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GE-NBC TV's Humor in Healthcare Initiative

An Interactive Qualifying Project Report

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by

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APPROVED:

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Abstract

Objectives: To design and implement a simple, inexpensive humor program for persons with special needs and problems.
Methods: Scheduled 6 comedy sessions for seniors in an assisted-living home using a variety of donated skits in electronic format (on DVD's, VHS tapes, and audio cassettes). Evaluated and adjusted program by (1) observing audience reactions, (2) reviewing survey responses, and (3) leading group discussions.
Results: Seniors (1) laughed during each session, (2) completed simple surveys that ranked each skit, (3) actively participated in discussions, (4) attended regularly, and (5) reported feeling good about contributing to humor research that could help others (like hospital patients). Surprisingly, seniors (1) did not laugh at special comic materials they grew-up with and had specifically requested and (2) heartily laughed at some of the very skits they later alleged to be "offensive."
Conclusions: Humor programs need not be expensive, complex, or labor-intensive. Regarding seniors, they themselves may not be able to predict what they will find funny, and comedy must be adjusted using a trial-and-error approach. Sessions should be considered successful if participants (1) laugh frequently, (2) are actively engaged (even if complaining), (3) keep attending, and (4) report having "a sense of purpose" when critiquing skits. Complaints by grouchy seniors about "offensive jokes" can be ignored if (1) these jokes had been previously cleared by mainstream commercial TV networks (like NBC) and (2) the seniors actually laughed at them. Complaints about "tasteless humor" should not be feared because they may (1) actually promote useful debate and discussion and (2) simply reflect how seniors think others expect them to react. Most important, those who believe in the benefits of laughter should not be afraid to develop a humor program using a trial-and-error approach as long as the sponsoring organization is supportive.

Acknowledgements

This project was only possible through the generous donations, careful guidance, and honorable commitments of others who share faith in the healing benefits of laughter. I sincerely thank:

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Introduction

While conducting my "Humor as Medicine" research (for my WPI "Sufficiency Project"), I became convinced laughter can be highly therapeutic. I also gained deep respect for others who try to be funny. So, for my IQP I decided to implement and evaluate a “real-world” humor program for people with special needs and problems. Although humor is always risky and challenging, comedians know simple "trial-and-error" is a reasonable approach because what makes people laugh is often unpredictable and illogical. So, I gradually became comfortable with a proposed strategy in which I would simply trust my intuition and observe what made people laugh. My original research also indicated that humor failures themselves can be comical and entertaining. In general, people appreciate attempts at comedy and often laugh at those awkward and amusing situations when jokes turn out not to be funny. So, what did I have to lose?

Background

Humor as Medicine

Through my humor research – including my WPI sufficiency project "Humor as Medicine" – I discovered that an overwhelming majority of people are absolutely convinced laughter is therapeutic. So, it is not surprising that scientific studies have identified some objective (physiologic) benefits of laughter, such as increased blood flow and an improved immunologic status. And while crying has its own special therapeutic value (through the elimination of "harmful" biochemicals dissolved in tears), most people would prefer to laugh. In general, laughing relieves stress and makes us feel good in a variety of ways that are not yet completely understood.

Social trends, medical news stories, and changes in healthcare delivery reflect an increasing faith in the value of humor. Patients seem to respect attempts at comedy, even in awkward medical situations, and are becoming more forgiving when jokes fail. Healthcare providers are learning to take risks with humor because even humor-failures can become good opportunities to connect with patients. Providers are learning how to apologize, show their human side (we all make mistakes), explain their good intentions, and laugh at themselves.

Of course, comedy is always risky. All conceivable consequences of humor are impossible to predict, and even carefully planned jokes can "backfire." But common-sense suggests that if a provider believes in just one of humor's physiologic benefits for a given patient, an attempt at comedy seems justified. The decision to tell jokes becomes more complicated when a provider feels laughter can produce a harmful effect – a surgeon should probably not tell jokes to patients with fresh stitches in their abdomens.

Ultimately, attempts at humor must be based on common-sense, faith, and intuition – each of which is imperfect. So, a prudent humor strategy might be a cautious, open-minded, trial-and-error approach. Like beauty, comedy is "in the eyes of the beholder." The same joke that is considered funny by some may be considered scary, revolting, or offensive by others.

Regardless, the potential benefits of laughter and humor are impressive and may be physiological, psychological, social, and even educational.

Physiologic Benefits

Studies show that the physiologic benefits of laughter are similar to exercise-induced benefits: laughing increases pain tolerance, heart rate, and blood flow, and relieves tension (Puder, 1998). By improving circulation, laughing decreases blood pressure and increases oxygen transport. Laughing also works facial, abdominal, respiratory, and skeletal muscles and aids in digestion (*Helpguide*, 2005). Studies conducted by Bert et al. (1989) and Dillon and Baker (1986) show that laughing can decrease blood levels of stress-related hormones such as cortisol, dopac, epinephrine and growth hormone. Because stress is generally believed to be a contributing factor for many diseases, it is not surprising that laughter is thought to reduce the risk of high blood-pressure, stroke, arthritis, ulcers, and heart disease (*Helpguide*, 2005). For these reasons, Fry has referred to laughing as "inner jogging" (as cited in Puder, 2003).

Regarding pain tolerance, a study by Cogan, Cogan, Waltz, and McCue (1987) found that discomfort thresholds were highest when participants listened to a humorous tape versus no tape (as cited in Macdonald, 2004, p. 21). These findings are consistent with the observation that humor and laughter improve both the body's biochemical status (by increasing levels of endorphins) and psychological status (by distracting patients from their illness and pain) (Seaward, 1992, p.66). Humor and laughter also improve immunity by stimulating infection-fighting cells including T-lymphocytes, natural killer cells, and salivary immunoglobulin A ("IgA") (Wooten, 1996). So, research findings tend to confirm the belief that laughter is a "great apothecary."

Social Benefits

The comforting effects of laughter and humor are well recognized. This is why comedy has been referred to as a "social lubricant." Jokes and silly games are routinely used as "icebreakers" for group orientations, team-building exercises, and similar events when sponsors want to quickly develop

healthy interpersonal relationships. Because laughing and smiling are contagious, the sharing of these basic experiences tends to connect strangers. Victor Borge described laughter as "the shortest distance between two people (as cited in Buxman, 2000, p. 122)." In healthcare settings, this bond helps patients trust their providers and view them more as friends and equals than as intimidating superiors. In terms of productivity and performance, humor is considered an effective way to promote learning and creative problem-solving in group settings.

Humor can make learning fun. Professionals in the Big Apple Circus Clown Care Unit at Children's Hospital Boston (1997) perform "red-nose transplants, kitty cat scans, chocolate milk transfusions, and plate-spinning platelet tests" to simplify and teach children about medical procedures. This helps to reduce anxiety and uncertainty about what will happen to them. Humor also relaxes formal and imposing environments so patients feel comfortable enough to speak up and ask questions, as Bellert (1989) describes:

> The use of humor during the teaching process is also helpful in allaying tensions and fears surrounding the learning experience. Humor permits individuals to ask questions they may otherwise not ask, and to hear directions they may otherwise be too anxious to hear. A humorous joke or comment can break through resistance to learning. (p. 69)

Because it is engaging and fun, humor can catch, grab, and hold patients' attentions. Patients are more likely to listen and understand what is happening to them, and, in turn, better comply with instructions and make well-informed decisions.

Psychological/Emotional Benefits

Along with its healing effects, therapeutic humor may help patients and providers feel good, better cope with illness and stress, and avoid "burn-out." Laughing at ourselves, our mistakes, and life's challenges provides a "momentary release from the seriousness of our problems" (Cohen, 1990, p. 5). This "distraction" actually allows us to think more clearly and logically because the emotional distance gives us a chance to be more open-minded, optimistic, and flexible. Cohen explains the accompanying change in attitude:

"greater options, hope, and reduced pressure counter feelings of frustration, helplessness, and hopelessness" (ibid.). When we can adapt to situations and see things more objectively, we realize what we can and must do to overcome stress and challenges. We are able to cope with anxiety, fear, and anger in healthier ways than through violence, denial, or substance abuse (ibid.).

Embracing Humor

Encouraging trends that promote humor include (1) the healthcare industry's move toward patient-centered care, (2) the public's desire to improve relations with the sick and disabled, and (3) society's increasing willingness to forgive providers for honest mistakes made with good intention. Medical schools are now exposing their students to clinical settings earlier so personal skills that foster good doctor-patient relationships can be developed sooner. With the disabled in mind, more buildings, homes, and schools are now built handicap-accessible. While insurance companies once discouraged doctors from admitting when things go wrong, new laws protect doctors when they disclose mistakes and apologize -- when they are open, honest, and empathetic. These movements suggest the public: (1) wants to improve the way we treat the sick and disabled and (2) believes one way to better patient-provider relationships is through humor.

Newsworthy events consistently show Americans strongly hunger for and have faith in humor as therapy. On NBC TV's *Dateline* show in February of 2005, Melissa Etheridge, a singer-songwriter and breast-cancer survivor stressed that she learned "laughing is a medicine" because "it release this amazing stuff" while being treated for cancer (Corvo, 2005). She was interviewed because she made history a week earlier at the Grammy-Award Ceremony by singing and smiling with a skull made bald and shiny by cancer chemotherapy. This historic event unleashed a flood of international praise. During and after her performance of Janis Joplin's "Piece of My Heart," her peers wildly screamed their profound appreciation and endorsement for the message she was sending: Those who are sick and disfigured can sing, laugh, and smile with confidence because others will embrace them unconditionally. In turn, the loving response from the emotionally charged audience sent a related message: In every setting we will respect the courage and suffering of others, including glamorous celebrity events that have historically been dominated by beautiful people. But the broad smiles and unrestrained shouts

of approval also seemed to reflect how deeply people hunger for greater acceptance of those who may be physically unattractive while sick. The mood of the audience was a blend of compassion, pride, joy, and relief. With their response they were agreeing that we need to improve the way we view disease and interact with the sick.

Another significant event reflects America's current faith in humor. In 2004, Kaiser Permanente (KP) launched a new advertising campaign that appeals to the emotional and spiritual (as well as physical) needs of patients. Sam Averett (2004), a KP representative, explained their message:

> While healthcare is certainly important, it is our health that really matters to us. And health means much more than not being sick. Health depends on balance, balance in our lives and balance in our attention to our whole selves—mind, body, and spirit. Health is measured in our ability to achieve our goals, enjoy our relationships, make positive changes when needed, and to take care ourselves and our families.

One ad from KP's new *Thrive* campaign stresses this HMO's faith "in laughter as medicine." The ad itself (included in **Appendix A**) is funny and promotes a healthy lifestyle through claims such as "in SPF 30 we trust" and "we have never met a vegetable we didn't like." Presumably, marketing research revealed that patients want a healthcare system that is friendly and personal as well as technically competent. Patients certainly cannot laugh if they are continually overwhelmed by fear and anxiety or have never been given any reasons or permissions to laugh. So, when an HMO says it wants its patients to laugh, this HMO is also saying it promotes humor as therapy.

Regarding relevant medico-legal changes, some states have recently passed laws that allow healthcare providers to apologize for "medical misadventures" without being held legally liable. Because medical mishaps are inevitable, these laws encourage doctors to handle tragic mistakes in a warm and caring manner without fear of increasing their liability. Insurance companies now also encourage doctors to acknowledge and apologize for mistakes -- instead of remaining emotionally distant and silent. These legal trends send the message that providers should not hesitate to be warm and "human," and joke-telling is certainly one way to accomplish that. Even if

humor goes badly, these laws suggest providers can apologize without fear of suffering serious consequences.

Existing Humor Initiatives

Current initiatives from Strickland (1993), Williams (2001), and Buxman (2000) intended to foster the use of humor in healthcare settings include:

- Mobile humor carts -- full of funny movies, books, toys, magic tricks, games, and props -- that can be wheeled to patients' rooms
- 24-hour humor channels that broadcast funny movies and stand-up acts in hospitals
- Humorous contests, like a "Funny Face" competition in which patients expressions are captured with a Polaroid camera
- Sponsored theme and dress-up days in children's wards, such as the "Wacky Olympics," the "Wild Wild West," "Pajama Day," or "Be Your Favorite Hero/Princess for a Day"
- Cartoon or humor bulletin boards that patients can contribute to
- Silly rituals or traditions, like the "Hokey Pokey" before dinner
- Humor journals recording funny jokes, moments, cards, unexpected compliments, cartoons, magazine articles, pictures or whatever else makes the author laugh; patients can re-visit their journals anytime for a smile or gather to share entries
- Naming and decorating medical equipment, such as walkers, wheelchairs, and IV poles
- Professional "caring clowns" who visit hospitals and nursing homes and perform interactive routines

Since they involve clowns, dressing up, and imaginative characters, most humor initiatives are geared toward children. Therefore, a real and urgent need exists for humor programs that appeal to adults and seniors. Older patients often have the most serious medical problems and would especially benefit from humor as a distraction and relief from pain and suffering.

Goddard House

Goddard House is an assisted-living community in Worcester, MA that houses around 40 residents with an average age of 85. Goddard was founded in 1874 by Harry Goddard – the cousin of the "Father of Modern Rocketry," Robert Goddard (Goddard/Homestead, 2006). Originally, the home admitted only men unable to live on their own. After renovation and expansion of the home to include 36 apartments, Goddard House re-opened its doors for both elderly men and women in 1989. Goddard has been referred to as "a half-way house between hospital and home cares" (ibid.). Residents must function independently since medical care and nursing assistance are not provided onsite. Goddard House does provide breakfast and dinner, as well as light housekeeping and linen services. In addition, seniors can easily leave and return to the home as they please since the Worcester City Bus stops at the front door. Furthermore, residents greatly enjoy and benefit from a variety of social events and field trips organized by a full-time Activities Director. Goddard House hosts a variety of activities, special events, and trips including art shows, museum and garden tours, day cruises, theater productions, poetry readings, cocktail parties, shopping trips, bowling, movie excursions, cook-outs, exercise classes, Bingo and other game nights, and various community and cultural events around Worcester (ibid.). Of note, before I conducted my WPI comedy project, Goddard had never attempted any kind of humor program.

Methods

Initially, I considered working with adolescent patients at the University of Massachusetts Medical Center. However, the program director I contacted felt very uncomfortable about my humor proposal. He explained how he had a "bad experience" when he told an emotionally disturbed youth a joke. So, I quickly learned humor-program proposals can generate substantial anxiety.

This unexpected negative reaction profoundly impacted me. So, I decided to be "cautious" and have my first attempt at a humor program involve (1) seniors healthy enough (both physically and mentally) to live in an assisted-living setting and (2) jokes that had been approved by the censors of commercial TV networks like NBC. Members of this target audience (1) would not be living in fear of imminent death (even if suffering from serious chronic illnesses), (2) would be familiar with planned social activities designed to entertain, and (3) could understand that even if an occasional joke "offended" some of them, all jokes had been "cleared" by mainstream TV censors.

Regarding practical matters, I had to develop an inexpensive humor program that I could design and complete in just a few months. I needed an organization willing to work with me and a simple process for making improvements. After reviewing pre-existing humor programs, I found many were very time-consuming, labor-intensive, and demanding for the organizers while putting the audience in a completely passive role. For example, some programs involved live plays and elaborate clown acts. I decided to test a humor program that would be simple to organize and would require audience participation. I felt this would be more practical for widespread application in real-world settings where resources are limited. So, I decided to show a variety of previously recorded comedy skits and have the seniors rank how funny they were. Having my audience get involved by "voting" for the best comedy routines is similar to the format of popular TV shows like “Last Comic Standing” and “American Idol.” My intent was to give participants a "sense of purpose" by asking them to evaluate comedy routines for the sake of improving humor routines for others, including seriously ill patients.

After my proposal was approved by my college advisor, Dr. Gibson, I began asking organizations, companies, and commercial TV networks to donate comedy materials. I e-mailed places like "Gilda's Club," an organization honoring SNL comedian Gilda Radner that is committed to the emotional and social support of people touched by cancer. I wrote to "Carolina Ha Ha," a humor outreach program that publishes lists of "healthy humor" recommended for humor libraries and hospital carts. In addition, I contacted NBC, CBS, and Comedy Central which produce successful comedy TV broadcasts like "The Tonight Show" with Jay Leno, "The Late Show" with David Letterman, and "The Daily Show" with Jon Stewart. Most organizations wanted to help, but could not because they lacked the funds or resources. My big breakthrough was catching the attention of a WPI graduate who worked as a manager for General Electric (GE), the owner of NBC-TV. This GE manager presented a PowerPoint slide (included in **Appendix B**) I created describing my "Humor-in-Healthcare Proposal" to the manager of "Saturday Night Live." As a result, the SNL manager donated three DVD's containing collections of comedy skits: (1) "SNL's 25th Anniversary Special," (2) "SNL: The Best of Gilda Radner." and (3) "SNL: The Best of Dana Carvey." A copy of the note from NBC granting me permission to use these DVD's for my humor program is included in **Appendix C**. Support from NBC (with hit comedy shows like "SNL," "The Tonight Show," and "Last Comic Standing") further reassured me that my concept was reasonable and worth pursuing. Other comedy materials I eventually used were donated by friends and included "The Johnny Carson Collection" (on VHS tapes) and "Old Time Radio's 60 All-Time Favorites" (on audio cassette tapes).

After acquiring these comedy materials, I searched for an organization that would embrace my humor proposal. After initially getting that "cold reception" from an adolescent program at UMASS medical center, I contacted assisted-living communities in Worcester, MA. The "Goddard House" in Worcester immediately responded enthusiastically. For decades this assisted-living residence facility has provided a home for about 40 elders with an average age of 85. Goddard House was an ideal place for me to evaluate a humor program because it had an Activities Director I could work closely with who planned activities on a regular basis. The House contained a large common room with a TV, VCR, DVD player, and couches where residents could gather to watch comedy skits. And because the seniors were not sick or bedridden, they could socialize comfortably and participate in a

meaningful way. Of course, with an average age of 85, Goddard's residents could provide insight into what seniors think is funny. During my original research I realized little information was available regarding how to make older people laugh. Many humor programs target sick children, and that is why clowns are so commonly used in hospital humor programs. Goddard's seniors are more representative of the severely ill and dying patients in hospitals and nursing homes who are generally elderly. Of course, seriously ill patients are a high-priority for a humor programs since they experience the most stress and have the most to gain from laughter. Goddard House was ideal for many reasons but mostly because the organization had faith in humor and my mission.

After getting the comedy skits and finding a receptive audience, I defined my goals: (1) to observe how seniors around 85 years old respond to various NBC comedy skits, (2) to use resident feedback to design future comedy events for patients in hospitals, nursing homes, and other settings, and to (3) to see if participation in comedy research gives seniors a sense of purpose and well-being. I finalized the specific format for my "GE-NBC TV Humor-in-Healthcare Initiative. I decided to run 1-hour comedy sessions split into two 20-25 minute parts separated by a brief intermission. Each half would showcase comedy routines from a different decade. Sessions were kept short so seniors would not get bored and restless, and full-length movies (comedies) were not used. Using a variety of humor skits increased the likelihood seniors would enjoy something. Seniors simply ranked the skits they watched (or heard). Independent, short skits meant seniors could miss a comedy session and still provide meaningful input when they did attend. During the intermission, seniors could discuss the comedy skits, go to the rest rooms, have a snack, and take medications.

To evaluate the comedy sessions I incorporated direct feedback in the form of (1) a simple survey and (2) group discussions with the seniors. However, I also felt my own personal observations could be crucial. Were the residents laughing and enjoying themselves during the comedy sessions? Did the comedy and laughter seem to improve their mood? Were the seniors actively and enthusiastically participating? Did they feel good about contributing to humor research? Were the residents returning for subsequent comedy sessions?

The brief survey included three sections to mirror the organization of the session: (1) evaluation of the 1st half of comedy routines, (2) evaluation of the 2nd half of comedy routines, and (3) evaluation of the session as a whole. Each half of comedy skits was evaluated with both open-ended and close-ended questions. For example, "On a scale from 1-5 (5 = funniest), how funny was Part 1?" "Would you recommend this comedy selection for elderly patients who are ill or dying?" "Which skit was funniest?" General questions addressing the overall session also were also open- and close-ended. "Did you laugh?" "Did anything offend you?" "How can I improve this program?" "How would you try to make elderly patients laugh?" Seniors filled out Part-One of the survey during intermission, after the first (about 20-minute) half of comedy material. Because the survey asked seniors to recall the overall funniest and least funny skit from each half, I encouraged them to review the questions beforehand so they could jot down notes as they watched. In addition, to further jog their memory and keep the comedy routines fresh in their mind, I read aloud my outline briefly describing each skit they just viewed. For example, I might say, "a woman shared her obsession with playing the accordion and singing to her husband on the toilet." The seniors agreed this practice was very helpful. The complete survey is included in **Appendix D**. Of note, the actual survey appeared in larger font since many seniors have trouble seeing.

To easily and accurately record my observations during each session, I created an outline (example included in **Appendix E**) which chronically summarized each comedy skit in a few words. As I watched each skit along with the seniors, I wrote a number next to its description for the number of people who laughed. This way, I could easily review how many people laughed and what they were laughing at. Thus, I could compare my observations with what the seniors reported as being the funniest, least funny, and offensive skits.

A key element of my humor program was providing a reason for residents to actively participate -- giving these seniors a sense of purpose as they evaluated, ranked, and voted on comedy skits. So, I clearly provided the overall context regarding why I was doing a humor project and what I hoped to learn. The following is a short preface I shared with the residents of Goddard House before our first comedy session:

> Welcome to our 1st "Comedy Hour." I am Audrey Jajosky, a pre-med student at WPI. Today's session starts my college "humor-in-healthcare" research project. I'm trying to find humor that can make elderly patients laugh and feel better. From my prior research, I'm convinced laughter can help patients - even seriously ill patients.
>
> Today you will watch comedy skits from Saturday Night Live's 25th Anniversary Show. Then you will evaluate how funny these skits are. I will use your comments to help me find the kind of humor that can improve the mood and health of elderly patients in hospitals, nursing homes, and other settings. So, your job is important. Even if you think nothing is funny, that is useful feedback. Please do not be offended by bad or tasteless humor. Please do not get frustrated. I will show different comedy skits donated by NBC-TV specifically for this "humor-in-healthcare" research. NBC feels this is important and has given me permission to show these skits at Goddard House, and only at Goddard House. I am asking for more donations - such as episodes from the Tonight Show with Johnny Carson.
>
> Well, let's get started. First you will watch 20 minutes of comedy and fill-out the 1st survey. Then we will have an intermission, talk, and have more snacks. Then we go back to work, watch another 20 minutes of comedy, and complete the final survey. So, relax and enjoy!

Finally, I tried to reassure the residents that I was showing all kinds of humor because I did not want to judge or stereotype them. I did not want to assume anything about them -- for instance, that because they are old, they will only enjoy older comedy from their generation.

Results

The humor program was evaluated and altered based on three forms of feedback: (1) my observations, (2) seniors' survey responses, and (3) informal discussions. What I observed at Goddard House varied drastically by comedy session. Sometimes while watching Johnny Carson, I was amused and delighted as I observed the seniors erupt into waves of hysterical laughter. On one occasion the laughter in the room grew so loud the activities director and other Goddard House employees rushed into the room to see "what the ruckus was about." Once there, they could not leave; they sat down and joined in our hysterical craze. In sharp contrast, while residents listened to old time radio shows, I watched the seniors sit motionless in complete silence. I was baffled as to why they were not laughing at the very humor they had initially alleged to be the "all-time greatest comedy" and "their favorites."

Survey responses were very consistent throughout my program. **Tables 1-6** below summarize the quantitative survey results by session, while the "**Survey Comments**" section is an overview of seniors' responses to open-ended questions. During each session, almost everyone admitted they laughed. Furthermore, a vast majority of the seniors consistently claimed to feel good about contributing to my humor research project. Interestingly, the seniors recommended every Johnny Carson comedy selection they viewed to elderly patients who were ill or dying. They did not, however, recommend a single SNL or radio comedy selection to patients. Surprisingly, on a numerical scale from 1-5, the seniors almost always ranked the more recent comedy skits as funnier than the older ones.

Informal discussions were another outlet for resident feedback. The seniors scheduled the most urgent and thorough discussion with me after the first session because they did not enjoy the SNL skits. Many voiced their strong concerns and objections about the material I was showing and worked to redirect me. They claimed that old folks love the past and relish what they can remember. Their advice was to show older comedy dating back to classic radio like "The Bob Hope Show," "Abbott and Costello," "The Red Skeleton Show," and "The Fred Allen Show." However, even as they were offering me advice, the seniors argued among themselves. They could not agree on what was funny. Some expressed their dislike for old-time radio in

favor of modern-day shows like "Jay Leno" and "South Park." This disagreement was reassuring because it highlighted the notion that taste in humor varies by individual and there is no way to predict what people will find funny. This disagreement supported my trial-and-error approach in selecting comedy and confirmed that it is important not to make assumptions about a given generation.

Table 1: Survey Responses from Session 1 (2/15/06)

Survey Question	**Response**	
Age?	**85.6** (ave)	
Gender?	*Male:* **42.9%**	*Female:* **57.1%**
On 1-5 scale (5 funniest), how funny was **part 1**: *SNL Tribute to 1st Five Years*?	**2** (ave)	
Recommend **part 1** for elderly patients who are ill or dying?	*Yes:* **14.3%**	*No:* **85.7%**
On 1-5 scale (5 funniest), how funny was **part 2**: *SNL Tribute to Current Cast*?	**2.6** (ave)	
Recommend **part 2** for elderly patients who are ill or dying?	*Yes:* **23%**	*No:* **77%**
Did you enjoy this program?	*Yes:* **53.8%**	*No:* **46.2%**
Did you laugh?	*Yes:* **69.2%**	*No:* **30.8%**
Which was funnier: part 1 or part 2?	*Part 1:* **0%**	*Part 2:* **100%**
Did anything offend you?	*Yes:* **30.8%**	*No:* **69.2%**
Do you feel good about contributing to "humor-in-healthcare" research?	*Yes:* **92.3%**	*No:* **7.7%**

*Percentages based on 14 or 13 respondents (1 person left half-way through session).

Table 2: Survey Responses from Session 2 (3/8/06)

Survey Question	Response	
Age?	**88.7** (ave)	
Gender?	*Male:* **50%**	*Female:* **50%**
On 1-5 scale (5 funniest), how funny was **part 1**: *Johnny Carson – 60's & 70's*?	**4.5** (ave)	
Recommend **part 1** for elderly patients who are ill or dying?	*Yes:* **83.3%**	*No:* **16.7%**
On 1-5 scale (5 funniest), how funny was **part 2**: *Johnny Carson – 80's & 90's*?	**4.2** (ave)	
Recommend **part 2** for elderly patients who are ill or dying?	*Yes:* **66.7%**	*No:* **33.3%**
Did you enjoy this program?	*Yes:* **100%**	*No:* **0%**
Did you laugh?	*Yes:* **100%**	*No:* **0%**
Which was funnier: part 1 or part 2?	*Part 1:* **50%**	*Part 2:* **50%**
Did anything offend you?	*Yes:* **16.7%**	*No:* **83.3%**
Do you feel good about contributing to "humor-in-healthcare" research?	*Yes:* **100%**	*No:* **0%**

*Percentages based on 6 respondents.

Table 3: Survey Responses from Session 3 (3/14/06)

Survey Question	Response	
Age?	**88.7** (ave)	
Gender?	*Male:* **50%**	*Female:* **50%**
On 1-5 scale (5 funniest), how funny was **part 1**: *Johnny Carson – 60's & 70's*?	**3.8** (ave)	
Recommend **part 1** for elderly patients who are ill or dying?	*Yes:* **66.7%**	*No:* **33.3%**
On 1-5 scale (5 funniest), how funny was **part 2**: *Johnny Carson – 70's & 80's*?	**4.2**(ave)	
Recommend **part 2** for elderly patients who are ill or dying?	*Yes:* **66.7%**	*No:* **33.3%**
Did you enjoy this program?	*Yes:* **83.3%**	*No:* **16.7%**
Did you laugh?	*Yes:* **100%**	*No:* **0%**
Which was funnier: part 1 or part 2?	*Part 1:* **33.3%**	*Part 2:* **66.7%**
Did anything offend you?	*Yes:* **16.7%**	*No:* **83.3%**
Do you feel good about contributing to "humor-in-healthcare" research?	*Yes:* **100%**	*No:* **0%**

*Percentages based on 6 respondents.

Table 4: Survey Responses from Session 4 (3/23/06)

Survey Question	Response	
Age?	**86.4** (ave)	
Gender?	*Male:* **40%**	*Female:* **60%**
On 1-5 scale (5 funniest), how funny was **part 1**: *The Bob Hope Show*?	**2.8** (ave)	
Recommend **part 1** for elderly patients who are ill or dying?	*Yes:* **40%**	*No:* **60%**
On 1-5 scale (5 funniest), how funny was **part 2**: *Johnny Carson – 70's & 80's*?	**3.8** (ave)	
Recommend **part 2** for elderly patients who are ill or dying?	*Yes:* **80%**	*No:* **20%**
Did you enjoy this program?	*Yes:* **80%**	*No:* **20%**
Did you laugh?	*Yes:* **100%**	*No:* **0%**
Which was funnier: part 1 or part 2?	*Part 1:* **20%**	*Part 2:* **80%**
Did anything offend you?	*Yes:* **20%**	*No:* **80%**
Do you feel good about contributing to "humor-in-healthcare" research?	*Yes:* **100%**	*No:* **0%**

*Percentages based on 5 respondents.

Table 5: Survey Responses from Session 5 (4/7/2006)

Survey Question	Response	
Age?	**81.4** (ave)	
Gender?	*Male:* **42.9%**	*Female:* **57.1%**
On 1-5 scale (5 funniest), how funny was **part 1**: *SNL – Best of Dana Carvey*?	**2.3** (ave)	
Recommend **part 1** for elderly patients who are ill or dying?	*Yes:* **14.3%**	*No:* **85.7%**
On 1-5 scale (5 funniest), how funny was **part 2**: *Johnny Carson – 80's & 90's*?	**4** (ave)	
Recommend **part 2** for elderly patients who are ill or dying?	*Yes:* **71.4%**	*No:* **28.6%**
Did you enjoy this program?	*Yes:* **100%**	*No:* **0%**
Did you laugh?	*Yes:* **100%**	*No:* **0%**
Which was funnier: part 1 or part 2?	*Part 1:* **0%**	*Part 2:* **100%**
Did anything offend you?	*Yes:* **28.6%**	*No:* **71.4%**
Do you feel good about contributing to "humor-in-healthcare" research?	*Yes:* **85.7%**	*No:* **14.3%**

*Percentages based on 7 respondents.

Table 6: Survey Responses from Session 6 (5/08/06)

Survey Question	Response	
Age?	**82.9** (ave)	
Gender?	*Male:* **57.1%**	*Female:* **42.9%**
On 1-5 scale (5 funniest), how funny was **part 1**: *Tonight Show Stand-Up Debuts*?	**4** (ave)	
Recommend **part 1** for elderly patients who are ill or dying?	*Yes:* **71.4%**	*No:* **28.6%**
On 1-5 scale (5 funniest), how funny was **part 2**: *Abbott & Costello*?	**2.4** (ave)	
Recommend **part 2** for elderly patients who are ill or dying?	*Yes:* **28.6%**	*No:* **71.4%**
Did you enjoy this program?	*Yes:* **71.4%**	*No:* **28.6%**
Did you laugh?	*Yes:* **85.7%**	*No:* **14.3%**
Which was funnier: part 1 or part 2?	*Part 1:* **100%**	*Part 2:* **0%**
Did anything offend you?	*Yes:* **0%**	*No:* **100%**
Do you feel good about contributing to "humor-in-healthcare" research?	*Yes:* **100%**	*No:* **0%**

*Percentages based on 7 respondents.

Survey Comments Compiled from All Comedy Sessions

How can I improve this program?

- "SNL skits were difficult to understand and it was hard to distinguish one skit from another."
- "SNL skits moved along too quickly. Sometimes I missed the punch-line. Give us more time to think about the jokes, understand them, and laugh"
- "Go back to good old radio and TV programs"
- "Show older, funny programs that old people remember. We cannot relate to this new slapstick SNL stuff."
- "Scrap it all and use stuff that old folks remember. They relish what they recall. Old folks love the past."
- "More political humor."
- "I would not recommend SNL. Show other comedy shows of the past like Johnny Carson and other last night shows."

- "Cancel."
- "Variety of other comedy."
- "It was good!"
- "Can't."

What was the best part of this program?

- "Tickled imagination."
- "Johnny Carson."

What was the worst part of this program?

- "Corny old time radio shows."
- "Old radio humor is just a play on words."

Did anything offend you?

- "The jokes about impotence."
- "Steve Martin skit as The Great Flydini – when objects were popping out of the fly of his pants."
- "Parody of Mr. Roger's Neighborhood explaining how babies appear."

How would you try to make elderly patients laugh?

- "Tickle them."
- "Comedy skits with costumes."
- "Sing-a-longs."
- "Past time humor."
- "Funny situations."
- "Give them funny things."
- "This type of comedy, like Johnny Carson, is very good."
- "Comedy as you present it is one of the best ways."
- "Familiar subjects presented humorously or unexpectedly."
- "Show these skits more often."
- "Unexpected comedy."
- "Comedy videos."

Final comments?

- “Keep trying and testing elderly audiences.”
- “Thank you and I wish you success.”
- “You have done well.”
- “We had a great time.”
- “Newly retired people would be a great audience for humor programs. They need to be entertained.”

Discussion

While planning and implementing my project, I encountered obstacles that others may also confront when developing a humor program. The most surprising setback was the anxiety and resistance of the director of an adolescent program at the UMass Medical Center. He worried about what could go wrong with attempts to make patients laugh. He described times when jokes "backfired" and made patients recall unpleasant memories. He worried about potential adverse consequences and legal repercussions. So, before he would allow me to develop a (free) humor program at UMass, he wanted me to take patient-confidentiality courses and remain under constant supervision to make sure I would not hurt or abduct patients.

Another real-world concern was the violation of copyright infringement laws pertaining to the public viewing of intellectual property. Luckily, GE-NBC TV donated comedy DVD's and gave me written permission to show them at Goddard House for research purposes.

In retrospect, I probably could have more effectively alleviated fears about my humor initiative. I could have emphasized that all the jokes I intended to use had already been "cleared" and “aired” by NBC TV censors and then had been carefully selected for sale to the general public.

Evaluating my project was truly fascinating because the results were puzzling, contradictory, and unexpected. Major discrepancies emerged between my observations and the feedback given by residents. For instance, some residents claimed they were offended by sexual humor, including jokes about impotence, a parody of “Mr. Roger’s Neighborhood” (explaining where babies come from), and the SNL skit “The Great Flydini” (in which Steve Martin makes objects magically pop out of the fly of his pants). However, I feel some of these objections may have been somewhat "dishonest." The very same seniors who claimed to be disturbed by "tasteless humor" during our informal discussions actually laughed heartily at the "dirty jokes" they later objected to. Of note, mainstream censors had "cleared" all jokes at least twice: the original TV clearance and then subsequent selection for special-edition collections (anniversary issues, “best of…” releases, and “favorite moments from…” collections). Consistent with this contradiction, many seniors rated these “tasteless” skits as the funniest on their surveys.

Specially noted humor included a plumber's butt crack, the "Oops I Crapped in My Pants!" infomercial on adult diapers, a skit discussing light-skinned vs. dark-skinned blacks, and a three-way bedroom conversation among Bill Clinton, Monica Lewinsky, & Sadaam Hussein. Moreover, seniors who claimed not to enjoy some of the comedy sessions and/or not feeling good about contributing to humor research kept returning week after week. I can only speculate that some seniors were afraid to admit they enjoyed "tasteless" humor because of their upbringing or their view about what others expected of their generation. Perhaps seniors who initially criticized my project were too stubborn to admit they changed their mind and actually enjoyed the comedy sessions.

Because of inconsistencies among my observations, survey responses, group-discussion comments, and audience predictions, I was forced to develop practical criteria for adjusting my comedy sessions. Regardless of what seniors said in a discussion group, I chose to consider humor sessions successful if the seniors (1) laughed, (2) were actively engaged in discussions (even if whining and complaining), and (3) told me they felt good about critiquing humor. After all, these are basic, legitimate goals for humor programs. That is, I gradually came to realize that if seniors laugh, interact, and return, whining and negative comments can be ignored because they may not accurately reflect reality. When inconsistencies emerge, it seems reasonable to take the position that "actions speak louder than words." How "offended" can seniors be who are laughing hysterically? And, why would seniors return if they did not enjoy the comedy – or did not enjoy complaining about the comedy? While dealing with seniors, I gradually came to trust my observations when they conflicted with the comments made in front of others during group discussions.

Another surprising finding was that seniors could not correctly predict what they would find funny. At the beginning of my program, the seniors asked to listen to old comic radio shows that represented what they described as "the best humor of all time" -- the "classic" comedy of their childhood that they cherished. So, I gave them a survey to rank those highly desirable radio shows they would most like to hear. When they eventually listened to the "The Bob Hope Show" and "Abbott & Costello" on radio, however, no one laughed. Their childhood and early adult memories were not helpful. The seniors described the very humor they had praised initially as actually being "stupid," "corny," "dry," and silly "plays on words." After they realized

their memories had misled them, they theorized that they may have been spoiled by TV and more modern humor. It was as if the world had changed and they did too (but had not realized it). Perhaps "the good old days" were not really as good or funny as they remembered.

Conclusions & Recommendations

Humor programs need not be expensive or labor-intensive projects that require live entertainment, rehearsals, costumes, clowns, props, etc. The massive entertainment industry in America has already accumulated a huge library of pre-existing comedy in a variety of electronic formats (both audio-visual and audio-only). Comedy advocates can ask that this humor be donated to their worthy causes. For more interactive or "live" material, program organizers can see if participants are willing to entertain their peers. For example, before being admitted to a hospital, a resident at Goddard House wished to perform a stand-up (or what he called "sit-down" since he was in a wheelchair) comedy routine during one of our sessions. Residents may also be willing to share funny stories, experiences, and talents.

In general, some organizations and program directors may fear the "risks" of comedy while others are willing to support humor initiatives on a "wait-and-see" basis. Fortunately, the trend in America suggests increasing faith and reliance on humor for helping people with special needs, such as those in hospital and rehab settings. So, those interested in designing and implementing humor programs for special populations should seek administrators who are receptive and supportive.

Regarding senior citizens as one specific audience, seniors who laugh heartily and actively engage in spirited debate and discussion are probably having a good time even if they whine and complain at the same time. When seniors indicate they feel good about critiquing humor for the future benefit of others, they probably mean it. But if, during group discussions, seniors say they were "offended" by jokes they were observed to be laughing at, they may not have actually been seriously offended. They may simply want others to think they were offended, or they may think others expected them to be offended.

Regarding recommendations, those who want to develop humor programs specifically for seniors should (1) establish simple, practical criteria for success before starting, (2) trust their observations and intuition more than other feedback when inconsistencies emerge, (3) question those negative comments made in front of others in group discussions when they contradict observations and/or survey answers, (4) show diverse comedy spanning many

decades, (5) give seniors a sense of purpose regarding a humor initiative to encourage participation, and (6) expect to use a trial-and-error approach in order to reduce fear of bad outcomes.

Criteria for a successful humor program can be very practical in which seniors are simply noted to (1) laugh frequently, (2) engage actively in group discussions and/or surveys (even if they contribute criticisms and complaints), (3) attend subsequent comedy sessions, and (4) report having a sense of purpose while critiquing humor for the future benefit of others (such as seriously ill hospital patients). Complaints by seniors do not necessarily mean a program is a failure since feedback by seniors can be contradictory. Humor advocates should trust their intuition and observations. If seniors are laughing and seem to be having a good time, one may be justified in ignoring paradoxical complaints and whining. Some seniors seem compelled to act "grouchy" no matter how much fun they are having – and sometimes that is quite comical to themselves as well as others.

Appendix A: Kaiser Permanente's Ad Promoting Humor

We stand for broccoli. For Pilates. And dental floss. We believe in the treadmill and its siblings StairMaster, and elliptical. In SPF 30 we trust. We stand for seat belts and stopping HIV. And we believe fruit makes a wonderful dessert. We have faith in optimism. In laughter as medicine as well as penicillin. And we pledge allegiance to one nation, indivisible with resistance and cardio for all. We believe in physical therapy, psychotherapy, even music as therapy. All hail cold turkey, the gum, and the patch. We're anti-addiction. Pro-antioxidant. And have never met a vegetable we didn't like. We believe there is art to medicine as well as science. And we believe health isn't an industry, it's a cause. We are Kaiser Permanente and we stand for health. May you live long and thrive.

KAISER PERMANENTE® thrive

Appendix B: Slide for GE-NBC TV Proposing Humor Project

Humor-in-Healthcare Research Project

Project Details

- **Description:** Study influence of comedy on health of seniors at Goddard House (assisted-living residence in Worcester, MA).
- **Span:** January – March, 2006
- **Theory:** Humor is therapeutic.
- **College:** Worcester Polytechnic Institute

Goals and Objectives

- Observe how seniors (~ 85 yrs.) respond to various NBC comedy skits.
- Use resident feedback to design future comedy events for patients in hospitals, nursing homes, and other settings.
- See if participation in comedy research gives seniors a sense of purpose and well-being.

NBC's Contribution

- Donate a wide variety of comedy skits (on DVDs) spanning several decades.

  Examples: SNL, The Tonight Show, Last Comic Standing, "The Best of…" (Johnny Carson, Gilda Radner, Bill Murray), etc.
- Findings and recommendations will be provided.

NBC comedy can improve the health and outlook of seniors

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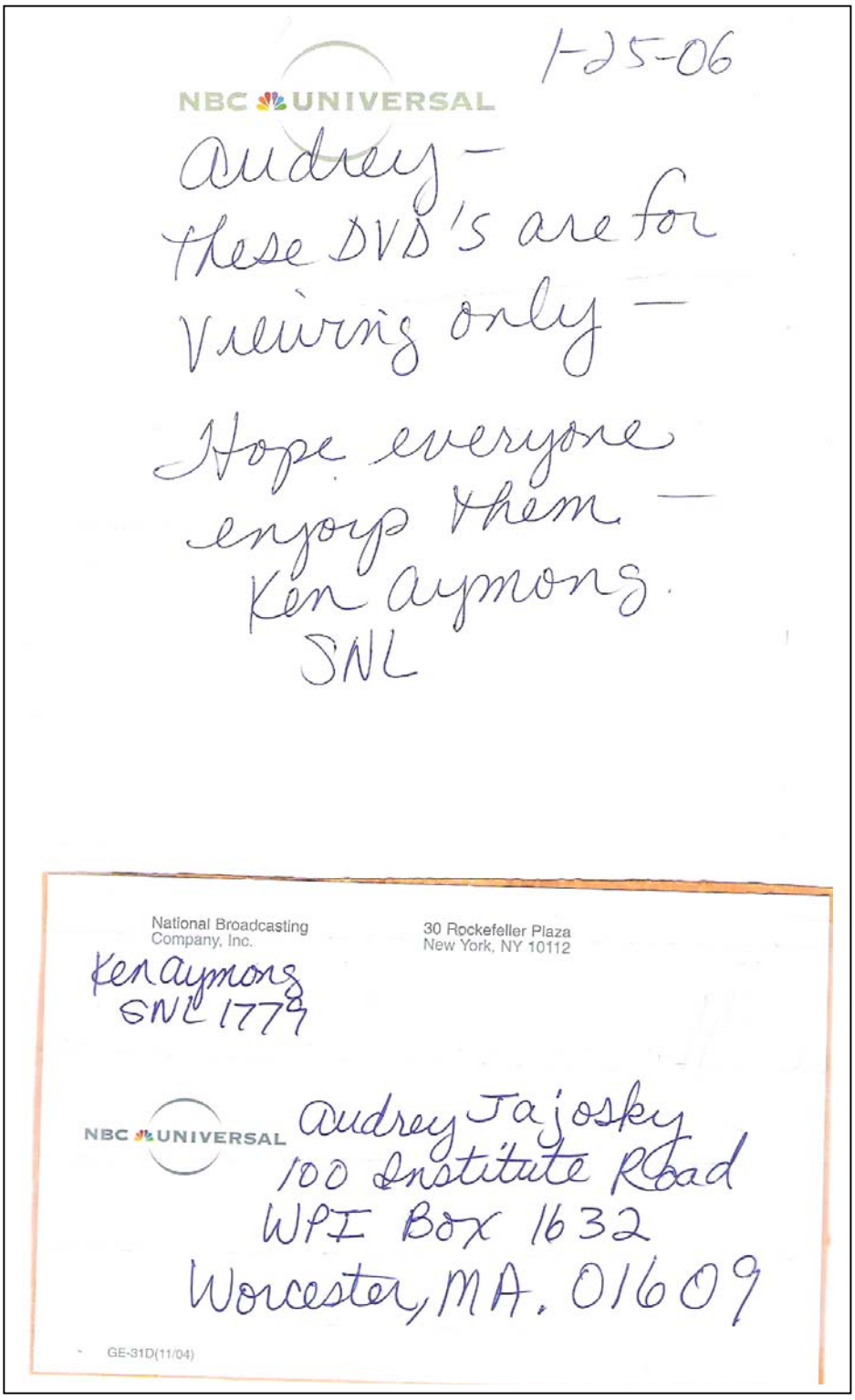
Appendix C: Note from NBC Accompanying Comedy DVD Donations



1-25-06

NBC UNIVERSAL

audrey –
these DVD's are for
viewing only –
Hope everyone
enjoys them –
Ken Aymons.
SNL

National Broadcasting
Company, Inc.

30 Rockefeller Plaza
New York, NY 10112

Ken Aymons
SNL 1779

NBC UNIVERSAL

Audrey Jajosky
100 Institute Road
WPI Box 1632
Worcester, MA. 01609

GE-31D(11/04)

Appendix D: Sample Humor Survey Administered to Seniors

Comedy Evaluation (3/8/06)

Your age: _____

Circle your gender: **Male** **Female**

* *

Part 1: "Johnny Carson – 60's & 70's"

On scale from 1-5 (5 = funniest), how funny was *Part 1*?
Circle: **1** **2** **3** **4** **5**

Would you recommend this comedy selection for elderly patients who are ill or dying?
Circle: **Yes** or **No**

Which skit was the funniest?

_____

Which skit was least funny?

_____

* *

Part 2: "Johnny Carson – 80's & 90's"

On scale from 1-5 (5 = funniest), how funny was *Part 2*?
1 **2** **3** **4** **5**

Would you recommend this comedy selection for elderly patients who are ill or dying?
Yes **No**

Which skit was the funniest?

_____

Which skit was least funny?

_____

* *

In general . . .

Did you enjoy this program? **Yes** **No**

Did you laugh? **Yes** **No**

Which was funnier? Circle:

Part-1 ("older comedy") or **Part-2 ("newer")**

How can I improve this program?

How would you try to make elderly patients laugh?

What was the best part of this program?

What was the worst part?

Did anything offend you? **Yes** **No**

If "Yes," what bothered you?

Do you feel good about contributing to "humor-in-healthcare" research?
Yes **No**

Any final comments?

Appendix E: Sample Session Outline Used to Record Observations of Seniors

Session 2 Outline: Carson's Favorite Moments (60s & 70s vs. 80s & 90s)
Goddard House; March 8, 2006; 3:00-4:00PM

Part 1 = Carson's Favorite Moments: 60's & 70's – Heeere's Johnny!

[*5:19*] **Ed Ames** (1965)
Tomahawk throw into man's crotch
Didn't know you were jewish

[*14:46*] **George Gobel** (1969)
w/o me, show is nothing; if world was tuxedo….
Pilot during war in OK

[*17:30*] **Carson in funny hat**
Jumps on and breaks his desk

[*18:10*] **Jay Silverheels** (1969)
Indian tribe leader; lousy years

[*18:31*] **Don Rickets** (1968)
Women in underwear walking on Carson's back
Wrestling, throw into hot tub

[*19:25*] **Carson stand-up**
Talk about pollution; Hudson

[*19:51*] **Mary Storrs** (1972)
Carson at desk with bird;
"Hello Freud;" call the kitty
Do the choreography; wolf…. Hot mama call

[*21:50*] **Jack Webb** (1968)
Robbery of Carson's clappers/clangers
All "c" words; I'll clobber him

[*24:40*] **Carson in funny hat** (1972)

[*25:00*] **Putt Mossman** (1973)
Horseshoe thrower…. Don't move

[*25:25*] **Tiny Tim** (1968)
Playing ukulele
Are you married?

[*26:43*] **Tiny Tim Marriage to Miss Vicki** (1969)

[*27:05*] **Carson** (1974)
Smash concrete block with head

[*27:53*] **ALPO dog food commercial** (1973)
Carson pretends to eat it b/c dog won't

[*29:05*] **John Twomey** (1974)
Music with hands… funny sounds

[*30:50*] **Elizabeth Martineau** (1973)
Reading Carson's foot sole
Walk like rooster; sexy hair on toes; remarry

Part 2= Carson's Favorite Moments: 80's & 90's (King of Late Night)

[*3:13*] **Carson** stand-up
Iran; Oliver North safe

[*3:57*] **David Frank** (1981)
Green parrot Poncho singing

[*5:12*] **Dyan Cannon** (1985)
We went out?

[*5:55*] **Carson** (1986)
Moustache falls off

[*6:50*] **Carson** stand-up (1985)
Margaret Thatcher
Attention Kmart shoppers

[*7:36*] **Viasta Kresk** (1985)
Accordion

Tunes come to you at random times

[*9:20*] **Barney Odum** (1986)
Dog climbs up tree

[*9:48*] **Rohan Varavadekan** (1987)
Little boy: can you show me magic?
Will you come to my birthday party?

[*12:12*] **Roseanne Arnold** (1985)
Build up husband's ego
Takes too long to explain truth

[*13:37*] **Carson** funny hat (1987)

[*13:54*] **Jim Fowler** (1983)
Bear – drinking coffee
Fight for bottle

[*15:02*] **Carson** (1982)
As Reagan
Briefing – who, what, where, Yassar

[*19:02*] **Zachary Lavoy** (1989)
"I look cute"

[*19:35*] **Joan Embery** (1986)
Snake tail through Carson's legs

[*20:06*] (1986)
Chevy Chase mocking man

[*20:35*] **George Carlin** (1986)
Impersonation

[*20:53*] **Carson** funny hat (1989)

[*21:06*] Carson stand-up (1991)
Woman soliciting for spaghetti

Key: 0 = no laughs, 1 = 1 laugh, 2 = several laughs, 9 = hilarious

Appendix F: Pictures at Goddard House

Chatting With a Goddard House Resident in the Main Hallway

Waiting for the Bus in the Foyer

Visiting Residents in Their Room After the Last Comedy Session

TV in Activities Room Where Seniors Watched Comedy Skits

Larger View of Activities Room Where Seniors Watched Comedy Skits

Main Dining Room

Front Entrance to Goddard House

Side View of Home

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