The Effects of Humor Therapy on Older Adults

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Introduction

Smiling, laughing, and humor is something that individuals come across everyday. People watch humorous videos, listen to comedians, and read the comics in the newspaper. However, is humor only beneficial in causing us to laugh, or can it be used for more? Can humor be used in a more structured form and reap more complex benefits than producing a smile or laugh? Researchers and therapists have been studying humor therapy, a form of therapy that “uses the power of smiles and laughter to aid healing” (Humor, 2013). Many researchers have investigated the effects of humor therapy on older adults. Can humor therapy produce positive effects when used with the geriatric population?

Review of Literature

Although, humor therapy is a fairly new intervention, researchers have completed studies on it that have promising results. An article by Berk (2001) discussed multiple studies and research that have been done on the benefits and risk factors that come with humor therapy. He conducted in depth research of all of the current findings on humor therapy and combined them together to show the many benefits that have been found by multiple professionals. He mentions that this research needs to be shared with the older population because they could gain great benefits from it. After comparing all of his research, he comprised a list of 15 psychophysiological benefits of humor therapy. Some of these benefits include that humor reduces anxiety, tension, stress, depression, and loneliness. It says that humor is also found to increase self-esteem, hope, energy, empowerment, and control. Many of the research he found showed humor therapy to produce positive results for multiple mental factors.

Another study that showed humor therapy to improve psychological factors was by Konradt, Hirsch, Jonitz, and Junglas (2013). The study was used to measure the effects that
humor had on elderly patients, specifically with depression. The experiment used an experimental group that received humor therapy and a control group that did not receive any treatment. The participants had to be diagnosed with major depression according to the ICD-10 or score above a 5 on the Geriatric Depression Scale, which is “a self-report measure of depression in older adults” according to the American Psychological Association (Geriatric, 2014). The primary outcome variables for the study were depression symptoms and suicide risk. The secondary outcome variables that were measured were life satisfaction, cheerfulness, seriousness, bad mood, and resilience. Results showed that both groups showed a decrease in depression symptoms, bad mood, and suicidal tendencies, and an increase in cheerfulness. The humor group also showed significant changes in seriousness, life satisfaction, and physical health, unlike the control group. This study helps show that humor therapy can be used to help in times of depression in order to decrease negative feelings and increase positive ones.

Depression, hardships, and trials of life require individuals to practice healthy coping skills. If humor therapy can help decrease signs of depression, can it also be a good coping mechanism to use during a life crisis, such as a death or financial crisis? Marziali, Hirsch, Jonitz, and Junglas (2008) conducted a study to investigate the role that coping humor plays in social/personal life and their overall health status. Coping humor is a way for individuals to use humor in a way to support their social, emotional, and physical state. For the experiment, 73 older adults that live in a community setting completed a questionnaire that measured their coping humor, spirituality, self-efficacy, social support, and physical/mental status. The authors of the study found that there was a significant correlation between coping humor, self-efficacy, and social support, which suggests that using humor as a coping mechanism can help an individual manage their health status during difficult times.
As mentioned in the study by Berk (2001), humor therapy also has many physical benefits. Researchers Tse, Lo, Cheng, Chan, Chan, and Chung (2010) conducted research on humor therapy and chronic pain at local residential care homes for older adults in Hong Kong. The study measured the effects that humor therapy had on older adults with chronic pain, or pain that lasts for 3 months or longer. The study specifically examined the participants’ level of pain, happiness, life satisfaction, and loneliness before and after the 8 week intervention. One nursing home was offered a humor therapy program to the 36 participants while 34 participants at another nursing home were not offered a humor therapy program. The results of the nursing homes were then compared to see if humor therapy had a positive or negative effect on the criteria being measured. The study found that the participants treated with humor therapy showed decreased levels of chronic pain and loneliness, along with increased levels of happiness and life satisfaction. This showed that humor therapy can not only be used as a coping mechanism for depression and crisis, but it can also help clients cope with pain.

A large portion of the geriatric population either has some form of memory loss, or is worried about developing it. Is it possible for humor therapy to have a positive effect on this population? In 2007, Walter, Hänni, Haug, Amrhein, Krebs-Roubicek, Müller-Spahn, and Savaskan (2007), conducted a study comparing the effects of humor therapy and pharmological treatment on one group of older adults with Alzheimer’s and another group with depression. There were 20 adults in each group. Ten adults in each group received humor therapy and standard treatment, while the other 10 only received standard treatment. The study found that the humor therapy group with depression and the standard treatment group improved in quality of life, mood, depression symptoms, and completing activities of daily living. The experimental group of participants with depression that received humor therapy and standard treatment had the
highest increase in quality of life. However, the group of individuals with Alzheimer’s did not have a significant increase in quality of life in neither the humor therapy group nor the standard treatment. The intervention was only conducted once every 2 weeks for 60 minutes, over a period of 15 weeks. The study suggested that in order to receive better results, the interventions need to be conducted more frequently.

The “SMILE” (Sydney Multisite Intervention of LaughterBosses and ElderClowns) program is the largest program that studies humor therapy. Goodenough, Low, Casey, Chenoweth, Fleming, Spitzer, and Brodaty (2012), outlined the protocols for this large study. SMILE trains facility staff to be LaughterBosses and have ElderClowns, or professional performers, provide humor to participants of the studies. There were 398 residents of continuing community care that participated in either the humor therapy or no treatment group. The group receiving therapy would complete at least 9 sessions that were 2 hours long, over a 12 week period, which has a higher frequency than the previous study in 2007. They then measured factors such as depression, life satisfaction, and anxiety. Can an increase in the frequency of the humor therapy prove to have a greater effect on participants with dementia?

That question was answered in one of the studies conducted by SMILE. In 2011, the SMILE organization conducted a study comparing the effects of humor therapy and pharmological treatment on adults with dementia. This particular study measured the level of agitation of each participant, such as wandering, questioning, physical and verbal aggression, screaming, and repetition. Referring to the protocols set by SMILE that were discussed in the previous paragraph, the participants in this study received 9 humor therapy sessions for 2 hours each over a span of 12 weeks. After studying 36 residential care facilities in Australia, the study found that agitation was decreased by 20%. This is close to the effectiveness of pharmological
treatment for agitation. Each participant received humor therapy for 12 weeks and a follow up evaluation was given at 26 weeks, which also showed agitation levels to be lower (Laughter, 2011). When comparing the study done in 2007 with this study, the increased frequency of humor therapy seemed to prove to have a larger impact on the participants.

Considerations

Although it can be seen that humor therapy can produce many benefits, such as in older adults with depression, agitation, chronic pain, and Alzheimer’s, it is necessary to look at the few risk factors associated with the therapy. In the review done by Berk (2001) he mentions some health considerations to make. The reaction to experiencing humor could possibly result in attacks such as seizures, cataplectic attacks, and narcoleptic attacks. Even though clients will normally be sitting during therapy, laughter can be a physical activity because of the strength needed by an individual’s lungs and abdominal muscles. Humor therapy should be used with caution with client’s that recently had abdominal or pelvic surgery, or have had orthopedic or respiratory distress. Laughter can also increase a client’s blood pressure, which could lead to a heart attack or stroke. Although these risks can be serious, it is very rare that they will become an issue. Many of these risks can be avoided by finding out as much information as possible about the client before starting treatment. Be sure to look over the client’s health charts to indicate if they have had any recent surgeries. It is also important to see if they have high blood pressure or are at risk of having a heart attack or stroke. The client’s medications can also put them at risk. Look at the side effects of their medications to see if they can cause seizures, abdominal pain, or high blood pressure.

Although there are a few rare risk factors, humor therapy used consistently can reap many benefits. As mentioned in the study completed in 2007, the frequency of humor therapy
treatment plays a big role in the significance of effects it has (Walter, 2007). The study completed in 2011 that had an increased frequency proved this to be true. This study implemented 9 humor therapy sessions that lasted for 2 hours, over a period of 12 weeks. The group that participated in the humor therapy resulted in a decrease in agitation by 20% (Laughter, 2011). For other studies and humor therapy interventions, a suggestion is to increase this frequency. Experiment with having humor therapy twice a week for an hour, over a period of 12 weeks. It is essentially the same amount of humor therapy, but the increased frequency may have an even larger positive impact.

There are many different treatment groups within the geriatric population that humor therapy has been shown to benefit, such as older adults with chronic pain, depression, and Alzheimer’s. There are important considerations to keep in mind when implementing this intervention with these different subgroups. When using humor therapy with older patients that have chronic pain, the therapist must keep in mind what the intervention is specifically being used for. With patients that have chronic pain, the main goal is to decrease the pain and provide a distraction from it. The release of endorphins during laughter is what has been proven to help decrease pain (Berk, 2001). Therefore, the therapy needs to invoke laughter in the patient to gain this benefit. The therapist should find out what makes the patient laugh the most in hopes to produce the most laughter. It is also important to remember that the therapy needs to give the patients a distraction from their current pain. Therefore, the therapist needs to ensure that the humor being used will not cause the client to remember their pain, such as showing a video that draws humor from the pain of others. This content should only be shown if the therapist finds that the client is amused and finds their pain easier to deal with by making light of someone
else’s pain. This, again, goes back to the importance of understanding the client and what brings them laughter.

Another subgroup of older adults that have shown to benefit greatly from humor therapy is older adults with depression. The main goal of humor therapy for older adults with depression would also be to distract them from their negative feelings and encourage positive feelings (Konradt, 2013). Again, it is important for the therapist to remember that everyone reacts to humor differently. The therapist needs to investigate what the client finds humorous. It is also important for them to provide humor that will facilitate positive emotions instead of negative ones. The humor should not trigger them to think about their depression, unless finding a way to laugh about their negative emotions provides them with a better outlook on their situation.

Research shows that older adults with Alzheimer’s can also benefit from humor therapy. As mentioned, the group of older adults with Alzheimer’s in the study by Walter in 2007 did not have an increase in quality of life. They predicted that the lack of increase may have been caused by there being too much of a time gap between treatments. Depending on the level of memory loss, clients may have difficulty receiving the benefits because they forget what caused them to laugh or have the positive emotions. However, these clients can still gain the benefits of humor therapy if the treatment produces laughter and they release endorphins. They may not be able to recall what made them laugh, but they will still feel the positive effects of the laughter. When working with these clients, therapist should keep the frequency high. It is, again, important to research what makes the client laugh by experimenting with different methods and asking family and their other therapists for suggestions. It is also important to keep funny stories or jokes short and to the point. Don’t require them to remember a lot of information in order to understand the punch line. Methods that provide instant humor, such as clowns, funny pictures, and short video
clips, will facilitate laughter that doesn’t require them to remember too much information and possibly remind them of their memory loss.

Conclusion

Although more research is needed to discover best practices with humor therapy, it can be seen that humor therapy is an effective treatment for older adults. The research shows many benefits of humor therapy and considerations to take during implementation. Humor therapy can be a very beneficial treatment to use with older adults suffering from depression, chronic pain, agitation, anxiety, and difficult life crises. It can also improve client’s life satisfaction, self-esteem, hope, and overall quality of life. The most important thing to remember when implementing humor therapy with older adults is to research what makes each individual client laugh. Every client is unique and will find different scenarios, jokes, and situations funny. It is the therapist’s job to discover what the client finds humorous in order to facilitate the most laughter.
References


