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Research Article

An Experimental Study To Evaluate The Effectiveness Of Humor Therapy In Reducing Depression And Improving Quality Of Life Among The Elderly

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Abstract

Background

Many studies also proved that using humor as therapy can help to maintain equilibrium in bio psycho socio cultural aspects of senior citizens. "Helping the individual to laugh purposeful, helps to have a happier life."Humour therapy can significantly impact on depression and quality of life among elderly by reducing depression.

Methodology

A quasi-experimental pre-test–post-test design with experimental and control groups was adopted. The study was conducted among 40 elderly people living in selected community areas and old age homes. The independent variable was the Humour therapy. The dependent variables were depression and quality of life. Ethical clearance was obtained from the Medi star hospital Ethics Committee (Approval No. P.NO/EC/04/2024). Validity and reliability of the tools were ensured. Descriptive and inferential statistics were used for data analysis.

Results

The study found that most participants initially showed moderate to severe depression. After humor therapy, the experimental group had a significant reduction in depression score from mean **19.0 ± 2.90** to **8.8 ± 2.93** ($p < 0.05$). and improved quality of life from mean **63.6.0 ± 3.06** to **109.7 ± 6.03** ($p < 0.05$)., while the control group showed no change. Post-intervention, participants reported better emotional stability, social interaction, and outlook on aging. Statistical analysis confirmed humor therapy's effectiveness ($p<0.05$).

Conclusion

Humour therapy is effective in reducing depression and improving quality of life among elderly peoples. Such interventions should be integrated into routine old age people life.

Keywords: Humo therapy, depression, elderly people, quality of life.

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Introduction

Aging brings physiological, psychological, and social changes that often make the elderly prone to depression. With increasing life expectancy, the global elderly population is rapidly growing, particularly in developing countries like India. Depression is a leading cause of disability among older adults, associated with loneliness, reduced quality of life, cognitive decline, and increased mortality. Studies show high rates of depression in community, outpatient, and nursing home settings. Humor and laughter are natural, safe, and effective therapies that improve mood, reduce stress, and promote relaxation. Encouraging purposeful laughter can help protect mental health, enhance well-being, and bring happiness in old age.

Objectives

- To determine the prevalence of depression among the elderly in selected old age homes and community settings.
- To evaluate the effectiveness of humor therapy in reducing depression among the elderly.
- To evaluate the effectiveness of humor therapy in improving quality of life among the elderly.
- To examine the association between selected demographic variables and the level of depression among the elderly in the experimental group before and after humor therapy.

Methodology

A quantitative research approach was adopted for the study, using a quasi-experimental pre-test–post-test design with experimental and control groups to assess the effectiveness of humour therapy. The study was conducted in selected community areas and old age homes. A total of 40 elderly participants were selected, with 20 in the experimental group and 20 in the control group. The inclusion criteria were: elderly individuals aged 60 years and above, diagnosed with depression, and willing to participate in humour therapy sessions. The research tool was validated by ten experts in mental health nursing, psychiatry, and therapy. A pilot study was conducted with 20 elderly participants to ensure clarity and feasibility, and Cronbach's alpha was calculated to establish internal consistency and reliability of the tool.40 Data were analysed using descriptive statistics (frequency, percentage, mean, standard deviation) to summarize demographic variables and outcome measures. Inferential statistics, including the Chi-square test and paired t-test, were employed to determine the effectiveness of the intervention and to identify associations between selected demographic variables and study outcomes.

Table 1-Frequency and percentage distribution of demographic variables in the control and experimental group (N=20)

Demographic variables	Experimental Group n=20		Control Group n=20	
	Frequency	Percentage	Frequency	Percentage
Age				
60-65 years	8	40%	12	60%
66-70 years	11	55%	8	40%
71-75 years	1	5%	0	0%
> 76 years	0	0%	0	0%
%Gender				
Male	12	60%	14	70%
Female	8	40%	6	30%
Educational status				
Illiterate	3	15%	5	25%
Primary education	5	25%	5	25%
Secondary education	12	60%	8	40%
Higher secondary		0%		0%
Graduate and above	2	10%	2	10%
Religion				
Hindu	16	80%	16	80%
Christian	3	15%	2	10%
Muslim	1	5%	2	10%
Others	0	0%	0	0%
Residence				
Community	10	50%	10	50%
old age Home	10	50%	10	50%
Duration of stay in old age home				
< 1year	4	20%	4	20%
2-3 year	6	30%	6	30%
4-5 year	0	0%		0%
> 6 year	0	0%		0%
Marital Status				

Married	7	35%	5	25%
Unmarried	1	5%	2	10%
widow/widow	12	60%	13	65%
Separated/Divorced	0	0%	0	0%
Status of spouse residing in this home				
Yes	4	20%	2	10%
No	16	80%	18	90%
Number of children				
No children	8	40%	5	25%
One	1	5%		10%
Two	4	20%	8	30%
More than two	7	35%	7	35%
Type of family				
Nuclear	14	70%	17	85%
Joint	6	30%	3	15%
Own Home				0%
Yes	6	30%	4	20%
No	14	70%	16	80%
Source of income				
Pensioners	5	25%	6	30%
Support from others	2	10%	3	15%
Savings	2	10%	2	10%
Properties		0%	0	%
Others (specify);		0		0%
Nil	11	55%	9	45%
Monthly income		0		
≤2000	2	10%	3	15%
2001 -6000	2	10%	2	10%
6001 -10,000		0%	0	0%
≥10,000	5	25%	6	30%
Nil	11	55%	9	45%

In experimental most elderly were aged 60–65 (40%) and 65–70 (55%), with 60% male and 40% female. Education levels: 15% illiterate, 25% primary, 60% secondary, 10% graduates. Majority were Hindu (80%), followed by Christians (15%) and Muslims (10%). Half lived in the community and half in old age homes; among them, 20% stayed <1 year, 30% >2 years. Marital status: 5% unmarried, 35% married, 60% divorced. Only 20% lived with spouse. Regarding children: 40% none, 5% one, 20% two, 35% more than two. 30% lived in joint families, 70% nuclear. 70% did not own a home, only 30% owned one. Financially, 55% had no income, 25% received pensions, 10% used savings, 10% depended on others. Income-wise: 55% none, 25% pension, 10% below ₹2000, 10% between ₹2000–6000. In **the control group,** Most elderly were aged 60–70 years, predominantly male (70%), and Hindu (80%). Education levels varied, with the largest group having secondary education (40%). Half lived in the community and half in old age homes, with many staying over two years (30%). A majority were divorced (65%), few lived with a spouse (10%), and 35% had more than two children. Most belonged to nuclear families (85%), lacked home ownership (80%), and had no income (45%) or relied on pensions (30%).

Table 2: Comparison of Pre-test and Post-test Depression Scores

Group	Test	Mean	Standard deviation	df	't' calculated value	't 'table value	`p` value#
Experimental	Pre-test	19	2.90	19			
Experimental	Post-test	9.2	2.93		4.33	2.09	0.05
Control	Pre-test	20	2.91	19			
Control	Post-test	19.3	3.06		2.95	2.09	0.05

Table 3: Comparison of Pre-test and Post-test Quality of life Score

Group	Test	Mean	Standard deviation	df	t calculated value	t table value	`p` value#
Experimental	Pre-test	63.6	3.06	19			
Experimental	Post-test	109.7	6.03		15.74	2.09	0.05
Control	Pre-test	56.1	5.17	19			
Control	Post-test	59.9	6.95		2.58	2.09	0.05

Association of Demographic Variables with depression

A significant association was found between depression levels and demographic variables such as age ($\chi^2 = 6.66$, $p < 0.05$), gender ($\chi^2 = 6.9$, $p < 0.05$), education level ($\chi^2 = 6.80$, $p < 0.05$), and marital status ($\chi^2 = 7.08$, $p < 0.05$). However, variables including religion, place of residence, duration of stay, spouse living in the old age home, number of children, type of family, source of income, and monthly income showed no significant association.

Discussion:

This quasi-experimental study found that humor therapy significantly reduced depression and improved quality of life among the elderly, especially those in old age homes. It promoted laughter, social interaction, and optimism, helping overcome loneliness, stress, and hopelessness. As a low-cost, non-pharmacological intervention, humor therapy proved to be a safe and enjoyable alternative to conventional treatments. The results align with previous studies (Takeda et al., 2010; Shahidi et al., 2011; Gelkopf, 2011), confirming its effectiveness in enhancing psychological well-being and social connectedness. Despite limitations of small sample size and short duration, the study supports integrating humor therapy into elderly care programs to promote healthy aging.

Conclusion

The findings of the study revealed that being in old age home and the feeling of loneliness were the causes of depression in the elderly people. Physical limitations and financial constraints added to their agony. Humor therapy is a nonpharmacological psychosocial intervention for the treatment of depression and improve quality of life.

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Ethical Considerations

Ethical clearance (P.NO/EC/04/2024) was obtained; informed consent was taken, and confidentiality was maintained.

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