

Comic Relief: Examining the Protective Effects of Coping Humour on Burnout in Human Services

Michelle Lennon-Maslin

10250316

Submitted in partial fulfilment of the requirements of the Higher Diploma
at DBS School of Arts, Dublin.

Supervisor: Dr. Chris Gibbons

Head of Department: Dr. R. Reid

March 2018

Department of Psychology

DBS School of Arts

Table of Contents

1	Acknowledgements.....	1
2	Abstract.....	2
3	Introduction.....	3
3.1	From Phlegm to Black Bile: What Is Humour?.....	3
3.2	Dissecting Humour: The Three Theories.....	4
3.3	Clowning Around: Psychological Aspects of the Humour Process.....	4
3.4	Letting Off Steam: Psychological Function of Humour	5
3.5	Laughing Matter: The Neuroscience of Humour.....	6
3.6	What’s So Funny? Humour Styles.....	7
3.7	Laughter, the Best Medicine? Humour and Mental Health	8
3.8	She Who Laughs, Lasts. Coping Humour	9
3.9	A Bad Day at the Office: Burnout in Human Services	10
3.10	Whatever Gets You Through the Day: Coping Humour in Human Services....	11
3.11	The Glass Half Full. Humour and Optimism.....	12
3.12	Comic Relief: Examining the Protective Effects of Coping Humour on Burnout in Human Services.....	13
4	Method.....	15
4.1	Participants.....	15

4.2	Design	15
4.3	Materials	16
4.3.1	Demographics – Researcher’s own questionnaire.....	16
4.3.2	Optimism: Values In Action Classification – VIA.....	16
4.3.3	Coping Humour: Coping Humour Scale – CHS	16
4.3.4	Humour Styles: Humour Styles Questionnaire – HSQ	17
4.3.5	Burnout: Maslach’s Burnout Inventory – MBI	17
4.3.6	Happiness and Life Satisfaction 10-point scale.....	18
4.4	Procedure	18
4.5	Data analysis	19
5	Results.....	21
5.1	Quantitative Analysis.....	21
5.2	Descriptive Statistics.....	21
5.3	Hypothesis Testing using Inferential Statistics.....	23
5.3.1	Multiple Regression Hypothesis I & II.....	23
5.3.2	Independent Samples T-Test Hypothesis III	28

5.3.3	Pearson Coefficient Correlation Hypothesis IV	29
5.4	Qualitative Analysis.....	30
5.4.1	Thematic Analysis	30
5.4.2	Humour as a Tool or Intervention in the Human Services Workplace	31
5.4.3	Humour and Human Services Workplace Relationships	32
5.4.4	Humour Timing, Styles and Appropriate Use in the Human Services Workplace.....	33
5.4.5	Humour to Cope with Human Services Workplace Stress and Tension	35
6	Discussion.....	36
6.1	Summary of Main Findings	36
6.1.1	Coping Humour as a “Buffer” against Burnout in Human Services	36
6.1.2	Optimism, Humour, Happiness, Life Satisfaction and Burnout.....	37
6.1.3	Sex Differences in Humour Styles in Human Services.....	41
6.1.4	Age, Differences in Humour Styles and Life Satisfaction	42
6.2	Limitations and Implications for Future Research.....	42
6.3	Conclusion	43

References	45
Appendix A Information Sheet.....	51
Appendix B Battery of Tests	52

List of Figures and Tables

<i>Table 1: Descriptive Statistics</i>	21
<i>Table 2: Correlations between Predictor and Outcome Variables in Human Services</i>	22
<i>Table 3: Regression model with Emotional Exhaustion</i>	23
<i>Table 5: Regression model with Depersonalisation</i>	24
<i>Table 4: Regression model with Personal Achievement</i>	25
<i>Table 6: Regression model with Happiness</i>	26
<i>Table 7: Regression model with Life Satisfaction</i>	27
<i>Table 8: An Independent Samples T-Test displaying the differences in humours styles used between the sexes</i>	28
<i>Table 9: Descriptive Statistics for Age and Affiliative Humour</i>	29
<i>Table 8: Pearson Correlation model for Age and Affiliative Humour</i>	
<i>Figure 1: NVIVO Word Cloud Humour in Human Services Analysis</i>	30
<i>Figure 2: Four thematic categories of Humour in Human Services analysis including sub-themes for each category</i>	31

1 Acknowledgements

The researcher would like to thank all who participated in this study without whom it would not have been possible. Also, a special thanks to my supervisor Dr. Chris Gibbons for his patience, advice and guidance during this process. I would also like to thank my husband Paul Maslin for his on-going support and encouragement and would like to dedicate this thesis to my mother, who nurtured optimism in me and to my father, who taught me to see the funny side of life. R.I.P. Dad.

2 Abstract

The use of coping humour in high-stress occupations has been identified as key in the avoidance of burnout (Figley, 2002, p. 139). This study used a mixed method approach to examine how human services professionals, e.g. nurses, social care workers etc., use humour as a “buffer” against burnout. Snowball and purposive sampling was used to recruit 164 participants. The study found that certain humour styles and positive psychological traits such as optimism support coping, enhance workplace relationships and can contribute to wellbeing and life satisfaction. Further, findings demonstrate that female participants used humour to improve group cohesion, whereas males used it to make themselves feel better but sometimes at the expense of others. Although little research has been carried out into humour and aging, this study found that older participants used less affiliative or relationship-enhancing humour in the workplace but are more satisfied with life than their younger counterparts.

We may ask whether the topic of jokes is worth such trouble? As I see it, there is no doubt about it. Quite apart from the personal motives which urge me to acquire insight into the problems of the joke, and which will come to light in the course of these studies, I can call on the fact of the intimate interconnections between everything that goes on in the psyche.

Sigmund Freud - The Joke and Its Relation to the Unconscious, 1940

3 Introduction

The American essayist and humourist E. B. White supposedly said that: “Analysing humour is like dissecting a frog. You understand it better, but the frog dies in the process!” The aim of this research is not to analyse humour but to examine its protective effects on burnout in human services. The study will examine how professionals use humour in their workplace, and whether it helps them cope with the many challenges presented there.

3.1 From Phlegm to Black Bile: What Is Humour?

The word humour originates from the Latin “humere” meaning “moisture” and was used in medieval physiology to describe how an individual’s health and disposition were the result of a balance of four fluids or humours – blood, phlegm, yellow and black bile - in the body (“Definition of HUMOR,” 2017).

It is a broad term, and while there is no consensus on what humour is specifically, it generally refers to anything that a person does or says which is perceived as funny and makes others laugh. It is also those mental processes involved in producing and perceiving an amusing stimulus and the emotional response to this (Martin, 2010, p. 5).

3.2 *Dissecting Humour: The Three Theories*

Humour has not always been looked upon favourably. In fact, many of the most well-cited philosophers including Plato had a negative view of laughter and humour, even going so far as to advise that it was something, which negatively influenced a person's self-control and was best avoided" (Morreall, 2016). Out of these philosophical views arose psychological theories of humour such as the Superiority theory, the Relief theory and the Incongruity theory. The Relief and Incongruity theories are applied today (Morreall, 2016).

The Relief Theory explains humour as a kind of instrument of tension or stress relief and was developed by the psychoanalyst Sigmund Freud (Morreall, 2016). In his *Jokes and Their Relation to the Unconscious* (1905), Freud suggests that humour provides an individual with an opportunity to broach taboo subjects in an acceptable format, and that in laughing a person's fears are subsequently disarmed. Further, he proposed that humour allows suppressed emotions to come to the surface (Freud, Strachey, & Richards, 1991).

The Incongruity Theory, the dominant theory of humour today, proposes that humour arises when a person perceives something as incongruous or inconsistent with their existing mental frameworks, or schemas (Morreall, 2016).

3.3 *Clowning Around: Psychological Aspects of the Humour Process*

From a psychological point of view, there are four central aspects of the humour process. Firstly, there is the social aspect; people usually laugh and joke when they are around others. Humour therefore represents playful interaction (Martin, 2010, p. 6). Secondly, there are cognitive processes involved in humour production, which require mentally processing information from the environment and from memory, being creative with

words, ideas or non-verbal communication, and recognizing them as playful and humorous (Martin, 2010, p. 6).

The emotional aspect of humour also involves the experience of humour as something pleasurable, and which elevates mood. As Shakespeare wrote:

“And frame your mind to mirth and merriment:

Which bars a thousand harms and lengthens life” (Shakespeare, 1768, p. 142).

A term that is often used to describe the emotion associated with humour is “mirth” meaning cheerfulness or joviality (“Thesaurus results for MIRTH,” 2017). Laughter and other humour-related behaviours are regarded as an expressive display of mirth: the more intense the emotion, the stronger its expression will be. Mirth leads to stimulation of the autonomic nervous system and influences an individual’s subjective experience of that emotion (Martin, 2010, p. 155).

The fourth aspect of humour involves the expressive elements such as smiling and laughter. Humour appreciation can also be expressed through these behaviours, the purpose of which is to indicate to others that an individual is feeling amused or playful. (Martin, 2010, p. 10).

3.4 Letting Off Steam: Psychological Function of Humour

Humour like mirth is considered a positive emotion, which can improve a person’s emotional wellbeing and cognitive abilities, and which plays an important role in the formation and maintenance of various kinds of interpersonal relationships such as romantic, platonic and groups (Shiota, Campos, Keltner, & Hertenstein, 2004). It is therefore an important tool, which people use to influence others in a social scenario (Martin, 2010, p. 17).

As Freud observed, humour can also be used to relieve tension and cope with adversity. It provides a means to cognitively re-appraise a stressful or threatening situation by interpreting this as funny or amusing, which in turn facilitates coping and adjustment (Kuiper, Martin, & Olinger, 1993). Some studies have found that humour has physiological and mental benefits such as speeding up recovery from stress-related symptoms (Fredrickson & Levenson, 1998) and supporting emotional regulation (Gross & Muñoz, 1995).

3.5 *Laughing Matter: The Neuroscience of Humour*

In the field of neuroscience some research has been conducted into examining what parts of the brain are associated with different aspects of humour appreciation such as the semantic or emotional aspects. Examining the neural basis of humour reveals that humour appreciation activates a large part of the cortical and sub-cortical areas of the brain, which underlie numerous emotional and cognitive functions (Vrticka, Black, & Reiss, 2013).

Research using functional Magnetic Resonance Imaging (fMRI) indicates that certain areas of the right hemisphere are associated with a higher readiness to become amused, whereas other regions such as the limbic brain areas are related to humour comprehension and emotional reactions to jokes (Rapp et al., 2008). Yet other studies have revealed that the amygdala is activated during humour processing. One of the most important functions of the amygdala is to detect interactions that are of social significance in humans. The involvement of this area of the brain in humour processing highlights the importance of humour as a social process (Vrticka et al., 2013).

Further neuroscientific research indicates that during humour appreciation activity in reward-related brain areas increases, which is associated with positive feelings of pleasure and joy, but in individuals with mood disorders such as depression, humour appreciation

activity has been shown to be reduced (Vrticka et al., 2013). Impaired humour processing has also been identified in people with autism, schizophrenia and acquired brain injury. This has been linked to disturbed Theory of Mind or ToM mechanisms: fMRI has revealed deficits in right frontal lobe functioning (Vrticka et al., 2013, p. 866). However, there is a fundamental problem with attributing brain differences as the cause of behaviours, thoughts and feelings, and neglecting the effects of the environment, in particular the effects of medication such as anti-psychotics and anti-depressants on a person's ability to process humour (Cromby, Harper, & Reavey, 2013, pp. 263–264).

3.6 What's So Funny? Humour Styles

Research has identified four distinct styles of humour, which describe individual differences in their use, and also indicate the user's intention and behaviour in a given circumstance (Romero & Cruthirds, 2006). Some humour styles are conducive to well-being, however there are other forms that are less beneficial and have a negative effect on interpersonal relationships (Dyck & Holtzman, 2013).

Affiliative humour focuses on improving social interaction. People employing this kind of humour tell jokes or funny stories, which are non-threatening, non-hostile and affirming. It is usually used to ease interpersonal tension, aid relationship building and create a positive atmosphere (Romero & Cruthirds, 2006). Individuals who use affiliative humour are perceived by others as more affable and attractive. They also experience more intimate and harmonious relationships with others. When assessed, these individuals tend to have lower levels of depressive symptoms and higher levels of life satisfaction and social support (Dyck & Holtzman, 2013).

People who use a self-enhancing humour style usually do so with the intention of enhancing their image within a group. They are more emotionally robust because they tend to see the funny side of things, maintain a positive outlook on life and use humour to counteract the effects of stress. They are however more focused on themselves as opposed to contributing to group cohesion (Romero & Cruthirds, 2006). They demonstrate lower levels of depressive symptoms and higher levels of life satisfaction and social support (Dyck & Holtzman, 2013).

An aggressive humour style is used to ridicule, disparage or victimise others. People who use aggressive humour strive to make themselves feel better at the expense of another. This kind of humour is often perceived as threatening to people on the receiving end (Romero & Cruthirds, 2006). There is no significant correlation between aggressive humour and depressive symptoms, nor life satisfaction and social support (Dyck & Holtzman, 2013).

Individuals who use more self-defeating humour tend to make fun of themselves to amuse and ingratiate themselves to others (Romero & Cruthirds, 2006). These individuals come across more approachable but have higher levels of depressive symptoms and lower levels of life satisfaction and perceived social support (Dyck & Holtzman, 2013).

3.7 Laughter, the Best Medicine? Humour and Mental Health

Using humour can de-escalate a potentially threatening situation or can reframe how a person perceives stressful circumstances. Humour is however a complex process and it is how humour is used that will determine its impact on an individual's mental health. If humour is used in a way that is sensitive to one's own needs as well as those of others, it can lead to improved emotional well-being and more satisfactory relationships with others. If, on the other hand, humour is used in a way that is excessively disparaging towards the self or

involves ongoing avoidance in dealing with underlying emotional issues, it may only provide temporary feelings of relief and difficulties may resurface. Equally, if humour is used aggressively to ridicule, alienate or tease another, this can result in interpersonal difficulties, increased conflict and damaged self-esteem in recipients (Martin, 2010, p. 306).

3.8 *She Who Laughs, Lasts. Coping Humour*

Coping is defined as those mechanisms, which a person uses to manage stressful situations. Coping with stress can be considered a dynamic process, in which an individual mobilises their resources to deal with the demands of an environment such as the workplace. This process occurs over time and involves interaction between the environment and the person (Taylor, 2017, p. 135). Negative mood or affect, present in conditions such as depression, may also result in a stressful event having a greater effect (Taylor, 2017, p. 135).

Coping strategies influence the psychological outcome of the stressful event and can also have physiological benefits such as enhanced mood, increased pain tolerance and decreased muscle tension (Buxman, 2008). Humour is considered one of those strategies, which people use to cope with a variety of stressors such as illness, traumatic events or workplace stressors. It is believed that this is because humour involves incongruity, and so enables a person to re-appraise a stressful situation from a less threatening perspective (Martin, 2010, p. 282). Much research has examined the use of humour as a coping strategy, even in catastrophic and traumatic circumstances such as war or traumatic workplace stressors. In a study conducted in 2002, researchers investigated the effectiveness of nine categories of coping used by civilians during air raids in Yugoslavia in 1999. Researchers found that while many other factors such as personality traits, previous stressful life events and the nature of the traumatic event itself are important influences on the psychological

outcome following exposure to a traumatic event, the kinds of coping strategies employed by individuals are also an important factor. Humour was reported to be one strategy used to cope by 8.6% of participants during the air attacks (Gavrilovic et al., 2003).

As one writer summarised it, humour “proposes an illogical, even a psychotic, response to irresolvable dilemmas and offers a way of being sane in an insane place” (Kuhlman, 1988).

3.9 *A Bad Day at the Office: Burnout in Human Services*

Certain professionals such as healthcare providers, social workers and prison officers are considered particularly at risk of stress and burnout, because they are frequently witness to others’ trauma. These kinds of occupations are termed human services and can be defined as “a diverse array of occupations, including nurses, physicians, health aides, social workers, health counsellors, therapists, police, correctional officers, clergy, and other fields focused on helping people live better lives by offering guidance, preventing harm, and ameliorating physical, emotional or cognitive problems” (“MBI,” 2017). These occupations are often referred to as the “helping professions” and frequently involve circumstances, which are highly emotional and stressful. This kind of work can become very draining and poses the risk of ‘burnout’ to the worker (Moran, 2002, p. 139).

Burnout is “a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do ‘people-work’ of some kind” (Maslach & Jackson, 1981).

Burnout syndrome is characterised by the presence of emotional exhaustion, depersonalisation and feeling low on personal achievement (Maslach & Jackson, 1981).

Burnout can have very serious consequences for both the worker and the organisation who employs them. It is correlated with high job turnover, absenteeism and low staff morale.

Additionally, people experiencing burnout report high levels of “personal distress, including physical exhaustion, insomnia, increased use of alcohol and drugs, and marital and family problems” (Maslach & Jackson, 1981). There is some evidence to suggest that people at risk of burnout syndrome have high expectations of themselves and are often idealists with a strong sense of purpose (Storey, 2014). As one author put it, “no one burns out, who wasn’t on fire to begin with” (Chase, 2014).

3.10 Whatever Gets You Through the Day: Coping Humour in Human Services

Among the research examining the protective effects of coping humour in the workplace, many studies have focused specifically on individual human services occupations. Those using quantitative methods alone have turned up mixed results (Martin, 2010, p. 288). For example, one study examined the use of coping humour among healthcare staff working with HIV and oncology patients. This research found that higher levels of coping humour in the form of cynicism or black humour were correlated with higher levels of emotional exhaustion (Dorz, Novara, Sica, & Sanavio, 2003). Another qualitative study undertaken with staff at a psychiatric clinic in the USA found that the use of aggressive humour forms such as sarcasm, cynicism and the so-called Gallows Humour undermines therapeutic relationships with patients and contributes to low staff morale (Sayre, 2001). Gallows humour refers to a kind of black humour used in traumatic or extremely stressful situations, often where there is a serious threat to life or physical integrity. The term comes from the medieval practice of telling jokes about a condemned person during a hanging or execution. It is characterised using cynicism, sarcasm and mockery of clients amongst staff. (Christopher, 2015).

3.11 The Glass Half Full. Humour and Optimism

According to Martin Seligman, rather than being innate, optimism just like helplessness can be learned. Seligman's concept of Explanatory Style describes how an individual will explain their life challenges and issues in a certain way, either positively or negatively, and arising from this, they will attempt to resolve it or remain feeling helpless. In other words, how a person perceives their life problem or issue will determine how they chose to act on this. Therefore, optimism is considered a way of thinking. which works along a continuum going from someone being extremely pessimistic to being extremely optimistic. Most people can be placed somewhere along this continuum (Seligman, 2006, pp. 2–5).

In a study carried out by Maiolino and Kuiper (2014), the researchers set out to examine how people with high levels of positive psychological traits use the various humour styles. The study focused on two areas, the first being possible correlations between positive psychology traits and each of the four humour styles. The second was whether the combination varying levels of positive psychology traits and the use of the four humour styles might predict psychological well-being. Various scales were used to measure the positive personality constructs such as the Subjective Happiness Scale, as well as the Humour Styles Questionnaire. The study concluded that in relation to psychological well-being, higher levels of positive psychology traits and the self-focused humour styles predicted higher levels of subjective happiness (Maiolino & Kuiper, 2014). Another significant conclusion in this research was that humour has already been identified as one of the 24 positive character strengths in Seligman's VIA or values in action inventory. The VIA does not however consider that humour comes in various forms and that it is how it is used that is of significance in predicting psychological well-being. (Maiolino & Kuiper, 2014).

3.12 Comic Relief: Examining the Protective Effects of Coping Humour on Burnout in Human Services

Humour is regarded as one of the most effective forms of coping with life stresses (Freud et al., 1991). Although there is much research available on the protective effects of coping humour in the workplace, much of this research has focused on specific occupations such as nurses, paramedics or fire-fighters (Sliter, Kale, & Yuan, 2014). This research will focus on human services across-the-board and on the “buffering” effects of coping humour on burnout. It is hypothesised that there will be a relationship between the use of coping humour as a protective factor and burnout in human services occupations.

As mentioned, research suggests positive psychology traits such as optimism and the use of humour are more strongly related to well-being. Further, the use certain styles of humour are less beneficial emotionally and can lead affect wellbeing (Martin, Puhlik-Doris, Larsen, Gray, & Weir, 2003)., so that this research will examine how levels of optimism and humour styles are correlated the various components of burnout

Age and gender are important factors in the use of coping humour and the different humour styles employed. Research in this area suggests that the humorous potential of a situation is not only dependent on the nature of the material but also on the sex of the person involved. According to these findings, women use humour to improve group cohesion and intimacy, whereas men employ humour to impress others, come across as funny and project a more positive image of themselves (Aillaud & Piolat, 2012).

Although very little research has been carried out into how humour changes over the lifespan, some studies have found that older adults prefer less affiliative humour styles than their younger counterparts (Martin, 2010, p. 10). Also, older women seem to have an

increased ability to use humour to cope with stress compared to younger women (Greengross, 2013). Therefore, this research also aims to examine age as a factor in humour use in human services. The Comic Relief research hypotheses are as follows:

H1: There will be a significant correlation between coping humour and wellbeing. For Emotional Exhaustion and Depersonalisation, it will be negative and for Personal Achievement, it will be positive.

H2: There will be a significant correlation between optimism and humour styles and wellbeing. For Emotional Exhaustion and Depersonalisation, it will be negative and for Personal Achievement it will be positive.

H3: There will be sex differences in the style of humour i.e. self-enhancing and aggressive humour used

H4: There will be a relationship between age and the style of humour i.e. affiliative humour used

4 Method

4.1 *Participants*

Participants were 164 human services professionals from various occupations. Of these 28 participants were male, 132 were female; 2 participants did not specify gender. Participants ranged in age from 20 to 74 years and the mean age was 41.2 years. Participants were divided into 25 occupational groups with the top 2 comprising of 46 Nursing professionals i.e. Mental Health, General and Clinical Nurse Specialists representing 28.5% of participants. 40 Social Care Workers or 24.7% of participants were from various sectors such as Residential Child Care, Disability Services and Addiction Support. No monetary payment was offered for their contribution.

4.2 *Design*

To test the research question, a mixed methods design was undertaken using quantitative and qualitative measures. Participants were recruited using purposive and snowball sampling. The following variables were measured using self-reporting questionnaires: optimism, coping humour, humour styles and burnout. The predictive variables were optimism, coping humour and the 4 humour styles and included demographic information that is age and gender. The criterion variable were those burnout variables: emotional exhaustion, depersonalisation, and personal achievement, and also happiness and life satisfaction.

4.3 *Materials*

4.3.1 *Demographics – Researcher’s own questionnaire*

Data was collected using a brief demographics questionnaire to collate information on age, gender, occupation, mode of employment, length of service and whether employed in human services currently using the researcher’s own questionnaire. (See Appendix A).

4.3.2 *Optimism: Values In Action Classification – VIA*

As part of the online survey participants were asked to complete the VIA scale or Values In Action Classification, which is a widely used framework for helping individuals discover and explore their character strengths. In this study it measures optimism. It is an 8-item self-report instrument measured on a 5-point Likert scale with 1= Strongly Agree and 5 = Disagree. Participants were asked to place themselves on the appropriate point on the scale in relation to statements such as “Remain hopeful despite challenges” or “Look on the bright side”. Responses are averaged within scales, all of which have satisfactory internal validity and reliability measured by Cronbach’s alpha coefficient ($\alpha > .70$) (Park, Peterson & Seligman, 2004).

4.3.3 *Coping Humour: Coping Humour Scale – CHS*

Participants were also asked to complete the Coping Humour Scale (CHS), which consists of 7 items, each of which is a self-descriptive statement about the use of humour in coping with life stress. The CHS consists of 7 items. Participants were asked to rate the degree to which each statement describes them on a scale from 1 (strongly disagree) to 4 (strongly agree). Sample items are “I usually look for something comical to say when I am in tense situations,” and “It has been my experience that humour is often a very effective way of

coping with problems.” Internal consistencies of $\alpha = .60$ to $.70$ demonstrate reliability and evidence of validity includes significant correlations with peer ratings of humour, rated funniness of humorous monologues created in stressful situations, and scores on other self-report measures of humour, self-esteem, psychological well-being, coping, etc. (Martin & Lefcourt, 1983).

4.3.4 *Humour Styles: Humour Styles Questionnaire – HSQ*

The Humour Styles Questionnaire (HSQ) consists of 32 items, each of which is a self-descriptive statement about particular uses of humour. Participants were asked to rate the degree to which each statement describes them on a scale from 1 (totally disagree) to 7 (totally agree). Scores are obtained for 4 subscales relating to potentially beneficial and detrimental ways people typically make use of humour in their everyday lives namely Affiliative Humour, Self-Enhancing Humour, Aggressive Humour and Self-Defeating Humour. The HSQ is useful for assessing both positive and negative styles of humour in correlational research on the role of humour in psychological health and well-being. Across many studies, the HSQ has been shown to have good internal and test-retest reliability, plus good validity. Reliability of the four scales is demonstrated by internal consistencies of $\alpha = .77$ to $.81$. Evidence of validity includes theoretically meaningful differential correlations with other measures of sense of humour, self-esteem, psychological well-being, hostility, coping, intimacy, social support, relationship satisfaction, five-factor model of personality, etc. (Martin, Puli-Doris, Larsen, Gray & Weir, 2003).

4.3.5 *Burnout: Maslach’s Burnout Inventory – MBI*

Maslach’s Burnout Inventory for Human Services (MBI-HSS) comprising of 3 subscales, namely Emotional Exhaustion, Depersonalisation and Personal Achievement, was

used to measure levels of burnout in human services professionals. The MBI-HS is a 22 item self-report scale, which measures the 3 aspects of burnout. Under Emotional Exhaustion statements such as “I feel emotionally drained from my work” required participants to place themselves on the most appropriate point on a 7-point Likert scale with 1 = Never and 7 = Every Day. With regards to Depersonalisation, similarly participants were required to place themselves on the appropriate point on the scale regarding statements such as “I feel I treat some clients as if they were impersonal objects”. Statements such as “I deal very effectively with the problems of my clients” were used to measure Personal Achievement with participants given the same instruction. Various psychometric analysis demonstrate that the scale has high validity as a measure of burnout in human services occupations (Maslach & Jackson, 1981). Cronbach’s Alpha measured $\alpha = .833$ indicating high internal reliability.

4.3.6 Happiness and Life Satisfaction 10-point scale

Two scales were created by the researcher asking participants to rate themselves on a scale of 1 to 10 regarding how happy they are and how satisfied they are with their lives. These were intended to collect information on these factors as outcome variables.

4.4 Procedure

Using social media and specific social media forums for various human services occupations, participants were invited online to voluntarily participate in a short survey designed by the researcher using a Google Forms template to ascertain their use of coping humour and humour styles in the workplace and assess their levels of optimism as well as aspects of workplace burnout. As per the ethical requirements, written consent from forum administrators was obtained prior to circulating the survey online and submitted to the Chairperson of DBS Ethics Board.

Ethical considerations, consent and right to withdraw were outlined on the information page of the survey, as well as contact details for both the researcher and their supervisor provided. Participants were also asked to confirm that they were over 18 years and, to give their consent to participate by clicking on the appropriate box on the survey before proceeding. The first four sections required participants to choose from several options by clicking on the box of their choice. These responses were transposed into Excel 2016 and converted from text to numerical data, then further transposed to SPSS Statistics 24 software. The fifth section provided a space for participants to make a statement in relation to how they use humour in the workplace and these responses were used to undertake the qualitative component i.e. a thematic analysis using NVIVO 11 software. The final page provided contact details for support services in the case that the survey had raised any issues for the participant.

The researcher removed 2 out of 164 responses as none of the scale questions nor the statement request had been answered leading her to question the quality of the data. This resulted in data being reported on 162 participants in total.

4.5 *Data analysis*

An Independent samples t-test was used to analyse the difference between males and females in humour styles used. A Pearson coefficient correlation was used to determine, whether there was a relationship between age and humour styles used. Further correlations were run between the outcome variables Happiness, Life Satisfaction and each component of the MBI scale, namely Emotional Exhaustion, Depersonalisation, and Personal Achievement and the predictor variables Age, Optimism, Coping Humour, the four humour styles to identify those variables, which should be entered into the regression. Multiple Regression was then run

using those variables producing a significant result to examine the way in which they relate to each other. The assumptions for using regression were checked and confirmed i.e. the criterion variable was always continuous; the Mahalanobis' distance values indicated there were no substantial outliers; the residual scores were normally distributed and not related to the predicted values; and tolerance values did not exceed 0.2, indicating that there was no multicollinearity.

5 Results

5.1 Quantitative Analysis

The results of the current study consist of an analysis of the relationships between the measured variables of optimism, coping humour, affiliative, self-enhancing, aggressive and self-defeating humour styles and burnout among the sample. This is done through a series of descriptive and inferential statistics based on the outcomes of the hypothesis outlined earlier.

5.2 Descriptive Statistics

Table 1: Descriptive Statistics

Descriptive Statistics							
	N	Range	Min	Max	Mean	SD	Variance
Age	159	54	20	74	41.21	10.851	117.748
Optimism	158	20	20	40	30.44	4.101	16.822
Coping Humour	108	10	18	28	24.06	2.229	4.969
Affiliative Humour	151	39	17	56	42.89	8.605	74.042
Self-Enhancing Humour	147	42	13	55	36.56	9.429	88.905
Aggressive Humour	151	38	8	46	26.58	7.858	61.751
Self-Defeating Humour	152	46	9	55	29.75	9.716	94.401
Emotional Exhaustion	153	12	12	63	30.76	13.058	170.523
Depersonalisation	155	5	5	35	11.86	6.377	40.668
Personal Achievement	150	10	10	49	35.01	6.456	41.685
Happiness	157	9	1	1	7.14	1.554	2.416
Life Satisfaction	157	9	10	10	7.14	1.554	2.416

Above is a descriptive statistics table showing the total number of participants and their scores on the various scales. The table shows the mean and standard deviation, as well as the range and the variance.

Table 2: Correlations between Predictor and Outcome Variables in Human Services

Wellbeing Measures					
Factors/Predictors	Emotional exhaustion	Depersonalisation	Personal Achievement	Happiness	Life Satisfaction
Age	-.083	-.029	-.072	.151	.182*
Optimism	-.341**	-.289**	.144	.515**	.531**
Coping Humour	-.056	-.012	.295**	.184*	.157*
Affiliative Humour	-.116	-.129	.681**	.135	.152
Self-Enhancing Humour	-.136	.037	.621**	.249**	.210**
Aggressive Humour	.065	.333**	.183*	-.239**	-.202*
Self-Defeating Humour	.239**	.299**	.659**	-.205*	-.095

The table above shows the results for those correlations run to identify the predictor variables, which should be entered into the regression. It illustrates that emotional exhaustion is negatively correlated with optimism but is positively correlated with self-defeating humour. Depersonalisation is positively correlated with self-defeating and aggressive humour, and negatively correlated with optimism. Personal achievement is positively correlated with coping humour, affiliative, self-enhancing, aggressive and self-defeating

humour. Further, happiness is positively correlated with optimism and self-enhancing humour and negatively correlated with aggressive and self-defeating humour. Life satisfaction is positively correlated with age, optimism, coping humour and self-enhancing humour but negatively correlated with aggressive humour.

5.3 Hypothesis Testing using Inferential Statistics

5.3.1 Multiple Regression Hypothesis I & II

Table 3: Regression model with Emotional Exhaustion

Regression Model with Emotional Exhaustion					
Model	Unstandardized Coefficients		Standardized Coefficients		
2	B	Std. Error	Beta	t	Sig.
(Constant)	5.827	.889		6.552	.000
Optimism	-.915	.209	-.321	-4.38	.000
Self-Defeating Humour	.282	.028	.436	9.970	.000

Dependent Variables: Emotional Exhaustion

R squared = .165, Adjusted R squared = .154

Multiple regression was used to test whether Optimism and Self-Defeating Humour were predictors of Emotional Exhaustion in the human services workplace. The results of the regression indicated that the two predictors explained 15% of the variance ($R^2 = .15$, $F(2, 158) = 15.4$, $p < .001$). It was found that Optimism significantly predicted Emotional Exhaustion ($\beta = -.32$, $p < .001$, 95% CI = -1.33 - -.502) as did Self-Defeating Humour ($\beta = .228$, $p = .002$, 95% CI = .10 - .45). As the table above shows as optimism increases the lower

was the reported emotional exhaustion, but as self-defeating humour increases, the higher was the reported emotional exhaustion.

Table 4: Regression model with Depersonalisation

Regression Model with Depersonalisation					
Model	Unstandardized Coefficients		Standardized Coefficients		
3	B	Std. Error	Beta	t	Sig.
(Constant)	2.467	.945		2.610	.010
Optimism	-.509	.196	-.199	-2.595	.010
Self-Defeating Humour	.239	.080	.224	2.971	.003
Aggressive Humour	.275	.105	.208	2.615	.010

Dependent Variables: Depersonalisation

R squared = .193, Adjusted R squared = .177

Multiple regression was used to test whether Optimism, Self-Defeating and Aggressive Humour were predictors of Depersonalisation in the human services workplace. The results of the regression indicated that the three predictors explained 18% of the variance ($R^2 = .18$, $F(3, 157) = 12.25$, $p < .001$) It was found that Optimism significantly predicted Depersonalisation ($\beta = -.199$, $p = .01$, 95% CI = $-.896 - -.121$) as did Self-Defeating Humour ($\beta = .224$, $p = .003$, 95% CI = $.080 - .397$) as did Aggressive Humour ($\beta = .208$, $p = .01$, 95% CI = $.067 - .483$). As the table above shows, as optimism increased, the lower was the reported depersonalisation, but as self-defeating and aggressive humour increases, the higher was the depersonalisation reported.

Table 5: Regression model with Personal Achievement

Regression Model with Personal Achievement					
Model	Unstandardized Coefficients		Standardized Coefficients		
1	B	Std. Error	Beta	t	Sig.
(Constant)	.473	.288		1.641	.103
Coping Humour	-.088	.088	-.043	-.994	.322
Self-Defeating Humour	.282	.028	.436	9.970	.000
Aggressive Humour	.133	.033	.167	4.052	.000
Self-Enhancing Humour	.195	.032	.290	6.012	.000
Affiliative Humour	.335	.036	.446	9.423	.000

Dependent Variables: Personal Achievement

R Squared = .772, Adjusted R squared = .765

Multiple regression was used to test whether Coping Humour, Affiliative, Self-Defeating, Aggressive and Self-Enhancing Humour were predictors of Personal Achievement in the human services workplace. The results of the regression indicated that these predictors explained 76% of the variance ($R^2 = .765$, $F(5, 158) = 103.9$, $p < .001$). It was found that Self-Defeating Humour significantly predicted Personal Achievement ($\beta = .44$, $p < .001$, 95% CI = .226 - .338) as did Affiliative ($\beta = .45$, $p = .001$, 95% CI = .265 - .406), Aggressive ($\beta = .17$, $p = .001$, 95% CI = .068 - .198) and Self-Enhancing Humour ($\beta = .29$, $p = .001$, 95% CI = .131 - .259). The final regression model explained 76% of the variance in Personal

achievement scores. As the table shows coping humour and the four humour styles accounted for the most variance in personal achievement. As coping humour and the various humour styles in human services increased, so did personal achievement.

Table 6: Regression model with Happiness

Regression Model with Happiness						
Model		Unstandardized Coefficients		Standardized Coefficients		
1		B	Std. Error	Beta	t	Sig.
	(Constant)	2.220	1.229		1.805	.073
	Optimism	1.343	.242	.459	5.544	.000
	Self-defeating Humour	-.206	.099	-.166	-2.069	.040

Dependent Variables: Happiness

R Squared = .274, Adjusted R squared = .249

Multiple regression was used to test whether Optimism, Coping Humour, Self-Enhancing, Aggressive and Self-defeating Humour were predictors of Happiness in the human services. The results of the regression indicated that these predictors explained 25% of the variance ($R^2 = .274$, $F(5, 153) = 11.17$, $p < .001$). It was found that Optimism significantly predicted Happiness ($\beta = .46$, $p < .001$, 95% CI = .865 – 1.822) as did Self-defeating Humour ($\beta = -.166$, $p = .04$, 95% CI = -.408 - -.009). The final regression model explained 25% of the variance in Happiness scores. As the table shows, Optimism and Self-defeating humour accounted for the most variance in Happiness. As Optimism increased, so did Happiness and as Self-defeating Humour increased, Happiness decreased.

Table 7: Regression model with Life Satisfaction

Regression Model with Life Satisfaction						
Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	1.410	1.271		1.109	.269
	Age	.024	.010	.171	2.440	.016
	Optimism	1.538	.242	.514	6.352	.000

Dependent Variables: Life Satisfaction

R Squared = .286, Adjusted R squared = .262

Multiple regression was used to test whether Age, Optimism, Coping Humour, Self-Enhancing and Aggressive Humour were predictors of Life Satisfaction in the human services. The results of the regression indicated that these predictors explained 26% of the variance ($R^2 = .286$, $F(5, 152) = 11.8$, $p < .001$). It was found that Age significantly predicted Life Satisfaction ($\beta = .17$, $p = .02$, 95% CI = .004 – .043) as did Optimism ($\beta = -.514$, $p < .01$, 95% CI = 1.058- 2.016). The final regression model explained 29% of the variance in Life Satisfaction scores. As the table shows, Age and Optimism accounted for the most variance in Life satisfaction. As Age and Optimism increased, so did Life Satisfaction.

5.3.2 Independent Samples T-Test Hypothesis III

Table 8: An Independent Samples T-Test displaying the differences in humours styles used between the sexes

Group Statistics							
Humour Styles	Gender	N	Mean	SD	t	df	p
Affiliative Humour	Female	132	5.34	1.086	-.284	158	.777
	Male	28	5.40	.834			
Self-Enhancing Humour	Female	132	4.44	1.241	-2.583	55.332	.012
	Male	28	4.94	.840			
Aggressive Humour	Female	132	3.28	.981	-2.175	158	.031
	Male	28	3.72	.936			
Self-Defeating Humour	Female	132	3.70	1.236	-.274	158	.784
	Male	28	3.77	.931			

An Independent samples t-test found that there was a statistically significant difference in the levels of Self-Enhancing reported between males ($M = 4.94$, $SD = .84$) and females ($M = 4.44$, $SD = 1.24$) ($t(55) = -2.58$, $p = .012$, $CI(95\%) = -.881 > -.111$). Further, an Independent samples t-test found that there was a statistically significant difference in the levels of Aggressive humour reported between males ($M = 3.72$, $SD = .936$) and females ($M = 3.28$, $SD = .981$) ($t(41) = -2.24$, $p = .031$, $CI(95\%) = -.837 > -.044$).

5.3.3 Pearson Coefficient Correlation Hypothesis IV

Table 9: Descriptive Statistics for Age and Affiliative Humour

Descriptive Statistics			
	Mean	Std. Deviation	N
Age	41.21	10.851	159
Affiliative Humour	5.35	1.052	162

Table 10: Pearson Correlation model for Age and Affiliative Humour

Correlations			
		Age	Affiliative Humour
Age	Pearson Correlation	1	-.228**
	Sig. (2-tailed)		.004
	N	159	159
Affiliative Humour	Pearson Correlation	-.228**	1
	Sig. (2-tailed)	.004	
	N	159	162

** . Correlation is significant at the 0.01 level (2-tailed).

A Pearson correlation coefficient found that there was a significant negative correlation between Age (M = 41.21, SD = 10.85) and Affiliative humour (M = 5.35, SD = 1.05) ($r(157) = -.23, p < .004$) in human services. This relationship can account for 46% of the variance of scores. As age increased, the lower was the levels of affiliative humour reported.

were developed from the nodes themselves. Four thematic categories were preserved. These categories contained 311 quotes. The final thematic categories are presented in Figure 2.

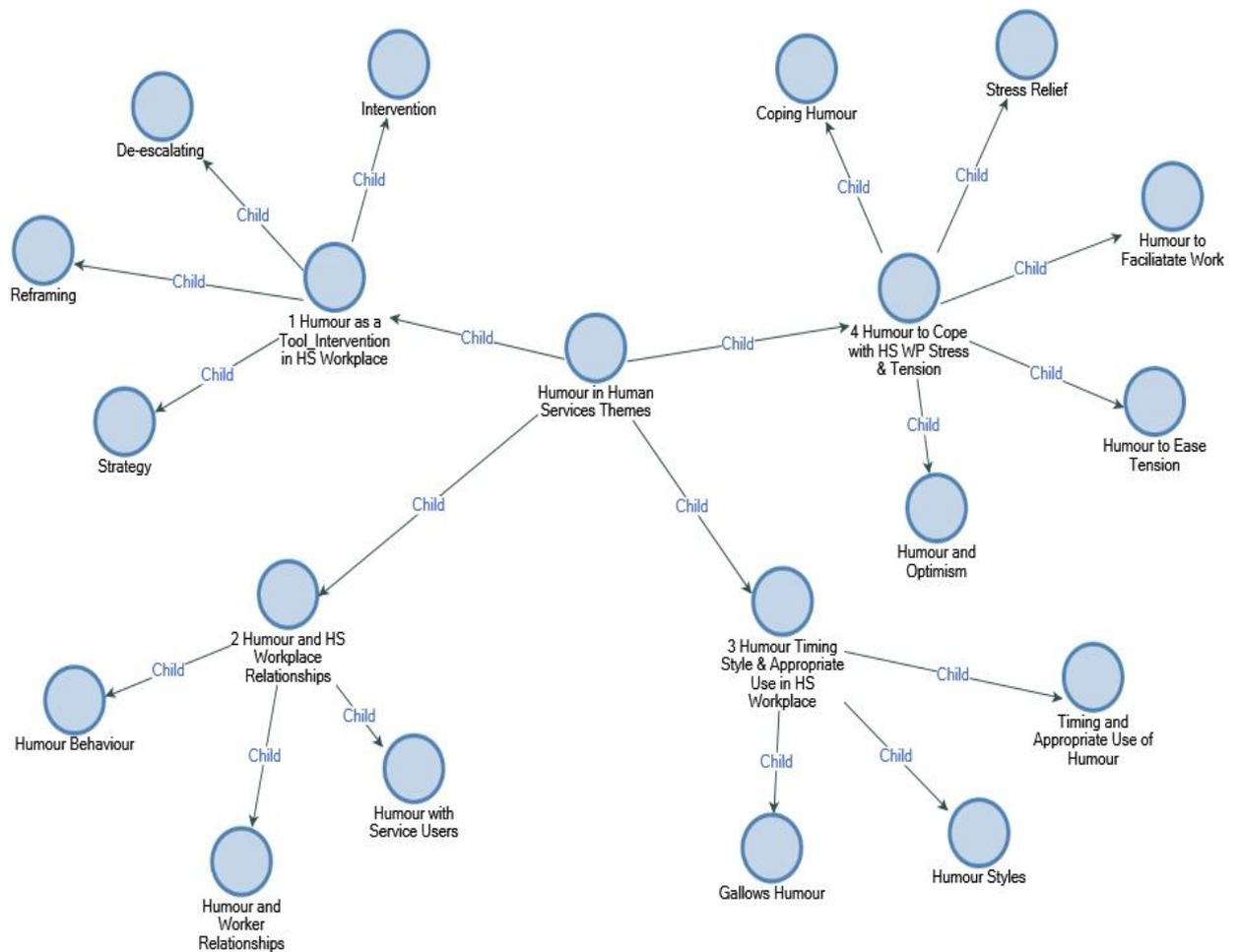


Figure 2: Four thematic categories of Humour in Human Services analysis including sub-themes for each category.

5.4.2 *Humour as a Tool or Intervention in the Human Services Workplace*

Participants frequently referred to how they use humour instrumentally in various situations in the human services workplace. Four sub-themes were identified in the analysis, which refer to different kinds of interventions, whereby participants used humour as a “technique” to work with both service users and their colleagues. The most common use of

humour was to reframe certain situations. One respondent described this phenomenon aptly in the following quote: “If you’ve been attacked by a client you might joke to a co-worker about not being harmed in some area even though you’ve been scratched or bitten in another”. Another respondent said they use humour “to get people to people to step back and look at different ways of viewing things”.

Another use of humour that was referred to was as an intervention. Interventions are used in human services to support service users in alleviating their difficulties and to improve their well-being. The following are some poignant quotes from respondents as to how they use humour in this way: “to enable inclusion, to increase the therapeutic relationship” or “to break the ice after a long emotional session” and “use it to create relaxed and fun atmosphere”. The third most common use of humour is strategically. This kind of work involves method and planning to achieve a goal or solve a problem. The following quotes illustrate how humour is employed in this manner: “use humour to assess the mentation and emotional level of my patients” and “to undermine maladaptive behaviour”.

Finally, humour is often used in human services as a de-escalation mechanism, particularly where violence or aggression have become an issue as the ensuing quotes illustrate: “to diffuse anger/ potentially volatile situation” and “to take the heat out of situations”.

5.4.3 Humour and Human Services Workplace Relationships

The second theme emerging from the analysis relates to humour and workplace relationships. Responses concerned relationships between staff and teams as well as with service users. Three sub-themes emerged, one being Humour Use with Service Users.

Participants described the nature of humorous interaction with their clients as follows:

“joking around with clients”, “I find their stories amusing” and “With the service users they love a laugh and a joke”. The most common response in this category relates to Humour and Relationships between Workers. Humour appears to be largely affiliative in that participants viewed it as a means to strengthen bonds between colleagues and to enhance team dynamics. Examples are as follows: “humour is an important part of the staff team dynamic, we have to laugh”, “build relationships with colleagues” and “bonding with colleagues”. One respondent even referred to humour as “a way to make a gift to people around me”.

The third sub-theme contains quotes which refer to Humour Behaviour or how humour is expressed in human services such as “having a belly laugh” or “Smile, tell jokes just be happy”. In relation to clients, one respondent “encourage them to do the little things that make them smile and laugh. Like dancing to a good song when it comes on the radio”. Data excerpts which refer to a lack of humour behaviour in the human services workplace are also included. These did not emerge often but indicate a certain seriousness in some settings: “There isn’t a lot” or “There is little outlet for the stress through humour”.

5.4.4 Humour Timing, Styles and Appropriate Use in the Human Services Workplace

Theme 3 deals with the importance of timing and the appropriateness of humour use, and also what styles are used in the human services workplace. With regards to this, respondents emphasised how humour only then works, when these two aspects are carefully observed, as the following excerpts demonstrate: “Humour can be effective in calming situations when used appropriately” or “joking about things, taking into account who you are

speaking to, how it would be taken”, “when the seriousness has calmed down and the person has started to cheer up” and “stay professional and respect staff beliefs and patients history”.

Further responses refer to how humour can go wrong in the workplace, how professionals tread “a fine line” or “it backfires sometimes” and even “Visitors often misinterpret our slight use of humour as we do not care or are not serious about our jobs”. Participants mentioned how it is important to make amends sometimes: “I have no issues on pulling staff if i feel they have gone too far...or excepting criticism if they feel i have crossed that boundary”.

In their responses participants often referred to the style of humour used. As mentioned, affiliative humour appears to be a common choice but other forms such as aggressive humour use also emerged. Participants said they engaged in “Slagging, taking the piss, wind-ups” or “taking the mick out of each other”. Others prefer a self-defeating style: “slightly self-depreceating”, “will normally make fun of myself” and “rather make fun at my expense”. There were also many referrals to efforts to avoid hurting others, “I never make fun of others”, “not usually about other people”, “never make racial or cultural jokes as this will overstep the mark” and being sensitive towards service users, “with care and sensitivity towards the client” and “not at the client’s expense though”. A number of responses referred to that style of humour amongst human services staff which is unique to working in high stress environments, namely Gallows Humour: “Often it could be considered inappropriate by outsiders”, “black humour as its better to laugh then cry”, “inappropriate humour with colleagues” and “humour after death, code or trauma situations”.

5.4.5 *Humour to Cope with Human Services Workplace Stress and Tension*

The fourth theme to emerge deals with humour as a coping mechanism. Five sub-themes emerged, one referring specifically to Coping Humour: “cope when things get hairy”, “to help cope with vicarious trauma” and “to get me through the day when frustrated”. Participants also linked humour to increased levels of optimism in the workplace in following quotes: “Humour helps keep them upbeat and positive”, “injects some positivity”, “Look on the brighter side” and “make people laugh, seeing the positives”.

Humour is also used to ease tension as the following excerpts illustrate: “To diffuse tense situations and put people at ease”, “Humour can diffuse tension with service users”, “To ease tension in others and myself” and “A bit like blowing off steam!”. Equally humour is used, as Freud proposed, to relieve stress amongst colleagues and also service users: “Light relief with colleagues at stressful times”, “to relax everyone involved and allows the situation to carry less stress overall”, “brings the client back to a relaxed mood rather than keeping them in the stressed cycle” and “helps lighten stressful situations”.

Finally, participants consistently mentioned the use of humour to facilitate or even make work possible: “humour helps especially working with clients in the darkest places in their lives”, “problems that occur may seem easier to battle”, “respite from the problem focussed nature of the work” and even very existential views were expressed in this regard: “To survive!” and “as a reminder not to sweat the small stuff”.

6 Discussion

6.1 *Summary of Main Findings*

6.1.1 *Coping Humour as a “Buffer” against Burnout in Human Services*

The results of both the quantitative and qualitative analysis demonstrate that humour is used abundantly in human services. In its various forms, it is positively correlated with decreased risk for burnout. Where it is acknowledged that human services professionals need to develop a variety of coping strategies to survive in an often unpredictable arena, humour is shown to be an effective stress management skill that can benefit both the instigator as well as the recipient (Buxman, 2008).

The findings reveal that coping humour and all four humour styles were positively correlated with personal achievement. In other words, as participants reported more use of humour overall, they also attested to feeling more satisfied with their accomplishments in the workplace. There may be various reasons for this, some of which emerged in the qualitative analysis. Participants emphasised the cognitive re-framing and emotional re-focusing power of coping humour in certain situations. Participants felt they dealt well with adverse circumstances, hence increasing their sense of accomplishment and avoiding burnout (Storey, 2014). Participants described humour as a mechanism, which when utilized well can defuse a tense situation, undermine escalating behaviour and create a relaxed, fun atmosphere, thereby establishing a sense of control in unpredictable circumstances.

Inevitably, any work with people will involve the issue of interpersonal dynamics, which can be problematic and affect wellbeing in the workplace. Unresolved conflict, bullying, poor boundaries and lack of team work are among some of the challenges, which

can lead to burnout in human services and which some participants alluded to in this study. However, they also mentioned how humour can be used as an intervention to broach many otherwise difficult issues in a non-threatening manner, bringing them to the surface where they might otherwise remain buried. This can improve workplace relationships and team cohesion. For managers and team leaders, who use humour in the workplace, it can lead to enhanced job performance in employees. Research has found that there is a direct correlation between a leader's sense of humour and their subordinate's job satisfaction in that it secures power and reduces social distance between supervisors and their employees (Mesmer-Magnus, Glew, & Viswesvaran, 2012).

Many participants reported using humour therapeutically in a way that fostered positive outcomes for clients e.g. helping them feel included, demonstrating that workers are human and approachable, and interrupting the stress cycle. An ability to use humour as an intervention, while knowing where to draw the line, how to safeguard the client's dignity and when to make amends when it backfires requires a depth of insight and experience as well as sensitivity. To have a perception of one's sense of humour is a component of self-esteem, which may positively influence feelings of accomplishment in workers who possess this invaluable skill (Messer & Harter, 1986, p. 17).

6.1.2 Optimism, Humour, Happiness, Life Satisfaction and Burnout

The results of this study found that optimism is most significantly correlated with burnout and happiness. It was negatively correlated with emotional exhaustion and depersonalisation and positively correlated with happiness. Emotional exhaustion is characterised by feeling emotionally devoid or depleted and no longer being able to engage at that level with others. Increased optimism in human services professionals may play some

part in counteracting this because it is associated with a belief in one's own abilities, one's self-efficacy, and being able to perceive situations as opportunities rather than threats. Optimism in these professionals "encourages a search for possibilities, positives and strengths" (Collins, 2007).

In his research Seligman found that the way in which people explained life stressors, or an event which can be perceived as threatening, to themselves varies. Optimistic individuals will view their challenging situation as circumstantial, temporary and specific, so have a strong tendency to use positive, pro-active strategies (Seligman, 2006, pp. 40–41). This may explain the results of this study in that those participants with higher levels of optimism perceive workplace challenges and potential threats involving both clients and other staff as being situational rather than dispositional. The optimistic human services professional will mobilize resources and support to assist them in their work; they will undertake training, seek out supervision or support from colleagues, will refer to other professionals for expert advice and interdisciplinary work.

Seligman also believed that it is important to develop cognitive and social strategies in order "to immunize" oneself against depression (Seligman, 2007, p. 23). Depression is one consequence of emotional exhaustion (Maslach & Jackson, 1981). Many participants described themselves as being naturally optimistic and that they use proactive strategies and problem-solving to overcome challenges. Optimism has been shown to significantly increase mental and physical wellbeing and optimistic individuals are more successful in dealing with aversive events or when life goals are impeded. They have a higher quality of life than people with a more pessimistic outlook. Dispositional optimism has been found to be positively correlated with coping strategies used to reduce stress, to increase life satisfaction and reduce

depressive symptoms, which may explain why optimistic participants in this study reported being happier and more satisfied with life (Conversano et al., 2010).

In this study self-defeating humour was found to be related to increased emotional exhaustion. As outlined in the introduction, certain kinds of humour have maladaptive aspects. People who use more of this humour tend to have higher levels of depressive symptoms (Dyck & Holtzman, 2013). Initially they are seen as witty and amusing but also as emotionally needy, high on avoidance and low on self-esteem (Martin, Puhlik-Doris, Larsen, Gray, & Weir, 2003). In this study the findings also show that the use of humour which is excessively self-disparaging is negatively correlated with happiness, so that this kind of humour affects people's mood. Research has found that pessimistic individuals have little hope for the future and are at risk of developing depressive symptoms (Conversano et al., 2010). Thus, this may explain the relationship between the consistent use of humour, which fundamentally undermines a person's sense of self-worth and high levels of emotional exhaustion. In the short term such individuals may endear themselves to people, may gain others' approval but long-term this style of humour is detrimental to their emotional well-being. (Martin, 2010, p. 122).

Depersonalisation is that component of burnout in which the professional has either negative, hostile or no feelings at all towards their clients. People experiencing depersonalisation have a poor opinion of, predict the worst outcomes for and frequently dislike those in their care. Depersonalisation is characterized by a detached, callous and even dehumanizing response to client's distress. Caregivers experiencing this aspect of burnout often ignore their client's needs and in doing so fail to provide appropriate help or support contributing to a poor quality service (Maslach & Jackson, 1981, p. 5). This study found

firstly that optimism is negatively correlated with depersonalisation i.e. participants who reported higher levels of optimism were less at risk for this. As mentioned, optimistic human services professionals are able to be interactive with clients; they recognise potential for change and their own ability to support that. Some studies have found that clients of social workers, who were optimistic, emphasised strengths and focused on change and recovery, actually fared better (Kirk & Koeske, 1995).

A further finding of this study was that the more maladaptive humour styles i.e. self-defeating and aggressive are positively correlated with depersonalisation. Research demonstrates that to work effectively with the challenges presented by clients in distress, it is the worker's personal qualities and characteristics such as optimism, belief and caring, as opposed to their knowledge and training, which are important (Ryan, Merighi, Healy, & Renouf, 2004). A self-defeating humour style eventually undermines the person's self-belief, strengths and self-efficacy, by the act of ridiculing oneself or allowing oneself to be the butt of the joke.

People using aggressive humour tend to tease, ridicule and disparage others. There is little regard for the feelings of others leading to hurt and alienation in those subjected to it (Martin et al., 2003). Considering that at worst depersonalisation involves feelings of hostility towards, lack of care and a poor opinion of clients, an aggressive humour style could be detrimental to both worker and therapeutic relationships. There were mixed opinions about the use of aggressive humour from participants in the study. Many stated adamantly that they would never use humour at the expense of another and that they use it with care and sensitivity towards clients. Others mentioned that amongst staff they will engage in slagging or winding each other up. There was no reference however to humour being used in this way

towards clients. Some studies have found however that gallows humour as a kind of inappropriate, dark humour can be aggressive in nature. There is a risk of it being perceived as offensive or hurtful due to the often outrageous content (Sultanoff, 1995). There were a number of references to the use of this kind of humour in the qualitative analysis.

6.1.3 Sex Differences in Humour Styles in Human Services

In relation to gender differences, this study examined the differences in the kinds of humour used by males and females employed in human services. It found that male participants do in fact use more self-enhancing and aggressive humour than females. Research has found that males favour aggressive humour, particularly gallows humour more than their female counterparts. One study found that aggressive humour styles are more common amongst men, but this did not adversely affect their stress levels (Dyck & Holtzman, 2013). There may however be implications in this regard for women, who enter traditionally male-dominated human services. In a qualitative study carried out in prisons in Denmark, the researcher found that humour amongst officers and prisoners enabled smooth interactions, avoidance of conflict and enhanced service provision. Amongst staff however humour was often power-based and aggressive, used to put down or tease one other. This was illustrated in one of the observations transcribed by the researcher, which involved a female staff from another department (Nielsen, 2011).

Self-enhancing humour levels were also found to be higher amongst male human services participants. Studies have found that men prefer self-aggrandizing, aggressive and dark humour and that women favour humour, which strengthens social cohesion and also a self-mocking style (Aillaud & Piolat, 2012)..

6.1.4 Age, Differences in Humour Styles and Life Satisfaction

This study also examined differences in humour use across the lifespan of human services professionals. It was found that older participants used less affiliative humour than younger ones. Affiliative humour is used to improve relationships, reduce conflict and strengthen group cohesion. Humour is very dependent on factors such as cultural norms, role models and expectations. Studies have found that for younger people establishing relationships, gaining approval and social standing amongst peers is important (Martin, 2010, p. 265). Therefore, older professionals may be less concerned with group cohesion or what others think of them, as they already have a well-established standing on a team. Humour therefore appears to serve different functions across the lifespan in human services professionals. Age of participants was also positively correlated with life satisfaction, which may also explain not needing to use humour to improve status and to gain approval from others; older participants already appeared to be satisfied with life.

6.2 Limitations and Implications for Future Research

One obvious limitation of this research is that snowball sampling was one method used to recruit participants, which means that there is no way of being certain that participants are actually people working in human services nor that the details they have given in relation to demographics are authentic. Further, there is a stark discrepancy between the number of females who participated in comparison to males. This is due in part to the fact that the professionals represented in the survey are traditionally very female-dominated areas such as nursing and social care. The researcher considered approaching human services, which have more males such as An Garda Síochána and the Irish Prison Service, but this would have exceeded the scope of this study. Due to time constraints, it would have been difficult to get

ethical approval from all boards in the short space of time available to complete the project. However, this may be a direction for future research in this area.

Further the researcher is a health and social care professional for almost 30 years, so that their biases with regards to the use of humour in human services may have influenced the interpretation of the qualitative analysis.

A strength of this study is that it analysed a large sample size and from various human services occupations. Further, purposive sampling was also used to recruit participants to ensure more authenticity of participants.

6.3 *Conclusion*

In this study, it is positive psychological trait optimism, which has emerged as being most significant in reducing the risk of burnout to professionals, so that the adequate provision of professional supports such as supervision, debriefing, employee assistance programs and even employee health and wellbeing programs are of key significance in improving wellbeing and coping within the human services workplace.

With regards to humour, it is specific to each individual. It varies across cultures, gender and the lifespan. As many participants in this study have highlighted, it is important to understand the role of humour for both colleagues and service users in human services settings. Both have the right to be treated with dignity and compassion, so that humour needs to be carefully considered before it is used as a tool or intervention. Thoughtful attention needs to be paid to the way individual clients and professionals use humour to avoid disrespectful or degrading interactions.

It is also important to acknowledge that humour can be a positive attribute, which people regularly incorporate into their work. This work is often emotionally draining and puts them at risk of burnout through various factors such as heavy workloads, low pay and the nature of their clients' suffering, which is often great. Burnout can lead to a variety of physical, social and emotional problems. The use of humour can help professionals develop a healthy perspective on their work and can counteract the negative feelings associated with its intensity (Furman, 2002).

Educators in human services can assist their students by incorporating humour, fun and enjoyment into their training and by exploring how humour can be used effectively as a tool in the work. Similarly, managers and supervisors can support and encourage the appropriate use of humour and role model positive humour styles in the workplace. This study has established that humour in its various forms is a well-established but little acknowledged tool used in the human services field, so that formal incorporation of the role and importance of humour into education and training might be a recommendation arising from it.

References

- Aillaud, M., & Piolat, A. (2012). Influence of Gender on Judgment of Dark and Nondark Humor. *Individual Differences Research, 10*(4), 211–222.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Buxman, K. (2008). Humor in the OR: a stitch in time? *AORN Journal, 88*(1), 67–77. <https://doi.org/10.1016/j.aorn.2008.01.004>
- Christopher, S. (2015). An introduction to black humour as a coping mechanism for student paramedics. *Journal of Paramedic Practice, 7*(12), 610–617. <https://doi.org/10.12968/jpar.2015.7.12.610>
- Collins, S. (2007). Social workers, resilience, positive emotions and optimism. *Practice, 19*(4), 255–269. <https://doi.org/10.1080/09503150701728186>
- Definition of HUMOR. (2017). Retrieved December 9, 2017, from <https://www.merriamwebster.com/dictionary/humor>
- Dorz, S., Novara, C., Sica, C., & Sanavio, E. (2003). Predicting Burnout Among HIV/AIDS and Oncology Health Care Workers. *Psychology & Health, 18*(5), 677–684. <https://doi.org/10.1080/0887044031000141180>
- Dyck, K. T. H., & Holtzman, S. (2013). Understanding humor styles and well-being: The importance of social relationships and gender. *Personality and Individual Differences, 55*(1), 53–58. <https://doi.org/10.1016/j.paid.2013.01.023>
- Figley, C. R. (2002). *Treating Compassion Fatigue*. Routledge.
- Fredrickson, B. L., & Levenson, R. W. (1998). Positive Emotions Speed Recovery from the Cardiovascular Sequelae of Negative Emotions. *Cognition & Emotion, 12*(2), 191–

220. <https://doi.org/10.1080/026999398379718>

Freud, S., Strachey, J., & Richards, A. (1991). *Jokes and their relation to the unconscious*.

London: Penguin Books.

Furman, R. (2001). Fun and humor in human service practice and education. *Human Service Education*, 21(1), 3-1.

Gavrilovic, J., Lecic-Tosevski, D., Dimic, S., Pejovic-Milovancevic, M., Knezevic, G., & Priebe, S. (2003). Coping strategies in civilians during air attacks. *Social Psychiatry and Psychiatric Epidemiology*, 38(3), 128–133. <https://doi.org/10.1007/s00127-003-0612-9>

Greengross, G. (2013). Humor and Aging - A Mini-Review. *Gerontology*, 59(5), 448–453. <https://doi.org/10.1159/000351005>

Gross, J. J., & Muñoz, R. F. (1995). Emotion Regulation and Mental Health. *Clinical Psychology: Science and Practice*, 2(2), 151–164. <https://doi.org/10.1111/j.1468-2850.1995.tb00036.x>

Humor Styles Questionnaire (HSQ). (2017). Retrieved 8 October 2017, from <http://www.psychtoolkit.org/survey-library/humor-hsq.html>

Kirk, S. A., & Koeske, G. F. (1995). The Fate of Optimism: A Longitudinal Study of Case Managers' Hopefulness and Subsequent Morale. *Research on Social Work Practice*, 5(1), 47–61. <https://doi.org/10.1177/104973159500500105>

Kuhlman, T. L. (1988). Gallows humor for a scaffold setting: managing aggressive patients on a maximum-security forensic unit. *Hospital & Community Psychiatry*, 39(10), 1085–1090. <https://doi.org/10.1176/ps.39.10.1085>

Kuiper, Nicholas A. (2012). Humor and Resiliency: Towards a Process Model of Coping and

- Growth. *Europe's Journal of Psychology*, 8(3), 475. <http://doi:10.5964/ejop.v8i3.464>
- Lefcourt, H. M. (2001). *Humor: The Psychology of Living Buoyantly*. Springer Science & Business Media.
- Maiolino, N. B., & Kuiper, N. A. (2014). Integrating Humor and Positive Psychology Approaches to Psychological Well-Being. *Europe's Journal of Psychology*, 10(3), 557. <http://doi:10.5964/ejop.v10i3.753>
- Martin, R. A. (2010). *The Psychology of Humor: An Integrative Approach*. Academic Press.
- Martin, R. A., & Lefcourt, H. M. (1983). Sense of humor as a moderator of the relation between stressors and moods. *Journal of Social and Personality Psychology*, 45, 1313-1324. <http://dx.doi.org/10.1037/0022-3514.45.6.1313>
- Martin, R. A., Puhlik-Doris, P., Larsen, G., Gray, J., & Weir, K. (2003). Individual differences in uses of humor and their relation to psychological well-being: Development of the Humor Styles Questionnaire. *Journal of Research in Personality*, 37(1), 48–75. [https://doi.org/10.1016/S0092-6566\(02\)00534-2](https://doi.org/10.1016/S0092-6566(02)00534-2)
- Maslach, C. (1982). *Burnout, the cost of caring*. Prentice-Hall.
- Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Organizational Behavior*, 2(2), 99–113. <https://doi.org/10.1002/job.4030020205>
- Mirth | Definition of Mirth by Merriam-Webster. (2017). Retrieved December 11, 2017, from <https://www.merriam-webster.com/dictionary/mirth>
- Mesmer-Magnus, J., Glew, D. J., & Viswesvaran, C. (2012). A meta-analysis of positive humor in the workplace. *Journal of Managerial Psychology*, 27(2), 155–190. <https://doi.org/10.1108/02683941211199554>
- Messer, B. J., & Harter, S. (1986). *Manual for the Adult Self-perception Profile*. University of

Denver.

- Moran, C.C. (2002) Humor as a moderator of compassion fatigue. In C. Figley, *Treating Compassion Fatigue*. New York: Routledge.
- Morreall, J. (2016). Philosophy of Humor. In E. N. Zalta (Ed.), *The Stanford Encyclopedia of Philosophy* (Winter 2016). Metaphysics Research Lab, Stanford University. Retrieved from <https://plato.stanford.edu/archives/win2016/entries/humor/>
- Nielsen, M. M. (2011). On humour in prison. *European Journal of Criminology*, 8(6), 500–514. <https://doi.org/10.1177/1477370811413818>
- Riggio, R. E. (2013). *Introduction to industrial/organizational psychology* (6th ed). Upper Saddle River, NJ: Pearson Education.
- Romero, E. J., & Cruthirds, K. W. (2006). The Use of Humor in the Workplace. *Academy of Management Perspectives*, 20(2), 58–69. <https://doi.org/10.5465/AMP.2006.20591005>
- Ryan, M., Merighi, J. R., Healy, B., & Renouf, N. (2004). Belief, Optimism and Caring: Findings from a Cross-national Study of Expertise in Mental Health Social Work. *Qualitative Social Work*, 3(4), 411–429. <https://doi.org/10.1177/1473325004048023>
- Sayre, J. (2001). The use of aberrant medical humor by psychiatric unit staff. *Issues in Mental Health Nursing*, 22(7), 669–689. <https://doi.org/10.1080/01612840119739>
- Seligman, M. E. P., Park, N., & Peterson, C. (2004). The Values In Action (VIA) classification of character strengths. *Ricerche di Psicologia*, 27(1), 63-78.
- Seligman, M. E. P. (2006). *Learned Optimism: How to Change Your Mind and Your Life* (Reprint edition). New York: Vintage.
- Seligman, M. E. P. (2007). *The Optimistic Child: A Proven Program to Safeguard Children*

- Against Depression and Build Lifelong Resilience*. Houghton Mifflin Harcourt.
- Shakespeare, W. (1768). *The Taming of the Shrew*. Nicholas Boden.
- Sultanoff, S. (1995). Levity Defies Gravity: Using Humor in Crisis Situations. Retrieved March 11, 2018, from <http://www.aath.org/levity-defies-gravity-using-humor-in-crisis-situations>
- Shiota, M. N., Campos, B., Keltner, D., & Hertenstein, M. J. (2004). Positive emotion and the regulation of interpersonal relationships. <https://doi.org/10.4324/9781410610898>
- Sliter, M., Kale, A., & Yuan, Z. (2014). Is humor the best medicine? The buffering effect of coping humor on traumatic stressors in firefighters. *Journal of Organizational Behavior*, 35(2), 257–272. <https://doi.org/10.1002/job.1868>
- Storey, C. (2014, October 20). An investigation into the use of humour among Paramedics as a factor in coping with stress and an element affecting resilience against burnout. A Literature Review. Retrieved September 30, 2017, from <http://blogs.brighton.ac.uk/bjrhs/2014/10/20/an-investigation-into-the-use-of-humouramong-paramedics-as-a-factor-in-coping-with-stress-and-an-element-affectingresilience-against-burnout-a-literature-review/>
- Thesaurus results for MIRTH. (2017). Retrieved December 11, 2017, from <https://www.merriam-webster.com/thesaurus/mirth>
- van Wormer, K., & Boes, M. (1997). Humor in the emergency room: a social work perspective. *Health & Social Work*, 22(2), 87–92.
- Vrticka, P., Black, J. M., & Reiss, A. L. (2013). The neural basis of humour processing. *Nature Reviews. Neuroscience*, 14(12), 860–868. <https://doi.org/10.1038/nrn3566>

Appendix A Information Sheet

Comic Relief: Examining the Protective Effects of Coping Humour on Stressors in Human Services

My name is Michelle Lennon-Maslin and I am conducting research in the Department of Psychology at Dublin Business School. This research explores the role of humour in Human Services Occupations as a factor in coping with workplace stressors. Human services professionals are defined as a diverse array of occupations, including nurses, physicians, health care assistants, social workers, social care workers, counsellors, therapists, police, prison officers, clergy, and other fields focused on helping people live better lives by offering guidance, preventing harm, and ameliorating physical, emotional or cognitive problems.

You are invited to take part in this study. Participation involves completing the attached anonymous survey. Participation is completely voluntary, and you are not obliged to take part. Participation is anonymous and confidential. Thus, responses cannot be attributed to any one participant. Responses will be stored electronically on a password protected computer.

It is important that you understand that by completing and submitting the questionnaire that you are consenting to participate in the study. For this reason, it will not be possible to withdraw from participation once you have submitted your responses.

While the survey asks some questions that might cause some minor negative feelings, it has been used widely in research. This research has been identified as involving minimal risk, but as with any research, there is a possibility that you may be affected by some of the issues discussed. If any of the questions do raise difficult feelings for you, here are some helpful resources that can be used to find support if necessary. These resources will also be displayed when you have completed the study:

Samaritans: (Tel) 116 123 / www.samaritans.org

Aware: www.aware.ie

Reachout: ie.reachout.com

Should you have any questions about the research, or would like to know the group results when available, please contact me by email at xxxxxxx@mydbs.ie

My supervisor can be contacted at xxxxxxx@dbs.ie

Thank you for taking the time to complete this survey.

* Required

Are you aged 18 or above? *

Yes

No

Do you consent to taking part in this study? *

Yes

No

Appendix B Battery of Tests

Demographics
What is your occupation?
<input type="text"/>
Are you currently employed in this field?
Yes
No
What are your working hours?
Full-time
Part-time
How long have you been working in your current profession?
0-5 years
5-10 years
10+ years
What is your age range?
18-24
25-40
41+
What is your gender?
Female
Male
Prefer not to say

Values In Action Classification
Look on the bright side
strongly disagree
0
1
2
3
4
strongly agree
Can find the positive in what seems negative to others
strongly disagree
0
1
2
3
4
strongly agree
Remain hopeful despite challenges
strongly disagree
0
1
2
3
4
strongly agree
Will succeed with the goals I set for myself
strongly disagree
0
1
2
3
4
strongly agree
Think about what is good in my life when I feel down
strongly disagree
0
1
2
3

4
strongly agree
Expect the worst
strongly disagree
0
1
2
3
4
strongly agree
Have no plan for my life five years from now
strongly disagree
0
1
2
3
4
strongly agree
Am not confident that my way of doing things will work out for the best
strongly disagree
0
1
2
3
4
strongly agree

Coping Humour Scale
I often use my sense of humour, when I am having problems.
strongly agree
1
2
3
4
strongly disagree
I have often found that my problems have been greatly reduced, when I see something funny in them
strongly agree
1
2
3
4
strongly disagree
I usually look for something comical to say when I am in tense situations.
strongly agree
1
2
3
4
strongly disagree
I must admit my life would probably be a lot easier, if I had sense of humour
strongly agree
1
2
3
4
strongly disagree
I have often felt that if I am in a situation where I have to either laugh or cry, it's better to laugh
strongly agree
1
2
3
4
strongly disagree

I can usually find something to laugh or joke about even in trying situations.
strongly agree
1
2
3
4
strongly disagree
It has been my experience that humour is often a very effective way of coping with problems.
strongly agree
1
2
3
4
strongly disagree

Humor Styles Questionnaire

scale: hsq_agree

- totally disagree
- moderately disagree
- slightly disagree
- neither agree nor disagree
- slightly agree
- moderately agree
- totally agree

l: hsq

q: 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.

o: width 50%

t: scale hsq_agree

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

- I enjoy making people laugh.
- {reverse} If I am feeling sad or upset, I usually lose my sense of humor.
- {reverse} I never participate in laughing at others even if all my friends are doing it.
- When I am with friends or family, I often seem to be the one that other people make fun of or joke about.
- {reverse} I don't often joke around with my friends.
- It is my experience that thinking about some amusing aspect of a situation is often a very effective way of coping with problems.
- If I don't like someone, I often use humor or teasing to put them down.
- 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.
- {reverse} I usually can't think of witty things to say when I'm with other people.
- 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.
- {reverse} Even if something is really funny to me, I will not laugh or joke about it if someone will be offended.
- Letting others laugh at me is my way of keeping my friends and family in good spirits.

l: affiliative

t: set

- sum \$hsq.1 \$hsq.5 \$hsq.9 \$hsq.13 \$hsq.17 \$hsq.21 \$hsq.25 \$hsq.29

l: self_enhancing

t: set

- sum \$hsq.2 \$hsq.6 \$hsq.10 \$hsq.14 \$hsq.18 \$hsq.22 \$hsq.26 \$hsq.30

l: aggressive

t: set

- sum \$hsq.3 \$hsq.7 \$hsq.11 \$hsq.15 \$hsq.19 \$hsq.23 \$hsq.27 \$hsq.31

l: self_defeating

t: set

- sum \$hsq.4 \$hsq.8 \$hsq.12 \$hsq.16 \$hsq.20 \$hsq.24 \$hsq.28 \$hsq.32

Affiliative Humor: 1*, 5, 9*, 13, 17*, 21, 25*, 29*

Self-Enhancing Humor: 2, 6, 10, 14, 18, 22*, 26, 30

Aggressive Humor: 3, 7*, 11, 15*, 19, 23*, 27, 31*

Self-Defeating Humor: 4, 8, 12, 16*, 20, 24, 28, 32

* Note: Items marked with * are reverse keyed; i.e., 1=7, 2=6, 3=5, 4=4, 5=3, 6=2, 7=1

l: feedback

t: info

q: Your scores:

Affiliative humor: {\$affiliative}

Self enhancing humor: {\$self_enhancing}

Aggressive humor: {\$aggressive}

Self-defeating humor: {\$self_defeating}

Maslach Burnout Inventory (sample items)

Thank you for completing those items. The next set of items relates to a number of common stress responses. Please insert a cross besides the response that best describes how you feel in response to each statement:

	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Every day
1. I feel emotionally drained from my work.							
2. I feel used up at the end of the day.							
3. I feel fatigued when I get up in the morning and have to face another day on the job.							
4. I can easily understand what my clients feel about things.							
5. I feel I treat some clients as if they were impersonal objects.							
6. Working with people all day is really a strain for me.							
7. I deal very effectively with the problems of my clients.							

