

## Laughter and Well Being as We Age

by

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The cynic might say that there's little to laugh about in growing older. Aging brings its challenges and losses, so what's funny about this? Of course, life can be tough, but even in the awful there can be the funny. Like, what else could go wrong?

Robert Frost said it (and Jimmy Buffet put it to song): "If we couldn't laugh, we would all go insane."

I met a veteran recently over dinner at a shelter where I volunteer. He had lost an eye to bullet fragments and had irreparable damage to the other during a clandestine Black Ops mission in Central America almost 40 years ago. He said that things could have been worse, as it was for others on that mission. He expressed his gratitude for life with a grin and a laugh. As we talked, he discussed his grown children and his grandchildren. One son had joined the military, the other had not. He accepted their decisions and stated that we each have to live our own lives. We exchanged ideas about politics, religion, families, and so on, and I realized his wasn't an act; he was the real thing. He accepted his life and laughed. He said that maybe he'll develop keener hearing once he loses sight in the deteriorating eye.

Laughing at life, at ourselves, falls under the hackneyed category of Laughter as the Best Medicine. It's an area replete with quotes from famous and unknown figures in history, from Roman philosopher Seneca's observation that it's "more fitting ...to laugh at life than to lament about it" to the contemporary Mel Brooks' comment that "life abounds in comedy if you just look around you." But what supports laughter as a medicine? Is there research?

Turns out, there's a fair amount of it. First, we should distinguish between humor and laughter. The first may or may not produce the latter. There can be humor without laughter. And laughter can be produced without causal humor. Humor involves cognitive, social, and behavioral elements. Laughter is a physical response, a psycho-physiological reaction. This physical response does, in fact, seem to be associated with well-being in later life.

As for humor, Houston, McKee, Carroll & Marsh (2010) found humor effective in reducing anxiety among nursing home residents. Crawford & Caltabiano (2011) found, with 55 community-dwelling adults in Australia who were randomly assigned to experimental or control groups, that an eight-step program to teach humor skills improved measures of emotional well-being, such as positive affect and self-efficacy; they conjectured that humor helped reframe adverse events by increasing positive thinking and perceptions of control, while decreasing negative thinking, perceptions of stress, and anxiety.

As for laughter, some time ago Martin & Kuiper (1995) reported that daily laughter decreased the negative emotions associated with daily stressors.

Some of our colleagues in the Southern Gerontological Society recently published their pilot (preliminary) research in *The Gerontologist* (August 2016 online) on the effects of simulated laughter on various measures of well-being, including participation in physical exercise, indices

of mental health, and aerobic endurance. Celeste Greene, Jennifer Craft Morgan, and Chivon Mingo (Georgia State University) and LaVona Traywick (University of Central Arkansas) began by acknowledging that many people don't enjoy exercise, so perhaps a laughter intervention might induce people to begin or continue to exercise.

In their pilot study with 27 assisted living facility residents, they combined brief (30-60 seconds) simulated laughter exercises with a 45-minute, moderate-intensity physical activity program on strength, balance, and flexibility, that is, a standard exercise program. Their 12-week, twice weekly, exercise program used a wait list control design so that everyone eventually participated in the six-week *LaughActive* exercise regimen. The average age of the participants was 82 years. The researchers found statistically significant improvements among participants in mental health (using the SF-36v.2 scale), aerobic endurance (using the two-minute step test), and self-efficacy for exercise (using the Outcome Expectation for Exercise scale).

So, participants faked laughing, but the results were nonetheless impressive. As the Georgia State information office summarized, "*Because the laughter exercises were combined with playful behavior and eye contact, and because laughter is 'contagious,' it usually transitioned to genuine laughter, the researchers noted. In any case, 'the body cannot distinguish between genuine and self-initiated laughter,' they said. (Similarly, other research has found that fake smiling can improve mood and reduce stress.) In addition, 'when laughter is self-initiated as bodily exercise, older adults do not need to rely on cognitive skills to 'get the joke,' or a positive mood state to reap the benefits of laughter.'*"

The latter points warrant emphasis. Faked or simulated laughter helped produce physical and mental health benefits, at least in this small pilot study. And simulated laughter apparently works without the cognitive engagement associated with humor, an important point when one may be concerned about the well-being of individuals with dementia.

Coming full circle to the veteran at the shelter, being able to laugh, even faked laughter can be therapeutic. I can vividly remember one of my most embarrassing incidents as a child. When I was nine years old, we spent a summer week on vacation in Maine with my cousins. Returning home, we drove South along the Maine Turnpike. My mother was driving and my aunt was up front with her. I was behind the driver's seat, wearing my newly acquired tee shirt emblazoned with a huge, green pine tree and the motto *Maine: The Pine Tree State*.

When we stopped to pay the toll, the man looked in the back seat at me and asked, "Did you have fun?" I nodded. "What kind of trees did you see?" I hesitated, being caught off guard in the spotlight, then replied, "Oh, maples, and oaks, I guess." He looked at me strangely.

As soon as we drove on, both turned to me and said something about me looking at my shirt and the state's motto. I was mortified. That embarrassment stayed with me for decades, and I couldn't think of the incident without cringing.

Later, as a 30-something adult, it was my task one Thanksgiving to carve the roasted turkey. I started, hit bone, and quietly sidled up to my wife to whisper that we were in trouble, having an apartment full of guests and no turkey meat to share. She went back with me to the kitchen and

saw at once what I'd done: I had the turkey upside down and had been carving the back. This time, with added years, we both saw the silliness and burst out laughing.

As for The Pine State fiasco, it's only been recently that I have learned to put it in context: I was only nine years old! I can now balance the cringe factor with "Was I ever so young and so clueless?" Yes, now I'm older and clueless.

Laughing at mistakes, laughing at stressors, is demonstrably healthy. We all make mistakes and we all have circumstances and events that can be serious, damaging, or harmful. As we get older, we have accumulated a lifetime of them. Humor and laughter, laughing at ourselves or our circumstances, can indeed be therapeutic.