Adolescent Humour and Its Relationship with Psychological Adjustment

Abhijeet Singh¹, Arif Ali², Maria Choudhary³, Rini Gogoi⁴, Nilesh Maruti Gujar⁵

ABSTRACT

**Background:** Adolescence is a transition phase towards adulthood. There is a correlation between humour and psychosocial adjustment. **Aim:** To assess the level of humour among adolescents and to see its relationships with their general psychological adjustment. **Methods and Materials:** The present study is a cross-sectional study. Convenience sampling was used to select the school and total enumeration method was used for the selection of the respondents (school-going adolescent). School going adolescents between the ages of 13-17 years were included. They were assessed with their consent using a Socio-demographic Datasheet, Richmond Humour Assessment Instrument, Beck Depression Inventory, Interaction Anxiousness Scale, Strength and Difficulty Questionnaire, Academic Expectation Stress Inventory and Rosenberg self-esteem scale. **Results:** Humour has a significant negative correlation with the emotional problems and significant positive correlation with pro-social behaviour and total difficulty score. Moreover, it was found that humour has a significant positive correlation with self-efficacy. In regression analysis, it was found that conduct problems and pro-social behaviour contribute significantly to the prediction of humour among adolescents; though, accounting only for 1.08% variance. Remaining 98.9% was attributed to a variable not included in the study. **Conclusion:** Humour can lead to an improvement in psychological adjustment among adolescent.

**Keywords:** Humour, depression, anxiety, emotional and behavioural problems, self-esteem, adolescent

INTRODUCTION

Adolescence is a transition phase towards adulthood with gradual changes in physical and psychological domains. This transitional phase comes with own emotional upheavals and societal pressure (Case and Daley, 2014; Erikson, 1963). Mental illness affects many adolescents, and they are at risk (Nair et al. 2017). Humour and laughter are frequently presumed to mean people can use to cope with life's difficulties in society (Ziv, 1988). Falkenberg et al. (2011) stated that humour and laughter can positively influence mood, promote optimism and lead to a change of perspective. Gupta, Mongia and Garg (2017) in a descriptive study of behavioural problems in school going children found that 22.7% of children showed the behavioural, cognitive, or emotional problem.

Humour plays an important role in interpersonal relationships, resolving interpersonal conflict (Zand et al., 1999); Humor can soften the relationship between two people and helps to establish and maintain social contact (Zand, Spreen and Lavalle, 1999). Elliot (2013) believes that humour is believed to have impact on psychological and social well-being. Mannell and McMahon (1982) reported that adolescents who engaged in humorous activities showed an elevation in positive emotions and decrease in negative emotions, such as anxiety and fatigability.

1-5 Ph.D. Scholar, 2 Assistant Professor, 4 M.Phil. Trainee, Department of Psychiatric Social Work, LGB Regional Institute of Mental Health, Tezpur, Assam, India
6 Ph.D Scholar, Department of Psychology, Gauhati University, Assam, India.

Correspondence: Mr. Abhijeet Singh, Ph.D. Scholar, Department of Psychiatric Social Work
LGB Regional Institute of Mental Health, Tezpur - 784001, Assam, India.
Email: abhijeetsingh141089@gmail.com.
There is evidence, which states that there is a strong correlation between humour and psychosocial adjustment (Martin et al., 2003). According to scholars, “Affiliative and self-enhancing humour is negatively correlated with anxiety, depression, and suicidal ideation, and positively correlated with self-esteem and life satisfaction among adults. In contrast, self-defeating humour is associated with high levels of anxiety, depression, and suicidal ideation, and lower self-esteem and lower life satisfaction” (Dyck and Holtzman, 2013; Kuiper, Grimshaw, Leite, and Kirsh, 2004; Martin et al., 2003; Tucker et al., 2013). Fox, Hunter and Jones (2016) found that, “Self-defeating humour was associated with an increase in both depressive symptoms and loneliness and with a decrease in self-esteem in adolescence. Also, depressive symptoms predicted an increase in the use of self-defeating humour over time, indicating that these may represent a problematic spiral of thoughts and behaviours”. According to Gibson and Tantom (2017), “Adolescents are easily impacted by humour because it tends to increase social bonding with peers, and therefore, increase self-esteem”. Social bonding prevents individuals from being vulnerable to negative environmental influences. Since research studies on humour among children and adolescents in India are relatively few. Therefore, the present study was conducted to assess the level of and see the relationships between humour and their general psychological adjustment among school-going adolescents.

**Objectives**

- To assess the level of humour among school-going adolescent.
- To study the Psychological adjustment among adolescents (emotional and behavioural problems, interaction anxiousness, academic stress and self-esteem).
- To see the relationships between humour and psychological adjustment.
- To determine the extent to which emotional and behavioural problems, interaction anxiousness, academic expectation stress, self-esteem predicts the variability in humour among school adolescent.

**METHODS AND MATERIALS**

The present study was a cross-sectional study. Convenience sampling was used to select the school from Guwahati, Assam and total enumeration method was be used for selection of school-going adolescents between the age range of 13 to 17 years willing to give consent along with parental consent were included. The participants were informed about the purpose of the study and confidentiality was assured; firstly parents’ consent was taken and then from the adolescents. The following tools were used:

**Socio-demographic Datasheet**: A self-developed demographic profile was used in the present study. It includes basic information on the student's background. Information like age, gender, family type, socio-economic status, etc. were asked to the participants.

**Richmond Humor Assessment Instrument (RHAI)**: “It is a 5-point Likert scale consisting of 16 self-report items. It was designed to be a self-report measure of an individual's use of humour in communication. The score should be between 16 and 80. Scores of 60 and above indicate high degrees of humour usage; scores of 30 and below indicate low of humour usage; scores between 30 and 60 indicate moderate degrees of humour usage. Alpha reliability estimates for this measure have been near .90” (Richmond, (2013).

**Strength and Difficulty Questionnaire (SDQ)**: “It is used for screening the child and adolescent emotional and behavioural problems and contains 25 questions that consists 5 subscales including emotional problem, hyperactivity, peer problem, conduct problems, and
prosocial behaviours with 5 items in each. The sum of the first four subscales consists of the total difficulty score. The questionnaire has three forms: parent report, teacher report, and self-report” (Goodman, Meltzer and Bailey, 1998). For the present study, the self-report version of the questionnaire was used.

**Interaction Anxiousness Scale (IAS):** A self-report inventory with a paper-and-pencil format. It consists of 15 items. The IAS is composed of items describing subjective responses of anxiety a higher score indicates a higher tendency to experience subjective anxiety in social situations. “Psychometric data show the scale to possess high internal consistency and test-retest reliability, as well as strong evidence of construct and criterion validity” (Leary 1983).

**Rosenberg Self-esteem Scale:** “It is a 10-item scale that measures global self-worth by measuring both positive and negative feelings about the self. All items are answered using a 4-point Likert scale ranging from strongly agree to strongly disagree” (Rosenberg, 1965).

**General Self Efficacy Scale:** This scale measures e general sense of perceived self-efficacy along with predicting coping with day to day problems as well as adapting after facing various types of stressful situations. Self-efficacy is considered a positive resistance resource factor. In this scale, 10 items are included to analyse this construct of self-efficacy. The Cronbach's alpha ranged from point 0.76 to 0.90. The scores were calculated by totalling the scores of all the 10 items which range from 10 to 40 (Schwarzer and Jerusalem, 1995).

**Academic Expectation Stress Inventory:** It is a self-report questionnaire designed for students. This Scale measures the stress of students regarding their academics. The scale contains 9 items. The Cronbach's alpha of 9 items score was 0.89. The internal consistency of expectations of parents/teachers (5 items, alpha = 0.85) and internal consistency of expectations of self (4 items, alpha = 0.84). For the scoring purpose, the responses were taken on the five-point scale. Scoring was done by summing up scores of all the items. There was no reverse scoring (Ang and Huan, 2006).

Samples were selected voluntarily and the data was analysed with SPSS 23.0 for Windows.

**RESULTS**

**Socio-demographic Profile**

The study was conducted on 194 adolescent residing in and around Guwahati city. In the study, there were an equal number of male and female respondents, studying in standard 9th (44.3%), followed by standard 10th (25.3%), standard 12th (15.5%), standard 8th (13.4%) and standard 11th (1.5%). Majority of respondents were Hindu (85.6%), with non-tribal ethnicity (49.5%), followed by tribal ethnicity (8.8%), hailing from the urban sector (88.7%) with a nuclear family type (82.5%). The mean age of the respondents was 14.94 and the standard deviation was 1.205.

**Humour and Psychological Adjustment**

Table no. 1 reflects that majority of school-going of adolescence were having moderate (84.5%) and high (15.5%) level of humour. In the domain of SDQ it was seen that majority of adolescent were in abnormal range in total difficulty score (35.6%), and experienced conduct problems (34.0%), followed by peer problems (29.9%), hyperactivity problems (23.2%), emotional problems (21.1%) and prosocial behaviour (6.2%). The table also reveals the mean and standard deviation of self-esteem (mean=18.02, standard deviation=2.83), self-efficacy (mean=28.66, standard deviation=5.37), anxious (mean=38.4, standard deviation=7.75), academic stress (mean =31.3, standard deviation=7.00).
Table 1: Humour and Psychological Adjustment among School Going Adolescents (N=194)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Frequency</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humour</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td>164</td>
<td>84.5</td>
</tr>
<tr>
<td>High</td>
<td>30</td>
<td>15.5</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>18.02</td>
<td>2.83</td>
</tr>
<tr>
<td>Self-efficacy</td>
<td>28.66</td>
<td>5.37</td>
</tr>
<tr>
<td>Interaction Anxiousness</td>
<td>38.4</td>
<td>7.75</td>
</tr>
<tr>
<td>Academic stress</td>
<td>31.1</td>
<td>7.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strength and Difficulty Questionnaire</th>
<th>Normal N (%)</th>
<th>Borderline N (%)</th>
<th>Abnormal N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Problems</td>
<td>133 (68.6%)</td>
<td>20 (10.3%)</td>
<td>41 (21.1%)</td>
</tr>
<tr>
<td>Conduct Problems</td>
<td>91 (46.9%)</td>
<td>37 (19.1%)</td>
<td>66 (34.0%)</td>
</tr>
<tr>
<td>Hyperactivity Problem</td>
<td>104 (53.6%)</td>
<td>45 (23.2%)</td>
<td>45 (23.2%)</td>
</tr>
<tr>
<td>Peer Problem</td>
<td>49 (25.3%)</td>
<td>87 (44.8%)</td>
<td>58 (29.9%)</td>
</tr>
<tr>
<td>Total Difficulty Score</td>
<td>61 (31.4%)</td>
<td>64 (33.0%)</td>
<td>69 (35.6%)</td>
</tr>
<tr>
<td>Pro-social Behaviour</td>
<td>160 (82.5%)</td>
<td>22 (11.3%)</td>
<td>12 (6.2%)</td>
</tr>
</tbody>
</table>

SDQ=Strength and Difficulty Questionnaire

Correlations

Table 2: Correlation between Humour and Domains of Strength and Difficulties Questionnaire (N=194)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Conduct</th>
<th>Hyperactivity</th>
<th>Emotional problems</th>
<th>Peer problems</th>
<th>Pro-social behaviour</th>
<th>Total difficulty score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humour</td>
<td>0.106</td>
<td>0.108</td>
<td>-0.164*</td>
<td>0.010</td>
<td>0.214**</td>
<td>0.000**</td>
</tr>
</tbody>
</table>

*p<.05; **p<.01

Above table (2) shows that the humour has significant negative correlation with the emotional problems (r=-0.164, p<0.05) and significant positive correlation with pro-social behaviour (r=0.214; p<0.01) and total difficulty score (r=0.000, p<0.01). Humour has a positive correlation with conduct disorder (r=0.106), hyperactivity (r=0.108), and peer problems (r=0.010).

Table 3: Correlation of Humour, Self-efficacy, Anxiety and Academic Stress (N=194)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Self-esteem</th>
<th>Self-efficacy</th>
<th>Interaction Anxious</th>
<th>Academic stress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humour</td>
<td>0.015</td>
<td>0.184*</td>
<td>-0.043</td>
<td>0.004</td>
</tr>
</tbody>
</table>

*p<.05

The above table (3) shows that humour has a significant positive correlation with self-efficacy (r=0.184; p<0.05) and positive correlation with self-esteem (r=0.015) and academic stress (r=0.004), and negative correlation was found with interaction anxiousness (r=-0.043).
Regression Analysis

Table 4: Regression analysis of SDQ Domains and Humour

<table>
<thead>
<tr>
<th>Variables</th>
<th>B</th>
<th>Std Error</th>
<th>Beta</th>
<th>t</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional problems</td>
<td>-0.575</td>
<td>0.244</td>
<td>-0.212</td>
<td>-2.353</td>
<td>0.020</td>
</tr>
<tr>
<td>Conduct problems</td>
<td>0.447</td>
<td>0.261</td>
<td>0.135</td>
<td>1.716</td>
<td>0.004**</td>
</tr>
<tr>
<td>Hyperactivity problems</td>
<td>0.361</td>
<td>0.325</td>
<td>0.087</td>
<td>1.111</td>
<td>0.268</td>
</tr>
<tr>
<td>Peer problems</td>
<td>-0.255</td>
<td>0.313</td>
<td>-0.061</td>
<td>-0.814</td>
<td>0.417</td>
</tr>
<tr>
<td>Pro-social behaviour</td>
<td>0.661</td>
<td>0.277</td>
<td>0.179</td>
<td>2.388</td>
<td>0.018**</td>
</tr>
<tr>
<td>Total difficulty score</td>
<td>0.024</td>
<td>0.105</td>
<td>0.019</td>
<td>0.233</td>
<td>0.816</td>
</tr>
<tr>
<td>Self-efficacy</td>
<td>0.089</td>
<td>0.096</td>
<td>0.072</td>
<td>0.927</td>
<td>0.355</td>
</tr>
<tr>
<td>Self-esteem</td>
<td>0.069</td>
<td>0.171</td>
<td>0.029</td>
<td>0.402</td>
<td>0.688</td>
</tr>
<tr>
<td>Academic Stress</td>
<td>0.023</td>
<td>0.071</td>
<td>0.024</td>
<td>0.318</td>
<td>0.751</td>
</tr>
<tr>
<td>Interaction Anxiousness</td>
<td>0.033</td>
<td>0.071</td>
<td>0.038</td>
<td>0.469</td>
<td>0.640</td>
</tr>
<tr>
<td>Constant</td>
<td>43.189</td>
<td>5.143</td>
<td>-</td>
<td>8.398</td>
<td>.000</td>
</tr>
</tbody>
</table>

As shown in Table (4) conduct problems (Beta=0.135, t=1.716, p=0.001) and pro-social behaviour (Beta=0.179, t=2.388, p=0.001) contribute significantly to the prediction of humour among adolescents [F (5,188) =4.426, p=0.001]; though, accounting only for 1.08% variance. Remaining 98.9% was attributed to variable not included in the study.

DISCUSSION

Humour has manifold influence on overall well-being of an individual (Berk, 1994; Elliot, 2013). It has been observed that humour can be positive factor of forming strong therapeutic alliances in the society (Bachelor, 1995; Beck et al., 2006; Gelkopf et al., 1994).

In the present study it is seen that humour is negatively correlated with emotional problems, which means if the level of humour is high, there is a decrease in emotional problems. A similar finding was noted in other studies, where it was highlighted that humour helps in getting rid of emotional problems like tension, alteration in self-image, aggression (Galloway, Cropley and Cropley, 2001; Mathews, 2016). Mathews (2016) explained, “Deficits in emotion regulation skills, including coping deficits lead to difficulties in the monitoring, evaluation, and modification of emotional reactions that may foil the success of one’s goals. Here, humour can be used as an important emotional regulation skill in distancing oneself.
from an emotional situation and facilitate the acceptance of negative emotions that cannot be immediately modified. Thus, humour may serve both as a means of initially minimizing aversive situations as well as coping with consequences of the event”.

Moreover, in the present study, humour was positively correlated with prosocial behaviour. Falanga, De Caroli and Sagone, (2014) also commented that the adolescents expressed prosocial behaviours, with the help of humour in emotionally critical and dire situations, and develops a good interpersonal relationship with others. Bergin, Talley and Hamer (2003) in their study found that adolescent who often uses humour are pro-social in nature and help others in dire situation encourages others and facilitates emotional regulations.

A study by Vaughan, Zeigler-Hill and Arnau (2014) shown that, “Individuals with stable high self-esteem reported the highest levels of affiliative humour as well as the lowest levels of aggressive and self-defeating humour. The study concluded that individuals with stable and unstable forms of self-esteem employ different styles of humour”, which was concerning the present study. Fox, Hunter and Jones (2016) seen associations between psychosocial adjustment and humour styles and found that, “Self-defeating humour was associated with an increase in both depressive symptoms and loneliness, and with a decrease in self-esteem. In addition, depressive symptoms predicted an increase in the use of self-defeating humour over time, indicating that these may represent a problematic spiral of thoughts and behaviour. Self-esteem was associated with an increase in the use of affiliative humour over the school year but not vice-versa”. A study by Falanga, De Caroli and Sagone (2014) showed that humour is positively correlated with self-efficacy. The study highlighted that adolescents cope up positively with emotionally critical and dire situations with affiliative humour, which was in line with the present study.

Studies have shown that humour can be an important tool in dealing with depression, anxiety and stress. It is seen that depression can be reduced by participating in different humour interventions. Humour also found to be an effective strategy in dealing with clinical anxiety and is associated with positive well-being (Tagalidou, Distlberger, Loderer and Laireiter, 2019). Studies have shown that humour may enhance immune functioning, helps in stress reduction, facilitates tension relief, promote better general health and may allow patients to open to new interpretations of events, which can lower down their depressive symptom (Bokarius et al., 2011; Adams and McGuire, 1986). Freiheit, Overholser, and Lehnert (1998) have stated that humour may be an important coping skill for dealing with emotional difficulties during adolescence.

These results inform our understanding of the ways in which humour is associated with psychosocial adjustment in adolescence. Humour accelerates social bonding and positively effects interpersonal relationships (Garrick, 2006; Wanzer, Booth-Butterfield, and Booth-Butterfield, 1996). Wanzer et al., (1996) found that individual with a higher level of humour exhibited less loneliness and found to be more socially accepted resulting in an increased sense of inclusivity. In a study by Erickson and Feldstein (2007) found that, “On adolescent humour and its relationship to coping, defence strategies, psychological distress, and well-being found that humour was demonstrated by its unique contribution in predicting both depressive symptoms and adjustment above and beyond contributions from coping and
defence composites”. Crawford and Caltabiano (2011) concluded that humour aids in the development of healthy coping strategies and emotional well-being. Study commented that using humour focussed program would enhance increase the levels “positive affect, optimism, self-efficacy and perceptions of control” and will lower perceived stress, depression, negative affect, stress, and anxiety.

**Implication and future direction**

- Humour based intervention can be planned to combat distress among adolescents. Mental health professionals in dealing with adolescent mental health can use this kind of intervention in their future researches. As research on humorous intervention is scare, future studies may assess its efficacy.

- Experimental, longitudinal, and qualitative research designs are recommended for future research in the field enable a better understanding of how contextual factors interact with humour styles and psychological health.

**Limitation**

- Small sample size.

- Self-reported measure for humour styles and psychosocial adjustment, which raises the possibility that associations were biased by shared method variance. For future study gathering data from different sources, such as peers, teachers or parents will be useful.

- The study is purely quantitative in nature; however, an in-depth understanding of the lived experiences of the participants using qualitative approach would have given a broader perspective.

**CONCLUSION**

In the present study it was found that if level of humour is high, there is a decrease in emotional problems and increase in pro social behaviour. Adolescents often use humour in order to come out from stressful and dire situation. The present study found that individual’s self-esteem employed different styles of humour. The study also talked about relationship between humour and academic stress, as adolescents who had more affiliative humour and self-enhancing humour were high achievers whereas adolescent with more aggressive humour and self-defensive humour were low achievers. Humour plays an important role in initiating and enhancing communication in adolescents with difficult temperament. Thus, use of humour creates a positive environment and helps in emotion regulation for a better well-being.

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**REFERENCE**


