

Effectiveness detection of laughter yoga as a group therapy in the acute psychiatry.

Abstract:

The aim of the project study is the evidence of effects arising laughter yoga (LY) in the context of the treatment of mentally ill people in a specialist clinic for psychiatry and psychotherapy.

From April 2013 to December 2013 patients has been proposed a range of LY as group therapy in the acute psychiatry Bonn. A total of 100 patients participated in an evaluation study for the period time of 9 months. The test module is the Client Satisfaction Questionnaire (CSQ 8) of Attkisson & Zwick, USA 1982 is used for the economic screening of patient satisfaction worldwide.

The following hypotheses were defined:

- Laughter Yoga is not contraindicated in mental illness
- Laughter Yoga affects the inner state and leads to a measurable positiv therapeutic effect
- Laughter Yoga helps people with depressive disorders
- LY exercises help in the cognitive restructuring as a pantomime "over-write-help"

Unwanted side effects.

In the course of nine months, five unwanted side effects occurred that can be triggered by LY .

- Loud laughter can trigger flashbacks
- People with personality disorders (BPS) can laugh " on / off switch "
- Induce a hyperventilation
- "If I laugh, I cry afraid " (shame issue)

An incident of latex allergy

The LY study:

The aim of the project is the study laughter yoga (LY) arise in the context of the treatment of mentally ill people in a specialist clinic for psychiatry and psychotherapy evidence of effects. Why should LY in psychiatric treatment ? In the context of the run since 1995, expert discussions on the results of positive psychology , the question arises as to, why such a simple procedure as the " laugh for no reason " does not find its way into the treatment of mentally ill people? In the Application Notes for LY coaches is drawn to the possibility that LY is contraindicated in mental illness and not recommended. But on demand at LY coaches it was not possible to obtain a differentiated rationale for the presumption. The main reason for this study was the idea of inclusion of mentally ill people . It seems likely that the exclusion of people with Mental illness may have been an unfounded protective attitude of the manager of LY , because you can't assess the impact and experiences of this disease. The advent of LY in clinical areas (psychosomatics, rehabilitation clinics) has begun in recent years and should be the subject of clarification in the mental illness here .

From April 2013 to December 2013 patients has been proposed on - commanded by LY as group therapy in acute psychiatry Bonn. The participation of patients was there

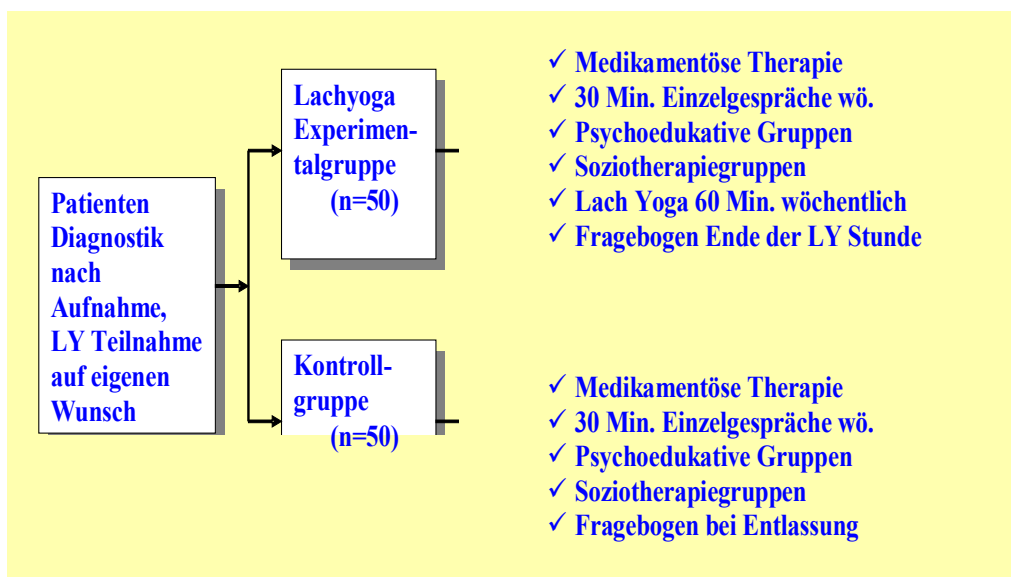
free will and was also without giving reasons when they leaving the group. The aim was to measure an effective detection of LY compared with a control group . There were n = 50 patients included both in the experimental group (laughter yoga) and in the control group (ordinary clinical treatment). A total of 100 patients participated in the evaluation study for the period of 9 months. ☒

Be treated in the LVR Clinic Bonn all psychiatric syndromes such as:

- ❖ Depression
- ❖ Bipolar Disorders
- ❖ Anxiety Disorders
- ❖ Psychosis
- ❖ Acute stress reaction
- ❖ Chronic pain conditions
- ❖ Mental disorders in Associated with psychological disturbances
- ❖ Disturbance of personality development

The LY was offered as part of a held for 8 years salutogenesis group seminar. The group leader is a longtime employee of the clinic and has completed additional training recognized as laughter yoga coach after Dr.Madan Kataria. This was preceded by a keynote presentation and information training for the directly affected wards.

Studiendesign



The study designs provides that the experimental group in addition to the regular therapy group a LY hour (sixty minutes) is offered once a week. The control group goes through the regular therapy program without LY offer. Patients who participated more than twice on the LY group were assigned as participants in the experimental group LY. Patients were not participating in the LY group addressed as a control group.

Questionnaire module :

The test module is the Client Satisfaction Questionnaire (CSQ 8) of Attkisson & Zwick , USA 1982 is used for the economic screening of patient satisfaction worldwide . The applicability of patient treatment , rehabilitation clinics , hospital in-patient Psychotherapy and Psychosomatics . The CSQ 8 is considered in the empirical record as a quality of treatment. The Prognostic validity of the module is classified as relevant (see Schmidt , J., Nübling , R., Lamprecht , F., Wittmann , WW 1994)

The questionnaire has 8 items with 4 replies without a neutral rating . The evaluation is carried out numerically , the evaluation results by number of points:

32 points = excellent , 24 = good, 16 = less good, 8 = dissatisfied. The survey was conducted in the experimental group after each weekly event LY directly to the end of group therapy instead . To fill out the questionnaire required by the patients average 2-3 minutes. The control group received the questionnaire at discharge routine just before leaving the hospital. Examines the assessment of patient satisfaction with the treatment during hospitalisation . Both groups take patients with different clinical diagnoses in part . Both groups (experimental / control group) are mutually calculated as the overall result. Furthermore, the respective groups are separated by clinical diagnosis and compared with each other between the control group and the experimental group . Here are three groups of patients emerged with affective disorder , borderline personality disorders and psychosis. It first creates the overall assessment of the two groups and as a result the individual diagnostic assignments in the comparison of the experimental group and the control group.

Results:

The study included a total of 100 patients in the second room from April 2013 to December 2013 have participated. These were:

- ❖ Average age: 42 years
- ❖ Youngest / oldest patient: 18/68
- ❖ Ward total stay: 48.5 days
- ❖ Shortest / longest 7/180 days
- ❖ Participation women 70%, men 30%
- ❖ From 36 patient weekly use 8-12 the LY group
- ❖ 3 patient in the LY group were treated on an outpatient basis and also take part in the LY group.

Die Zahlen

	Teiln.	Bewertung	Alter Durchs.	Behand.-Tage	m/w
Kontrollgruppe Gesamt	50/50	25,5	41	41	13m / 37w
Kontrollgruppe Affekt.	32/50	25,3			
Kontrollgruppe Persönk.	10/50	23,2			
Kontrollgruppe Psychose	8/50	24,9			
Experimentalgruppe Gesamt	50/50	27,3	43	53	10m / 40w
Experimentalgruppe Affekt.	39/50	27,5			
Experimentalgruppe Persönk.	9/50	26,4			
Experimentalgruppe Psychose	3/50	26,9			



❖ 32 Punkte = ausgezeichnet / 24 = gut / 16 = weniger gut / 8 = unzufrieden

The result of the patients of the control group overall (50/50) gives a score of 25.5 , which is similar to the scale of a rating slightly better than "good." By contrast, the experimental group has given a total of 27.3 points. The experimental group rated the LY treatment by 1.8 point values higher than those in the control group.

If the two groups split into the respective assignment according to clinical diagnoses of patients results in the following review.

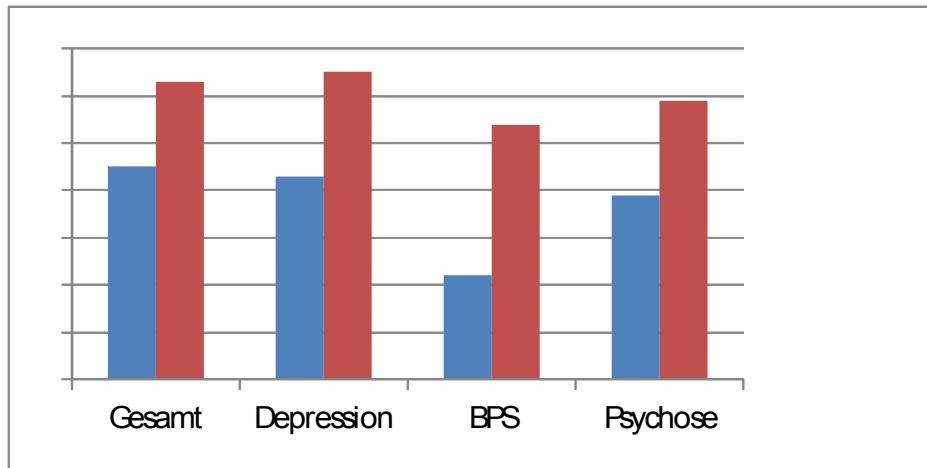
The control group patients with an affective disorder total 32/50 reached 25 , 3 points. The comparable patient Inside the affect group in the experimental group 39/50 reach the point value of 27.5 . Depressed patients review after the event LY own therapy by 2.2 points better than the depressed patients the control group.

The control group patients with borderline personality disorder total 10/50 achieve a score of 23.2 . The comparable patient the experimental group 9/50 reached 26.4 points. Patients with borderline personality disorder valued by the LY group their treatment with 3.2 points better than their comparison control group. This value is also the biggest difference was achieved in all evaluations between the different diagnoses.

Patients with a diagnosed psychosis rate in the control group, 8/50 , treatment with 24.9 points. The comparable patient with psychosis evaluate the treatment in the LY group 3 / 50 with 26.9 . Again, an increase of 2.0 points recorded . However, the number of participants from 3/ 50 is a clear indication for the reluctant participation of these patients with the diagnostic classification psychosis in the LY offer.

Nevertheless, even here an increase in the rating of 2.0 points is recorded.

Die Zahlen

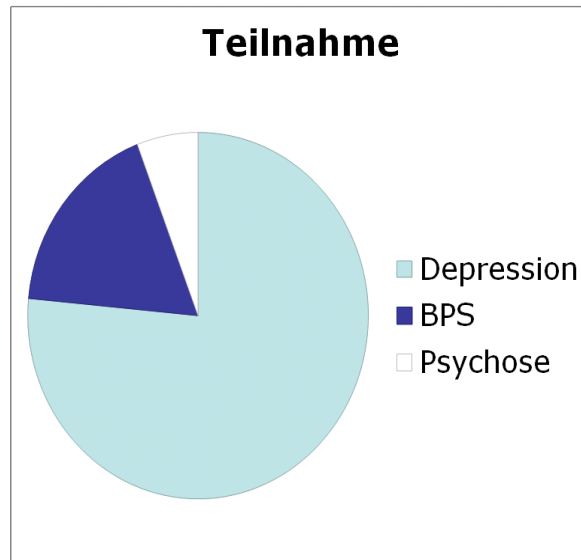


Blau = Kontrollgruppe / Rot = LY- Experimentalgruppe

The treatment offered by the LY is shown among other groups, all patients equally after the intake interview. Patients get the hint that it diagnose specific group therapies such as Psychosis groups, Dialectical behavior therapy (DBT) or Depression groups but are also independent diagnostic groups. Patients decide themselves for the LY offer. There was not decreed but you brought it up. This makes it clear with which the diagnostic classification LY offer considered which patients as useful for themselves. The first reaction was usually surprise, since LY is no ordinary therapy offer an acute psychiatry. The largest proportion of patients with affective disorder 76.5% choose by themselves to participate in the LY offer. Followed by 17.7,% patients with a borderline personality disorder. Only 5.8% of psychosis patients indoor use at the LY commanded.

Teilnahme nach Diagnosezugehörigkeit

- ❖ Depression 76,5 %
- ❖ BPS 17,7 %
- ❖ Psychose 5,8



Interpretation of the figures .

LY affects the inner state and leads to a measurable positive assessment of the type of treatment, use as the patient no such offer . Women are more willing to LY as an offer to engage than men. The overall average of the male patients in the treatment at the stations is also less . (70 % female to 30 % male) .

Patient with depression disorder represent by far the largest group of the interested participants of LY represents the assessment of the patient about the satisfaction of the treatment offered is central to all by LY measurable .

The validity of data of psychosis patients women in the experimental group is impaired due to fewer subjects (3/ 50) yet the valuation difference was also measured. Psychosis patients have less interest to join of LY from the offer.

The borderline personality disorder patients have the highest increase of 3.2 rating points all in the experimental group is detected.

Desirable side effects of LY treatment.

In addition to the measurable numbers arise in the introduction of new therapeutic methods always also other effects that stand out in everyday therapeutic and desirable . Throughout the time of the introduction of LY as group therapy, the effect of LY was observed in the interdisciplinary team in weekly team meetings and conferences , reported and discussed abnormalities.

Individual exercises of LY (" Very good, very good -Year" ; matter exercise , problem laughter , etc.) in everyday activities in other therapeutic conversations imitated by patients and repeated at appropriate moments unconsciously. It was observed that patients told at home with her report on her weekend that they let themselves go even good. At this moment they knocked themselves with their own hand on their

shoulder , as one of the LY exercises. Patients report from an embarrassing situation in which they found themselves , suddenly they pulled shoulders and said that it is then just : "No matter laugh " . The "No matter laugh " is an often repeated exercise in the LY should be an inner distance to embarrassing moments arise . This exercise triggers internal stresses (remorse) we learned when we make mistakes and it holds up to us . In order not to be overrun by such distressing feelings this exercise helps to distance themselves from it.

Apparently , some LY exercises are especially good at cognitive restructuring as a pantomime " override Help " .

Patients report , relieved that LY interrupts her thoughts circles and you left out one hours spent have , without being " arrested " by his own subjects. Some depressed patients thank that they have not laughed so heartily for three or four years just as in group therapy . Patients take at the end of the hour was that they feel better than at the beginning of group therapy .

LY leads to mental and physically felt deep relaxation as the positive healthy balance feeling " (coherence) is interpreted.

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- People with personality disorders (BPS) can laugh " on / off switch "
- Induce a hyperventilation
- "If I laugh, I cry afraid " (shame issue)
- An incident of latex allergy

Some patients report it to develop flashbacks about a memory from childhood or adolescence , for example, to be laughed badly at in the schoolyard . The flashbacks were in some traumatized patients so aversive busy, the further participation of patients when LY was adjusted . In this case, the person feels for a short time , usually a few seconds and rarely more than three minutes , back to the situation or experience it again. This kind of flashback are a special form of intensive remember that very clearly . In traumatized people cues can act for example as derisive laughter as a signal of a threat and lead to flashbacks . Patients with borderline personality disorder (BPD) can be observed as " on / off switch ". Such behaviors have on others group members parathym effect . Often such patients only begin to laugh again when other exercises are done . Could be observed also , the BPS just laughed out loud and silent the next moment and observe participated face the future course of LY . It could involve a dissociation also act to compensate for an inner tension state.

There was one case of a triggered allergic reaction to the rubber of a balloon during the observation period of more than 100 subjects . The patient had in the course of the exercises euphoric forget, that she has a latex allergy. Through direct contact with the inflated balloon and its mucous membranes , there was a severe allergic reaction, which manifested itself in rapid severe skin redness. The laughter exercise in LY with a real balloon is not prescribed , the balloon can also be imitated. In this context, it is a contraindication dication by LY at present basically a latex allergy does not go out.

Quintessence :

- ❖ Laughter Yoga generally in mental illness is not contraindicated
- ❖ Laughter Yoga affects the inner state and leads to a measurable positive therapeutic effect
- ❖ Laughter Yoga helps people with depressive disorders
- ❖ LY exercises help in the cognitive restructuring as a pantomime "over-write-help "

Literature:

Schmidt, J., Nübling, R., Lamprecht, F., Wittmann, W.W. (1994): Patientenzufriedenheit am Ende psychosomatischer Reha-Behandlungen. In Lamprecht, F.; Hrsg. Johnen, R.

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