



RESEARCH ARTICLE

The Multifaceted Relationship Between Humor Styles and Psychological Well-being: Exploring Correlations with Symptom Dimensions and Mental Health Outcomes

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ABSTRACT

Introduction: Humor styles are associated with psychological well-being and various symptom dimensions, including depression, anxiety, negative self-concept, somatization, and hostility. Exploring these relationships is crucial for developing interventions to improve mental health. **Purpose:** This study aimed to investigate the relationship between humor styles and psychological well-being, along with their associations with specific psychological symptoms. **Methodology:** A total of 248 participants (aged 18–65) were recruited via online platforms through snowball sampling. Participants completed the Humor Styles Questionnaire (HSQ), Warwick-Edinburgh Mental Well-Being Scale (WEMWBS), and Brief Symptom Inventory (BSI). Correlation and regression analyses were performed to assess the links between humor styles, well-being, and psychological symptoms. **Results:** Self-defeating humor was positively correlated with depression ($r=0.287$, $p<0.01$) and anxiety ($r=0.268$, $p<0.01$), while aggressive humor was correlated with anxiety ($r=0.144$, $p<0.05$) and hostility ($r=0.162$, $p<0.05$). Self-enhancing humor negatively correlated with hostility ($r=-0.127$, $p<0.05$). Regression models revealed self-enhancing and self-defeating humor significantly predicted psychological well-being ($F=28.244$, $p<0.001$), explaining 18.1% of the variance. Humor styles explained smaller variances in symptom dimensions, including Global Symptom Severity (1.9%), Positive Symptoms Total (0.7%), and Positive Symptom Distress Index (1.1%). **Conclusion:** Humor styles significantly influence psychological well-being and symptom dimensions. Self-enhancing humor promotes well-being, while self-defeating humor correlates with increased psychological distress. Future longitudinal studies are needed to clarify causal relationships and guide interventions.

Humor constitutes a vital component of interpersonal communication. Individuals may employ humor for various purposes, such as amusement, conveying challenging concepts in a lighter tone, or masking genuine emotions, among others. Humor is also regarded as an adaptive coping mechanism, as it offers a positive reappraisal of stressful events and a relatively comfortable avenue for the verbal expression of thoughts and emotions. As an adaptive coping mechanism, humor generates pleasure, controls over feelings and ideas, and assists in managing conflicting emotions and thoughts (Páez et al., 2013).

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Martin (2003), a leading researcher in the field of humor, identifies four humor styles: affiliative, self-enhancing, self-defeating, and aggressive or ironic humor. The first two styles are adaptive, while the latter two are maladaptive. Affiliative humor pertains to the utilization of humor to entertain others, reduce conflicts, and alleviate stress, whereas self-enhancing humor involves regulating emotions and coping through humor. The self-defeating style represents a maladaptive use of humor, wherein the individual becomes the subject of the joke. Although this type of humor amuses others, the individual trivializes themselves by making maladaptive and inappropriate jokes about their own characteristics or experiences. Lastly, aggressive humor is characterized by a harmful tone, in which the individual employs this style to devalue and humiliate others (Kazarian & Martin, 2004; Martin & Ford, 2018).

Considering humor's role in interpersonal communication, coping, and emotion regulation, it is reasonable to suggest that humor could impact individuals' psychological states. Humor has been shown to have protective effects on not only mental health but also physical health, such as cancer or even terminal conditions (Kfrerer et al., 2019). A positive relationship between psychological well-being and humor has been consistently demonstrated. However, some studies have reported conflicting results. Celso et al. (2003) found humor coping to be significantly associated with life satisfaction and health status among older adults, whereas Kazarian and Martin (2004) identified significant positive correlations between affiliative and self-enhancing humor styles and well-being among Lebanese university students. In contrast, Kuiper and McHale (2009) reported that the inclusion of personality variables diminished the effects of humor styles on well-being. Martin et al. (2003) confirmed that affiliative and self-enhancing humor styles are positively related to psychological well-being, while Ruch and Heintz (2013) found that humor styles' effects on well-being were mediated by personality traits.

Well-being is a concept of positive psychology, founded by Martin Seligman, which aims to investigate and promote factors that contribute to the development of individuals and societies (Csikszentmihalyi, 2014; Seligman, 2002). Well-being has been divided into two concepts: subjective well-being and psychological well-being. While the former refers to achieving pleasure and happiness through experiences of positive emotions and satisfying desires (Boniwell, 2012), the latter can be conceptualized within Ryff's six-factor model: self-acceptance, self-development, life purpose, environmental mastery, autonomy, and positive relationships with others (Ryff, 1989). In terms of humor styles, affiliative and self-enhancing styles have been positively related to both psychological and subjective well-being (Sirigatti et al., 2014; Tümkaya, 2011), whereas self-defeating and aggressive styles have exhibited negative effects (Kazarian & Martin, 2004; Sirigatti et al., 2014). A positive correlation was observed between coping humor and psychological well-being and resilience (Kaya & Yağan, 2022). However, in research, when personality was added to regression models, humor styles lost their effects on well-being (Ruch & Heintz, 2013). On the other hand, investigating the relationship between psychological or psychiatric symptoms and humor, depression and anxiety were negatively correlated with affiliative and self-enhancing humor, but positively correlated with self-defeating and aggressive humor (Edwards & Martin, 2010; Martin et al., 2003; Menéndez-Aller et al., 2020; Schneider et al., 2018). Furthermore, it was observed that depressed individuals employed self-defeating humor more frequently and self-enhancing humor less frequently than non-depressed individuals (Kfrerer et al., 2019).

The examination of the association between humor styles and psychological states has been conducted thoroughly in previous studies; however, a more comprehensive perspective was pursued in the present research by evaluating both well-being and symptomatology. The objective of this investigation was to elucidate the connection between humor styles and psychological well-being, in addition to examining the dimensions of psychological symptoms, such as depression, anxiety, negative self-concept, somatization, and hostility.

Methods

Participants and Procedure

Participants were recruited through online social platforms (Instagram, Telegram, WhatsApp, Facebook, and TikTok) using snowball sampling. The study targeted volunteers living in Turkey, aged between 18 and 65 years. Individuals who agreed to participate were asked to complete all scales in their entirety. An invitation email containing information about the study, the estimated time required for completion, an informed consent form, and assurances of confidentiality for participants' identities and scale scores was sent. Volunteers were

then asked to complete the scales. Participants were required to answer every item on a scale before proceeding to the next one, ensuring no missing values in this study. Inclusion criteria for the study included being a resident of Turkey and aged between 18 and 65 years. Exclusion criteria were set as being younger than 18 or older than 65 years, and incomplete or incorrectly filled forms. One participant was excluded from the analysis due to incomplete and incorrect responses. Consequently, the final sample consisted of 248 participants, including 178 females and 70 males.

Measurement Tools

Sociodemographic Data Form. This form, created by the researchers, included questions regarding age, gender, and educational status.

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS): Developed by Tennant et al. (2007), this self-report scale consists of 14 items rated on a 5-point Likert scale, where higher scores reflect better psychological well-being. The Turkish adaptation, including its validity and reliability, was conducted by Keldal (2015). Cronbach's alpha for internal consistency was calculated as 0.92 in Keldal's study. In the present study, the Cronbach's alpha for internal consistency was found to be 0.91, indicating high reliability.

The Brief Symptom Inventory (BSI). The BSI, a self-report scale derived from the SCL-90, was developed by Derogatis (1983). It consists of 53 items rated on a 5-point Likert scale. The original version of the BSI assesses nine dimensions and includes three global indices. However, the Turkish version, validated by Şahin and Durak (1994), evaluates five dimensions: depression, anxiety, negative self, somatization, and hostility. The three global indices are the Global Symptom Severity (GSS), calculated by dividing the total score by 53; the Positive Symptom Total (PST), obtained by assigning a score of 1 to each item with a non-zero response and summing these scores; and the Positive Symptom Distress Index (PSDI), calculated by dividing the sum of all dimension scores by the PST. The validity and reliability study by Şahin and Durak (1994) reported Cronbach's alpha coefficients for the subscales ranging from .63 to .86, with overall scores ranging from .93 to .96. In the present study, the Cronbach's alpha for internal consistency was found to be .97, indicating excellent reliability.

Humor Styles Questionnaire. The HSQ was developed by Martin et al. (2003), with the Turkish validity and reliability study conducted by Yerlikaya (2003). The questionnaire comprises four subscales, each containing eight items rated on a 7-point Likert scale. These subscales represent the humor styles of affiliative, self-enhancing, self-defeating, and aggressive or ironic. The Adaptive Humor Styles Score (AHSS) is calculated by summing the scores of the affiliative and self-enhancing subscales, while the Maladaptive Humor Styles Score (MHSS) is derived by summing the scores of the self-defeating and aggressive subscales. Yerlikaya (2003) reported the Cronbach's alpha for the overall scale as .81, with subscale reliabilities of .74 for affiliative, .78 for self-enhancing, .69 for aggressive, and .67 for self-defeating humor. In the present study, the overall Cronbach's alpha for the HSQ was found to be .79. The subscale reliabilities in this study were .66 for affiliative, .61 for self-enhancing, .72 for aggressive, and .60 for self-defeating humor.

Statistical Analysis

For demographic variables, means and frequencies were calculated. In the analysis, total scores for each dimension, GSS, PST, and PSDI of the BSI were used, along with total scores for each subscale, AHSS, and MHSS of the HSQ. Mann-Whitney U was used to examine differences in humor styles concerning gender and educational status. Depending on the distribution style, Pearson's or Spearman's correlation analysis was employed to analyze the relationship between continuous variables. Multiple linear regression analyses were conducted to demonstrate the predictive effects of humor styles on the global indexes of BSI and well-being. IBM's SPSS 22.0 was utilized for statistical analysis, and a p-value of <0.05 was considered statistically significant.

Ethical Approval

Ethical approval was obtained from Antalya Bilim University Human and Social Sciences Ethics Committee (Date: 16.12.2021, No: 2021/29).

Results

Of the participants, 71.5% (n=178) were female, and the mean age was 39.64 ± 12.60 . While 12% (n=30) of the participants had graduated from high school, 75.4% (218) had graduated from university or higher. Data for sociodemographic variables and scale scores are presented in Table 1. No differences were observed between males and females in terms of affiliative, self-enhancing, and self-defeating humor styles. However, males employed aggressive humor more frequently ($p=0.012$, $Z=-2.516$) and maladaptive humor styles ($p=0.015$, $Z=-2.430$). Regarding educational status, individuals who graduated with more than 12 years of education used the self-enhancing humor style more than those who graduated with 12 years ($p=0.038$, $Z=-2.076$). A negative correlation was found between age and affiliative humor ($r=-0.207$, $p=0.001$).

Table 1. Sociodemographic Variables and Scores of The Scales

Sociodemographic Variables		n	%	Mean \pm SD
Gender	Female	178	71.8	
	Male	70	28.2	
Age				39.64 \pm 12.60
Education	12 years	30	12.1	
	More than 12 years	218	77.9	
Scores of The Scales				Mean \pm SD
WEMWBS				49.81 \pm 11.03
BSI	Depression			11.93 \pm 10.28
	Anxiety			9.53 \pm 9.69
	Somatization			4.74 \pm 5.29
	Negative Self			9.22 \pm 9.08
	Hostility			5.66 \pm 5.16
GSS				0.77 \pm 0.68
PTS				23.67 \pm 14.16
PSDI				1.53 \pm 0.60
HSQ	AHSS			69.66 \pm 13.18
	Affiliative			35.71 \pm 5.96
	Self-Enhancing			33.95 \pm 9.09
	MHSS			50.97 \pm 12.89
	Self-Defeating			25.55 \pm 9.33
	Aggressive			25.41 \pm 5.77

Note. WEMWBS: Warwick-Edinburg Mental Well-being Scale, BSI: Brief Symptom Inventory, GSS: Global Symptom Severity, PTS: Positive Symptoms Total, PSDI: Positive Symptoms Distress Index, HSQ: Humour Styles Questionnaire, AHSS: Adaptive Humour Styles Score, MHSS: Maladaptive Humour Styles Score

The correlation between WEMWBS, scores of BSI dimensions and its global scores, and scores of HSQ subscale, AHSS, and MHSS are presented in Table 2. While depression was positively correlated with only the self-defeating style ($r=0.287$, $p<0.01$), anxiety was positively correlated with both self-defeating ($r=0.268$, $p<0.01$) and aggressive styles ($r=0.144$, $p<0.05$). Both somatization and negative self were positively

correlated with self-defeating and aggressive styles (Table 2). Hostility was negatively correlated with self-enhancing ($r=-0.127, p<0.05$) and positively correlated with self-defeating ($r=0.194, p<0.01$) and aggressive ($r=0.162, p<0.05$) styles.

Separate regression analyses were conducted to examine the predictive power of adaptive and maladaptive humor styles on psychological well-being and symptom dimensions.

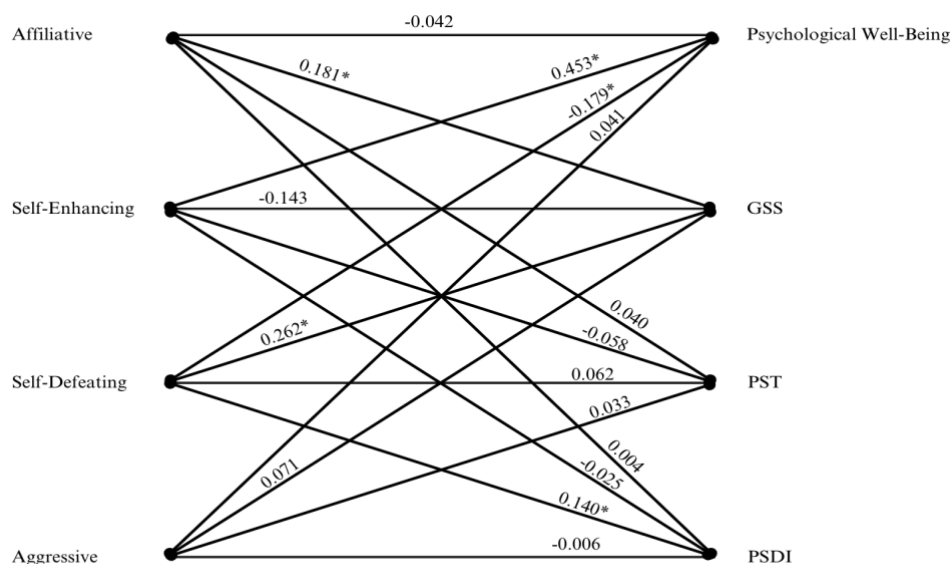
For psychological well-being, a model incorporating affiliative and self-enhancing humor styles significantly predicted the outcome, explaining 18.1% of the variance ($R^2 = .187, \text{Adjusted } R^2 = .181$). In this model, self-enhancing humor was a significant positive predictor ($\beta = 0.453, p < .001$), while affiliative humor did not maintain significance ($\beta = -0.042, p = .528$). In contrast, a model with aggressive and self-defeating humor styles also significantly predicted psychological well-being ($F(2, 245) = 3.479, p = .032$), but explained only 2.0% of the variance ($R^2 = .028, \text{Adjusted } R^2 = .020$). Aggressive humor was not a significant predictor ($\beta = 0.041, p = .558$), while self-defeating humor was a significant negative predictor ($\beta = -0.179, p < .05$).

For Global Symptom Severity (GSS), the adaptive humor styles model reached significance ($F(2, 245) = 3.364, p < .05$), explaining 1.9% of the variance ($R^2 = .027, \text{Adjusted } R^2 = .019$). In this model, affiliative humor was a significant positive predictor ($\beta = 0.181, p < .05$), while self-enhancing humor did not significantly predict GSS ($\beta = -0.143, p = .053$). The model for maladaptive humor styles was more robust ($F(2, 245) = 12.048, p < .001$), explaining 8.2% of the variance ($R^2 = .090, \text{Adjusted } R^2 = .082$). Here, self-defeating humor was a significant positive predictor ($\beta = 0.262, p < .001$), while aggressive humor did not reach significance ($\beta = 0.071, p = .296$).

For Positive Symptom Total (PST), the model with adaptive humor styles was not significant ($F(2, 245) = 0.321, p = .726$), explaining almost no variance ($R^2 = .003, \text{Adjusted } R^2 = -.006$). Similarly, the maladaptive humor styles model was not significant ($F(2, 245) = 0.820, p = .442$), accounting for 0.7% of the variance ($R^2 = .007, \text{Adjusted } R^2 = -.001$), though no predictors were significant in this model.

For the Positive Symptom Distress Index (PSDI), the model with adaptive humor styles was insignificant ($F(2, 245) = 0.064, p = .938$), explaining negligible variance ($R^2 = .001, \text{Adjusted } R^2 = -.008$). Likewise, the model with maladaptive humor styles was not significant ($F(2, 245) = 2.354, p = .097$), accounting for 1.1% of the variance ($R^2 = .019, \text{Adjusted } R^2 = .011$), with self-defeating humor being the only significant predictor ($\beta = 0.140, p = .046$).

Figure 1. Multiple Linear Regression Analyses for Psychological Well-being, GSS, PST, PSDI



Note. GSS: Global Symptom Severity, PST: Positive Symptoms Total, PSDI: Positive Symptom Distress Index

Table 2. Correlations Between Scores of Scales

	WEMWBS	D (BSI)	A (BSI)	S (BSI)	NS (BSI)	H (BSI)	GSS (BSI)	PST (BSI)	PSDI (BSI)	AHSS (HSQ)	MHSS (HSQ)	Aff (HSQ)	SE (HSQ)	SD (HSQ)	Agg (HSQ)	
WEMWBS	-															
D (BSI)	-0.542**	-														
A (BSI)	-0.544**	0.909**	-													
S (BSI)	-0.437	0.741**	0.764**	-												
NS (BSI)	-0.513**	0.886**	0.892**	0.707**	-											
H(BSI)	-0.434**	0.753**	0.782**	0.677**	0.746**	-										
GSS (BSI)	-0.541**	0.956**	0.964**	0.816**	0.943**	0.846**	-									
PST (BSI)	-0.541**	0.914**	0.931**	0.811**	0.916**	0.820**	0.964**	-								
PSDI (BSI)	-0.371**	0.791**	0.787**	0.628**	0.765**	0.683**	0.819**	0.659**	-							
AHSS (HSQ)	0.304**	-0.008	-0.040	-0.010	-0.016	-0.087	-0.035	-0.063	0.082	-						
MHSS (HSQ)	-0.172**	0.274**	0.274**	0.244**	0.299**	0.224**	0.286**	0.296**	0.219**	0.359**	-					
Aff (HSQ)	0.163*	0.084	0.067	0.079	0.053	0.003	0.064	0.006	0.211**	0.800**	0.253**	-				
SE (HSQ)	0.355**	-0.078	-0.101	-0.063	-0.072	-0.127*	-0.099	-0.106	-0.021	0.913**	0.345**	0.509**	-			
SD (HSQ)	-0.199**	0.287**	0.268**	0.227**	0.302**	0.194**	0.281**	0.284**	0.237**	0.429**	0.919**	0.346**	0.371**	-		
Agg (HSQ)	-0.039	0.115	0.144*	0.170**	0.156*	0.162*	0.155*	0.180**	0.064	0.145*	0.746**	0.024	0.206**	0.457**	-	

Note. WEMWBS: Warwick-Edinburg Mental Well-being Scale, BSI: Brief Symptom Inventory (D: Depression, A: Anxiety, S: Somatization, NS: Negative Self, H: Hostility, GSS: Global Symptom Severity, PST: Positive Symptoms Total, PSDI: Positive Symptoms Distress Index, HSQ: Humour Styles Questionnaire (AHSS: Adaptive Humour Styles Score, MHSS: Maladaptive Humour Styles Score, Aff: Affiliative, SE: Self-Enhancing, SD: Self-Defeating, Agg: Aggressive)

Discussion

In the present study, psychological well-being was positively predicted by the self-enhancing humor style, while the self-defeating humor style negatively predicted psychological well-being. No significant predictions were found for affiliative and aggressive humor styles in relation to psychological well-being. Regarding psychological symptom dimensions, self-defeating humor style was a significant positive predictor of Global Symptom Severity (GSS) and the Positive Symptom Distress Index (PSDI). The affiliative humor style was a significant positive predictor of GSS. However, neither the self-enhancing nor aggressive humor styles significantly predicted GSS. For the Positive Symptom Total (PST), none of the humor styles were significant predictors. These results suggest that while self-enhancing humor contributes positively to psychological well-being, self-defeating humor adversely affects both psychological well-being and the severity of psychological symptoms.

Previous research has consistently shown the relationship between psychological well-being and humor styles (Maiolino & Kuiper, 2014; Martin et al., 2003; Sirigatti et al., 2014). Kazarian and Martin (2004) observed a positive correlation between well-being and affiliative and self-enhancing humor styles. In the present study, self-enhancing humor style positively predicted psychological well-being, while self-defeating humor style negatively predicted psychological well-being. No significant predictions were found for affiliative or aggressive humor styles in relation to psychological well-being. These results align with those of Sirigatti et al. (2014), who employed Ryff's model (1995) to assess well-being and found that adaptive humor styles were positively correlated with well-being, while only the self-defeating style was negatively correlated with both the six dimensions of well-being and overall well-being. Beermann and Ruch (2009) posited that only adaptive humor styles are humor-related character strengths. Another study revealed a relationship between well-being and the four humor styles; however, after controlling for the effects of personality, it was found that personality was the main explanatory variable, with minor effects of self-enhancing and self-defeating styles. The authors interpreted these results as an indication that context, rather than style, is the primary reason for the correlation between the Humor Styles Questionnaire (HSQ) and well-being (Ruch & Heintz, 2013).

Lastly, hostility, which refers to the exhibition of negative attitudes or behaviors towards others, was positively correlated with aggressive humor style and negatively correlated with self-enhancing humor style. The positive correlation between aggressive humor and hostility aligns with the definition of hostility. The correlations between self-related styles (self-defeating and self-enhancing) and hostility are particularly intriguing. Previous studies have found similar results, with self-defeating humor being positively correlated with disinhibition and psychoticism, traits closely related to hostility (Zeigler-Hill et al., 2016). Individuals with higher levels of hostility might also direct hostility towards themselves, leading them to use self-defeating humor more frequently and self-enhancing humor less frequently.

Consistent with the findings of Martin (2003) and Kazarian and Martin (2004), the present study observed higher scores of aggressive humor styles in males compared to females. Additionally, an inverse relationship between age and affiliative humor style, as previously reported by Martin (2003), was noted. These observations suggest the existence of cross-cultural humor preferences related to age and gender. Empathy has been identified as a mediating factor in the propensity of males to utilize maladaptive humor styles (Wu et al., 2016). This suggests that lower levels of empathy in males may contribute to their higher use of aggressive humor, highlighting the importance of considering empathy in the study of humor styles and gender differences.

The global assessment of the BSI revealed that while adaptive humor styles were uncorrelated with global scores, maladaptive humor styles exhibited a positive correlation with global scores. This indicates a significant relationship between mental health and maladaptive humor styles. Despite the cross-sectional nature of our methodology, it is reasonable to infer that individuals employing maladaptive humor styles may be more likely to experience psychological symptoms such as depression, anxiety, hostility, somatization, and negative self-concept. In terms of global mental distress, the self-enhancing humor style appears to be more protective, while the self-defeating humor style, as the name suggests, is less protective.

Humor is also acknowledged as a coping and defense mechanism (Lefcourt & Martin, 2012). Consequently, utilizing adaptive humor styles to cope with challenges could result in alleviating anxiety through an enjoyable approach and achieving improved psychological well-being. Nonetheless, as Martin (2003) posited, humor is not invariably beneficial to mental health, leading him and his colleagues to develop a multidimensional model for humor: humor styles. This model and our findings suggest that only adaptive humor styles (affiliative and self-enhancing) may offer benefits to mental health, while maladaptive styles could have adverse effects. A study from Turkey also reported a negative correlation between general health and the self-enhancing style (Ökdem, 2017).

There were several limitations to this study that warrant consideration. First, the cross-sectional methodology employed in this research precludes the establishment of causal relationships between the variables under investigation. Second, the use of self-report scales and online surveys may introduce potential biases, as participants might not always provide honest responses. Additionally, the highly educated nature of our sample poses a challenge in generalizing the findings to individuals with lower educational attainment (i.e., those with less than a high school education). Fourth, the absence of a mental state examination and interviews to assess participants' current or previous history of mental disorders may limit the depth of understanding regarding the impact of humor styles on mental health outcomes. To address these limitations, future research could benefit from employing longitudinal designs, incorporating more diverse samples, and integrating clinical assessments to further elucidate the relationship between humor styles and psychological well-being.

Conclusion

This study highlights the significant relationship between humor styles and psychological well-being, where self-enhancing humor positively predicts well-being, and self-defeating humor negatively predicts it. Maladaptive humor styles were also positively correlated with various psychological symptoms, including depression, anxiety, hostility, somatization, and negative self-concept. The cross-sectional nature of this study limits causal inferences, emphasizing the need for future research to employ longitudinal designs to better understand these relationships. By incorporating diverse samples and clinical assessments, future studies can further explore how humor styles influence mental health and develop targeted interventions that leverage adaptive humor styles to enhance psychological well-being and mitigate the adverse effects of maladaptive humor styles.

Author Note: This study was produced from the master's thesis prepared by the first author under the supervision of the third author.

Author Contributions: The first author contributed to all stages of the study, including data collection. The second and third authors were involved in the study's planning, interpretation, and writing processes. All authors provided critical revisions and approved the final version of the manuscript.

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Data Availability: Data are available upon request from the corresponding author.

Ethics Approval and Consent to Participate: Ethical approval for this study was obtained from the Antalya Bilim University Social and Behavioral Sciences Ethics Committee (Date: 16.12.2021, No: 2021/29).

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