# Effectiveness of Laughter Therapy Versus Reminiscence Therapy on Perception Related to Quality of Life, Among Senior Citizens Living in Old Age Homes in Coimbatore, Tamilnadu"

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**ABSTRACT** *Ageing is universal, inevitable, irreversible impartment of physical and mental functions become increasingly manifested by comparison in the previous period of life. This study aims to assess the effectiveness of laughter therapy versus reminiscence therapy on quality of life. WHOQOL BREF SCALE was used to measure the quality of life before and after the therapy. The results showed that laughter therapy was more effective in improving quality of life when compared with reminiscence therapy among senior citizens who are residing at old age home..*

## INTRODUCTION:

Old age also called senescence, in human beings, the final stage of the normal life span. Definitions of old age are not consistent from the standpoints of biology, demography, employment and recruitment, and sociology. For statistical and public administrative purposes, however, old age is frequently defined as 60 or 65 years of age or older.

There has been a progressive increase in both the number and proportion of the aged in India overtime, particularly after 1951. between 1901 and 1951, the proportion of population over age 60 increased marginally from 5 percent to 5.4 percent, while by 2001 this had increased to 7.0 percent when changes in the decadal growth rate in the general population are compared with those for the elderly population, it is noted that the latter grew at a relatively much faster rate than the general population, since 1951. Furthermore, the decadal percent increase in the elderly population for the period 2001-2011 is likely to be more than double the rate of increase of the general population. The size of the elderly rose in absolute terms during the last century from 12 million in 1901 to approximately 71 million in 2001 and is likely to reach 113 in 2016. yet another feature of ageing in India is the fact that the proportion of elderly is much higher in the rural areas than in the urban areas.

### Review of literature;

YOUN CH.conducted a study to investigate the effects of laughter therapy on depression, cognitive function, quality of life, and sleep of the elderly in a community. The total study sample consisted of 109 subjects aged over 65 divided into two groups; 48 subjects in the laughter therapy group and 61 subjects in the control group. The subjects in the laughter therapy group underwent laughter therapy four times over 1 month. They compared Geriatric Depression Scale (GDS), Mini-Mental State Examination (MMSE), Short-Form Health Survey-36 (SF-36), Insomnia Severity Index (ISI) and Pittsburgh Sleep Quality Index (PSQI) between the two groups before and after laughter therapy. This study shows Laughter therapy is considered to be useful, cost-effective and easily-accessible intervention that has positive effects on depression, insomnia, and sleep quality in the elderly.

Shahidi M, conducted a study to compare the effectiveness of Kataria's Laughter Yoga and group exercise therapy in decreasing depression and increasing life satisfaction in older adult women of a cultural community of Tehran, Iran. Seventy depressed old women who were members of a cultural community of Tehran were chosen by Geriatric depression scale (score > 10). After completion of Life Satisfaction Scale pre-test and demographic questionnaire, subjects were randomized into three groups of laughter therapy, exercise therapy, and control. Subsequently, depression post-test and life satisfaction post-test were done for all three groups. The data were analyzed using analysis of covariance and Bonferroni's correction. Results show that increase in life satisfaction of Laughter Yoga group showed a significant difference in comparison with control group ($p < 0.001$). No significant difference was found between exercise therapy and either control or Laughter Yoga group.

## AIMS & OBJECTIVES:

• To find out the effectiveness of laughter therapy on quality of life among senior citizen in group - I.

• To find out the effectiveness of reminiscence therapy on quality of life among senior citizen in group - II.

• To compare quality of life among senior citizen in laughter therapy and reminiscence therapy in groups.

• To relate the effectiveness of quality of life with selected variable among senior citizens in laughter therapy group.

• To relate the effectiveness on quality of life among senior citizens in reminiscence therapy group.

## Methodology:

### Study settings:

The study was conducted in two different old age homes at Coimbatore, Tamil Nadu

### Sample Size:

**Senior** citizens residing in two different old age homes at Coimbatore, Tamil Nadu were selected for each therapy with 100

samples.

**Sampling Technique:**
Simple random sampling

**Research Design**
The design adopted for this study was Factorial design with time series.

**Research tool:**
Structured interview schedule was used. The data collection tool consisted of the following.

**Section A: Demographic variables:** This includes information regarding the study participant's personal, physical, physiological and socio-economical components.

**Section B: interview schedule on quality of life:** WHOQOL BREF SCALE was adopted for this study to measure the quality of life of senior citizen which includes four domains namely, physical health, psychological health, social relationship and environmental quality of life.

**Scoring:**
WHOQOL BREF scale: The four domain scores are scaled in a positive direction. The mean score of items within each domain is used to calculate the domain score. The mean scores are then multiplied by four in order to make domain scores comparable with the scores used in WHOQOL -100. The first transformation converts the score to range between 4 -20. Comparable with WHOQOL -100. The second transformation method converts domain scores to 0 -100 scale.

**Data collection procedure:**
Consent was obtained from the samples. Purpose and procedure of Laughter therapy and Reminiscence therapy were explained. Pretest was done with the interview schedule for quality of life among senior citizen of both old age homes. Demonstrated the laughter therapy in one old age home Podanur, Coimbatore. Reminiscence therapy intervention was carried out to the samples with the group discussion by using artifacts in the other old age home at Ramanathapuram, in Coimbatore. Laughter therapy and Reminiscence therapy were given for weekly 3 sessions for 4 weeks. Post test was conducted with the same interview schedule which was done after 4 weeks. Statistical analysis was done by SPSS 19.0 software

**Reliability:**
The reliability of the tool was established by interrater method for quality of life of senior citizen. 15 numbers of samples were used to analyze the reliability of the tool and it was found that, the reliability of quality of life scale was 0.8.

**Data analysis:**
The baseline Performa of the senior citizens was analyzed in terms of frequency and percentage. In laughter therapy majority (50%) senior citizens were in the age group of 68-70 years, living with their spouse (61%) they are females (61%), staying in old age home less than five years (66%) and (32%) getting economic support from their children where as in the reminiscence therapy majority (34%) senior citizens were in the age group of 65-67 years, living with their spouse (60%) they are females (50%), staying in old age home less than five years (71%) and (51%) getting economic support from their old age pension.

**TableNo.1: Distribution of mean and SD of pre test post test-I, II scores regarding quality of life on effectiveness of laughter therapy n=100**

| QUALITY OF LIFE | Pre test | | Post test -1 | | Post test -II | |
|---|---|---|---|---|---|---|
| | Mean | SD | Mean | SD | Mean | SD |
| Domain-I (Physical health ) | 39.42 | 11.31 | 55.41 | 9.29 | 67.42 | 11.15 |
| Domain-II (Psychological health) | 37.84 | 12.74 | 57.31 | 10.97 | 72.02 | 13.29 |
| Domain-III (Social relationship) | 34.43 | 14.91 | 62.12 | 14.68 | 85.09 | 14.32 |
| Domain-IV (Environmental ) | 34.92 | 12.49 | 62.45 | 12.04 | 82.9 | 17.3 |

**TableNo.2: Distribution of mean and SD of pre test post test-I, II scores regarding quality of life on effectiveness of Reminiscence therapy n=100**

| QUALITY OF LIFE | Pre test | | Post test -1 | | Post test -II | |
|---|---|---|---|---|---|---|
| | Mean | SD | Mean | SD | Mean | SD |
| Domain-I (Physical health ) | 32.72 | 11.14 | 48.87 | 9.63 | 60.7 | 10.43 |
| Domain-II (Psychological health) | 33.57 | 14.15 | 50.44 | 9.53 | 64.85 | 11.8 |
| Domain-III (Social relationship) | 23.62 | 15.78 | 48.26 | 13.30 | 69.07 | 16.04 |
| Domain-IV (Environmental ) | 26.12 | 12.28 | 50.74 | 11.59 | 71.28 | 13.61 |

Table 1 and 2 revealed that quality of life was steadily increased in all four domains after giving both laughter therapy and reminiscence therapy

**TableNo.3: unpaired t-test of 2nd post test and 2nd post test scores regarding quality of life on effectiveness of laughter therapy and Reminiscence therapy among senior citizens living in old age homes in Coimbatore, Tamilnadu**

n=200

| Quality of life | Laughter therapy in 2nd post test | | Reminiscence therapy in 2nd post test | | Mean difference | 't'-value |
|---|---|---|---|---|---|---|
| | Mean | SD | Mean | SD | | |
| Domain-I (Physical health ) | 67.43 | 11.13 | 60.70 | 10.43 | 6.73 | 4.15 |
| Domain-II (Psychological health) | 72.02 | 13.29 | 64.85 | 11.8 | 7.17 | 4.03 |
| Domain-III (Social relationship) | 85.09 | 14.32 | 69.07 | 16.04 | 16.02 | 20.26 |
| Domain-IV (Environmental ) | 82.90 | 17.25 | 71.28 | 13.61 | 11.62 | 5.29 |

Table 3 revealed that laughter therapy was more effective in improving quality of life when compared with reminiscence therapy   among senior citizens.

### Discussion:

The present study revealed that 50 % of senior citizens were living with poor quality of life and this study proved that laughter therapy was more effective in improving quality of life when compared with reminiscence therapy among senior citizens who are residing at old age home and more effectiveness seen in improving their social relationship ( t' value 20.26). They said that they never thought about laughing every day, but now they realize they can. Like even when they don't feel happy, they can still laugh and feel better."

### Conclusion:

In general this study proves that senior citizens those who are residing in old age homes  need this type of therapies in order to improve their quality of life.

### Recommendations

• This study can be done in different setting like beggars home, destitute homes.

• Different therapies can be adopted in order to improve their quality of life.

• These therapies can be done to assess the effectiveness not only on quality of life but also for quality of sleep

**REFERENCE**   JOURNAL: | 1.  Bhuvaneshwari. Aug 09. Laughter Therapy– The Priceless Medicine, Nightingale times: 5 (5) 21 – 23. | 2. Chitra, Nov 2008, Nursing Interventions in Laughter therapy. Nightingale Times volume 4 (8) 28 – 30. | 3. Chiang k.J. Apr 2010, the effects of Reminiscence Therapy in Psychological well being depression and loneliness among Institutionalized aged. International Journal of Geriatric Psychiatry.: 25 (4) 380 – 88 | 4. Foley D.J, Brown S.L, 1995 Sleep Complaints among elderly person an epidemiologic study of three communities. American Journal of family Physician 18: 425 – 32. | 5. Dhillon. 2006. Religious older adult have a higher quality of life than their non religion peers. University of New Hamsphshrine. | 6. Youn CH 2010 Department of Family Medicine, Kyungpook National University Hospital, Daegu, Korea. | WEB SITE: | 7. Mahvash.shahidi@gmail.com |