



Comparison of humor style preferences between successfully recovering individuals and newcomers participating in 12-step recovery programs

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Abstract

Background: Humor has long been associated with potential benefits on physical and psychological health and well-being [1]. Identified and developed a tool to measure various functions, forms or styles of humor with either beneficial, adaptive expression or in detrimental, maladaptive operations. The purpose of this study was to explore these humor styles in a population of recovering individuals with substance use disorder attending 12-step recovery programs. Humor style preferences were compared between newer members (less than one year abstinence) versus established, successful members (more than five years abstinence).

Methods: Demographics, including age and gender, number of months of complete abstinence and level of 12-step participation including having a sponsor or not, and weekly meeting attendance. The Humor Styles Questionnaire (HSQ) was self-administered, measuring affiliative, self-enhancing, aggressive and self-defeating humor style scores. Hypothesis 1: that adaptive humor expression (affiliative, self-enhancing styles) would be higher in the successfully recovering group. Hypothesis 2: that maladaptive humor expression (aggressive, self-defeating styles) would be higher in the newcomer group.

Results: Self-defeating humor style was significantly higher in the newcomer group ($p < .05$). There was no difference between groups of successfully recovering individuals and newcomers with affiliative, self-enhancing and aggressive styles of humor.

Conclusions: Self-defeating humor, considered a maladaptive, negative style is a preferred style of humor early in the recovery. Contributing factors of the self-defeating preference in this group is more recent substance use and the negative consequences of behaviors related to its use. Successful, long term recovery with 12-step program involvement leads to a significant reduction in preference of self-defeating humor. The difference in humor styles may be reflective of improvement in self-esteem in those with long term abstinence.

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Introduction

Due to the toxic effects on the brain of alcohol and various other substances of abuse, substance abusers have cognitive deficits [12], resist learning and accepting disease concepts of addiction [3], and many resist 12-step recovery principles of recovery and remain in denial of their condition [4].

The road to recovery from substance abuse is not only possible, it's also fairly common. More than a third of U.S. adults who were dependent on substances are now in full recovery [5]. After substance abusers cease using, many show continued impairment of cognitive functioning on both intelligence and neuropsychological tests, with deficits being apparent in visual perception, learning and memory, and the use of problem-solving strategies [6]. Goldman further found that cognitive impairment does improve dramatically after substance abuse cessation, then more slowly over time as they continue in their recovery. Through an understanding of the brain, as an adaptable organ, we can potentially develop a more sophisticated model of various phases of recovery from substance use disorders in 12 step programs.

Humor has long been associated with potential benefits on physical and psychological health and well-being. Humor, laughter and sense of mirth are essential components of human happiness and the absence of humor is related to maladaptive dysfunctional behaviors [1]. The social benefits of laughter, humor and mirth have also been explored. Having a sense of humor has been shown to increase attractiveness and bonding to others, including potential mates and can be related to closer relationships and happier marriages. Humor can reinforce group identity, cohesiveness, and altruism, however also has the potential to alienate members that could be made fun of, or that offended by the style of humor expressed. There is a gap in knowing the effects of humor in substance use disorders to increase engagement in recovery. Humor style preference of successful recovering members and newer members in 12-step programs has not been described in the literature.

Humorous styles questionnaire humor scale, HSQ [1]

The theoretical premise in development of the HSQ focused on the relationship between humor and well-being. This questionnaire seeks to identify various functions, forms or styles of humor with either beneficial, adaptive expression or in detrimental, maladaptive operations. Humor has been well described as a method of coping with stress [7,8] and as a defense mechanism [7]. Gallows humor, black humor and self-deprecating forms of humor, including teasing likewise offer relief of tension at someone's expense and can enhance feelings of mastery or superiority [1]. posits four independent dimensions relating to individual uses of humor. These include affiliative, self-enhancing, aggressive and self-defeating styles of humor assessed by the HSQ. Individuals scoring high on the affiliative dimension tend to say funny things, tell jokes, and use humor to engage others. The intent of this style is to facilitate relationships and reduce interpersonal tension. This style of humor is related to extraversion, intimacy, satisfaction in relationships with positive moods and emotions. The dimension of self-enhancing humor involves a general humorous outlook with amusement over the incongruities of life. With a self-enhancing style of humor, one tries to cope with adversity by avoiding negative emotions and has a more internal psychic focus than interpersonal. Aggressive humor relates to the use of sarcasm, teasing and ridicule. This disparagement style seeks to manipulate others through

implied threat. Sexist and racist content of this dimension tend to hurt and alienate others and is an expression of anger and neuroticism. Self-defeating dimension involves an excessive self-disparaging style to amuse others by putting one's self down to gain approval. Individuals scoring high on this dimension often seem quite witty, as the class clown, but tend to have underlying neediness and low-self-esteem and perhaps overcompensate by showing others they can laugh at themselves.

In addition to the distinction between beneficial and detrimental uses of humor, the four humor styles may also be distinguished in terms of the degree to which they are others-focused versus self-focused [9]. Affiliative and aggressive humor both involve humor that focuses particularly on social interactions, albeit with quite different outcomes for interpersonal relationships. Affiliative humor is associated with greater relationship satisfaction whereas aggressive humor is inversely related to relationship satisfaction [9]. In contrast, self-enhancing and self-defeating humor both involve a greater focus on one's own emotional well-being, with the former being associated with high self-esteem and positive emotions, and the latter with low self-esteem and negative emotions.

Item generation of the HSQ employed construct-based scale construction recommended by Jackson (1970) [10] which aims at producing measures that are theoretically based with good internal consistency and minimal overlap between the four scales (four dimensions of humor assessed). Cross-validation was used to replicate the factor structure of the final version of the scales. Confirmatory factor analysis using maximum likelihood estimation was used. All four scales showed adequate internal consistency with Cronbach's alpha 0.77-0.81. The inter-correlations among the four scales are low indicating that they measure dimensions that are relatively distinct from one another, adding to construct validity.

The present investigation was designed to explore differences between those beginning abstinence through 12 step programs with those that have been recovering for several years. The Humor Styles Questionnaire [1] was administered to both groups to assess both potentially beneficial and detrimental humor styles, in conjunction with recovery from substance abuse. The focus of this study is to investigate if humor preferences change from maladaptive styles to adaptive styles from the time they first begin to recover to when they have significantly achieved successful recovery through 12-step program participation. The Alcoholics Anonymous (A.A.) program offers *12 promises* if this program of action is followed, including: "Our whole attitude and outlook on life will change" [11]. Studies support that 12-step programs such as A.A. and Narcotics Anonymous (N.A.) are effective in supporting abstinence of alcohol and other substances [12-15], however there is very little research demonstrating other benefits to members. The theoretic premise of this research is that adaptive styles of humor are viewed as mature and positive and the maladaptive styles viewed as immature and negative. The following prediction was formulated:

Hypothesis 1

That adaptive humor expression (affiliative, self-enhancing styles) would be higher in the successfully recovering group.

Hypothesis 2

That maladaptive humor expression (aggressive, self-defeating styles) would be higher in the newcomer group.

Method

Sixty subjects were recruited from two 12-step programs- Alcoholics Anonymous (A.A.) and Narcotics Anonymous (N.A.) for this study to determine humor preferences. Comparison groups included thirty subjects with successful recovery (more than five years sobriety) compared to thirty subjects that are new members to 12-step programs (less than one year sobriety). The target population are 12 step members who are successfully recovering from substances (more than 5 years abstinent) and new members who are sober for less than one year.

The research design is a cross sectional descriptive survey. Participants were selected purposively based on research criteria. There was no randomization. This study surveyed 60 subjects using The 32 item Humor Styles Questionnaire measures preference for two adaptive styles (affiliative, self-enhancing) and two maladaptive styles (self-defeating, aggressive) with a 7 point Likert scale, eight items per style. Range of these continuous variables were 8-56 per style. Style preference scores were ranked according to preference of the study samples. Analysis of results included comparing groups to determine if there are significant differences between groups among the four humor styles (affiliative, self-enhancing, self-deprecating and aggressive styles of humor).

Participants

The sample was comprised of 60 individuals attending weekly N.A. and /or A.A. meetings, with a history of substance use disorder. Criteria for inclusion included complete abstinence from all mind and mood altering substances, including recreational use and/or prescribed medications such as opioids, opiate antagonists, benzodiazepines or stimulants. Court mandated members of 12 step programs were excluded. The newcomer group (30) consisted of those with between 30 days and one-year complete abstinence. The “at least 30 days abstinence” requirement would allow those newer members to complete detoxification and withdrawal of substances. The successfully recovering group consisted of those with at least five years continuous abstinence. The growth stage of recovery is well established after five years recovery [16]. By remaining abstinent and involved in 12 step programs, individuals typically have developed healthy life skills supporting their ongoing recovery and preventing relapse. These include resolving family conflicts and resentments, setting health boundaries with others, and help-

ing others, especially newcomers to 12 step programs [16].

Measures

Demographics Questionnaire — A brief demographics questionnaire was administered to provide general information about participants’ age, gender, months of continuous abstinence and whether or not they had an 12-step program sponsor.

Humor Styles Questionnaire [1] — The HSQ is a 32 item measure that examines four styles of humor in everyday life: affiliative humor (e.g., “I laugh and joke a lot with my friends”), self-enhancing humor (e.g., “If I am depressed I can usually cheer myself up with humor”), aggressive humor (e.g., “If I don’t like someone, I often use humor or teasing to put them down”) and self-defeating humor (e.g., “I let people laugh at me or make fun at my expense more than I should”) . Items are rated on a 7-point, Likert-type scale ranging from 1 (totally disagree) to 7 (totally agree). In the present study, internal consistencies (Cronbach’s alpha) for the affiliative, self-enhancing, aggressive and self-defeating scales were .81, .84, .73, and .79, respectively.

Results

Demographics

There was a significant difference ($p < 0.05$) in age between groups, with the successfully recovering group almost ten years older. This difference is understandable since inclusion criteria was having at least five years abstinence to be included in this group, and several had more than ten years abstinence. There were a slightly higher proportion of women in the newcomer group, but this difference was not significant. There was a significant difference between groups on the question of having a 12-step sponsor. Having a sponsor in 12-step programs is considered very important. It was not surprising that 100 percent of the successfully recovering subjects had sponsors, whereas 20 percent of the newcomers had yet to find sponsors.

Humor Styles

There were no significant differences in preference between groups on adaptive styles of humor (affiliative, self-enhancing) or the maladaptive (aggressive) style. However, the newcomer group had significantly higher ($p < 0.05$) preference for the maladaptive (self-defeating) style.

Table 1: Comparison of newcomers and successfully recovering groups

	Newcomers (N=30)					Successful (N=30)					Test	Sig.
	N	%	Range	Mean	SD	N	%	Range	Mean	SD		
Age	30	100	21-64	41.93	13.55	30	100	30-66	51.13	9.25	t-test	$p < .05^*$
Gender Male	17	56.7				20	66.7				χ^2	$p = .298$
Female	13	43.3				10	33.3				χ^2	
Sponsor Yes	24	80				30	100				χ^2	$p < .05^*$
No	6	20				0	0					
Months Sober	30	100	1-10	3.61	3.35	30	100	60-371	205	102	χ^2	$p < .001^*$
Humor Style												
Affiliative	30	100	37-56	48.2	6.39	30	100	33-55	48	5.71	t-test	$p = 0.89$
Self-Enhancing	30	100	20-56	39.7	8.49	30	100	23-53	39.8	7.96	t-test	$p = 0.93$

Aggressive	30	100	12-56	27.3	9.08	30	100	9-40	27.3	7.14	t-test	p=1.00
Self-Defeating	30	100	11-48	29	10.33	30	100	8-45	24	8.82	t-test	p<0.05*

*Two-tailed test of statistical significance

Discussion

The HSQ may be useful in exploring more fully the ways in which these potentially benign and detrimental uses of humor may relate to various aspects of psychosocial functioning, such as coping with stress, emotion regulation and the quality of interpersonal relationships. This investigation of humor within substance abuser populations might benefit from not only describing the effects of humor to engage and assimilate newcomers to recovery networks, but further, to distinguish styles of humor that might be especially helpful or perhaps detrimental.

Results of this study suggest that recovering individuals in 12 step programs change from preferring a self-defeating, maladaptive humor preference to more adaptive preferences over time. This suggests that through abstinence of substances, weekly meeting attendance and having guidance from a sponsor improves self-esteem, decreasing of shame and worthlessness. These results suggest 12 step programs as not only supportive in maintaining abstinence, but also offer opportunities for growth and improvement in other areas of functioning.

Studies utilizing the HSQ have found that males report using both aggressive and self-defeating humor styles more often than females [6,1]. Because gender appears to affect stress, health, and humor measures, it may be worthwhile to explore if humor moderates the relationship between stress and health differently for males and females.

Limitations

Given the small number of participants (60), results may not be generalizable to all those recovering with Substance Use Disorders (SUD) in 12 step programs or represent the possibly wide range of 12 step meetings throughout the world. The sample consisted of individuals that volunteered. Thus, they may not represent the characteristics of all those with SUD in 12 step programs, particularly those that may not wish to participate in a research study (or for that matter, particularly care to express their views to others for attention's sake.)

Conclusions

Having a better understanding of difference stages of recovery could benefit healthcare professionals to address issues of self-esteem related to preferences for self-defeating humor in newcomers. Ongoing therapy and support for those successfully recovering could take into consideration that self-defeating humor style preferences diminishes over time. An important component to successful recovery involves changing lifestyles, which includes having associations with recovering individuals and avoiding people who drink and use drugs. Perhaps these social changes to a more supportive social network contribute to improved self-esteem.

Summary/Conclusion

There was no difference between groups of successfully recovering individuals and newcomers with affiliative, self-enhancing and aggressive styles of humor. Newcomers scored significantly higher in self-defeating humor, considered a maladaptive, negative style. A contributing factor of self-defeating

preference in this group could be explained that newcomers are new to the recovery process and have recent substance use and the negative consequences of behaviors related to its use. Successful, long term recovery with 12-step program involvement could lead to improved self-esteem and a reduction in preference of self-defeating humor. The HSQ may be useful in exploring more fully the ways in which these potentially adaptive and maladaptive uses of humor may relate to various aspects of psychosocial functioning, such as coping with stress, emotion regulation and the quality of interpersonal relationships. Future investigations of humor within substance abuser populations has the potential to describe the effects of humor in encouraging, engaging and assimilating newcomers to recovery networks and support retention of more experienced members. Distinguishing specific styles of humor that might be especially helpful or perhaps detrimental could also be useful. Exploring the mechanisms and functions of humor within 12 step programs may lead to new approaches to improve engagement of new members with established members and support retention of established members. Future research could compare other measures between these groups including self-esteem and satisfaction of life measures.

Results: Self-defeating humor style was significantly higher in the newcomer group ($p<.05$). There was no difference between groups of successfully recovering individuals and newcomers with affiliative, self-enhancing and aggressive styles of humor.

Conclusion: The difference in humor styles may be an indication of improvement in self-esteem in those with long term abstinence

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