



Feature Article

The effect of humor on elder mental and physical health

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ABSTRACT

A convenience sample of community-dwelling older people attending senior centers was asked to participate in a quasi-experimental study to examine the impact of a humor therapy workshop on physical and mental health. Participants were assessed at baseline and at six months for physical (general health and health quality of life) and mental (general well-being, anxiety, depression and psychological distress) health. The sample consisted of 92 subjects, 42 in the control group and 50 in the workshop. Compared to controls, subjects in the workshop had significantly lower follow-up levels of anxiety and depression and improved general well-being. No differences were observed for general health, health quality of life, or psychological distress. This humor therapy workshop was associated with a positive effect upon mental health. It is recommended that attendance at humor workshops be encouraged and that further investigations into the efficacy of such programs on mental and physical health be investigated.

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Introduction

Promoting health and well-being among older people is a growing challenge. The search for effective interventions has led to the therapeutic use of humor as a possible method to promote improved mental and physical health.¹ Humor is generally defined as a positive global mental state, unique to each individual, spanning aspects of cognition, emotion, behavior, and communication. The humor workshop in this study can be seen as a type of humor therapy defined by Goodenough and colleagues² as an intervention that stimulates the discovery, expression or appreciation of the absurdity or incongruity of life's episodes in order to facilitate physical, mental, emotional, social or spiritual healing and coping, thus leading to improved mental and physical health.

Background

Humor and physical and mental health

Several mechanisms have been postulated to explain the association between humor and mental and physical health.³ Evidence supports numerous positive physiological effects on several bodily systems including musculoskeletal, respiratory, cardiovascular, endocrine, immune and nervous systems.^{4–7} A second mechanism

is the effect of positive emotions such as humor on mental health.³ Laughter therapy was found to significantly decrease levels of depression among a sample of community dwelling elderly⁸ while positive humor was shown to decrease negative and increase positive emotions.⁹ Thirdly, humor may serve as a coping mechanism that decreases stress, and thusly improves health. Coping humor was found to be significantly associated with social support, self-efficacy, depression and anxiety among a sample of Canadian community dwelling older adults.¹⁰ Humor has also been strongly associated with favorable adjustment among recently bereaved spouses.¹¹ Community dwelling elderly Swedish women reported that the use of humor helped them endure pain.¹² Others¹³ found statistically significant relationships between health status and humor coping and life satisfaction among elderly living in assisted living facilities.

Humor interventions

Five interventional studies were found that investigated the positive effects of humor interventions or laughter therapy on older people (Table 1). While humor therapy is seen as the incorporation of humor into daily life, laughter therapy is defined as a more active process where humor is created.² The first study examined the effect of one month of once weekly laughter therapy among a sample of community dwelling South Korean older adults.⁸ The four 1 h sessions consisted of viewing a video about laughter therapy; practicing laughter meditation sessions; laughing aloud while

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Table 1
Humor interventions.

Source	Sample	Design	Type of intervention	Length of intervention	Outcome measures	Significant differences between groups ^a
Ko and Youn (2011)	N = 109 (48 experimental group + 61 controls) Community dwelling Korean older adults	Randomized control trial	<ul style="list-style-type: none"> - Laughter video - Laughter meditation - Laugh out loud sessions - Dancing and singing - Kegel exercises - Discussions on the effect of positive thinking 	<ul style="list-style-type: none"> - 1 h - Once per week - 4 weeks 	<ul style="list-style-type: none"> - Geriatric Depression Scale - SF-36 (health quality of life) - Insomnia Severity Index - Pittsburgh Sleep Quality Index 	<ul style="list-style-type: none"> - Significant difference in depression, insomnia, and sleep - No significant difference in health quality of life
Kondrat, Hirsch, Jonitz and Junglas (2012)	N = 99 (49 experimental group+ 50 controls) Hospitalized older adults with major depression	Quasi-experimental, pre-test, post-test controlled design	<ul style="list-style-type: none"> - Educational session on effects of laughing - Sharing of personal anecdotes and jokes - Sharing of happiness thoughts - Giving of compliments - Discussion of humor when under stress - Use of playful props 	<ul style="list-style-type: none"> - Twice per week - 8 sessions 	<ul style="list-style-type: none"> - Geriatric Depression Scale - Beck Depression Inventory - Short form Health Survey - State-Trait Cheerfulness Inventory - Satisfaction with Life Scale - Resilience Scale 	<ul style="list-style-type: none"> - Both groups showed significant improvement in depression, state cheerfulness, state bad mood over time - Only the humor group had changes of state seriousness and life satisfaction
Lebowitz, Suh, Diaz, and Emery (2009)	N = 22 (11 in experimental group + 11 controls) Older adults with COPD (mean age 66.9)	Randomized control trail	Humorous video	1–30 min video	<ul style="list-style-type: none"> - Pulmonary function (FRC, FEV1, FVC, RV) - Positive and Negative Affectivity Scales - Dyspnea Numeric Rating Scale 	<ul style="list-style-type: none"> - Increased FRC, RV in experimental group compared to controls - No effect on FEV1 - Significant difference in affectivity state in experimental group compared to controls - Significant increase in life satisfaction scores
Mathieu (2008)	N = 17 (sample served as own controls) Community dwelling older adults, USA	Pre-test, post-test design	<ul style="list-style-type: none"> - Presentation about factors contributing to happiness and life satisfaction - Sharing of personal funny anecdotes and jokes - Use of playful props - Lecture on importance of exercise, nutrition, recreation and attitude to living a happy life - Humorous videos - Dance 	<ul style="list-style-type: none"> - Once per week - 10 weeks 	<ul style="list-style-type: none"> - Life Satisfaction Scale 	<ul style="list-style-type: none"> - Significant increase in life satisfaction scores
Tse, Lo, Cheng, Chan, Chan and Chung, (2010)	N = 70 (36 experimental group + 34 controls) 'cognitively intact' Korean Nursing Home Residents	Quasi-experimental, pre-test, post-test controlled design	<ul style="list-style-type: none"> - Collection of humorous materials - Sharing jokes and stories - Lectures on humor research - Laughing exercises and games - Lecture on how to prioritize humor in one's life 	<ul style="list-style-type: none"> - One hour - Weekly - 8 weeks 	<ul style="list-style-type: none"> - Cantonese Verbal Pain Rating Scale - Subjective Happiness Scale - UCLA Loneliness Scale - Revised Life Satisfaction Index-A Scale 	<ul style="list-style-type: none"> - Significant improvement in pain scores and all psychological measures for the experimental group - No significant differences in all measures for the control group

^a Significant difference between the experimental and control group ($p < .05$).

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