

**Nicholas A. Kuiper, Mellissa Grimshaw, Catherine Leite and Gillian Kirsh, "Humor is not always the best medicine: Specific components of sense of humor and psychological well-being", *Humor* 17–1/2 (2004), 135–168**

Summarized by Dr. Kareen Seidler

In their study, Kuiper and his co-authors show that the proverb "Humour is the best medicine" does not always apply. They point out that there are several kinds of humour, not all of which have a beneficial effect on psychological well-being.

Humour is something positive – thus goes the general opinion. The authors of this study think differently. According to them, the matter is more complicated. Their study analyzed eight different components of humour, all of which have different consequences on a person's psychological well-being. They concluded that "any proposal that suggests that sense of humor is a unitary construct that is universally beneficial is quite untenable" (164). They therefore call for a multidimensional analysis of the sense of humour.

The study combined questionnaires regarding the four styles of humour that Rod A. Martin et al. (2003) had set out with other models by Kirsh and Kuiper (2003) and Craik et al. (1996). The following eight styles of humour were tested:

#### **Adaptive humour**

Coping humour: People use humour to cope with difficult situations in daily life. They don't take things all too seriously and make use of humour to overcome conflicts.

Affiliative humour: People use humour as social glue and for team-building without hurting others.

Self-enhancing humour: People use humour to valorise and protect themselves without hurting others.

Skilled humour: People generate spontaneous humour in social situations without effort.

#### **Maladaptive humour**

Self-defeating humour: People make others laugh about themselves, ridiculing and belittling themselves in an excessive manner.

Belaboured humour: People try to be funny with strained jokes, but fail to do so. They have trouble telling jokes and laughing at them. They use humour to try to please others.

Aggressive humour: Antisocial humour that devalues and hurts other people.

Rude humour: Rough or bawdy humour that sometimes crosses the boundaries of common decency.

The participants of this study filled out questionnaires regarding these different humour styles, as well as questionnaires about psychological well-being, self-esteem, anxiety, depression and interpersonal competences.

A simplified version of the study's results is: adaptive (or positive) humour has positive effects on psychological well-being, while maladaptive (or negative) humour has negative effects.

More detailed results were, for example: people who were more likely to use adaptive humour had greater self-esteem and "more positive self-competency judgments" (161) and people who rather used maladaptive humour styles had lower levels of self-esteem. People with high levels of coping humour, affiliative humour or self-enhancing humour had very low levels of depression. Consequently, people who often used self-defeating humour were more likely to be depressive. The use of "self-focused maladaptive" humour was also linked to poorer well-being. Interestingly, those who often used belaboured humour showed "greater levels of anxiety ... but not of depression" (156). Similarly, aggressive and rude humour had no direct relation to depression or anxiety.