

**“A STUDY TO EVALUATE THE EFFECTIVENESS OF LAUGHTER
THERAPY ON DEPRESSION AMONG ELDERLY PEOPLE IN SELECTED
OLD AGE HOME, ERODE DISTRICT.”**

By

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In

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Dharmarathnakara Dr.Mahalingam Institute of

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Approved by DMIPSR College Research Committee

- Principal** : -----
Prof.Mrs.K.Kalaivani, M.Sc., (Nursing)
Professor in Community Health Nursing,
Principal, DMIPSR College of Nursing,
Sakthi Nagar, Bhavani, Erode – 638315
- Research guide** : -----
Mrs.Deepa.K, M.Sc (Nursing)
Reader cum HOD of Mental Health Nursing
DMIPSR College of Nursing,
Sakthi Nagar, Bhavani, Erode – 638315
- Medical Guide** : -----
Dr.P.Selvan, M.S., (Gen.Surgeon)
Register Number: 72323
Chief Medical Officer, Raghav Hospital,
Appakudal, Bhavani, Erode – 638315

A Dissertation submitted to
The Tamil Nadu Dr. M.G.R. Medical University, Chennai
In partial fulfilment of the requirement for
Degree of Master of Science in Nursing

VIVA VOCE:

- 1. INTERNAL EXAMINER:** -----
2. EXTERNAL EXAMINER: -----

APRIL 2014

ENDORSEMENT BY HEAD OF THE INSTITUTION

This is to certify that the dissertation entitled “**A STUDY TO EVALUATE THE EFFECTIVENESS OF LAUGHTER THERAPY ON DEPRESSION AMONG ELDERLY PEOPLE IN SELECTED OLD AGE HOME, ERODE DISTRICT.**” is a bonafide research work by **Mr.Ebenezer** under the guidance of **Mrs.K.Deepa, M.Sc.,(N), Reader**, Dharmarathnakara Dr.Mahalingam Institute of Paramedical Science and Research, Sakthi Nagar, Erode.

Date:

Place: Sakthi Nagar

Signature of the Principal,
Prof.Mrs.K.Kalaivani, M.Sc., (N),
Principal cum Professor in Community Health
Nursing, DMIPSR College of Nursing,
Sakthi Nagar, Bhavani, Erode – 638315.

ENDORSEMENT BY THE RESEARCH GUIDE

This is to certify that the dissertation entitled “**A STUDY TO EVALUATE THE EFFECTIVENESS OF LAUGHTER THERAPY ON DEPRESSION AMONG ELDERLY PEOPLE IN SELECTED OLD AGE HOME, ERODE DISTRICT.**” is a bonafide research work done by **M. Ebenezer** in partial fulfillment of the requirement for the degree of **Master of Science in Mental Health Nursing.**

Date :

Place : Sakthi Nagar

Signature of the Research Guide

**Mrs. Deepa. K, M.S.c (N), Reader,
Cum HOD of Mental Health Nursing,
Department,
DMIPSR College of Nursing
Sakthi Nagar, Bhavani,
Erode – 638315.**

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LIST OF ABBREVIATIONS USED

DMIPSR	Dharamarathnakara Dr. Mahalingam Institute of Paramedical Science & Research
Fig	Figure
H ₁	Research hypothesis
H ₂	Research hypothesis
HOD	Head of the department
N	Total number of samples
No	Number
Prof	Professor
S.D	Standard deviation
=	Equal to
WHO	World health organization
±	More than or less than

ABSTRACT

STATEMENT OF THE PROBLEM:

“A STUDY TO EVALUATE THE EFFECTIVENESS OF LAUGHTER THERAPY ON DEPRESSION AMONG ELDERLY PEOPLE IN SELECTED OLD AGE HOME, ERODE DISTRICT.”

OBJECTIVES OF THE STUDY:

1. To assess the level of depression among elderly people
2. To evaluate the effectiveness of laughter therapy on depression among elderly people
3. To findout the association between pre-test level of depression among elderly people with their selected demographic variables

METHODS:

The research approaches adopted for this study was quantitative approach, the research design adopted for this study was quasi-experimental (pre-experimental design) one group pretest and post test design

Result:

- The maximum numbers of elderly people, 54% were in age group of 60 to 70 years
- The proporation of 50 elderly people ,56% was females
- The proporation of 50 elderly peoples ,74% was married
- The proporation of 50 elderly people, 72% were uneducated.
- The major findings of the study showed that the pretest mean score (21.78) 73.33% and post test mean score was (15.82) 53.33%
- The pretest depression score was no depression 0%, mild depression 32%, moderate and severe depression 68%. It was higher than the posttest

score. Whereas, the post test score was no depression 12%, mild depression was 66% moderate and severe depression was 22%.

- It revealed that laughter therapy was found to be effective in reducing the depression among elderly people.
- The findings of the study showed that there is significant association between the level of depression and demographic variables (age) at $p < 0.05$ level.
- There is no association among found between the level of depression and demographic variables sex, marital status, educational status, health status and number of children of elderly people at $p > 0.05$ level.

CHAPTER - I

INTRODUCTION

“An ounce of prevention is better than a pound of cure”.

Population ageing is the most significant emerging demographic phenomenon in the world today. In 1950, the world population aged 60 years and above was 205 million (8.2 percent of the population) in 2000. By 2050, the proportion of older persons 60 years and above is projected to rise to 21.1 percent, which will be two billion in number. Asia has the largest number of world's elderly (53 percent), followed by Europe (25 percent). This pressure of increasing numbers of elderly will intensify in the next 50 years.

A cheerful heart is good medicine, but a broken spirit saps a person's strength. Over the years many physical benefits to laughter have been reported by doctors and health care professionals. Patients are in need of the therapeutic effects of humor and laughter. The ability to see the laughter in a situation and laugh freely with others can be an effective way to take care of our own body, mind and spirit.

Geriatric psychiatry is concerned with preventing, diagnosing and treating psychological disorders in older adults. It is also concerned with promoting congruity. Persons with a healthy mental adaptation to life are likely to live longer than those stressed with emotional problems.

Stress typically describes a negative condition that can have an impact on one's mental and physical well-being, but it is unclear what exactly defines stress and whether or not stress is a cause in an effect or the process connecting the two.

The American Cancer Society formally states that laughter therapy is the use to relieve of physical and emotional difficulties. It is used as a complementary tool to

promote health enhances immune system performance and copes with illness. Laughter can reduce stress, promote good health, and enhance the quality of life.

The physical effects of laughter on the body involve increased breathing, oxygen use and heart rate, which stimulate the circulatory system.

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 or losing someone else, frustration with disability or slowing down of their cognitive abilities of daily living, sensory deficits, loneliness isolation from their family member's etc. migration of children to abroad, lack of personal 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.

The common psychiatric disorders prevalent among the elderly are cognitive impairment or mental slowing, schizophrenia, delusional disorders anxiety and 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 withdrawal and changes in appetite, confusion and feelings of worthlessness or hopelessness that leads to suicidal ideation.

Need for the Study:-

The elderly are prized resources that are need to create a awareness to safeguard the health and dignity of vulnerable section of society and help them like the rest of their lives with dignity. Elderly are the most rapidly growing segment of population. In India there are about 77 million elderly populations.

A study conducted on global estimation of the elderly population. It reveals that there are 30.2 percent of total population consists of elderly and this will increase to 72 percent by 2050. The study also reports that the elderly in Asia are also expected to increase from 1 million in 2003 to 7 million in 2050.

WHO reports that there are 236 elderly people per 10,000 suffer from mental illness mainly due to ageing, physical problems, socio-economic factor, cerebral pathology, emotional attitude and family structure stress occurs in approximately 10 to 15 percent of all community dwelling elderly over 65 years of age. The prevalence rate increases from 50 to 75 percent among institutionalized adults.

A study was conducted about the social problems of the aged rural population in India, the study reported 55% of the old age people are being respected, 26 percentages were neglected. 46.8% were happy and 53.4% were unhappy. The study revealed that stress related problems such as depression are found commonly in the later group and the government should take initiation for further more studies in the area.

Stress in elderly worsens the outcomes of many medical illness and increases mortality environmental factors, such as isolation, care giving and bereavement; contribute to further increased susceptibility to depression or triggering depression in already vulnerable elderly people. Suitable treatment of stress in elderly reduces the

symptoms, prevents suicidal ideation, improve cognitive and functional status in order to improve the recovery of a good quality of life as well as the mortality risk.

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 13 and 25%. 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 population of 60 years and above depression in the elderly is not yet perceived as a public health problem in India (**Barua, 2011**).

M.C. D. 2009 conducted an epidemiological study to compare the prevalence of depression among elderly living in institutional setting and residence the sample size for the study was 2640 and they were selected through stratified random sampling technique. The participants were screened through geriatric mental status. The results found that the incidence of depression among the elderly living in institution was 27% and in home it was 9.3% (**Mc Dougall, 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**).

An experimental study was performed to analyze the role of humor 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 laughter 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 laughter therapy was proved to be effective among the depressed elderly through various studies.

STATEMENT OF THE PROBLEM:-

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4. To assess the level of depression among elderly people
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HYPOTHESIS:-

H₁ : There is a significant difference between the pre-test and post-test level of Depression among elderly people.

H₂ : There will be a significant association between levels of depression among Elderly people and selected demographic variables.

OPERATIONAL DEFINITION:-

Effectiveness:-

It refers to the change in the level of depression after implementation of laughter therapy.

Laughter therapy:-

It refers to the use of humor to promote overall health and wellness. It aims to use the natural physiological process of laughter to help relieve physical or emotional stress.

Depression:-

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

Elderly:-

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

Old age home:-

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

Assumption:-

1. Elderly those who are residing in old age home have depression.
2. Responses of the elderly will be their true measures of depression
3. Laughter therapy will reduce the depression level of the elderly.

CONCEPTUAL FRAME WORK

Roy's adaptation model modified (1964) Roy's adaptation model (modified) was used in the study. This model explains the concept of adaptation of the person. The person receives input / stimuli from internal and external environment. Integration of human and environment results in adaptation. Roy's model characterized as a system theory with a strong analysis of intervention the components are:

Input, control, process, output

INPUT:

The stimuli are like:

- **Focal stimuli:** focal stimuli are those, which most immediately confront the person. In this study, it refers to depression.

Contextual stimuli:

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

Residual stimuli:-

Residual stimuli include the attitude of the elderly and their previous experience. These are those internal factors whose current effects are unclear.

Control:

Individuals have biological abilities to cope with the changing environment. Roy has described these abilities as regulator coping mechanism and considered as the person's adaptive system.

Coping mechanisms:-

By acquiring coping mechanism, samples learn the laughter therapy and practice.

Regulator sub system:

The regulator sub system (laughter therapy) responds automatically through neuron – chemical process, during laughter therapy which stimulates the circulatory system and boosts the immune system.

Cognator subsystem:

- ❖ The cognator subsystem responds through higher, complex process of perception, informational processing, judgments and emotion. The samples use the cognator subsystem by perceiving, processing and learning the information given by the researcher regarding laughter therapy.
- ❖ In this study **role function mode** is responds positively to laughter therapy
- ❖ **Interdependence mode** involves the willingness to give to others and accept from others. In this study, it denotes the maintenance of good inter personal relationship between the researcher and the elderly people perceives the importance of laughter therapy

Out put:

Output is the out come of the process; it may be the adaptive response or non adaptive response. In this study the adaptive response, laughter therapy was effective in reducing depression and ineffective response is laughter therapy was not effective in reducing in depression.

Adaptive modes:

Roy has identified four adaptive modes categories for assessment of behavior resulting from regulator and cognator subsystem responses namely physiological, self concept, role function and interdependence modes.

Physiological mode involves the body's basic needs and ways of dealing with adaptation. In this study, physiological mode is the need to protect them by acceptance of laughter therapy provided by the researcher.

Self concept mode involves the belief and feeling about on self. In this study, samples feel believe and from a concept that it is important for them to practice laughter therapy.

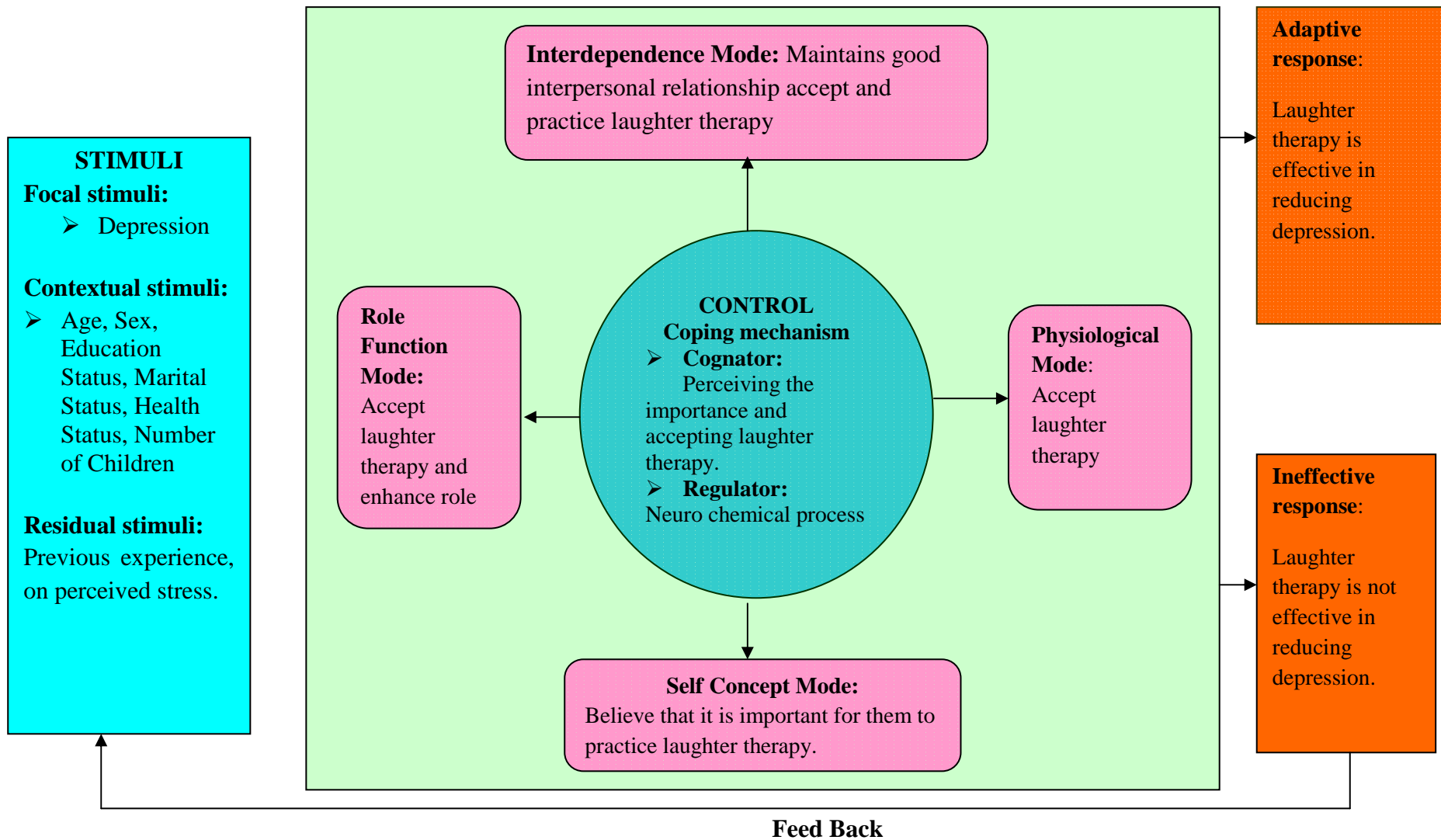


Fig. 1: Modified Roy Adaptation model, 1984 (conceptual frame Work)

CHAPTER –II

REVIEW OF LITERATURE

Review of literature is a broad, and comprehensive, in depth, systematic and critical review of scholarly, publications, and published scholarly printed materials and audio visual materials and personal communications.

Review of literature is an essential step in the research project, it provides basis for future investigations, justifies, the need for the study, throws light on the feasibility of the study, reveals constraints of data collection and other relates, the finding from one study to another with the hope to establish a comprehensive study of scientific knowledge in professional discipline, from which valid and pertinent theories may be developed.

The investigator carried out an extensive review of literature on the research topic, in order to give deeper insight into the problem and to collect maximum relevant information for building the foundation of the study.

In order to collect the information, the investigator used online resources like, website and latest books and journals, review was done on the research and non – research materials.

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

- 2.1. Literature related to elderly depressed people.
- 2.2. Literature related to laughter therapy
- 2.3. Literature related to laughter therapy and depression.

2.1. LITERATURE RELATED TO ELDERLY DEPRESSED PERSONS

Grover (2010) conducted a cross sectional study in the elderly population of a rural community in west Bengal to estimate the prevalence of depression. The samples for the study included 183 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.

Gupta (2009) conducted a study to analyze 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.

(Devi, 2007) Conducted a survey 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.

Sherina, 2005 conducted a cross sectional study to find out the prevalence of depression among elderly participants aged 60 years. Sample size for the study was 210 and 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.

Rajkumar, 2003 performed a descriptive study 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.

(**Sharif, 2003**) conducted a descriptive study 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 analyze their level of depression. The result showed that 22 samples had moderate depression and 2 samples had severe depression respectively.

(**Sherina, 2000**) conducted a descriptive study 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.

2.2. LITERATURE RELATED TO LAUGHTER THERAPY

(**Youn, 2011**) conducted a study among the elderly aged over 65 years to examine the impact of laughter 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 laughter 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 laughter therapy.

(**Narayan, 2010**) intervened a study to illustrate the impact of laughter therapy for patients with various disorders such as diabetes, asthma, depression, stress and blood pressure. He found that after exposure to laughter 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 laughter improves the lung capacity and oxygen levels in the blood. Further, some clients reported that reduced frequency of asthmatic attacks and a decrease in the usages of nebulizers (Narayan, 2010).

(Prazak, 2009) conducted a descriptive study to explore the laughter stimulus in a population of older adult. They selected 130 hospital auxiliary personal aged over 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 laughter can be used by nurses as an effective tool to take care of the elderly.

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

(Beckman, 2007) did a study to prove the impact of laughter therapy 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. Laughter therapy was implanted daily 15 minutes for 15 days. All participants laughed together daily and their post scores were assessed. The results showed that their self-competencies scores doubled, relational competencies increased by 50% and role competencies also doubled.

(**Gelkopf, 2006**) conducted a study 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, 2004**) conducted a study to find out the potential therapeutically effects of laughter on hospitalized schizophrenic clients. The experimental group was 30 in total and exposed to 70 humorous movies for a period of 3 months whereas, in control group, it 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 patients wellbeing.

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

(**Simon, 1998**) presented a study at the 8th international conference to assess the sense of control among nurses and its impact on laughter training program. The 231 samples were divided into experimental and control group and the screened subjects were provided six weeks laughter training program. Implementation of humorous jokes and situations was intervened for the elderly. The results showed that there was significant improvement in life satisfaction and successful ageing of the elderly.

2.3. Literature related to laughter therapy and depression

Hirsh RD et al (2010) conducted a study on laughter therapy in the depressed elderly. It shows significant improvements only in the experimental group for resilience and satisfaction with life ($p < 0.05$). Analyses of the subgroups with at least medium to severe depression showed further significant effects for cheerfulness, seriousness, bad mood, and satisfaction with life ($p < 0.05$). These severely affected patients seemed to profit best from laughter therapy. The results indicate the efficacy of this specific therapeutic intervention for older depressed patients.

Dr. Narayan (2008) combined laughter yoga with cognitive restructuring, with patients suffering from stress, diabetes, Asthma, depression and high blood pressure. The results showed a reduction in stress levels, depression, diabetes and blood pressure among some of the participants. Because laughter improves the lung capacity and oxygen levels in the blood.

Dr. Gita Suraj Narayan (2008) carried out a research study on the Bio psycho-social impact of laughter therapy on stroke patients. It reveals that a reduction in the post-stroke depression enhanced mobility and the ability to walk without walking aids. Therapy helped patients recover from cognitive deficits resulting from stroke including perceptual disorders, speech problems, and problems with attention and memory and improved communication and relations between the patients and significant others.

The annual meeting of American Society of Hypertension 2008 reported that laughter yoga can significantly lower blood pressure and reduce cortisol, or stress hormone levels among IT professionals in India. These individuals participated in seven laughter yoga session for 20-30 minute. This session includes the alternated 45 seconds to one minute of laughter with deep breathing and stretching exercises. After

three weeks, the investigators found that laughter yoga participants experienced significant reductions in their baseline blood pressures as well as their cortisol level and decrease the perceived level of stress.

Nandi et.al (2007) epidemiological survey conducted at rural population in Calcutta found that 24.1% of subjects aged 60 and above suffered from depression. In a geriatric psychiatric community survey in a sub urban population near madras found 24% of the subjects in the community suffered from depression and that is the most common psychiatric disorder in the aged.

Walter M et al (2007) conducted a study on laughter therapy in patients with late – life depression or Alzheimer’s disease. The result shows that depressive patients receiving laughter therapy showed the highest quality of life after treatment. In addition, patients with depression in both therapy groups showed improvements in mood, depression score, and instrumental activities of daily living.

Seaward BL (1992), On the basis of the study on laughter’s healing potential. Has revealed complex psychological phenomenon. Senses of laughter have been categorized in types associated with personality. Laughter has styles and can be found in almost any situation, on any occasion. Laughter has many clinical benefits, promoting beneficial physiological changes and an overall sense of well – being. Laughter even has long-term effects that strengthen the effectiveness of the immune system. In healthcare, laughter therapy can help to relieve stress associated with disease and illness. It serves as a diversionary tactic, a therapeutic tool for disorders such as depression, and a coping mechanism. It also is a natural healing component for care givers trying to cope with the stress and personal demands of their occupations.

CHAPTER - III

METHODOLOGY

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

Research approach:-

- The research approach adopted for this study is an evaluative approach.
- Quantitative approach → evaluative approach.

Research design:-

For this study the research design chosen is quasi experimental design. Which include manipulation randomization and absence of control group, the design chosen is one group pre-test and post test design.

Group	Pre-Assessment	Intervention	Post Assessment
Quasi experimental	RO ₁	X	O ₂

Key:-

- O₁ - Pre assessment of level of depression among elderly people.
- O₂ - post assessment of level of depression among elderly people.
- R - Random selection samples
- X - laughter therapy

Variables:-

Variables are concepts at various manipulated levels of abstraction that are measured or controlled in the study. The variables mainly included in this study are independent and dependent variables.

Independent variables:-

- Laughter therapy programme is the independent variables.

Dependent variables:-

- Dependent variable is the depression among elderly people

Site:-

- The site selected for present study is old age home

Setting:-

- The setting for present study in recreation hall

Population:-

- Old age home, Erode district.

Sample:-

- Elderly people in selected old age home, Erode district.

Sample size:-

- 50 samples

Sampling technique:-

- Purposive sampling technique was used.

Criteria for sample selection:-**Inclusion criteria:-**

1. Those who are in the age group of above 60 years
2. Both male and female
3. Understands Tamil.

Exclusive criteria:-

1. Hearing disabilities
2. Sensory impairment.

Description of the instrument:-

The tool consists of two sections.

Section A : Demographic variables of the depressed elderly people

Section B : Questionnaire regarding depression among elderly people

Section A : Demographic variables of the depressed elderly people:-

It consists of selected demographic variables like age, sex, marital status, educational status, health status and Number of children.

Section B : Questionnaire regarding depression among elderly people:-

The geriatric depression scale was formulated by gesavage in 1983. It is also 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.

Score interpretation:-

Total score - 30

Score of 0-9	- No depression
Score of 10-19	- Mild depression
Score of 20-30	- Moderate and severe depression.

Reliability of the instrument:-

The reliability of the instrument was estimated by Karal Pearson co-efficient correlations. The reliability value of the instrument was (0.9) and it was found to be reliable.

Validation of the instrument:-

The content validity of the instrument was assessed by obtaining opinion from five experts in the field of mental health nursing and medicine. The experts suggested that the geriatric depression scale to assess the level of depression.

The present study aimed to evaluate the effectiveness of laughter therapy on depression among elderly people in selected old age home.

Pilot study:-

It is a small scale version or trail run of the main.

The pilot study was conducted in Blessing India mission, Harur Tk, Dharmapuri (D.T) Tamilnadu, 5 samples was selected, after getting permission from the concerned old age home and prior information was given to the participants. The topic was explained and the study was conducted, data analysis was done by using descriptive and inferential statistics and found that the study was feasible.

Data collection procedure:-

Data collection is the gathering of information needed to address a research problem. Data collection for the main study was done in the month of November.

Total samples of the main study were 50 elderly people. Data was collected from the samples by administering structured interview questionnaires, after getting their consent.

Plan for statistical analysis:-

Data analysis is the systematic organization and synthesis research data and testing of research hypothesis using those data.

The data obtained was planned to be analyzed on the basis of the objectives of the study using descriptive and inferential statistics.

- Organize data in master coding sheet
- Demographic variables are to be analyzed in terms of frequencies and percentage.
- Levels of depression are to be presented in the form of mean, mean percentage and standard deviation.
- Chi-square test was used to do analysis the association between their selected demographic variables among depressed elderly peoples.

Sino	Data Analysis	Methods	Remarks
1.	Descriptive	Mean, standard deviation percentage	Assess the level of elderly depressed people
2.	Inferential statistics	Paired “t” test Chi-square test	Comparison of pretest level of depression among elderly people Analysis the association between the selected demographic variables among elderly depressed people.

ETHICAL CLEARANCE:

The proposed study was conducted after the approval of dissertation committee of the college, and also after the consent from the study participants without violating the human rights.

SCHEMATIC REPRESENTATION OF STUDY DESIGN

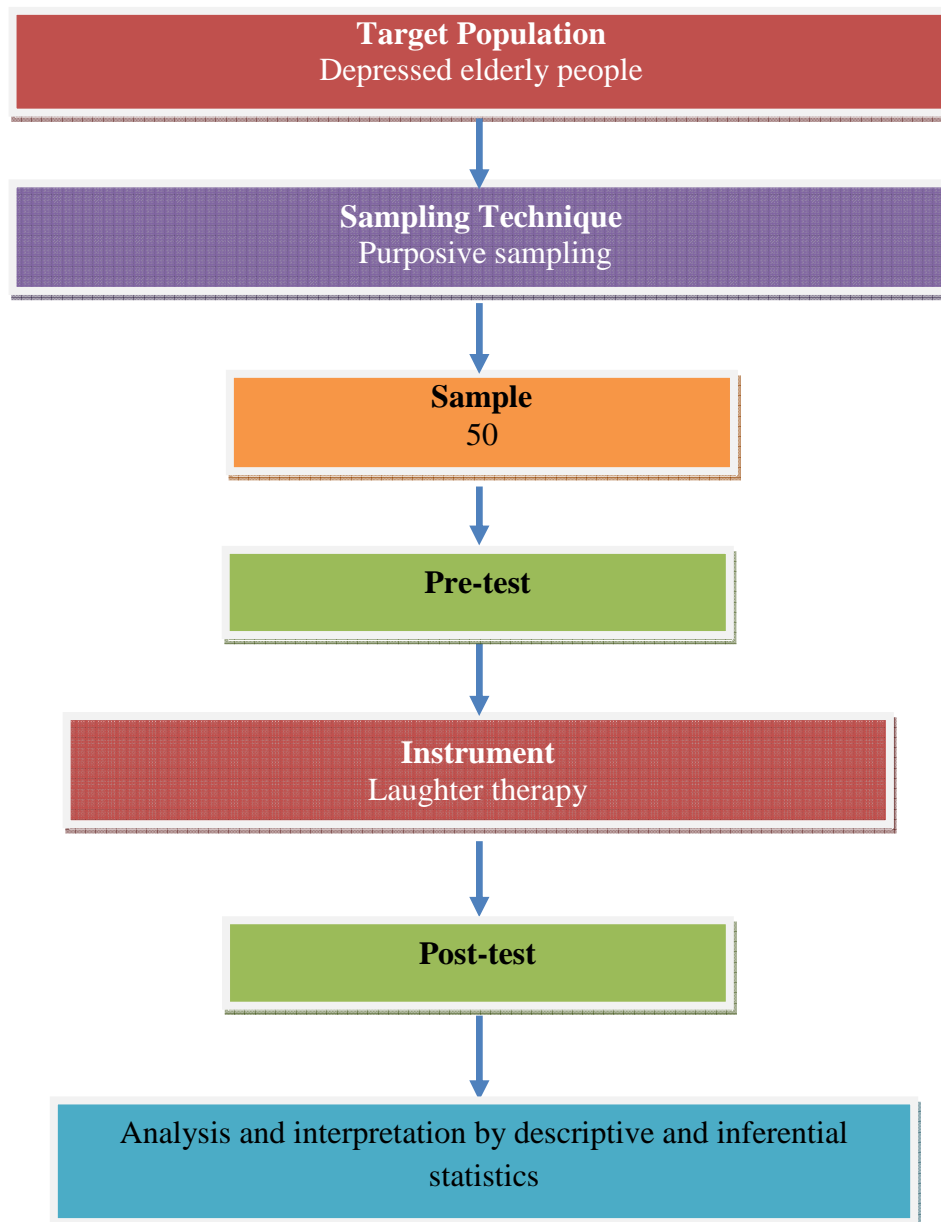


Fig.2: Schematic representation of study design

CHAPTER - IV

DATA ANALYSIS AND INTERPRETATION

“Get the habit of analysis – analysis will in time enable synthesis to become your habit of mind”

- **Frank zloyd Wright quotey**

Analysis is the process of categorizing, manipulating and summarizing the data to obtain answers to research question. The intelligible and interpretable from which the relations of research problem can be studied and tested. - **Polit, (2004)**

Statistical analysis:-

This chapter deals with systematic presentation of the analyzed data followed by its interpretation with the collected information was organized, tabulated analyzed and interpreted by using descriptive and inferential statistics. The findings were organized and presented in two parts with tables and figures. The details of each are presented below to co-relate with objectives.

Objectives of the study:-

1. To assess the level of depression among elderly people
2. To evaluate the effectiveness of laughter therapy on depression among people
3. To find out the association between pre-test level of depression among elderly people with their selected demographic variables.

Organization of findings:-

The data analyzed were presented under the following headings.

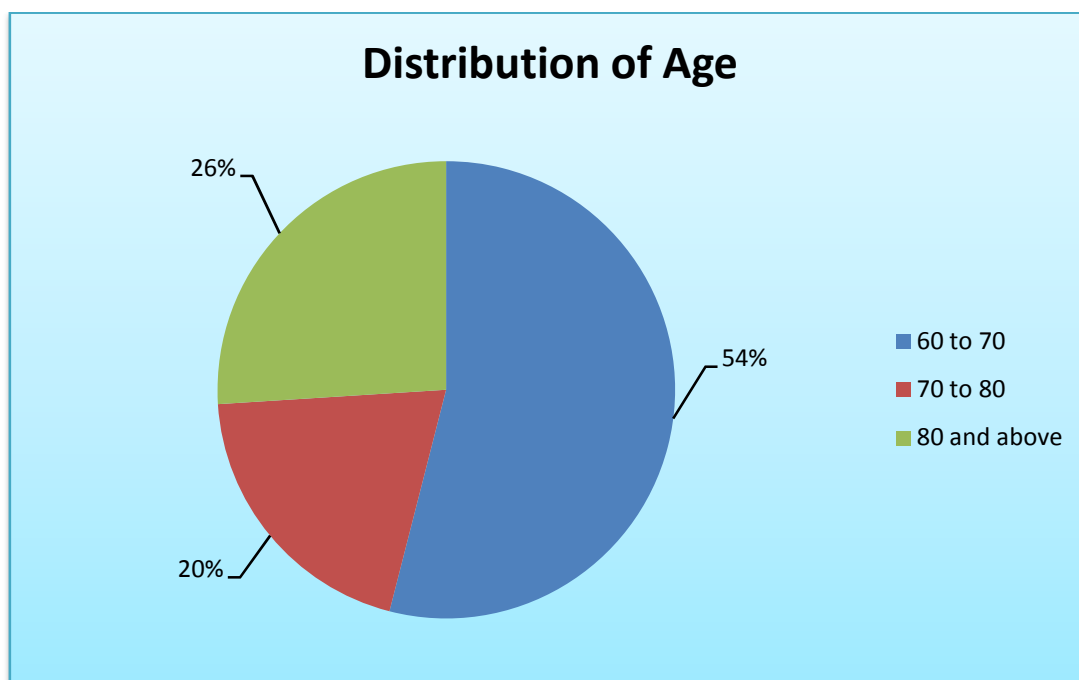
1. Description of sample characteristics.
2. Assess the pretest and post-test level of depression among elderly People.
3. Evaluate the effectiveness of laughter therapy in reduction of
4. To find out the association between depression and selected demographic variables.

Table No. 1: DISTRIBUTION OF DEMOGRAPHIC VARIABLES

Demographic variables	Categories	Frequency	Percentage
Age group	60 to 70	27	54
	70 to 80	10	20
	80 and above	13	26
Sex	Male	22	44
	Female	28	56
Marital status	Married	37	74
	Unmarried	13	26
Educational status	Educated	14	28
	Uneducated	36	72
Health status	Healthy	10	20
	unhealthy	40	80
No. of children	One	22	44
	Two	10	22
	Three and above	2	4
	Nil	16	32

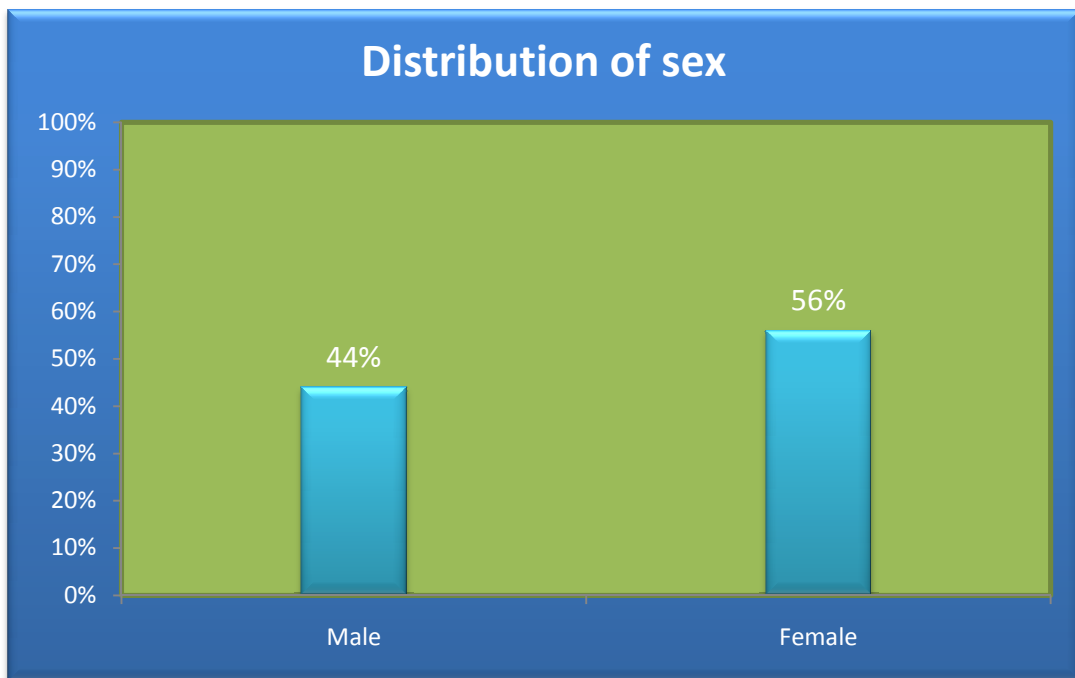
Table 1 shows the distribution of demographic variables according to their age, sex, marital status, educational status, health status and number of children.

Fig 3: Simple pie diagram showing distribution of elderly people according to their age



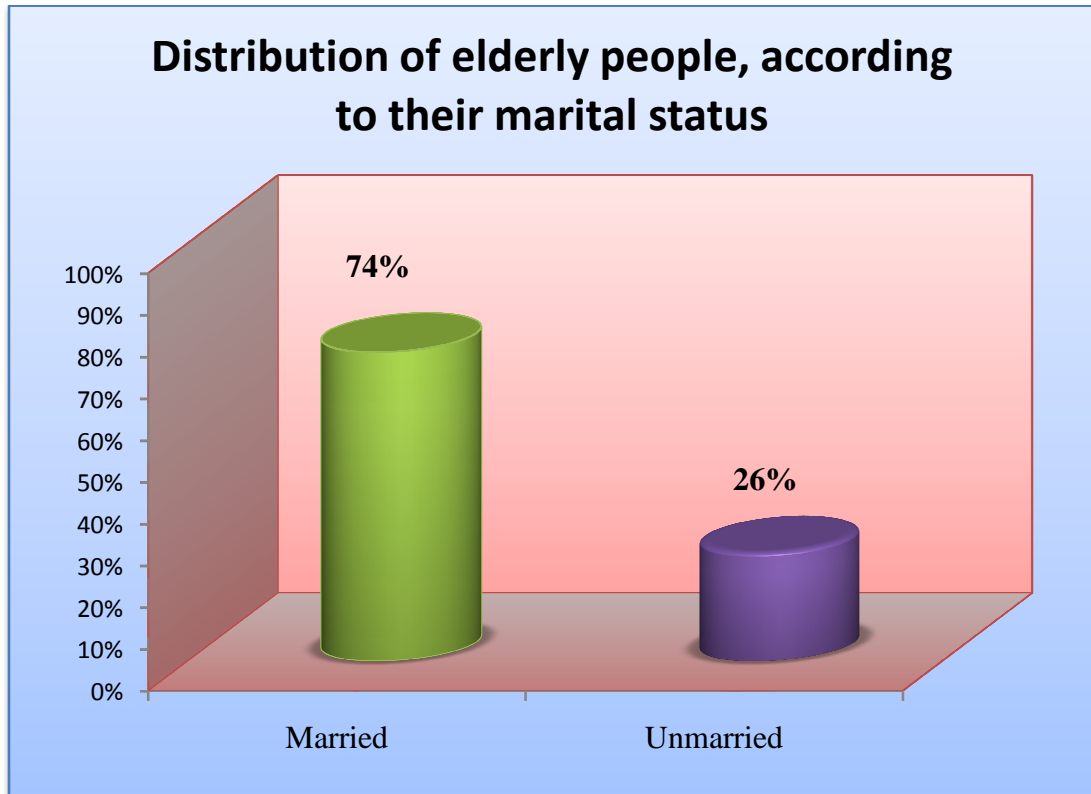
Percentage wise distribution of elderly people according to their age group shows the highest of 54% of elderly people were in the age group of 60 to 70 years, 26% of elderly people were in the age group of 70 to 80 years and 20% elderly people were in the age group of 80 and above.

Fig: 4: simple bar diagram showing distribution of elderly people according to their sex.



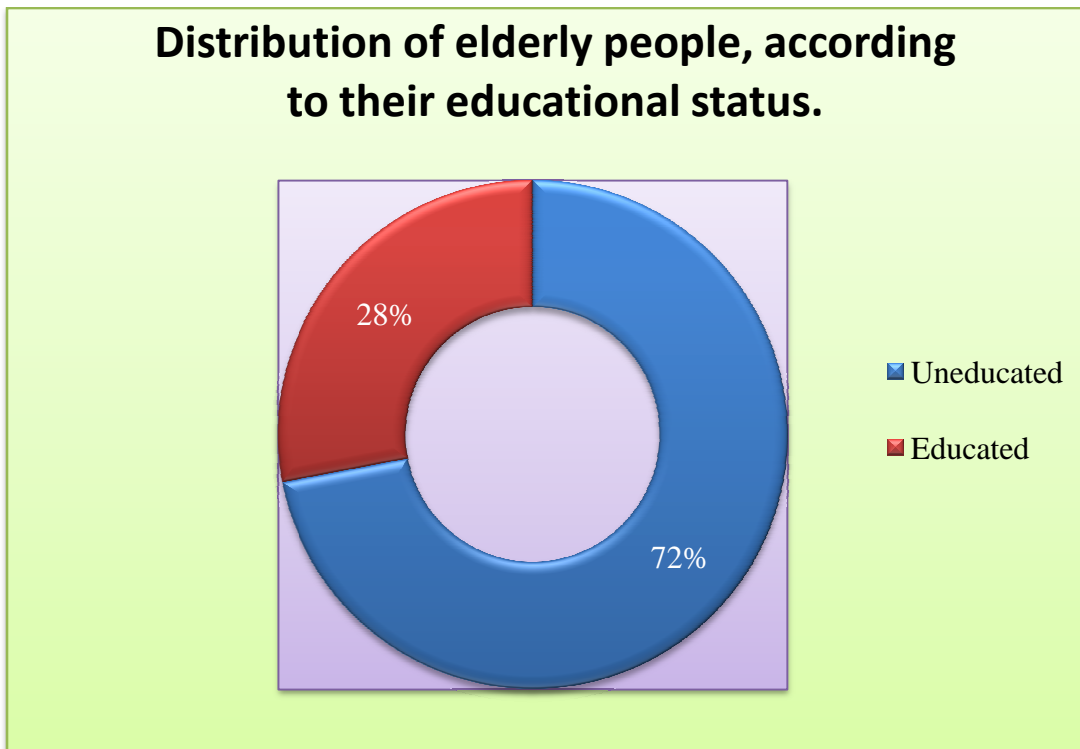
Percentage wise distribution of elderly people according to their sex shows that highest 56% were females and 34% were males.

Fig: 5: cylindrical diagram showing percentage wise distribution of elderly people, according their marital status.



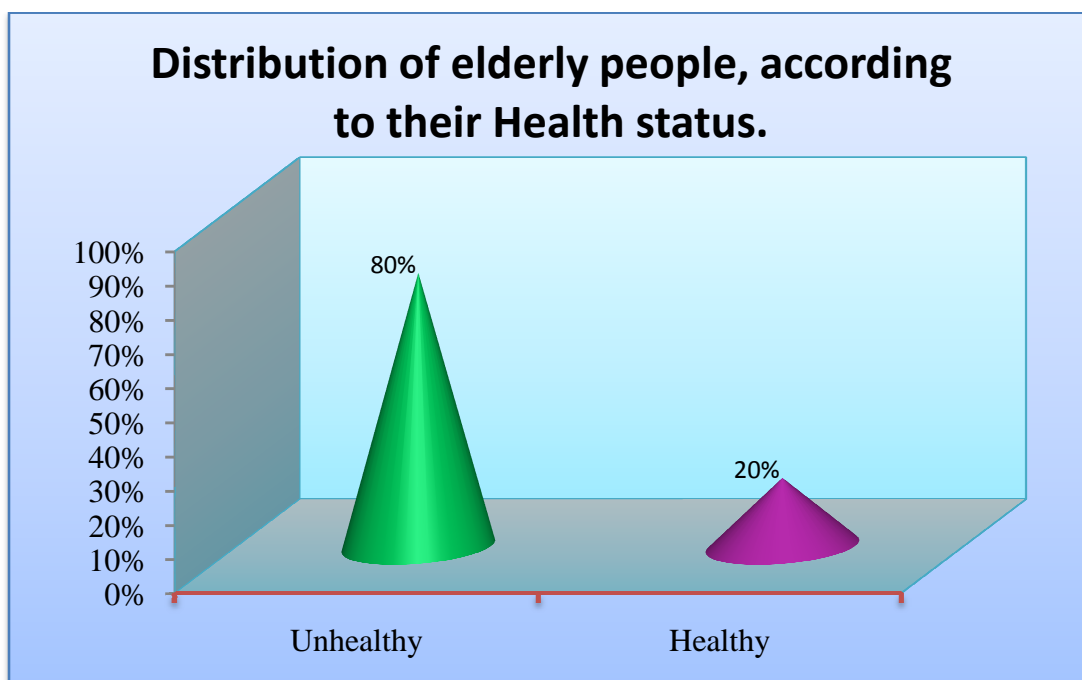
Percentage wise distribution of elderly people according to their marital status shows that 74% of elderly people were married and 26% were unmarried.

Fig: 6: Doughnut diagram showing distribution of percentage wise distribution of elderly people according to their educational status



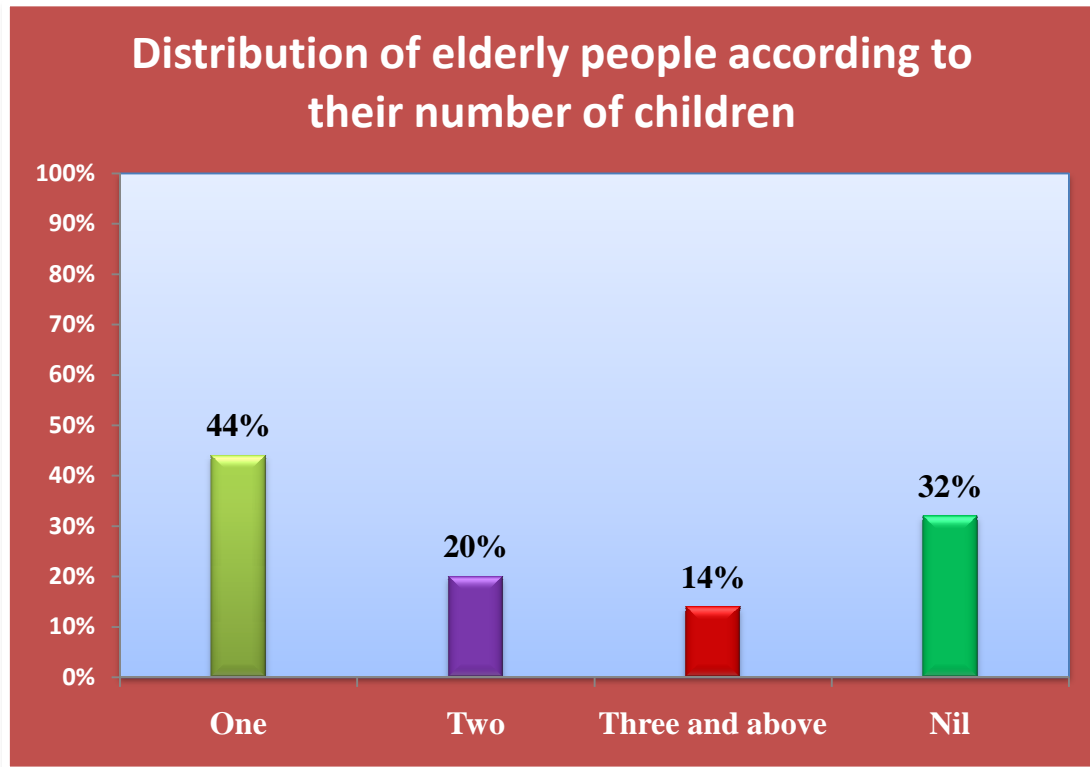
Percentage wise distribution of elderly people according to their educational status shows that 72% of elderly people were uneducated and 28% of elderly people were educated.

Fig: 7: Conical diagram showing distribution of elderly people according to their health status



Percentage wise distribution of elderly people according to their health status shows that highest 80% of elderly people were unhealthy and 20% elderly people were healthy.

Fig: 8: Simple bar diagram showing distribution of elderly people according to their number of children.



Percentage wise distribution of elderly people according to their number of children shows that highest 44% of them have one child, 26% of them have two children, 4% of them have three children and 32% of them have no children.

Table: 2 Mean score between pre-test and post test on depression among the elderly people

	No. Of questions	Min- max score	Pretest		Post test	
			Mean score	%	Mean score	%
Overall mean score	30	0-30	21.78	73.33%	15.82	53.33%

Table 2 shows the pre test and post test depression score among elderly people in old age home there is a significant reduction of depression score after laughter therapy.

Table: 3 Level of depression

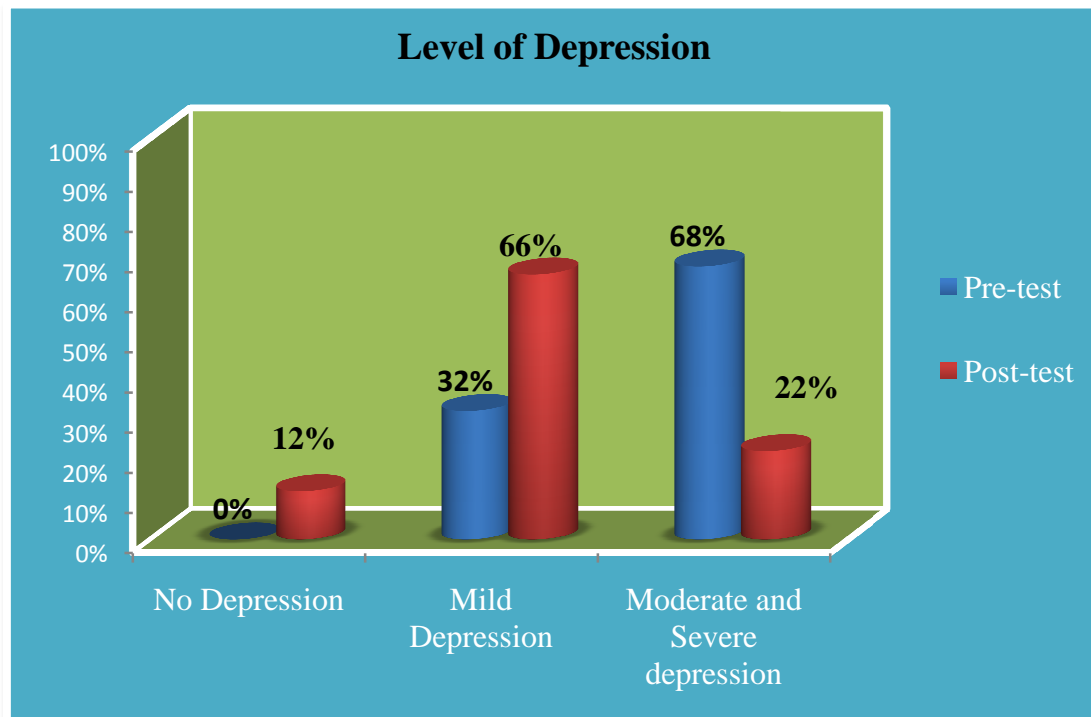
Level of depression	Pre-test	Post test
No depression	0 (0.0%)	6(12%)
Mild depression	16 (32%)	33 (66%)
Moderate and severe depression	34 (68%)	11 (22%)

Table 3 shows the pre test and post test level of depression for elderly people.

Score:

- 0 – 9 – No depression
- 10 -19 – Mild depressions
- 20 – 30 – Moderate and severe depression

Fig. 9: Level of Depression



Above figure shows the level of depression of elderly people in pre-test and post-test.

Table: 4: Comparison of pre-test and post test depression score

	Pre-test		Post test		Paired 't' –test
	Mean	SD	Mean	SD	
Level of depression	21.78	4.5	15.82	5.05	T = 19.34 P < 0.05 Significant.

Table 4 comparison of pre-test and post test depression score. It shows, there is a significant difference between pre-test and post test score of elderly people on depression. It was analyzed using student paired “t” test.

Table: 5: Effectiveness of laughter therapy

	Pre test	Post test	% of gain
Depression	73.33	53.33	20.000

Table 5 shows the effectiveness of laughter therapy when considering depression score the level of depression is decreased to 20% after giving laughter therapy.

Fig.10: Level of Depression

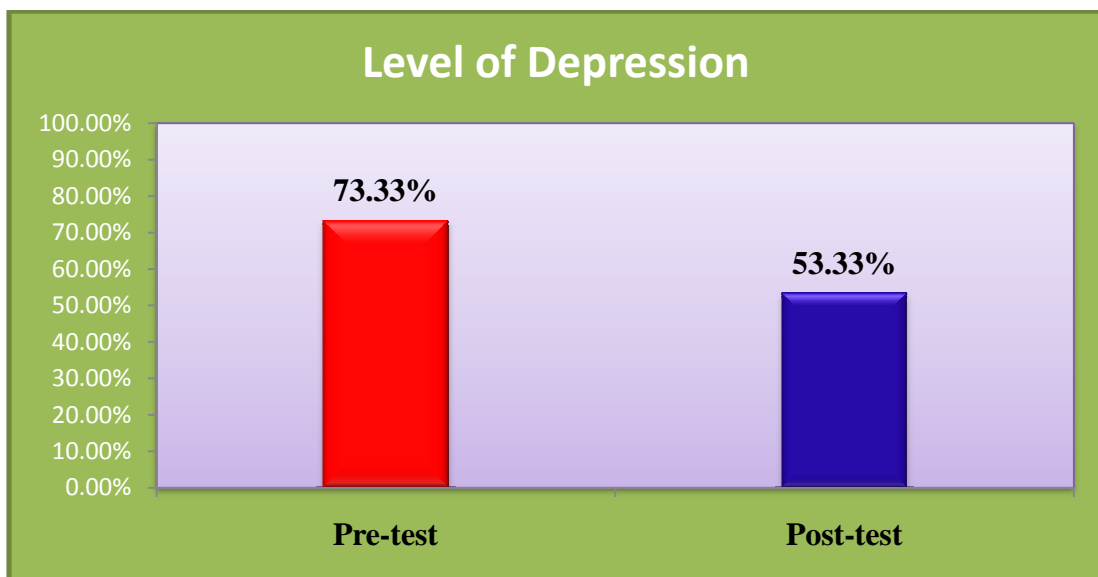
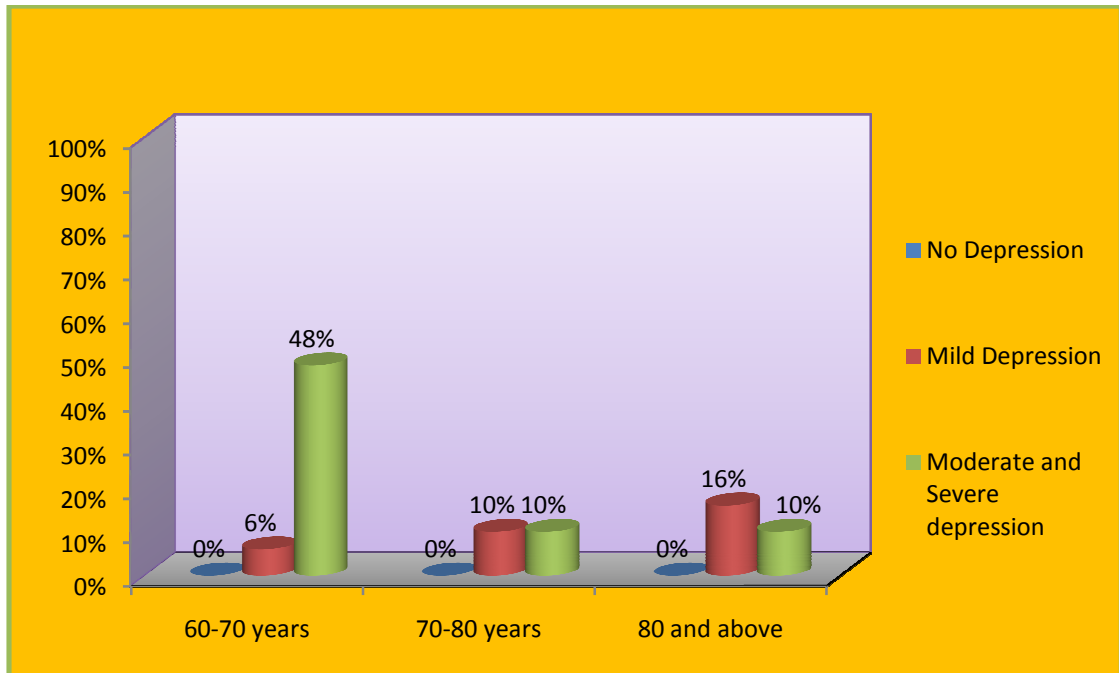


Table No: 6: Distribution of demographic variables

Demographic variables		Level of depression						Chi square test values
		No Depression		Mild Depression		Moderate and Severe depression		
		F	%	F	%	F	%	
Age group	60-70 years	0	0	3	9	24	48	$\chi^2 = 13.67$ $P < 0.05$ Significant
	70-80 years	0	0	5	10	5	10	
	80 and above	0	0	8	16	5	10	
Sex	Male	0	0	5	10	17	34	$\chi^2 = 1.48$ $P > 0.05$ Not Significant
	Female	0	0	11	22	17	34	
Marital status	Married	0	0	9	18	28	56	$\chi^2 = 3.71$ $P > 0.05$ Not Significant
	Unmarried	0	0	7	14	6	12	
Educational status	Educated	0	0	6	12	8	16	$\chi^2 = 0.94$ $P > 0.05$ Not Significant
	Uneducated	0	0	10	20	26	52	
Health status	Healthy	0	0	3	6	7	14	$\chi^2 = 0$ $P > 0.05$ Not Significant
	Unhealthy	0	0	13	26	27	54	
Number of children	One	0	0	7	14	15	30	$\chi^2 = 0.44$ $P > 0.05$ Not Significant
	Two	0	0	4	8	6	12	
	Three and above	0	0	0	0	2	4	
	Nil	0	0	5	10	11	22	

Table No.6 shows the association between demographic variables and the pre-test level of depression.

Fig: 10: Multiple Cylindrical diagram showing association between level of depression and age



➤ Above figure shows that, there is a significant association between the level of depression and demographic variables (age) at $P < 0.05$ level.

CHAPTER – V

DISCUSSION

This chapter deals with the discussion of the study with appropriate literature review, statistical analysis and findings of the study based on objectives of the study. The aim of the study to evaluate the effectiveness of laughter therapy on depression among elderly people in selected old age home, Erode district.

STATEMENT OF THE PROBLEM:-

“A STUDY TO EVALUATE THE EFFECTIVENESS OF LAUGHTER THERAPY ON DEPRESSION AMONG ELDERLY PEOPLE IN SELECTED OLD AGE HOME, ERODE DISTRICT.”

HYPOTHESIS:-

H₁ : There is a significant difference between the pre-test and post-test level of depression among elderly people.

H₂ : There will be a significant association between level of depression among elderly people and selected demographic variables.

- **The first objective of the study to assess the level of depression among elderly people**

The pretest mean depression score was 21.78 (73.33%). The pretest depression score was no depression was 0%, mild depression was 32% moderate and severe depression was 68%, after the intervention, post test depression level was reduced.

The post test mean depression score was 15.82 (53.33%). The post test depression score was no depression was 12%, mild depression was 66% and

moderate and severe depression score is (22%).After the intervention, post test level was reduced.

- **The second objective was to evaluate the effectiveness of laughter therapy:-**

The mean depression score between pre-test was 21.78 and post test was 15.82, standard deviation of pre test was 4.5 and post test was 5.05, and mean difference was 20.00, $t = 19.34$, $p < 0.05$. It's showed that there was a significant difference between pre-test and post test mean score; hence laughter therapy reduces level of depression among the elderly people.

- **The third objectives was to find out the association between pre-test level of depression among elderly people with their selected demographic variables**

Table 6 showed that there is to significant association between the level of depression and demographic variables (sex, marital status, educational status, health status, number of children) $p > 0.005$ level moreover, there is significant association between the level of depression and selected demographic variable (age) $X^2 = 13.67$ of elderly people at $p < 0.05$ level.

CHAPTER – VI

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

INTRODUCTION

The primary goal of the study is to evaluate the depression level of elderly people, in selected old age home. Researcher educated to the elderly people about the laughter therapy, then the depression level was assessed among the elderly people and it was associated with demographic variables.

Objectives:-

1. To assess the level of depression among elderly people
2. To evaluate the effectiveness of laughter therapy on depression among elderly people
3. To findout the association between pre-test level of depression among elderly people with their selected demographic variables

Review of literature:-

The conceptual frame work was adapted for this study. It is based on Roy's adaptation model. In this study, review of literature is divided into following headings

1. Literature related to elderly depressed people
2. Literature related to laughter therapy
3. Literature related to laughter therapy and depression.

Methodology:-

The research design adapted for this study was pre-experimental one group pretest and post test design and the sample consists of 50 elderly people from old age home. The depression scale was used for the data collection regarding depression.

The instrument was organized into two sections

Section I

Demographic variables of elderly people

Section – II

Questionnaire regarding level of depression among the elderly people.

The data collection was done and analyzed, interpreted on the basis of the objective of the study. The collected data was summarized and tabulated by utilizing descriptive statistics (percentage, mean, standard deviation) and inferential statistics (paired “t” test) and chi-square test

The study findings whereas follows:-

- The maximum numbers of elderly people 54% were in the age group of 60 to 70 years
- Among the proportion of 50 elderly people, 56% was females.
- Among the proportion of 50 elderly peoples, 74% was married.
- Among the proportion of 50 elderly people, 72% were uneducated.
- The major findings of the study showed that the pretest mean score was 21.78 (73.33%) and post test mean score was 15.82 (53.33%).
- The result of this study showed that the pre test level of depression score. No depression was 0%, mild depression was 32% and moderate and severe depression was 68%. Whereas, it was reduced in the post test was No depression 12%, mild depression was 66%, and moderate and severe depression was 22%.
- It revealed that laughter therapy was found to be effective in reducing the depression among elderly people.

- The computed “t” value was 19.34 which are higher than the calculated value at 0.05 level of significance; hence there is significant relationship between depression and laughter therapy, H_1 was accepted.
- There is no significant association between level of depression and demographic variables such as sex, marital status, education status, health status and number of children of elderly people at $P > 0.005$
- There is a significant association between the level of depression and demographic variables (age) at $p < 0.05$ level

Conclusion:-

The laughter therapy was effective in reducing depression among elderly people the study revealed that the level of depression score was high in pretest. After laughter therapy the post test score was reduced.

Nursing implications:-

The present study was conducted to findout the level of depression among the elderly people; following implications are discussed under the following headings.

Nursing practice:-

Depression is the most common mental health condition in elderly people. It can have a detrimental effect on quality of life and reduce patient’s ability to manage their health. Nurses caring for older people are in an ideal position to identify depression.

Individuals are normally assessed for depression through one to one interview and by taking a history.

Psychiatric nurse provide physical care and also counseling, advice and education, drawing on interpersonal and communication skills to address psychological components of holistic care.

Nursing administration:-

The nurse have multiple roles that reflect the diverse nature of nursing different functions that contribute to the optimum health and overall well being of older people including psychosocial and emotional support, assisting with easing transition, preceding further deterioration and disability and enhancing quality of life. The nurse teacher self-care activities for e.g. self – medication health promotion, continence promotion and health screening. Nursing homes or skilled nursing facilities are medical facilities dedicated to caring for elderly people. Though a focus on rehabilitation that maximizes the older peoples potential for independence, including assessment skills and undertaking essential care elements.

Nursing education:-

It's also found that especially on mental health nurse social support is lower; the degree of socio support seems to be important. Social support could be improved, for example, by relating social network and social resources by providing course on team building.

Laughter therapy may give a better perspective on the emotional impact of dealing with many problems.

Nursing research:-

Nursing researcher should be aware about the need for the research in the field of depression, and various depression management programmes. This research may form some advancement for further research in the field.

Recommendations:-

Based on the findings of the study following recommendation are stated.

- ❖ Similar study can be conducted in large sample to generalize the findings
- ❖ A similar study can be undertaken with a control group design
- ❖ A similar study can be conducted in the different level of age groups.

Suggestions:-

1. Periodic assessment of the level of depression among the elderly people
2. Counseling program can be conducted in the old age home
3. Demonstration class also can be arranged for the elderly people regarding laughter therapy.

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ANNEXURE – I

Phone : 04256 - 247321



SRI ADICHUNCHANAGIRI SHIKSHANA TRUST

DHARMARATHNAKARA Dr. MAHALINGAM INSTITUTE OF PARAMEDICAL SCIENCES & RESEARCH

(Kannada Linguistic Minority Institution)

Sakthinagar - 638 315. Bhavani Taluk, Erode District, Tamilnadu.

Ref. No.

Date : 24.09.13

LETTER SEEKING PERMISSION TO CONDUCT PILOT STUDY

From

Mr.Ebenezer.M M.Sc.,(N) II Year,
(Speciality – Psychiatric Nursing),
Dr. Mahalingam College of Nursing,
Sakthi Nagar (Po),
Bhavani (TK), Erode (DT),
Tamilnadu.

To

Mr. UTTRA KUMAR
BLESSING INDIA MISSION
HARUR - 636903

[Handwritten Signature]
PRINCIPAL
COLLEGE OF NURSING
DHARMARATHNAKARA Dr. MAHALINGAM INSTITUTE
OF PARAMEDICAL SCIENCES AND RESEARCH
SRI ADICHUNCHANAGIRI SHIKSHANA TRUST

Respected Sir / Madam,

SUB : Permission to conduct study - Reg.

I am II year M.Sc., Nursing student of Dr. Mahalingam College of Nursing, Sakthi Nagar. As a partial fulfillment of Master of Science in Nursing, I have undertaken the following research study, which has to be submitted to The Tamilnadu Dr.M.G.R. medical University, Chennai.

RESEARCH STUDY :

“ A STUDY TO EVALUATE THE EFFECTIVENESS OF LANGHTER THERAPY ON DEPRESSION AMONG ELDERLY PEOPLE IN SELECTED OLD AGE HOME ERODE DIST”

Head office : Sri Adichunchanagiri Shikshana Trust®, Sri Adichunchanagiri Kshethra. PIN : 571 811.
Nagamangala Taluk, Mandya Dist., Karnataka.



SRI ADICHUNCHANAGIRI SHIKSHANA TRUST

DHARMARATHNAKARA Dr. MAHALINGAM INSTITUTE OF PARAMEDICAL SCIENCES & RESEARCH

(Kannada Linguistic Minority Institution)

Sakthinagar - 638 315. Bhavani Taluk, Erode District, Tamilnadu.

Ref. No.

Date : 24/09/13

.. 2 ..

I kindly request you to permit me to do reliability of the prepared tool at your esteemed old age home with effect from 14/10/13 to 23/10/13.

I kindly request you to permit me to conduct the proposed study. Please, kindly do the needful.

Thanking you,

Date : 24/9/13

Place : Sakthi nagar

Yours Sincerely,

(Mr.Ebenezer.M)

BLESSING INDIA MISSION
THILLAI NAGAR
HARUR (POST & TK)
DHARMAPURI-636 903

ANNEXURE – II

Phone : 04256 - 247321



SRI ADICHUNCHANAGIRI SHIKSHANA TRUST

DHARMARATHNAKARA Dr. MAHALINGAM INSTITUTE OF PARAMEDICAL SCIENCES & RESEARCH
(Kannada Linguistic Minority Institution)

Sakthinagar - 638 315. Bhavani Taluk, Erode District, Tamilnadu.

Ref. No. :

Date .. 25 / 10 / 13

LETTER SEEKING PERMISSION TO CONDUCT STUDY

From

Mr. Ebenezer M, M.Sc., (N) II Year,
(Speciality - Psychiatric Nursing),
Dr. Mahalingam College of Nursing,
Sakthi Nagar (Po),
Bhavani (TK), Erode (DT),
Tamilnadu.

To

KARUNAJILLAM
Thavittupalayam
Anthiyur, Erode - 638 501

Through

The Principal,
Dr. Mahalingam College of Nursing,
Sakthi Nagar (Po),
Bhavani (TK), Erode (DT).

Respected Sir / Madam,

SUB: Permission to conduct study - Reg.

I the II year M.Sc.. Nursing student of Dr. Mahalingam College of Nursing,
Sakthi Nagar. As a partial fulfillment of Master of Science in Nursing, I have undertaken
the following research study, which has to be submitted to The Tamilnadu Dr.M.G.R.
Medical University, Chennai.

RESEARCH STUDY:

"A STUDY TO EVALUATE THE EFFECTIVENESS OF LAUGHTER THERAPY
ON DEPRESSION AMONG ELDERLY PEOPLE IN SELECTED OLD AGE
HOME ERODE DIST"

Head Office : Sri Adichunchanagiri Shikshana Trust®, Sri Adichunchanagiri Kshethra. PIN : 571 811.
Nagamangala Taluk, Mandiya Dist., Kamataka.



SRI ADICHUNCHANAGIRI SHIKSHANA TRUST

DHARMARATHNAKARA DR. MAHALINGAM INSTITUTE OF PARAMEDICAL SCIENCES & RESEARCH

(Kannada Linguistic Minority Institution)

Sakthinagar - 638 315. Bhavani Taluk, Erode District, Tamilnadu.

Ref. No.

Date :

.. 2 ..

I kindly request you to permit me to do reliability of the prepared tool at your esteemed old age home with effect from 4/11/13 to 29/11/13.

I kindly request you to permit me to conduct the proposed study. Please, kindly do the needful.

Thanking you,

Date : 25/10/13

Place : Sakthinagar


29/11/2013
KARUNAI ILLAM
Thavittupalayam
Anthiyur
Erode-638 501.

Yours Sincerely,


(Mr. Ebenezer.M)

ANNEXURE – III

Phone : 04256 - 247321



SRI ADICHUNCHANAGIRI SHIKSHANA TRUST

DHARMARATHNAKARA Dr. MAHALINGAM INSTITUTE OF PARAMEDICAL SCIENCES & RESEARCH
(Kannada Linguistic Minority Institution)

Sakthinagar - 638 315. Bhavani Taluk, Erode District, Tamilnadu.

Ref. No. :

Date 31/7/13

LETTER SEEKING EXPERT OPINION ON CONTENT VALIDITY

From

Mr. Ebenezer M, M.Sc.,(N) II Year,
(Speciality -Psychiatric Nursing),
Dr. Mahalingam College of Nursing,
Sakthi Nagar (Po),
Bhavani (TK), Erode (DT),
Tamilnadu.

To

Mr. Arvind Babu
Principal
Dhanvantri college of nursing

Through,

The Principal,
Dr. Mahalingam College of Nursing,
Sakthi Nagar (Po),
Bhavani (TK), Erode (DT).

Handwritten signature in blue ink.

Respected Sir / Madam,

SUB: Request for the Validation of the tool.

I am II year M.Sc., Nursing student of Dr. Mahalingam College of Nursing, Sakthi Nagar. As a partial fulfillment of Master of Science in Nursing, I have undertaken the following research study, which has to be submitted to The Tamilnadu Dr.M.G.R. Medical University, Chennai.

RESEARCH STUDY:

"A STUDY TO EVALUATE THE EFFECTIVENESS OF LAUGHTER THERAPY ON DEPRESSION AMONG ELDERLY PEOPLE IN SELECTED OLD AGE HOME ERODE DIST"

Head Office : Sri Adichunchanagiri Shikshana Trust®, Sri Adichunchanagiri Kshethra. PIN : 571 811.
Nagamangala Taluk, Mandiya Dist., Karnataka.

Phone : 04256 - 247321



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(Kannada Linguistic Minority Institution)
Sakthinagar - 638 315. Bhavani Taluk, Erode District, Tamilnadu.

Ref. No. :

Date 31.7.13

... 2 ...

To achieve the objective of dissertation, I have prepared tools in this regard.

With regard to this, I kindly request you to go through the tools and validate it against the given criteria and render your valuable suggestions that will keep in improving the study at an earliest.

Thanking you in anticipation,

Yours Sincerely,

(EBENEZER M)

Enclosures:

1. Demographic data
2. Blueprint and structured knowledge questionnaire
3. Criteria check list for evaluation of tool
4. Content validity certificate for tool.
5. Self addressed cover

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(Kannada Linguistic Minority Institution)

Sakthinagar - 638 315. Bhavani Taluk, Erode District, Tamilnadu.

Ref. No. :

Date 31/7/13

CONTENT VALIDITY CERTIFICATE

This is to certify that the student Mr.Ebenezer M S/o.Mr.Manoharan S studying in final M.Sc., (N) Post Graduate Degree Course at Dharmarathnakara Dr.Mahalingam Institute of Paramedical Sciences & Research, Sakthi Nagar.

Topic Entitled:

"EVALUATE THE EFFECTIVENESS OF LAUGHTER THERAPY ON DEPRESSION AMONG ELDERLY PEOPLE IN SELECTED OLD AGE HOME ERODE DIST"

His content for the study is validated and was found reliable.

Date: 31/7/13

Place: Pallakkapalayam


31/7/13

Signature of guide with seal

PRINCIPAL
Dhanvantri College of Nursing
Ganapathypuram,
No.1, Ranganoor Road,
Pallakkapalayam Po.,
NAMAKKAL (Dt)-637 303

Head Office : Sri Adichunchanagiri Shikshana Trust®, Sri Adichunchanagiri Kshethra. PIN : 571 811.
Nagamangala Taluk, Mandiya Dist., Karnataka.

Phone : 04256 - 247321



SRI ADICHUNCHANAGIRI SHIKSHANA TRUST

DHARMARATHNAKARA Dr. MAHALINGAM INSTITUTE OF PARAMEDICAL SCIENCES & RESEARCH
(Kannada Linguistic Minority Institution)
Sakthinagar - 638 315. Bhavani Taluk, Erode District, Tamilnadu.

Ref. No. :

Date 16/7/13

CONTENT VALIDITY CERTIFICATE

This is to certify that the student Mr.Ebenezer M S/o.Mr.Manoharan S. studying in final M.Sc., (N) Post Graduate Degree Course at Dharmarathnakara Dr.Mahalingam Institute of Paramedical Sciences & Research, Sakthi Nagar.

Topic Entitled:

"A STUDY TO EVALUATE THE EFFECTIVENESS OF LAUGHTER THERAPY ON DEPRESSION AMONG ELDERLY PEOPLE IN SELECTED OLD AGE HOME ERODE DIST"

His content for the study is validated and was found reliable.

Date:

16/7/13
SALEM

Place:

Signature of guide with seal

P. SELVARAJ

Head of the Department
Dept. of Mental Health Nursing,
Shanmuga College of Health Sciences,
Salem - 636 007.

Head Office : Sri Adichunchanagiri Shikshana Trust®, Sri Adichunchanagiri Kshethra. PIN : 571 811.
Nagamangala Taluk, Mandiya Dist., Karnataka.



SRI ADICHUNCHANAGIRI SHIKSHANA TRUST

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(Kannada Linguistic Minority Institution)

Sakthinagar - 638 315. Bhavani Taluk, Erode District, Tamilnadu.

Phone : 04256 - 247321

Ref. No. :

Date 23/7/13

CONTENT VALIDITY CERTIFICATE

This is to certify that the student Mr.Ebenezer M S/o.Mr.Manoharan S studying in final M.Sc., (N) Post Graduate Degree Course at Dharmarathnakara Dr.Mahalingam Institute of Paramedical Sciences & Research, Sakthi Nagar.

Topic Entitled:

"A STUDY TO EVALUATE THE EFFECTIVENESS OF LAUGHTER THERAPY ON DEPRESSION AMONG ELDERLY PEOPLE IN SELECTED OLD AGE HOME ERODE DIST"

His content for the study is validated and was found reliable.

Date: 23/7/13

Place: ERODE


Signature of guide with seal

Head Office : Sri Adichunchanagiri Shikshana Trust®, Sri Adichunchanagiri Kshethra. PIN : 571 811.
Nagamangala Taluk, Mandiya Dist., Karnataka.



SRI ADICHUNCHANAGIRI SHIKSHANA TRUST

Phone : 04256 - 247321

DHARMARATHNAKARA Dr. MAHALINGAM INSTITUTE OF PARAMEDICAL SCIENCES & RESEARCH
(Kannada Linguistic Minority Institution)

Sakthinagar - 638 315. Bhavani Taluk, Erode District, Tamilnadu.

Ref. No.:

Date: 10/12/13

CONTENT VALIDITY CERTIFICATE

This is to certify that the student Mr.Ebenezer M S/o.Mr.Manoharan S studying in final M.Sc., (N) Post Graduate Degree Course at Dharmarathnakara Dr.Mahalingam Institute of Paramedical Sciences & Research, Sakthi Nagar.

Topic Entitled:

"A STUDY TO EVALUATE THE EFFECTIVENESS OF LAUGHTER
THERAPY ON DEPRESSION AMONG ELDERLY PEOPLE IN
SELECTED OLD AGE HOME ERODE DIST"

His content for the study is validated and was found reliable.

Date: 10/12/13

Place: Appakudal


Signature of guide with seal
Dr. P. SELVAN, M.S., (Gen. Surgeon)
Reg No: 72323
Raghav Hospital,
Appakudal - 638 315.

Head Office : Sri Adichunchanagiri Shikshana Trust®, Sri Adichunchanagiri Kshethra. PIN : 571 811.
Nagamangala Taluk, Mandiya Dist., Karnataka.

ANNEXURE – IV



M.KARUNANIDHI, M.A, (Yoga) ,B.P.Ed

(Govt.P.E.T & Yoga Master)

Indira nagar, .OPP. D.R.O Bungalow, A.Jetti halli(P.O) , Adhiyamankottai
Dharmapuri (D.T), PIN-636807- CELL: 9786279772



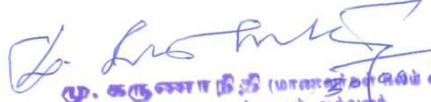
Date: 30.09.2013

TO WHOM SO EVER IT MAY CONCERN

This is to certify that Mr.M.EBENEZER .M.Sc nursing, S/O Mr.Manoharan
has undergone Laughter therapy training from 23.09.2013 to 28.09.2013. I
assure you that he is eligible to teach Laughter therapy to others.

I wish him all the best in his future endeavors.




மு. கருணாநிதி (மாண்புமிகு கல்வி மற்றும்
உறுதுறைத் துறை அமைச்சர்)
M.Com,B.P.Ed,D.Co-op.D.M.O. அளி P.G.Yoga:
உடற்பயிற்சி தியானம், யோகா, குழந்தை, அமைதி உறவு,
உறுதுறைத் துறை, கைதார விழிப்புணர்வு கல்வி,
பயிற்றுரை, தருமபுரி மாவட்டம்.

ANNEXURE – V

TOOL

SECTION - 1

INSTRUCTIONS:-

Read each questions properly and select which one is suitable for you.

DEMOGRAPHIC DATA:

1. Age (in years)

- a) 60 to 70 []
- b) 70 to 80 []
- c) Above 80 []

2. Sex

- a) Male []
- b) Female []

3. Marital status

- a) Married []
- b) Unmarried []

4. Educational status

- a) Educated []
- b) Uneducated []

5. Health status

- a) Healthy []
- b) Unhealthy []

6. Number of children

- a) One []
- b) Two []
- c) Three and above []
- d) Nil []

SECTION – II

INSTRUCTIONS:

Read the following questions and choose the appropriate options from the list

S.No	Items	Yes	No
1.	Are you basically satisfied with your life?		
2.	Have you dropped many of your activities and interest?		
3.	Do you feel that your life is empty?		
4.	Do you often get bored in your life?		
5.	Are you hopeful about the future?		
6.	Are you bothered by thoughts you can't get out of your head?		
7.	Are you in good spirits most of the time?		
8.	Are you afraid that something bad is going to happen to you in future?		
9.	Do you feel happy most of the time?		
10.	Do you often feel helpless?		
11.	Do you often get restless and fidgety?		
12.	Do you prefer to stay at home rather than go out and do things?		
13.	Do you frequently worry about the future?		
14.	Do you feel that you have more problems with memory than most?		
15.	Do you think it is wonderful to be alive now?		
16.	Do you feel downhearted and blue?		
17.	Do you feel pretty worthless the way you are now?		
18.	Do you worry a lot about the past?		
19.	Do you find life very exciting?		
20.	Is it hard for you to get started on new projects?		

21.	Do you feel full of energy?		
22.	Do you feel that your situation is hopeless?		
23.	Do you think that most people are better off than you are when compared?		
24.	Do you frequently get upset over little things?		
25.	Do you frequently feel like crying?		
26.	Do you have trouble concentrating?		
27.	Do you enjoy getting up in the morning?		
28.	Do you prefer to avoid social occasions?		
29.	Is it easy for you to make decisions?		
30.	Is your mind as clear as it used to be?		

Score:

0 – 9	No depression
10 -19	Mild depressions
20 – 30	Moderate and severe depression

பகுதி-1

கீழ்க்கண்ட வினாக்களை படித்து தங்களுக்கு தகுந்த விடைகளை தேர்வு செய்க ()

1. வயது

a) 60 to 70 []

b) 70 to 80 []

c) 80 அதற்கும் மேல் []

2. பாலினம்

a) ஆண் []

b) பெண் []

3. திருமண நிலை

a) திருமணமானவர் []

b) திருமணமாகாதவர் []

4. கல்வி நிலை

a) கல்வி அறிவு []

b) கல்வியறிவு இல்லாத []

5. உடல் நிலை

a) ஆரோக்கியமான []

b) ஆரோக்கியமற்ற []

6. குழந்தைகளின் எண்ணிக்கை

a) ஒன்று []

b) இரண்டு []

c) மூன்று அதற்கும் மேல் []

d) இல்லை []

பகுதி-2

கீழ்க்கண்ட வினாக்களை படித்து தங்களுக்கு தகுந்த விடைகளை தேர்வு செய்க

வ.எண்	விபரம்	ஆம்	இல்லை
1.	உங்கள் வாழ்க்கை திருப்தியுடன் இருப்பதாகக் கருதுகிறீர்களா?		
2.	உங்கள் எல்லா காரியங்களிலும் முன்பு போல் ஆர்வம் இருக்கிறதா?		
3.	உங்கள் வாழ்க்கை முழுமை அடையவில்லை என்று கருதுகிறீர்களா?		
4.	நீங்கள் அவ்வப்போது வெறுமையாக இருப்பதாக உணர்கிறீர்களா?		
5.	உங்கள் வருங்கலா வாழ்க்கையின் மேல் உங்களுக்கு நம்பிக்கை இருக்கிறதா?		
6.	உங்களுக்கு மீண்டும் மீண்டும் துன்புறுத்தும் பழைய நினைவுகள் தோன்றுகிறதா?		
7.	நீங்கள் பெரும்பாலும் நல்ல உணர்வுடனும் மனதுடனும் இருப்பதாக உணர்கிறீர்களா?		
8.	உங்களுக்கு ஏதேனும் தீங்கு நிகழப்போகிறது என்று நினைக்கிறீர்களா?		
9.	நீங்கள் எப்போதும் மகிழ்ச்சியாக இருப்பது போல் உணர்கிறீர்களா?		
10.	நீங்கள் உதவியற்றவர் போல் உள்ளதாக நினைக்கிறீர்களா?		
11.	நீங்கள் அடிக்கடி நெருக்கடியான நிலையில் உள்ளதைப் போல் கருதுகிறீர்களா?		
12.	நீங்கள் வெளியே செல்வதற்கு மாறுதலாக வீட்டிலேயே இருக்க வேண்டும் என்று நினைக்கிறீர்களா?		
13.	நீங்கள் உங்கள் எதிர்காலத்தைப் பற்றி அடிக்கடி கவலைப்படுவீர்களா?		
14.	நீங்கள் மற்ற பிரச்சனைகளை விட மறதிப் பிரச்சனை அதிகமாக இருப்பதாக உணர்கிறீர்களா?		
15.	உங்களுக்கு உயிர் வாழ வேண்டும் என்று மிகுந்த ஆசை உள்ளதா?		

16.	நீங்கள் மன உளைச்சலுடன் இருப்பதாக நினைக்கிறீர்களா?		
17.	நீங்கள் இப்பொழுது உங்களை மதிப்பில்லாத மனிதர் போல் கருதுகிறீர்களா?		
18.	நீங்கள் உங்கள் கடந்த காலத்தைப் பற்றி மிகவும் வருந்துகிறீர்களா?		
19.	நீங்கள் உங்கள் வாழ்க்கை மிகவும் சந்தோஷமாக இருப்பதாக உணர்கிறீர்களா?		
20.	உங்களுக்கு புதிய காரியங்கள் புரிவதில் கடினமாக உள்ளதா?		
21.	நீங்கள் மிகவும் உற்சாகத்துடன் இருப்பதாக உணர்கிறீர்களா?		
22.	நீங்கள் உங்கள் நிலைமை நம்பிக்கையின்றி உள்ளது போல் நினைக்கிறீர்களா?		
23.	நீங்கள் மற்றவர்கள் உங்களை விட நலமாக இருப்பதாக உணர்கிறீர்களா?		
24.	நீங்கள் அடிக்கடி சிறு பிரச்சனைகளுக்காக மனம் சோர்ந்து போவதுண்டா?		
25.	நீங்கள் அடிக்கடி அழுகை வருவது போல் உணர்கிறீர்களா?		
26.	நீங்கள் உங்கள் மனதை ஒருநிலைப்படுத்தும் போது கடினமாக இருப்பது போல் உணர்கிறீர்களா?		
27.	நீங்கள் அதிகாலை தூக்கத்திலிருந்து எழுவதை இன்பமாக நினைக்கிறீர்களா?		
28.	நீங்கள் சமூக நிகழ்ச்சிகளில் மற்றொருவருடன் கலந்திருப்பதை தவிர்க்கிறீர்களா?		
29.	உங்களுக்கு வாழ்க்கையில் பல்வேறு நிலைகளில் முடிவெடுத்தல் சுலபமாக இருக்கிறதா?		
30.	உங்கள் மனது எப்பொழுதும் போல் தெளிவாக இருப்பதைப் போல் உணர்கிறீர்களா?		

ANNEXURE – VI


CERTIFICATE BY THE TAMIL EDITOR

This is to certify that the dissertation entitled "A STUDY TO EVALUATE THE EFFECTIVENESS OF LAUGHTER THERAPY ON DEPRESSION AMONG ELDERLY PEOPLE IN SELECTED OLD AGE HOME, ERODE DIST" is a bonafide research work done by Mr. EBENEZER.M. II year M.Sc., (N) student of Dharmarathnakara Dr.Mahalingam Institute of paramedical sciences & research, sakthi nagar, Bhavani tk, Erode Dist. I Mr.Kuppusamy M.A Tamil, M.Ed, M.Phil, edited the Tamil work in this manuscript on behalf of the partial fulfillment of the prerequisite for the degree of Master of Science in Nursing (Mental health nursing)

Date:

Place:




K. KUPPUSAMY, M.A., M.Ed., M.Phil.,
B. T. Asst. in Tamil,
G.B.H.S. School, B. Mallapuram,
Dharmapuri-(Dt) 635 301.

Signature of Editor

CERTIFICATE BY THE EDITOR

This is to certify that the dissertation entitled **“A STUDY TO EVALUATE THE EFFECTIVENESS OF LAUGHTER THERAPY ON DEPRESSION AMONG ELDERLY PEOPLE IN SELECTED OLD AGE HOME, ERODE DISTRICT”** is a bonafide research work done by Mr.Ebenezer.M., M.Sc.,(N) II Year (Branch- V, Mental Health Nursing) post graduate degree student of Dharmarathnakara Dr.Mahalingam Institute of Paramedical Sciences & Research, Sakthinagar,Bhavani Taluk,Erode Dist. Mrs.T.S.Sumithra Devi, M.A., M.Phil, edited this manuscript on behalf of the partial fulfillment of the prerequisite for the degree of Master of Science in Nursing. (Mental Health Nursing)

Date:

Place:

Editor

Signature of the

ANNEXURE – VII

List of Experts

- 1) Prof. Mr. Aravind Babu M.Sc (N)
Principal, Department of Mental Health Nursing
Dhanvantri College of Nursing
Namakkal.

- 2) Mrs. Majula devi M.Sc (N) Reader,
Department of Mental Health Nursing
Nandha College of Nursing
Erode.

- 3) Mr. Selvaraj M.Sc (N), Reader,
Department of Mental Health Nursing
Shanmuga College of Nursing
Salem.

- 4) Dr. Selvam M.S.(Gen.Surgeon)
Raghav Hospital
Appakudal.