



Full Length Article

Humor doesn't retire: Improvisation as a health-promoting intervention for older adults



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ARTICLE INFO

Keywords:

Older adults
Comedy
Improvisation
Isolation
Self-development

ABSTRACT

As our population ages and aging in place continues to remain a priority of older adults, identifying novel ways to promote the wellbeing of older adults and reduce isolation is of the utmost importance. The Second City is a Chicago-based comedy improvisation organization that provides training in improvisation. One of their training courses, *Humor Doesn't Retire*, specifically teaches adults 55 and over, on improvisation. This study sought to explore the experiences of older adults enrolled in *Humor Doesn't Retire*, and to characterize any benefits that older adult participants perceived following participation in the comedy improvisation course. Qualitative analysis was used to identify and describe common themes that emerged in a survey of open-ended questions regarding benefits of the improvisation course on outlook and mood as well as behavior changes. Results for perceived benefits showed main themes of increased positivity, an increased sense of comfort and ease with the unexpected, a sense of self-development and self-awareness, and a feeling of acceptance by their social group. Participants reported that these changes fed into their behaviors, and resulted in enhanced problem solving abilities, greater facility in social situations, and the tangible outcome of an expanded and closer-knit social circle. As the first study in our knowledge to examine the effect of improvisation comedy on healthy older adults, this exploratory analysis has suggested that improvisation comedy may be a mechanism by which to combat several geriatric syndromes, including depression, stress, and isolation – all of which are detrimental to older adults.

1. Background

Older adults often see an increase in social isolation and loneliness due to fewer opportunities to socialize with the loss of peers and social roles, as well as physical limitations that may hamper social contact (Pinquart & Sorensen, 2001). Social support has also been identified by older adults themselves as an essential facet of successful aging (Reichstadt, Depp, Palinkas, & Jeste, 2007). Social isolation and loneliness have been found to increase all-cause mortality in older adults and contribute to poor overall cognition (Stephoe, Shankar, Demakakos, & Wardle, 2013; Cacioppo & Hawkey, 2009).

Various interventions have been studied to reduce social isolation and promote engagement in creative or learning-based activities, with some of the most successful being group activities with educational input (Dickens, Richards, Greaves, & Campbell, 2011; Cattani, White, Bond, & Learmouth, 2005). Similarly, it has been found that the participatory arts, such as theater, music, dance, etc., reduce loneliness and

build community for older adults, and has been specifically studied in dementia patients to enhance communication, cognition, confidence, self-esteem, and social participation (Bernard & Rickett, 2017; Hafford-Letchfield, 2013; Zeilig et al., 2014). Additionally, prior research suggests that activities that promote a sense of control or mastery of a circumstance may precipitate positive health outcomes in older adults (Rodin, 1986). In fact, work introducing a cohort of older adults randomly assigned to a culture and community group showed an association with decreased falls relative to control (Cohen et al., 2006).

One approach to promoting health within the older adult population that has recently emerged is humor therapy. Elder clowns and group-led humor therapy have been shown to decrease chronic pain and provide psychosocial benefits, including improved mental function, decreased depression, and general increased well-being in older adults residing in assisted living and advanced care settings (Berk, 2001; Ganz & Jacobs, 2014; Ko & Youn, 2011; Tse et al., 2010; Walter et al., 2007). However, most studies have only explored passive humor, in which

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<https://doi.org/10.1016/j.archger.2017.10.013>

Received 5 September 2017; Received in revised form 11 October 2017; Accepted 13 October 2017

Available online 28 October 2017

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participants are the recipients of humor, for example, being told jokes or reading funny anecdotes. Less thoroughly investigated has been active humor, such as performing stand-up comedy or improvisation, which allows participants to be directly involved in the generation of humor.

Improvisation comedy is a promising area of study within active humor. Improvisation engages cognitive functions, promotes narrative development, and relies on consensus-building within a group (Magerko et al., 2009). It has been shown to improve mindfulness and provide unconditional positive regard to its participants (Bermant, 2013). Improvisation has been investigated as adjuvant treatments for social anxiety and Parkinson's disease, and pilot studies suggest that it can be used as a therapeutic tool to improve the quality of life in patients with dementia or Alzheimer's disease (Phillips Sheesley, Pfeffer, & Barish, 2016; Bega et al., 2017; Stevens, 2012). However, as of yet, there has been no research on the utility of improvisation for promoting wellness in the general older adult population.

The Second City in Chicago hosts improvisation classes in a *Humor Doesn't Retire* program aimed specifically at adults 55 years and older. The program offers six different levels, starting from beginner classes for those with no experience to an advanced ensemble which hosts an end-of-class performance (The Second City, 2017). This study sought to explore the experiences of older adults who participated in these classes and whether they believe it affected their outlook or behaviors. Moreover, this study sought to function in a hypothesis-generating capacity: to investigate whether improvisation comedy could combat psychosocial geriatric syndromes in a cohort of healthy, independently dwelling older adults.

2. Methods

2.1. Participants

Study surveys were mailed out to participants of the advanced *Humor Doesn't Retire* (HDR) classes to solicit their participation. Participants had approximately one month to complete and return the survey in the mail; all surveys received by the deadline were included in the analysis. In order to receive a survey, participants had to speak English, be at least 55 years old, and have participated in the advanced HDR course.

2.2. Data collection

Participants gave their consent to participate in this study by completing and mailing back the survey which was considered exempt by the Northwestern University Institutional Review Board. All surveys were anonymous and coders were blinded. A brief socio-demographic questionnaire was also included with the survey. Participants mailed back the survey in a self-addressed stamped envelope provided with the survey and did not receive compensation for their participation.

2.3. Data analysis

Surveys were transcribed and verified for accuracy by co-authors (LM, LX). Any personal identifiers were removed and the transcripts were then analyzed. Transcripts were analyzed by three authors (two graduate students (LM, LX), and a geriatrician (LL)) using content and constant comparative techniques (Nasreddine et al., 2005), through which the coders independently assessed participant responses for focal themes before convening to compare and compile their findings to create a preliminary list of categories and major themes. The coders met multiple times to discuss and refine the identified themes and triangulate their perspectives. Identified discrepancies were resolved through discussion; there were no cases in which the coders were unable to reach consensus. The coders then organized the content into an overarching categorical system. It is common to use multiple coders in

Table 1
Subject characteristics (N = 10).

Characteristic	Value% (n)
Female Sex	90% (9)
Age (Yrs; Mean and Range)	70.8 yrs (57–81 yrs)
Overall Health	
Fair/Good	40% (4)
Very good/Excellent	60% (6)
Marital Status	
Single, never married	20% (2)
Married	40% (4)
Widowed	30% (3)
Prefer not to say	10% (1)
Education	
Post-graduate (5+ years)	100% (10)
Living Situation	
House/apartment/condo with partner/spouse	90% (9)
alone	44.4% (4)
Prefer not to say	55.6% (5)
alone	10% (1)

the development of such categorical systems to control for the subjective bias each coder brings to the analytic process (Lincoln & Guba, 1985). From these overarching categories, the coders reached agreement on themes that were particularly relevant. Descriptive statistics were used to analyze the participant surveys.

3. Results

Ten adults with ages ranging from 57 to 81 (with a mean age of 71.6 years, sd 8.2) completed a study survey (Table 1). The majority reported their health as very good/excellent (60%). All participants had some amount of post-graduate education and reported living in a home, either alone (44.4%) or with a spouse (55.6%).

3.1. Why seniors take HDR

When asked “Why did you take or why are you currently taking the *Humor Doesn't Retire* classes?” older adults identified three central reasons for participating in comedy improvisation.

3.1.1. Interest in improv

Some participants expressed that they had always wanted to be involved in comedy improvisation, and this course was an opportunity to do so. As one individual stated, “I have always wanted to take classes at *Second City*, and this program sounded great.”

3.1.2. Self development

A common theme across older adults in this cohort was the desire to pursue a comedy improvisation course in order to promote self-development. Several participants sought out the opportunity to improve their communication and social skills: as one individual stated, “I was interested in the skills and philosophy (creativity, listening, collaboration, focus/presence, co-creating, humor/fun, etc) and the positive benefits and growth. [...] Also, I realized that it was a wonderful set of skills applicable to life, teaming, relationships, etc.” Another participant reflected that she joined in order “To practice skills like listening, being in the moment, overcoming performance and social anxiety”.

3.1.3. Fun

A central purpose of the course for several respondents was simply to add an enjoyable activity to their daily lives. One participant stated that in addition to seeking self-development, she joined to “laugh and have a fun time to play. Laughing matters in life.”

Two questions in the survey were used to probe changes in outlook,

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