

**Laughter Clubs Are A Big Hit With the Elder-ish  
(and I Am Getting to Be One)  
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“Older people need not undergo a prescribed disengagement from life. Love, friendship, a feeling of connectedness with others, and a sense of humor [and much laughter] remain critical to our sense of well-being. As time goes by, we should not forget the redemptive power of smiling, laughing, and hugging.” --Alvin F. Poussaint, M.D.

A recent article about geriatric patients in *American Family Physician* had this observation, “Current predictions suggest that the number of persons 65 years of age and older will more than double in the United States during the next 30 years. As a result, the number of elderly Americans could increase from 34 million in 1998 to approximately 69 million in 2030. This increase, combined with the disproportionate rate at which elderly patients use medical resources, will require that primary care physicians become increasingly knowledgeable about the needs of geriatric patients and increasingly efficient in the evaluation and management of concerns unique to these patients.”

Most of us are familiar with various adages and proverbs about the important role played by laughter and humor as we get older. Perhaps the practical application of laughter as it happens in Laughter Clubs will shed additional light on this phenomenon. In the past two years, the Laughter Club concept of laughter exercise has been introduced to many populations, but it has found its greatest favor so far with the elderly. Whether living independently or in long-term care, VPs (Dr. Dale Anderson’s acronym for Vintage Persons, the elderly) have a great affinity for the Laughter Club.

Caregivers need to be concerned with a number of mental health issues for this population: loneliness, depression, suicide, anxiety, Alzheimer’s disease, alcohol and other substance abuse, and schizophrenia in later life. Laughter Clubs may not cure these conditions, but the initial field reports strongly suggest that the method portends great benefits.

### **Laughter Clubs On Tour**

While traveling across the United States in 1999 as the first leg of the World Laughter Tour, Bombay physician Dr. Madan Kataria, Karyn Buxman, MS, RN, CPAE, and I presented lectures and demonstrations to many groups, among which were: eight-to-nine year-olds in an outdoor summer recreation program; pre-adolescents in a summer school program; late-teen girls in a court-ordered residential treatment program; business and professional people from all walks of life; residents of a retirement and assisted living community. But, our program’s initial appeal was strongest, and has remained strong, among the ‘seasoned citizens’. Why? What is going on? Here are some possible answers.

Today, the appeal of the program has broadened. Participants in our workshop who want to become Certified Laughter Leaders come from the ranks of teachers, nurses, activity therapists, recreation therapists, counselors (in homeless shelters and elsewhere), physicians, clowns, and even stand-up comics. It is the Activity and Recreation Therapists that made the strong inroads into long-term care: nursing homes, retirement communities, adult day care, and assisted living.

Astute AT/RT professionals, with their understanding of the therapeutic value of activities, were quick to grasp the potential of the Laughter Club merry medicine methods. They understand why activity can be beneficial to physical, mental, emotional, and spiritual health. Many of them work in long-term care communities. So, it is not surprising that we had a small deluge of requests for information and training for this laughter therapy applied to senior citizens. And the AT/RT professionals have taken the ball and run with it to the great joy and welfare of many VPs.

## **Demographics of the Elderly Population**

Here are important facts about our aging Americans, from the American Association for Geriatric Psychiatry:

- According to the U.S. Census Bureau, America's population age 65 and older grew by 74 percent between 1970 and 1999 – from 20 million to almost 35 million. The median age of the population has increased significantly from 28 in 1970 to almost 36 years of age in 1999. However, this recent growth of the elderly population will appear slow when compared to predictions for the next three decades. The elderly population will grow even more rapidly as 76 million baby boomers reach age 65 and older between 2010 and 2030. By 2030, older adults will account for 20 percent of the total population – up from 13 percent in 2000. Within this cohort, persons 85 years and older comprise the most rapidly growing segment of the U.S. population.
- Most older persons are women, at 65 – 69 years of age; there are 118 women for every 100 men. At age 85+, there are 241 women for every 100 men.
- Minority populations are expected to represent 25 percent of the elderly population in 2030, up from 16 percent in 1998.
- The emotional and economic well being of older Americans is strongly linked to their marital status. At age 65-74, 79 percent of men and 55 percent of women were married in 1998. These numbers decrease significantly in the 8th decade of life with 50 percent of men married and 13 percent of women married at age 85+.

## **Mental Health of Older Americans**

- Nearly 20 percent of those who are 55 years and older experience mental disorders that are not part of normal aging. Most common disorders, in order of prevalence, are: anxiety, severe cognitive impairment, and mood disorders. Studies report, however, that mental disorders in older adults are underreported. The rate of suicide is highest among older adults compared to any other age group – and the suicide rate for persons 85 years and older is the highest of all – twice the overall national rate.

## **The Role of Care giving – General**

- Care giving will preoccupy American families well into the 21st century as the 76 million baby boomers join the ranks of older Americans. Currently, nearly one out of every four U.S. households provides care to a relative or friend aged 50 or older; informal, unpaid care from family, friends, or neighbors is the main source of help for the majority of older people with disabilities living in the community. The average age of these primary caregivers is over 60 years of age and over 75 percent of them are women. Studies show that caregivers experience a sense of burden and estimated 46 percent are clinically depressed (Cohen et al, 1990, Gallagher, 1985). Up to half of the primary caregivers caring for someone with Alzheimer's develop significant psychological distress (Schultz et al, 1995).

### **Ameliorative and Preventive Potential of Laughter Exercise Activities**

Here are some of the characteristics of laughter clubs that contribute to their potential power as a therapeutic activity in geriatrics:

- Adaptable to all levels and limitations of cognitive, sensory, and motor ability.
- Does not require any ability to tell jokes or perform humorously.
- Provides physical exercise that involves large and small muscles, and strengthens breathing ability.
- Reduces suffering and contributes to the restoration of optimal health and independence.
- Takes place in a socially supportive group setting.
- Transcends most linguistic barriers.
- Encourages healthy attitudes and peace of mind, such as through paying compliments and being less angry.
- Not passive-receptive; adapts to all levels of capacity for interaction.
- An inviting, not demanding, activity.
- Provides a simple, structured, playful routine that is based on sound scientific principles.
- Lifts the spirits of staff and residents alike.
- There is some early indication that families prefer placing elder members in facilities that provide Laughter Club programming.

### **Reports From the Field**

- One of the key players in Laughter Clubs is Jacki Kwan, LCSW-C, CLL. Here are some notes from her journal about her laughter clubs in a nursing home setting. "Last week, there was a gentleman in the group who some might call a heckler. When I led the breathing during the warm-up, with each exhale he would groan playfully. I welcomed his musings and talked about the 'rules' of clowning (I now do most of my work as a therapeutic clown), i.e. daring to break the rules! I encouraged other members of the group to heckle a little and take risks to be zany. What followed was a magnified volume of laughter as I encouraged their little mischievous internal kids to come out and PLAY! It was risky for me to encourage that kind of behavior and yet the result with the seniors was that there was more risk taking on their part to let go and embrace the good feelings that laughter can elicit.  
"I continue to be amazed by the consistent participation of one man in particular whose movements are normally very slow. He can barely walk. And yet I noticed that when we do the HO-HO-HA-HA-HA warm-up, his clapping speed has increased and his joy more apparent! After the session last week, he told me how much he appreciated these weekly meetings and, with a gleam in his eye, he blew me a great big KISS! His inner kid has truly come out to play. Yummmmmmm! This stuff is soul food for me! You get to help others and get back much more than you put in."

### **You're Never Too Old To Enjoy Good Laughter; Laughter Club Seniors Express Their Enthusiasm**

From the Canton Christian Retirement Home, Canton, Ohio:

Margaret C., 88 years young: "We enjoy our Laughter Class very much. It is entertaining, delightful, fun and helpful physically. Our leader does such a good job of teaching us & we all enjoy laughing together. A good laugh is like a tonic & we all need to laugh more & be happy. Laughing is contagious & reaches out to others."

Miriam M., 86 years young: "I enjoy this class very much. It always makes me feel good & gives my day a good beginning. Our leader is so bubbly. We love her."

Irene S., 87 years young: "It makes me feel energized."

Margaret E., 90 years young: "It lifts my spirits for the day."

Beulah M., 89 years young: "I've noticed a tremendous change in my lung capacity. My breathing is much better."

Vi K., 81 years young: "Thanks to a wonderful, happy laughter leader. I look forward to the fastest-funniest-fantastic times of the month. It is a great tension tamer & relaxer."

From the Hebrew Home in Rockville, MD, here's what residents are saying about the Laughter Club:

Belle Cohen, Age 91: "Peps us up!"

Margaret, Age 87: "Terrific! It's nice to make people laugh. I find you very amusing and talented."

Minnie Schermer, Age Undisclosed: "It's everything to me!"

Mary K., Age 87: "Absolutely wonderful idea! Breathe a little and enjoy."

Anne, Age 80: "I like it."

Davida Task, Age Undisclosed: "I like to laugh!"

Helen, Age 84: "The club speaks for itself. We need more Laughter Clubs. I want people so involved that we won't be able to keep them quiet! You keep people happy. Keep them with a smile on their faces. This is good because everybody is in a happy mood."

Phyllis, Age 85: "I think it's very nice that you make people laugh."

Frank Sim, Age 80: "I like it! It makes the world better."

Celia, Age, "Gettin' There!": "I like it! It's enjoyable. You laugh and I laugh with you!"

Edith Rosenberg, Age 87: "I love it because you make me smile and that's happiness. I love it!"

Ruth Ershkowitz, Age 86: "I like you because you make me laugh and feel good inside."

A Resident, Age 86: "You make my day!"

**Conclusion**

As the years roll on and add up, those who have the opportunity for long lives seem to develop a stronger and stronger appreciation for humor and laughter that can lift the spirits, chase the blues, overcome loneliness, and maintain strength and flexibility. It is no wonder that so many Activity/Recreation and other healthcare/human services professionals feel so rewarded by becoming Certified Laughter Leaders and organizing and leading Laughter Clubs.

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Steve Wilson is a psychologist, professional speaker, co-founder and Cheerman of the Bored of the World Laughter Tour, Inc., whose mission is *leading the world to health and peace through laughter*. A training workshop "How To Create Therapeutic Laughter and Laughter Clubs", which leads to the designation Certified Laughter Leader, will be held February 3-4 2000, immediately following the conclusion of the national conference of the Association for Applied and Therapeutic Humor, in Baltimore, Maryland. For more information, a complete schedule of workshops, and valuable educational resources visit the website [www.worldlaughtertour.com](http://www.worldlaughtertour.com), or call toll-free 1-800-NOW-LAFF.