EFFECTIVENESS OF HUMOUR THERAPY ON DEPRESSION AMONG THE ELDERLY IN SELECTED OLD AGE HOME, COIMBATORE

REG. NO. 30101444

A Dissertation Submitted to
The Tamilnadu Dr. M.G.R. Medical University,
Chennai-32.

In Partial Fulfillment of the Requirement for the

Award of the Degree of

MASTER OF SCIENCE IN NURSING

2012

EFFECTIVENESS OF HUMOUR THERAPY ON DEPRESSION AMONG THE ELDERLY IN SELECTED OLD AGE HOME, COIMBATORE

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ACKNOWLEDGEMENT

I express my heartfelt thanks to honorable **Thiru. C. Soundararaj Avl.,** Managing Trustee, M/S. SNR & Sons Charitable Trust for giving me an opportunity to utilize all the facilities in this esteemed institution.

I am immensely grateful to **Prof. Seethalakshmi**, R. N., R. M., M. N., M. Phil., (Ph. D)., Principal, College of Nursing, Sri Ramakrishna Institute of Paramedical Sciences, Coimbatore for her expert guidance and valuable suggestions throughout the study.

I express my deep sense of gratitude to **Mrs. Nuziba Begum,** M. Sc (N)., M. S. (C & P)., for her expert guidance, valuable suggestions, encouragement and keen interest in conception, planning and execution of the study.

I extend my deep felt sincerity to **Prof. R. Ramathilagam**, M. Sc (N)., Vice Principal**,**. **Mrs. Renuka,** M. Sc (N)., & **Prof. W. Chitra**, M. Sc (N)., for their moral support and valuable suggestions in completing this study.

I express my profound gratitude to **Sr. Alphonsa**, Administrative officer, St.Joseph old Age Home, Coimbatore for her valuable suggestions throughout my study.

I am grateful to **Prof. T. S. Mohanraj,** M. A., M. P. Ed., M. Phil., M. Sc., (Yoga), P. G. D. Y. E., who trained me to learn the humour therapy successfully.

I express my special thanks to **Mrs. Elizabeth**, M. Sc (N).and **Mr. Sathish kumar** M. Sc (N)., for their moral support and valuable suggestions in completing the study.

I express my special and sincere thanks to **Prof. G. K. Sellakumar**, M. A., M. Phil., P. G. D. P. M., Ph. D., & **Mrs. R. Ramya**, M. Sc., M. Phil., for their intelligent guidance and constant encouragement in every step.

My sincere thanks to **study participants** of St.Joseph Old Age Home for their cooperation and support for this study.

I am grateful to the **Librarians** of Sri Ramakrishna Institute of Paramedical Sciences for their retrieving patience and timely helping many ways to prepare the manuscript. I express my gratitude to staff of **Bubbles** & **Computer Park** Coimbatore for their compute and technical assistance. There cannot be anything possible by me without the affection, support and love of **my Parents, Family members** and **my classmates - the Spartans** for their prayerful support and guidance throughout the course of my studies.

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DEPRESSION AMONG ELDERLY

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Abstract

A study was conducted to examine the effect of humour therapy on depression among the elderly in a selected old age home situated in Coimbatore district.Quasi experimental one group pre test post test design was found to be appropriate to meet the objectives of the study. The sample size of the present study was 50 elderly persons and they were selected purposively. Geriatric depression scale was used to assess the level of depression. Humour therapy was implemented to the elderly for a period of three weeks. A post test was conducted to assess the effectiveness of the intervention. Appropriate statistical technique was employed to test the hypothesis. The result showed that there is a significant decrease in the level of depression among elderly persons. Thus, humour therapy for the elderly was effective in reducing depression.

Effectiveness of Humour Therapy on Depression among the Elderly in selected Old Age Home, Coimbatore

A comfortable old age is the reward of a well-spent youth. Instead of its bringing sad and melancholy prospects of decay, it would give us hopes of eternal youth in a better world (Chevalier, 2010).

Ageing is a universal process. In the word of Seneca “Old Age is an Incurable Disease". Ageing is a natural process that begins at birth, a process that progresses throughout one’s life and ends at death (Prakash, 2004).

The majority of old people are self-sufficient human beings who can carry on normal lives. Old age consists of age nearing the average life span of human beings, and thus the end of the human life cycle.

Old people have enjoyed honour and authority in the traditional Indian society because of the norms and values prescribed in the ancient scriptures. The joint family system has reinforced from generation to generation, the high status assigned to the older members of the society. In the later half of the twentieth century, things began to change due to a complex web of interlocking factors (Shah, 2005).

Westernization, industrialization, urbanization and technological progress have brought in their wake several outcomes. Social change has been taking place at a faster pace than ever before in terms of consumerism, new lifestyles and waning of traditional familial values. The changing scenario has been creating an unfavourable impact on the aged, in that they have lost much of the respect and care in the family and the community.

The Indian Census classifies people in the age range 60 years and above as "Old". According to another classification commonly used in the developed countries, there are three groups: the young-old (65 yrs to 74 yrs), the middle-old (75 yrs to 84 yrs.), and the old-old (85 yrs and over).

Children as they grow up tend to forget their moral and social responsibilities towards their parents. Parents toil hard and spend their precious lives with the sole aim of ensuring a bright and secure future for their children.

As soon as they get settled in their life, they tend to neglect their old parents considering them as a burden. Advancing age is often associated with loss of key social support systems due to the death of a spouse or siblings, retirement and relocation of residence (Narayan, 2010).

Some of the other problems which elderly face in their life are fear of their death of losing someone else, frustration with disability or slowing down of their cognitive disabilities, lack of adequate support systems from the society, inability with adequate activities of daily living, sensory deficits, loneliness and isolation from their family members,etc . Migration of children to abroad, lack of personnel to take care of them, problems with children and being isolated are some of the other factors that lead the elderly to stay in old age homes. As a result of these stressors, they are subjected to various disorders in their late years of life both physically and mentally.

The common psychiatric disorders prevalent among the elderly are cognitive impairment or mental slowing, schizophrenia, delusional disorders, anxiety and depression. Depression is more common in the elderly than any other age group. The

elderly usually experience a loss of interest in pleasurable activities, vague or unexplained somatic complaints, sleeping disabilities, lack of attention to personal care, difficulty in concentration, social withdrawaland changes in appetite, confusion and feelings of worthlessness or hopelessness that leads to suicidal ideation. All these factors trigger the depressive states in the elderly.

Due to widespread prevalence of depression, they tend to leave their home and shift to nursing homes and old age homes. Old age homes are meant for senior citizens who are unable to stay with their families or they are destitute. They provide a safe heaven and create a family atmosphere among the residents. In such settings, elderly people experience a sense of security and friendship when they share their joys and sorrows with each others (NRI, 2011).

Therapies used to relieve the depression of the elderly residing in old age homes are reality therapy, reminiscence therapy, talk therapy and humour therapy. Humour therapy combined with laughter pranayam techniques have been proved to be effective for reducing depression level among the elderly.

Hearty laughter stimulates internal organs, “by making them work better through the increase of circulation that follows the vibrating massage that accompanies laughter and heightens resistive vitality against disease"(Walsh, 2007).

Humour therapy is a powerful exercise that is rapidly spreading worldwide. An Indian physician, MadanKataria combines laughter exercises with deep yoga breathing (Pranayama) to provide a complete sense of wellbeing. Humour makes it easier for the elderly to experience a positive, human relationship with other members

of the community. Elderly practicing humour therapy report amazing improvement in their health as well as a more positive mental attitude and higher energy levels. Since humour therapy is combined with laughing exercises and breathing it brings more oxygen to the mind and body. It helps to provide an emotional bonding and is one of the most powerful tools against being a physical process. It does not require any mental abilities thus helping the older people to understand humour without using cognitive abilities (Kataria, 2004).

Humour therapy is of paramount importance for seniors, who are likely to feel depressed after retirement. It fosters a sense of bonding for those living in extended care facilities and may also help improve the quality of life for seniors who are mostly sedentary. Regular laughter helps to boost the immune system, increase muscle movement, trigger the release of endorphins and improve memory and intellectual capacity (Eisenbraun, 2007).

1.1.NEED FOR THE STUDY

The current population of India is around 1.5 billion. Among this population, the percentage of elderly people living in India comprises from 7.5 to 8 %. The majority (78 %) of them are women living alone in all states (Maeda, 2008).

The age structure of Indian population shows an increasing proportion of the elderly. The population of India in the age group of 60 years and above is increasing more rapidly than the population as whole. The present population of India is 1.5 billion .The populations of those aged 60 years and above in India, has increased from 24.71 million to 55.3 million. By the year 2020, life expectancy at birth in India will be as close to 70 years (Visaria, 2008).

Tamilnadu comprises of 10 % of elderly among the overall population. Tamilnadu has the highest number of elderly living alone especially elderly women. It is found that 1 out of every 14 people aged above 60 live by themselves. Among them, majority of them are female whose statistical data comprises of three quarters of the total elderly population living in Tamilnadu (Nagarajan, 2008).

Society lays more emphasis on youth and denies old age. Many elderly persons are experiencing various stresses and it burdens families and institutions providing care for the elderly. In India, about 4 million older people are reported to have psychological problems related to lack of family support, social support, physical disabilities, lack of income, dissatisfaction with their life achievements, changes in normal lifestyle and other social problems. During this period their ability to adapt is compromised by the alterations in the physiologic and psychological functions of living (McEvoy, 2007).

During their later life, they need companions to take care of their physical and emotional needs. Caretakers of the elderly consider them as a burden and dependent persons. The children of the elderly leave them in institutional settings thereby moving overseas to make their ends meet. This results in a sense of isolation among the elderly though they are provided with adequate economical assistance. Further retirement provides a feeling of worthlessness as their role is diminished. These mental health problems are not focused adequately among the elderly. The existing health care sector is not available adequatelyto meet the needs of large groups of elderly.

These statistical data indicate a growing need to cater the special needs of the elderly and hence more old age homes are evolving now in various states. During 2002, there were 1018 old age homes available in India. Among these 292 old age homes are well known for their services. The old agehomes which are free of cost are 427 in totalwhile 153 old age homes are on pay and stay basis, 146 homes have both free as well as pay and stay facilities. A total of 371 old age homes all over the country are available for the sick and 118 homes are exclusively meant for women. Kerala has 124 old age homes which tops the maximum among all states (Bhimsingh, 2003).

In India majority of old age homes are in Kerala which comprises of 130 old age homes in total. Whereas rest of the southern states comprise of 38 old age homes in total. On the other side, northern India comprises of 132 old age homes in total.

The World Health Organization estimated that the prevalence rate of depressive disorders among the elderly generally varies between 10 % and 20 %.The community-based mental health studies in India have revealed that the point prevalence of depressive disorders in the elderly Indian population varies between 13and25 %. Though India is the second most populated country in the world in terms of elderly population of 60 years and above, depression in the elderly is not yet perceived as a public health problem in India(Barua, 2011).

According to a recent research it is found that the prevalence of depression among the total population of elderly living in India varies from 13 % to 25 %. A cross sectional study was conducted in Surat city to estimate the prevalence of depression among the elderly. The samples for this study include 105 elderly and they were recruited using beck depression inventory. The findings revealed that 45.7 % of elderly living in old age home and 76.4 % of people who are singles have depression (Vishal, 2005).

An epidemiological study was conducted to compare the prevalence of depression among elderly living in institutional setting and residence. The sample size for the study was2640 and they were selected through stratified random sampling technique. The participants were screened through geriatric mental state examination. The results found that the incidence of depression among the elderly living in institution was 27 % and in home it was 9.3 % (McDougall, 2007).

A comparative study was conducted among the elderly population aged above 60 years living in old age home and community. The sample size was 50 and they were selected from each group using randomized sampling technique. Samples were recruited through the geriatric depression scale. The comparative results showed that depression was more prevalent among the elderly living in old age home (Gopal, 2009).

Old age homes do not have adequate staff and health care resources to meet the needs of the elderly. The elderly are ill-treated as if they are provided with work in the settings. They experience a loss of personal autonomy and their persistent physical dependency inflicts them to depression.

An interventional study was conducted to examine the positive effects on humour therapy on elderly with depression. The sample size for this study was 90 and recruited through randomized sampling technique. Pretest was done using satisfaction with life scale. The experimental group(32) was given humour therapy for 6 weeks and control group was not provided intervention. The results showed significant improvement in the experimental group for resilience and satisfaction with life satisfaction (Hirsch, 2008).

An experimental study was performed to analyse the role of humour and laughter in improving the quality of life of the elderly. The sample size comprises of 120 older persons residing in old age homes. Participants were divided into experimental and control group. They were recruited through the life satisfaction index tool. Experimental group was provided laughing sessions for a period of 6 months and control group was not given intervention. The study results showed that after implementing humour therapy for the elderly their stress levels decreased significantly (Roopa, 2010).

Through extensive review the present researcher identified that the depression among the elderly is highly remarkable. Further the effectiveness of humour therapy was proved to be effective among the depressed elderly through various studies. Hence the present researcher was interested in testing the effectiveness of humour therapy for depression among the elderly living in old age home.

1.2. STATEMENT OF PROBLEM

EFFECTIVENESS OF HUMOUR THERAPY ON DEPRESSION AMONG THE ELDERLY IN SELECTED OLD AGE HOME, COIMBATORE

1.3. OBJECTIVES

1.3.1 To assess the level of depression among the elderly.

1.3.2 To implement humour therapy to the elderly.

1.3.3 To assess the level of depression after humour therapy among the elderly.

1.4. OPERATIONAL DEFINITION

1.4.1. Effectiveness

It refers to the change in the level of depression after implementation of humour therapy among the elderly.

1.4.2. Humour Therapy

Intervention provided to the depressed elderly based on laughter pranayama techniques. The techniques used are Atta hasya , Maun hasya and Ashwahasya .

1.4.3. Depression

It refers to any change in an individual life that causes alteration in the physical, mental or emotional states which is assessed through the geriatric depression scale.

1.4.4. Elderly

Refers to elderly men and women with depression residing at old age home between 60-80 years of age and above.

1.4.5. Old Age Home

An institution providing professional care to the elderly like their residential setting.

1.5. ASSUMPTION

1.5.1. Elderly those who are residing in old age home have depression.

1.5.2. Items in the questionnaire would be sufficient to assess the depression of the elderly.

1.5.3. Responses of the elderly will be their true measures of depression.

1.5.4. Humour therapy will reduce the depression level of the elderly.

1.6. CONCEPTUAL FRAMEWORK

Conceptual framework is a universal idea about a concept. Conceptual models are made of concepts that explain the mental images of a phenomenon and integrate them into a proper configuration.

The conceptual framework for this study was based on modified Roy's adaptation model which was designed by Callista Roy in the year 1976.

According to this model, the individual is considered as an open system, adjusting with the stimuli of self and environment. Adaptation occurs when the person responds positively to the stimuli that promotes health of the individual. Ineffective response leads to ill health of the individual.

This system has inputs (stimuli), control process (the regulator and cognator mechanisms), effector modes and output (adaptive and maladaptive responses).The

adaptation level of the elderly is determined by three stimuli which includes focal stimuli, contextual stimuli and residual stimuli.

In the present study, the elderly residing in old age home is the person forming the adaptive system with the focal, contextual and residual stimuli.

1.6.1. Input

It is identified as stimuli, which derives from the environment or from within the person. Three types of stimuli influence an individual's ability to cope up with the environment. To adapt to this stimuli, the person requires various types of supportive measures. All inputs are channeled through the process of regulator and cognator that produce responses by means of four effector modes: physiologic mode, self-concept mode, function and interdependence mode.

1.6.2. Focal Stimuli

Focal stimuli are those that immediately confront the individual in particular situation. It includes the age, gender, marital status,educational status, history of physical illness and frequency of visit by the family members.

1.6.3. Contextual Stimuli

Contextual stimuli are those other stimuli that influence the situation. It includes elderly feelings of anxiety, stress, fatigue, worthlessness and hopelessness.

1.6.4. Residual stimuli

Residual stimulus includes the attitude of the elderly and their previous experience. The three types of stimuli act together and influence the adaptive response of elderly living in old age home.

1.6.5. Throughput

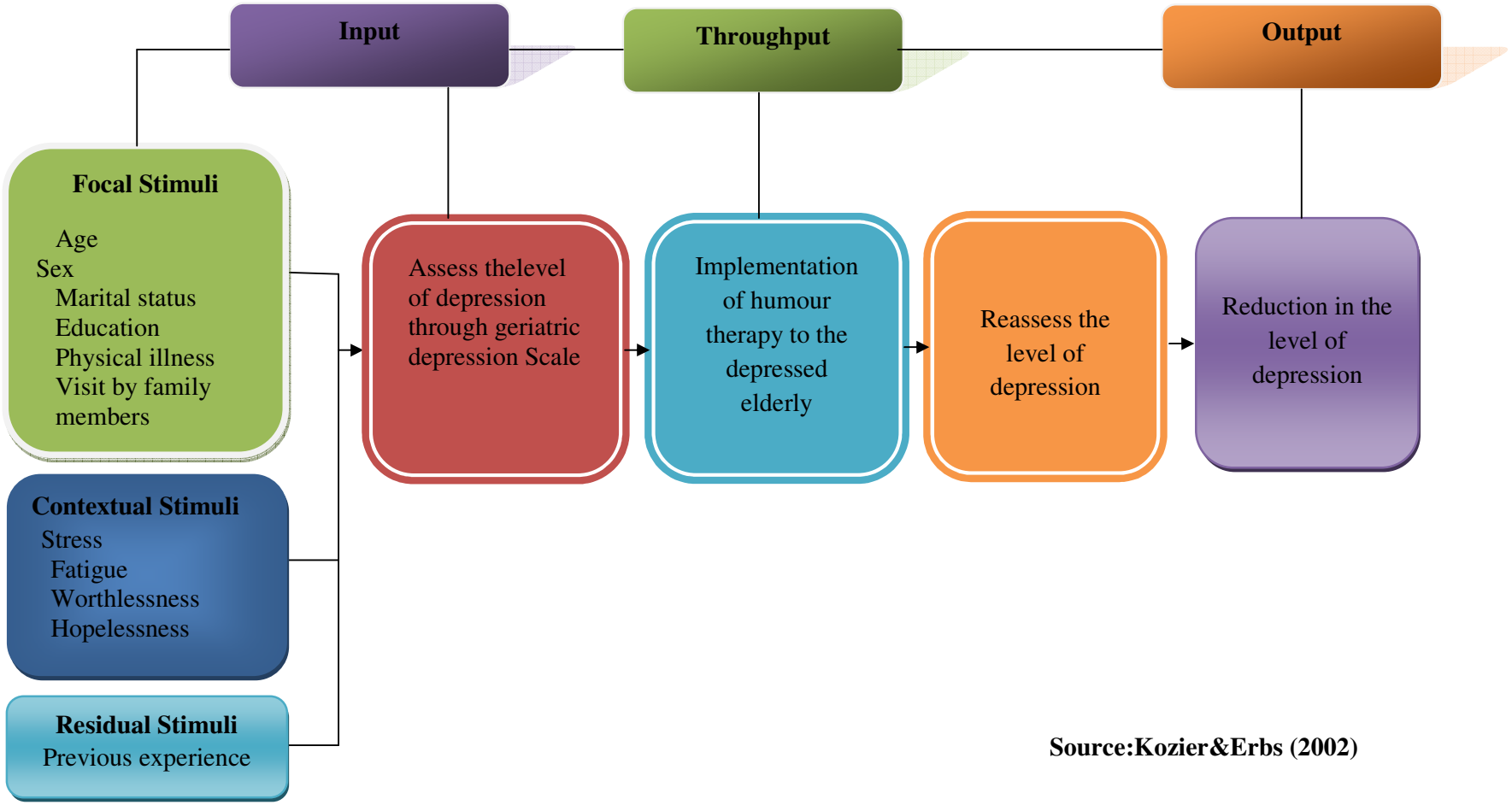
Throughput makes use of a person's control processes and effectors. Processes refer to the control mechanism that a person uses as an adaptive system. Effector refers to physiologic mode, self-concept mode, role function and interdependence mode. In this study, implemented humour therapy is the coping mechanism for depressed elderly.

1.6.6 Output

Output is the outcome of the system. It includes adaptive or the maladaptive responses of elderly residing in old age home. It is categorized as adaptive response (those that promote person's integrity), maladaptive response (those that does not promote goal achievement).

In this present study, the depression level was reassessed after humour therapy and there was a reduction in the level of depression among the elderly.

FIG 1.1.
CONCEPTUAL FRAMEWORK BASED ON ROY'S ADAPTATION MODEL



Source:Kozier&Erbs (2002)

1.7. PROJECTED OUTCOME

The findings of the study identify the need and effectiveness of humour therapy for the elderly at reduction in the level of depression.

The findings of the study provide information and help the nurses to implement this therapy for elderly to reduce their level of depression.

LITERATURE REVIEW

The present chapter illustrates the literature pertinent to the study. This was included under the following headings.

2.1.Literature related to Depression among the elderly.

2.2.Literature related to Humour therapy

2.3.Literature related to Humour therapy and depression.

2.1. LITERATURE RELATED TO DEPRESSION AMONG THE ELDERLY

A descriptive study was conducted to examine the prevalence of depression among the elderly aged over 65 to 100 years. Sample size was 3599 and they were selected randomly through the diagnostic interview schedule to assess their depression. The results showed that 71.8 % of these elderly were subjected to have depression (Sherina, 2000).

A descriptive study was conducted to determine the prevalence of level of depression among the elderly in a selected geriatric institution. The sample size for the study was 26 elderly subjects who were selected based on randomized sampling and Zung self-rating depression scale was used to analyse their level of depression. The result showed that22 samples had mild depression, 2 samples had moderate depression and 2 samples severe depression respectively (Sharif, 2003).

A descriptive study was performed to find the prevalence of depression in a rural south Indian community among the elderly. The samples for this study included 1000 participants aged over 65 years and they were selected through randomized

sampling technique. Then the elderly participants were screened using geriatric mental state examination. The result showed that geriatric depression was more prevalent among 17 % of the elderly subjects (Rajkumar, 2003).

A cross sectional study was conducted to find out the prevalence of depression among elderly participants aged over 60 years. Sample size for the study was 210and they were selected based on randomized sampling technique. The respondents were screened using Geriatric depression scale. The results revealed that 18 % of the elderly were exposed to depression (Sherina, 2005).

A survey was conducted among the elderly to assess the level of depression. The sample size for the study was 100 and they were investigated through a structured questionnaire. The results revealed that majority of the elderly had moderate depression (58 %) and (19 %) of them had severe depression (Devi, 2007).

A cross sectional study was conducted in the elderly population of a rural community in west Bengal to estimate the prevalence of depression. The samples for the study included183 elderly subjects and it was found that 60 % of the elderly population was inflicted to depression. The results concluded that depression was more common among the elderly men (42.4 %) and women (77.6 %) respectively (Grover, 2010).

A study was conducted to analyse the incidence of depression in the elderly aged over 60 years. A total of 204 elderly subjects were selected through systemic random sampling technique and they were screened using the clinical interview schedule to find their depression. The results showed that 48.2 % of the samples were subjected to depression (Gupta, 2009).

A cross sectional study was conducted to examine the prevalence of depression and the factors influencing depression. Sample size for the study was 494 and they were selected through randomized sampling technique. Their depression was identified using Goldberg and bridges scale. The results revealed that 41.4 % of the elderly have depression (Kamble, 2009).

A descriptive study was conducted among the elderly population to assess the depression. The sample size for the study was 100 and they were selected through Geriatric depression scale. The results showed that among the 100 elderly, 38 elderly have mild depression, 42 elderly had moderate depression and 20 subjects were found to have severe depression. The study concluded that depression was found to be more among females (Gopal, 2011).

2.2. LITERATURE RELATED TO HUMOUR THERAPY

A study was conducted to investigate the effects of humour and its relationship to life satisfaction and morale among the elderly. The samples included for the study was 73 non- institutionalized adults. They were administered life satisfactory tool and recruited through nonrandomized sampling technique. Situational humour and coping humour was implemented for the elderly. The results show that humour can be used as a best coping strategy in older adults (Simon, 1990).

A study was conducted to examine the effectiveness of humour therapy on pain and stress on hospitalized patients. Sample size for the study was 60 and they were divided into three groups. The first group members were shown humorous film and the second group was shown a neutral film. The last group was not shown any film. The results showed that the first two groups showed an increase in pain

tolerance whereas the last group did not show any effect. The study concluded that humour therapy can be successfully used for pain distraction (Wiesenberg, 1995).

A study was presented at the 8th international conference to assess the sense of control among nurses and its impact on humour training program. The 231 samples were divided into experimental and control group and the screened subjects were provided six weeks humour training program. The control group had no such humour training. The study concluded that there was a major difference in the sense of control for the experimental group when compared with the control group who exhibited no effectiveness (Wooten, 1996).

A co-relational descriptive study was done to analyse the effectiveness of humour in relation to life satisfaction and morale in older adults. A total of 24 samples were selected using randomized sampling technique in a community centreand recruited through life satisfaction index and health sub scale. Implementation of humorous jokes and situations was intervened for the elderly. The results showed that there was a significant improvement in life satisfaction and successful ageing of the elderly (Simon, 1998).

A survey was done to identify the effects of humour on stress and physical illness in adult women. The number of participants included in this study was 33adult women with stress and decreased immune function. Experimental group was allowed to view a humorous video whereas participants in the control group viewed a tourism video. After implementing both humorous and tourism videos, humour response scale was used to analyze the findings. The findings showed that stress decreased significantly for subjects in the humour group compared with those in the control

group. The results revealed that humour enables an individual to reduce stress and improve immune function (Bennett, 2003).

A survey was intervened among the family care givers of older adults to evaluate the effectiveness of humour therapy. The selected 23 family members were interviewed and they included humorous aspects while caring for the elderly with their behavioural and cognitive problems. The results proved that humour can be a useful strategy while caring for the elderly by their caretakers (Bethea, 2003).

A study was conducted to find out the potential therapeutic effects of humour on hospitalized schizophrenic clients. The experimental group was 30 in total and exposed to 70 humorous movies for a period of 3 months whereas control group was exposed to different kinds of movies. Both groups were tested for their emotional and mental wellbeing using the cognitive orientation of health questionnaire. The results revealed significant improvement on the patientswellbeing (Gelkopf, 2004).

A study was conducted to determine the impact of humorous movies on psychopathology on clients with chronic schizophrenia. The sample size for this study was 29 psychiatric patients selected from a psychiatric hospital. The study group viewed humorous movies for a period of two months and the control group viewed neutral movies for the same period. Patient's psychopathology was assessed before and after the intervention with positive and negative symptom scale. The results showed that the clients had an improvement in social functioning (Gelkopf, 2006).

A study to prove the impact of humour therapy was done on behavioral health centre employees. The number of participants was 33 and their competency scores in

terms of self-competent and role performance were assessed before the study. Humour therapy was implemented daily 15 minutes for15 days. All participants laughed together daily and their post scores were assessed. The results showed that their self-competence scores doubled, relational competencies increased by 50 % and role competencies also doubled (Beckman, 2007).

A study was conducted to assess the effectiveness of humour therapy among the bereaved widowed men and women. The sample size for the study was 292 and their stress levels were assessed. After implementing humor therapy for the bereaved spouses it was found that humour and happiness strongly influenced their positive bereavement adjustments. The study concluded that bereaved spouses finally exhibited lower grief and depression (Lund, 2008).

A descriptive study was conducted to explore the humour stimulus in a population of older adult. They selected 130 hospital auxiliary personal agedover 50 years and they were interrogated for the study. They were questioned for the factors that make them to laugh. Their responses revealed in nine themes in two major categories such as people or animal and situations or events. Telling jokes represented the largest category of situation or events (50 %). Hence humour can be used by nurses as an effective tool to take care of the elderly (Prazak, 2009).

A study was intervened to illustrate the impact of humour therapy for patients with various disorders such as diabetes, asthma, depression, stress and blood pressure. He found that after exposure to humour therapy over a four month period, participants had significant reduction in their stress levels, depression, diabetes and blood pressure. The concept behind this is the humour improves the lung capacity and

oxygen levels in the blood. Further, some clients reported reduced frequency of asthmatic attacks and a decrease in the usage of nebulizers (Narayan, 2010).

A study was conducted among the elderly aged over65 years to examine the impact of humour therapy on depression and sleep quality. Sample size for the study was 109 elderly and they were divided into experimental and control group. Experimental group was implemented humour therapy four times in one month. Their depression and sleep quality was assessed using geriatric depression scale and sleep quality index. The results showed that there was a significant increase in sleep quality and decrease in depression of the elderly after implementing humour therapy (Youn, 2011).

2.3. LITERATURE RELATED TO HUMOUR THERAPY FOR DEPRESSION

A descriptive study was conducted to examine the impact of humour on life satisfaction among the elderly. A sample of 60 older adults was interviewed. Six categories of humour were implemented for the elderly for a period of 4 weeks. The findings revealed that humour therapy can be used as effective strategies for improving the life satisfaction of the elderly (Herth, 1993).

A study was conducted to assess the effectiveness of humour therapy among twenty patients with late-life depression and twenty patients with Alzhemier's disease. Each group consisted of 10 patients and they underwent humor therapy once in two weeks for 60 minutes in addition to pharmacotherapy. The quality of their life scores was assessed before and after therapy. The results showed that the quality of life scores improved in both standard therapy and humour therapy groups with depression. On the flip side, patients with Alzheimer’s disease did not show any significant

changes in their life scores after therapy. The study concluded that patients had improvements in their mood, depression scores and instrumental activities of daily living (Walter, 2003).

A study was conducted to examine the influence of humour therapy on depression among the elderly in a social facility. Sample size for this study was 11 and they were selected through purposive sampling technique. Geriatric depression scale was used to assess the depression of the elderly. The results revealed showed significant reduction in the level of depression of the elderly after implementation of humour therapy (Setyowati, 2004).

A study was conducted to assess the effectiveness of humour therapy on depressed patients. A sample of 80 participants was exposed to humour for a period of 120 one hour sessions. The results revealed that it enabled the participants to overcome their depression after humour therapy (Gelkopf, 2010).

A study was conducted among the elderly living in assisted living facilities to explore the effectiveness of laughter therapy on their depression. The sample size for the study was 69 and their sleep quality and depression was assessed before the intervention. The therapy was implemented for a period of six months to the experimental group and the results revealed that there was a remarkable decrease in the depression level of the elderly (Jones, 2010).

A study was conducted to assess the effectiveness of humour therapy among the depressed elderly women. The elderly depressed women from Tehran who were 70 in total were selected and divided randomly into three groups as laughter therapy

group, exercise therapy group and control group. All participants were assessed using life satisfaction scale in the beginning and at the end of the study. The findings showed that elderly women in the laughter group and exercise group showed a remarkable increase in life satisfaction in comparison to the control group. The study results proved the effectiveness of humour therapy over the elderly depressed women (Shahidi, 2010).

METHODOLOGY

The present study was designed to evaluate the effect of humour therapy for elderly residents with depression. The research design is important step in research, as it is closely related to the overall framework for conducting study. This chapter deals with the description of the research approach, design, setting, population, criteria for sample selection, sample and sampling technique, development and description of tool, procedure for data collection and plan for data analysis.

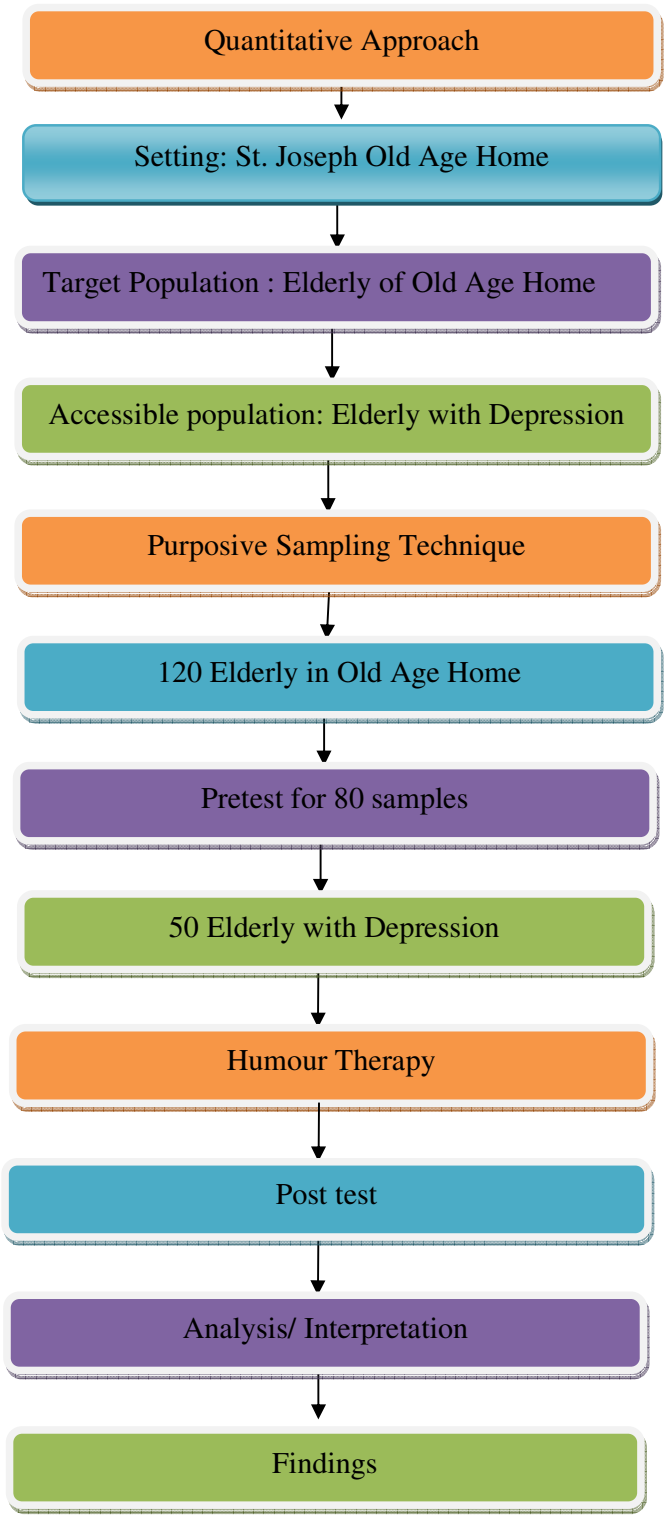
3.1. RESEARCH APPROACH

The present study is aimed at determining the effectiveness of humour therapy for depression among the elderly in a selected old age home. Hence, a quantitative research approach was considered to be appropriate for the study.

3.2. RESEARCH DESIGN

Quasi Experimental One Group Pretest and Posttest Design was adopted to examine the effect of humour therapy for depression among the elderly.

`FIG. 3.2.
SCHEMATIC REPRESENTATION OF RESEARCH DESIGN



3.3. SETTING

The study was conducted in St. Joseph old age home, Coimbatore. This is an authorized service oriented home situated in Podanur. It is equipped with adequate facilities which can accommodate a population of 150 elderly in total.

3.4. POPULATION

The population included were old age people with depression (above 60 years) living in St.Joseph Old Age Home, Podanur, Coimbatore.

3.5. CRITERIA FOR SAMPLE SELECTION

3.5.1*Inclusion Criteria* :

1. Those who are in the age group of above 60 years with depression
2. Both genders

3.5.2*Exclusion Criteria*:

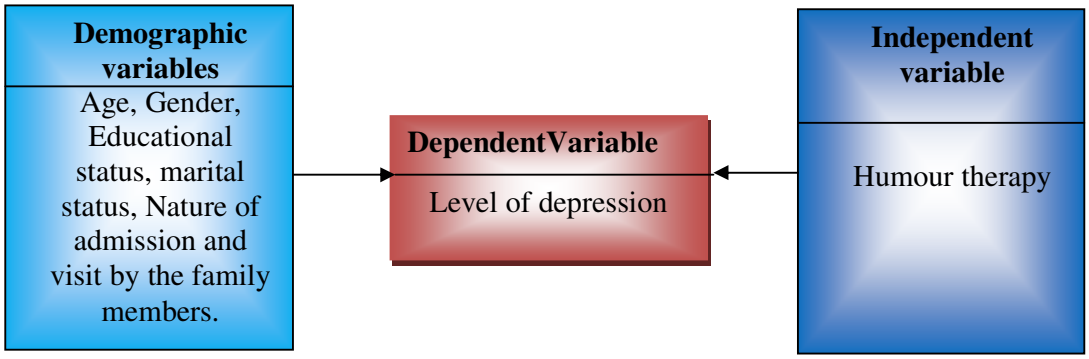
1. Elderly with sensory impairment.
2. Bedridden clients.
3. Elderly with paralysis.
4. Elderly with Rheumatoid arthritis.
5. Elderly with history of angina.

3.6. SAMPLING

Total number of population living in old age home was 120 which comprises of both male and female elderly. Among these population, 40 elderly participants were terminally ill and with other conditions such as paralysis, sensory impairments (visual and hearing impairment), rheumatoid arthritis and angina. These samples were excluded under exclusion criteria.

80 samples were chosen for pre test using the 30 items geriatric depression scale to identify the level of depression using purposive sampling technique. Among these 80 samples, 50 samples who had depression were selected for the intervention.

3.7. VARIABLES OF THE STUDY



3.8. MATERIALS

The tool consists of three sections.

Section A: Baseline data.

Section B: Geriatric Depression Scale (Yesavage, 1983)

Section C: Humour therapy (MadanKataria, 2007)

3.8.1 *Baselinedata* : Baselinedata of the elderly include age, gender, educational status, marital status, nature of admission, physical illness, number of children and visit by the family members.

3.8.2 *Geriatric Depression Scale (Yesavage, 1993)* : The Geriatric depression scale was formulated by Yesavage in 1983. It is a 30 Items questionnaire with simple 'yes' or 'No' answers to rate the level of depression in elderly. It takes 20 minutes to administer the geriatric depression scale.

Scoring : The questionnaire consists of both negative scoring and positive scoring items. For questions with positive scores, score is 1 if the respondent answered 'yes' and 0 if answer is 'No' whereas, for negative scoring questions the score is 1 when the respondent answers 'No' and 0 when answered 'yes'.The total score is calculated by adding score of each answer.

Interpretation :

Total score	-	30
Score of 0-9	-	No depression.
Score of 10 -19	-	Mild depression.
Score of 20-30	-	Moderate and Severe depression.

Validity and Reliability :The Geriatric depression scale was found to have excellent reliability and its validity is 0.94.

3.8.3.*Humour therapy for elderly* :Humour is the most effective wonderful drug. It is a universal medicine.

Laughter is nature's stress buster. It lifts over spirits with a happy high that makes us to feel good and improve our behavior towards others.

A laughter therapy is an excellent type of exercise which all, young and old, can do alone or in a group.

This procedure was found by the famous laughter therapistMadanKataria based on yoga techniques. The procedure is scheduled in one time per day with the duration of 30 minutes. This intervention was scheduled for 30 minutes for 3 weeks.

PROCEDURE

This humour therapy is based on three techniques.

In the first type, one laughs freely and loudly with open mouth (Attahasya).

In the second type, one laughs without any sound with closed mouth (MaunaHasya).

In the third type, one pours out loud outbursts of laughter through the throat like neighing of horse (AshwaHasya).

All these three exercises are performed 5 times. While performing these exercises, the individual raises the hands up, brings them down and bends the body at the waist according to his or her ability.

STEPS OF HUMOUR THERAPY

The warming up exercise, precedes the exercises of the laughter therapy and the cooling down of body, succeeds them (deep breathing).

1. In the warming up process, the hands are raised high and the sounds – ha, ha, ho, ho are given out harmoniously seven times.
2. While the fifth, the sixth and the seventh mode of the warming up process are performed, the key person gives signals by saying one, two and three when the main laughing exercise is performed.
3. After the laughing exercise is completed, the key person gives signals of deep breathing and then the cooling down process is done. In the cooling down process, one takes deep breaths as in Pranayam and gradually raises arms. Then while breathing out, arms are gradually lowered. In the last i.e. the fifth pranayam the arms are lowered down to touch the toes of the feet.

During all these exercises the middle exercise goes on changing every time. Thus, a cycle consists of warming up three times. The different laughter exercises and the cooling down exercises are performed three times. Thus gradually progressing, one completes three cycles in twenty minutes. In the beginning, the laughing activity sounds artificial. As time passes by observing everybody laughing, all will laugh and enjoy doing the exercise.

3.9. HYPOTHESIS

There is a significant decrease in the level of depression among the elderly after humour therapy.

3.10. PILOT STUDY

The pilot study was conducted to check the feasibility, practicability, validity and reliability of the tool. The study was conducted inSt.Joseph old age home, Coimbatore. The duration of data collection was for a period of 10 days. Purposive sample of 10 subjects were selected for the study. The Geriatric depression scale was administered to assess the level of depression before and after the humour therapy. The intervention was given 30 minutes daily for each person for 8 days. On the tenth day, level of depression was reassessed with same scale. The data collected was carefully analyzed and there was a significant reduction in the level of depression of the elderly.

3.11. MAIN STUDY

The data was collected for a period of 30 days. The study was conducted inSt.Joseph old age home, Coimbatore from June 20 to July 20. The first four days assessment of the 120 elderly was done with baseline data. Among these 120 elderly persons, 40 samples were excluded under exclusion criteria. The remaining 80 samples were administered geriatric depression scale and 50 samples were identified with depression. Humour therapy was given for 30 minutes in duration of 3 weeks by dividing the depressed elderly into three groups. After the intervention the level of depression was reassessed with same scale on the last two days.

3.12. DATA ANALYSIS AND INTERPRETATION

A frequency table was formulated for all significant information. Paired ‘t test was used to find the significance of intervention. Karl Pearson’s coefficient of correlation and chi-square test was used to determine the degree of relationship between selected variables and the level of depression among the elderly.

DATA ANALYSIS AND INTERPRETATION

The present chapter deals with the data analysis and interpretation. The level of depression of the elderly was assessed and humour therapy implemented to the elderly. The data collected was grouped and analysed using descriptive and inferential statistics.

The study was intended to find the effectiveness of humour therapy for depression among the elderly. The study was conducted in St. Joseph old age home, Coimbatore. A total of 50 samples participated for this study.

4.1. BASELINE DATA PRESENTATION

The baseline data collected from the study participants were age, sex, educational status, marital status, number of children, physical illness, type of admission and visit by the family members. The collected data was presented in the form of tables and graphs.

TABLE 4.1.
BASELINE DATA PRESENTATION OF THE ELDERLY

(N=50)

Demographic Variables	No. of respondents	Percentage (%)
Age(in years)		
60 – 70	14	28
70-80	19	38
80 and above	17	34
Sex		
Male	17	34
Female	33	66
Educational Status		
Educated	24	48
Uneducated	26	52
Marital Status		
Married	43	86
Unmarried	7	14
Visit by family members		
Monthly once	15	30
Yearly once	25	50
No visit	10	20
Physical illness		
Present	41	82

Demographic Variables	No. of respondents	Percentage (%)
Absent	9	18
Type of admission		
By self	15	30
Relatives	35	70
No. of Children		
One	2	4
Two	13	26
Three and above	23	46
Nil	12	24

The given table describes the distribution of the elderly based on their age. The majority of the elderly (38 %) belongs to the age group 70-80 years, 34 % of the elderly are above 80 years and 28% of them are in the age group between 60-70 years. Majority of the elderly are female (66%) and 34% of them were males.

When considering the educational status of the elderly, 52% of them are uneducated and 48 % of them are educated. Majority of the depressed elderly are married (86 %) and the least of them are unmarried (14 %).

With respect to visit by their family members, 50 % of the elderly had visit once in a year, 30% of them had visit once in a month and 20 % of them reported that they had no visit at all by their family members.

Majority of the elderly (82 %) have some kind of physical complaints while the remaining (18 %) of elderly did not have any complaints of physical illness. Majority of the elderly (70 %) were admitted by their relatives and family members and the least of them (30 %) were admitted voluntarily by self. Majority (46 %) of the elderly has more than three children, 26 % of them have two children, 24 % of them have no children and 4 % of them have one child each.

FIG. 4.1.
AGE DISTRIBUTION OF THE ELDERLY

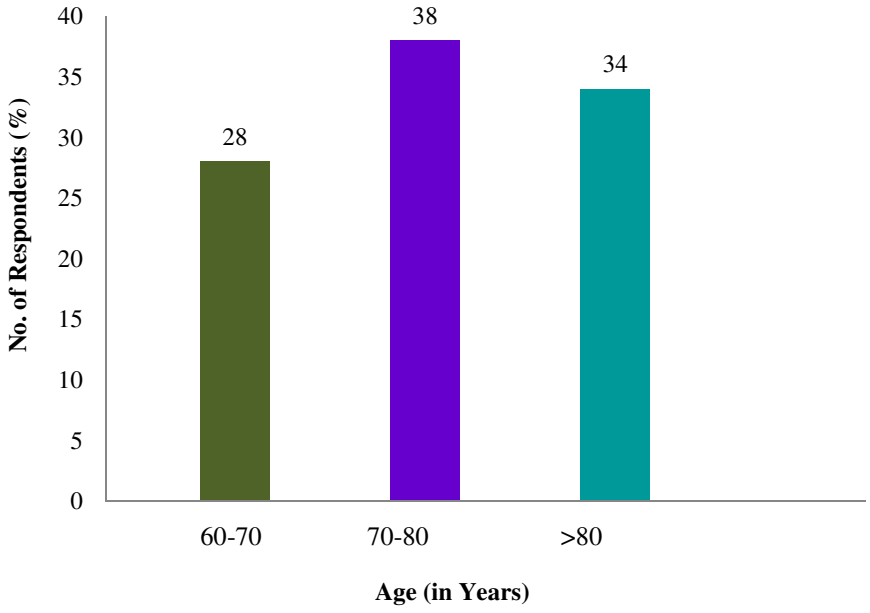


FIG. 4.2.
DISTRIBUTION ON SEX OF THE ELDERLY

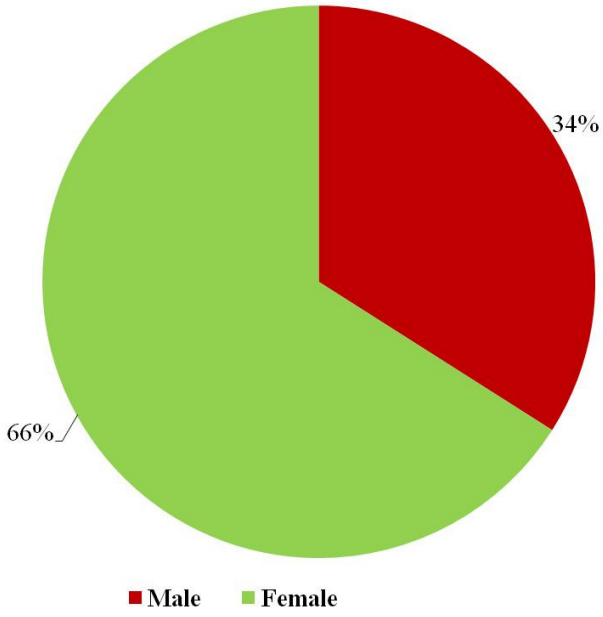


FIG. 4.3.
DISTRIBUTION ON EDUCATIONAL STATUS OF THE ELDERLY

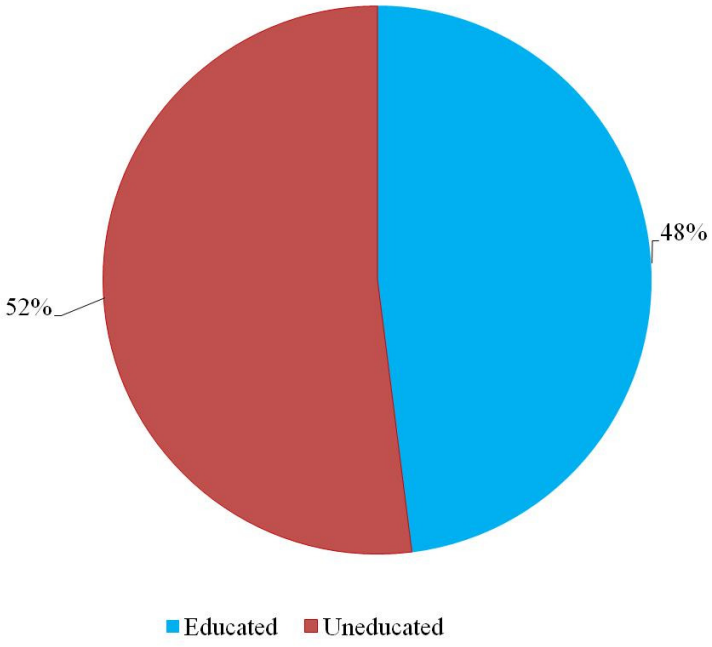


FIG. 4.4.
DISTRIBUTION ON MARITALSTATUS OF THE ELDERLY

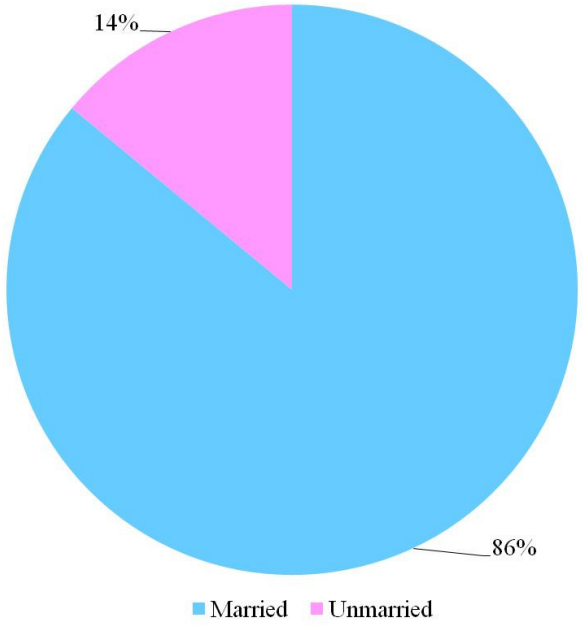


FIG. 4.5.
DISTRIBUTION ON VISIT BY THE FAMILY MEMBERS

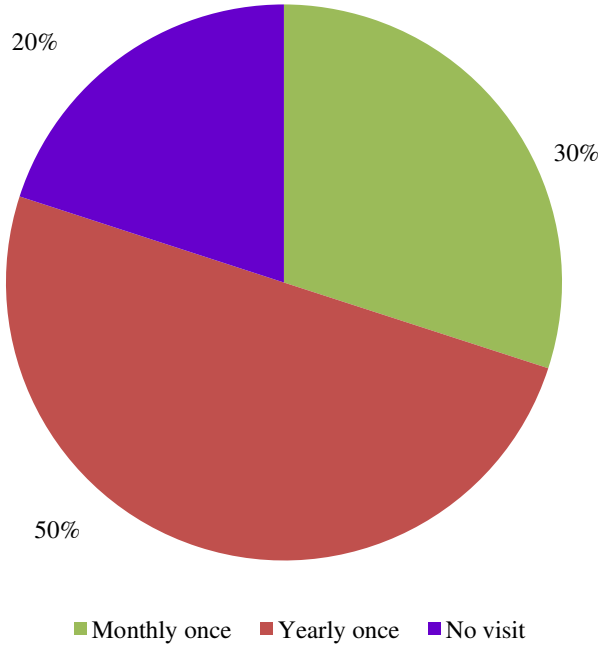


FIG. 4.6.
DISTRIBUTION ON PHYSICAL ILLNESS OFTHE ELDERLY

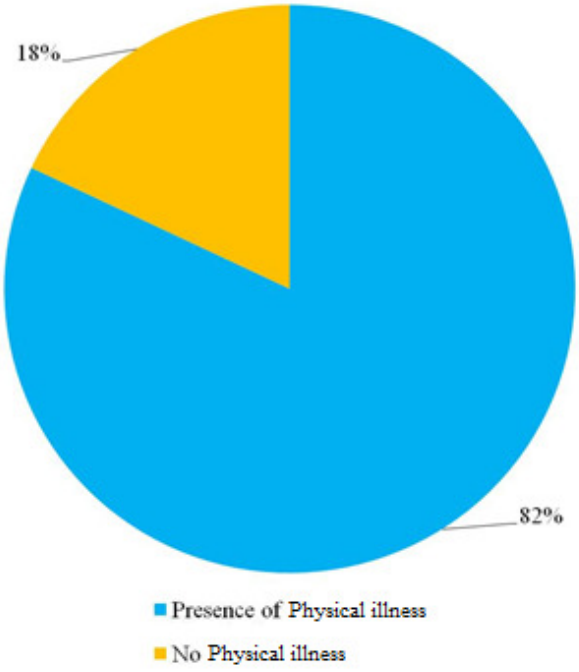


FIG. 4.7.
DISTRIBUTION ON NATURE OF ADMISSION OF THE ELDERLY

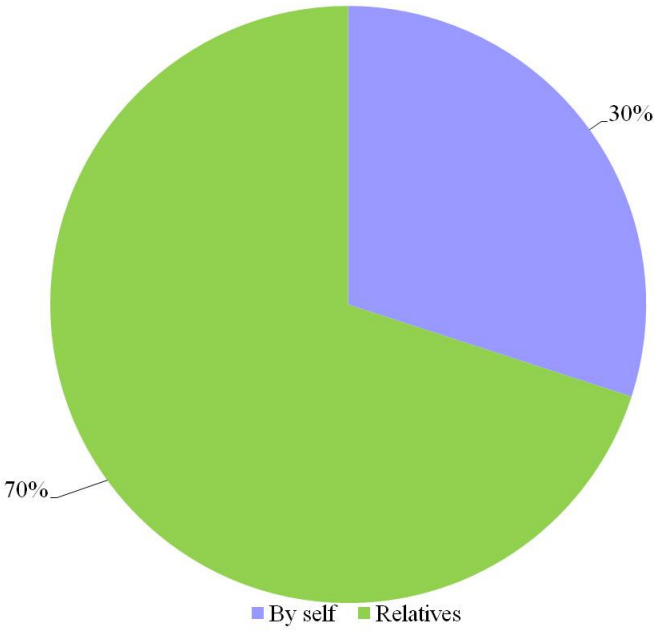
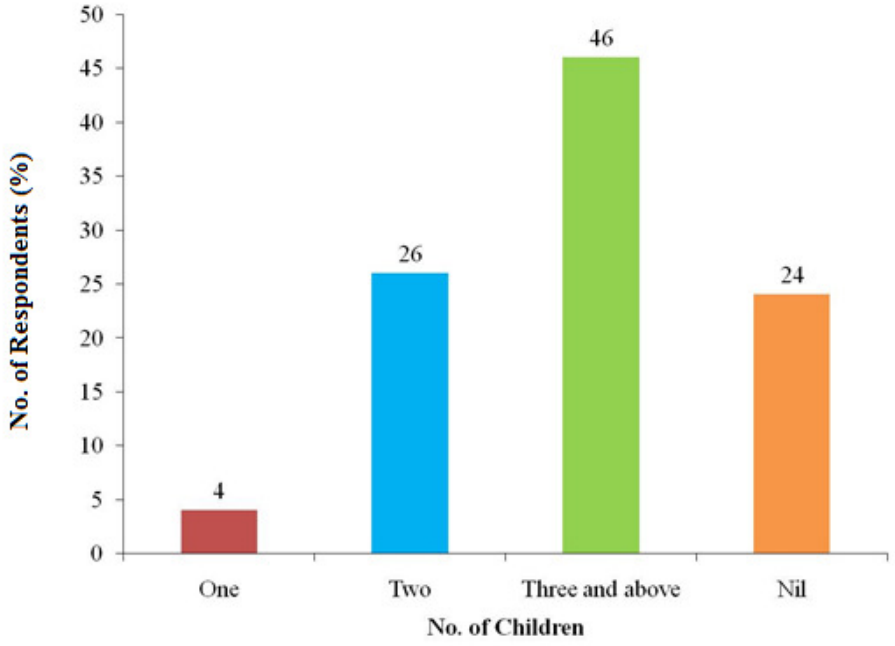


FIG. 4.8.
DISTRIBUTION ONNUMBER OF CHILDREN



SECTION –II

4.2 ASSESSMENT ON THE LEVEL OF DEPRESSION OF THE ELDERLY

The level of depression was assessed with Geriatric depression Scale for the elderly and it was categorized as no depression, mild, moderate and severe depression.

TABLE 4.2.
COMPARISON ON THE LEVEL OF DEPRESSION BEFORE AND AFTER HUMOUR THERAPY

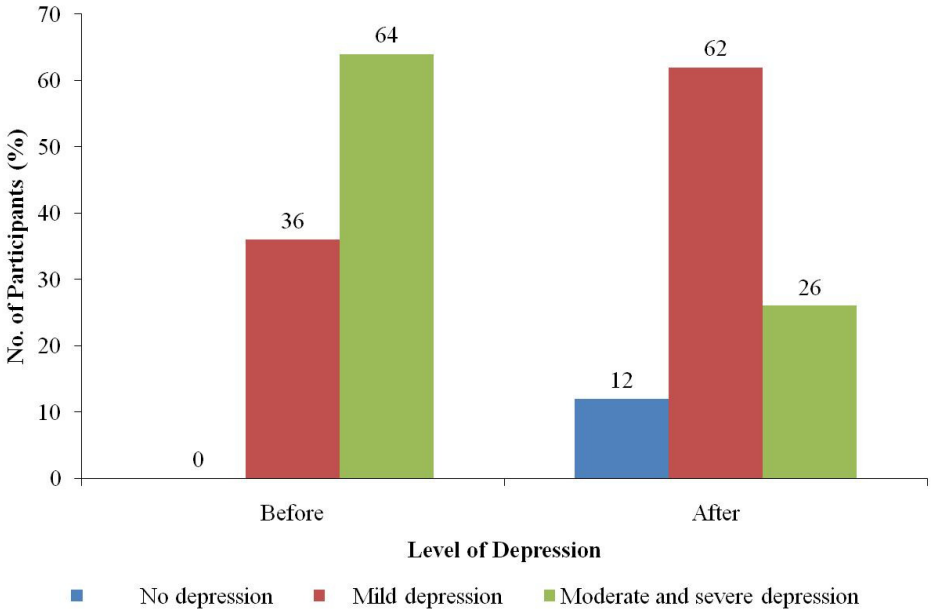
(N=50)

Level of Depression	Before Intervention		After Intervention	
	No. of Participants	Percentage (%)	No. of Participants	Percentage (%)
No depression	-	-	6	12
Mild depression	18	36	31	62
Moderate and severe depression	32	64	13	26

The above table shows that 18 samples were found to have mild depression and 32 samples were found to have moderate and severe depression before humour therapy.

After implementing humour therapy, it was found that 31 samples had mild depression, 13 samples had moderate and severe depression and 6 samples had depression.

FIG. 4.9.
COMPARISON ON THE LEVEL OF DEPRESSION BEFORE AND AFTER HUMOUR THERAPY



SECTION – II

4.3. ANALYSIS ON EFFECTIVENESS OF HUMOUR THERAPY

Paired‘t’ test was used to analyse the effectiveness of humour therapy on depression among the elderly.

TABLE 4.3.
COMPARISON ON LEVEL OF DEPRESSION BEFORE ANDAFTER HUMOUR THERAPY

(N=50)

	Mean Score	S.D.	Mean %	Mean Difference	‘t’
Before therapy	21.54	4.35	71.80	5.46	27.54**
Aftertherapy	16.08	4.57	53.6		

**Significant at 0.01level.

The table shows the calculated mean and respective standard deviation of depression scores obtained before and after implementation of humour therapy to the elderly. The data shows that from a mean score of 21.54, the score decreased to 16.08 with a mean difference of 5.46. The mean scores showed a positive difference in the level of depression among the elderly. This reveals that there is a difference in the level of depression before and after intervention.

The calculated ‘t’ value (27.54) was greater than the table value (1.645) at 49 degree of freedom at 0.01 level of significance. Hence, the research hypothesis which states**“There is a significant decrease in the level of depression among the elderly after humour therapy”** is accepted. This shows that a significant difference exist between the mean scores before and after therapy. This reveals that there is a

significant difference in the level of depression before and after intervention. Thus the difference is statistically significant and it confirms that humour therapy was effective in reducing the level of depression among the elderly.

TABLE 4.4.
INFLUENCE OF BASELINE DATA ON THE LEVEL OF DEPRESSION

Karl Pearson coefficient of correlation and chi-square test was used to find the influence of demographic variables on depression among the elderly.

Demographic variables	**'r'**
Age	0.6834
Educational status	0.752

The computed 'r' value infers that age and educational status have positive relation on the level of depression before the intervention.

.

Demographic variable	χ^2
Visit by the family members	7.694

The χ^2value 7.694 is greater than the table value at χ^2(1. 49). This proves that there exists a significant association between the visit by the family members and the level of depression among the elderly.

RESULTS AND DISCUSSION

The study was conducted in St.Joseph old age home, Coimbatore with the aim of examining the effect of humour therapy on depression among the elderly. The depression level of the elderly was assessed before and after humour therapy using geriatric depression Scale. The results of depression level were compared, interpreted and discussed in this chapter.

5.1. FINDINGS RELATED TO BASELINE DATA

In this present study out of 50 samples, 38 % of them were 70-80 years old, 34 % of them were above 80 years and 28 % of them were in the age group from 60-70 years. With regard to educational status,52 % of the elderly were illiterate and 48 % of them were educated. When considering the gender, 66 % of them were females and 34 % of them were males.

With respect to physical illness of the elderly, 82 %of them were physically ill and 18 % of them with no physical illness. With regard to the visit by the family members, 50 %of the elderly had visit by their family members once in a year, 30% of them had visit monthly once and20% of them had no visit at all. When considering the marital status, 86 % of them are married and 14 % of them were unmarried. With respect to type of admission, 70 % of the elderly were admitted by their relatives and 30 % of the elderly by self.

5.2. ANALYSIS OF THE PRETEST DEPRESION SCORE OF THE ELDERLY

The pretest depression score of the elderly was determined by

1) Assessing the level of depression of the elderly
2) Analysis of mean, standard deviation, mean percentage and mean difference of the stress scores.

Assessing the level of depression of the elderly

The findings of the present study showed that 36% of the elderly had mild depression and 74% of them had moderate and severe depression before implementation of humour therapy. After analyzing these findings, it was found that majority of the elderly had moderate and severe depression.

The total mean percentage of the depression scores of the elderly in the pretest was 71.80 % with total mean 21.54 and standard deviation of 4.35.

5.3. ANALYSIS OF EFFECTIVENESS OF HUMOUR THERAPY AMONG THE ELDERLY

The mean pre test score was 21.54 and the mean posttest score was 16.08. In the pre-test 36 % of the elderly had mild depression and 64 % of the elderly had moderate and severe depression. In the post test, 12 % of the elderly had no depression, 62 % of them had mild depression and 26 % of them had moderate and severe depression. This shows that there was a significant reduction in the depression score of the elderly after implementing humour therapy.

The present study is in line with the study conducted by Shahidi in which the mean score and standard deviation of the pretest depression score was 16 and 5.3 respectively. In the post test, the mean score was 10 and standard deviation was 6.9 which signify the effectiveness of humour therapy.

5.4. RELATIONSHIP BETWEEN SELECTED BASELINE DATA AND BEFORE HUMOUR THERAPY SCORE

Age and educational status of the elderly was positively correlated with the depression of the elderly.

The present result is in line with the supportive studies conducted by Vishal and Ather (2007) which depict that advancing age and educational status has positive relationship with the depression of the elderly.

Study conducted by Vishal reported that elderly with advanced age had more depression (P=0.08).Ather and Ahmed conducted a study which showed positive correlation with educational status (P=0.003) and depression of the elderly.

Visiting the elderly by their family members was positively correlated with the depression of the elderly.

5.5. TESTING OF HYPOTHESIS

Paired‘t’ test was used to identify the significance of difference between the pretest and the posttest depression score of the elderly. A high significant difference of ‘t’=27.54 (P<0.001) was observed between the pretest and post test stress scores. Hence, the research hypothesiswhich states**“There is a significant decrease in the level of depression among the elderly after humour therapy”**was accepted. It revealed that humour therapy was effective in reducing the level of depression of the elderly.

SUMMARY AND CONCLUSION

This chapter summarizes the major findings, limitations and implications in the field of nursing education, nursing practice, nursing research and recommendations.

This study is done to identify the effect of humour therapy on depression among the elderly. The study was conducted at St.Joseph old age home, Coimbatore. The study design was quasi experimental (pretest and post test design). The data was collected for a period of thirty days. Purposive sampling technique was used to select the samples for the study. Total number of samples selected during the study period was 50. Geriatric Depression Scale was administered to assess the level of depression. Samples who scored more than 9 were selected for the study. Humour therapy was administered as an intervention for a period of three weeks and the level of depression was reassessed.

6.1. MAJOR FINDINGS OF THE STUDY

1. The depression level was found to be greater before humour therapy among the elderly.
2. The depression level was found to be lesser after implementation of humour therapy among the elderly.
3. The significant difference in level of depression was identified after humour therapy.

6.2. LIMITATION

1. The study was limited to St. Joseph old age home, Coimbatore.
2. Size of the sample was small and duration was shorter period which limits generalization.

6.3. RECOMMENDATIONS

1. The study can be replicated with a larger size for wider generalization of findings.
2. A longitudinal study can be undertaken to see the long term effect of humour therapy on depression.
3. A comparative study can be conducted to assess the effectiveness of humour therapy and other complimentary therapies on the level of depression.

4 A similar study can be conducted with a control group design.

6.4. NURSING IMPLICATIONS

6.4.1. Nursing Education

The importance of humour therapy as a best alternative and complementary therapy should be illustrated to the students. This can be done by retrieving adequate information about the physical and psychological benefits of humour therapy by the students in the library.

6.4.2. Nursing Administration

The nurse administrator can organize humour therapy sessions among the staff nurses regularly and provide adequate learning materials to reiterate the importance of humour therapy among the nurses while taking care of their patients.

6.4.3. Nursing Practice

The nurses can implement humour therapy to the patients which serves as a best therapeutic intervention in relieving the psychological worriness of the patients. Humour can be implemented to the patients in the form of telling jokes and humorous events. Further, laughter therapy sessions can be conducted periodically by the nurses in health care settings.

6.4.4. Nursing Research

The effect of humour therapy in improving the physical health of clients with various diseases such as asthma, hypertension and diabetes mellitus could be studied. Further the impact of humour therapy on serious mental illness and the relationship between depression and health consequences to be studied. The incidence and prevalence of depression in vulnerable populations like strenuous workers also could be studied. Since importance to mental health is as important as physical health alternative methods like humour therapy can be used to cope up with depression.

6.5. CONCLUSION

The study was conducted to find the effect of humour therapy on among the elderly with depression. Mean value and percentage of the depression score has decreased from 71.80 % to 53.6 %. The mean difference obtained was 5.06 which was significant. Hence, the intervention was effective in reducing the level of depression of the elderly.

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ANNEXURE - I

Paired 't' test

To test the hypothesis,'t' test was applied to find out the significant difference in the level of depression before and after humour therapy

$$t = \frac{\bar{d}}{\frac{SD}{\sqrt{n}}}$$

$$SD = \sqrt{\frac{\sum\left(d-\bar{d}\right)^2}{n}}$$

$\bar{d}$ = Mean of difference between pretest and post test score

SD = Standard deviation of the pre-test and post test score

n = Number of samples

ANNEXURE – II

KARL PEARSON'S COEFFICIENT OF CORRELATION

This was calculated to find out the influence of independent variable on dependent variable. Influence of demographic variables on the level of depression was assessed through Karl Pearson's Co-efficient of correlation in order to find the significance of relationship between the two variables.

$$r = \frac{\frac{\sum xy}{n} - \bar{x}\bar{y}}{SD_x . SD_y}$$

$\bar{x}$ = Mean of independent variable score

$\bar{y}$ = Mean of dependent variable score

$\frac{\sum xy}{n}$ = Average of independent variable and dependent variable score

SD_x = Standard deviation of independent score

SD_y = Standard deviation of dependent score

ANNEXURE - III

CHI-SQUARE TEST

This was calculated to find out the influence of independent variable on dependent variable. Influence of demographic variables on the level of depression was assessed through chi square test in order to find the significance of relationship between the two variables.

$$\chi^2 = \sum \frac{(O-E)^2}{E}$$

Where

χ^2 = Chi square test

O = Observed value

E = Expected value

APPENDIX – V
HUMOUR THERAPY TRAINING CERTIFICATE

Rtn. T.S. MOHANRAJ M.A., M.P.Ed., M.Phil., M.Sc.,(Yoga), P.G.D.Y.E
Consultant : YOGA AND FITNESS

CENTRE :
YAAL YOGA
Smriti Academy, 49, Dr. Jeganathan Nagar,
Opp. Govt. Medical College, Avinashi Road,
Coimbatore - 641 014

EASY METHODS FOR DAILY PRACTICE

RESIDENCE : 61, Sri Nagar, B.R. Puram, Peelamedu (P.O), Coimbatore - 641 004.
Cell : 94431 15117 - Email : ts.mohanraj@yahoo.in

Ref :

Date : 21.11.2011

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Mr. S. SURESH BABU**, M.Sc (Nursing) is eligible to provide Humour Therapy as he has undergone training for Humour Therapy.

Signature
T.S. MOHANRAJ,
M.A.,M.P.Ed.,M.Phil.,M.Sc(Yoga),P.G.D.Y.E.,

From
Mr . S..Suresh Babu
M.Sc Nursing I year,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore -44.

To

DR. MARIKANNAN, M.D, (PSYCHIATRY),
CONSULTANT PSYCHIATRIST,
CMCH HOSPITAL
COIMBATORE

Through
The Principal,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore -44.

Sub: Requisition for content validity

Respected Madam,

I Mr .Suresh Babu , doing my M.Sc nursing I Year in College of Nursing, Sri Ramakrishna Institute of Paramedical Sciences, as a part of my curriculum requirement under The Tamil Nadu Dr. M.G.R. Medical University has to conduct Research, I have selected study on **"EFFECTIVENESS OF HUMOUR THERAPY ON DEPRESSION AMONG THE ELDERLY IN ST. JOSEPH OLD AGE HOME ,COIMBATORE".**

I sincerely request to extend your guidance for my content validity.

Thanking you,

Yours faithfully,

S.Suresh Babu

Coimbatore

Date:

THE PRINCIPAL
College of Nursing
Sri Ramakrishna Institute of Paramedical Sciences
Coimbatore - 641 004.

FORMAT FOR CONTENT VALIDITY

Name of the expert: DR. MARIKANNAN, M.D. (PSYCHIATRY),

Address: CONSULTANT PSYCHIATRIST,
CMCH HOSPITAL
COIMBATORE

Kindly validate each tool and tick wherever applicable

S.No	Sections of the tool	Strongly agree	Agree	Needs modification	Remarks
1	SECTION A		✓		
2	SECTION B		✓		
3	SECTION C		✓		

Total content for the tool : Adequate /Inadequate

Date: 10/4/14.

Signature of the expert

FORMAT FOR CONTENT VALIDITY

Name of the expert: Dr.C. BALAKRISHNAMURTHY, Ph.D,

Address: ASSISTANT PROFESSOR AND PRINCIPAL INVESTIGATOR,
UGC MAJOR RESEARCH PROJECT,
DEPARTMENT OF PSYCHOLOGY,
PSG COLLEGE OF ARTS & SCIENCE,
COIMBATORE -14.

Kindly validate each tool and tick wherever applicable

S.No	Sections of the tool	Strongly agree	Agree	Needs modification	Remarks
1 .	SECTION A	✓	—	—	—
2	SECTION B	✓	—	—	—
3	SECTION C	✓	—	—	—

Total content for the tool : Adequate /Inadequate

Date: 10.4.2011

Signature of the expert

From
Mr . S..Suresh Babu
M.Sc Nursing I year,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore -44.

To

Dr.C. BALAKRISHNAMURTHY, Ph.D,

ASSISTANT PROFESSOR AND PRINCIPAL INVESTIGATOR,
UGC MAJOR RESEARCH PROJECT,
DEPARTMENT OF PSYCHOLOGY,
PSG COLLEGE OF ARTS & SCIENCE,
COIMBATORE -14.

Through
The Principal,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore -44.

Sub: Requisition for content validity

Respected Madam,

I Mr .Suresh Babu , doing my M.Sc nursing I Year in College of Nursing, Sri Ramakrishna Institute of Paramedical Sciences, as a part of my curriculum requirement under The Tamil Nadu Dr. M.G.R. Medical University has to conduct Research, I have selected study on **"EFFECTIVENESS OF HUMOUR THERAPY ON DEPRESSION AMONG THE ELDERLY IN ST. JOSEPH OLD AGE HOME ,COIMBATORE".**

I sincerely request to extend your guidance for my content validity.

Thanking you,

Yours faithfully,

S.Suresh Babu

Coimbatore

Date:

for THE PRINCIPAL
College of Nursing
Sri Ramakrishna Institute of Paramedical Sciences
Coimbatore - 641 004.

FORMAT FOR CONTENT VALIDITY

Name of the expert: Mrs. Meera Saravanan,

Address: Professor,
Mental Health Nursing Department,
PSG College of Nursing,
Peelamedu,
Coimbatore- 4.

Kindly validate each tool and tick wherever applicable

S.No	Sections of the tool	Strongly agree	Agree	Needs modification	Remarks
1 .	SECTION A		✓		
2	SECTION B		✓		
3	SECTION C		✓		

Total content for the tool : Adequate /Inadequate

Date:

Signature of the expert

PSG COLLEGE OF NURSING
Peelamedu
COIMBATORE

From
Mr . S..Suresh Babu
M.Sc Nursing I year,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore -44.

To

Mrs. Meera Saravanan,
Professor,
Mental Health Nursing Department,
PSG College of Nursing,
Peelamedu,
Coimbatore- 4.

Through
The Principal,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore -44.

Sub: Requisition for content validity

Respected Madam,

I Mr .Suresh Babu , doing my M.Sc nursing I Year in College of Nursing, Sri Ramakrishna Institute of Paramedical Sciences, as a part of my curriculum requirement under The Tamil Nadu Dr. M.G.R. Medical University has to conduct Research, I have selected study on **"EFFECTIVENESS OF HUMOUR THERAPY ON DEPRESSION AMONG THE ELDERLY IN ST. JOSEPH OLD AGE HOME ,COIMBATORE".**

I sincerely request to extend your guidance for my content validity.

Thanking you,

Yours faithfully,

S.Suresh Babu

Coimbatore

Date:

for R. Kumathilagam
THE PRINCIPAL
College of Nursing
Sri Ramakrishna Institute of Paramedical Sciences
Coimbatore- 641004.

FORMAT FOR CONTENT VALIDITY

Name of the expert: Mrs. R. Tamilselvi,

Address: KG College of Nursing,
KG Hospital,
Arts College Road,
Coimbatore-18.

Kindly validate each tool and tick wherever applicable

S.No	Sections of the tool	Strongly agree	Agree	Needs modification	Remarks
1.	SECTION A		✓	–	
2	SECTION B		✓	–	
3	SECTION C		✓	–	

Total content for the tool : Adequate /Inadequate

Date: 23/03/2011.

Signature of the expert

APPENDIX – II

LETTER REQUISITION FOR CONTENT VFALIDITY

From
Mr. Suresh babu,
M.Sc Nursing I year,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore -44.

To

Mrs. R. Tamilselvi,
KG College of Nursing,
KG Hospital,
Arts College Road,
Coimbatore-18.

Through
The Principal,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore -44.

Sub: Requisition for content validity

Respected Madam,

I Mr. Suresh babu doing my M.Sc (N) I Year in College of Nursing, Sri Ramakrishna Institute of Paramedical Sciences, as a part of my curriculum requirement under The Tamil Nadu Dr. M.G.R. Medical University has to conduct Research, I have selected study on **"EFFECTIVENESS OF HUMOUR THERAPY ON DEPRESSION AMONG THE ELDERLY IN SELECTED OLD AGE HOME ,COIMBATORE .**

I sincerely request to extend your guidance for my content validity.

Thanking you,

Yours faithfully,

THE PRINCIPAL
College of Nursing
Sri Ramakrishna Institute of Paramedical Sciences
Coimbatore-641004.

Coimbatore

Date;

From

PODANUR P.O.
Coimbatore-641 023. India.

FORMAT FOR CONTENT VALIDITY

Name of the expert: Mr. Baskaran,

Address: Assistant Professor,
Mental Health Nursing,
PSG College of Nursing,
Peelamedu, Coimbatore-4

Kindly validate each tool and tick wherever applicable

S.No	Sections of the tool	Strongly agree	Agree	Needs modification	Remarks
1 .	SECTION A		✓		
2	SECTION B		✓		
3	SECTION C			✓	

Total content for the tool : Adequate /Inadequate

Date: 4/6/11

Signature of the expert

M. BASKARAN.
ASST. PROFESSOR
PSG CON
PEELAMEDU
CBE - 4.

PSG COLLEGE OF NURSING ★ Peelamedu ★ COIMBATORE-4

From
Mr . S..Suresh Babu
M.Sc Nursing I year,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore -44.

To

Mr. Baskaran,
Assistant Professor,
Mental Health Nursing,
PSG College of Nursing,
Peelamedu, Coimbatore - 4.

Through
The Principal,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore -44.

Sub: Requisition for content validity

Respected Madam,

I Mr .Suresh Babu , doing my M.Sc nursing I Year in College of Nursing, Sri Ramakrishna Institute of Paramedical Sciences, as a part of my curriculum requirement under The Tamil Nadu Dr. M.G.R. Medical University has to conduct Research, I have selected study on **"EFFECTIVENESS OF HUMOUR THERAPY ON DEPRESSION AMONG THE ELDERLY IN ST. JOSEPH OLD AGE HOME ,COIMBATORE".**

I sincerely request to extend your guidance for my content validity.

Thanking you,

Yours faithfully,

S.Suresh Babu

Coimbatore

Date:

THE PRINCIPAL
College of Nursing
Sri Ramakrishna Institute of Paramedical Sciences
Coimbatore - 641 004.

APPENDIX – I

PERMISSION LETTER FOR CONDUCTING THE STUDY

From
S.Suresh babu,
M.Sc Nursing II year,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore -44.

To
The Administrative officer,
St.Joseph Old Age Home,
Podanur,
Coimbatore.

Through
The Principal,
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences,
Coimbatore -44.

Sub: Letter requesting permission for conduct the research study.

Respected Sir,

I S.Suresh babu doing my M.Sc (N) II Year in College of Nursing, Sri Ramakrishna Institute of Paramédical Sciences, as a part of my curriculum requirement under The Tamil Nadu Dr. M.G.R. Medical University has to conduct Research, I have selected study on **"EFFECTIVENESS OF HUMOUR THERAPY ON DEPRESSION AMONG THE ELDERLY IN SELECTED OLD AGE HOME,COIMBATORE.**

I kindly request you grant me permission. I assure that I will abide the rules of the institution and information collected from the study participants will not be disclosed.

Thanking you,

Yours faithfully,

Coimbatore :

Date: 16/6/11

PRINCIPAL
College of Nursing,
Sri Ramakrishna Institute of Paramedical Sciences
Coimbatore - 641 044.

(S.SURESH BABU)

Sister Superior
St. Joseph's Home For Aged & Destitute
PODANUR P.O.
Coimbatore-641 023. India.

APPENDIX – VI

CERTIFICATE FOR ENGLISH EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the dissertation **"Effectiveness of Humour Therapy on Depression among the elderly in selected Old Age Home, Coimbatore".** done by S. Suresh Babu II year M Sc. Nursing, College of Nursing, Sri Ramakrishna Institute of Paramedical Sciences, Coimbatore, has been edited for English language appropriateness.

Name POONGOTHAI,

Designation ASSOCIATE PROFESSOR,

Name of the Institution KAS COLLEGE, COIMBATORE

Signature 

APPENDIX – VII

CERTIFICATE FOR TAMIL EDITING

TO WHOMSOEVER IT MAY CONCERN

This is to certify that the dissertation **"Effectiveness of Humour Therapy on Depression among the elderly in selected Old Age Home, Coimbatore".** done by S. Suresh Babu II year M Sc. Nursing, College of Nursing, Sri Ramakrishna Institute of Paramedical Sciences, Coimbatore, has been edited for Tamil language appropriateness.

Name : S. SHANKESWARS M.A, B.Ed,

Designation : TAMIL PANDIT

Name of the Institution : S.S. Govt. Hr.Sec. School, RAJAPALAYAM

Signature : ச.சங்கேஸ்வர்