

**“A STUDY TO ASSESS THE EFFECTIVENESS OF LAUGHTER THERAPY ON THE LEVEL  
OF LONELINESS AMONG ELDERLY RESIDING IN SELECTED OLD AGE HOMES OF  
PUNE CITY”**

**Received: 25 Nov 2023**

**Accepted: 15 Dec 2023**

**Published: 22 Dec 2023**

**ABSTRACT**

*The ageing process is accelerated by a variety of molecular and cellular damage that builds up over time. As a result, one's physical and mental capabilities steadily decline, their risk of contracting diseases rises, and eventually they pass away. These modifications are neither linear nor consistent, and they only obliquely relate to a person's age stated in years. Diversity in terms of age is not accidental. Aside from biological modifications, ageing is typically associated with other life changes including retirement, relocation to a better house, and the loss of friends and companions.*

**Methodology**

*Quantitative research approach was the method employed. Here, a pre experimental research design was used. Both independent and dependent variables are used in the investigation. Loneliness is the dependent variable, while laughing therapy and loneliness are the independent variables. Then a sample size of 60 samples was chosen. Non-probability convenience sampling was used in this study. The elderly age group is the target population for the study. Additionally, the target demographic is older age the elderly living in Pune's old age homes make up the accessible population.*

**Results**

*The Statistical research demonstrates a evident change in the pre test and post test in terms of post-test revised UCLA loneliness scale score 54(90%) were low level, 06(10%) had moderate level and 0(0%) had a high-level score.*

*There is an increase in the mean laughter therapy on the UCLA loneliness score scale of elderly residing from 60.91 (pre-test) to 35.48 (post-test), and standard deviations from 5.524 (pre- test) to 3.539 (post-test). The df is 59. The t-test score value is 29.075 and  $P < 0.05$  conclusion: in conclusion the laughter therapy had effect in decreasing*

*Loneliness in elderly*

**KEYWORDS:** Loneliness, Laughter Therapy, Elderly

**INTRODUCTION**

Loneliness is a negative emotional response to being isolated. Loneliness is often referred to as social pain, a psychological process that makes people seek out social ties. It frequently has to do with a lack of intimacy and connection. Loneliness overlaps with solitude but is distinct from it. Isolation can be defined as the state of being alone; yet, not everyone who encounters isolation feels lonely. Even when surrounded by others, people might feel lonely because it is a subjective emotion. So to speak, there is a distinction between being alone and feeling lonely. There are two distinct sorts of loneliness: state loneliness and chronic loneliness. In either case, it could be intense and strong.

Suicidal and para-suicidal thoughts are triggered by high levels of loneliness, and Alzheimer's disease and different mental health problems. is a negative emotional reaction to feeling alone. Social pain, a psychological process that makes people to search out social relations is another term for loneliness. It frequently relates to a feeling of proximity and bond being lacking. loneliness is separate from it. Loneliness is a personal feeling that people have even when they are in a group. being alone and feeling lonely are two different things, so to speak. State loneliness and chronic loneliness are two different types of loneliness. It may be severe and powerful in either situation.

Thus, loneliness is one of the hidden factors that contribute to hospitalisation and nursing home placement.

As a result, a laughter therapy session may include the zany Garfield or a laughter coach pleading with you to pretend your arms are paws and shout with laughter. Fake laughter can be just as effective as genuine laughter. Eventually, you could be asked to practise some lawnmower laughter in which you act as though you're turning on a mower by chuckling a few times beforehand. building to a strong chuckle. These phoney chuckles typically give way to genuine ones, according to those who facilitate laughter therapy sessions.

Ageing process does not start in a day but since long period of accumulation of cell damage and molecular damage. because of which the cognitive and function impairs and also physical strength, immunity falls and there are high chances of falling ill , and eventually, death occurs. these changes does not happen in shorter period of time but constantly .

## **OBJECTIVES**

1. To determine the baseline level of loneliness among elderly
2. To determine the level of loneliness among elderly after intervention.
3. To determine the effect of laughter therapy on the level of loneliness among elderly
4. To check the association between baseline demographic data and level of loneliness among elderly

## **MATERIALS AND METHODS**

In order to conduct a quantitative pre experimental study with a single group pre test and post test among 60 elderly residents of chosen old age homes in the city of Pune, permission from the relevant authorities was obtained. The samples were chosen using non-probability convenient sampling techniques, and the procedure was explained to the participants before the pre test. It is a standardised tool, and permission was obtained to use it, therefore the data collection tool contained two sections: demographic information and the revised UCLA scale for loneliness. After the pre-test, therapy was administered for seven days, and on the eighth day, the post-test was administered.

## **RESULT AND ANALYSIS**

- 60 samples in all were chosen for the investigation from particular old age homes in pune city.

### **Section: 1 Demographic Data Analysis**

**Table: 1 Demographic Variable Frequency and Percentage Distribution**

VARIABLES	FREQUENCY	PERCENTAGE
<b>1.Age (in years )</b>		
55- 60 years	00	0%

60.1- 65 years	14	23.33%
65.1- 70 years	23	38.33%
70.1 years & above	23	38.33%
<b>2. Gender</b>		
Male	32	53.33%
Female	28	46.66%
<b>3. Marital status</b>		
Married	18	30%
Unmarried	14	23.33%
Divorced	13	21.66%
Widowed	15	25%
<b>4. Area of living</b>		
Rural	29	48.33%
Urban	31	51.66%
<b>5. Type of family</b>		
Joint	41	68.33%
Nuclear	19	31.66%
<b>6. History of physical illness</b>		
Yes	37	61.66%
No	23	38.33%
<b>7. Any recent loss</b>		
Yes	34	56.66%
No	26	43.33%
<b>8. Coping strategies adopted</b>		
Listening to music	11	18.33%
Meditation	06	10%
Reading	08	13.33%
Watching television.	10	16.66%
Religious activities	15	25%
Sleeping	10	16.66%

### Section: 2 Baseline Level Of Loneliness

- Objective: 1 To determine the baseline level of loneliness among elderly N=60

**Table: 2**

REVISED UCLA LONELINESS SCALE (SCORE)	FREQUENCY	PERCENTAGE
LOW LEVEL (20-40)	02	3.33%
MODERATE LEVEL (40-60)	15	25%
HIGH LEVEL (60- 80)	43	71.66%

The above table 2 and graph show the frequency and sample distribution by percentage according to the revised UCLA loneliness scale score 2(3.33%) were low level, 15(25%) had moderate level and 43(71.66%) had a high level score.

### Section 3 Level of Loneliness After Intervention

- Objective: 2 To determine the level of loneliness among elderly after intervention

**Table: 3**

REVISED UCLA LONELINESS SCALE (SCORE)	FREQUENCY	PERCENTAGE
LOW LEVEL (20-40)	54	90%

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MODERATE LEVEL (40-60)	06	10%
HIGH LEVEL (60- 80)	00	0%

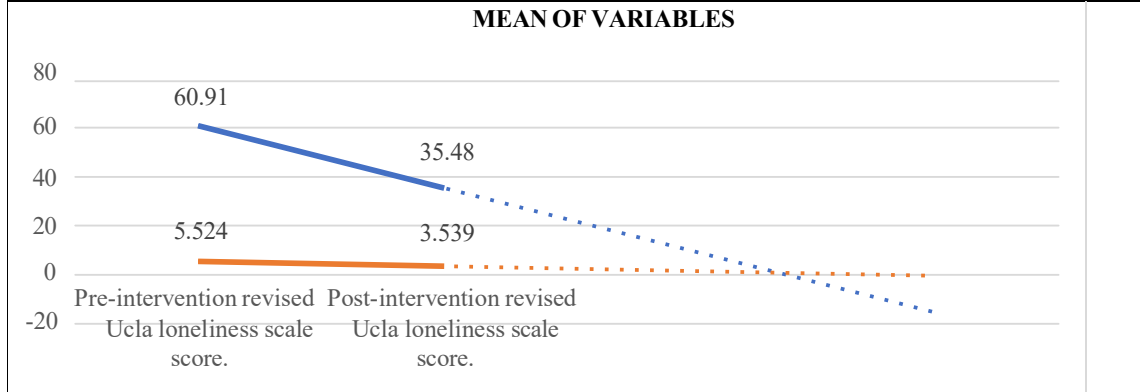
The above table 3 and graph show the according to the post-test, the frequency and percentage distribution of the samples revised UCLA loneliness scale score 54(90%) were low level, 06(10%) had moderate level and 0(0%) had a high-level score.

**Section: 4 Effective of Laughter Therapy on Loneliness**

- Objective: 3 To determine the effect of laughter therapy on the level of loneliness among elderly

**Table: 4**

VARIABLES	MEAN	STANDARD DEVIATION
Pre-intervention revised UCLA loneliness scale score.	60.91	5.524
Post-intervention revised UCLA loneliness scale score.	35.48	3.539
t-test	29.075	



**Section 5 Association between Demographic Data and Pre Test Data and Post Test Data**

- Objective: 4 To check for correlation between baseline demographic data and level of loneliness among elderly

**Table: 5**

Demographic variable	Low Level	Moderate level	High level	Calculated chi-square	Chi-square table score	d.f.	p- score	Remarks
<b>1. Age (in year)</b>								
a) 55- 60 years	0	0	0	1.586	1.977	4	0.811	No significant
b)60.1- 65 years	0	05	09					
c)65.1- 70 years	01	05	17					
d)70.1 years & above	01	05	17					
<b>2. Gender</b>								
a) Male	01	07	24	0.383	0.383	2	0.826	No significant
b) Female	01	08	19					
<b>3. Marital status</b>								
a) Married	0	07	11	6.516	6.803	8	0.590	No significant
b) Unmarried	01	03	10					
c) Divorced	01	02	10					
d) Widowed	0	03	12					
<b>4. Area of living</b>								
a) Rural	0	08	21	2.026	2.796	2	0.363	No significant
b) Urban	02	07	22					
<b>5. Type of family</b>								
a) Joint	02	11	30	4.196	4.918	4	0.380	No significant
b) Nuclear	0	15	13					
<b>6. History of physical illness</b>								
a) yes	01	07	29	2.830	3.256	4	0.587	No significant
b) No	01	08	14					
<b>7. Any recent loss</b>								
a) Yes	0	07	27	3.883	4.615	2	0.143	No significant
b) No	02	08	16					
<b>8. Coping strategies adopted</b>								
a) Listening to music	0	03	08	17.963	20.397	12	0.117	No significant
b) Meditation	01	02	03					
c) Reading	01	01	06					
d) Watching television.	0	04	06					
e) Religious activities	0	0	15					
f) Sleeping	0	05	05					

$p > 0.05$ , Significant at 0.05 level of significance

**Table: 5**

- The information above demonstrates the relationship between the results of laughter therapy on the updated UCLA loneliness scale and some demographic characteristics of senior citizens living in particular old age homes in Pune city. The null hypothesis is not rejected since the demographic variables' chi-square values at the 0.05 level of significance are higher than the values in the table.

Or

- The p-value for each demographic variable is higher than 0.05. Therefore, there is no statistically significant correlation between the chosen demographic factors and the updated UCLA loneliness scale scores.

**Objective: 4** To check for correlation of baseline demographic data and post test loneliness levels

**Table: 6**

Demographic variable	Low Level	Moderate level	High level	Calculated chi-square	Chi-square table value	d.f.	p- value	Remarks
<b>1. Age (in year)</b>								
a) 55- 60 years	0	0	0	2.340	2.329	2	0.310	No significant
b)60.1- 65 years	13	01	0					
c)65.1- 70 years	19	04	0					
d)70.1 years & above	22	01	0					
<b>2. Gender</b>								
c) Male	30	02	0	1.071	1.081	1	0.301	No significant
d) Female	24	04	0					
<b>3. Marital status</b>								
e) Married	16	02	0	1.066	1.348	4	0.900	No significant
f) Unmarried	12	02	0					
g) Divorced	12	01	0					
h) Widowed	14	01	0					
<b>4.Area of living</b>								
c) Rural	28	01	0	2.677	2.918	1	0.102	No significant
d) Urban	26	05	0					
<b>5.Type of family</b>								
c) Joint	36	05	0	1.652	1.563	2	0.438	No significant
d) Nuclear	18	01	0					
<b>6. History of physical illness</b>								
c) Yes	32	05	0	3.928	3.349	2	0.140	No significant
d) No	22	01	0					
<b>7.Any recent loss</b>								
c) Yes	31	03	0	0.121	0.120	1	0.528	No significant
d) No	23	03	0					
<b>8. Coping strategies adopted</b>								
g) Listening to music	10	01	0	6.296	8.096	6	0.391	No significant
h) Meditation	05	01	0					
i) Reading	06	02	0					
j) Watching television.	10	0	0					
k) Religious activities	15	0	0					
l) Sleeping	08	02	0					

**P<0.05, Significant at 0.05 level of significance**

**Table: 6**

- The information above demonstrates the relationship between the results of laughter therapy on the updated UCLA loneliness scale and some demographic characteristics of senior citizens living in particular old age homes in Pune city. The test hypothesis is true because the demographic variables' chi-square values at the 0.05 level of significance are higher than the values in the table.

Or

- The p-value for each demographic variable is higher than 0.05. Therefore, there is no statistically significant correlation between the chosen demographic factors and the updated UCLA loneliness scale scores.

## DISCUSSIONS

1. A similar study was done which showed the same results like my study whence this study supports my study. Jawairia Zafar, Mohsin Atta, Najma Iqbal Malik, and others The association between depression and older people's quality of life may be mediated by loneliness. The techniques are It was conducted using a cross-sectional survey and purposeful sampling. Result is The majority of participants (85.3%) and had moderate to moderately high levels of loneliness (98.2%) respectively. In MCI, depression was substantially correlated with both low quality of life ( $b = 0.49$ ,  $P 0.001$ ) and loneliness ( $b = 0.29$ ,  $P 0.05$ ).
2. A similar study was done which showed the same results like my study whence this study supports my study. Changes in sadness and loneliness following laughter therapy in institutionalised elderly by QUINTERO, ngela; HENAO, Mara Eucaris.
3. Goal: To assess how humor therapy affects degree of depression and loneliness in elderly people who are institutionalised. The Yesavage depression scale and the ESTE loneliness scale, both validated for Colombia, were applied in a quasi-experimental approach. The Gerontological Home's 49 male and female residents who were 59 or older made up the target demographic. Results: The degree of depression significantly decreased, especially in those who had established early depression ( $p=0.032$ ).

## RECOMMENDATION

- The study can be used as evidence based practice by assessing the level of loneliness on geriatric patients who are severely ill and in cancer unit setup also The study also can be used in teaching by the nursing teacher to teach the student. Laughter therapy can also be added in the curriculum. How to check the level of loneliness among the elderly group in hospital and community and psychiatric units
- The nursing administrator can use the study results to enhance the theoretical and practical knowledge of staff nurse at in-service education.
- Future study can be expanded upon using the tool and the research design findings. The study's findings open up new opportunities for improving the calibre of nursing care. Publication of this study will help advance the field in this area of evidence-based practise. Researchers in nursing can use this

## CONCLUSION

The main aim of this study was to see how much people are lonely and how much effect does laughter therapy have on elderly population in selected old age homes of Pune city. The current study demonstrates that laughter therapy reduces loneliness in the elderly.

### Ethical clearance

- Institutional Research Committee

### Ethical consideration

- The old age homes where the sample was collected gave their agreement in writing before research participants could take part, and authorization to conduct the study was acquired from the appropriate authorities.

**Source of funding**

- Nil

**Conflict of interest**

- Nil

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