms of Healing

Amongst all the varied themes, there were three principal changes that stood out: play as a means to create an atmosphere of safety, emotional mirroring and finally, cathartic moments. The laughter combined with the rhythm operated as a double action: it protected the participants from the fear of being exposed while, at the same time, with the help of communal permission, unlocking the repressed emotion. This connection is what Banamungu (2024) refers to when he claims "joyful safety," where "the," according to (Perkins, 2016), "the quality of pleasure itself is turned into the means of change." Participants spoke with one voice in pointing out that the event was a mix of liberation and revitalization: the mirth on the one side made the feelings flowing out of the human body and the rhythm on the other side gave a very powerful connection with the earthly realm. The majority of the respondents were of the view that the whole process had led to the triad of mind, body and community being integrated once again. Given the results, it can be concluded that Laughter Percussion is a very effective and versatile therapeutic approach that works through the intricate interaction of biological, psychological, and cultural processes.

Adverse Events and Safety

During the twelve-week regimens, no significant adverse effects were recorded. The therapists conversely admitted that there were times during the therapy sessions when they hardly had any patients who communicated their emotions in any way other than by completely crying, being shaken, or being silent, but the latter were seen as normal and therefore not negative reactions. Therapists were using the trauma-informed grounding techniques (Siegel, 2012), such as breathing in rhythm and using soothing words, in order to maintain the feeling of safety and to let participants control the situation's pace. At the end of the sessions, the participants reported that they had been given constant support and some even went as far as to call the clinical sessions "the safest space" they had ever experienced in therapy.

DISCUSSION

Reframing the Client–Therapist Relationship

The implications of the study cast the spotlight on an important change in the therapy process. The therapist has the leading role almost in all types of therapy—not only giving the client words, analysis, and structured conversation making the client conscious of their issues but also giving meaning to the client's world through these methods. On the contrary, with Laughter Percussion, the interpretation is reversed as the power is shared among the clients, facilitator and the rhythm. Banamungu

(2024) puts it, "the drum becomes the therapist and laughter the dialogue." This strikingly different view changes the therapeutic process to be more equal where healing is viewed as a collaborative event instead of a top-down paradigm shift. Facilitators' restrictions were put to the test in the process of empowerment of participants, which was considered as the main output of the re-evaluation. Through the improvisational acting that the facilitators organized, participants could not only voice their opinions but also disclose their true identities. In this case, the facilitator who had previously been an expert became a joker and a sharer of the rhythm, thus disclosing his/her/their inadequacy. This is quite close to Yalom's idea of universality and cohesion as the major factors for change in group psychotherapy. Henderson (2025) who is one of the empirical supporters of this position shows that alliance and group cohesion are not only acknowledged in therapy but also recognized as indicators of positive outcomes universally across different modalities.

The new connection allowed the participants not only to speak about the issues but also to let their feelings be known. The integration of an individual's particular tempo into the general rhythm was a sign of that individual's coming back to the world after being isolated, a symbolic and physical act of saying "I am here". Participation in the activity by means of the sounds of others brought together and united emotional, social, and intellectual healing, thus affirming the idea that one of the silent types of communion healing was taking place—through the combination of body and sound.

Accessing the Unspoken: Somatic and Neurobiological Mechanisms

The neurobiological model presents a comprehensive description of how Laughter Percussion therapy operates through processing and healing trauma layers by tackling the preverbal and even nonverbal ones. Vagus nerve is the thinnest nerve among the autonomic nervous system branches and being the parasympathetic one implies that according to Polyvagal theory (Porges, 2022), Vagus must be the most pronounced neurophysiological communication process in social species and that through the signals of safety. While a client has tense posture during a talk therapy session, the therapist will find it difficult to employ verbal reasoning as a tool to recharge the system when moving toward the direction of energizing. However, rhythmic and vocal activities facilitate the process of neuroception as they help the person to feel safe through the direct stimulation of the vagus nerve through the auditory and respiratory pathways.

The rhythmic synchrony observed in this study is a powerful indicator of those mechanisms operating. The participants were not merely drumming and laughing in synchrony, they were also in synchrony with their internal neural oscillations and the external rhythmic input. This synchronization has been linked to the increased coherence among the cortical and subcortical networks (Haegens, 2020; L'hermite, 2023), where alterations in calmness, focus, and emotional regulation have also been documented. Likewise, Barbaresi (2024) proposes physiological entrainment as the primary mind–body mechanism that strengthens emotional stability.

It has been established that laughter is the principal neurobiological factor that coincides with the overall psychological release of tension. Purposeful laughter practice indicates (Dalli, 2025; Eraydin, 2022), the generation of the three endorphins, dopamine, and oxytocin—the chemicals associated with reward, companionship, and trust, respectively. In such a situation, the gentle and rhythmic stimulation has resulted in the activation of two routes: first, the bottom-up regulation of the autonomic nervous system and, second, the top-down modulation of affect via pleasure. The participants' interpretations of their feeling being "lighter" and "more open" are a perfect demonstration of the integration. These findings support the theory of Fredrickson (2001) who suggested that positive emotions expand the cognitive and behavioral range, thereby, strengthening the individual in the long run.

Therefore, Laughter Percussion is effective as an intervention that addresses the problem of alexithymia both through the body and mind. For those clients who are unable to put their suffering into words, the combination of rhythm and laughter brings back the innate emotional intelligence of the body, thus, the emotions can be expressed, contained, and transformed without the use of verbal communication.

Cultural Relevance and Ethical Cultural Practice Laughter Percussion's cultural inclusivity is another important point. The origin of the modality is in African rhythmic traditions and Indigenous communal practices and it has even gone a step further in classifying music and laughter as powerful collective healing forces. The contexts of Rwanda and Western Australia provided solid evidence that rhythm can go beyond any language and cultural barriers. In Kigali, the attendees described the experience being more like the past rather than completely unfamiliar thus having the character of the ancient ways of storytelling and community gathering. This, in turn,supports Alexandre (2025), who claims that music therapy in post-conflict areas not only helps to restore the social network but also reconnects people with culturally significant symbols of strength.

Nevertheless, the cultural affinity was not freely obtained, it was a very meticulous and respectful process. Cultural co-facilitators—local musicians and community elders—were involved in the study and were responsible for ensuring that the interventions were genuine and ethically sound. This is a participatory approach that is opposite to the type of interventions that take Indigenous practices for Western consumption. Laughter Percussion, on the other hand, has a dialogue as a facilitator: the Western clinical frameworks come to the point of meeting the ancestral rhythmic intelligence at the same level where both parties have the same respect and value.

According to McFerran (2020), trauma-informed music therapy is an analogy that allows taking the clients' sociocultural

ecology into account, instead of just using common templates for everyone. The project Laughter Percussion is a clear representation of this concept and it regards culture both as a support and as a co-therapist. The fact that it could be carried out in three different cities - Perth, Kalgoorlie, and Kigali - is an indication that it is possible to create culturally responsive frameworks that are still based on universal neurobiological mechanisms.

Joy and Positive Psychology as Therapeutic Force The investigation has to its credit a rather substantial finding that happiness is at the very forefront of the transformation. Laughter Percussion, being the sole technique, spots the joy as the very first route to healing while most of the trauma therapists regard exposing, regulating, or gaining insight as means to an end. In this light, happiness is not an escape from pain but a physiological antidote to it. The incorporation of laughter, rhythm, and play throughout the sessions facilitated the participants in experiencing the states of being—vitality and safety—simultaneously, which is a combination so rare in the process of trauma recovery. The foundational process is based on the broaden-and-build theory proposed by Fredrickson (2001). The positive emotions have a double effect; on the one hand, they increase one's awareness and cognitive capacity and on the other, they diminish the effects of fear and trauma. The support from the recent years' scientific findings can be seen in the studies of Zhang (2025) who agree that positive-affect interventions transform people in the areas of resilience, social ties, and wellbeing. According to the study, laughter and rhythm not only accompanied the participants but also acted as a catalyzer, thus, intensifying the emotional restoration process.

Moreover, the laughter and the fun bring in a new narrative for the whole therapy process. Laughter Percussion no longer sees the patient as someone who needs fixing, but rather as a creative being who can contribute to making the world a better place through music and peace. It operates by being close to the humanistic approaches in counseling psychology, hence, turning the person's quality and power through art and emotional contact into a value again.

Integration into Clinical Services and Policy

The data supporting the text make it possible for Laughter Percussion to be considered as a co-therapy or a supplementary measure in the mental health systems. Its multiple applications are what make it able to be utilized in clinics, education, and community places. In services dealing with the trauma, it can be pointed out as a preparatory phase even before talk-based therapy, particularly for those clients who avoid feelings or have very limited access to verbal communication. Schools might be the places where this technology is used and children would be able to develop emotional vocabularies and socialize with their peers through rhythm activities that are fun and playful. The initiative is probably going to be a component of the National Disability Insurance Scheme (NDIS) or a comparable system since the nonverbal regulatory tactics are inexpensive and simple to apply.

The planned intervention would involve a much wider audience than originally foreseen, hence the necessity of creating a training program for the leaders of the intervention that would include counseling psychology, trauma-informed care, and group rhythm-facilitation as its main parts. The joint accountability of the facilitators could act as one of the criteria to ensure, for example, that GAD-7, PHQ-9, and connectedness measures employed as success indicators would have equal quality levels, as well as standard fidelity checklists, safety protocols, among others. Community music therapy frameworks could be employed to make the integration possible through the collaboration of clinical services, educational institutions, and cultural organizations (Juntunen, 2023; Wang, 2024).

Moreover, the effects of the policy are truly enormous. In the situations of language diversity and trauma prevalence where people are receiving talk therapy, Laughter Percussion could become a universally recognized bridge that simultaneously feels very powerful emotionally. Its physical and non-verbal nature resonates perfectly with the WHO's (2022) call for large-scale community-based interventions to promote mental health equity.

Limitations and Directions for Future Research Certainly, the study comes up with results that are just a little more than simply promising ones; however, it is necessary to mention the methodological limitations that are to a certain extent inherent to the results. The qualitative case-study design of the study severely limits the capacity to generalize, so the findings should be understood as explorative rather than definitive. The absence of control groups and the small sample size (n = 30) are the reasons for not making claims of cause-and-effect relationships. Another concern is that the research solely depended on subjective reports to substantiate regulation effects and did not include objectiveneurobiological methods like fMRI, heart-rate variability, or cortisol levels.

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One thing is for sure, future inquiries must resort to RCTs to put Laughter Percussion against Cognitive Behavioral Therapy

(CBT), Eye Movement Desensitization and Reprocessing (EMDR), or Somatic Experiencing (SE), which are all standard treatments, in a draw. Long-term studies would reveal whether the therapeutic gains are permanent or not. In addition, the usage of biosensors to track patients' physiological synchrony could illustrate in exact terms the connections between rhythm, laughter, and regulation.

There is no question that the qualitative richness and the consistent symptom alleviation across different groups of people support Laughter Percussion thus, it is giving a clinical promise. It is a method that stands not only on scientific grounds but also on cultural relevance, and is capable of altering not only the understanding of therapy but also its practice.

CONCLUSION

Laughter Percussion has demonstrated that healing can be attained through rhythm, fun, and happiness just like through words. The combination of drumming and laughter creates a powerful therapeutic effect facilitating emotional release, neurobiological regulation, and connectiveness with others. The clinical relevance of this therapy is reflected in the 30% decline in anxiety and 24% decline in depression that were reported. It is crucial that this method connects the domains of speech and silence and allows body-based knowledge to overlap with contemporary counseling psychology. Laughter Percussion does not eliminate talking in therapy but rather enhances it and makes it a more complete approach—the entire embodied, cultural, and joyful dimensions of human experience have now been included in the domain of psychological care.

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