ORIGINAL ARTICLE

The Effects of Laughter Therapy (Humor) on Mild Depression in the Elderly at Balai Perlindungan Sosial Tresna Werdha Ciparay Bandung

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ABSTRACT

Introduction: : In Indonesia the prevalence of depression in the elderly is about 11.6 percent or 17.4 million people experiencing mental emotional disorders or mental health disorders such as depression. This phenomenon leads to higher biological, psychological or sociocultural problems. Treatment in cases of mild depression can treat oneself, one of which is complementary therapy such as laughter therapy. This study aims to determine the effect of laughter therapy on mild depression in the elderly at Balai Perlindungan Sosial Tresna Werdha Ciparay Bandung. **Methods:** This study wasPre-Experimental Design method type One Pretest-Posttest Design Group, the sample amount 29 people, selected by Purposive Sampling. The research instrument used the Geriatric Depression Scale (GDS). Univariate analysis with median and bivariate analysis using the Wilcoxon test analysis. **Results:** The results showed the median mild depression before being given therapy 7.00 and the median mild depression in the elderly after being given therapy was 6.00. The results of the analysis univariate showed differences in the median depression before being given therapy and after given therapy. The results of the bivariate analysis showed a ifluence between laughter therapy for mild depression in the elderly with value of p. 1,00. **Conclusion:** Based on the results of the study it was suggested that Balai Perlindungan Sosial Tresna Werdha Ciparay Bandung carry out the treatment of mild depression in the elderly using humor therapy.

Keywords: Mild Depression, Laugther Therapy (Humor), Elderly

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INTRODUCTION

According to the Central Statistics Agency (BPS) (2018), the proportion of elderly Indonesians nearly doubled between 1971 and 2017, reaching 8.97 percent (23.4 million), with female elderly outnumbering male elderly (9.47% compared to 8.48%). Additionally, in Indonesia, the elderly are dominated by the age group 60-69 (young elderly), which accounts for 5.65% of the population; the remaining age groups are 70-79 (middle aged), and 80+. (elderly elderly). 7.88 percent of Indonesia's elderly live in West Java, including young elderly (5.04%), middle-aged (2.23%), and elderly elderly (0.61%). The elderly group is seen as a group of people at risk of experiencing health problems. Generally, health issues lead to a decline in physical and mental health, affecting their economic and social activities. So that in general will affect daily activities (1). Psychological setbacks can cause health problems in the elderly, one of which is psychological problems which include paranoid, behavioral disorders, sleep disorders, wandering, sun downing, depression, dementia, and postpower syndrome (2). World Health Organization (WHO) 2011 in Wulandari& Santoso (3)study stated that depression is one of the most common mental problems in the elderly, depression in the elderly is something that needs to be considered because it can influence the course of physical illness and also the quality of life of patients.

In Indonesia the prevalence of depression in the elderly is around 11.6 percent or 17.4 million people

who experience mental emotional disorders or mental health disorders such as depression (4). Handling to reduce depression is very necessary, severe depression needs therapy and effective treatment to reduce depression, but in cases of mild and moderate depression can do to yourself to reduce symptoms of depression (5).

There are non-pharmacological therapies that can be performed including Cognitive Behavior Theraphy (CBT), intrapersonal therapy with psychotherapy, and complementary therapies such as herbal therapy, nutritional therapy, progressive relaxation, aroma therapy and laughter therapy ((4–6). Laughter can make a person calm and comforted so that he can release himself from depression, laughter therapy is a simple and very cost-effective therapy (5). Media professionals have long acknowledged that patients who maintain a positive mental attitude and share laughter respond better to treatment. Laughter can cause physiological responses, namely increased breathing, circulation, secretion of hormones and digestive enzymes, and increased blood pressure (5).

The purpose of this study is to determine the effect of laughter therapy (humor) on mild depression in senior citizens living at Balai Perlindungan Sosial Tresna Werdha Ciparay Bandung, Indonesia.

MATERIALS AND METHODS

The Geriatric Depression Scale was used to collect data from 33 elderly people in Balai Perlindungan Sosial Tresna Werdha Ciparay Bandung (Short Form). This study used purposive sampling. Inclusion criteria in this study are the elderly who experience mild depression, the elderly who can be invited to communicate, and the elderly who are willing to become respondents. Exclusion criteria in this study are the elderly who have hearing loss (except those who use hearing aids), the elderly who experience severe hallucinations, and the elderly who experience severe and moderate depression.Based on the specified inclusion and exclusion criteria, there were 29 respondents who met the inclusion and exclusion criteria from the total population, 33 respondents.

The research instrument used in this study was a questionnaire aimed at measuring depression in the elderly, namely the Geriatric Depression Scale (GDS) (Short Form) given 10 minutes. Research Sheikh & Yesavage (1986) in (7) Geriatric Depression Scale (Short Form) is a short version consisting of 15 questions developed in 1986. In this GDS there are questions both positive and negative with two answer choices namely "Yes" and "no" are filled using the specified value scale, the value of each option is 0 to 1.

There are positive questions in numbers 2, 3, 4, 6, 8, 9, 10, 12, 14, and 15 by giving an assessment if the answer is "yes" gets a score of 1 and if the answer is "no" gets a score of 0. While there are negative questions at numbers 1, 5, 7, 11, and 13 by giving an assessment if the answer "yes" gets a score of 0 and if the answer "no" gets a score of 1. There are four categories of assessment results of this questionnaire that is if the total score 0 4 then it is said to be normal, if the score 5-8 is said to be mild depression, 9-11 is said to be moderate depression, and if a score of 12-15 is said to be severe depression (8).

Geriatric Depression Scale (GDS) (Short Form) has a sensitivity value of 92% and a specificity of 89% when evaluated against diagnostic criteria (7) which means the instrument has a high level of reliability and is declared reliable.

The research procedure carried out is to start conducting research by taking initial data to determine the research sample in accordance with predetermined criteria. Take an interpersonal approach with respondents and ask for their willingness to become research respondents. Conduct Informed Consent to respondents to give information and techniques related to the conduct of research and approval to become a respondent in this research activity. Doing the Pre-Test stage, namely, measuring depression using the Geriatric Depression Scale (GDS) for 5-10 minutes. Intervene giving laugh therapy (humor) for 6 consecutive days with a duration of 15 minutes by giving one day once the film Sunda Sundanese comedy and Opera Van Java (2008-2013). Perform the Post Test stage by measuring depression using the Geriatric Depression Scale (GDS) for 5-10 minutes. The researcher terminated the respondents and thanked them for participating in the research activities. After that the researchers conducted data processing and data analysis.

Data processed using Univariate Analysis are mild depression before laughing therapy intervention and mild depression data after laughing therapy intervention (humor). In this study using the Median value (middle value) as a measure of concentration because the data has extreme values and standard deviation values, minimum-maximum as a spread measure used to analyze mild depression data in the elderly before laughing therapy interventions and humor after mild depression data laughing therapy intervention (humor) at Balai Perlindungan Sosial Tresna Werdha Ciparay Bandung.

The normality test data in this study was conducted using the Shapiro Wilk Test because the number of samples used was 50 respondents. Based on the

results of the Shapiro Wilk Test it can be concluded that the data of mild depression before the intervention and mild depression after the intervention were not normally distributed because the test results were significant p value <0.05.

In this study bivariate analysis of hypothesis testing numerical data to assess differences in the mean pre-test and post-test in groups based on the scores obtained for each measurement. The data in this study of mild elderly depression are paired numerical data. The results of the normality test with the Shapiro Wilk Test obtained sig values. Mild depression data before intervention and mild depression after intervention <0.05 then the data do not have a normal distribution. So that in this study the statistical test used non-parametric test is Wilcoxon test to get evidence whether there is a statistically significant effect on laughter therapy against depression mild in the elderly.

Research Ethics conducted is respecting human dignity (respect for human dignity) before conducting research the researcher provides information about the researcher's objectives of conducting research. This study was approved by Research Ethics Committee No. III/056/KEPK-SLE/STIKEP/PPNI / JABAR/V/2021 Respecting the privacy and confidentiality of research subjects (respect for privacy and confidentiality) each respondent has basic individual rights including privacy and individual freedom to provide information. Then, researchers do not display information about the identity of respondents. Justice and inclusiveness / openness (respect for justice and inclusiveness), researchers maintain the principle of openness and fairness

with honesty, openness, and caution. So researchers explain the research procedures to meet the principle of openness. This principle of fairness guarantees that all research subjects receive the same treatment and benefits. Calculating the benefits and losses incurred (balancing harms and benefits), this study has benefits for research respondents namely providing laugh therapy to depression in the elderly. Researchers try to minimize adverse effects on respondents by preventing or reducing the boredom of research respondents.

RESULTS

Based on table I below it can be obtained that the median value of mild depression in the elderly before being given laugh therapy (humor) is 7.00 with a standard deviation of 1.10.

Based on table II below it can be obtained that the median value of mild after being given laugh therapy (humor) is 6.00 with a standard deviation of 0.911.

Based on table III below it can be obtained that the median value of mild depression in the elderly before being given laugh therapy (humor) is 7.00 with a standard deviation of 1.10. The median value of mild depression after being given laugh therapy (humor) is 6.00 with a standard deviation of 0.911. It appears there are differences in the median results between before and after humor therapy is 1.00. The statistical result obtained p.value is 0.000. p. value ≤ (α) (α 0.05) then H0 is rejected, meaning that there is a significant effect of humor therapy on mild depression in the elderly in Balai Perlindungan Sosial Tresna Werdha Ciparay Bandung.

Table I : Average Mild Depression before Being Given Laughter Therapy (Humor)

	Median	N	Std.Deviation	Minimum	Maximum
Mild Depression Before Being Given Laughter Therapy (Humor)	7.00	29	1.10	5	8

Table II : Average Mild Depression After Being Given Laughter Therapy (Humor)

	Median	N	Std.Deviation	Manimum	Maximum
Mild Depression After Being Given Laughter Therapy (Humor)	6.00	29	0.911	4	7

Tabel III : Average Differences in Mild Depression Before and After Given Laughter (Humor) Therapy for the Elderly at BPSTW Ciparay Bandung

Variabel	Median	Std.Deviation	P. Value	N
Mild Depression Before Being Given Laughter Therapy (Humor)	7.00	1.010		29
			0.000	
Mild Depression After Being Given Laughter Therapy (Humor)	6.00	0.911		29

DISCUSSION

Humorous therapy carried out for 15 minutes can stimulate the release of endorphine and serotonin, which is a kind of natural body morphine and mentininin. These three substances are good substances for the brain so that the elderly can feel more calm (9).

Laughter therapy is a mental or emotional expression that is shown through certain facial expressions and sounds. Laughter is a reaction of a particular stimulus that is seen from a happy expression or feeling of pleasure. When laughing stress hormones will decrease and increase feelings of happiness. The increase in endorphine hormone produced in laughter therapy will have a positive psychological and physical impact on a person (10).

Humor contains positive emotional content which are excitement, attraction, satisfaction, love, happiness, pride and relief. Giving laugh therapy (humor) will affect cognitive, emotional and social in the elderly, so that there is a change in cognitive that is flexibility in thinking, positive thinking, looking at problems from different perspectives, and creatively looking for solutions to problems. Humor can replace negative emotions such as anger, stress, anxiety or depression and with humor able to interact aggressively (11).

The results of measurements of mild depression before and after the laugh therapy intervention (humor) have a data distribution that is not normal because there are extreme values. Extreme values occur because of 29 respondents only five respondents had mild depression scores 5 times before therapy,

and only two respondents who experienced a decline reached a score of 4 or did not experience mild depression.

Decreased mild depression scores in the elderly in this study after being given laugh therapy (humor), which is as much as 1 to 2 scores. All the elderly experienced changes in answers to positive number 4 questions on the Geriatric Depression Scale (Short Form), namely the elderly said they did not feel bored after being given laugh therapy (humor), and other questions that experienced changes in some elderly namely negative number 11 before being given therapy the elderly said his life was unpleasant and after being given therapy the elderly said his life was pleasant.

This research is in line with the research of Umamah& Hidayah (12) about the effect of laughing therapy on the level of depression in the elderly in nursing uptd griya wreda Surabaya. This study carried out laughter therapy with several phases of laughter meditation and comedy films for 4 times a week. This study explains that there is an effect of laughter therapy on depression in elderly P.Value) 0,000 (<0.05).

Other research results are in line with the Mailand study (2014) on Laughter Therapy for Mental Disorder Patients with depression. This study gave laugh therapy for 7 days to mental patients suffering from depression using the Besk Depression Inventory (BDI) questionnaire. This study explains the existence of a significant effect of laughter therapy on mental patients with depression with the results of p.value 0.006 (<0.05).

CONCLUSION

Based on the results of the study it can be concluded that the disclosure of laugh therapy (humor) affects mild depression in the elderly, where it can be seen from the existence of differences in the average mild depression in the elderly before and after giving laugh therapy (humor).

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REFERENCES

1. Nugroho WH. Geriatic and Gerontology Nursing. Jakarta: EGC; 2014.
2. Yusuf, A., Fitriyasari P.K, R. & N. Textbook of Mental Health Nursing. Jakarta: Salemba Medika; 2015.
3. Wulandari P, Santoso FAP. The Influence of Elderly Gymnastics on Elderly Depression Levels in the Wening Wardoyo Ungaran Social Rehabilitation Unit. J Ners Widya Husada. 2018;1(1).
4. Mikhaline C. The Effect of Laughter Therapy on Decreasing Depression Score in the Elderly (Elderly) at the Graha Werdha Marie Joseph Orphanage, Pontianak City. J ProNers. 2015;3(1).
5. Lubis LN. Depression Psychological Review. Jakarta: Kencana Prenada Media Group.; 2010.
6. Irawan H. Depressive disorders in the elderly. Cermin Dunia Kedokt. 2013;40(11):815–9.
7. Greenberg SA. How To try this: The Geriatric Depression ScaleShort Form. AJN Am J Nurs. 2007;107(10):60–9.
8. Sheikh JI, Yesavage JA. Geriatric Depression Scale (GDS): recent evidence and development of a shorter version. Clin Gerontol J Aging Ment Heal. 1986;
9. Astuti N. Healthy Therapy With Laughter: The Elixir of Laughter for Health and Happiness. Yogyakarta. Tugu Publisher; 2011.
10. Hidayah N'., Damanik SRH, Elita V'. Comparison of the Effectiveness of Classical Music Therapy with Aromatherapy of Roses on Blood Pressure in Patients with Hypertension. J Online Mhs Progr Stud Ilmu Keperawatan Univ Riau. 2016;2(2):1317–26.
11. Martin RA. The psychology of humor: An integrative approach: Access Online via Elsevier. 2010;
12. Umamah F, Hidayah L. The Effect of Laughter Therapy on Depression Levels in the Elderly at the Uptd Griya Wreda Surabaya Home. J Heal Sci. 2017;10(1).