

LAUGHTER THERAPY ON DEPRESSION.

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Abstract

Depression is a major public health problem in India. In India over 5 crore Indians suffer from depression. Now-a-days depression is most common among elderly people. It is very important to reduce the depression level, for that they should have some fun and enjoyments or relaxation therapies in their life. The objectives are to assess the level of depression and effectiveness of laughter therapy on depression and to associate between level of depression and laughter therapy among HIV infected elderly people with selected demographic data. Thirty HIV infected elderly people were selected from old age home. A Structured Modified Depression Anxiety and Stress Scale (MDASS) were used to assess the level of depression. Convenient purposive sampling technique was used.. Data was collected through questionnaire. There was a significant association ($p < 0.05$) between laughter therapy and depression among HIV infected elderly people with selected demographic variables. The study shows that the HIV infected elderly people have extremely severe and severe depression. This can be effectively managed through laughter therapy.

Keywords: effectiveness, laughter therapy, depression.

Introduction

Aging is a natural process. It is an incurable disease which is considered as normal, inevitable biological phenomenon. Aging take place as account of influence of intrinsic factors and extrinsic factors, but the causes of aging still remains obscure. Depression is a common co-morbidity in older patients infected with HIV. The mental health needs of older adults living with HIV/AIDS are multi-faceted

and ever-evolving. HIV positive older adults are five times more likely to experience depression than similarly aged HIV negative adults.

Background and purpose of the study

Depression is a major public health problem in India. The total number of people living with depression in the world is 322 million. In India over 5 crore Indians are suffering from depression. Depressive disorders affect large numbers of children, adolescents, middle aged groups and the elderly, both men and women, residing in urban and rural areas and slums of India. Now-a-days depression is most common among elderly people. It is very important to reduce the depression level, for that they should have some fun and enjoyments or relaxation therapies in their life.

Hypothesis

- H₁**, The post test depression level will be significantly lower than the pre test level of depression.
- H₂**, There will be a significant association between level of depression and effectiveness of laughter therapy with selected demographic variables.

Methodology

The population of present study comprises of HIV infected elderly people who stayed in old age homes. The sample of the study consists of 30 elderly people in selected old age home in Puducherry. Convenient purposive sampling technique used. This is a quasi experimental research design. The study will be conducted in a selected old age home at Puducherry. Data will be collected by structured questionnaire. The data collected will be analyzed by using descriptive and inferential statistics.

Results

Chi square result shows that there is a significant association between level of depression and laughter therapy among HIV infected elderly people with the selected demographic variables such as gender, educational status and hobby ($p < 0.05$) at 5% level of significance.

With respect of gender of the HIV infected elderly 15(50%) were male and 15(50%) were female. This variable shows significance at the level

of $P = 0.045$ (< 0.05). With respect of educational status of the HIV infected elderly people 13(43.3%) were illiterate, 11(36.7%) were Primary and 6(20%) were high school. This variable shows significance at the level of $P = 0.051$ (< 0.05).

With respect to the hobby of HIV infected elderly people, 14(29.14%) were gardening, 13(30.85%) were playing games and 3(32.33%) were reading books. This variables shows significance at the level of $P = 0.0123$ (< 0.05).

Table 1: Frequency and percentage distribution of depression among HIV infected elderly people.

Level of Depression	Frequency	Percentage (%)	Mean	Median	SD
Severe	3	10			
Extremely severe	27	90	30.2	30	2.12
Total	30	100			

Fig. 1: Frequency and percentage distribution of effectiveness of laughter therapy on depression among HIV infected elderly people.

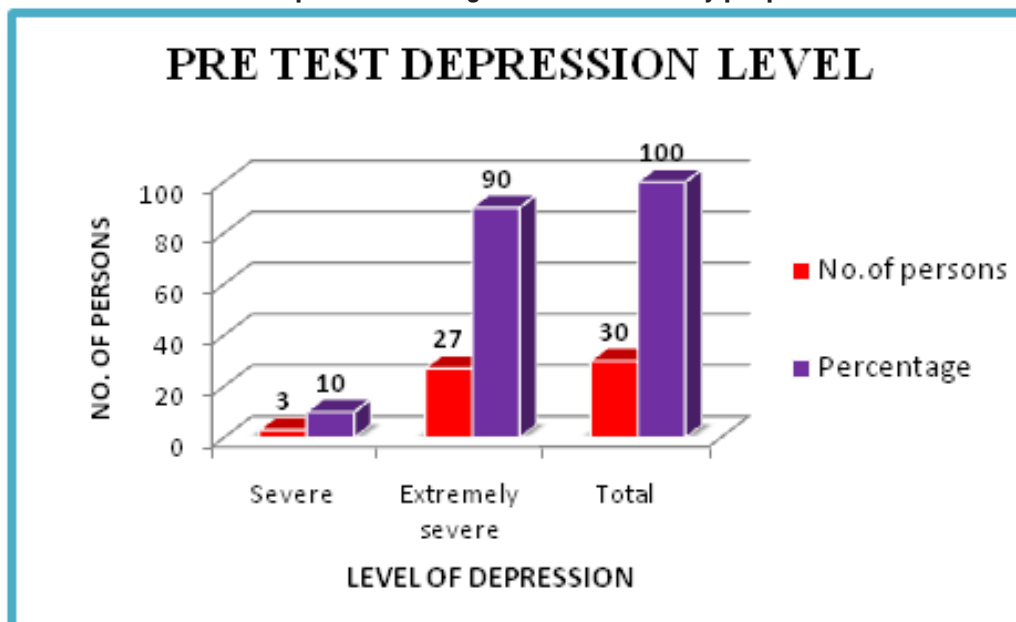


Table 1 and Fig 1 denotes the level of depression based on the Modified Depression Anxiety and Stress Scale among HIV infected elderly people. The frequency and percentage value shows that the majority of elderly peoples are having extremely severe depression 27(90%) and other 3(10%) having severe depression.

Table 2: Frequency and percentage distribution of effectiveness of laughter therapy on depression among HIV infected elderly people.

Level of Depression	Frequency	Percentage (%)	Mean	Median	Std Dev
Mild	9	30			
Moderate	21	70	14.23	14	1.65
Total	30	100			

N=30

Fig. 2: Frequency and percentage distribution of effectiveness of laughter therapy on depression among HIV infected elderly people.

N=30

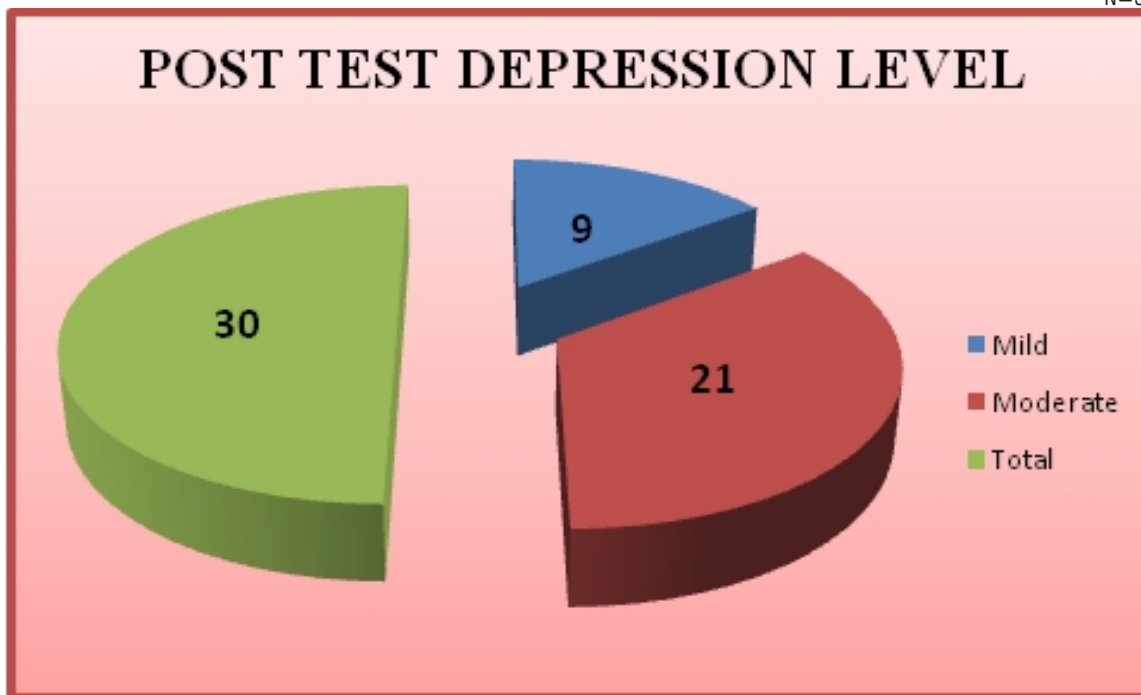


Table 2 and Fig 2 shows that the level of depression based on the Modified Depression Anxiety and Stress Scale among HIV infected elderly people after giving laughter therapy. The frequency and percentage value shows that the level of depression is reduced, majority of elderly peoples are having moderate depression 21(70%) and other 9(30%) having mild depression.

Conclusion

The findings of the present study denote that there is a significant association between the level of depression and laughter therapy with selected demographic variables. Therefore, Hypothesis one [H₁] as stated “The post test depression level will be significantly lower than the pre test level of depression” is accepted. The second Hypothesis [H₂] stated as “There will be a significant association between level of depression and effectiveness of laughter therapy with selected demographic variables” is accepted.

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