RELATIONSHIP OF SENSE OF HUMOR AND MENTAL HEALTH: 
A COORELATIONAL STUDY

Qudsia Tariq, Naima Aslam Khan
University of Karachi
PAKISTAN.
qudsiatariq@yahoo.com

ABSTRACT

The aim of this study was to investigate the relationship between sense of humor and mental health. It was assumed that (1) There would be a strong relationship between sense of humor and mental health (2) There would be gender difference in relation to usage of sense of humor for coping with stress (3) There would be a difference in effective usage of sense of humor for coping among school and university. The Research Sample comprised of 72 (N= 72) students of which 36 were males and 36 were females from various Schools their ages ranging from 15 to 19 years and from various Universities their ages ranging from 20-25 years respectively. In this study to measure sense of humor (Multidimensional Sense of Humor Scale (MSHS) (Thorson and F.C. Powell and Brdar, 1997) scale was used and to measure mental health (Mental Health Questionnaire (Bargar, 1996) was used to gather data. Pearson product-moment correlation coefficients was used for the first hypothesis which showed no relationship between sense of humor and mental health r = -.028, p < .05. For the second hypothesis, t-test was used, sense of humor in males (M= 60.83, SD = 10.574) was less than in females (M=61.08, SD = 10.302), p > 0.05, t = -.102. Therefore, it was insignificant. To test the third hypothesis t-test was used sense of humor in school (M = 65, SD = 6.891) is more than in university ( M = 56.92, SD =11.7), p < 0.05, t = 3.572. Therefore, the hypothesis stands confirmed.

INTRODUCTION

In the last few decades the area of mental illness had been the focus of attention and research for the psychologists. However, Positive psychology is presently a field which has turned the focus from the negative aspects of psychology to the more optimistic aspects, such as happiness, courage, and sense of humor.

The psychological well being is facilitated by using healthy and positive coping strategies like laughing or using sense of humor. Laughter often brings to the mind the term ‘Sense of humor’. Sense of Humor is a universal, multifaceted concept and thus has many definitions. Martin (2001) describes sense of humor as habitual individual differences in all sorts of behaviors, experiences, affects, attitudes, and abilities relating to amusement, laughter, jocularity, and so on.

Humor is the overt expression of feelings without personal discomfort or immobilization and without unpleasant effect on others. Humor allows one to bear, and yet focus on, what is too terrible to be borne, in contrast to wit, which always involves distraction or displacement away from the affective issue (Martin, 2001).

Because humor is so extensive, it can be labeled as a personality trait, a stimulus variable, an emotional response, a mental process, and a therapeutic intervention. In the 13th century, physicians and philosophers described laughter and its health benefits. The experience of humor relieves emotional distress and assists in changing negative thinking patterns.
Many theories have been created that explain the concept of humor; though three main theories help us to understand. First, incongruity theories concentrate on perceiving humor and the cognitive processes involved in it. Second, relief theories state the belief that laughter is a release of energy that has been suppressed. Finally, superiority theories describe that humor comes from a person’s aspiration to feel better than the other (Graham, 1995).

Having a sense of humor includes many benefits. Individuals with a greater sense of humor are more motivated, cheerful, trustworthy, and have a higher self-esteem. They are also more likely to develop close, social relationships (Kelly, 2002). One of the greatest benefits of having a sense of humor is the influence it has on health.

Second, humor has an indirect effect on stress levels. By having a humorous outlook on life, stressful experiences are often minimized. Third, physiological processes are influenced by humor. For example, laughing may reduce muscle tension, increase the flow of oxygen to the blood, exercise the cardiovascular region, and produce endorphins.

Finally, humor corresponds with positive emotional states and is known to be an indicator of mental health (Martin, 2001). Certainly the changes in life can bring uncertainty, and there's nothing like humor to help us develop the flexibility to release old mental habits and find new ways of seeing. Humor and laughter can help stretch us beyond the borders of our usual thinking and put us in the flow of creativity. It was previously stated that there was no one "official" definition of mental health.

Mental health is a term used to describe either a level of cognitive or emotional well-being or an absence of a mental disorder. Mental health can be characterized by six essential factors: self-acceptance, personal growth, autonomy, environmental mastery, personality integration, and an accurate perception of reality (Compton, 2001). People with great mental health have a high self-esteem, strong sociable encouragement, and are members of warm, compassionate families (Zeman, 2003).

Maintaining mental health over time is extremely important; however, risk factors exist for mental illnesses. Preserving mental health can be accomplished by three characteristics. First, having a low risk of disease or disability; second, functioning well, both mentally and physically; and finally, being fully engaged with life (Qualls, 2002).

Research to define causes for mental health is ongoing. The importance of genes, environmental effect, parents’ characteristics have an effect on mental health.

Based on the review of the literature and the general discussion, the following hypotheses are formulated:

1. There would be a strong relationship between sense of humor and mental health
2. There would be gender difference in relation to usage of sense of humor for coping with stress
3. There would be a difference in effective usage of sense of humor for coping among School and University students.

**METHODOLOGY**

**Sample**

The sample of 72 participants was selected from various educational institutions of Karachi with the help of Random sampling technique. Among which 36 participants were males and 36 participants were females with age group ranging of 15 to 25 years. Both male and female
participants included in the research were studying in both private and government sector. Half of the sample comprised of individuals from Secondary school and half of the sample belonged to University and Colleges Academic qualification was at least 9th grade. We had a complete bio-data for the participants in which they had to mention about their research relevant personal information.

In this study the Random Sampling Technique was used to ensure that there were no researcher biases involved and the reported results are more authentic. The participants were treated according to the APA ethical principles.

Materials
A Consent form was prepared with the rationale of the study and the participants rights during the study to follow the ethical codes of APA. Demographic information was investigated through A Data Sheet which would include the basic information about the participants for example age, gender, education etc., The Multidimensional Sense of Humor Scale (MSHS) a self-report scale would be administered; it is a scale of 24 items that consist of four different concepts: humor production, coping with humor, humor appreciation, and attitudes toward humorous people (Thorson, Powell, & Brdar, 1997). The MSHS rates each item based on a five-point Likert-type scale, ranging from 0 (strongly agrees) to 4 (strongly disagree). The MSHS is scored on a 5-point Likert Scale with higher scores indicating a stronger sense of humor Eighteen statements are positively-phrased and six are negatively-phrased to control for response-set bias. A mental health questionnaire was also given to the participants consisting of 12 items (Bargar, 1996). This scale measures the difficulty one has in a particular area in one’s day-to-day life and ranges from no difficulty to extreme difficulty.

Research Design
In this study a co relational survey design was used in order to explore how humor can effect mental health and further to explore how gender and age can have a different impact on dealing with stress. This method was selected because it is found to be inexpensive at the same time it is quick and efficient.

Procedure
The initial step was to get the consent forms read and signed by the participant’s .The date and time was selected according to the convenience of the participants. The next step was to collect their demographic details including their name (optional), age, gender, residential area, academic qualification etc. The consent forms were signed by the participants as per the ethical principles and they were given the choice to leave/withdraw any time during the study. Demographic sheet which included the personal data was completed by the participants. After screening them from higher and lower socio-economic status, they were asked to rate themselves on The Multidimensional Sense of Humor Scale (MSHS) a self-report scale (Thorson, Powell, & Brdar, 1997) and A mental health questionnaire (Bargar, 1996). Correlation Method was applied to interpret the results in statistical terminology. After completing of the research, as the part of debriefing, the results were share with participants.

Results
The correlation table shows that there is no significant relationship between sense of humor and mental health. T-test shows that there is no gender difference in relation to sense of humor. T-test again shows that there is no gender difference in relation to mental health. t-test showing school and university students would differ in sense of humor scores is significant.
T-test showing school and university students would differ in mental health scores is not significant. The results are shown in tables attached after appendices.

**Table 1. Showing Relationship between Sense of Humor and Mental Health**

<table>
<thead>
<tr>
<th>Sense of Humor</th>
<th>Pearson Correlation</th>
<th>Mental Health</th>
<th>Pearson Correlation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sense of Humor</td>
<td>1</td>
<td>-.028</td>
<td>1</td>
</tr>
<tr>
<td>Sig. (2-tailed)</td>
<td>.817</td>
<td></td>
<td>.817</td>
</tr>
<tr>
<td>N</td>
<td>72</td>
<td>72</td>
<td>72</td>
</tr>
</tbody>
</table>

**Table 2. Showing Gender Difference With Relation to Sense of Humor**

<table>
<thead>
<tr>
<th>Sense of Humor</th>
<th>Gender</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>df</th>
<th>sig</th>
<th>F-value</th>
<th>t-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sense of Humor</td>
<td>Male</td>
<td>72</td>
<td>60.83</td>
<td>10.574</td>
<td>70</td>
<td>.685</td>
<td>.166</td>
<td>-.102</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td></td>
<td>61.08</td>
<td>10.302</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table3. Showing Difference across ages With Relation To usage of Sense of Humor**

<table>
<thead>
<tr>
<th>Sense of Humor</th>
<th>Institutions</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>df</th>
<th>sig</th>
<th>F-value</th>
<th>t-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sense of Humor</td>
<td>School</td>
<td>72</td>
<td>65.00</td>
<td>6.891</td>
<td>70</td>
<td>.002</td>
<td>10.430</td>
<td>3.572</td>
</tr>
<tr>
<td></td>
<td>University</td>
<td>56</td>
<td>56.92</td>
<td>11.700</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DISCUSSION**

Our first hypothesis was that there would be a relationship between sense of humor and mental health. The result shows that there is no significant relationship using Pearson product-moment correlation coefficients.

Refer to table 1. The obtained correlation is \( r = -.028, p < .05 \). Therefore, there is no correlation between sense of humor and mental health. The reason of no relationship maybe because of items in Multidimensional Sense of Humor Scale (MSHS) scale. Personal sense of humor has been recognized as a coping mechanism. Sense of humor as a construct, however, is multidimensional. The Multidimensional Sense of Humor Scale (MSHS) scale used in our study to assess overall sense of humor is, for a number of reasons, deficient. A high score on MSHS is associated with a person having a good sense of humor. A low score on Mental Health Questionnaire is associated with low difficulty in dealing with everyday matters and improved mental health. This may not always be true for individuals.
Hypothesis two was there would be gender difference in relation to sense of humor. As table II shows that sense of humor in males ($M= 60.83$, $SD = 10.574$) is less than in females ($M=61.08$, $SD = 10.302$), $p > 0.05$, $t = -0.102$. This means our hypothesis is insignificant. The reason maybe there is cultural difference in the Pakistani society that causes difference in gender, humor and content. The content of the humor differs across cultures and genders. Every culture has a set of rules, norms, and values that decide what kind of humor is appropriate. For instance, Americans prefer jokes that consist of sexual or aggressive content, whereas Chinese humor is rather restrained and concealed (Nevo, Nevo, & Yin, 2001).

Pakistani culture is more restrained and patriarchal. Once, several nuclear families lived together, with the (grand) parents in authority. This was the extended family system. Strong family ties characterized this system, providing identity to its members. It is possible for this identity to remain intact even when members of the family are dispersed, so long as its members keep in touch, share a similar sense of right and wrong, a sense of humor, or other tastes and values in common.

Over time economic has forced families to move apart. In Pakistan this moving apart has been drastic and too sudden for many, with members of even nuclear families spread out over continents. This meant much less interaction between members, and as a result less affection and less caring and giving.

It could be that this breakdown of the family has contributed to the breakdown of society, where there has been a corresponding increase in callousness, decrease in sense of humor and a consequent surge in violence.

Hypothesis three was related to the difference of school and university students in usage of sense of humor for coping. As the table 3 shows that sense of humor in school ($M= 65$, $SD = 6.891$) is more than in university ($M = 56.92$, $SD =11.7$), $p < 0.05$, $t = 3.572$. This means our hypothesis is significant. The reason maybe as our sample was based on university students both Karachi University and IBA (Institute of Business Administration); university students experience high stress at predictable times each semester due to academic commitments, financial pressures, and lack of time management skills, therefore, resulting in low sense of humor and poor health as compared to school students who have less responsibilities than those who are in the university.

Also personality type will also affect both sense of humor and mental health. For instance a person with a Type A personality, with an aggressive look on life, may perceive and experience severe stress. Whereas a person with a Type B personality, with a more relaxed view on life, may perceive and experience mild stress. (Lazarus and DeLongis, 1983)N. As in the Pakistani society women are more house-bound especially in the lower socio economic strata as compared to men who are given all the authority and power. This may be the major reason behind poor stress coping and mental health among females.

**LIMITATIONS**

Other studies are recommended on how sense of humor and mental health would be affected by stress with male and female students including their respective roles they undertake, biological sex roles, that is, masculine or androgynous, cultural differences, identification roles and personality types as all these can have an effect on the perception of sense of humor and mental health among students especially female as they are more culture bound in Pakistani society.
The area of sense of humor among Pakistani males and females in university students has not been explored in Pakistan; in this regard the present research calls attention to overall need for further research in this area.

One of the limitations of this research was that the questions may not have been a very good predictor of sense of humor.

The students who filled out the questionnaire might have not taken it seriously as they might have not been honest in answering the questions.

**RECOMMENDATIONS**

The present study only focused on sense of humor and it’s relation with mental health among students of school and university. Further researches can be more meaningful if content of humor is also studied in detail as they will provide a better understanding of the underlying causes of sense of humor.

In future research socioeconomic status should also be studied as it is an important variable in the study of level of humor and mental health among students.

For further research, sample should be larger, balanced and should consist of students of schools, colleges and universities to add variety.

**CONCLUSION**

The findings of the research indicated that there is no relationship between sense of humor and mental health. There is no gender difference in relation to sense of humor and mental health. School and university students differed in sense of humor and school and university students did not differ in mental health.

**REFERENCES**


