

*THE USE OF HUMOUR IN
DIVERSIONAL THERAPY*

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*ABSTRACT

Humour is a natural phenomenon that every human being possesses. But humour is often not fully utilized and often taken for granted. It is only recently that there has been an upsurge in research in the area of humour that has begun to highlight and prove the many benefits that come from its effective utilization. Although humour is a natural phenomenon, there are times in our lives when humour needs to be formally initiated such as in times of illness. Diversional Therapists because of the nature of their work, have ample opportunities to initiate humour. Humour is one of the many tools diversional therapists can use to increase the effectiveness of their activities programmes.

This paper examines the definitions of humour and laughter, the beneficial functions of humour, why the use of humour is important in diversional therapy practice and the applications of humour in practice. The paper aims to give diversional therapists background information about humour, highlight the many benefits of humour and give some practical ideas of how humour can be formally incorporated into their diversional therapy programmes.

It is envisaged that this paper will increase diversional therapists knowledge of humour, encourage the use of formal humour programmes with clients and encourage diversional therapists to research the various ways of using humour in their practice.

KEYWORDS: Humour, Diversional Therapy, Quality of Life.

* INTRODUCTION

Humour has long been recognized as a healthy mechanism possessed by human beings. But, it has not been until recently that research has begun exploring the use of this natural phenomenon in a variety of ways and in a variety of activities. Research has been conducted on all facets of humour, from the theories of humour to the benefits derived from its use. Through these researches, healthcare workers are now discovering how valuable a tool humour is in the treatment and care of clients. Ever since healthcare has begun to look at the client in a more holistic manner humour has been recognized as an important therapeutic medium which is effective and easy to use. This paper will look specifically at humour and its relevance to diversional therapy practice.

Humour is a complex concept. Many definitions have been put forward by the researchers to define and conceptualize this concept. Many define humour from their own perspectives and theoretical backgrounds. The various definitions of humour and laughter will be discussed to ensure a clear understanding is gained.

The research also explores the many benefits that are derived from the use of humour and laughter. Although the research presents a great number of benefits, only the benefits directly relevant to diversional therapy practice is applicable here. These benefits will be divided into the biological functions, communicative functions, social functions and

psychological functions.

Once the beneficial functions of humour and laughter are explored, the reasons why humour should be a vital component of a diversional therapy programme will be drawn together and discussed. The applications of humour and laughter will then be presented. This will give diversional therapists some practical ideas of how humour can be used within their programmes and it will serve as a building block for other ways humour can be used with clients.

It is envisage that through the exploration of the benefits of humour, the importance of the use of humour and ways of applying humour in diversional therapy practice the clients quality of life will increase.

* DEFINITIONS OF HUMOUR AND LAUGHTER

Humour is a complex phenomenon and there is no one universal definition of the concept. Groves states "a simple universally accepted idea of humour is not to be found any more than one might find universal language." (1991,p.49). Many authors define humour from their own perspectives and their own theoretical backgrounds. Although, humour is an elusive concept to define, it is however important to try to define it so that it can be used correctly.

The World Book Dictionary defines humour as " a funny or amusing quality; state of mind; mood; disposition or temperament" (1970,p.1021). Laughter, at the same time (or laugh) is defined as "to make the sounds and movements of the face and the body that shows mirth, amusement, etc; to suggest the feeling of joy "(1970,p.1174). Many definitions of humour include the term laughter and describe it as an indicator that humour has occurred. Many authors however interchange the two terms.

In old medieval physiology, humour referred to the four principal fluids of the body: blood, phlegm, cholor(yellow bile) and melancholy (black bile) (Robinson,1991,p.9). The predominance of any of these fluids determined man's health, temperment or mood. A just balance made a good compound called "good humour", and a preponderance of any one made a bad compound called "ill humour" (p.9).

Pasquali (1990) views humour as what people find funny and is very much influenced by a person's biophysical, psychological, sociocultural and spiritual states of being. An incident considered hilarious by one person may be considered insulting, tasteless or emotionally painful to another. A similar definition is put forward by Macaluso (1993). The author defines humour as the ability to bring happiness to the

life of another human being as well as your own. The author sees the spreading of joy and happiness as the foundation of it all.

Other more scientifically based definitions have also been described in the research. Simon (1993) for example, defines humour as a coping strategy based on an individual's cognitive appraisal of a stimulus which results in behaviour such as smiling or laughing, or feeling of amusement which lessen emotional distress. Vergeer and MacRae (1993) see humour as an intrinsic part of human interaction and experience and Bellert (1989) views humour to be an unconscious activity developed from childhood to adulthood that is spontaneous and incongruent, involving a changing state of mind. Robinson (1991), on the otherhand, defines humour as any communication which is perceived by any of the interacting parties as humorous and leads to laughing, smiling and a feeling of amusement. Robinson further explains humour as:

"a broad concept incorporating the three part process of humour as a cognitive communication leading to an emotional response of amusement, pleasure and mirth, which results in a behavioural physical response of laughter and its counterparts" (1991,p.10).

This is where laughter enters into the definition of humour. Klien (1989) describes humour as an action or statement that is comical or amusing and laughter as a response to humour,

like a smile or a chuckle. Similarly, Robinson (1991,p.3) describes humour as a cognitive experience and laughter as a physical and physiological experience. Humour is the stimulus and laughter is the physical response.

Another important issue to discuss when defining humour, is the two types of humour - formal and spontaneous humour. Formal humour may be cartoons, literary works, planned inclusions of jokes or funny stories in speeches, lectures or other structured situations. Spontaneous humour arises out of ordinary situations and is usually a witty remark or action inspired by the circumstances at hand (Emerson,1963,cited in Robinson,1991).

Humour will be used, in this study as a broad concept incorporating it as a natural phenomenon that is communicative, therapeutic, intrinsic and having biological, social and psychological benefits that lead to a person feeling a type of pleasure. Formal and spontaneous humour will be used in the context as described by Emerson (1963).

* BENEFICIAL FUNCTIONS OF HUMOUR

Humour as it has been described is a complex phenomenon and may lead to many benefits. Many researchers have looked at the area of humour and its beneficial functions. These benefits include pain relief, decreased anxiety, immune enhancement, bridged gaps in communication, increased morale and social interaction, increased ability to cope and building of relationships. (Banning and Nelson, 1987; Bellert, 1989;

Dolan, 1985; Dunn, 1993; Erdman, 1990; Fry, 1977, 1979; Fox Tennant, 1990; Groves, 1991; Higgins, 1993; McGee, 1982; Pasquali, 1990; Peter and Dana, 1982; Robinson, 1991; Schmitt, 1990; Vergeer and MacRae, 1993; Williams, 1986).

Health care professionals and clients are utilizing humour as a coping mechanism, as a communication skill and as a tool to promote the psychological and physiological healing process (Bellert, 1989). Similarly, researchers have divided these beneficial functions into four main categories. These include the biological, communicative, social and psychological functions. The research to be discussed will be categorized into these four headings and will concentrate on the benefits that are most applicable to diversional therapy.

1) Biological Functions

The biological benefits of humour and laughter have long been described but it has not been until recent times that research has been able to start the process of substantiating these claims. As yet there is not enough evidence to prove conclusively that humour and laughter have true healing properties.

Fry's (1977) and (1979) research into the biological benefits of humour and laughter has found that laughter

increases heart rate and it has the effect of stimulating blood circulation. Laughter also releases endorphins, which provide the body with natural pain relief and it exercises the muscles used for breathing and movement. Relaxation follows the stimulation produced by laughter, which results in a decrease in heart rate, blood pressure and muscle tensions. Similarly, Peter and Dana (1982) and Williams (1986) found that humour stimulates the production of catecholamines and hormones which enhances pain tolerance and feelings of well-being. According to these researchers, humour increases cardiac and respiratory rates, improves muscle tone, enhances metabolism, decreases anxiety and increases the amount of endorphines in the body. McGee (1982) has also extensively reported on the biological benefits of humour and laughter. The author believes that the impact of laughter and humour points towards immune enhancement but it is not known "whether the strengthening of the immune system is due to the act of laughing or to the mental and emotional experience of humour " (1982, p.52). The author also states that regular doses of humour help to sustain a positive frame of mind, which in itself helps to maintain an environment within the body conducive to healing. It is also suggested that "humour is conducive to healing by increasing the activity of natural killer cells and stimulating greater production of helper T cells and killer T cells." (McGhee, 1982, p.54).

Overall, humour and laughter, according to the research, increases heart rate and circulation, causes the release of endorphins, hormones and catecholamines which leads to pain relief, exercises the muscles and improves muscle tone. It also enhances metabolism, leads to immune enhancement and causes a relaxed state - decreased heart rate and blood pressure. Therefore, humour and laughter helps to increase quality of life and well being.

2) Communicative functions

Communication is an essential characteristic that links all human beings. It is a core element of our existence and Dunn (1993) believes that humour is an essential part of our everyday communication. Higgins (1993) views humour as one of the most effective forms of communication that dissolves tension and provides essential breaks in conversation. The author also believes that humour gains and holds listener attention, emphasises a point of view and disarms aggression.

Humour can also serve as an indirect form of communication. "It can be a message of anxiety, of fear, of anger, of apology, or of embarrassment. It can also be a sharing of a common problem or concern, of warmth, love, support and understanding " (Robinson, 1991, p.52).

Humour can be used to mask feelings and can be used to approach delicate or embarrassing subjects. Children through play and humour can communicate their true feelings and events that are occurring in their lives. For example, through play a child may indirectly communicate that they are being physically abused. For these reasons, it is important that diversional therapists observe and assess their clients properly when humour is used to ensure they are not trying to communicate a deeper underlying problem or concern.

Overall, humour bridges communication, builds rapport and makes dealing with the many problems in life easier to deal with and express.

3) Social functions

Humour, as well as having biological and communicative functions, also has many social functions that diversional therapist can utilize. Social functions induced by humour include the building of morale, increasing group cohesion, building relationships, improving quality of life and well being. The social functions that are derived from humour are fundamental principles that diversional therapist would strive to achieve through their leisure and recreational programmes.

Fox Tennant (1990) conducted a study to measure the effects of a humour program on the morale of older adults as a means of enhancing well-being. The study found that there was an overall decrease in the loneliness factor which made the biggest impact on the increase in total morale for the subjects involved in the humour program. The study also found that the experimental group had a decrease in agitation and that the humour program promoted group cohesiveness, stimulated social relationships and social interaction among the participants. Simon (1988a) also found a significant positive relationship between situational humour and perceived health and situational humour and morale in twenty four older adults. Subjects with a higher level of situational humour also had a higher perceived health status and greater morale.

Humour also has an important function in increasing group cohesion. Banning and Nelson (1987) found that including humour in a group activity increased group cohesion and the experience of affective meaning. The authors found that an activity structured for humour can influence the social climate of a group. Robinson (1991) also believes a well-known function of humour is promoting group solidarity and "that laughter brings people close together and to share common experiences through jocular talk forms a bond and a cohesiveness " (Robinson, 1991, p.58).

Another social function of humour is that of building relationships. Robinson states that humour "breaks the ice, reduces fear of the unfamiliar, encourages a sense of trust and initiates a feeling of camaraderie and of friendship " (1991, p.53). Higgins (1993) proposes that humour and the laughter it provokes helps establish a comfortable interpersonal atmosphere and contributes to the breaking down of barriers. The author explains that "people who laugh together are more likely to make physical contact, to become more self disclosing and willing to share reflections and concerns of deeper significance " (Higgins, 1993,p.8). Simon (1988c) believes humour can be used with elderly clients in both community and institutionalised settings to promote interaction and promote reminisce about the past. One need only observe a diversional therapy activity in progress in a paediatric ward or with the developmentally delayed to see that a humorous approach can build relationships both between clients and with the staff. Also, Higgins (1993) proposes that in groups where humour and laughter are present there is more likely to be enhanced productivity and the group is more likely to be positive.

Other important social functions that are derived from humour were highlighted in a study completed by Vergeer and MacRae (1993).

The authors interviewed five Occupational Therapists who use humour therapeutically in their practice. The subjects referred to humour as a tool or modality to be used in treatment, either spontaneously or deliberately. Humour was noted to be useful as a component of evaluation in the areas of social, cognitive and psychological function. They also felt that humour played a "valuable role in building co-worker relationships and team cohesiveness, as well as in decreasing work tensions and frustrations caused by role conflicts, with the effect of improving staff morale and patient care " (1993,p.682).

Overall, humour increases group cohesion, helps to build relationships, increases morale, breaks down barriers, enhances productivity and social interaction which in turn leads to improved quality of life and well being.

4) Psychological Functions

Another beneficial function that comes from the use of humour is the psychological functions. As Robinson states:

"humour often is a major coping mechanism. It relieves anxiety and tension, serves as an outlet for hostility and anger, provides a healthy escape from reality and lightens all the heaviness related to critical illness, trauma,

permanent physical damage, dying and death "(1991,p.60).

Pasquali introduced a humour programme with clients in a psychiatric day treatment centre. From that programme Pasquali concluded that the use of humour may indicate a person's mental health status, may reveal psychosocial problems and conflicts. and may indicate ability to cope with those problems and conflicts. Humour may also be one way of helping people more effectively cope the stresses and strains of living in a complex world (1990,p.35). Similarly, Simon believes that "humour acts as an emotion-focused coping strategy to change a person's perception of the stressful event in order to decrease anxiety " (1988b,p.11).

Schmitt (1990) conducted a study on patients in a rehabilitation hospital regarding the patients perception of laughter and its effect on their mood, their opinion of nurses who laugh with patients and the appropriateness of laughter in the rehabilitation setting. Results from 35 surveys indicated that patients welcomed laughter and perceived nurses who laugh with their patients to be therapeutic. This study supports the idea of humour and laughter as being a therapeutic intervention that health care professionals can use in helping patients and their families through the rehabilitation process.

As well as serving as a coping mechanism, a healthy dose of laughter can help a patient vent pent-up fear or anger (Dolan,

1985,p.47). Erdman (1990) views laughing as a cathartic cleansing of the body and that laughter can help a client view pain and suffering of a situation from a different view point. Simon (1988b) also proposes that the use of humour by clients is an indication that the healing and recovery process is beginning and that humour assists the client to gain another perspective on the problems they are facing. Additionally, humour can help the dying client to view death in a different light and may help clients and their families to look back on happy memories. Humour can act as a diversion and relief from the problems the client may be facing through the dying process. "Laughter can (also) serve as a release valve for members of a close working group, helping to relieve interpersonal tension, and providing a socially acceptable way of expressing anger and other disruptive emotions "(Higgins,1993,p.8).

Overall, humour serves as a coping mechanism that helps people view situations from a different light. It relieves anxiety and tension and serves as an outlet for hostility and anger. These psychological functions therefore lead to an increased quality of life and well being.

* IMPORTANCE OF THE USE OF HUMOUR IN DIVERSIONAL THERAPY PRACTICE

Diversional Therapy aims to provide, facilitate and co-ordinate leisure and recreational activities which are designed to support, challenge and enhance the psychological, spiritual, social, emotional and physical well being of individuals who experience barriers to participation in leisure and recreational pursuits affecting their quality of life. (Diversional Therapy Association of Australia, 1993) Increasing quality of life being the most important factor that diversional therapists strive to achieve. Diversional therapists use a variety of tools when striving to meet this aim. Humour is a tool that when used appropriately would help diversional therapists to achieve the aim of increasing the clients quality of life.

When the beneficial functions of humour are explored it can be seen that humour is one of the many tools that can be used to help ensure that the aim of increasing clients quality of life is fulfilled and that the many objectives of the activity programmes are achieved. Diversional therapists, because of the nature of their work, have ample opportunities to apply humour through their intervention.

Humour and laughter, as the research has shown, create many biological benefits which lead to easing of pain, reduction of stress, the protection against disease and infection,

stimulation of muscles and circulation, a creation of a relaxed state of both mind and body, the increasing of the functioning of our immune systems and exercise. Overall, these benefits lead to the person experiencing an increased well-being. This is a one of the many reasons why diversional therapists need to use humour as a tool in their interventions. This is further fact that, humour and laughter is the most natural way a person can boost their overall health, of their body and of their mind.

The communicative benefits derived from humour are also many. Humour can be one of the tools diversional therapist can use to create effective and open communication with their clients, between their clients and with their co-workers. Simon (1988c) states humour has a communicative function that is used to establish relationships with clients in order to encourage a sense of trust with healthcare providers. This is a very important function that diversional therapists and all healthcare professionals can utilize. Erdman (1991) also feels that a shared laugh between patient and healthcare professional can bridge further communication and that humour often increases listening and decreases pressure on the patient to feel the need to be perfect. When people enter into a healthcare facility, whether that be a hospital, day care centre, a nursing home or a community centre, they are subject to new experiences and come

into contact with many unfamiliar faces. Communication is often initiated as a necessity and is often, not as free and open as it could be. "A form of interaction which very quickly, provides a sense of familiarity, does not offend, and is easily facilitated, is needed. Humour meets this criteria and is highly suitable for this kind of interaction " (Emerson, 1963, cited in Robinson, 1991). Humour also bridges gaps in communication and helps to build rapport. Another area in which diversional therapists are continually striving to do in relation to their clients. It can be seen that the communicative functions derived from humour highlight the importance of its use and its appropriateness in diversional therapy practice.

Humour possesses many social functions, as was discussed, that are beneficial and would be appropriate for diversional therapists to facilitate. Fox Tennant (1990) found that through the implementation of a humour programme group cohesiveness was promoted and social relationships and social interaction among the participants was stimulated. Therefore, the humour programme improved the quality of life and well-being of the participants. A humour programme is an appropriate way in which diversional therapists can incorporate humour into their diversional therapy programmes so as to utilize the beneficial functions.

Burnside (1984) describes the aged population as having

characteristics which include low self esteem, low morale, depression, inactivity and an impaired level of overall adjustment and therefore felt that strategies to improve morale need to be developed. The aged population however would not be the only group to display these characteristics. People with disabilities, both cognitive and physical disabilities, hospitalized people including children and many people in the general population would display some of these characteristics. As it has been shown, humour is a viable intervention that can be used to help alleviate these characteristics. Diversional therapists would observe these characteristics in the client groups they come into contact with.

Another important social function for diversional therapists to consider is the increasing of team cohesiveness and increased staff morale. These factors are important if diversional therapists are to survive in an area which is both physically demanding and cognitively draining. As well, humour serves to ensure that staff work effectively with each other. Generally, the use of humour and laughter with clients and families serves to improve the quality of their lives and help to make the healthcare environment and life more enjoyable (Erdman, 1990).

Humour also possesses many psychological functions that are

important to facilitate in the care of clients. Humour acts as a coping mechanism that helps people to view a situation in a more positive way. It helps to relieve anxiety and tension and serves as an acceptable means of expressing anger and hostility. These beneficial functions that are derived from the use of humour are important functions that need to be facilitated through a diversional therapy programme. Humour is a tool that could easily be used to serve this purpose. An important use of humour and its psychological benefits are highlighted in this example. Diversional Therapy activities using humour and play, when carried out with hospitalised children, encourage them to face difficult procedures and gives them the opportunity to use their imagination so they can remove themselves from the stressful situation. Hospitalized children do not have control over what happens to their bodies and can feel vulnerable, powerless and betrayed (Grimm and Pefley, 1990). Through the use of humour and play children can learn to cope by expressing their fears and anxieties and by diverting their thoughts and energies into something enjoyable and worthwhile.

As it can be seen, humour has many psychological functions that would be beneficial to all clients involved in diversional therapy programmes. Often clients do not have an avenue in which they can deal with the inner stresses of life and humour

may be an appropriate avenue of relief.

The many beneficial functions that come from the use of humour and laughter are generally what diversional therapists would hope to achieve through their activity programmes. Humour is a very valuable tool that when used effectively and in conjunction with diversional therapy intervention would achieve a very positive result in relation to client's care and quality of life.

The benefits of humour, that have so far been described in the research, may be only a small example of what humour and laughter can create. Further research in the area will in future show more of the benefits of humour and its properties. Humour may eventually be used as a preventive medicine as well as an enhancement to curative medicine. With the evidence already noted in the research, it would be irresponsible for healthcare workers not to utilize humour as one of the tools of their intervention.

Although humour is being more extensively used overseas Australia has not yet begun to use this type of intervention in the same way.

Also, through the use of humour more extensively in diversional therapy practice more research can begin to be done leading to the growth of humour as a beneficial healthcare tool and the growth of the diversional therapy profession itself.

* APPLICATIONS OF HUMOUR IN DIVERSIONAL THERAPY

Just as it is important to know the theory and research behind a subject it is also important to know how to apply that theory and research in practical terms.

Although humour is a natural phenomenon there are times in our lives when we need someone to help initiate humour for us. This may be when we are ill, aging, suffering a set back in life or if an unexpected or unwanted event occurs. Diversional Therapists would come into contact with a lot of people who would fall into this category and humour needs to be nurtured and facilitated. This can be done in many ways depending upon the individual who is in need of this kind of intervention.

1) *Considerations before starting*

Before humour is initiated in either a formal or a

spontaneous way, there are important issues that must be considered first. "Timing of humour is a crucial factor. If the timing is inappropriate, humour can be a destructive rather than a constructive intervention "(Fox Tennant,1990,p.16). If timing is inappropriate then humour will not achieve the beneficial functions it possesses. Humour will also, be inappropriate if it is used in a destructive manner. Macaluso states that:

there is a good humour and bad humour, healthy humour and unhealthy humour. The basic difference is this: anytime humour is used to hurt another person, to lower another's self esteem, to bring tears of sadness to another, it is bad and unhealthy. We need to spread positive forms of humour that make others feel better."(1993,p.14).

Destructive humour must be avoided at all times. It may be easier to avoid if a sense of rapport is established with the client before humour is initiated.

The next issue to consider when using humour is "that gender, age, education, language and culture are factors related to whether or not a person will laugh in a given situation " (Omwake,1937,cited in Parse,1993). Diversional Therapists consider these factors when planning leisure and recreational activities as they have an impact on a person's participation in

an activity. Similarly, these factors will have an impact on whether a person will appreciate the humour initiated. It is also important, as Simon (1988c) explains, to individualize the types of humour in interactions with others and to determine the degree to which the individual values or appreciates humour.

Another issue of importance in the use of humour in therapy is that "jokes are only a small part of humour "(Erdman, 1991, p.1361). As Macaluso explains, spreading joy and happiness is the foundation of it all (1993). When using humour, it is important that people be themselves and use techniques that they feel comfortable with. Equally, people may still appreciate humour even if they do not laugh (Davis, 1994). A smile, a happy thought or a cognitive appreciation of humour is as good as a laugh.

There are many myths about humour that need to be dispelled to ensure humour is fully recognized as a valuable human resource. Firstly, one does not need a reason to laugh, smile or enjoy his/herself. Just being alive should be a good enough reason. Secondly, one does not have to be happy before one laughs. People are happy because they laugh. Thirdly, it is not immature to laugh, play and have fun. Unfortunately, as people grow older they believe these behaviours are immature but "a well developed sense of humour is in fact a characteristic of a self actualised person "(Davis, 1994, p.10). And finally, many people believe that professionalism equals seriousness and

that to be a respected as a professional you need to have a serious attitude (Davis,1994,p.10). This is not so, Sullivan and Deane (1988) believe that role modelling by health professionals is the key to encouraging the use of humour by clients.

2) Assessment Strategies

Like any intervention, assessment should occur first before the intervention is implemented. This applies to humour when it is to be used with a client. Erdman (1991) suggests that a humour assessment be performed before humour is used with a client. Some clients may not be accustomed to humour in their lives, so it is important to explore the clients background. Erdman feels that it may be helpful including questions about humour in a formal assessment. For an example of questions that may be used see Appendix 1. If the client expresses that they do not like to laugh then it may be helpful to try to determine the reason why. For example, cultural limitations or the nature of the disease may be a reason the person does not use humour. Once the limitation has been determined, then other questions can be asked to assess whether humour is used by the client, and if so how is it used (Erdman,1991). A humour assessment, as suggested in Appendix A, could easily be added onto the diversional therapy leisure and social assessments that are done with clients. As Simon (1988c) states "humour needs to be

assessed as appropriate to the client and the situation " (p.12)

It is also important to not only assess whether the clients are accustomed to humour but to assess their mental state.

Mental states such as depression, confusion and paranoia preclude humour.

"Depression may extinguish the perception of all but the

bitterly ironic. Paranoia produces a cognitive vigilance for the negative that precludes a prerequisite relaxed and playful mood. Serious confusion impairs the capacity to perceive humour stimuli accurately and to respond to cognitive dissonate elements essential to humour "

(Sullivan and Deane,1988,p.23).

Taboo themes should also be assessed so that planned humour intervention does not give offence.

3) Practical Ideas

Once a humour assessment has been performed and other considerations have been taken into account, humour can be more easily and appropriately initiated through diversional therapy programmes. The use of humour through games, humour rooms, humour programmes, mobile humour carts and using volunteers to initiate humour are a few ways in which diversional therapists can incorporate humour into their programmes. The practical ideas presented here are only the beginnings of how humour can be used with clients.

a) Games

Weinstein and Goodman (1980) suggest that humour can be promoted through coordinated non competitive games. They found that it is a good method to have fun and provide a sense of community among participants. The elements that are incorporated into these non competitive games include : humour, fun, co-operation, inclusiveness, positive action, imagination, spontaneity, challenge, individuality and equality. As organising and promoting non competitive games is a major component of a diversional therapy programme, diversional therapists have ample opportunities for using humour. It is important to ensure the environment is conducive to humour as well as the game or activity chosen. The group structure is also an important factor. Banning and Nelson (1987) conducted a study on group structure and humour and found that an activity structured for humour brought people together and influenced the social climate of the group. Group cohesion was stimulated especially in the group that involved individuals participating in short term tasks that involved some sharing.

b) Humour Rooms

Many healthcare facilities overseas are creating humour rooms for their clients, families and staff to use. These rooms

contain funny reading material, video's, games, puzzles and so on. Buxman states that "a humour room is designed to lift the spirits, to amuse, to distract and thus, perhaps, to speed the healing process "(1991,p.46). Although, it may not be a viable option in healthcare facilities in Australia, diversional therapists can use their activities rooms as an area to promote humour, both during activities and at other times. Buxman suggests to "aim for cheerful colours, plants, comfortable sofas and reclining chairs. Encourage staff and visitors to bring cartoons and articles to pin on the bulletin boards " (1991, p.48). It is important to create a room that facilitates the use of humour and that makes clients, staff and families feel comfortable, relaxed and welcome. These ideas can also be used in other rooms such as sitting rooms, dining rooms and foyers. Notice boards and newsletters could have a section especially for humorous picture, articles, jokes, stories and so on. The diversional therapist need not be the only person to initiate these measures but they can be the one to initiate the ideas and to encourage others to be involved - the staff, volunteers, clients and their families.

c) Humour Program

A formal humour programme with clients can be set up as an activity in a diversional therapy programme. Pasquali (1990)

gives a clinical example of a humour programme conducted in a psychiatric day treatment centre. The goals of the programme were to use humour to :

- Facilitate communication;
- Encourage a sense of belonging;
- Reduce anxiety and tension;
- Promote perspective by directing the focus off problems and onto joy and fun in life; and
- Foster the healthful benefits of humour physiology (physiologically, humour stimulates the respiratory, cardiovascular, musculoskeletal, endocrine and immune systems.)

(Pasquali,1990,p.33)

The author set up the humour program which was named the laugh group. It involved clients and the author meeting weekly to share humorous material such as videos, comic strips, jokes, experiences, records and so on. Each session began by the author reminding the group members to put problems and troubles aside and look at the lighter side of life. At the end of each meeting, participants were asked to be on the look-out for funny material that would be suitable to share with the group at the next meeting. By doing this the author was "trying to convey that humour is part of life and needs to be sought out, nurtured and cultivated "(Pasquali,1990,p.35). The author feels that through the humour program the goals it set out to accomplish were being achieved.

This idea could easily be used within a diversional therapy programme either weekly or as a starter for the day ie. for 15 minutes each morning. Simon (1988c) suggests using videotapes of old comedians such as Keystone Cops and the Marx Brothers as well as modern comedies, comedians and clowns from the local college music and theatre departments can be invited to perform humorous skits and listening to old radio programmes such as those of George Burns and Gracie Allen. Reminisce groups of humorous events through the clients lives can be used, this could easily involve clients who are visually impaired.

For children, music such as Peter Alsop, puppets, stories, jokes, drama and games could be used. Davis(1994) suggests delivering food trays with humorous signs, use hand puppets to give eardrops, eyedrops and taking temperatures (for the nurses), deliver mail from the humour fairy and make up stories.

Diversional Therapists are always on the look out for new and varied activities and a humour programme is an ideal activity especially when the beneficial functions of humour are considered. Use imagination and ask for suggestions from the clients and staff.

d) Mobile Humour Cart

This idea is especially suitable for bed bound clients, hospital clients and community clients. It involves setting up

a cart that is mobile and that is decorated brightly and filled with humorous materials such as games, puzzles, cassettes, books and any other humour provoking devices. The clients choose an item to use for a set period of time. The aim of this material being to provoke some kind of humour and laughter from the client. The cart could be taken around by volunteers or by a staff member to the clients rooms or home. It would need to be restocked regularly with new materials to keep clients interested.

e) Using Volunteers

Volunteers could be used to take the humour cart around to clients or they could be used to help encourage humour while clients are not involved in activities. For example, a volunteer could read a humorous story to a group of clients or set up a humorous video. But it is important that the volunteers used are trained properly. Erdman (1991) explains that their:

"volunteer training focused on explaining the benefits of laughter, examining appropriate and inappropriate forms of humour, familiarizing volunteers with items on the laugh mobile and role playing patient interactions to improve the comfort level of volunteers in approaching patients with options for humour. Monthly meetings for volunteers were

established to provide an opportunity to evaluate the program and to share stories of success or failure."(1991,p.1362).

Diversional Therapists could easily involve volunteers that may already be working at their facilities or they could recruit volunteers specially for this purpose. Either way, training is essential.

It would also be a good idea to train or give inservice education to the staff so they are aware of the humour initiatives and maybe encouraged to be involved in some way.

4) Evaluation

Once humour is formally introduced into the diversional therapy programme, it is important to evaluate the outcomes. Evaluation should be done in relation to the aims and objectives set out before humour was formally initiated. Evaluation should include direct documentation of the benefits of the use of humour (Buxman, 1991). It is essential, that any intervention is evaluated to ensure it is worthwhile, beneficial to the client and to see if any changes need to be made.

With some time and effort, humour can be used in a diversional therapy programme with a variety of clients. Humour programmes, humour carts, humour rooms are only a small sample

of how humour could be used in diversional therapy. As more healthcare workers, especially diversional therapists, use humour as a therapeutic intervention, the ideas of how it can be applied will continue to grow. Through networking of ideas, humour will be able to be applied in many ways so that the beneficial functions of humour can be utilized.

*CONCLUSION

Humour possesses many beneficial functions when it is used effectively. The beneficial functions identified by the researchers include the *biological functions* such as increased heart rate and circulation, pain relief, exercise, improved muscle tone, enhancement of the immune system and metabolism followed by a state of relaxation and feeling of well being, the *communicative functions* which include the building of rapport, bridging of communication gaps, dissolving of tension, increasing a sense of trust and listening, the *social functions* such as the building of relationships, breaking down of barriers, enhancing productivity and increased social interaction and the *psychological functions* such as serving as a coping strategy, relieving anxiety and tension and serving as an outlet for hostility and anger.

Through the exploration of humour, laughter and these beneficial functions it can be seen that the use of humour is a

vital component of an holistic approach to healthcare.

Diversional therapists because of the nature of their work are in a perfect position to use humour with clients to ensure the many beneficial functions are utilized. Humour is an effective tool that diversional therapist can use to increase clients' quality of life and therefore continue to meet the ultimate aim of not only diversional therapy but healthcare as a whole. This is why the use of humour is an important tool that needs to be fully understood and utilized in diversional therapy practice.

For diversional therapists to fully utilize the great benefits that come from humour and laughter they need to be able to effectively organise activities that will facilitate and encourage the use of humour by both clients and staff. Through proper assessment of the client in relation to humour and after the other considerations such as timing of humour are taken into account, humour can be easily incorporated into a diversional therapy programme. The use of games, humour rooms, humour programmes, mobile humour carts and volunteer programmes are only the beginnings of how humour can be used as a therapeutic tool in diversionl therapy.

It is vital to the continued growth of the diversional therapy profession that new interventions such as the formal use of humour are trialed, documented and shared so that the many benefits are utilized by all diversional therapists. This will ensure that diversional therapy will continue to be a vital part

of the health care needs of all types of clients. It is important to recognized that this paper only explores a small part of the phenomenon known as humour. All diversional therapists are encouraged to explore humour with their clients, to evaluate the effects, document these effects and share their experiences so diversional therapists can learn from each other.

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Appendix A

Erdman (1991) suggests that it may be helpful to include questions in a humour assessment as:

- Do you like to laugh?
- Before you became ill, did you laugh a lot?
- What makes you laugh? (Give examples such as slapstick comedy, jokes, cartoons, T.V. sitcoms, etc.)
- When is the last time you had a good belly laugh?
- With whom do you laugh most? What is it about that person that invites you to laugh?
- Do you feel better after you laugh?
- Can you remember a painful experience you have had that was soothed by humour?
- What is one area in your life to which you would like to add humour?

If the client answers no to the first question, then it may be helpful to try to determine the reason. For example, cultural limitations, the nature of the disease. Once the nature of the limitation has been determined, then other questions can be asked to assess whether humour is used by the client, and if so, how it is used (Erdman, 1991, p.1360).