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Introduction

In contemporary Western culture, a sense of humor is widely viewed as a highly desirable – even virtuous – personality characteristic. Individuals with a greater sense of humor are thought to be better able to cope with stress, to get along well with others, and to enjoy better mental and even physical health (e.g., Lefcourt, 2001). Humor, however, has not always been viewed so positively. Indeed, the earliest theories of laughter, dating to Aristotle and Plato, and continuing in some form to the present day (e.g., Gruner, 1997), view it as resulting from a sense of superiority derived from ridiculing others for their stupidity, weakness, or ugliness. Such a view does not seem to hold much promise for the inclusion of humor as a component of positive psychology. The existence of such conflicting perspectives may be better understood by examining the ways in which the conceptualization of humor has evolved over several centuries.

Evolution of the Humor Concept

Ruch (1998a) has traced the etymology of “humor,” which originated in the classical Greek theory of four humors or bodily fluids (blood, phlegm, black bile, and yellow bile) that were thought to influence all aspects of bodily and psychic function. Over time, humor came to refer to mood (a meaning still present when we speak of someone being in good or bad humor), and eventually it evolved into a connotation of wittiness, funniness, and laughableness, although not necessarily in a benevolent sense. Until the end of the 17th century, it was socially acceptable to laugh at unfortunate, deformed, or mentally ill individuals, and the exchange of hostile witty remarks was a popular form of interaction in fashionable society. Under the influence of the humanistic movements of the 18th century, however, these aggressive forms of laughter began to be viewed as unrefined and vulgar.

Humanistic philosophers and moralists began to conceptualize forms of laughter and amusement that they considered more socially appropriate. To distinguish these acceptable expressions of laughter, they co-opted the term “humor” and gave it a restricted and specialized meaning. Distinct from other laughter-related phenomena (e.g., wit, comedy, sarcasm, irony, satire, ridicule), humor was used now to refer exclusively to a sympathetic, tolerant, and benevolent amusement at the imperfections of the world and the foibles of human nature

generally. Humor also acquired a connotation of not taking oneself too seriously and being able to poke fun at oneself, accompanied by a sort of philosophical detachment in one's outlook on life. Thus, humor was distinguished from other sources of laughter, such as wit, which was viewed as more sarcastic, biting, and cruel. Individuals who expressed the benevolent, non-hostile, philosophical forms of amusement encompassed by this revised conception of humor were considered refined and noble, in contrast to those who engaged in coarse joking, witty repartee, and laughter at the expense of others. By the Victorian era, a sense of humor (in this restricted meaning) had become a virtue, along with common sense, tolerance, and compromise.

This distinction between humor and other sources of laughter also was adopted by Freud (1928), who viewed humor (in this narrow sense) as one of the healthiest defense mechanisms, as distinct from wit or joking, which he viewed as a means of expressing unacceptable aggressive and sexual impulses. According to Freud, humor allows one to maintain a detached perspective in the face of misfortune and adversity, thus sparing oneself the depression, anxiety, and anger that might normally arise, while maintaining a realistic view of oneself and the world. Thus, Freud adopted from his contemporaries the virtuous and humanitarian meanings of this restricted definition of humor, and added to it a psychological connotation of mental health and well-being. Subsequent psychological theorists, such as Maslow (1954), Allport (1961), and Vaillant (1993), have echoed these themes, suggesting that a healthy or mature personality is characterized by a particular style of humor that is non-hostile, philosophical, and self-deprecating while remaining self-accepting. Notably, these authors viewed this healthy form of humor as relatively rare, in contrast with the majority of everyday joking and the type of comedy typically found in the media. In addition, they suggested that healthy forms of humor are more likely to be accompanied by a chuckle than by hearty laughter. These formulations suggest that psychological health relates not only to the presence of certain kinds of adaptive humor but also to the absence of more maladaptive forms of humor. Current views of humor as a component of positive psychology can be traced to these ideas.

Contemporary Meanings of Humor

The picture has become somewhat confused over the past century, however, because the term humor, as used both by the layperson and by psychological researchers, generally has lost its narrow focus and has evolved to become a broad umbrella term for all laughter-related phenomena. Humor now refers to all forms of laughter, including jokes, stand-up comedy, television sitcoms, political satire, and ridicule. In this sense, humor now can be aggressive and hostile, as well as benevolent and philosophical (Ruch, 1996). Much of the psychological humor research in the past few decades also has followed this trend, broadening the meaning of humor while retaining the view that it is conducive to psychological health. Thus, studies aimed at elucidating potential benefits of humor typically have used broad operational definitions that may include elements that would not have been considered healthy or desirable in past formulations. For example, the existing self-report measures of humor (to be described subsequently) generally do not assess the specific ways in which individuals use or express humor. Similarly, laboratory studies of effects of humor on aspects of physical health have tended to make use of comedy videotapes with little attention given to the content of the comedy or type of humor involved. As discussed subsequently, this failure to distinguish adaptive and maladaptive forms of humor may be one reason for the inconsistent findings in much of the research on the relation between humor and physical and mental health.

In current psychological research, then, humor is a broad and multi-faceted construct (Martin, 2000). It may refer to characteristics of a stimulus (jokes, cartoons, comedy films), to mental processes involved in creating, perceiving, understanding, and appreciating humor (“getting the joke”), or to the responses of the individual (amusement, exhilaration, smiling, laughter). Humor involves both cognitive and emotional elements. Although most humor occurs in interpersonal contexts, it also can be a purely intrapsychic phenomenon (amused outlook on life, not taking oneself too seriously). Humor may be a state (amusement, cheerfulness, exhilaration), or a trait (sense of humor).

In contemporary psychology, the term “sense of humor” refers to humor as an enduring personality trait (see Ruch, 1998b for reviews of recent research on sense of humor in

personality psychology). There is little consensus about how to define and measure sense of humor as a trait, however, and researchers use the term in many different ways (Martin, 1998). Thus, sense of humor may be conceptualized as an habitual behavior pattern (tendency to laugh frequently, to tell jokes and amuse others, to laugh at other people's jokes), an ability (ability to create humor, to amuse others, to "get the joke," to remember jokes), a temperamental trait (habitual cheerfulness), an aesthetic response (enjoyment of particular types of humorous material), an attitude (positive attitude toward humor and humorous people), a world view (bemused outlook on life), or a coping strategy (tendency to maintain a humorous perspective in the face of adversity). These various definitions of sense of humor may not be highly intercorrelated (indeed, some may even be inversely related), and not all are likely to be relevant to positive psychology. One of the challenges of research on humor in the context of positive psychology is to identify which aspects or components of the humor construct are most relevant to mental health and successful adaptation.

Humor as a Way of Coping and Enhancing Relationships

One conceptualization that seems particularly germane to positive psychology is the view of humor as a way of coping with stress. This is consistent with the Freudian notion of humor as a healthy defense mechanism. In this view, a humorous perspective mitigates the negative consequences of adversity. Based on Lazarus and Folkman's (1984) transactional model of stress, humor may be viewed as a form of cognitive appraisal which involves perceiving potentially stressful situations in a more benign, less threatening manner (Kuiper, Martin, & Olinger, 1993). According to incongruity theories of humor (e.g., Suls, 1972), which can be traced to the philosophical writings of Kant and Schopenhauer, humor involves the bringing together of two normally disparate ideas, concepts, or situations in a surprising or unexpected manner. The shifts in perspective accompanying humor have been seen by a number of writers as the basis for its hypothesized effectiveness as an appraisal-focused coping strategy (e.g., Dixon, 1980; O'Connell, 1976). Research evidence for humor as a coping mechanism is somewhat equivocal, however (for a review, see Lefcourt, in press). As discussed subsequently, this may be due to inadequacies in the way humor has been conceptualized and measured.

Related to the view of humor as a coping mechanism is the idea that humor contributes to psychological health and resistance to stress by enhancing social support. Thus, individuals with a greater sense of humor are thought to be more socially competent (Bell, McGhee, & Duffey, 1986); in turn, it may be easier for such persons to attract and maintain friendships and develop a rich social support network, and consequently to obtain the mental and physical health benefits of social support (Cohen & Wills, 1985). There is currently only limited research examining the effects of humor on social support or other aspects of interpersonal relationships such as attraction, intimacy, or marital satisfaction (e.g., Hampes, 1992; Murstein & Brust, 1985; Ziv & Gadish, 1989). This appears to be a potentially fruitful avenue for further research.

Measuring Sense of Humor

In view of the many different ways of conceptualizing sense of humor, it is not surprising that researchers have developed a variety of approaches to measuring this construct, including self-report scales, humor appreciation measures, ability tests, and behavioral observation techniques. The most widely used measures will be discussed here (see Ruch, 1998b, for a complete listing of humor measures).

Self-Report Measures of Sense of Humor

Coping Humor Scale. The Coping Humor Scale (CHS; Martin & Lefcourt, 1983) was designed to assess the degree to which individuals report using humor to cope with stress. It contains seven items that are self-descriptive statements such as “I have often found that my problems have been greatly reduced when I tried to find something funny in them” and “I can usually find something to laugh or joke about even in trying situations.” The CHS has Cronbach alphas in the .60 to .70 range, and a test-retest reliability coefficient of .80 over a 12-week period (Martin, 1996). No sex differences usually are found. There is considerable construct validity support for the measure (summarized in Lefcourt & Martin, 1986, and Martin, 1996). For example, scores on the CHS have correlated significantly with peer ratings of individuals’ tendency to use humor to cope with stress ($r = .50$) and to not take themselves too seriously (r ’s = .58 to .78). In addition, the CHS was significantly correlated with the rated funniness of participants’ humorous monologues created while watching a stressful film ($r = .50$). In a

naturalistic study, dental patients with higher scores on the CHS were found to engage in significantly more joking and laughter prior to undergoing dental surgery (Trice & Price-Greathouse, 1986). The measure is generally uncorrelated with the Marlowe-Crowne Social Desirability Scale, thereby lending discriminant validity support. The CHS has been used widely in research on humor as a coping mechanism (see review in Martin, 1996). The scale does have some psychometric limitations, however, including relatively low internal consistency due to some items with low item-total correlations.

Situational Humor Response Questionnaire. The Situational Humor Response Questionnaire (SHRQ; Martin & Lefcourt, 1984) defines sense of humor in terms of the frequency with which a person smiles and laughs in a wide variety of life situations. Thus, this measure is based on the assumption that overt expressions of smiling and laughter are valid indicators of the more private and elusive processes involved in perceiving, creating, and enjoying humor in daily life. The scale is comprised of 18 items that present participants with brief descriptions of situations (e.g., “if you were eating in a restaurant with some friends and the waiter accidentally spilled a drink on you”). These include both pleasant and unpleasant situations, ranging from specific and structured to general and unstructured, and from relatively common to relatively unusual. For each item, respondents are asked to rate the degree to which they would be likely to laugh in such a situation, using five Guttman-type response options ranging from “I would not have been particularly amused” to “I would have laughed heartily.” In addition to the 18 situational items, the scale contains three self-descriptive items relating to the frequency with which the participant generally laughs and smiles in a wide range of situations.

The SHRQ has Cronbach alphas in the .70 to .85 range, and test-retest correlations of around .70 (Lefcourt & Martin, 1986). Scores for males and females do not typically differ. The validity support for the SHRQ is extensive (see Lefcourt & Martin, 1986, and Martin, 1996, for reviews). For example, scores on the SHRQ correlated significantly with the frequency and duration of spontaneous laughter during unstructured interviews (r 's ranging from .30 to .62). SHRQ scores also have correlated significantly with peer ratings of participants' frequency of laughter and tendency to use humor in coping with stress (r 's ranging from .30 to .50). In

addition, scores have correlated significantly with the rated funniness of monologues created by participants in the laboratory (r 's = .21 to .44). Martin and Kuiper (1999) also found that individuals with higher scores on the SHRQ recorded a significantly higher frequency of laughter over a three-day period. That the measure is not significantly correlated with the Marlowe-Crowne Social Desirability Scale lends discriminant validity. The SHRQ has been used extensively in research on humor, including studies of stress-moderating effects of humor (see Martin, 1996, for a review).

The SHRQ has been criticized for defining sense of humor purely in terms of laughter frequency (Thorson, 1990). Indeed, as Martin (1996) acknowledged, laughter can occur without humor, and there can be humor without laughter. Nonetheless, correlations between the SHRQ and various measures of personality and well-being are comparable to those found with other self-report humor measures such as the CHS. This similarity with other humor scales may result from the inclusion in the SHRQ of a number of items describing unpleasant or mildly stressful situations. Thus, more than just assessing the frequency of laughter *per se*, the SHRQ appears to address the tendency to maintain an amused outlook when faced with unpleasant or potentially embarrassing events. An additional potential shortcoming of this measure is that the situations described in the items are specific to university students' experiences and it is therefore less suitable for other populations. Furthermore, the situations described in the items have become somewhat dated over time and may be difficult for many people to relate to.

The Sense of Humor Questionnaire. The Sense of Humor Questionnaire (SHQ; Svebak, 1974) is comprised of three seven-item subscales corresponding to three dimensions hypothesized to be essential to a sense of humor: (1) Metamessage Sensitivity, or the ability to recognize humor in situations (e.g., "I can usually find something comical, witty, or humorous in most situations"); (2) Liking of Humor, or the enjoyment of humor and the humorous role (e.g., "It is my impression that those who try to be funny really do it to hide their lack of self-confidence" - negatively keyed); and (3) Emotional Expressiveness, or the tendency to freely express one's emotions (e.g., "If I find a situation very comical, I find it very hard to keep a straight face even when nobody else seems to think it's funny").

Lefcourt and Martin (1986) reported alphas in the .60 to .75 range for the Metamessage Sensitivity and Liking of Humor subscales, but alphas less than .20 for Emotional Expressiveness. In their subsequent research, therefore, they used only the first two subscales. Test-retest reliabilities of these two subscales over one month have been .58 to .78. Support for the validity of the Metamessage Sensitivity and Liking of Humor subscales has been provided by significant correlations with peer ratings of humor, as well as with the SHRQ, CHS, and other self-report humor measures. The SHQ subscales have not correlated significantly with scores on the Marlowe-Crowne Social Desirability scale (Lefcourt & Martin, 1986). A short (six-item) version of the SHQ also has been developed (Svebak, 1996) for use in epidemiological surveys where space limitations preclude the use of longer measures.

Multidimensional Sense of Humor Scale. The Multidimensional Sense of Humor Scale (MSHS; Thorson & Powell, 1993) was designed as a broad measure of six hypothesized dimensions of humor (recognition of oneself as a humorous person, recognition of others' humor, appreciation of humor, laughing, humorous perspective-taking, and coping humor). Factor analyses of the 24-item scale have revealed a somewhat different structure from the one originally hypothesized, although four factors typically have been found: (1) humor production and social uses of humor (e.g., "I use humor to entertain my friends"), (2) coping humor (e.g., "Uses of humor or wit help me master difficult situations"), (3) negative attitudes toward humor (e.g., "People who tell jokes are a pain in the neck"), and (4) positive attitudes toward humor (e.g., "I like a good joke"). Several of the items typically load highly on more than one factor, and factor scores have an average intercorrelation of over .45. The total scale has a Cronbach alpha of .90, but reliabilities for the factor scores have not been reported. Thus, although the measure is described as multidimensional, use of a single total score seems most appropriate. The scale is slanted toward attitudes or beliefs about humor (e.g., "Calling somebody a comedian is a real insult" and "Humor is a lousy coping mechanism"). The MSHS has been used in several studies on the relation between sense of humor and various aspects of psychological health (for a review, see Thorson, Powell, Sarmany-Schuller, and Hampes, 1997).

Alternative Conceptualizations and Approaches to Measuring Sense of Humor

Humor Appreciation Measures. An alternative to self-report measures of humor is the humor appreciation approach, in which participants are asked to rate their enjoyment or perceived funniness of a number of jokes, cartoons, and other humorous materials. These stimuli are typically grouped into various categories (e.g., innocent, aggressive, sexual) on the basis of either a priori judgments of the researchers or factor analytic procedures. Preferences for particular types of jokes have been assumed to relate to aspects of personality, such as aggressive tendencies. Most of the research on humor prior to the 1980s took this approach (for a review, see Martin, 1998). Some of the early researchers attempted to use this method to study relations between humor appreciation and various aspects of mental health. For example, O'Connell (1960) created the Wit and Humor Appreciation Test (WHAT), which contained jokes that were judged by a panel of clinical psychologists to represent hostile wit, nonsense wit, and humor (in the Freudian sense). Although some evidence was found that well-adjusted individuals preferred jokes representing humor (as opposed to wit) more than did maladjusted individuals, subsequent investigations provided little corroboration of these findings (O'Connell, 1976).

A problem with this content-focused approach is revealed by more recent research showing that the content of humorous materials is generally less important than the structure in determining individuals' appreciation ratings. On this point, Ruch (1992; Ruch & Hehl, 1998) has conducted a series of factor analytic studies on a wide assortment of jokes and cartoons with samples of participants spanning a broad range of ages, occupations, and nationalities. Using ratings of both funniness and aversiveness of the humor stimuli, he consistently has found three stable factors of humor appreciation. The two largest factors relate to structural aspects of the jokes and cartoons (resolved versus unresolved incongruity), whereas a third factor relates to content (sexual themes). Ruch constructed the 3-WD (Witz-Dimensionen) humor test to assess the degree to which individuals appreciate jokes and cartoons in each of these domains and, in a number of studies, he has investigated personality correlates of these humor preference dimensions. A major finding has been that individuals with conservative social attitudes prefer humor in which the incongruity is resolved, whereas individuals high on sensation seeking prefer

unresolved incongruity (nonsense humor). Research with the 3-WD and several self-report sense of humor scales has shown very little correlation between the two measurement approaches (Kohler & Ruch, 1996). Thus, humor appreciation measures and self-report scales appear to measure quite different constructs.

A Measure of Humor as Cheerful Temperament. Another alternative approach to humor is represented by Ruch's temperament approach (Ruch & Kohler, 1998), in which dispositions to cheerfulness, seriousness, and bad mood are viewed as traits forming the temperamental basis of humor. Ruch, Kohler, and van Thriel (1996) developed the State-Trait Cheerfulness Inventory (STCI) to assess individual differences in these traits as well as related states. In a series of studies they have found that individuals with higher trait scores on this measure are more likely to maintain positive emotions in situations that are normally conducive to negative emotion. This may be a useful alternative approach to conceptualizing and measuring humor, because it relates to the traditional narrow definition of humor discussed previously. The state scale (with day, week, month instructions) is also well suited for pre-post measures in intervention studies. As such, it is the only self-report humor measure that is sensitive to change.

Q-Sort Technique for Assessing Humorous Behavior. Based on an act frequency approach to personality, Craik, Lampert and Nelson (1996) developed the Humorous Behavior Q-sort Deck as a method for observers to describe humor-related everyday behaviors of individuals. The 100-card deck contains statements describing a range of humorous conduct (e.g., "Uses good-natured jests to put others at ease," "Spoils jokes by laughing before finishing them"). Trained observers who are well acquainted with an individual's behavior patterns sort the cards into nine piles ranging from least to most characteristic of the individual. Factor analyses of self-descriptive Q-sorts of university students have revealed five factors reflecting different styles of humorous conduct: socially warm versus cold, reflective versus boorish, competent versus inept, earthy versus repressed, and benign versus mean-spirited. Craik and Ware (1998) reported evidence for inter-rater reliability and validity of this assessment procedure. This approach holds promise for the study of individual differences in humor using an observational rather than a self-report methodology.

Ability Tests of Humor. Several researchers have developed methods of assessing humor as an ability comparable to creative ability or intelligence. Here the focus is on the evaluation of maximal rather than typical performance. For example, Lefcourt and Martin (1986) had participants create humorous monologues in the laboratory, which were then rated by trained judges for degree of funniness (based on criteria relating to the presence of incongruity, novelty, surprise, etc.). Kohler and Ruch (1996) used a similar technique in a cartoon punch-line production test. Feingold and Mazzella (1991) developed several tests of various aspects of “verbal humor ability,” including humor information, joke knowledge, humor reasoning, and joke comprehension. These measures showed some correlations with traditional measures of verbal intelligence as well as creativity.

Humor Measurement Issues

Much of the psychological research on humor over the past two decades has been based on the assumption that a sense of humor is associated with psychological health and well-being. Individuals with a greater sense of humor are thought to be able to cope more effectively with stress, to experience less negative moods, to enjoy greater physical health, and to have more positive and healthy relationships with others. Despite these widely held views, however, the evidence from research using the various self-report humor scales described previously has been surprisingly weak and inconsistent. For example, Kuiper and Martin (1998) presented a series of five studies examining relations between several self-report measures of humor (the CHS, SHRQ, and SHQ) and various measures relating to aspects of mental health and “positive personality” (e.g., dispositional optimism, psychological well-being, self-esteem, depression, anxiety, social avoidance). Based on their findings, they concluded that the humor scales are relatively weak indicators of mental health, in contrast with other measures associated with positive psychology such as dispositional optimism (Scheier & Carver, 1985). Furthermore, although some researchers reported stress-buffering effects of sense of humor as measured by self-report scales (e.g., Martin & Dobbin, 1988; Martin & Lefcourt, 1983; Nezu, Nezu, & Blissett, 1988), a number of others, often with larger sample sizes, have failed to replicate these findings (eg, Anderson & Arnoult, 1989; Korotkov & Hannah, 1994; Porterfield, 1987). In addition, in a review of research on

humor, laughter, and physical health, Martin (in press) found no consistent evidence for relationships between sense of humor measures and such health indicators as immunity, pain tolerance, blood pressure, longevity, or illness symptoms. In sum, widely held assumptions about psychological and physical health benefits of a sense of humor are not strongly or consistently supported by research with the existing humor measures.

A possible explanation for these weak findings relates to the historical distinctions between potentially adaptive and maladaptive forms of humor discussed previously. Past theorists noted that healthy psychological functioning is associated with distinctive styles of humor (e.g., perspective-taking, self-deprecating, or affiliative humor), and that other forms of humor (e.g., sarcastic, disparaging, or defensively avoidant humor) may actually be deleterious to well-being (e.g., Allport, 1961; Freud, 1928; Maslow, 1954; Vaillant, 1993). Thus, in studying the relation between humor and psychological health, it may be just as important to examine the kinds of humor that people do not typically express, as to study the kinds of humor that they do express.

Unfortunately, this distinction between healthy and unhealthy forms of humor has been largely ignored in recent humor research. Although the existing measures are based on the assumption that humor is adaptive, beneficial for coping, etc., they do not generally ask respondents about the specific ways in which they express or use humor. For example, individuals who frequently engage in sarcastic “put-down” humor, or who use humor as a form of defensive denial to avoid dealing constructively with their problems, may be likely to endorse such typical humor scale items as “Uses of wit or humor help me master difficult situations” or “I can often crack people up with the things I say.” Thus, high scores on these measures may not necessarily reflect the more adaptive or psychologically healthy forms of humor described by earlier psychologists such as Allport, Maslow, and Freud.

A related problem with the existing self-report humor measures is that they focus on only a narrow range of humor expression. Although researchers often assume that the various scales measure different aspects of humor, multi-trait multi-method and factor analytic studies indicate that they have much overlap. For example, when scales are grouped according to whether they

purport to measure humor appreciation versus humor creation, the correlations between scales across the two categories are generally as high as those between scales within each category (Kohler & Ruch, 1996). Moreover, factor analyses of the most widely used self-report humor measures have found that most of the variance is accounted for by only one or two factors (Kohler & Ruch, 1996; Ruch, 1994). With regard to broader personality dimensions, these scales tap primarily into extraversion and have minimal loadings on other potentially important personality dimensions such as neuroticism (Kohler & Ruch, 1996; Ruch, 1994).

In sum, although the existing self-report humor measures generally show acceptable reliability and validity, they have some important limitations, especially in regard to their suitability for research in positive psychology. Most notably, they tap into only a limited range of potential humor dimensions. In particular, none of the current measures explicitly assess dimensions that involve potentially maladaptive styles or expressions of humor. Moreover, although the existing measures are assumed to assess healthy forms of humor, they do not appear to distinguish adequately between adaptive and maladaptive uses of humor. These limitations in the existing measures may account, at least in part, for the rather equivocal findings in the research on sense of humor and mental health. Further work on humor as a component of positive psychology may therefore require the development of more refined theories, conceptualizations, and measures.

Future Developments in Measurement of Sense of Humor

Although research using the existing measures of sense of humor has made valuable contributions to our understanding of various aspects of humor, further work is needed in refining the conceptualization and measurement of sense of humor. As noted earlier, humor has become an umbrella term, and more work is needed to determine what are the components, how they are interrelated, and how they relate to other personality dimensions and aspects of human functioning. As Ruch (1996) has suggested, it is perhaps best to think of humor as a category label for a class of traits (similar to temperament, intelligence, or emotion). Only some of the components of this class are likely to be related to health and well-being.

Some efforts are currently underway to refine the measurement of humor, and particularly to develop measures that more clearly distinguish between adaptive and maladaptive dimensions of humor. For example, Martin and colleagues (Martin, Puhlik-Doris, Gray, & Weir, in submission) recently have developed a measure that attempts to distinguish between potentially healthy and unhealthy styles of humor. Based on an extensive review of past theoretical and research literature, they hypothesized four main dimensions of humor expression, two of which are considered relatively healthy or adaptive and two relatively unhealthy. Cutting across the healthy and unhealthy dimension is a further distinction between humor that is expressed interpersonally and humor that is largely intrapsychic or self-directed. The resulting measure, called the Humor Styles Questionnaire (HSQ), consequently contains four subscales: (1) Affiliative humor (tendency to amuse others and engage in humor in a way that promotes social cohesiveness); (2) Self-enhancing humor (perspective-taking humor, humor as coping); (3) Aggressive humor (sarcasm, use of humor to ridicule and manipulate others); and (4) Self-defeating humor (excessively self-disparaging humor, humor as avoidance or denial).

Unlike most of the existing self-report humor scales, the HSQ was developed following a rigorous and systematic test construction process according to Jackson's (1970) construct-based approach. Beginning with a large pool of items assumed to tap the four hypothesized dimensions, over a series of studies with fairly large sample sizes, the items were selected and further refined on the basis of their contribution to the internal consistency of their intended scale as well as low correlations with the other three scales. This procedure has resulted in four stable factors relating to largely orthogonal dimensions.

Initial validity research has provided promising evidence for the construct validity of each scale, as well as discriminant validity among the four scales. For example, the two measures of "healthy" styles of humor are generally positively related to indicators of psychological health and well-being such as self esteem, positive emotions, social support, and intimacy, and negatively related to negative moods such as depression and anxiety. In contrast, the two measures of "unhealthy" uses of humor are positively correlated with measures of poor psychological functioning, including depression, anxiety, hostility, and psychiatric symptoms,

and negatively related with self-esteem, social support, and intimacy. Together, the four subscales account for considerably more of the variance in measures of mental health and well-being than do previous humor scales. In addition, the scales relate differentially with all five factors of the Five Factor Model of personality, indicating that they tap into a broad range of personality dimensions and are not simply indicators of extraversion, as are previous humor measures. Interestingly, although there are no sex differences on the two adaptive humor scales, males obtain significantly higher scores than females on both the maladaptive scales. This finding suggests that the HSQ may be useful in exploring important sex differences in adaptive uses of humor that were largely obscured by previous measures and only hinted at in the literature (e.g., Lefcourt, in press).

Overall, this questionnaire assesses dimensions of humor that are not tapped by previous measures and, in particular, it is the first self-report measure to assess dimensions of humor that are less desirable and potentially maladaptive. In addition, by carefully refining items that are unrelated to these maladaptive dimensions, the other two scales in this questionnaire may be purer measures of adaptive or “healthy” humor than are those that currently exist in the literature. Further research is needed to explore ways in which these different styles of humor relate to interpersonal relationships and coping with stress.

In conclusion, a number of published measures of sense of humor with generally adequate reliability and validity currently are available to researchers. Although the various self-report measures purport to assess different components of humor, they predominantly tap into the same general dimensions, particularly extraversion. In addition, the existing measures have demonstrated only limited usefulness in the assessment of humor as a component of positive psychology, as indicated by inconsistent and generally quite weak correlations with measures of various components of mental and physical health and well-being. Although these measures were designed to assess healthy forms of humor, they may not adequately distinguish between adaptive and maladaptive humor styles, a distinction that has long been made by philosophers and earlier psychologists. There is a need for a new generation of measures that go beyond a simplistic approach that views most forms of humor as conducive to mental health and well-

being. Recent initiatives in this direction have been noted. Potentially fruitful avenues for future research include more careful delineation of adaptive and maladaptive uses of humor in coping with stress, as well as examination of the ways in which humor may both facilitate and impair social relationships. Future research may show that the absence of maladaptive humor styles is at least as important to psychological well-being as is the presence of adaptive humor styles.

Armed with more refined theories, conceptualizations, and measures of humor, it is hoped that researchers will be able to make more progress in understanding the role of humor as a component of positive psychology.

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