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TAD (Thoughts About Dementia) Newsletter

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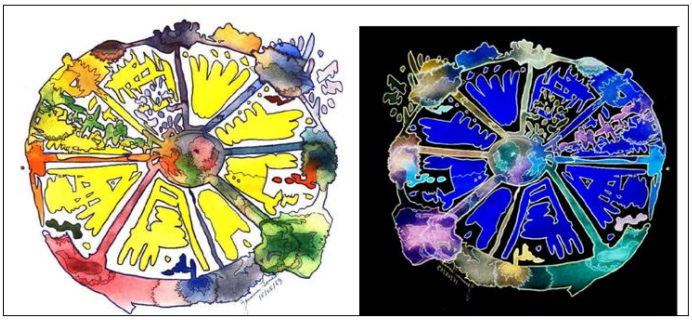

TAD 78 30th April, 2022

The Ten-plus Communication Options Model; **the positive use of humour**

Related ideas for observations and research:

- Do you remember when you were young – the various adults who helped you to understand why some things were funny in some settings but not in others? (E.g. "It's OK with us, but don't say that when your Grandparents are over.")
- What types of humour have *you* used with people with dementia?
- What types of humour have you noticed *others* use with people with dementia?
- Have you ever thought about how different types of humour are categorized?
- Have you noticed people in different stages of dementia respond to different types of humour?
- Have you ever been uncomfortable with how others have used humour with people with dementia?
- Did you (know how to) discuss this with them?

Dear Reader,

This TAD considers humour, which is one of the 'plus' options in the 'Ten-plus communication options model' for dementia care. See **Box 1** for a brief summary of the model. (TAD Newsletters nos. 67 – 77 give details of the model and communication options one to ten [1 - 11].) This TAD considers humour as one of the "Plus" options.

Box 1 Summary of the **'Ten-plus communication options model'** (Jones, 1985 [12, 13])

1 **G**ather information; ask 'good' questions to find out about the person's story
2 **O**rient the person to what's happening, explain 'the facts'
3 **R**eminisce
4 **D**istract, directly and indirectly
5 **A**gree; play along with
6 **L**ie – told to make a person feel better, but a lie none the less
7 **S**ocial response; superficial, safe topics
8 **V**alidate (acknowledge) the person's feelings
9 **I**dle, stall for 'thinking' time; remain quiet; repeat last thing the person said
10 **C**ombinations of the above options - used consecutively
Plus **H**umour (with provisos), **….. and other options**

Note that '**becoming defensive'** and '**trying to show the person you are right, and they are mistaken'** are NOT options in this model.

What is humour?
It is a response to something experienced as funny or amusing that brings forth a smile or laughter. It is a part of our societal culture expressed in the form of stories, films, entertainment and comedy[14]

Different types of humour have been described in terms of their levels of comprehensibility:
- literal, visual and fairly predictable (e.g., slapstick, farce)
- unexpected, unpredictable, accidental, surprising (e.g., jokes, parodies)
- subtle, incongruent, clever – and dependent on extra knowledge of the subject or language or contextual setting, and therefore not obvious to everyone (e.g., puns, sarcasm, irony, satire)[14] .

How do we learn about using humour
Starting early in life, we learn from our elders that there are many conditions related to the *positive* use of humour. We get further learning from our peers; when they don't laugh at our humour, we learn to adapt it. Humour is dependent on many factors including - age, maturity, knowledge, culture, experience, understanding of context, comprehension of language, and understanding of the purpose of different types of humour.

This TAD encourages the appropriate use of humour as a communication option – with some provisos about using it to make the person with dementia feel good and included. You need to understand the person's humour to use it effectively. See an example of this in **Box 1**.

Box 1 A gentleman has started to refuse to take his medications

Mr V, 86, is widowed and has vascular dementia. He lives at home alone; and his children stop by for a chat and to help with chores, daily. The past few months, Mr V has not always been taking the eight prescribed tablets each morning. In the past weeks sometimes he has taken none. (Four tablets are related to his blood pressure and heart functioning and are considered essential - so his children are getting worried.)

His son, Len, drops by each morning on his way to work to make his Dad's breakfast and have a chat. Len has tried everything he can think of, to encourage his Dad to take the tablets, but it is increasingly becoming a daily battle. It's taking longer and longer to coax his Dad and he seems to be 'winning by refusing', about half the time. Len cannot spend more than an hour with his Dad in the mornings and feels badly that he sometimes has to leave without his Dad having taken *any* of the tablets.

Len tells his siblings that, if Dad hasn't taken any tablets when he's halfway through breakfast, then Len prompts him. The conversation about tablets usually goes something like this.

Len: Dad, you haven't taken your tablets yet, don't forget them.
Dad: I don't want to take them.
Len: You know you need them for your blood pressure and heart.
Dad: So what, I don't need that many.
Len: Yes you do, or else the doctor wouldn't have prescribed them.
Dad: So what are they for then? (sounding like a 'smart-Alec')
Len: For your blood pressure and heart… and…. I don't know about the rest, I'm not your doctor.
Dad: You're sounding like him.
Len: It's your decision Dad, but you'll feel silly when you see him next time and he finds out You haven't been taking the tablets.
Dad: Just leave them there and I'll think about it.
Len: I don't want to leave till you take them; we're all trying to help you Dad.
Dad: I've done a pretty good job of looking after myself so far, don't you think?
Len: Yes, you've done a great job; now let's try keep you in great shape, so take the tablets. You know you're lucky. Your friend Ed takes 13 tablets throughout the day; you only have to take eight in the morning.
Dad: Thirteen? That's a lot. Lucky him. But just because he takes them doesn't mean I have to.
Etc….

[Len wonders whether his Dad is stalling and refusing to take the tablets 1) to have a power-play, 2) to keep him there longer so he isn't alone, or, 3) whether his Dad genuinely doesn't want to take the medications anymore, or maybe a combination. But some days he takes them all without any fuss or reminders, so number 3 doesn't seem to fit. Also, his Dad has never seemed to be in a low mood or depressed – just very stubborn and sometimes argumentative.]

Len's sister, Lia, switches visiting times with her brother to see if she's more successful. She bought a small, red dish

to put the tablets on so they're very visible. The first two days Dad took the tablets without prompting, but on Day Three, Lia notices that near the end of breakfast he had not taken any tablets yet, so she prompts him.

Lia: Don't forget about your tablets Dad.
Dad: No, I can see them right there, but I don't want them.
Lia; Don't want them? How's that?
Dad: I don't know what they're for, and I'm not taking anything I don't need. Do you know what they're for?
Lia: I heard they're for your heart and blood pressure.
Dad: Yes, some - but what about the rest?

[Lia sees that she's in the same 'loop' that her brother had described, so she tries to break it. She takes the tablets and puts them on the table in a long row.]

Lia: These four are for your heart and blood pressure.
Dad: What about the rest?
Lia: This is your **handsome tablet** – it's to keep you looking good.
Dad looks puzzled then laughs.
Lia: This one is your **smart tablet** – it's to keep you *smart enough to know you need to take* your tablets.
Dad is smiling.
Lia: This is your **speedy tablet** - to make you nimble. If you don't take it the cat might eat it and you'll never catch her.
Dad laughs.
Lia: And this one is your **stubborn tablet**, to keep you stubborn so we can have good arguments with you about the importance of taking them.
Dad laughs loudly. She put the tablets on the red plate, moves it in front of him, and offers him a glass of juice.
He takes the tablets.

The next morning – almost the same thing happened. He was amused and cooperated. As the days went by, Lia thought of some different variations as to what the tablets were for (e.g., laughing, sleeping). Sometimes she started by asking her Dad what they were for before he could protest about taking them. When he said he couldn't remember, she would say, "pick four for your heart and blood pressure, pick one for keeping you handsome, one for keeping you smart, and two for making you speedy and stubborn".

Her siblings each found ways of using this type of humour with their Dad with a pretty high success rate.

As dementia progresses, people will have increasing difficulty picking up on the *context* of the humour.

Categorizing the types and circumstances of humour in dementia care
Some researchers have described a '**humour continuum'**, from the 'least desirable' to the 'most desirable' type of humour involving people with dementia[15]. (See **Appendix 1**.) They note that humour is sometimes used by caregiving staff as a defense mechanism to distance themselves from suffering, and, that the most positive type is mutually understood, shared and enjoyed in a good relationship.

My idea for describing humour between a person with dementia and others, isn't on a continuum; rather, it describes how the humour is started and shared. **Box 2** lists the four types; some typical examples follow.

Box 2 Types of humour seen at home or in dementia-care settings (Jones, 2011 [16])

1 Unintended, accidental humour caused by the person with dementia
- a surprising or incongruous behaviour, event or comment, which was not intended to be humorous;
- the person with dementia does not know is humorous, though it is amuses others

1a Others *express* their amusement - but may (or may not) upset the person while doing so
1b Others *suppress* their amusement; enjoying it later - out of earshot of the person

2 Deliberate spontaneous humour made by the person with dementia to others
- other people may find the humour amusing,
- if others do not know the person has dementia, and is disinhibited, they may interpret the comment as being rude, unkind, or insensitive

3 Shared humour between a person with dementia and another person–
the humour is understood and enjoyed by both parties, and initiated by either.

4 Humour made by others to help a person with dementia, E.g. to minimize and defuse (potential) upset, embarrassment, to distract them, or help change their mood (As in the example in Box 1)

1a Incidental humour – caregivers express amusement - but upset the resident
E.g. a lady is dressed in an unusual way that looks funny

Two caregivers noticed a lady who was up early and sitting alone, at a table. She was wearing about several layers of clothing, and tightly clutching the handbag of another resident. (This was unusual; the lady normally needed assistance to dress.) They also noticed that the lady was wearing two pairs of glasses, one on top of the other. (They were not her own glasses, so likely, she could see very little.)

When the lady noticed their presence – she smiled and asked them when dinner was being served. When they noticed that she was wearing someone else's dentures; they could not contain themselves and exploded with laughter. The lady became upset - unaware of her mistakes or how she looked. She seemed to think she was in a restaurant, and that they were ill-mannered waitresses.

1b Incidental humour – staff suppress their amusement
E.g. - a lady uses a cute excuse to explain away 'the accident' on her bed

A lady, who was not incontinent had an 'accident' on her bed and wanted help. She was embarrassed and invented a story to deflect responsibility but did not have the insight to realize that her story was not a convincing excuse.

She pointed to the wet patch on the bed and told the caregiver that the window was open and "*a little rain cloud came through there and rained on my bed*". The caregiver smiled but quickly contained her amusement and told the lady she'd sort the bed immediately. Later, the caregiver recounted this charming excuse to her colleagues.

2 Deliberate spontaneous humour by the person with dementia to others
This type of humour is usually fun for all present. However, it can be potentially hurtful, if the others don't know about dementia, disinhibition (saying and doing whatever comes to mind in the moment because the ability to consider the effects because of an inability to 'brake' one's immediate responses).

E.g. - A resident saw another resident enter the lounge - only partly dressed, hair uncombed, and shouting unintelligibly. The first resident said to those nearby, *"And they tell me this isn't a looney-bin."*

E.g. - A lady noticed a caregiver with very large hips who was bending over right in front of her, picking something up from the floor. The lady patted her on the hips, smiling, and said loudly enough for all in the lounge to hear, *"Double-decker size this one here. Didn't know they came this big!"*

E.g. – A visitor wearing a fashionable, fluffy coat, entered a lounge. A resident quipped aloud, *"Now will you look at her, "mutton dressed like lamb!".*

3 Equally shared humour between a person with dementia and a caregiver
E.g. – a resident is sharp and funny in her retort

A caregiver was called to help a colleague with another resident, urgently. She told the lady she'd been working with*, "I'll be back in a jiffy"*. The lady grumbled, *"There's no such thing as a jiffy around this place"*. The caregiver admitted that she was right and promised to be back as "*soon as possible*". She asked the lady if that was better. The lady agreed, and they both laughed.

E.g. – the resident is spontaneous and witty
A childless, widowed, lady reluctantly moved into a care home. Though she initiated the move and was helped by her family, she denied this to staff, saying that they had put her in here so they could have her home and money. She asked staff to help her return home. Staff suggested she speak to the care home manager. The lady said that she couldn't because *"he's in on the plot with my family".*

Eventually, this lady became attached to a caregiver called Sue. One day she admitted to Sue that she'd been struggling a lot at home and that's why she'd decided to come to live here. She also told Sue that she was frightened of the manager here; he was probably efficient, but he seemed somber and distant.
[Sue said she understood – that she was sometimes frightened of him too.] The lady continued confiding in Sue but she couldn't remember the manger's long name. She blurted out, "*You know who! What-do-you-call-him: the one with a name as long as his face*" They laughed, and this joke cemented their relationship.

4 Humour made by others to help the person with dementia (to minimize and defuse (potential) embarrassment, distract them, and/or help change their mood)
E.g. - An elderly gentleman was sitting with a group of gentlemen who were playing cards in the lounge. A caregiver was about to serve them refreshments when she noticed his zipper was undone. She whispered in his ear, *"Sir, you better do up that zipper – they steal everything around here*". He laughed, obliged, and told the others present about her quip to everyone's amusement.

People's humour becomes simplified as dementia progresses
As awareness, comprehension, and language abilities change over the course of a dementing illness, so too does a person's understanding of and response to some types of humour. Yet, there are many anecdotes of expressed and comprehended humour in each behavioural stage of dementia; some examples are given in **Appendix 2**.

Note: Most, but not all people have a sense of humour. Some had little or no sense of humour before their dementia, and do not develop one during their dementia. There are some rare types of dementia in which the reading of emotion and expression of emotion are damaged; this prevents people from understanding or sharing humour with others.

The deliberate use of humour with people who are ill, and who have dementia
The struggle to recognize the value of humour to bring happiness to sick and dying people is highlighted in the 1998 film 'Patch Adams', starring Robin Williams. It shows how an unconventional medical student used humour to benefit his patients though some of his superiors were uncomfortable with this. Not everyone involved in the treatment of people has a sense of humour or sees the value of laughter [19].

Several versions of 'Clown therapy' have been developed for use with people with dementia in care homes, though it remains novel activity or care intervention [20-23].

Benefits of humour and laughter?
Humour and laughter can add quality and health to our lives. They have been written about as meeting people's emotional need for sharing the experiences of life (positivity and negativity). Research has shown they can confer cognitive, physical, and emotional benefits including - improvements in motivation, acceptance of one's condition or situation, increased attention and alertness, muscle relaxation, circulatory stimulation, reduction in stress hormone levels, increases in endorphin production and beneficial immune system responses[24 - 33].

Many family carers and caregivers say that if they didn't laugh about some of the mistakes that happened day-to-day, they'd cry – so they often deliberately choose to focus on the lighter interpretation of an event, for the sake of themselves and the person they are caring for.

It has been noted that caregivers who use humour well in their work, often do so as if it were second nature to them. The value of their skill and of the way in which they use humour "is likely to be under-recognized"[16].
The effective use of humour is a communication option that is worth recognizing, and enjoying to the full when it is done well.

Best Regards,
Gemma Jones

Note: This TAD newsletter is based in part on 'TAD 40;' The positive use of humour [16].

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Although there are jokes made about virtually all topics - including politics, oppression, religion, race, sex, family life and roles, and even disability and tragedy, most people are taught familial and social rules about their mis/use, that contribute towards their own 'sense of humour'.
Comedians variously describe the elements they use as including: topic, timing, imitation, contradiction, misdirection, paradox, and ambiguity. At the heart of humour is the human experience and perception of reality, the universality of which can be imitated, exaggerated, trivialized, misinterpreted, contradicted, and celebrated.
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Appendix 1 The Humour Continuum by Blake, Mills and Coleman [15]

1 **Exclusive humour** (the person with dementia is the object or victim of humour). This can be a deliberate attempt [by staff] to maintain superiority or power.
2 **Negative inclusive humour** (good intent, trying to involve the person with dementia, but having a negative outcome)
3 **Positive inclusive humour** (good intent, trying to involve the person with dementia, and with a neutral or positive outcome)
4 **Positive inter-subjective** (mutually positive relationship, with humour present in the interaction and a positive outcome)

Appendix 2 Examples of humour in the four Behavioural Stages [17, 18]

Behavioural Stage 1 – Mal-orientation (memory mistakes are evident but intermittent.)
Normal humour is present, when a person feels threatened, it may be sarcastic.

Example - *A lady is reluctantly being assessed by a doctor for her memory difficulties*
Doctor: Can you tell me the name of the current Prime Minister?
Lady: (She isn't sure, pauses, and deflects this, smiling) Why? Don't you know?

Example – *A gentleman is asked what his post-code is, but he cannot recall it.*
Clerk: Can you give me your post-code sir?
Gentleman: Smilingly says: "Sure, but it would be better if you asked my wife - she knows everything."

Behavioural Stage 2 - Time confusion (permanent disorientation in time)
Simple humour is present frequently and spontaneously.

Humour may seem uncharacteristic and can be unintended and accidental resulting from disinhibition. Thoughts and feelings may be expressed directly, without 'social editing' of the content, i.e., manners, who is present, what their ages and roles are, and other contextual details. Spontaneous comments can be funny, but also unsettling. New caregivers may need to be taught that things said by people in Stage 2 are not said to be deliberately hurtful to a particular person.

Example - *a professional tries a novel trick to get residents in Stage 2 to learn her name*
A physiotherapist introduced herself as **'Eileen'**. She knew about the difficulty people with dementia have in learning nouns/names, so she told them a trick to remember her name. (She turned her name into a verb.) She leaned on one elbow in a doorway and let herself slide slowly to the floor. See, '**I lean'**, and that's my name. There was laughter, and then a resident laughed, and addressed her as '**You-lean'**.

Example - *a resident notices and names the obvious*
A lady was sitting at a table with several other residents who were also in Stage 2. Her incontinence pad had slipped, and streams of urine squirted out from under her dress forming a large puddle under her wheelchair. A resident sitting closest to her noticed, pointed, and said loudly, "It's Niagara Falls." They all laughed. The lady looked down and laughed with them, showing no sign of embarrassment.

Behavioural Stage 3 - Repetitive motion (and repetitive speech - usually with phrases or words)
limited, very simple humour present

Example. – *a gentleman responds to the laughter of others*
A resident hears people next to him laughing. He has not seen what caused the laughter, but picks up on the mood and starts laughing too. He laughs so hard that others start laughing too. A caregiver who is also laughing at the sudden commotion, sits down and faces the gentleman. His laughter continues as long as hers does.

Example – *a lady finds a new word amusing*
A lady often repeated the words '*bugger, bugger'*, pounded or rubbing her fists on the table as she said this. 'Bugger' was the only word she used, but her intonation varied with her mood.
Mostly she was seated alone, in a corner, because her behaviour irritated everyone. Residents often told her to 'stop swearing', 'shut-up', and 'be quiet'.

One day, a caregiver tried to connect with this lady. She sat with her, faced the lady, and (mirrored) used the same word and pounding movements that the lady did – keeping in time with her.

The lady noticed she was not alone, looked up briefly, seemed surprised, and continued. The caregiver also continued. She wondered if this lady could say other words started with 'b', so after a while changed this mantra, saying: "*bugger, bugger, bugger… banana".*
The lady exploded with laughter, looked up at the caregiver, and tried to say 'banana'. The caregiver then tried to get the lady to say other fun-sounding words starting with 'b'.

Behavioural Stage 4 – End stage withdrawal (the use of words is rare)
Occasional evidence of slapstick-type humour

Example – *A gentleman notices an accidental fall*
A caregiver rushed down a corridor, skidded, slipped and fell down. The tray he was carrying fell noisily. A gentleman in Stage 4 was sitting nearby. He was thought to be unaware of his surrounding and others – but he noticed the commotion and started to laugh uncontrollably (as if he were watching a Charlie Chaplin slap-stick comedy).

Example. – *A gentleman notices that staff efforts were made in vain*
A decision had been made to increase the amount of visual stimulation in the bedrooms of residents in end-stage dementia who mostly stayed in bed. Several staff had decorated a gentleman's room and ceiling with posters, photos and bright mobiles. With the bustle of taking measurements, moving a ladder, and drilling holes for rawl-plugs, the room became very warm and the window was opened.
The gentleman had not show any response to all this activity in his room, despite having his eyes open. However, when a gust of wind blew in, the mobiles clattered to the floor and he started belly-laughing.

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