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A Guy Walks into a Bar...: Exploring Clients' Preferences for Humor and Ratings of Therapy Sessions

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A GUY WALKS INTO A BAR...: EXPLORING CLIENTS' PREFERENCES
FOR HUMOR AND RATINGS OF THERAPY SESSIONS

THESIS

A thesis submitted in partial fulfillment of the requirements for
the degree of Master of Science in the College of Agriculture,
Food and Environment at the University of Kentucky.

By

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Lexington, Kentucky

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2014

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ABSTRACT OF THESIS

A GUY WALKS INTO A BAR...: EXPLORING CLIENTS' PREFERENCES FOR HUMOR AND RATINGS OF THERAPY SESSIONS

Humor has been identified as an important factor in the establishment of relationships. This study explores the use of humor in mental health therapy and how clients' preferences for humor impact an evaluation of the therapy session. Forty-eight individuals currently receiving mental health therapy were examined along with the use of three forms of humor: positive, negative, and instrumental. There was a significant relationship between a preference for negative humor and session evaluation scores in which the more negative humor preferred, the lower the session ratings. Although not significant, other trends were noted between self-enhancing humor and session depth, aggressive humor and session depth, and affiliative humor and positivity. Gender differences and preference for humor were also examined with men reporting higher value on negative humor than women and women reporting greater post-session arousal than men. These findings are discussed in terms of the need for further research to consider factors that may have influenced the present study's results.

KEYWORDS: humor; humor types; therapy; relationships; gender

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November 20, 2014

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Chapter One

Introduction

Although often used, humor is frequently overlooked as an important characteristic in intimate relationships. Ziv and Gadish (1989) found more than 90% of individuals studied believe humor contributes positively to their relationships. Humor has been consistently mentioned as one characteristic in relationships that contributes to relational satisfaction (Cann, Davis, & Zapata, 2011). However, research on how individuals prefer humor in therapy has not been as prevalent. This study will explore aspects of humor that influence therapy processes, focusing on three forms of humor used in communication.

Humor

Humor has been defined in a multitude of fashions throughout the time it has been studied. The definition of humor has often focused on the accompanying laughter produced when used (Solomon, 1996). However, humor is much more than one's ability to laugh, and involves more facets than the production of laughter. Humor production involves three elements: a communicator, a listener, and a message (Ziv & Gadish, 1989). The communicator, or the humorist, is one who creates and delivers the message of the humor. The listener is one who hears, interprets, and understands the message the humorist is communicating. The meaning of the message depends on the listener, since the interpretation of humor will vary across individuals and situations. Interpretation, however, is just one step of the process of recognizing and appreciating humor.

Solomon (1996) suggested that humor encompasses cognitive, physical, and behavioral aspects. According to Solomon, humor is a multifaceted three-step process that includes problem solving, arousal, and resolution of the listener. Problem solving, the cognitive aspect, involves interpreting the potentially humorous message. Once the message is understood, physical changes, such as heart rate and respiration, the physical aspect, then take place. Finally, the behavioral aspect takes place, generally in the form of smiling and laughter.

Types of humor

Positive humor. The literature defines positive humor as humor that is used to elicit a pleasant emotional response, often allowing one partner to feel closer to the other (de Koning & Weiss, 2002; Ziv & Gadish, 1989). Positive humor reduces tension and fosters bonding and closeness between individuals (Bacon, 2010; Butzer & Kuiper, 2008; de Koning & Weiss, 2002; Ziv & Gadish, 1989) because its use can often bring out a cheerful response. Positive humor includes funny stories and playful humor (i.e. humor an individual perceives as “light” and fun) (Swartz, 1995). Listeners of positive humor typically interpret the humor’s message as an enhancing component to communication, due to its use of creating enjoyment for its listeners. This humor also allows individuals to engage in conversations and experience shared laughter (Cann et al., 2011), communicating a mutual interest in a relationship (Li et. al, 2009).

Negative humor. The use of negative humor offers individuals the ability to express hostility towards one another (Bacon, 2010; Butzer & Kuiper, 2008; de Koning & Weiss, 2002), while attempting to mask the hostility through humor.

Humor of this form includes putdowns (i.e. words that belittle another; mockery) and hostile humor, often marked by antagonism (Swartz, 1995). Although often used in an off-putting fashion, the effects of negative humor depend on the context in which it is used (Hall & Sereno, 2010). For example, an offensive joke is only harmful to the relationship when the listener responds to the joke unenthusiastically; if the listener believes the offensive joke to be enjoyable, the negative humor will be accepted and appreciated (Hall & Sereno, 2010).

Instrumental humor. Although often used between individuals, instrumental humor is the least researched form of humor out of the three forms of humor studied. Instrumental humor measures the extent to which individuals use humor, either positive or negative humor, to avoid conflict or tension in their relationships (Bacon, 2010; Butzer & Kuiper, 2008; de Koning & Weiss, 2002). Although individuals will occasionally use instrumental humor to dissipate negative feelings, individuals that have reported higher levels of relational satisfaction tend to display a lesser use of instrumental humor (Butzer & Kuiper, 2008).

Humor and relationships

Men and women place different regard on the forms of humor used by others. Men were shown to prefer humor that is hostile, or negative, and women prefer humor that is anecdotal, or positive; however, both genders place emphasis on the creativity and thought that develops humor (Crawford & Gressley, 1991). This may be due to how men and women vary in their communication styles. Women have been shown to be more expressive and polite than men, are more

relationship-oriented, and communicate using modifiers, or words that weaken strong language (Crawford & Gressley, 1991; Bacon, 2010). Men have been shown to communicate instrumentally and are more task-oriented than women (Crawford & Gressley, 1991). Typically, their showing of emotions comes in the form of aggression and anger, dominating the conversation and using words forcefully (Bacon, 2010). The difference in communication between men and women could result in how each places emphasis on what is considered humorous.

In Crawford and Gressley's (1991) study, participants consisting of men and women were asked to rate their intelligence and humor on five different humor categories. These categories contained: hostility (use humor at others' expenses, does not know when to stop the humor); jokes ("formula"-type jokes); creativity (ability to create humor quickly); real life (tell contextual-type stories); caring (use humor to reduce tension or bad moods). It was found both men and women significantly value creativity, agreeing it is the most important characteristic of the humorist. Generalizing this information, the differences in gender appreciation and use of humor could be due to the communication styles of men and women and what each gender appreciates in individuals.

Given the information on preferences of humor between men and women, humor does not play a straight forward role in relationship satisfaction. In a study conducted by Barelds and Barelds-Dijkstra (2010), men and women in intimate relationships were asked to measure their type of love, their relationship quality, and their sense of humor. Results of this study demonstrated that although humor

and relationship quality were not significantly correlated, men's humor scores were strongly positively correlated with women's scores of relationship quality, meaning men's own perception of humor use is associated with their wives perception of relationship satisfaction. Humor use and appreciation was related to overall love and intimacy. Individuals who were more receptive to humor reported higher scores of shared intimacy with their partner. Also, individuals who viewed humor as a constructive component in their relationships reported higher scores of passion when the individuals perceived their partners used humor in appropriate form and context. It appears that humor is not only for entertainment in relationships, but also is a factor in increasing individuals' intimacy for each other. Even though men and women vary on their use and appreciation of humor, both place value on humor in their partner.

Humor in therapy

Outside of therapy, humor is an important aspect to understanding the functioning of an individual's perception of life situations. However, understanding how individuals use and appreciate humor while in therapy is a topic that has not been explored. Current literature on the topic of use of humor in therapy primarily focuses on the therapist's use of humor. The therapist's humor serves as a constructive method for discussing issues easier because humor helps to alleviate the anxiety the individual may be feeling (Haig, 1986). Using positive humor, rather than negative, keeps the therapist sensitive to the clients' needs and the different personalities the therapist will encounter (Franzini, 2001).

However, understanding the individual's preference for a type of humor in therapy is important.

Sometimes in therapy, issues may be difficult to discuss. Because of this, the individual may only view the problem in one manner, thus increasing feelings regarding negative aspects of their issue. Humor in the therapy room can aid the individual in viewing the problem in another fashion, allowing him or her to find various solutions to the problem not thought of previously (Dewane, 1978).

Present research focuses on the therapist's use of humor in therapy, but does not explore if and how individuals' humor preferences allow for greater conversation and alleviated issues. Research into the topic of individuals' humor acuity will help to explain how an individual favors humor and how this perception of humor can assist in therapy.

Chapter Two

Hypotheses

Given the current literature, the hypotheses for this study are: 1. Clients that prefer less instrumental humor in therapy will report lower ratings of the therapeutic relationship and lower session evaluation scores; 2. The preference of negative humor by clients will result in lower ratings of the therapeutic relationship and session evaluation scores; 3. Clients that identify with using more positive humor report higher session evaluation scores; 4. Women, more than men, that indicate a preference for more positive humor will have higher session evaluation scores and stronger therapeutic relationships.

Chapter Three

Methodology

Participants

Forty-eight clients were recruited from three local counseling agencies, the University of Kentucky Family Center, Bluegrass Family Therapy, and the Jesse G. Harris, Jr. Psychological Services Center in Lexington, Kentucky. There were more women ($n=34$) than men ($n=14$) who participated in the present study.

Participants ranged in age from 19 to 58 with an average age of 32. In terms of ethnicity, 33 reported as Caucasian, 8 reported as African American, 5 reported as Asian, and 2 reported as undisclosed.

Materials

Humor Styles Questionnaire (HSQ). The HSQ measures humor based on self-reported humor and other-focused humor as well as whether the humor used was deemed positive or negative (Martin et al., 2003). There are 32 items in the questionnaire and are based on a 7-point Likert scale, including statements such as “I enjoy making people laugh.” The HSQ consists of four humor subscales: affiliative, self-enhancing, aggressive, self-defeating. The HSQ does not produce an overall score for a sense of humor. Rather, each subscale is scored individually by averaging the responses in each subscale. Therefore, each subscale will have a range of 1 to 7, with higher scores indicating a higher preference to use that type of humor. The humor subscales show adequate internal consistencies with alphas ranging from .77 to .81 (Martin et al., 2003). Reliabilities for affiliative, self-enhancing, aggressive, and self-defeating humor

are .85, .81, .80, and .82, respectively (Martin et al., 2003). In the present study, alpha reliabilities for affiliative, self-enhancing, aggressive, and self-defeating humor were shown to be .83, .80, .85, and .80 respectively.

In this study, affiliative humor will be categorized as positive humor and aggressive humor will be categorized as negative humor. Affiliative humor is a non-hostile type humor that includes witty banter and joking, similar to aspects of positive humor. Aggressive humor is often used to establish dominance in a relationship and includes humor such as putdowns and belittling, similar to negative humor (Martin et al., 2003). Self-enhancing humor and self-defeating humor will be categorized as instrumental humor. Self-enhancing and self-defeating humors are used as coping mechanisms for stress within an individual and often include making jokes at one's expense rather than at another's. By making jokes at one's expense, the individual is attempting to reduce tension or conflict in the relationship.

Session Evaluation Questionnaire (Form 5) (SEQ). The SEQ (Stiles & Snow, 1984) measures an individual's assessment of a particular therapy session based on four dimensions, positivity, arousal, smoothness, and depth, of the session. Because the current study focuses on in session outcomes and reactions, all four dimensions of the questionnaire will be used. Smoothness pertains to a session's pleasantness and depth pertains to the perceived power and value the session had for the individual. Positivity refers to the client's positive mood post-session and arousal refers to the clients' incentive and drive to act on the directives given to them in therapy. There are 21 items based on a 7-point bipolar

adjective scale. Individuals rate how they perceive their session was, with statements such as “rough...smooth” and how they are feeling in the moment, including “confident...afraid.” The dimensions of the SEQ have alphas ranging from .78 to .91 and construct validity has been shown to be adequate (Stiles & Snow, 1984). Alpha reliability was .88 for smoothness, .89 for depth, .88 for positivity, and .79 for arousal (Stiles & Snow, 1984). In the present study, reliability was found to be .90 for smoothness, .74 for depth, .91 for positivity, and .67 for arousal.

Session Rating Scale (SRS). The SRS (Miller et al., 2000) is an assessment designed to measure the therapeutic relationship. The first three items are based on Bordin’s (1979) concept of the therapeutic alliance: bonds, tasks, and goals. The fourth and final item asks the client to rate the session. For each item, clients make a mark on a line that is 10 cm in length. Marks on the left side of the scale indicate less agreement with the item, while marks on the right indicate agreement. The assessment is scored by measuring the distance between the left side of the line to the mark. The individual items are then added to create an overall score between 0 and 40. The SRS has been shown to be reliable at .88 and its validity has been demonstrated (Duncan et al., 2003). The SRS in the present study has been shown to be reliable at .87.

Procedure

The researcher discussed the current study with the client’s therapist, who then informed the client about possible involvement in a research opportunity. Interested clients had the study explained to them and then, if interested in

participating, were provided with the informed consent document and questionnaires. Demographic information was placed randomly in the front of or the back of the questionnaires to reduce any effect on the participants' answers. Participants did not receive any reward or payment for their participation in the study. Participants were expected to pay their regular therapy session fee, but there was no cost to participate in the study.

The therapist administering the informed consent document and questionnaires did not have access to the completed questionnaires. Due to the researcher's availability at the research collection locations, she collected the completed questionnaires and then placed them in a sealed envelope during transfer to the research analysis location. Demographic information and completed questionnaires were kept separately from one another to ensure confidentiality. Only study personnel had access to the participants' contact information.

This study contained minimal risks to participants. Participants may have experienced some discomfort due to the topic of the questionnaires, but no more than would occur in day-to-day interactions.

Chapter Four

Results

To explore the relationships among humor styles and functionality in therapy, Pearson correlations were conducted for the first three hypotheses (see Table 4.1). Due to the small sample size, the results indicate statistical significance in only Hypothesis 2 ($r=.37, p=.01$). While the other three hypotheses were not found to be statistically significant, there are some other interesting trends in the data to note. For instance, a slight moderate relationship between self-enhancing humor and session depth and aggressive humor and session depth existed within the data. The preference for self-enhancing humor is negatively correlated with session depth ($r=-.26$). Additionally, aggressive humor was also negatively correlated with depth of the session ($r=-.24$). In contrast to the other trends, affiliative humor was positively correlated to the clients' overall positivity of the session ($r=.26$). While this significant finding and notable trends are evident in the results of this study, the difference between men's and women's perceptions of their therapy session is also an aspect to mention.

In order to determine the variations among men's and women's preferred types of humor and session evaluation scores, analyses for each sex were conducted separately (see Table 4.2). Because previous literature has displayed men and women as preferring different styles of humor, an independent *t*-test was conducted to test Hypothesis 4 to determine gender differences and the indication of negative humor. A significant difference was found ($t=2.01, p=.05$) with men using more negative humor ($M=28.71, SD=8.98$) than women ($M=22.97,$

$SD=8.96$) in their therapy sessions. To expand upon this finding, an independent t -test was conducted in which women ($M=3.99$, $SD=.88$) reported more post-session arousal than men ($M=3.20$, $SD=.83$), $t=-2.05$, $p=.05$. The findings of this study show the various relationships between humor styles, the function of humor, and clients' overall perception of humor in their therapy sessions.

Table 4.1. Correlations between types of humor used in therapy and post-session evaluations

	Aff	S-E	Agg	S-D	SRS	Depth	Smooth	Pos	Arousal	SEQ
Aff	1.00									
S-E	.48**	1.00								
Agg	.38**	.11	1.00							
S-D	.40**	.14	.60**	1.00						
SRS	.09	-.15	-.17	-.10	1.00					
Depth	-.14	-.26	-.24	-.17	.52**	1.00				
Smooth	.14	-.11	.18	.04	.36*	.12	1.00			
Pos	.26	.06	.09	-.09	.54**	.31	.69**	1.00		
Arousal	.23	-.02	.37*	.12	.20	.31	.12	.24	1.00	
SEQ	.18	-.11	.14	-.03	.57**	.56**	.80**	.84**	.55**	1.00

Note. * $p < .05$, ** $p < .01$

Table 4.2. Mean and standard deviation for men's and women's perceptions of humor usage in therapy sessions

		<i>M</i>	<i>SD</i>	N
Aff	Men	48.00	5.79	14
	Women	45.18	7.66	34
S-E	Men	40.29	8.16	14
	Women	37.35	9.17	34
Agg	Men	28.71	8.98	14
	Women	22.97	8.96	34
S-D	Men	31.00	6.63	14
	Women	27.94	9.82	34
SRS	Men	36.60	5.98	12
	Women	37.13	3.39	32
Depth	Men	5.47	1.29	12
	Women	5.46	.97	33
Smooth	Men	5.17	1.39	12
	Women	4.91	1.68	33
Pos	Men	5.40	1.31	12
	Women	5.12	1.19	33
Arousal	Men	3.93	1.15	12
	Women	3.67	.88	33
SEQ	Men	19.97	3.99	12
	Women	19.16	3.23	33

Chapter Five

Discussion and Conclusions

The results of this study indicate the importance of understanding how the type of humor and overall perception humor in therapy sessions acts as a functional method to working closely with clients. A review of past literature revealed there is more evidence supporting therapists' humor uses (Haig, 1986; Franzini, 2001; Dewane, 1978) with little information pertaining to clients' view of how humor may act as a benefit or detriment to their therapy. This study explored how clients' preference of humor in therapy session impacts clients' post-session evaluation of the therapy.

Forms of humor

The findings of this study supported the hypothesis that negative, or aggressive, humor acts as a detriment to therapy, resulting in lower session evaluation scores. Negative humor is often marked by antagonism (Swartz, 1995) and an expression of hostility (Butzer & Kuiper, 2008) and poses the possibility of hindering relationships due to the message behind the humor (de Koning & Weiss, 2002). Negative humor has the potential to create ambiguity in the therapy room because this humor can be interpreted differently by different individuals. Greater awareness of this use of humor may be worth examining to see how clients believe negative uses of humor affect overall therapy and their views of progress in therapy.

In this study, instrumental humor, or self-enhancing humor, and negative humor, or aggressive humor, were shown to lower clients' perception of session

depth, or the perceived power and value the session had. Clients preferring self-enhancing humor may be less likely to receive the take away message of the session due to this humor's function as a method for avoid the situation and meanings behind what is being said (Bacon, 2010; Butzer & Kuiper, 2008; de Koning & Weiss, 2002). The preference for aggressive humor in therapy may create a lower session depth due to a reduced satisfaction with their relationship with their therapist (Butzer & Kuiper, 2008). Negative humor in therapy typically arrives in the form of passive aggressiveness. With this passive aggressiveness comes the unwillingness to listen to the therapist's message, likely leading to the client's withdraw from the session. As the client withdraws, the session depth decreases because there is a lack of awareness pertaining to the overall value of the session and the impact the particular session may have outside of therapy (de Koning & Weiss, 2002).

The preference for positive, or affiliative, humor was found to lead to a greater perception of overall positivity post-session. If clients prefer this form of humor, this positivity could act as a strength to build on, leading to greater motivation to change and willingness to view the situation more optimistically (de Koning & Weiss, 2002). Positive humor can also create a sense of closeness with the therapist. As the therapists and clients share a therapeutic relationship, they are likely to communicate to each other a mutual understanding of the messages delivered and how to interpret these messages. This mutual awareness helps to ease tension in the session because both parties view one another as being

comparable with their words and accepting of the messages (Butzer & Kuiper, 2008, Li et al., 2009).

Gender differences and humor

Analysis of an independent *t*-test revealed men favor more negative humor than women. This result is similar to those found in another study in which men rate higher in hostility and joking than women (Crawford & Gressley, 1991). Men's preference for negative humor is apparent through their internalization of humor and overall lack of appreciation when others use humor (Ziv & Gadish, 1986; Cann et al., 2011). Women in this study were found to express more post-session arousal than men. This finding suggests women are more motivated to modify behaviors after their therapy sessions due to humor's role as a creative dimension for change (Crawford & Gressley, 1991). While men internalize humor, women find humor in external factors, appreciating humor from others and viewing it as a method of bonding relationships (Ziv & Gadish, 1989; Cann et al., 2011). A bond formed in therapy acts as a tool for encouraging growth within the individual and so affects the overall arousal, or stimulation for change, experienced by the women.

Implications for clinical practice

As the field of Marriage and Family Therapy grew, so did the techniques and interventions used. Moving away from the hierarchical relationship between therapist and clients, a more collaborative attitude to therapy came forward (Anderson & Gehart, 2007). This new approach leveled the perceived experience between therapists and clients in which therapists focused on a sense of self

within the sessions, allowing for greater self-disclosure and the idea that the clients are the expert in their problems, not the therapists. A shift in the ways of thinking about the roles of therapists and clients created greater emotional expressions by enlarging the potentiality of each client and established a greater bond between therapist and clients. Humor use in the therapy room is evident in collaborative therapeutic approaches due to the value on how the therapist engages with the clients. Depending on the client and the type of humor preferred, humor may act as a tool allowing for a deeper connection between therapist and client.

Oftentimes in therapy, clients become “stuck” in their past behaviors, hindering the process of growth. By viewing clients as real, authentic people, therapists use interventions specific to clients, encouraging the clients to eventually overcome constricted emotional approaches to problems. This personalized approach to therapy creates a relationship between the therapist and clients because the therapist tailors approaches and interventions to the clients specifically (Goldenberg & Goldenberg, 2008).

In a collaborative approach to therapy, humor may be used as a method to dislodge past ways of thinking and behaving. Humor acts as a substitute to this past approach to problems and encourages more flexible and unstructured ways of thinking and behaving. The personal integrity encouraged in the therapy room is a portion of the therapeutic process. When humor is used in therapy, the therapist may emphasize its importance to the process. A client using humor may believe the type of humor is not valuable to the outcome of the session; however, the

therapist focuses on what is being said behind the humor and its outcome, rather than the humor itself (Hall & Sereno, 2010). Humor between therapists and clients creates a feeling of belongingness of the client in the therapy room. When clients are able to view their therapists as a true voice within the room, a relationship is formed based on the sense of security (Goldenberg & Goldenberg, 2008). This security allows the clients to feel as though they are a part of the therapeutic team and so, are willing to share more and therefore grow more. Humor serves as a different tool within the therapy room to allow for greater vulnerability and uncensored thoughts and opinions between therapist and client.

By collaborating with the client in the therapy room, the therapist attempts to construct the fixed ways of thinking, creating different outlets for clients to think about the problem and explore new assumptions and behaviors. Viewing clients as independent participants in therapy, the therapist acts a collaborator with the clients, creating a construction of a reality observed in the therapy room. The therapist does not presume control of the session, but instead is interested in a cooperative task to build new outlooks on the problems (Dewane, 1978). Humor in this model acts as a method to allow for clients to think about problems being changeable. As discussed in pervious literature (Bacon, 2010; Butzer & Kuiper, 2008; de Koning & Weiss, 2002), humor serves various functions and in this case, as a way to discover previously unexplored ways of looking at the situation. A bond between therapist and client may be created through humor, allowing for a better understanding of what the end goal is for therapy. The therapist intends to help the clients reconsider the underlying meaning of the situation, and through

humor, may allow the clients to have a different pattern of thinking than prior to therapy.

In collaborative therapy, the solution to the problem does not need to match the problem specifically to be effective (Goldenberg & Goldenberg, 2008). Humor can serve as a part of the solution without being closely tied to the problem. Using humor as a skeleton key, or an intervention that can work with various problems, helps to construct a solution regardless of the origin or continued maintenance of the situation. By focusing on the language of the humor, the meaning behind the words is amplified. The therapists serve this approach minimally, ultimately disrupting previous behavior patterns and engaging in interpersonal connections that help the clients reach successful solutions (Goldenberg & Goldenberg, 2008).

Limitations, further directions, and conclusions

Although the present findings are interesting, this study should be viewed in light of its limitations. First, the use of a sample within the same geographical location restricts the generalizability of the findings. A possibility exists in which participants in the study from different socioeconomic or cultural backgrounds may report different results. Future research in this topic could examine various community bases or consider cross-cultural distinctions. Also, further investigation can focus on distinctions of personalities of both clients and therapists and how the personalities impact the post-session evaluation scores and the perceived therapeutic relationship. Observational research into this field of study would allow for greater awareness and understanding on how both

therapists and clients use humor and how the personality distinctions may impact the humor used and the overall session evaluations. Further researchers could also examine this topic using a larger scale of participants. Expanding the study to include participants from various parts of the state or country would further broaden the findings of the association between humor and therapy session evaluations across different populations.

Despite these limitations, this study offers insight into the preferences for the different types of humor in therapy. In general, the findings indicate clients' preferences for humor affects the depth of the session the most, especially when clients prefer self-enhancing or aggressive humor. The overall preference for affiliative humor creates a positivity of the session, allowing for the possibility of higher motivation to modify behaviors. Although not all individuals enjoy humor the same way, the findings are congruent with the notion that humor serves a purpose in the therapy room, whether that purpose be positive, negative, or instrumental. The differing ways men and women value humor is interesting as well, for this finding allows for greater insight into how each gender chooses and interprets their own and others' humor. An understanding of the relationship between humor preferences and perceptions in the therapy room may help to forge a strong therapeutic relationship between therapist and client.

Appendix A

Humor Styles Questionnaire (HSQ)

ID# _____

Date: _____

People experience and express humor in many different ways. Below is a list of statements describing different ways in which humor might be experienced. Please read each statement carefully, and indicate the degree to which you agree or disagree with it. Please respond as honestly and objectively as you can. Use the following scale:

Totally Disagree...1
Moderately Disagree...2
Slightly Disagree...3
Neither Agree nor Disagree...4
Slightly Agree...5
Moderately Agree...6
Totally Agree...7

1. I usually don't laugh or joke around much with other people. 1 2 3 4 5 6 7
2. If I am feeling depressed, I can usually cheer myself up with humor. 1 2 3 4 5 6 7
3. If someone makes a mistake, I will often tease them about it. 1 2 3 4 5 6 7
4. I let people laugh at me or make fun at my expense more than I should. 1 2 3 4 5 6 7
5. I don't have to work very hard at making other people laugh -- I seem to be a naturally humorous person. 1 2 3 4 5 6 7
6. Even when I'm by myself, I'm often amused by the absurdities of life. 1 2 3 4 5 6 7
7. People are never offended or hurt by my sense of humor. 1 2 3 4 5 6 7
8. I will often get carried away in putting myself down if it makes my family or friends laugh. 1 2 3 4 5 6 7
9. I rarely make other people laugh by telling funny stories about myself. 1 2 3 4 5 6 7
10. If I am feeling upset or unhappy I usually try to think of something funny about the situation to make myself feel better. 1 2 3 4 5 6 7
11. When telling jokes or saying funny things, I am usually not very concerned about how other people are taking it. 1 2 3 4 5 6 7
12. I often try to make people like or accept me more by saying something funny about my own weaknesses, blunders, or faults. 1 2 3 4 5 6 7
13. I laugh and joke a lot with my friends. 1 2 3 4 5 6 7
14. My humorous outlook on life keeps me from getting overly upset or depressed about things. 1 2 3 4 5 6 7
15. I do not like it when people use humor as a way of criticizing or putting someone down. 1 2 3 4 5 6 7

16. I don't often say funny things to put myself down. 1 2 3 4 5 6 7
17. I usually don't like to tell jokes or amuse people. 1 2 3 4 5 6 7
18. If I'm by myself and I'm feeling unhappy, I make an effort to think of something funny to cheer myself up. 1 2 3 4 5 6 7
19. Sometimes I think of something that is so funny that I can't stop myself from saying it, even if it is not appropriate for the situation. 1 2 3 4 5 6 7
20. I often go overboard in putting myself down when I am making jokes or trying to be funny. 1 2 3 4 5 6 7
21. I enjoy making people laugh. 1 2 3 4 5 6 7
22. If I am feeling sad or upset, I usually lose my sense of humor. 1 2 3 4 5 6 7
23. I never participate in laughing at others even if all my friends are doing it. 1 2 3 4 5 6 7
24. When I am with friends or family, I often seem to be the one that other people make fun of or joke about. 1 2 3 4 5 6 7
25. I don't often joke around with my friends. 1 2 3 4 5 6 7
26. It is my experience that thinking about some amusing aspect of a situation is often a very effective way of coping with problems. 1 2 3 4 5 6 7
27. If I don't like someone, I often use humor or teasing to put them down. 1 2 3 4 5 6 7
28. If I am having problems or feeling unhappy, I often cover it up by joking around, so that even my closest friends don't know how I really feel. 1 2 3 4 5 6 7
29. I usually can't think of witty things to say when I'm with other people. 1 2 3 4 5 6 7
30. I don't need to be with other people to feel amused -- I can usually find things to laugh about even when I'm by myself. 1 2 3 4 5 6 7
31. Even if something is really funny to me, I will not laugh or joke about it if someone will be offended. 1 2 3 4 5 6 7
32. Letting others laugh at me is my way of keeping my friends and family in good spirits. 1 2 3 4 5 6 7

Appendix B

Session Evaluation Questionnaire (SEQ) (Form 5)

ID# _____

Date: _____

Please circle the appropriate number to show how you feel about this session.

This session was:

bad	1	2	3	4	5	6	7	good
difficult	1	2	3	4	5	6	7	easy
valuable	1	2	3	4	5	6	7	worthless
shallow	1	2	3	4	5	6	7	deep
relaxed	1	2	3	4	5	6	7	tense
unpleasant	1	2	3	4	5	6	7	pleasant
full	1	2	3	4	5	6	7	empty
weak	1	2	3	4	5	6	7	powerful
special	1	2	3	4	5	6	7	ordinary
rough	1	2	3	4	5	6	7	smooth
comfortable	1	2	3	4	5	6	7	uncomfortable

Right now I feel:

happy	1	2	3	4	5	6	7	sad
angry	1	2	3	4	5	6	7	pleased
moving	1	2	3	4	5	6	7	still
uncertain	1	2	3	4	5	6	7	definite
calm	1	2	3	4	5	6	7	excited
confident	1	2	3	4	5	6	7	afraid
friendly	1	2	3	4	5	6	7	unfriendly
slow	1	2	3	4	5	6	7	fast
energetic	1	2	3	4	5	6	7	peaceful
quiet	1	2	3	4	5	6	7	aroused

Appendix C

Session Rating Scale (SRS V.3.0)

ID# _____

Date: _____

Please rate today's session by placing a hash mark on the line nearest to the description that best fits your experience.

	Relationship	
I did not feel heard, understood, or respected	_____	I felt heard, understood, and respected
	Goals and Topics	
We did not work on or talk about what I wanted to work on or talk about	_____	We worked on and talked about what I wanted to work on or talk about
	Approach or Method	
The therapist's approach is not a good fit for me	_____	The therapist's approach is a good fit for me
	Overall	
There was something missing in the session today	_____	Overall, today's session was right for me

Appendix D

Scoring for Humor Styles Questionnaire (HSQ)

*R = reverse score item (i.e., 1=7, 2=6, 3=5, 4=4, 5=3, 6=2, 7=1)

Affiliative Humor

1. ___ *R

5. ___

9. ___ *R

13. ___

17. ___ *R

21. ___

25. ___ *R

29. ___ *R

Total ___

Self-Enhancing Humor

2. ___

6. ___

10. ___

14. ___

18. ___

22. ___ *R

26. ___

30. ___

Total ___

Aggressive Humor

3. ___

7. ___ *R

11. ___

15. ___ *R

19. ___

23. ___ *R

27. ___

31. ___ *R

Total ___

Self-Defeating Humor

4. ___

8. ___

12. ___

16. ___ *R

20. ___

24. ___

28. ___

32. ___

Total ___

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