



ORIGINAL RESEARCH PAPER

Clinical Psychology

HUMOR AND LAUGHTER IN THE ELDERLY: A NARRATIVE REVIEW

KEY WORDS: Gerontology, gelatology, hospice humor, psychopathology, late-onset depression, dementia.

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ABSTRACT

Humor and laughter are universal occurrence-across different age levels irrespective of language, religion, ethnicity, or culture. The characteristics, context, types, functions, or themes of humor may vary. Their comprehension or appreciation can be different. Several immense benefits of a few laughs every day are recorded especially for the elderly. There is no single overarching theory to explain humor across all age groups. However, a few of them carry implications for explaining their humor. This review attempts to outline the observations or tenets of humor in seniors before surmising the need for more empirical data-backed evidence-based research in the future in this less opted area of study.

INTRODUCTION

Gerontology is a science to study aging, age, and the challenges experienced as seniors grow older. As a multidisciplinary field, it includes medical and biological sciences, social sciences, and even finance and economics. Cultural values and attitudes shape people's experience of aging. Since the 1950s, the global population of individuals aged 65 and above is increasing by a range of 5-7 percent with impacts on their dependency ratio. Unlike in the West, the aged in Asia are still cared for and protected by their families. Filial piety, as deference and respect for one's parents and ancestors, is still a guiding virtue.

A distinction is sometimes made between primary biological aging at molecular and cellular levels and secondary aging owing to lack of physical exercise and poor diet. Scenario in India, as of 2019, over 139 million people in the country were aged over 60 which is ten percent of the total population. This figure is expected to double by 2050 when one in every five Indians is likely to be a senior citizen (Gangopadhyay, 2021; Panruti, Liebigh & Duvvuru, 2015).

Pre-industrial societies following *gerontocracy* vested power with the oldest members in a family or society who were generally obeyed, revered, and considered fountains of wisdom or experience. In recent times, the aged are increasingly being seen as a burden and liability. Neglect, abuse, domestic violence, and maltreatment of seniors is a growing problem. *Hospice* or health care for the aged terminally ill people is no longer an option, but a necessity. Hospice doctors, nurses, and therapists receive special training in geriatric care of the dying.

Their focus is not to get them cured but to help such elderly pass out of this life in comfort. Such services can be institution-based or home-based. The term *senescence* is also being used to refer to the aging process. As individuals grow old, they experience many physical, and psychosocial role changes that challenge their sense of self, and quality of life. Isolation, depression, loneliness, and sociability are major concerns. Some seniors also suffer from anxiety, sleep, cognitive, and behavior disturbances following surgical interventions. They need to maintain ego integrity or a sense of wholeness while avoiding despair that they have little time to begin a new life course (Shankardass & Rajan, 2018).

HUMOR OF, BY & AGAINST THE ELDERLY

Gelatology as the science of humor and laughter from a physiological and psychological perspective presents a challenge in the context of the elderly. Humor may be directed at or by those aging. Two, humor may be created by older people themselves. Three, consideration is needed on how humor plays a role in the lives of older people (Nahemow, McCluskey-Fawcett & McGhee, 2013; Wick & Zanni, 2008).

(a) Humor Against Elderly

Humor against the aged can cover negative ageist stereotypes like physical looks, wrinkles, balding or gray hairs. The repulsiveness of particularly the elderly female body, sexual dysfunction, and sexual jokes is common (Nimrod & Berdychevsky, 2018). Other themes typically target age and longevity, old times or fashions, age concealment, retirement, death, and mental ability. Palmore's (2005) survey of over three decades of research on ageism included sections on attitudes as reflected through contemporary jokes. A majority of the content portrayed the seniors as "sick, senile, unhappy, impotent, isolated, lonely, useless, and poor" (p. 101). Some positive stereotypes and pro-aged misconceptions exaggerated qualities like serenity and wisdom. Humor often reveals attitudes that people would not acknowledge consciously. Many fears and anxieties about aging within a group or culture get expressed as a joke. There were twice as many jokes with negative content about elderly women as men. An old unmarried woman is pitied and joked with more than an equally aged bachelor.

The common stereotypes of elderly persons found by content analysis of adult narrative jokes, based on a psychoanalytic and cognitive theory, covering themes like the impotent male, disinterested or unattractive female, vain/virile male, the innocence of second childhood, insatiable female, the forgetful old person, and the infirm old person (Bowd, 2003). Another content analysis of cartoons from various magazines revealed a negative view of elders, especially compared to other age groups (Barrick, Hutchinson & Deckers, 1990; Smith, 1979).

(b) Humor by Elderly

Jokes by the aged themselves cover themes like sex, death, drinking, personal, physical, and mental decline. Older adults are less likely to enjoy the aggressive style of humor-laughing at the expense of others. They prefer affiliation humor-the jokes that bring people together. There is a generation gap in humor owing to a variety of experiences, or physical and emotional setbacks of aging. The authentic humor in the healthy adult elderly articulate trust, hope, and faith wherein the elders maintain a sense of meaning and wholeness despite the sufferings, changes, or losses of old age without yielding to despair (McFadden, 1991).

(c) Humor in the lives of the Elderly

Humor is a daily occurrence and universal experience for people of all ages. They emanate when there is ambiguity, exaggeration, over or understatement, hostility, incongruity or irony, sudden insight, superiority, surprise or shock, tension and relief, a trick or twist, wordplay, sudden imagery, or sudden insight. Humor helps amuse, teach, relax, heal, establish superiority, gain status or control, argue, persuade, bond or make connections, promote social change, or save

face. The subjects covered by humor in the elderly may involve sex, scat, politics, occupations, ethnic groups, minorities, religions, and belief systems. An early 19th-century descriptive study based on interviews on how older adults view humor analyzed results across six categories: connectivity, relaxation, restoration, freedom, joy, and perspective. Their preferred sources of humor were comical everyday-life experiences and antics of little children and pets. Humor comprehension varied by age, level of health, place of residence, and functional ability, but not gender. The findings provided direction for the development of tools to assess humor, and valid and effective strategies to use humor therapeutically with the older adult (Herth, 1993). A review of thirty years of research evidence on how humor and laughter produce psycho-physiological benefits for older adults outlined specific risks and strategies (Berk, 2001).

Laughter is a physical activity. It burns calories, strengthens abdominal muscles, and boosts the immune system. Laughter has social benefits in building and maintaining relationships. Many older adult day services and programs incorporate humor to improve physical and psychological health of seniors. Humor is used as an aid in gerontological education to uncover, deal or cope with biases, fears, and prejudices in such areas as retirement, physical decline, mental impairments, sexuality, death-dying, and family relations (Wanzer, Sparks & Frymier, 2009; Celso, Ebener & Burkhead, 2003; Safford, 1991). A few laughs for the elderly help curb isolation and loneliness (Modisett, 2020), improving their longevity and quality of life (Giapraki et al. 2020). Humor buffers their sense of well-being, self-esteem, and life satisfaction against their loss of mobility, independence, social groups, personal possessions, privacy, physical space, and control. Humor releases endorphins in the brain that quickly reduce stress and pain (Yim, 2016; Agarwal, 2014). Laughter helps lower blood pressure, fights depression, boosts the immune system, and promotes fitness. If only the benefits of humor can be packed in pill form and sold in pharmacies, public demand might become tremendous. As a form of environmental stimulation, humor is shown to foster positive feelings, generate pleasure points, defuse anger or frustration, reduce anxiety, increase morale, and mitigate pain, stress, and mood disturbances (McGuire, Boyd & James, 1992). Separate joke books are available for the elderly (Lazar & Sperling, 2012; Phillips, 2007; Price, 2014; Tibballs, 2009). Aging and stress impair the ability to learn and sustain memory. Humor and laughter are shown to reduce stress and release cortisol, a stress hormone, that can damage hippocampus neurons, leading to impairment of learning and memory. Randomized controlled trials have shown that watching a humorous video by an experimental group compared to no activity in matched control group improved learning ability and recall by short-term memory in the older population and thereby their quality of life (Bains et al. 2014).

HUMOR APPRECIATION & COMPREHENSION

Research suggests that the elderly enjoy humor more than younger people, although the amount of laughter exhibited by them is smaller and they have increasing difficulty in understanding jokes-especially those with aggressive content (Greengross, 2013; Daniluk & Borkowska, 2017; Kruse & Prazak, 2006). Unlike the young or middle-aged, the smiles to gaffe clips of older adults are fewer (Stanley, Lohani, & Isaacowitz, 2014). Older adults equally discriminate between appropriate and inappropriate social behavior. What makes the seniors laugh is frequently asked. Content analysis of the responses by seniors to this question has shown themes in two major categories: (a) people or animals and (b) situations or events. Children form the largest category of people and telling jokes represented situations or events (García, 2006; Kruse & Prazak, 2006; Gibson, 2004). Studies have shown how humor appreciation increases and comprehension decreases with age thereby supporting the conceptual perceptual theory of humor for the elderly (Schaier & Cicirelli, 1976).

Mak & Carpenter (2007) sought to understand the factors of verbal and nonverbal humor comprehension in old age. They found that, in contrast to young adults, the elders had difficulty with humor comprehension due to age-related cognitive decline, and poor cognitive flexibility, abstract reasoning, and short-term memory (Mak & Carpenter, 2007).

Studies on humor processing in the elderly have asked subjects to rate what is humorous, funny, or incongruous in a joke or select a correct punch line from a series of statements. A decline in certain cognitive abilities, especially frontal lobe deficits, is attributed to the elders. The Theory of Mind is invoked to explain this decline. Deficits in cognitive processes like working memory, cognitive flexibility, verbal abstraction, and visual scanning contribute to their poor humor comprehension while affective appreciation and emotional reactivity are intact. Patients with frontal lobe degeneration in aging were more vulnerable to poor comprehension of humor (Shammi & Stuss, 2003). Further, seniors who attended a comedy improvisation course reported behavioral benefits such as an increased sense of comfort or ease in a joking situation that even helped mitigate their stress and depression (Morse et al. 2018). The results of a descriptive study on elderly married women that the use of self-worthwhile rather than the aggressive self-inferiority style of humor and social support play an important role in their sex satisfaction (Khodabakhshi-Koolae & Mirafzal, 2017).

HUMOR & PSYCHOPATHOLOGY

Therapeutic humor in psycho-pathological conditions of elders like depression and suicide is shown to be positively life-affirming in increasing social interaction and cohesion (Richman, 1995; Thorson & Powell, 1994). Humor has helped several chronic conditions in the aged, such as Alzheimer's or Parkinson's Disease, cancer, stress, and for reducing worries. Empirical studies to enhance of humor production in elderly has used a four-stage program by including breathing exercises, relaxation, visualization of guided imagery, or by incorporating elements of absurdity, incongruity, exaggeration along with debriefing to secure positive results (Prerost, 1993).

(i) Depression

Apart from anti-depressants, treatment of geriatric depression using laughter as a stand-alone or along with music therapy is gaining ground (Osimade, 2020). Marziali, McDonald, & Donahue (2008) found coping humor is significantly associated with improved social support, self-efficacy, depression, anxiety, or, mental health status. Between patients with late-life depression and Alzheimer's disease, the impact of 2-week humor therapy of 60-minute duration in addition to standard pharmacotherapy showed the highest quality of life scores after treatments (Walter et al. 2007). Laughter Yoga founded by M. Kataria was attempted in older adult women in Teheran, Iran, to observe an increase in life satisfaction and a decrease in depression scores as a group exercise program (Shahidi et al. 2011). The results of a quasi-experimental study to evaluate the effectiveness of laughter therapy on the happiness and life satisfaction scores in the elderly showed encouraging results (Deshpande & Verma, 2013). Another pre-experimental study among elderly residing at selected old age homes found significant changes in quality of life following laughter therapy (Kaur, Bajwa & Kaur, 2019). A two-group pretest post-test design used to determine the effectiveness of laughter therapy at select old age homes in Mangalore, India, found a statistically significant reduction in depression scores following intervention (George & Jacob, 2014).

(ii) Late-onset Mania

Humor in patients with late-onset mania (often called manic, pseudobulbar affect, paradoxical or pathological laughter), bubbles up unprompted, out of context, disproportionate,

unmanageable, and lasts for unpredictable periods. They occur in tandem with an elevated mood and are typically harmless but create awkward social interactions (Singh et al 2019).

(iii) Dementia

Changes in the sense of humor, such as laughing at events (like a badly parked car or a barking dog) that others did not find funny, have been even linked as diagnostic of certain forms of dementia. A sense of humor is relevant for social functioning in dementia. Studies have shown that these patients have an altered sense of humor with less preference for satirical and absurdist comedy than persons in matched healthy controls (Clark et al. 2016). Changes in laughter as an informative probe and diagnostic indication of neurodegenerative disease in the elderly including frontotemporal dementia have been investigated (Sivasathiaseelan et al. 2021). Audio-video recordings of semi-naturalistic conversations during interactions between familial caregivers and patients with dementia found that they laughed less as compared to healthy control companions (Pressman et al. 2017).

A behavioral observation and annotation system for humor interaction with the elderly with dementia (ANHIDE) was developed and validated on residents of dementia care units (Baumgartner & Renner, 2019). In a questionnaire-based study on people with dementia, it was found that the use of adaptive forms of affiliative (to amuse others) and self-enhancing humor (to lift one's spirits) humor is correlated with a greater level of purpose in their lives (Mak & Sörensen, 2018). The healing power of humor to combat dementia is a frequent topic of discussion. The use of stand-up comedy, clowns, and improvisation programs as therapy for active rather than passive recipients of humor exercises in people with dementia found benefits and improvements in their learning, memory, sociability, communication, and self-esteem (Stevens, 2012). The therapeutic value of laughter and humor as a non-pharmacological form of treatment in complementary and alternative medicine is shown to be beneficial (Takeda et al. 2010; Buckwalter et al. 1995).

HUMOR IN CARING FOR AGED

Humor is a vital ingredient when caring for the aged. It eases tension and boosts positive moods for the caregiver and the cared person. A funny exchange, when it is not mean or disrespectful, helps old people cope with difficult emotions. One does not mean or is expected to laugh at people we love or care for. Life need not be doom and gloom for the elderly (Townsend, 1994). The support of close caregivers, especially spouses, through shared laughter is shown to lower systolic blood pressure and reduce distress in the partner (Monin et al. 2021). The use of smiles, one-liners, and jokes as humor and well-being in family or spouse caregivers of patients with Alzheimer's disease helped mitigating unavoidable conflicts during elder care (Liptak et al. 2014; Heinmann, 2009; Bethea, Travis & Pecchioni, 2000; Buffum & Brod, 1998).

The staff members working in a nursing home in Tehran received humor training for seven sessions of ninety minutes before they were allocated for a randomized clinical trial for care giving on two groups of 30 elderly people matched for demographic variables, scores on depression, anxiety, and stress. The results showed a significant decrease in the measured variables thereby proving the efficacy of such programs (Charagzlu, Safavi, & Fesharaki, 2020). Another phenomenological study on the nursing home carers' experience of sexuality in elderly inmates showed how humor and jokes can be used as a therapeutic way to maintain rapport as well as an effective strategy to discourage certain types of behavior (Bauer, 1999). Going on accumulated observations and empirical evidence, it is recommended that no geriatric nurse should be without humor (Monahan, 2015; Hulse, 1994; Davidhizar & Schearer, 1992).

In an ongoing yet-to-be-published bibliographic compilation of research papers spanning from the early 1950s to date, there were 51 out of the 772 publications (6.61 %) covering topics or themes on humor and laughter in the elderly. The earliest dated empirical study on 32 subjects in three age groups (50-59, 60-69, and 70-79 years) found appreciation of humor is age-dependent based on their cognitive ability as with young children (Schaier & Cicirelli, 1976). In another study, it was noted that the amount of space devoted to elderly people (those above age 65 years) is as low as four percent. An analysis of more than 2000 cartoons that appeared in eight major magazines between 1970-1979 found that the elderly were portrayed negatively through stereotypes by targeting their slowness, conservatism, and sexual dysfunctions (Smith, 1979).

CONCLUSION

Much of the research on the humor in the elderly (or in the "twilight zone" as it was called) picked pace only after the 1990s by targeting themes like their humor comprehension, how to enhance their humor production for better mental health, caregivers use of humor as therapeutic aid for healthy controls as well as in conditions like late-onset depression and dementia. There continues remain an opportunity and invite for future research to cover the dearth of evidence-based, long-term, longitudinal, case-controlled, and experimental studies on humor in the seniors. There is also no single overarching theory to explain humor across all age groups-especially the elderly. Available classical, biological, instinctive, evolution-based, psychological, and spiritual theories on humor make anecdotal references to humor in elders. There is a dearth of empirical, experimental, and evidence-based examination on the subject. While humor continues to function adaptively with aging, there is still scope for more in-depth research required on themes like humor processing, negative aspects of humor, long-term effects of humor, measurement of old age humor, and gender vis-a-vis humor.

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