

LaughterBoss – Introducing A New Position in Aged Care

Dr Peter Spitzer MB BS FACRRM Churchill Fellow

Abstract

“It is the job of the LaughterBoss, via open-heart surgery, to touch the soul and give it room to smile and laugh.”

The author originally introduced the concept of the LaughterBoss at the First National Conference on Depression in Aged Care: “Challenging Depression in Aged Care” in Sydney, Australia, 2003.

It is acknowledged that care of the growing elder population is under increasing pressure.

LaughterBoss originates from the philosophy that laughter is the best medicine. The positive power of humour is well-known and bringing humour and laughter into aged care assists staff to more creatively meet quality of life and psychosocial care issues of residents. The LaughterBoss is also well placed to help reduce staff stress and improve staff morale.

The LaughterBoss is modern day equivalent of the court jester.

They bring together the art and the medicine. Ideal candidates for training are staff members who have intimate knowledge of residents, families and staff as well as a thorough understanding of the environment and culture of the facility. Training to become a LaughterBoss does not make the applicant a

professional performer. They remain a healthcare professional who has developed creative skills in introducing humour and laughter into their facility. This chapter explores how to train and introduce a LaughterBoss into aged care.

Key Words

LaughterBoss, aged care, depression, humour, laughter, humour intervention, humour training.

1. Clowning in the Health Care Setting

On the front page of the September 1908 issue of *Le Petit Journal* there is a drawing of two clowns working their craft in a London children's hospital ward. In Turkey, several centuries ago, the Dervishes who were responsible for the well being of patients, first, fed the body and then used their performance skills to feed the soul. More recently, hospital clowning has become established in many countries with palpable benefits to patients, families and staff.

Patch Adams, as a young doctor in the 70's, began clowning for hospital patients. Big Apple Circus established the Clown Care Unit in New York City in 1987 and was the first structured hospital clown program with frequent and regular visits to host hospitals. There are many hospital clowning programmes around the world and some of there are Theodora Foundation (Europe, South Africa, Hong Kong and Belorussia), *Le Rire Medicin* (France), *Die Clown Doktoren* (Germany), *Payasospital* (Spain),

Soccorso Clown (Italy), CliniClowns (Europe), Doctors of Joy (Brazil), Fools for Health (Canada), Zdravotni Klauf (Czech Republic) and Humour Foundation (Australia). Today, hospital clowns work in partnership with other health care providers. Professionalism of the hospital clowns and the program they deliver is a high priority with regular training, program and quality assurance review. Clowning in hospital addresses the psychosocial needs of patients as well as the facility as a whole.

2. Clowning and Evidence-Based Medicine

Gelotology is the study of humour and its effect on the human body.¹⁻⁵ The Association for Applied and Therapeutic Humor (AATH), founded in 1988, defines therapeutic humour as "any intervention that promotes health and wellness by stimulating a playful discovery, expression, or appreciation of the absurdity or incongruity of life's situations."⁷

Clowning has a long history of being an art form that invites play, interaction and above all laughter. Many studies on the effect and benefit of humour and laughter have been published.

Laughter affects the mind and the body. There are many reasons why laughter makes us feel good and a recent study has found that humour and laughter triggered the brain's reward centres.⁶ Other studies show respiratory and cardiovascular effects. Laughter stimulates respiration, relaxes arteries and improves blood flow as well as oxygen saturation of peripheral blood. After a transient rise there is a drop

in blood pressure. Positive effects on hypertension and diabetes have been noted. A relaxation response is experienced after laughter. Laughter has been researched in the field of psychoneuroimmunology and studies have shown a drop in serum (cortisol) stress hormone and enhancement of immune system functioning. Laughter reduces pain. Laughter is also studied in the field of Positive Psychology and positive effects on performance, mood, optimism, anxiety and depression have been observed. Laughter enhances communication and is positively associated with emotional stability.

There are many published studies on the impact and place humour and laughter in aged care and a small number is referenced here.⁸⁻¹⁷

3. Aged Care Issues and Depression

Not that long ago, life expectancy was in the 40-50 range. Now, it is common to be caring for people who are in their 80's and 90's. This group suffers from a multitude of losses such as loss of physical and mental ability, loss of power, loss of friends, loss of control in their lives and loss of independence.

Depression is common at this late stage of life and brings with it significant morbidity, which when left untreated is associated with higher health service utilisation.²⁰ Depression is a major public health problem. It is common for depressed older adults in

residential care not to receive optimal help as depression is often under recognised by health professionals and other carers.

A crucial issue in health promotion intervention is to increase participation in both mental and physical activity.

Common health education messages include; Depression is not an inevitable part of ageing, depression is not a spiritual or personal weakness and non-pharmacological treatments can be effective when used alone.²¹ Multifaceted interventions have been recommend due to complexity of depression in residential care as well as the potential for synergy between different elements of possible interventions.²⁰ However, cost of funding is a common factor in introducing intervention programs.

With an increase in the aging population, the aged care health sector is under growing pressure. Staff stress, lowered morale, burn out, staff turnover and absenteeism are recurring problems.

In summary, implementing effective depression interventions can positively affect quality of life and reduce physical and psychological morbidity and consequent patient transfers to higher levels of supportive care.²⁰

4. Background to the LaughterBoss Concept

In Australia, The Humour Foundation charity is the only national organization delivering hospital clowning to children and adults through its Clown Doctor program.^{18,19} This includes episodic visits to aged care facilities.

Whilst we see and feel the impact of Clown Doctor visits, we are not able to make regular visits, which limits the impact and connection with everyone in the facility. The commonest complaint is, “Why don’t you come more often.” This signals an inadequately met need. With the inability to meet increasing demand for Clown Doctors to visit aged care facilities, the author developed the LaughterBoss concept under the LaughterWorks arm of the Humour Foundation. LaughterWorks provides education and runs seminars for health care providers in using humour in patient/carer relationships.

In this initiative, we would teach a staff member humour intervention skills to deliver, on a regular and opportunistic basis, the positive power of humour and laughter.

The LaughterBoss model was presented at *The First National Conference on Depression in Aged Care: “Challenging Depression In Aged Care”* at the University of NSW, Sydney, Australia, June 2003.²²

5. Who and What is the LaughterBoss?

The court jester (or fool) was a particular type of clown associated with the Middle Ages. In those days they were thought of as special cases that God had touched with a childlike madness. They wore bright, motley patterned, costumes and floppy cloth

hats with 3 points each having a jingle bell at the end. They also carried a mock sceptre.

Medieval medicine considered health to be largely governed by four humours (Sanguine, Melancholia, Choleric and Phlegmatic). Imbalance of the humours produced distinctive emotional states and the court jester was specifically employed by the court to help rebalance the humours. For example, the court jester would be summoned to lift the monarch out of an angry or melancholic mood.

“Above all he used humor, whether in the form of wit, puns, riddles, doggerel verse, songs, capering antics or nonsensical babble, and jesters were usually also musical or poetic or acrobatic, and sometimes all three.”²³

The tradition of court jesters lasted about 400 years and they worked in the royal courts of Europe, the Middle East and Asia.

The LaughterBoss is a modern day equivalent of the court jester. The main role of the LaughterBoss is to bring play, humour and laughter into the facility. This role originates from the philosophy that laughter is the best medicine. The healing power of humour is well documented.^{3,17,22} Sharing a smile and a laugh reduces anxiety, positively impacts on the immune system, improves circulation, modulates the mesolimbic reward centre,⁶ reduces depression and creates an atmosphere of positivity and warmth.

While the main focus of the LaughterBoss is on the residents, a positive impact on staff, visitors

and the general community has been reported. The LaughterBoss can reduce staff stress and improve morale as well as assist staff to better meet quality of life and psychosocial needs of residents. This is done through assisting communication, increased support, giving residents cognitive control, providing positive diversion and generally increasing the ‘smileage’ factor.

Ideal candidates for LaughterBoss training are facility staff members who have an intimate knowledge of the people (residents, staff and families) and a thorough understanding of the environment and culture of the facility. The LaughterBoss position is added onto the ‘day job’ of the staff member. This not only reduces costs but also addresses and enhances recommended multifaceted interventions.

After training, the LaughterBoss is a new identity in the facility. They should be easily recognisable and be available to do their work at a moment’s notice as the need arises. They also lead the way in introducing themes, special days and events.

Training does not make the applicant a professional performer. They remain a healthcare professional who has developed creative skills in introducing humour and laughter into their facility.

Given that training involves play, improvisation, engagement, humour and laughter, the ideal trainer would have performance background with teaching experience including the ability to deliver scientific data.

Performers who also do hospital clowning have the benefit of working in the health care system as well as having the backing of their organization. This adds to depth of experience as well as professional credibility. Trainers do not have to be medical practitioners in order to deliver LaughterBoss training.

Feedback about quality and appropriateness of training given by our performers who are also hospital clowns has been enthusiastic and very positive.

6. LaughterBoss Training

The initial training is a full-day experiential program.

A. Selection.

Applicants usually self-select and are motivated to attend training. They must have the acknowledgement and support of senior staff and management. Applicants have included CEOs, Directors of Nursing, nursing staff, Diversional Therapists, Occupational Therapists, Recreational Therapists and the clergy. Often, training grants cover the cost of training.

Group size is limited to 20-30 people and training is held on a weekday, typically from 8.30 am to 4.30pm. Commonly, one person takes on the role

of liaison and administration assistant and this person also arranges refreshments as well as AV needs.

Advertising is usually via in-house, local newsletters, aged care journals, within the allied health specialty groups and word of mouth.

B. Location.

The space must be large enough to seat 30 people comfortably. Chairs are often positioned in a semi-circle at the periphery. There must be space to hold exercises. Lightweight chairs are used as some exercises are performed seated in groups of two and three. Natural light and fresh air are preferred. Noise and laughter levels can rise and this is factored in. Loose and comfortable clothing is recommended.

C. Course Materials and Teaching Aids.

Each trainee receives a resource pack. It contains information on the Humour Foundation Clown Doctor program which opens discussion on introducing new models into the health care setting. There is a paper on the LaughterBoss written by the author. There is a summary of therapeutic effects of laughter; review of laughing at vs. laughing with someone; humour resources; a list of creative ideas; taking steps towards an optimistic state of mind and a paper on the health benefits of optimism; a nursing journal paper on the “Use of humour in Patient Care”; a paper on “The Therapeutic Power of Humor-Brief Article” and an academic and

therapeutic reference list on Humour and Gerontology.

Humour resources and creative ideas give busy health-care professionals a practical summary of what material is available, how it can be used as an intervention and where it can be sourced. This includes reading materials and (local) internet access.

The scientific material and video clips are delivered using PowerPoint/laptop computer/data projector. Usually a whiteboard is available. One or two tables are used to hold reference books and materials as well as a variety of props.

One source for scientific material as evidence is our own site, www.humourfoundation.com.au (Select Resources then Humour References followed by Therapeutic Humour and Physiological response.) See also Notes at the end of this chapter for further references.

Giving a summary that includes both psychological and physical benefits of laughter helps give scientific evidence and helps underpin the validity of LaughterBoss. The author typically presents information on psychoneuroimmunology, stress hormone reduction, immune system benefits, circulation benefits, information on reduced depression, positive cardiovascular benefits and the effects on the mesolimbic reward centres.

D. Questionnaires.

Three questionnaires are used. These are valuable in assessing the program and can form stepping stones to future research.

The first questionnaire is filled prior to training.

The second questionnaire is filled at the end of the training day.

The third questionnaire is filled at half-day follow-up workshops held every few months.

The questionnaires are enclosed.

E. Training Content.

Training brings a number of elements together by:

(a) introducing the science behind the ‘laughter is the best medicine’ quote.

(b) exploring the ‘Art of Medicine’ and how to introduce humour and play.

(c) stimulating creativity and developing new skills.

(d) networking between like-minded health-care professionals.

Training is delivered over four sessions in the day.

Session 1 includes: pre-training questionnaire; introduction to the LaughterBoss concept and introduction to each participant; group activities to have some fun and play with each other; introduction to the Humour Foundation Clown Doctor program; the science and psychoneuroimmunology underpinning laughter and humour; video clips and stories from the coal-face.

Aspects of the science are dealt with in (C) above.

Video clips, when available, give visual cues to laughter/play interactions. Photos are also used and give similar cues. Both open the door to deliver stories from the coal-face. Stories are a very important way of translating the theoretical to the transformational reality.

Session 2 includes: group play: developing a new view of the aged care space; introduction to the play basket, the humour notice board and resource material; brain-storming in groups of three on creative ways to humour one's self, residents and staff.

Group play includes a number of exercises that stimulate play. This is valuable experientially to balance the intellectual activities. Group plays show the value of brief interventions and are a good way of linking the participants.

Group plays are introduced in all the sessions. There are many appropriate group plays available. A good resource is *Playfair* by Matt Weinstein and Joel Goodman, Impact Publishers.

The play basket is in itself a play resource. A basket, strategically placed, can have a variety of colourful props such as scarves, wigs, hats, lightweight balls etc ready to be used at a moment's notice. Local businesses and community groups can connect with the facility by donating equipment.

The humour notice board is also a strategically placed. It invites humour. Residents, families and

staff can add jokes/humour articles/photos. The LaughterBoss maintains and supervises this space.

Resource material can be donated or made by the local community. This includes materials for the play basket as well as items such as puppets, balloons etc.

The brain storming exercise is a way of including others in creative thought and expression. This is a safe and non-judgemental exercise in lateral thinking.

A selection of books on humour is on display throughout the day.

Session 3 includes: more group play; using props as communication tools; using Polaroid and photography; examples of brief humour interventions; humour during entry and exit; introducing love heart tennis as an example of fun play that can incorporate residents, staff and family. In this play six people (or more) participate. Equipment needed is chairs, one red heart balloon (the ball), four soft fly swatters (the rackets) and a roll of toilet paper (the net). Two people sit facing each other holding the rolled out toilet paper. Two players sit side by side on each side of the net facing the players on the other side. The aim is to get the love heart balloon over the net to the other side. Scoring is strictly ad-hoc. This play is quickly set up

and very rapidly changes the mood of the environment. See Figure 1.

(Figure 1 here)

A variety of props can be used to induce play, laughter and enhanced communication. These are on display and the 'schtick' is shown. Colourful, close-up magic often works well. Puppets also work well. Participants can experiment and play with the props during breaks in the training.

Polaroids/photography add a dimension to play and leave a positive visual reminder of the activity/play.

Given the busy-ness of the day, brief, improvisations/interventions make a difference, make sense and are achievable during a busy shift. These are shown and discussed. For instance, it may be possible for the resident to team up with the LaughterBoss to play a 'trick' on the family.

Entry and exit to the facility, the staff room, the dining room, the resident's living space are areas where the LaughterBoss can trip over themselves literally – a way of acknowledging human frailty even in the staff. This is theatre 'on the go'; this is brief intervention; this invites reaction and comment; this is play.

Session 4 includes: group play; planning and introducing themes; exploring fun musical opportunities; aligning play to the resident's history; exploring the possibilities of the humour/play cart and the potential to connect with the broader community; different ways of being funny on

excursions; dealing with dementia; question and answer segment and post-training questionnaire.

Themes for the day, the week, the month and a variety of special occasions are explored. For instance how does the LaughterBoss make Funny Fridays happen? Ways of engaging residents, their families and staff are discussed. One facility put together a 'Funny Day Out' where residents had the opportunity to dress funny on a bus outing. This was also great for photo opportunity.

Photo opportunities can easily find their way to the residential or local newspaper. The message is that residential facilities are a part of the community.

A variety of musical/fun opportunities are explored. There are a variety of ways of forming an 'instant band'.

Taking the time to listen to the resident's history gives the opportunity to introduce appropriate play. The resident will give the cues.

The humour cart is, like the humour basket and the humour notice board, another opportunity of introducing play. The medication trolley brings medicine. The humour trolley brings play. This can have props as in the humour basket as well as props like the Polaroids, puppets, magic, balloons etc. These can be sourced from local community, schools and businesses – again linking the facility with the broader community.

Throughout the 4 sessions participants experience the Massage Train. This massage activity connects the group in a quick, enjoyable and light-hearted way. In essence, the group forms a close circle facing the centre. Everyone turns to the left and massages the upper back of the person in front. After a couple of moments everyone turns the opposite direction and again massages the upper back of the person in front. This activity can include residents and can be used during staff handover /shift change. See Figure 2

(Figure 2 here)

Each participant receives a colourful completion of training LaughterBoss certificate. Often a graduation photograph is taken as in Figure 3.

(Figure 3 here)

F. Follow-up workshops.

These are recommended every 3 to 6 months. Senior Clown Doctors experienced in teaching lead these workshops. They introduce their artistic professionalism in taking the LaughterBoss role forward.

These half-day workshops include fun play, introducing new performance elements, review and feedback of LaughterBoss activity and finish off with the questionnaire.

Both the training day and the follow up workshops also give an opportunity to meet health care professionals from other facilities and to establish LaughterBoss networks.

7. Evaluating the LaughterBoss Training

Broadly-based evaluation using a series of questionnaires takes place during initial training and at the follow-up workshops. A fairly typical training is reviewed here.

26 people took part in this initial training. They came from 14 different organizations that included Government Community Health Services, nursing homes, hospitals, carers and artist-in-community. Participants held 15 different positions. The majority were registered nurses. Social worker, speech pathologist, activities officers, nursing aides, physiotherapist, artist, diversional therapist, adult day care manager and nursing unit manager also attended.

Reasons for attending included to improve atmosphere at work; introduce humour to reduce work stress; curiosity; expand knowledge and skills; develop one's own humour skills; increase skills working with dementia and have more fun and laughs with residents.

15 out of the 26 participants had no prior performance training.

Some thoughts on what the LaughterBoss could bring to the workplace included: Improved patient care; a more enjoyable workplace; reduced staff stress; improved communication; permission to encourage laughter; certification and validation of

this new position; improved staff morale and team building.

80% had support of their organization to attend training. 8% were organization-independent.

100% agreed that training met expectations. 96% felt training gave sufficient skills to begin LaughterBoss work. 88% felt training gave enough confidence to begin LaughterBoss work. 100% had fun.

13 (50%) attended the follow up workshop 3 months later. Management had totally accepted LaughterBoss in 70% and partially accepted in 30%.

31% of other staff totally accepted LaughterBoss with 69% partial acceptance. Some felt it was too time consuming and interfered with normal routine.

54% of residents totally accepted LaughterBoss with 46% partial acceptance. Comments included: always have to gauge whom you can use it on; have to choose the right time; humour creates an instant bond when meeting someone with dementia.

85% of families/carers partially or totally accepted LaughterBoss role. Comments included: Families need explanation on the role of the LaughterBoss; Good feedback from volunteers; It is now OK to laugh in here.

Comments on the wish-list to maintain creativity and develop skills included: Have regular LaughterBoss meetings; LaughterBoss position for a month – shared amongst all staff; Time to fit

creativity into a very lousy job; attending magic & juggling courses.

Engaging residents with dementia in humorous interactions varied with the level of dementia. Those with mild dementia engaged 69% often/most of the time. This was at 31% for moderate dementia. And 23% for advanced dementia.

46% of those working with people with dementia felt improved level of confidence since introduction of the LaughterBoss.

Finally, some general comments included: Love watching the pleasure on their faces, even those not directly involved; I'm committed to getting a laugh every day; Proves that humour can be a positive therapy for people with dementia.

8. Conclusion

The creative challenge is in becoming comfortable with and learning to appropriately shift between health professional and LaughterBoss role.

The positive benefits of humour and laughter in the aged care setting have been acknowledged. The "art of medicine" as practiced by the LaughterBoss in the new millennium is alive, well and needed in the aged care sector.

LaughterBoss training is a step on the way to allowing the court jester emerge.

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Author Notes

Dr Peter Spitzer is a practising medical practitioner in Bowral, NSW, Australia. He is the Co-founder, Medical Director and Chairman of the Humour Foundation. In hospitals he operates as Dr Fruit-Loop dispensing mirth, prescribing smiles and leaving his patients in stitches.

Contact:

PO Box 1893

Bowral 2576

Australia

email: spitzer@swiftdsl.com.au

www.humourfoundation.com.au