Happiness and Humor Group Promotes Life Satisfaction for Senior Center Participants

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ABSTRACT. The impact of positive psychological attitudes on physical health and healthy aging has been well documented through research. This study assessed whether a therapeutic recreation program specifically addressing happiness and humor could promote life satisfaction among older adults. The Happiness and Humor Group was a 10-week program conducted once a week at an urban senior center. The Life Satisfaction Scale (LSS) was administered as a pretest and posttest to 15 people who participated in the entire program. Scores from this self-rated assessment showed significant improvement in life satisfaction for the program participants. Anecdotal evidence also shows participants’ outlook changed significantly as a result of program participation. An overview of the Happiness and Humor Group program is provided as a model that can be replicated in senior centers.

KEYWORDS. Therapeutic recreation, aging, humor, depression

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In late adulthood, people can experience more and more stressful moments as they face each day with pessimism and regret about the past (Ruthig & Chipperfield, 2007). In today’s fast-paced society, the psychological and overall well-being of older adults is being neglected as the world faces continuous innovation and exponential progress in advances in technology (Wade, 2001). Many older adults face loneliness because of the loss of their previous social structures, isolation from relatives, and grief from the death of lifelong companions (Montpetit, Bergman, & Bisconti, 2006). Research has documented that loneliness leads to stress and depression, which have a negative impact on physical health and healthy aging (Yeh & Lo, 2004). Therapeutic recreation professionals need to respond by including programs that promote healthy aging by decreasing loneliness and improving the psychological attitude of older adults.

The Happiness and Humor Group was developed and offered to seniors in an interactive, experiential format to reduce loneliness. The program was offered once a week for a 10-week period and was held at a local California senior center. The goal of the program was to improve the lives of the participants by increasing their satisfaction of their present living status. Two core elements of the program were kindness and social interaction. Presenting the concept of kindness as an antidote for unhappiness has been found to contribute to life satisfaction (Otake, Shimal, Tanaka-Matsumi, Otsui, & Fredrickson, 2006). Healthy and active adults who experience overall life satisfaction feel a sense of wellness, are social, and appear psychologically well-adjusted (Flett, 1998).

The impact of participation in the Happiness and Humor Group was assessed using the Life Satisfaction Scale (LSS) (Lohmann, 1976). This 32-item self-assessment was administered to program participants before and after the 10-week program. This study assessed whether the program could produce a measurable change in life satisfaction among program participants.

**REVIEW OF RELATED LITERATURE**

Aging is manifested through both physical and psychological changes. The rate of change is impacted by what Papalia and Olds (2002) identified as primary and secondary aging. Primary aging is the body’s inevitably deterioration over time. Secondary aging results from the physical and psychological abuse the body receives throughout the years. These abuses are not inevitable; they are often avoidable and within the control of the...
person. Depression is an example of one of the psychological problems of secondary aging faced by older adults today (Teachman, 2006). Depression also accelerates the physical decline of aging (Papalia & Olds, 2002).

**Theories of Aging**

**Continuity and Activity**

The impact of primary aging, and the noticeable physical changes associated with it, can create challenges for positive aging. The continuity theory of aging (Neugarten, Havighurst, & Tobin, 1968) states that there is a great need for older adults to relate to both the present and the past. For older adults to have more life satisfaction they have to be able to continue doing what they used to when they were younger. This could mean that maintaining active participation in sports should not be hindered. Many adults become less active as they age so returning to activities one enjoyed earlier in life may help promote positive aging. Of course, older adults should not strain themselves to the extent of injury. However, being able to do what they could do before is encouragement in itself and provides opportunity for positive aging.

On the other hand, the specific activities older adults engage in may be less important than simply remaining active. The activity theory (Havighurst, 1961) indicates that to achieve better aging, one must engage him- or herself in different activities. Replacing the activities of youth with new activities may be just as beneficial as continuing participation. The ability to engaging in a variety of activities that provide pleasurable experiences and a sense of accomplishment may be essential to positive aging.

**Disengagement**

Older adults may disengage not only from physical activity but also from social engagement. The disengagement theory (Cumming & Henry, 1961) states that older adults tend to disengage themselves from society and focus more on themselves. They tend to be more in touch with their thoughts, feelings, and emotions as they look back at the past and realize what they have learned and gone through—both positive and negative.

Changes in both physical abilities and disengagement can lead to a sense of loss of control (Adams, 2004; Austin, Johnston, & Morgan, 2006). Older adults are typically viewed as people who are not as functional as they were in their youth (Cox, 1993). When an individual feels
that he or she cannot perform tasks independently and frequently has to be assisted, feelings of low self-worth and increasing pessimism can develop (Cox, 1993; Phillipson, 1998). Elders who have perceived control tend to experience less pessimism (Ruthig, Chipperfield, Perry, Newall, & Swift, 2007).

As people age, it is important to accentuate the positive. If elders can carry out tasks independently they then learn to build confidence in what they can successfully accomplish. Furthermore, doubts about themselves, reservations, and other unhealthy beliefs, such as that perhaps they do not have purpose in life anymore, gradually disappear (Dryden, 2001). Older adults can receive maximum satisfaction in aging when they conserve their strength, are able to adapt to challenges and losses, and can spend their time productively and wisely (Papalia & Olds, 2002).

**Physiology of Humor**

Numerous studies show that humor and laughter have a positive effect on aging, satisfaction, and quality of life. Indeed, humor is a powerful force with psychological and physiological effects on the body similar to the health benefits of aerobic exercise (Adamle, Chiang-Hanisko, Ludwick, Zeller, & Brown, 2007; Du Pre, 1998). Humor and laughter improve the immune system, heart functioning, and mental health, among other benefits (Du Pre, 1998). Cortisol, a hormone secreted by the body during times of stress, suppresses the proper functioning of the immune system thus making humans more inclined to become sick (Du Pre, 1998). Research has found that laughter can remove some of the negative effects of stress (Celso, Ebener, & Burkhead, 2003; Du Pre, 1998). Furthermore, simply watching humorous videos significantly increases the body’s level of Immunoglobulin A (IgA), a virus-fighting chemical made by the immune system (Dillon, Minchoff, & Baker, 1985). Watching humorous videos has also been associated with a significant decrease in requests of pain-relieving medication (Adams & McGuire, 1986). In fact, measurable changes were found after only a 6-week period of regularly viewing humorous videos. These studies suggest that laughter and humor contribute greatly to improving a person’s physical health. Research in the area of humor supports a relationship between humor and hopefulness (Vilaythong, Arnau, Rosen, & Mascaro, 2003; Westburg, 2003).

Although laughter can be achieved through entertainment such as viewing videos and film, the social interaction portion of laughter is also very helpful. Unfortunately, when some older adults try to disengage
themselves and focus more on themselves they often forget the importance of sharing and relating with others (Lawton, Moss, Winter, & Hoffman, 2002). According to Wooten (1996), “Finding humor in a situation and laughing freely with others can be a powerful antidote to stress. Our sense of humor gives us the ability to find delight, experience joy, and to release tension.” (p. 49). The quality of later life for elderly individuals is strengthened through social support including the development of close social ties (Chan & Lee, 2006). Such is the importance of group psychotherapy. According to Yalom (1995), group psychotherapy brings about instillation of hope, interpersonal learning, group cohesiveness, and universality.

People become more hopeful as they see others who are in a similar situation. They find out that there are those who can relate to them and that they are not the only ones who are going through the hard times that they are experiencing. The same is true for universality. Group dynamics foster natural concern and care for others. People become more mindful of their surroundings and helpful by allowing themselves to be useful (Yalom, 1995). Interpersonal communication and understanding are strengthened as each person involves him- or herself in discussions. Sharing feelings and working out problems together, people become more cohesive as a group and help each other improve social skills that they perhaps thought they did not need anymore.

This research suggests that a group program designed to promote happiness and humor could provide measurable benefits to older adults in terms of both physical and psychological health. Because many seniors experience disengagement and isolation, the program should be carefully designed to promote increased social engagement. Also, because research has found that humorous videos can provide positive benefits, it is appropriate to incorporate some videos into the program. However, the program also needs to incorporate elements that promote social interaction. Sharing personal experiences, especially in settings that promote acceptance and allow individuals to see humor in their life, should also be incorporated into the program.

**METHOD**

**Subjects**

The study group included eight men and nine women ages 65–89 years who volunteered to participate in a Happiness and Humor Group offered at a senior center. The group was ethnically diverse including two White
males and four females, two Latino/Hispanic males and one female, one African American male and two females, one Asian American male and two females, one Iranian male and one female. Participants were not screened for physical or psychological variables; any person who volunteered to participate in all 10 weeks of the Happiness and Humor Group and complete the pre- and posttest was included in the study.

Participants for the initial session of the Happiness and Humor Group were recruited through a poster displayed in the senior center lobby. The poster promoted issues such as “how to get along with difficult people, how laughter brings one peace, and learn the art of relaxation.” The first session of the Happiness and Humor Group began by inviting the attendees to participate in both the program and a study assessing whether the program produced a measurable impact. Participation in the study was not a requirement for participating in the Happiness and Humor Group. All those attending the first session volunteered to also participate in the program assessment. Although participation increased with each session, individuals who joined the Happiness and Humor Group after the initial session were not invited to participate in the study.

**The Happiness and Humor Group Program**

The Happiness and Humor Group itself consisted of a program conducted once a week for 10 weeks. Each session included an educational presentation addressing factors contributing to happiness and life satisfaction. This informational content was presented through a combination of short lectures, interactive activities to facilitate group discussions, and jokes. Jokes were highly welcomed and encouraged. In fact, more than once, the researcher would tell a joke reminding the participants that happiness was the theme of the program. Members were also encouraged to discuss and share parts of their lives through funny and touching anecdotes. Throughout the 10-week sessions a variety of playful props were also included such as whistles, candies, and other paraphernalia with cultural, historical, and symbolic references. The humorous tone set in each session, the variety of playful props, and the opportunities for involvement provided a stimulating and inclusive environment for the program participants.

The first session provided an introduction to the program leader and an invitation to participate in the study. Following these preliminaries, the first activity began. The group was presented with a variety of candies and each participant was asked to pick a candy that best represents his or
her personality. The candies offered were selected to elicit a response from the participants. Some candies were selected to suggest personalities: Lifesavers, Mr. Goodbar, Sugar Daddy, Nerds, Smarties, Air Heads, Hot Tamales, Big Hunk, Almond Joy, Butterfinger, Chuckles, Chunky, Good & Plenty, Cup-o-Gold, Bit O’ Honey, Rocky Road, Sunburst, Chick-o-Stick, and Three Musketeers. Some candies were selected to suggest specific life experiences: bubblegum cigar, candy cigarettes, PayDay, 100 Grand, 5th Avenue, Charleston Chew, Baby Ruth, and Hershey’s Kisses. A few candies were included that offered opportunities for more creative responses. After making their selection, each participant explained their choice to the group. The session concluded with an educational and yet humorous lecture regarding pessimists and optimists.

The second session began with the activity “Lighten Your Load” in which everyone shared a way that they could lift pressure from their lives. The focus of this session was the topic: “The Typical Wants and Desires of Human Beings.” Individuals require various needs to feel safe and be happy (Gupta & Korte, 1994; Puchalski, 2007), including the need to communicate, speak, listen, think, complain, love and be loved; the need to be useful, respected, helped; the need for change, stimulation, motivation, emotional release, friendship, and a role in life; the need to have physical and emotional privacy; and the need to like oneself. Each individual need was written on a separate piece of construction paper and the group members were asked to select one need they wanted to fulfill more completely. The group was then asked for suggestions that could help the individual better fulfill that need. This led to an intense discussion. The session concluded with an activity of light exercise to lively music.

The third session introduced the importance of exercise, nutrition, recreation, and attitude (ENRA) to living a happy and healthy life. This session’s activity, “Count Your Blessings,” was designed to help promote positive attitudes. The participants were asked to write down and share three positive things that happened to them during the week. They were also asked to share with the group how they think they were able to contribute to the positive things that happened to them in their lives. At the end of this third session, group members, not the group facilitator, began to tell jokes. This enabled participants to connect with each other through shared humor. Within this deceptively simple format, group psychotherapy naturally unfolds as participants share with each other ways to cope with loneliness and how they themselves started thinking more positively. Feeling comfortable in this safe and positive environment, many seniors shared deep feelings and let go of regrets from the past.
Subsequent sessions of the Happiness and Humor Group addressed the importance of ENRA. Directories to local farmers’ markets, including directories from http://www.localharvest.org, were presented as resources for improving nutrition. Participants were reminded that eating fresh fruits and vegetables can lower the risk of heart disease (U.S. Department of Health & Human Services, 2005). Resources shared with participants also included ideas for low-cost activities and entertainment available within the surrounding community. The participants were often reminded that happy people eat healthy foods, exercise, play, and most importantly, have a positive attitude toward life.

Some sessions incorporated viewing humorous videos. Videos of more than 50 stand-up comedians were reviewed by the program facilitator and rated for age-appropriateness, humor quality, acceptable language, and avoidance of “isms” (racism, ageism, sexism). Based on these criteria, routines by Ellen DeGeneres were selected. DeGeneres’s routine “Here and Now” provides a comedic look at procrastination (Gallen, 2003). The participants were encouraged to bring their own DVDs or videos should they want to share with the other group members.

DeGeneres is also known for opening her talk show programs by dancing simply for the sake of dancing. Videos of her dancing were used to introduce this activity as a form of exercise. Many Happiness and Humor Group sessions incorporated dancing to lively music including the song “Sister Kate” by the Ditty Bops (Williams & Piron, 1923). Dance was the focus of one of the later sessions of the Happiness and Humor Group, which introduced participants to an international folk dance. Kazoos and whistles were distributed with the instructions to “blow the whistle on yourself” when participants got too serious.

Throughout the 10-week program, participants were encouraged to see themselves as capable of determining their attitude. To remind them to seek humor to develop a more positive attitude, participants were given laughter prescriptions in the seventh week of the program. The laughter prescription was a reproduction of a prescription form actually filled out and signed by the group facilitator. It prescribed a daily dose of 15 minutes of laughter. Participants were instructed to keep their prescription posted in a prominent location in their living space to remind them to follow through each day with this important daily prescription—to laugh!

By the eighth session, the Happiness and Humor Group had expanded to 25 regular participants. At the 10th and final session, each participant received a certificate of achievement for being a part of Happiness and Humor Group. They celebrated their success with each other at a healthy
buffet that consisted of fresh and healthy food that they themselves pur-
chased from the local farmers’ market. The session ended with humorous
stories that participants could share with friends or recall later to fulfill
their own 15-minute laughter prescription.

The impact of the program was assessed using Lohman’s (1976) Life
Satisfaction Scale (LSS). Participants rated themselves on this 32-item
scale. The higher the score, the greater the residents’ perceived satisfac-
tion with life. A certified recreation therapist (CTRS) administered the pre-
test LSS immediately before the group members entered the Happiness
and Humor Group. Each member of this group was given a consent to
participate assuring confidentiality and freedom to discontinue the LSS at
any time. The final testing was administered during the 10th and final ses-
sion to measure the impact of the program.

RESULTS

The participants’ LSS scores improved significantly from the pretest to
the posttest (see Table 1). The posttest was given directly after the final
session. The benefit of a posttest following the final sessions confirms or
not if there was a positive impact on the participants’ life satisfaction.

The insignificant F value in Table 2 shows in Levene’s test for equality
of variances ($F = 2.73, p > .05$) and suggests that both score distributions
(pre- and posttest) come from normally distributed score populations.

| Variable | Method     | Variances | DF | t Value | Pr > $|t|$ |
|----------|------------|-----------|----|---------|-------|
| Score    | Pooled     | Equal     | 32.0| 2.90    | 0.0067|
| Score    | Satterthwaite | Unequal | 26.3| 2.90    | 0.0074|

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Results were also similar to previous studies regarding the impact of humor on self-perceived health and life satisfaction (Celso et al., 2003; McGuire, Boyd, & James, 1992).

Qualitatively, the impact of the Happiness and Humor Group could also be seen anecdotally through comments by participants. In the beginning, it was evident that group dynamics and sharing were very effective tools. One member, Cam (age 75), shared eagerly during the first session that her selection of the candy bar reminded her of growing up in an orphanage in Scotland. Another, Abraham (age 82), told about how he would eat a bite-sized candy bar and relax in the afternoon.

As the weeks passed, the verbal and nonverbal connections strengthened among group members. The researcher noted that the silent and timid members became more involved as the mood lightened up and an atmosphere of acceptance developed. For example, Keiko, a timid and reserved 83-year-old, cried at the end of one of the sessions when she shared that she allowed her son to drain her of happiness. She declared that she was going to put into practice what she had learned in the group.

Participants felt increasingly more at ease in this safe and friendly environment. Group cohesiveness was noticeable by the fourth session and continued building throughout the remainder of the sessions. Participants served each other coffee, listened without interrupting, and best of all, made plans to socialize outside of the weekly group meetings. Edna (age 68), stated that she felt like a kinder person. She mentioned that she called friends and invited them to her apartment, equating to a more confident and more sociable outlook in life. Sharing was always rewarded and welcomed eagerly by other participants. They opened up and became more interested in each other, learned to listen to one another’s concerns and, as a result, grew to be deeply supportive of one another.

As the weeks passed, both participants and researcher saw how popular the Happiness and Humor Group was becoming. Participants joined because they said that “they want to be happy.” Even during the course of the program, changes and positive results were observed. Instead of interrupting each other during the sessions, the conversation flowed with minimal disruptions. Members themselves would say how much they were already evolving. For instance, Sam (age 82), who disclosed that he was easily annoyed by many people and wanted to learn a better way of relating to those who bothered him, showed a shift in his attitude.

Many other observations and interesting “ah-ha’s” came from the members themselves. During the session in which the laughter prescriptions were distributed, participants commented about how appointments are
made with doctors and dentists for specific health concerns, but never for a meeting for life-renewing recreation and leisure. Participants’ outlooks changed noticeably throughout the program and they became more optimistic.

In the latter part of the program, one could easily detect that people were much more confident in sharing personal issues as compared to when they were just starting. They were comfortable venting concerns, which made them feel better both emotionally and psychologically. One participant, Dixie (age 87), brought up her family issues during one of the sessions. Members had been speaking of family traditions and ritual, children and parents playing together, laughter, and the pleasure of honest, open communication without retaliation. Dixie, once an abused spouse, said that the group had empowered her to be happy and feel less guilty. Group therapy was happening naturally and all that many participants knew was that they were having a good time and making new friends.

**IMPLICATIONS AND RECOMMENDATIONS**

Researchers in gerontology, leisure services, social work, and related disciplines are eager to discover how to increase the quality of life for older adults, particularly those stressed by loneliness. Furthermore, many researchers have followed a line of investigation comparing the relationship between having a sense of humor and good health (Boyle & Joss-Reid, 2004; Christie, 2005; Linge, 2006). Leslie Gibson, a hospice community liaison, has observed that the more developed the sense of humor, the more graceful the acceptance of physical change and deterioration associated with aging (Schultes, 1997).

This study demonstrated that the Happiness and Humors Group developed for an aging population played a significant role in increasing life satisfaction. Central to this was the use of humor and laughter to connect the participants with each other and create a bond among them. After 10 weeks, it was observed that the program participants were thinking more positively and were more accepting of their life circumstances. Many were also observed to feel more comfortable socializing and less lonely. Through the program, they realized that they were surrounded by supportive peers who could relate to their feelings and emotions. Many appeared more hopeful and looked at the past with less regret.

Similar programs for older adults can be developed by incorporating several core principals.
1. The group facilitator should model the attitude and behavior promoted by the group.
2. Each session should incorporate entertainment and education.
3. Activities incorporated into the program should promote interaction and discussion among the program participants.
4. A light-hearted tone can be encouraged through props and activities (including dancing).
5. Comedic videos can be used within the program but must be incorporated into the program theme and discussion.
6. Programs should meet regularly.

Further study may allow the Happiness and Humor Group to have even greater impact. Frequency of the sessions should be studied to determine whether more frequent sessions would be beneficial. Offering the program twice or even three times each week may provide greater impact on participants’ life satisfaction and optimism. Assessments of any program that meets more frequently should also assess whether participants begin to interact socially outside the program, as was seen in this study of a weekly program, or whether the participants rely solely on the program for social interaction.

The total length of the program should also be studied further. This study found measurable change within 10 weeks. Additional research could determine whether continuing the weekly program for a longer period of time could produce even greater change. Additionally, assessments should determine the longitudinal impact of the program. If research finds that participants’ life satisfaction and social interaction wane after the program concluded, then identifying the average duration of the program’s impact will help determine the optimal frequency for offering the program.

Family support or intergenerational programming could also be added to the curriculum. If family support is incorporated, assessment should determine whether this discouraged participation for those whose relatives are at a distance or those who may not have close family involved in their lives. Intergenerational programming may provide an alternative that is not dependent on family involvement in the lives of older adults. Yet the success of the Happiness and Humor group may be dependent on participant’s perceptions that others in the group share similar life circumstances. Any intergenerational program should incorporate an assessment to determine whether this occurs. Even groups comprised of only older adults could incorporate an assessment of whether the perceptions that
others in the group share similar life circumstances helped participants feel more comfortable sharing their personal stories.

Because the Happiness and Humor Group promoted social interaction, each program should assess the optimal group size. Large groups may inhibit socialization among participants. Small groups may not provide enough interaction. In this study, program participation increased from 15 to 25 participants within the 10-week program. Because this program growth was not anticipated, the study was not designed to assess the impact of the increasing group size.

Qualitative analysis of the program participants may also assess the impact of the program for participants who joined after the initial session. This assessment may even be able to provide an indication of how rapidly participants are able to see the impact of the program in their lives.

This study found that the Happiness and Humor Group was able to significantly improve participants’ life satisfaction. In the future, with its implementation in more senior centers, it is hoped that a multitude of older adults will be able to benefit from and experience the life-changing process this simple and uplifting program offers.

REFERENCES


