

Research Paper

The Role of Humor as a Coping Mechanism in Managing Health Anxiety

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ABSTRACT

Amid rising concerns about health anxiety in young adults, understanding adaptive coping mechanisms such as Humor is increasingly important. This study examined the relationship between self-enhancing Humor and health anxiety, and its variation across age and gender within the Indian population. A total of 205 participants aged 18–31 were categorized into three age groups: 18–21 years, 22–25 years, and 26–31 years. A cross-sectional design was used, employing the Short Health Anxiety Inventory (SHAI) and the Humor Styles Questionnaire (HSQ). Spearman's rank-order correlation indicated a weak, non-significant negative correlation between Humor and health anxiety ($r_s = -.084, p > .05, N = 205$). Gender comparisons using the Mann-Whitney U test showed no significant difference in Humor use ($U = 5119.00, p > .05$). However, a Kruskal-Wallis H test revealed a significant difference across age groups ($\chi^2(2) = 7.51, p < .05$), with participants aged 22–25 reporting the highest Humor use. The research indicated that self-enhancing humor in and of itself may not uniformly reduce health anxiety, as there were variations observed across gender and age groups. This implies that there are several other factors such as individual and demographic differences, that need to be considered when designing mental health interventions. While humor can be a helpful coping tool for some, it may not be equally effective for all. Although limited as a single strategy, humor has promise for use in youth mental health programs as an aid to assisting resilience and emotional health in young adults. This suggests age-specific patterns in coping preferences.

Keywords: Health Anxiety, Humor, Coping Mechanisms, Self-Enhancing, Young Adults

Coping is a dynamic and continuous process by which individuals manage stress and strive to restore emotional balance. Coping strategies can be classified as problem-focused, which tackle the stressor itself, or emotion-focused, which target the

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emotional response (Thompson et al., 2010a). These strategies may be adaptive (e.g., planning, positive thinking) or maladaptive (e.g., avoidance, rumination), based on their psychological outcomes.

Humour is considered an effective emotion-focused coping strategy, which helps individuals to cognitively reframe distressing situations, thereby reducing physiological stress and enhancing emotional resilience and social bonds (Martin & Lefcourt, 1983; Kuiper et al., 1993; Edwards, 2013; Maiolino & Kuiper, 2016). Humour works through the detection and resolution of incongruities, which produces pleasurable emotional responses (Shultz, 1972; Suls, 1972, 1983; Klos & University of Silesia in Katowice, 2021). Especially in uncontrollable situations such as the COVID-19 pandemic, humour has served as a beneficial coping mechanism (Simione & Gnagnarella, 2023).

The Humour Styles Questionnaire (HSQ) categorizes humour into four styles: affiliative and self-enhancing (adaptive), and aggressive and self-defeating (maladaptive) (Martin et al., 2003). Self-enhancing humour, in particular, has been shown to promote resilience, reduce anxiety, and boost self-esteem under stress (Kuiper et al., 2014; Lappi, 2016). Adaptive humour styles are linked to lower levels of anxiety and depression, while maladaptive styles are associated with negative psychological outcomes (Kuiper et al., 2004; Kuiper et al., 2014).

Research supports humour's therapeutic value. For instance, humour therapy has been found to significantly reduce anxiety among haemodialysis patients and alleviate existential anxiety during the COVID-19 pandemic (Borzoe et al., 2022; Mahat-Shamir & Kagan, 2022). Moreover, demographic factors like gender and age influence humour use. Women tend to use more adaptive humour styles, though cultural differences impact findings (Martin et al., 2003; Yip & Martin, 2006; Dyck & Holtzman, 2013; Salavera et al., 2018). Age-related coping differences are also shaped by psychological development and context (Gutmann, 1974; Vaillant, 1977; Jiang et al., 2020b).

Health anxiety, defined by excessive and persistent worry about one's health, often arises from distorted thinking patterns such as catastrophizing and misinterpretation of bodily symptoms (Norbye et al., Gutmann 2020; Salkovskis et al., 2015). This anxiety leads to behaviours like reassurance-seeking and body checking, which worsen daily functioning. During the COVID-19 pandemic, health anxiety increased sharply, especially among children and parents, due to social isolation, decreased physical activity, and increased digital exposure (Brooks et al., 2020; Harjule et al., 2021; Hiremath et al., 2020).

Although humour and health anxiety have been studied separately, there is limited research specifically connecting the use of humour as a coping strategy for managing health anxiety. This gap highlights the need for further investigation. The present research aims to contribute to this understanding within the Indian context, particularly focusing on the role of self-enhancing humour among young adults aged 18–31 years. Findings from this study could inform psychological interventions by emphasizing humour's potential in mitigating health anxiety.

Extensive review of literature was done which constituted the variables like health anxiety humour coping mechanism self-enhancing human and gender. Humour has been widely acknowledged as a beneficial coping mechanism for psychological distress, especially in uncontrollable situations like the COVID-19 pandemic (Simione & Gnagnarella, 2023). It

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triggers positive emotions, reduces stress, and fosters resilience, offering an effective buffer against avoidant coping styles. While humour primarily supports emotional regulation, it also contributes to problem-solving through cognitive reframing, particularly in self-enhancing humour (Martin, 2007).

Research demonstrates humour's therapeutic potential. For instance, humour therapy has significantly reduced anxiety in haemodialysis patients (Borzoe et al., 2022), and during the pandemic, humour alleviated both death and existential anxiety (Mahat-Shamir & Kagan, 2022;). The Humour Styles Questionnaire (HSQ) identifies four humour styles: affiliative, self-enhancing, aggressive, and self-defeating (Martin et al., 2003). Adaptive styles—affiliative and self-enhancing—are linked to lower stress, anxiety, and depression (Kuiper et al., 2004; Kuiper et al., 2014), whereas maladaptive styles—self-defeating and aggressive—correlate with negative psychological outcomes.

Self-enhancing humour is particularly effective in reducing anxiety and increasing self-esteem under stress (Kuiper et al., 2014; Lappi, 2016). Gender and age influence humour usage; women typically use more adaptive humour styles (Martin et al., 2003; Yip & Martin, 2006), though findings are inconsistent and may reflect cultural influences (Dyck & Holtzman, 2013; Salavera et al., 2018). Similarly, age-related coping varies across contexts, explained by regression, growth, and contextual hypotheses (Gutmann, 1974; Vaillant, 1977; Jiang et al., 2020b). Health anxiety, marked by excessive worry without medical justification, increased during the pandemic, especially in children and parents due to reduced physical activity, social isolation, and digital overexposure (Brooks et al., 2020; Harjule et al., 2021; Hiremath et al., 2020).

METHODOLOGY

Objectives

- To analyse the relation between Humor and anxiety levels related to health.
- To investigate how Humor styles are used differently by men and women as coping mechanisms for health anxiety.
- To investigate whether the degree of Humor varies among various age groups.

Hypothesis

- **H1:** There is a significant negative correlation between health anxiety and Humor levels.
- **H2:** There is a significant variation in gender in their use of self-enhancing Humor as a coping strategy for health anxiety.
- **H3:** There is a significant difference in self-enhancing Humor among young adults in various age groups.

Sample

The sample of the study included a total of 205 Indian citizens. The minimum age was 18 years to 31 years of age. Both male and female participants were included. The inclusion criteria was the age category from 18-31 and a citizen of India. The age criteria were chosen as 18-31 because, according to Milar et al. (2021), health related anxiety was most prevalent in this age group.

Instruments used for the study

1. **Short Health Anxiety Inventory:** Salkovskis, Rimes, Warwick, and Clark (2002) created the Health Anxiety Inventory (HAI), which consists of 64 items, as well as a shortened version called the Short Health Anxiety Inventory (SHAI), made up of 18 items. Both instruments are designed to be sensitive to both normal levels of health concern and severe health anxiety. The test-retest reliability and internal consistency was found to be high. The Cronbach's alpha coefficient was in the range of 0.74 – 0.96. The SHAI has shown strong reliability, criterion validity, and sensitivity to the effect of treatment.
2. **Humor Styles Questionnaire:** The HSQ was created using construct-based test procedure across studies involving a diverse sample of participants aged 14 to 87 years (R. A. Martin et al., 2003). The questionnaire was found to have a high construct validity and test-retest reliability. This scale was used after the suggestion from the author who mentioned that self-enhancing Humor from HSQ, that's similar to Coping Humor Scale by the same author but with a greater validity.

Procedure

Participants were recruited via convenience sampling and invited to complete an online survey. Information about the study's purpose, procedures, and confidentiality was provided digitally. The survey, administered via Google Forms, included a consent form, demographic questions (age, gender, education), the SHAI, and the self-enhancing Humor domain of the HSQ. Ethical guidelines were followed, and confidentiality and anonymity were ensured.

Statistical Analysis

Statistical analysis is the process of gathering, structuring, analyzing, and drawing conclusions from data in order to identify patterns and make conclusions. Statistical analysis assists in identifying relationships between variables, hypothesis testing, and decision-making based on data. In this research, non-parametric tests were applied because the data was ordinal. Spearman Correlation, Mann-Whitney U Test and Kruskal Wallis H Test was done. To test **H1**, a Spearman correlation assessed the association between health anxiety and humor levels, expecting a significant negative coefficient. For **H2**, the Mann-Whitney U test compared self-enhancing humor scores between genders to detect differences without assuming normality. For **H3**, the Kruskal-Wallis H test evaluated variations in self-enhancing humor across age-based young-adult groups by comparing median ranks. All three nonparametric tests accommodated ordinal data or non-normal distributions and determined significance against the chosen alpha level.

RESULT

The research study we conducted to elucidate the relationship between health anxiety and the role of humor as a coping mechanism. Participant data was gathered from a sample of 205 individuals (104 females and 101 males) with the age range between 18 to 31 years. The data consisted of scores from two scales - Short Health Anxiety Inventory (SHAI) and Humor Styles Questionnaire (HSQ).

After scoring the data, we performed both descriptive and inferential statistical analyses through IBM SPSS Statistics 29.0.2.0. Mean, SD, non-parametric statistical tests such as Spearman Correlation, Kruskal-Wallis H and Mann-Whitney U were also used.

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Descriptive Analysis

Descriptive Statistics we conducted using means, standard deviations, median, min, max to understand the overall distribution of the dataset and central tendencies of the variables.

The sample size (N) was 205. Participants ranged in age from 18 to 31 years old, with a mean age of 21.53 years (SD= 2.57). The median was 21.00. The distribution of age was positively skewed and positive kurtosis indicating a concentration of younger individuals and a sharp peak in the distribution.

Table 1: Frequency Table

Variable	Mean	SD	Median	Min	Max
Age (years)	21.53	2.57	21.00	18	31
SHAI Score	14.58	6.63	14.00	1	31
HSQ Score	37.87	8.25	39.00	15	56
Gender	1.51	0.50	2.00	1	2

Note: Total N= 205

Health Anxiety had a mean score of 14.58, and a median of 14.00 with scores ranging from 1 to 31. The distribution showed a mild positive skewness and normal kurtosis, suggesting low to moderate levels. The range of Humor Style scores was 15-56, with a median of 39.00 and a mean of 37.87. The binary coding of gender resulted in a mean score of 1.51 and a median value of 2.00, reflecting a nearly equal number of male and female participants. Frequency analysis confirmed equal representation of male and female participants.

Table 2: Frequency Table for Gender

Gender	N	%
Male	101	49.3%
Female	104	50.7%

Note. Gender was coded as 1 = Male and 2 = Female

This balance in gender representation enhances the validity of comparative analyses and helps ensure unbiased interpretations when examining gender - related variables. Due to the non- normal distribution and categorical variables, non-parametric tests were applied to ensure robust and suitable data analysis. Thus, tests like Spearman, Kruskal Wallis- H and Mann- Whitney U tests, appropriate for non- parametric data.

Spearman Correlation

Table 3: Spearman's rank order correlation between health anxiety scores and self-enhancing humor (N=205)

Variable	1	2
1. Health Anxiety	—	-.08
2. Self-Enhancing Humour	-.08	—

Note. N = 205. $p = .115$ (not significant).

To test hypothesis-1 which proposed that greater use of self-enhancing humor would correspond with reduced health anxiety, indicating a negative correlation between the two variables. Given the non- normal distribution of the data, a Spearman correlation was deemed suitable for examining the relationship between variables.

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There was an observed negative correlation between SHAI and HSQ scores, but it was not statistically significant ($r_s = -.084$, $p = .115$, 1-tailed), with $N = 205$ participants as shown in the table of spearman's rank order correlation, this indicates that although the direction of the relationship aligns with the proposed hypothesis this is not statistically significant as $p > .05$. These findings suggest that, within this sample, self-enhancing humor as measured by HSQ may not have a meaningful direct association with self-reported health anxiety.

However, the slight negative trend observed could guarantee further exploration with a larger or a more diverse sample by examining specific humor styles.

Mann-Whitney U Test

Table 4: Mann-Whitney U Test for HSQ

Gender	N	Mean Rank	Sum of Ranks
Male	101	104.32	10536.00
Female	104	101.72	10579.00

Test Statistics

Mann-Whitney U	5119.000
Wilcoxon W	10579.000
Z	-.313
p	.754

Note. HSQ=Humor Styles Questionnaire; grouping variable=Gender. $U=5119.000$, $Z=-.313$, $p=.754$

Table 5: Mann-Whitney U Test for SHAI

Gender	N	Mean Rank	Sum of Ranks
Male	101	100.20	10120.50
Female	104	105.72	10994.50

Test Statistics

Mann-Whitney U	4969.500
Wilcoxon W	10120.500
Z	-.666
p	.505

Note. SHAI=Short Health Anxiety Inventory; grouping variable=Gender. $U=4969.500$, $Z=-.666$, $p=.505$

Males ($M= 104.32$) and Females ($M=101.72$) did not differ statistically significantly in their HSQ scores, according to data ($U = 5119.00$, $Z= -.313$, $p = .754$). Similarly, there was no discernible difference in the SHAI scores (Males $M = 100.20$; Females $M =105.72$), $U =4969.50$, $Z=-.666$, $p = .505$. According to these results, humor and health anxiety levels are not significantly influenced by gender.

Kruskal- Wallis H Test

Table 6: Kruskal- Wallis H Test – HSQ Across Age Groups

Age Group (years)	N	Mean Rank of HSQ
18–21	132	Intermediate
22–25	54	Highest
26–31	19	Lowest

Test Statistic	Value
Chi-Square (χ^2)	7.51
Degrees of Freedom (df)	2
p-value	0.023

To investigate the difference in use of self-enhancing humor measured by using HSQ, a Kruskal -Wallis Test we used among three age groups, age 18 to 21 years (n=132), 22-25 years (n=54) and 26-31 years (n=19). A statistically significant difference in HSQ scores between age groups as found by the test ($\chi^2 (2) = 7.51, p = 0.023$). Participants aged 22-25 years had the highest mean rank followed by those aged 18-21 years while participants of age group 26-31 mean rank were the lowest. These results suggest that self-enhancing humor varies with age, with younger adults in the middle-aged range 22-25 years demonstrating greater engagement in humor compared to participants in the older age bracket.

DISCUSSION

This section discusses the key findings and interpretations of the relationship between the two variables – health anxiety and humor as a coping mechanism.

H1 suggests, there would be a negative correlation that is significant between the variables, health anxiety and using humor as a coping mechanism (self – enhancing humor). The negative correlation was hypothesized because self-enhancing humor is typically associated with adaptive coping—it helps individuals reframe stressful situations positively, potentially reducing anxiety. The idea is that people who frequently use humor to cope may experience less health anxiety, as humor can reduce tension, promote perspective-taking, and buffer stress responses.

However, while the expectation was that greater use of humor would correspond to reduced health anxiety, hence a negative correlation, the actual data showed this link to be weak and non-significant. This may be attributed to the fact that our sample did not specifically contain individuals diagnosed with health anxiety.

According to Table 4.1 findings shown in the study, it revealed a relationship that is non – statistically significant between health anxiety and humor when used as a coping mechanism. These results present distinct ideas about humor when used as a coping mechanism compared to other studies that have been done about humor and anxiety. It may be due to it aligning with some of the complexities and nuances surrounding the study of humor and its impact on psychological constructs like anxiety. These results align with a study conducted by Mishra & Dutt (2024), which explored the relation between different coping mechanisms and styles of humor in situations with increased levels of stress in young adults. The study found a non – significant negative correlation that is very weak between

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stress and coping humor. This study suggests that in certain populations the expected negative correlation between humor and distress may not be strongly present. This may be attributed to individual differences, contextual factors, and cultural norms. It is an established fact that chronic stress is a significant risk factor for developing anxiety disorders (Khan et al., n.d.) which could help in justifying the results of the present study.

The study also suggests that other factors not referred to in their study might have a more alarming effect regardless of the correlation indicating that humor alone might not be a powerful enough buffer in all high stress situations. Similarly, another study by Luca Simione and colleagues investigating humor coping during the covid-19 pandemic found a negative but weak correlation between humor and perceived stress (Simione & Gnagnarella, 2023).

The relationship between humor and anxiety is not always straightforward and can be influenced by various factors. While self-enhancing humor is generally considered an adaptive style associated with reduced anxiety (Kuiper et al., 2014). Its role as a direct buffer or a moderator might be more nuanced. For example, efficacy of self - enhancing humor when used as a coping mechanism may depend on an individual's overall coping style, levels of optimism or social support (Menéndez-Aller et al., 2019). The effectiveness of humor might also depend on the context and amount used. Humor needs to be used mindfully and sensitively (Kim et al., 2023). It is possible that the level or manner in which self-enhancing humor is used in relation to health anxiety within our study population did not reach a threshold for a significant moderating effect.

Health anxiety involves specific fears and preoccupations related to health and illness. The cognitive and emotional processes involved in health anxiety might not be as readily addressed by a general tendency to have an outlook that is humorous in life compared to others.

Contrary to our second hypothesis that is, similar to the study done by Pallant (2020), there is differences between females and males that is significant while using humor as a coping mechanism for health anxiety, the test – Mann Whitney U showed no statistical significance in the differences between males and females in using humor as coping.

Although many studies report more male advantages in certain humor styles, others find no gender gap in adaptive humor use (Menéndez-Aller et al., 2019b). For example, according to Abel, M. H. (1998), under measures of stress that is perceived, distress caused by anxiety and sense of humor, there were no significant differences in gender.

Another study conducted by Nandana (2024) about the relationship between humor styles and risk propensity among politically active students found no significant differences between females and males in self-enhancing humor. Similarly, Sulović and Jokić-Begić (2015) reported that while generally emotion - focused is liked by women, there is no differences in gender for problem – focused or avoidant strategies—and humor did not emerge as a distinct male strategy in that cohort PMC. In a large meta-analysis, Mesmer-Magnus, and Viswesvaran (2005) demonstrated only a small effect size for male humor production, with negligible differences in self-reported adaptive humor styles. Moreover, a recent experimental study found that gender did not moderate the buffering effect of humor on stress-related symptoms. Our non-significant result thus aligns with a growing

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recognition that gender differences in coping humor are context-specific and often trivial in magnitude for adaptive humor styles.

Our third hypothesis that will be a statistically significant difference for self – enhancing humor along different age categories we accepted on the basis of the findings of the test – Kruskal – Wallis U. Our findings yield to the discussion of mixed results about how age influences humor use while some studies have found that specific humor styles vary with age, others suggest there are no age differences in humor uses (Jiang et al., 2020).

Participants aged 22-25 years exhibited the highest mean rank for self-enhancing humor, followed by those aged 18-21, with the 26-31 age group showing the lowest mean rank. This pattern aligns with evidence that self-enhancing humor peaks in early to mid- young adulthood when individuals face novel stressors related to career and relationships and actively refine their emotion-regulation strategies (Martin et al., 2003). This period often includes a deeper appreciation for wit and intellectual humor. Young adults (18-25) use self-enhancing humor to cope with stress and build resilience. About 80% of young adults use humor to deal with stressors (Medium, 2024).

A large meta-analysis conducted by Jiang et al. (2020) including varying aged participants from 85 different studies (categorised into childhood, adolescence, young adulthood (18-22), adulthood (>22)), investigated whether age moderated the relation between styles of humor and well – being that is subjective (Yue, 2017). This meta-analysis concluded that age did not moderate this relationship, this suggests that the effect of humor that is adaptive like self – enhancing humor on well-being is similar across different age groups when used. However, the authors noted limitations in their approach, including simplifying age data into categorical variables and an unbalanced distribution of participants across different age groups.

Another study by Menéndez-Aller et al. (2019) reporting a small effect size for age on self-enhancing humor use, also found that age was a relevant factor for self-enhancing humor use in their analysis.

We observed a pattern with a peak in self-enhancing humor use in the mid-20s and lower use in late 20s/ early 30s compared to both younger and slightly older young adults in our sample providing a specific insight into potential shifts in coping styles during this developmental period. While much research discuss humor use in older adults, noting adaptive uses like self-enhancing humor for coping with age related loses (Damianakis & Marziali, 2010) and potential benefits of humor interventions for memory and stress (Bains et al., 2014), they do not detail the specific variations within young adulthood that our study has identified.

The observed pattern might reflect developmental differences or changing life circumstances characteristic of different sub-periods within young adulthood. For instance, the age 22-25 might be navigating peak levels of career establishment, stress or relationship formation challenges where self-enhancing humor is a frequently employed coping strategy. Conversely, the 26-31 age group may have developed alternative coping mechanisms, achieved greater stability or their stressors may differ in nature, leading to a comparatively reduced reliance on this specific humor style for coping.

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Given that our study examines using humor as a coping for health anxiety, the result that using humor like self – enhancing varies significantly by age with our young adult sample is important. It suggests that age should be considered when seeing the relation between self – enhancing humor and anxiety about health among this population as prevalence or typical level of this coping mechanism differs depending on the specific age range within young adulthood.

CONCLUSION

These findings contribute to a nuanced understanding of coping mechanisms in the context of health anxiety. While humour serves as a beneficial coping strategy, its effectiveness varies depending on individual differences and specific psychological constructs. Its use also differs across stages of early adulthood. The lack of significant associations in the study highlights the complexity of coping behaviours and emphasizes the need for further research. Future studies explore additional factors that influence the relationship between humour and health anxiety. They also employ longitudinal or experimental designs across diverse cultural contexts to clarify when and for whom humour provides the most protection.

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Conflict of Interest

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