



## **Well Being of Senior Citizens from Laughter Club and Non Laughter Club**

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### **ABSTRACT –**

The aim of current study was to study the well being of senior citizens from laughter club and non laughter club. By using purposive sampling method, 80 senior citizens were selected from Kolhapur city. The sample of 80 having male and female ratio 1:1 is taken for this study and participants' age range was 60 to 80 years. For this study well being scale by Prof. B. Nagarathana and T.D. Vimala was used. Mean, S.D. & t test were used for the analysis of collected data. Researcher concludes that there is a significant difference between laughter club and non laughter club senior citizens regarding their well being.

**Key Words: Well Being, Senior Citizens, Laughter Club**

### **INTRODUCTION:**

Old age comprises "the later part of life"; the period of life after youth and middle age, usually with reference to deterioration. Starting of old age cannot be universally defined because it shifts according to the context. The United Nations has agreed that 60+ years may be usually recognized as old age, and this is the first attempt at an international definition of old age. At the same time, the WHO recognized that the developing world often defines old age, not by years, but by new roles, loss of previous roles, or inability to make active contribution to society. Senior citizen is a common euphemism for an old person used in American English, and

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sometimes in British English. It implies or means that the person being referred to is retired. This in turn usually implies or in fact means that the person is over the retirement age, which varies according to country. The term 'senior citizen', has come into widespread use in recent decades. The distinguishing marks associated with old age comprise both physical and mental characteristics. The marks of old age are so unlike the marks of middle age that it has been suggested that, as an individual transitions into old age, he/she might well be thought of as different persons "time-sharing" the same identity.

Well-being refers to how people evaluate their lives. According to Diener (1997), these evaluations may be in the form of cognitions or in the form of affect. The cognitive part is an information based appraisal of one's life that is when a person gives conscious evaluative judgments about one's satisfaction with life as a whole. The affective part is a hedonic evaluation guided by emotions and feelings such as frequency with which people experience pleasant / unpleasant moods in reaction to their lives. The assumption behind this is that most people evaluate their life as either good or bad, so they are normally able to offer judgments. Further, people invariably experience moods and emotions, which have a positive effect or a negative effect. Thus, people have a level of subjective well-being even if they do not often consciously think about it, and the psychological system offers virtually a constant evaluation of what is happening to the person.

Research in wellbeing has been growing in recent decades (e.g., Diener, Suh, Lucas, & Smith, 1999; Kahneman, Diener, & Schwarz, 1999; Keyes, Schmotkin, & Ryff, 2002; Stratham & Chase, 2010; Seligman, 2011). The question of how wellbeing should be defined still remains unresolved, which has given rise to blurred and overly broad definitions of wellbeing' (Forgeard, Jayawickreme, Kern, & Seligman 2011, p. 81). Two approaches emerged: the hedonic tradition, which accentuated constructs such as happiness, positive affect, low negative affect, and satisfaction with life (e.g., Bradburn, 1969; Diener, 1984; Kahneman, Diener, & Schwarz, 1999; Lyubomirsky & Lepper, 1999); and the eudaimonic tradition, which highlighted positive psychological functioning and human development (e.g., Rogers, 1961; Ryff, 1989a; 1989b; Waterman, 1993). However, despite the differences in approach, most researchers now believe that wellbeing is a multi-dimensional construct (e.g., Diener, 2009; Michaelson, Abdallah, Steuer, Thompson, & Marks, 2009; Stiglitz, Sen, & Fitoussi 2009). Consequently, the diversity

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of dimensions has created a ,confusing and contradictory research base (Pollard and Lee, 2003, p. 2). An early attempt to define wellbeing was Bradburn's (1969) classic research on psychological wellbeing. His work marked a move away from the diagnosis of psychiatric cases to the study of psychological reactions of ordinary people in their daily lives.

Laughter clubs are the heart and soul of laughter yoga. They are worldwide network of social laughter clubs run by volunteers. People get together in groups in public places or indoor venues and practice laughter exercises, to reap enormous health benefits. These clubs are free and connect people from different cultures and countries, no matter what language they speak.

Laughter clubs promote personal happiness in many ways. Members of these clubs are able to spread positivity and happiness through the mechanism of emotional conagion. This is not limited to just friends, family and co workers but also includes social contacts and people who sit next to us in bus or restaurant. Dr. Madan Kataria is founder of laughter yoga and laughter club. He had established first laughter club in Mumbai, Maharashtra on 13 marches 1995. Since that over 10,000 laughter clubs are open in more than 75 countries.

**DEFINITIONS:****Senior citizens-**

An older person, usually over the age of 60 to 65, esp. one who is no longer employed. Second one is that an older person, especially someone who has stopped working.

**Well being-**

Well being is a general term denoting feelings of high self esteem, life satisfaction and lack of negative symptoms.

**Laughter club-**

Laughter club is worldwide network of social laughter clubs run by volunteers. They get together in groups in public places or indoor venues and practice laughter exercises, to reap enormous health benefits.

**IMPORTANCE OF THE STUDY:**

The number of people above 65 years of age in the world is projected to triple by the middle of this century from 516 million in 2009 to 1.53 billion in 2050. This is because of advances in medical science which have led to a rise in life expectancy and created a population of senior citizens who long for emotional comfort and solace. As a joint family structure gives way to nuclear set-ups, the elderly particularly in the India find themselves alone in old age homes where they hardly laugh and smile. As we grow older, we laugh lesser. Dementia and Alzheimer's disease leave the elderly unable to understand jokes or find anything funny. This is because humour is mental and cognitive phenomenon. Laughter yoga works for them as an exercise because of the multiple health as well as psychological benefits it offers.

**REVIEW OF LITERATURE:**

**Deshpande (2013)** conducted a research on effect of laughter therapy on happiness & life satisfaction among elderly. A quasi experimental study was conducted. Objective of the study was to evaluate the effect of laughter therapy on the happiness and life satisfaction among elderly. There were total 80 participants (40 from laughter therapy group and 40 from non-laughter therapy group) from age group of 60-75 years. The present study showed a positive effect of laughter therapy on happiness and life satisfaction among elderly, and a positive correlation between happiness and life satisfaction was also found.

**Weinberg and et.al (2014)** conducted a pilot study on the impact of laughter yoga on subjective well-being: A pilot study. This research describes an exploratory pilot study to evaluate the effect of a single LY class on the psychological well-being of people who attended such sessions voluntarily. Forty-four participants were recruited from LY clubs around Melbourne, Australia, and completed measures of well-being were taken before and after the LY class. Following the LY session, significant improvements in positive emotions and reductions in the severity of symptoms of anxiety and stress were reported. Importantly, the change in well-being was greatest for participants who were experiencing lower well-being prior to the class. These

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findings suggest that LY shows promise as an effective intervention to temporarily increase well-being.

**Mathew (2017)** examined Effect of laughter yoga on morale of old age home residents. The objectives of the study were to find out the effect of “laughter yoga” on the morale of the elderly living in old age homes of Kottayam district and to identify the relationship between selected baseline variables and morale. Pre-post test design was used for study. Results showed that Pre-test morale scores were low in both the groups. The experimental group showed gradual improvement on morale ( $\chi^2=30.218$ ,  $df=4$ ,  $p= .000$ ). There was significant association between physical dependence ( $\chi^2 =16.992$ ,  $df=4$ ,  $p= .002$ ), forced placement in old age home ( $\chi^2=24.592$ ,  $df=1$ ,  $p= .000$ ), duration of stay in the old age home ( $\chi^2=16.221$ ,  $df=8$ ,  $p= .39$ ) and morale. Finally researcher revealed that dependency for activities of daily living was found to be associated with low morale. Voluntary admission to old age home and the duration of stay for two to three years were found to be high in morale. Laughter yoga was found to be effective in improving morale among elderly old age home residents

**AIM:**

Study of Well Being of Senior Citizens from Laughter Club and Non Laughter Club

**OBJECTIVES:**

To study the well being of senior citizens from laughter club and non laughter club

**HYPOTHESIS:**

There will be significant difference between senior citizens from laughter club and non laughter club regarding their well being.

**METHOD:****A) Sample:**



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of the tool to the selected samples the scoring of the test was done strictly as per the respective manual.

**RESULT TABLE:****Table 1 showing means, sd's and t value of well being of senior citizens**

<b>Group</b>	<b>N</b>	<b>Mean</b>	<b>SD</b>	<b>df</b>	<b>t value</b>	<b>Sign</b>
S.L.C.	40	35.2	3.23	78	3.59	0.01
N.S.L.C	40	32.25	2.99			

(S.L.C.- senior citizens of laughter club, N.S.L.C.- senior citizens of non laughter club)

In the table no.1 mean value obtained by the senior citizens from laughter club is 35.2 and associated standerd daviation is 3.23. The mean value of senior citizens from non laughter club is 32.25 and standerd daviation is 2.99. The computed value of t is 3.59 which for 78 df is significant at 0.05. In above table mean value of laughter is high. It means that well being of senior citizens from laughter club is higher than senior citizens from non laughter club

**INTERPRETATION:**

This research examined well being of senior citizens from laughter club and non laughter club with well being scale. Present study found significant difference in well being between laughter club senior citizens and non laughter club senior citizens. Laughter club group is superior to non laughter club group regarding well being. It can be inferred that those senior citizens who joined laughter club have high well being than those who do not join laughter club. Deshpande (2013) conducted a research on effect of laughter therapy on happiness & life satisfaction among elderly. This study showed a positive effect of laughter therapy on happiness and life satisfaction among elderly, and a positive correlation between happiness and life satisfaction was also found. Beena (2017) examined Effect of laughter yoga on morale of old age home residents. Researcher

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revealed that laughter yoga was found to be effective in improving morale among elderly old age home residents. Rather, the present results support other studies reporting that the well being of laughter club senior citizens is higher than non laughter club senior citizens (Weinberg, Hammond and Cummins,2014; Matsuzaki et.al.,2006; Shahidi et.al.,2010; Forifteh et.al.,2014). All these studies support to researchers hypothesis.

**CONCLUSION:**

There is a significant difference between laughter club senior citizens and non laughter club senior citizens regarding well being. It means that Laughter club senior citizens are superior to non laughter club citizens.

**REFERENCES:**

- Abrams, R. C. (1991). The Ageing Personality. *International Journal of Geriatric Psychiatry, Volume I*, 1-3.
- Berk, L. S., & et al. (1989). Neuroendocrine and Stress Hormone changes during Mirthful Laughter. *American Journal of Medical Sciences*, 298, 390-396.
- Davis, T. S., et al. (2013). Look on the bright side: Effects of positive reappraisal training on psychological health. *Society for Personality and Social Psychology*, Emotion Pre-Conference. New Orleans, LA.
- Diener, E., Emmons, R. A., Larson, R. J., & Griffin, S. (1985). The Satisfaction With Life Scale. *Journal of Personality Assessment*, 49, 71-75.
- Diener, E., Lucas, S. E., & Smith, H. L. (1999). Subjective Wellbeing: Three Decades of Progress. *Psychological Bulletin*, 276-302.
- Ehrlich, B. S., & Isaacowitz, D. M. (1996). The Effect of Age on Positive and Negative Affect: A Developmental Perspective on Happiness. *Journal of Personality and Social Psychology*, 133.

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Ferrini, R., Edelstein, S., & Barrett-Connor, E. (1994). *The association between health beliefs and health behavior change in older adults*. Retrieved from PubMed.gov: <http://www.ncbi.nlm.nih.gov/pubmed/8016025>

Hae-Jin, K., & Chang-Ho, Y. (2011). Effects of Laughter Therapy on depression, cognition and sleep among the community dwelling elderly. *Japan Geriatrics Society*.

Hirsch, R., Junglas, K., & Konradt, B. (2010). Humor Therapy in the depressed elderly: results of an empirical study. *Z Gerontol Geriatr*.

India, T. o. (2012, 02 12). *25% elderly population depressed*. Retrieved from Times of India: [http://articles.timesofindia.indiatimes.com/2012-02-12/india/31052085\\_1\\_population-geriatric-clinics-urban-areas](http://articles.timesofindia.indiatimes.com/2012-02-12/india/31052085_1_population-geriatric-clinics-urban-areas)

Inglehart, R. (October 2002). Gender, Ageing and Subjective Wellbeing. *International Journal of Comparative Sociology*, 3-5.

Kane, L. R., & Kane, A. R. (2000). *Assessing Older persons measures, meaning and practical applications*. New York: Oxford University Press. Effect of Laughter Therapy among Elderly 10

Kataria, M., (2018). *Laughter yoga Daily laughter practices for health and happiness*. Haryana, India: Penguin.

Lyubomirsky, S., & Lepper, H.S., (1999). A measure of subjective happiness: Preliminary reliability and construct validation. *Social Indicators Research*, 46, 137-155.

Paiwal S., & Singh, N., (2017), A study of psychological well being of senior citizens from laughter club and non laughter club. *Internaational Journal of Indian Psychology*, 4(3), 25-33

Tamir, M., et al. (2007). Implicit theories of emotion: Affective and social outcomes across a major life transition. *Journal of Personality and Social Psychology* 92(4): 731-744.

