

# Liking sick humor: Coping styles and religion as predictors

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## *Abstract*

*Previous studies have investigated how humor in general, but not specific humor styles in particular, is related to different coping styles. In the present study, 256 adults were asked to rate the funniness of 24 written jokes selected by the authors as representative of sick humor (humor on death, disgusting jokes, and jokes on disabled persons) and neutral, non-sick humor. In addition, they completed the Brief COPE Inventory (Carver 1997) and a religiosity index. Appreciation of sick humor was positively related to coping styles reflecting emotional expression and to use of humor as coping, and negatively related to religion measures. Appreciation of neutral humor was positively related to coping styles reflecting active coping and positivity in reframing. Although religiosity seemed to share with humor the latter coping styles, it differed in that it was negatively related to emotional expression coping styles and self-distraction, the latter style being typical of all humor indicators of the study. The discussion points out the reasons for distinguishing sick jokes from humor in general.*

*Keywords: Sick humor; coping styles; religion; disgust; emotions; active coping.*

## **Introduction**

Sick humor has been defined as that which makes fun of death, disease, deformity, and the handicapped (Mindess et al. 1985). The advantage of this definition is that it allows for distinguishing sick humor from other

closely-related humor styles, such as hostile humor (with which it shares the anti-social character) and transgressive, provocative humor in general (with which it shares the willingness to transgress social conventions). Aggressive humor may focus on the other's character and behavior and may have nothing to do with death, disease, deformity, and the handicapped. There is also transgressive humor, against the established authorities for instance, that again has nothing to do with death, disease, deformity, and the handicapped. In fact, discomfort with sick humor seems similar to sensitivity to disgust, which reflects revulsion in mainly two domains: a) (oral) incorporation of an offensive substance, and b) body (envelope)-violation and contact with death (Rozin et al. 1999b). Other dimensions of disgust concern inappropriate sex, poor hygiene, and socio-moral violations (Rozin et al. 1999a).

Little is known about who likes or dislikes sick humor. Previous studies indicate that people who like sick jokes tend to be rebellious (Oppliger and Zillmann 1997), liberal (Herzog and Karafa 1998), and low in emotional responsiveness, although it is unclear whether the latter relationship is linear (Herzog and Anderson 2000) or curvilinear (inverted-U: Herzog and Karafa 1998). In addition, men tend to like sick humor more than women (Herzog and Anderson 2000; Herzog and Karafa 1998; Johnson 1992; Oppliger and Zillmann 1997). If we consider that the "earthy vs. repressed" humorous conduct (as measured in the Humorous Behavior Q-sort Deck (HBQD): Craik et al. 1996) is somewhat close to sick humor, it is interesting to report here that this conduct was found to correlate negatively with MMPI conformity, responsibility, socialization, communality, femininity, and Big Five Agreeableness (Craik et al. 1996; Craik and Ware 1998), similarly to hostile humor (as measured in the Humor Styles Questionnaire (HSQ): Martin et al. 2003), which is related to low Agreeableness and Conscientiousness and high unmitigated masculinity (Martin et al. 2003; Saroglou and Scariot 2002). The liberal character of those who enjoy sick humor may be considered as parallel to the Openness to Experience of people scoring high in the HBQD "earthy vs. repressed" humorous conduct (Craik and Ware 1998).

Interestingly, similar personality traits seem to be typical of people with low sensitivity to disgust. These traits emphasize anti-social attitude/low responsibility, masculinity, and liberalism. In fact, high sensitivity to disgust is negatively related to Psychoticism (Haidt et al. 1994) and, consequently, positively related to Agreeableness and Conscientiousness (Druschel and Sherman 1999). It is also negatively related to Openness

to Experience (Druschel and Sherman 1999) and to sensation seeking (Haidt et al. 1994; Rozin et al. 1999b).

*Appreciation of sick humor and coping styles*

One way of trying to understand appreciation of sick humor is to ask the question of the function of this kind of humor. It is usually assumed that sick humor allows human beings to take a distance from uncontrollable, unpredictable, and harmful objects, events, and situations, and to relativize their importance. However, as pointed out by Herzog and Karafa (1998), similar theoretical proposals have been made about humor in general. In fact, we learn nothing about the specificity of sick humor with regard to humor in general (and to non-sick humor, in particular) if we only assume the coping character of sick humor in the face of stressful situations. One needs to examine more specifically what may be the particular coping styles that seem to be associated with sick humor. The *first aim* of the study was thus to investigate *the specific styles of coping people who like sick jokes use in their everyday lives*.

Beyond the overall theoretical and empirical evidence in favor of humor as a coping mechanism in general, some studies went further and investigated how humor reflects specific coping styles in particular. Previous studies indicate that use of humor is positively related to the general positive reframing of a situation (Abel 2002; Carver et al. 1993), particularly minimization and reversal (Rim 1988), and to a positive, challenging, and unthreatening appraisal of stressful situations (Kuiper et al. 1993; Kuiper et al. 1995), whereas it is negatively related to types of coping that express avoidance (Rim 1988). However, use of humor may also express a way of coping through distancing (Kuiper et al. 1993); it was also found to be part of a broad factor of general disengagement when various coping styles were factor analyzed in order to find higher-order dimensions in coping styles (Carver 1997; Hudek-Knežević et al. 1999; but see Phelps and Jarvis 1994).

Given the scarcity of previous evidence relative to the appreciation of sick jokes, the first aim of the study, focused on specific coping styles in relation to sick humor, was exploratory and no specific predictions were advanced. One could expect that, like humor in general, sick humor may also reflect some aspects of positive reframing or acceptance-minimization of the problem: laughing at important things that threaten

human beings (death, handicaps, suffering) may be a sign of a strong personality that can minimize and reframe the heaviness of certain situations. On the other hand, this positive reframing capacity in the case of sick humor may be strongly individualistic and may not be followed by a general positivity in affects: for instance, attention may not be paid to the reactions others may have to such sick jokes (remember also the negative associations mentioned previously between earthy or hostile humor and Agreeableness-Conscientiousness-responsibility). Neglect of the discomfort usually produced by sick jokes may also be considered as indicating a sort of emotional instability and in this way it is not to be excluded that, to some degree (perhaps when its use is excessive; Mindess et al. 1985), sick humor constitutes a maladjusted use of humor similarly to hostile (Martin et al. 2003) or bawdy (Kirsch and Kuiper 2003) humor. Moreover, appreciation of sick jokes may not differ from overall appreciation or use of humor, which also reflects, as mentioned above, a tendency to cope through disengagement. It is, however, not taken for certain that this disengagement goes so far as to include denial; the latter could be the coping strategy of people who dislike sick humor. Finally, although similar coping strategies may explain both use and appreciation of sick humor, the latter remains a distinct reality since it may also be typical of people who are not themselves liberal, open, and transgressive, and who need, as Freud (1960) might suggest, someone else to allow them to express or “liberate” certain inhibited ideas and affects.

#### *Appreciation of sick humor and religion*

One way of coping with stress and suffering is religion. Much theoretical and empirical evidence has been accumulated in recent years, pointing out the role of religion in coping with meaninglessness of life, existence, death, suffering, failure, and frustrations (Pargament 1997). We may assume that, from a coping strategies perspective, religion shares somewhat with humor this positivity in reframing stressful situations (optimism, belief in self-control, and self-esteem). Religion (especially in the case of personal, intrinsic religiousness that promotes a collaborative with God coping style) seems in addition to be a factor that promotes taking responsibility, reacting actively when faced with stress, and trying to take control over the situation (either by changing the world or by changing the self) (Hood et al. 1996).

It is however unclear whether humor also leads to active coping. As mentioned above, there is mixed evidence: humor relates negatively to avoidance but also positively to disengagement. In addition, even if sick humor implies to a certain extent the positive reframing of a harmful situation, it can be assumed that this reframing does not use a mechanism of “glorification” of the situation (finding what is positive when confronted with a disaster, looking for challenges in the face of harmful events) as is the case with religion when it promotes positivity in reframing and active coping. On the contrary, the key-mechanism of sick humor is diminishment. If diminishment of the target, object, event, or situation is inherent in the way incongruity is resolved in every kind of humor (Wyer and Collins 1992), this is particularly the case with sick humor: it makes fun of death, disease, deformity, and the handicapped by making them appear even worse (sick humor implies the use of negative hyperbole).

The *second aim* of the study was thus to investigate *whether religion is negatively associated with appreciation of sick humor*. Additional reasons for this hypothesis can be provided. First, two main and cross-cultural characteristics of the religious personality are high Agreeableness and high Conscientiousness (Saroglou 2002a), the combination of which implies low Psychoticism as function of religiousness (e.g., Eysenck 1998). We can expect then that religious people tend not to like jokes on disabled persons. Also systematically, across different religions and cultures, religiousness is associated with values emphasizing conservation of the social order (Tradition and Conformity in Schwartz’s model of values: Saroglou et al. 2003); some studies also indicate that when results are significant, religiosity is negatively related to Openness to Experience (Saroglou 2002a, for review) and to excitement seeking (e.g., Saroglou and Fiasse 2003). We can thus expect religious people not to be prone to appreciate sick humor, which usually constitutes a transgression of social norms. In fact, the personality correlates of religion are in contrast with the ones of people liking sick, earthy vs. repressed, and hostile humor described previously.

Second, low appreciation of disgusting and sick jokes as function of religion can be hypothesized on the basis of sensitivity to disgust in general. Rituals of purification in many religious traditions suggest a high concern in religion with cleanliness and purity, and many studies confirm that the religious personality is marked by (obsessive) traits of orderliness-cleanliness (Lewis 1998, for review). Thus, on the basis of clear evidence supporting the obsessiveness characterizing high sensitivity

to disgust (Mancini et al. 2001), one can expect that the religious ideal of universal harmony is broken by the disorder, deformity, and chaos introduced by disgusting things, including disgusting jokes. Moreover, religious people may be very sensitive to laughing at death-related matters (dead people, blood, crime, possible meaninglessness of the afterlife): respect for the dead, an ideal of non-violence, and concern with the “mystery” of the afterlife are particularly important within a religious context.

More subtly, as emphasized by Rozin et al. (1999a), sensitivity to disgust may be understood as originating in human beings’ need to convince themselves that they are different from animals and so in the need to keep a distance from everything that reminds them of animal life: eating, excreting, reproduction, injury, death, and decay. Interestingly, recent research has indicated that persons who enjoy Gary Larson’s “Far Side” cartoons, which draw analogies between human and non-human animals, tend to be less affected by exercises and behaviors that make mortality salient, and more inclined to view human life as one among many forms of life rather than as central or more important than others (Lefcourt et al. 1997, for review). On the contrary, religion, especially Christian religion and theology, has emphasized the distinctiveness, centrality, and superiority of humans with regard to animals and the environment in general.

Finally, the hypothesis of a negative association between religion and appreciation of sick humor may also be derived from previous theoretical and empirical evidence regarding the links of religion with humor in general. As detailed elsewhere (Saroglou 2002c), humor in general consists on a play with meaning, openness to the possibility of a meaningless world, and introduction of disorder. It implies surprise, loss of control, openness to novelty and ambiguity, and disengagement with regard to truth, morality, and affection. On the contrary, religion, although it may be considered as sharing with humor the willingness to perceive reality in an alternative way (Berger 1997), emphasizes the meaningfulness of the world, order and structure in life, closure in cognition, need for control, discomfort with ambiguity and novelty, and engagement with regard to truth, morality, and interpersonal relations. Empirically, it was found that religious people (students representative of the average religiosity in a secularized society) tend to produce little spontaneous humor when faced with hypothetical daily hassles (Saroglou 2002b) and that religious stimulation decreases (indeed inhibits) this spontaneous humor creation (Saroglou and Jaspard 2001).

## **Method**

### *Participants*

The participants were 256 adults (17–88 years old,  $M = 46.1$ ,  $SD = 24.3$ ), 131 men and 124 women (1 without mention of sex), approached either directly (many of them sporadically followed courses for adults at the university) or through acquaintances of the authors. Most of them were of university education level and lived in urban areas (French-speaking part of Belgium). They were asked to participate in “a study relative to the appreciation of different humorous stimuli.” They filled in the protocols individually. All participants were thanked for their contributions and were provided with the possibility to be informed of the results of the study via e-mail.

### *Measures*

*Humor appreciation.* From a series of French jokes found on the web, the authors selected those that seemed to represent sick humor focusing on the following specific thematic categories: death-related jokes, jokes where the target is a handicapped person, and disgusting jokes. In addition, some “neutral,” non-sick jokes were added. The two authors were attentive to the fact that the jokes selected could be comprehended by the average person. In all, 24 written jokes ( $6 \times 3$  types of sick humor + 6 non-sick jokes) were retained. Three additional jokes were presented at the beginning of the test for warm-up purposes. Two examples per category are provided in the appendix. Participants were asked to rate their appreciation of the funniness of each joke in a Likert-format scale ranging from 0, *not at all funny*, to 5, *very funny*.

*Coping styles.* The Brief COPE Inventory (Carver 1997) is a 28-item measure of different coping styles, i.e. self-distraction, active coping, positive reframing, acceptance, planning, self-blame, religion, denial, humor, substance use, behavioral disengagement, venting, seeking social support for emotional reasons, and seeking social support for instrumental reasons. It is a validated short version of the COPE Inventory (Carver et al. 1989). The French translation of the Brief COPE Inventory was carried out by Laurent Muller and Elisabeth Spitz (Université de Metz, France).

Subjects evaluate themselves on a 4-point Likert-type scale (from *never to very much*) rating whether, when faced with stressful situations, they usually act in ways reflecting the above coping styles.

*Religion.* A two-item index of religiosity (importance of God in life; importance of religion in life) and a one-item index of spirituality (importance of spirituality in life) were included. Corresponding rating scales of answers ranged from 1, *not at all*, to 7, *very important*. The spirituality index was included in order to explore whether it would be predictive of humor, similarly or differently from religiosity. Too much contemporary debate exists on the overlap or distinctiveness of these two constructs (e.g., Zinnbauer et al. 1999), although some recent evidence is beginning to be accumulated, allowing for an empirical answer to this question (Saroglou 2003, for a review). In this study, religiosity was importantly but not too highly intercorrelated with spirituality,  $r = .63$ . Although one- or few-item indexes may appear theoretically restrictive, it is an established evidence that they are still valid and predictive (e.g., Gorsuch and McFarland 1972), often similarly if not identically to multi-item scales of personal, intrinsic religion (see, e.g., Schwartz and Huisman 1995, with regard to values; see also studies on attachment reviewed in Kirkpatrick 1999). In addition, if the researchers' goal is to measure general religiousness and not specific religious dimensions (e.g., fundamentalism, religious-spiritual maturity), few-item indexes may be appropriate for participants with average religiosity living in highly secularized countries, who could get bored with long and repetitive statements about realities with which they are not so familiar.

## Results

### *Psychometric characteristics of the humor types*

Means, standard deviations, reliabilities, and intercorrelations between humor types are detailed in Table 1. Reliabilities were satisfactory for both sick and neutral humor appreciation. Intercorrelations of the three sick humor types with each other were higher than their intercorrelations with neutral humor. Mean appreciation of sick humor was half that of neutral humor and the low appreciation of the former in comparison to neutral humor was significant,  $F(1, 253) = 548.68$ ,  $p < .001$ . Men tended

Table 1. Means, standard deviations, reliabilities, and intercorrelations of humor styles

	<i>M</i>	<i>SD</i>	<i>a</i>	<i>Sick humor</i>		<i>Neutral</i>
				Handicap	Disgust	Neutral
Sick humor	1.13	0.79	.89			.43***
Death	1.27	0.86	.70	.71***	.72***	.46***
Handicap	1.04	0.92	.77		.70***	.34***
Disgust	1.09	0.87	.72			.38***
Neutral humor	2.53	0.98	.79			

Note.  $N = 256$ .

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . (two-tailed).

to appreciate sick humor more than women,  $t(253) = 2.43$ ,  $p < .05$ , whereas no significant gender differences were observed regarding appreciation of neutral humor. Although factor analysis (Principal Component Analysis) of the evaluations of the 24 jokes failed to provide a clear four-factor structure that corresponded to the jokes' content (death, disgust, handicap, neutral), the above psychometric characteristics are in favor of the distinctiveness of sick jokes, taken as a whole, from neutral, non-sick jokes.

### *Coping styles and sick humor*

As previous evidence suggests that it is possible to reduce the large number of different coping styles to a few broader factors reflecting general styles of reaction to stressful situations—although there is no empirical consensus on the number and the definition of these broad factors (Carver 1997; Carver et al. 1989; Hudek-Knežević et al. 1999; Phelps and Jarvis 1994; Ward and Kennedy 2001)—we carried out a factor analysis of the 14 coping styles. A Principal Component Analysis followed by varimax rotation revealed a five-broad factor structure. As presented in Table 2, all the first loadings of the dimensions were higher than .50 and, with a few exceptions in second loadings that were higher than .30, most of the second and other loadings were very low. Total explained variance was 63.07 percent. On the basis of theoretical similarity between coping styles included in every broad factor, we labeled the factors as 1) *Emotional expression*: use of emotional support, venting, and seeking social support for instrumental reasons; 2) *Active coping*: planning, active

Table 2. *Second-order factors of the 14 Brief COPE styles*

	I	II	III	IV	V
Emotional expression					
Emotional support	<b>.88</b>	-.11	-.05	.09	.00
Venting	<b>.87</b>	-.04	-.04	.01	.02
Instrumental support	<b>.82</b>	-.04	-.01	.18	-.09
Active coping					
Planning	-.01	<b>.81</b>	.28	.12	.05
Active	-.07	<b>.80</b>	.27	.14	.16
Behavior. disengagem.	.04	<b>-.60</b>	.13	<b>.39</b>	<b>.38</b>
Substance use	.24	<b>-.36</b>	.15	.08	-.19
Philosopher of life					
Positive reframing	.05	.23	<b>.76</b>	.04	-.09
Acceptance	-.17	.05	<b>.75</b>	-.17	.27
Humor	-.01	.01	<b>.56</b>	.31	<b>-.52</b>
Negative coping					
Denial	-.08	-.17	-.14	<b>.71</b>	.15
Self-distraction	.17	.09	-.04	<b>.62</b>	-.10
Self-blame	.18	.13	.18	<b>.53</b>	-.02
Religion	.04	.14	.08	.07	<b>.82</b>

Note.  $N = 256$ . Loadings superior to .35 are in bold.

coping, behavioral disengagement, and substance use (the two latter were negative components); 3) *Philosopher of life*: positive reframing, acceptance, and humor; 4) *Negative coping*: denial, self-distraction, and self-blame; and 5) *Religion* (one-component factor).

As detailed in Table 3, appreciation of sick humor, but not appreciation of neutral humor or use of humor as coping, was positively correlated with coping styles reflecting *Emotional expression*. This was the case with all of the three corresponding coping styles: use of emotional support, use of social instrumental support, and venting. Use of humor as coping was (positively) related to the appreciation of sick humor but not to neutral humor. On the contrary, neutral humor and use of humor as coping, but not appreciation of sick humor, were positively correlated with coping styles expressing *Active coping* (this was significantly the case with active coping and planning) and *Philosopher of life* (this was significantly the case with positive reframing). (We computed *Philosopher of life* without including use of humor as coping in order not to create an overlap between use of humor as coping and appreciation of humor types). Beyond the results based on the high order coping styles, it turned out that self-distraction (a style belonging to the *Negative coping* factor) was

Table 3. Coefficients of correlations of humor appreciation with coping styles and religion

	Humor appreciation		Use of humor as coping <sup>a</sup>
	Sick humor	Neutral	
Coping styles			
Philosopher of life (III) <sup>b</sup>	-.01 (-.07)	.13*	.32***
Active coping (II)	.03 (-.08)	.19**	.16*
Emotional expression (I)	.18** (.15*)	.10	.04
Negative coping (IV)	.10 (.07)	.09	.18**
Humor	.32*** (.32***)	.07	
Religion (V)	-.20** (-.26***)	.09	-.18**
Religion			
Religiosity	-.22** (-.28***)	.06	-.13*
Spirituality	-.18** (-.18**)	-.05	-.03

Note.  $N = 256$ . Number in parentheses = partial correlations controlling for appreciation of neutral humor.

<sup>a</sup> Use of humor as coping as measured in the Brief COPE Inventory.

<sup>b</sup> Use of humor as coping is not included.

\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ . +  $p < .10$ . (two-tailed).

related to sick humor,  $r = .13$ ,  $p < .05$ , neutral humor,  $r = .14$ ,  $p < .05$ , and use of humor as coping,  $r = .17$ ,  $p < .01$ . Finally, the positive association between use of humor and *Negative coping* was due not only to self-distraction, but also to self-blame,  $r = .15$ ,  $p < .05$ . Computing partial correlations between coping styles and sick humor appreciation, controlling for appreciation of neutral humor, did not change the above results (see also Table 3). When we controlled for gender, in partial correlations, all the associations between sick humor and coping styles remained significant (with only one exception: the correlation between active coping and the use of humor as coping).

### Religion and sick humor

As also detailed in Table 3, both religiosity and spirituality were negatively correlated with sick humor, whereas they were unrelated to neutral humor. The negative associations between religiosity and the appreciation of sick jokes even increased when partial correlations were computed, controlling for appreciation of neutral humor (see also Table 3). Moreover, use of religion as a coping mechanism, as measured in the Brief

COPE Inventory, was also negatively related to appreciation of sick humor, and again unrelated to appreciation of neutral humor. Interestingly, beyond the specific sick humor-religion relation, Table 3 indicates that although appreciation of neutral humor was not affected by religious dimensions, an apparent conflict between religion and humor in general still exists: use of humor as coping, as measured in the Brief COPE Inventory, was negatively correlated with religiosity and use of religion as coping (but not with spirituality). Partial correlations of humor with religiosity, use of religion as coping, and spirituality, controlling for gender, did not change the significance of the results presented in Table 3. Also, in partial correlations controlling for age, the associations between sick humor appreciation and religion measures decreased but remained significant.

### *Coping styles and religion*

In order to explore whether the negative associations between religion measures and appreciation of sick humor can be understood in terms of the specific character that religion has as implying specific ways of coping, we computed correlations between the religion measures and the coping styles. As it is shown in Table 4, all religion measures were positively correlated with *Philosopher of life* coping styles (clearly acceptance, but also positive reframing) and *Active coping* (clearly with active coping, but also planning; religiosity was in addition negatively related to substance use). Finally, religiosity was negatively related to all the coping styles of the *Emotional expression* factor and to *self-distraction*, a coping style from the *Negative coping* factor. Religion measures were unrelated to denial, self-blame, and behavioral disengagement.

## **Discussion**

Appreciation of sick jokes using our selected material in this study turned out to be distinct from appreciation of neutral, non-sick jokes on the basis of both psychometric characteristics and predictability of external constructs. The appreciations of the three types of sick humor were strongly intercorrelated with each other, but moderately correlated with the appreciation of neutral humor. In line with previous evidence (e.g., Herzog and Karafa 1998), people seemed to like sick humor less than non-sick,

Table 4. *Coefficients of correlations between religion and coping styles*

Coping styles	Religion		
	Religiosity	Spirituality	R. as coping <sup>a</sup>
Emotional expression (I)	-.18**	.02	-.08
Emotional support	-.14*	.02	-.06
Instrum. support	-.11+	.04	-.07
Venting	-.23***	-.01	-.10
Active coping (II)	.15*	.14*	.13*
Planning	.11+	.19**	.10
Active coping	.19**	.16**	.21**
Behavioral disengag.	.05	.06	.10
Substance use	-.17**	-.07	-.10
Philosopher of life (III)	.17**	.17**	.12*
Positive reframing	.12+	.11+	.06
Acceptance	.17**	.17**	.14*
Negative coping (IV)	-.09	-.06	.06
Denial	-.01	-.10	.08
Self-distraction	-.17**	-.10	.00
Self-blame	.02	.09	.04

Note.  $N = 256$ .

<sup>a</sup> Use of religion as coping as measured in the Brief COPE Inventory.

\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ . +  $p < .10$ . (two-tailed).

neutral humor. Men tended to appreciate sick jokes more than women, similarly to previous studies (e.g., Herzog and Anderson 2000; Herzog and Karafa 1998; Johnson 1992; Oppliger and Zillmann 1997). Finally, contrary perhaps to the simplistic idea that, from an ethical perspective, there is a clear distinction between “bad” vs. “good” humor, it turned out that people who like sick humor tend also to appreciate humor in general (here, neutral jokes) and tend to report high use of humor as coping. Similarly, overall sense of humor was found to predict appreciation of sick jokes (Herzog and Anderson 2000; Herzog and Karafa 1998). However, the fact that use of humor as coping was similar to appreciation of neutral humor and different from appreciation of sick jokes with regard to the associations with specific coping styles also suggests the distinctiveness between the two realities, i.e. sense/use of humor as coping and appreciation of sick humor.

In line with previous literature (Abel 2002; Carver et al. 1993; Kuiper et al. 1993, 1995), humor in general reflected a *philosopher of life* attitude, mainly positivity in reframing, as well as active coping and planning. On the contrary, appreciation of sick jokes was unrelated to these coping

styles but was positively related to coping styles characterized by social expression of emotions: expressing unpleasant and negative feelings (“venting” in the Brief COPE), seeking emotional support, comfort, and understanding from others (“use of emotional support” in the Brief COPE), and seeking advice and help from others (“use of social instrumental support” in the Brief COPE). (Notice that these three coping styles were also highly intercorrelated with each other in the validation study of the COPE Inventory; Carver et al. 1989). In addition, appreciation of sick jokes did not reflect coping styles belonging to the negative coping factor.

Apparently, people who appreciate sick jokes do not use highly adaptive coping strategies (positivity in interpretation or active coping), but neither do they use highly negative coping strategies, such as denial. The clear association with social-expression-of-emotions coping may be understood at least in two ways, and further research should explore this issue. First, people who enjoy sick jokes may allow themselves to express publicly what others repress or express less easily. This of course could include ease in playing with disgust, an emotion that usually elicits avoidant behaviors. A variance of this interpretation could be that high propensity to address oneself to others and to ask for advice and help may be a sign of low respect of others’ intimacy, and this could be the case for sick joke tellers or enjoyers. Second, positive attitudes toward sick jokes in spite of the possible discomfort of others with the same jokes in social settings may be understood as a (successful or unsuccessful) way of trying to get attention and communicate with others. Extrapolating from the second interpretation, enjoyment of sick jokes may be a sign of at least some aspects of emotional instability or difficulty with emotional regulation. Carver et al. (1989) argue that seeking social support for emotional reasons may be a functional coping strategy of reassurance for people made insecure by stressful transactions. Previous studies suggest that people who like sick jokes tend to be low in emotional responsiveness (Herzog and Anderson 2000; Herzog and Karafa 1998); in addition, focus on and venting of emotions (in the COPE Inventory) was found to be followed by low optimism and internal locus of control, and high anxiety and Type A tendencies (Carver et al. 1989). Of course, an important question remains open: it is not to be excluded that a moderate appreciation of sick humor corresponds to moderate social-expression-of-emotions coping, having thus an adaptive coping value, and that both extremely high and low sick humor appreciation may be a sign of (emo-

tional) insecurity. (Conducting a test for curve estimation in our data indicated that both linear and inverted-U relationships between emotional expression coping and sick humor appreciation were significant,  $F_s = 8.36, 8.31, p = .004$ , respectively).

Finally, positivity and activity in coping as function of humor should not be understood as necessarily implying a 100 percent problem-focused approach in coping. Appreciation of sick humor, appreciation of non-sick, neutral jokes, and use of humor as coping were all positively associated with self-distraction (see also Kuiper et al. 1993, for coping through distancing as function of humor). Self-distraction is a coping strategy of mental disengagement by doing things and alternative activities to take one's mind off the stressor and serves thus as a distracter (Carver 1997; see also Carver et al. 1989). This points out the general "non-engagement" character of humor with regard, e.g., to moral and affective judgment (Cazamian 1906), literal truth (Raskin 1998), and motivation to change (Morreall 1989).

Interestingly, the coping styles used by people who seem to enjoy sick humor may help us to understand the role of religiousness in sick humor appreciation. As hypothesized, religion measures (religiosity, spirituality, and use of religion as coping) were negatively related to appreciation of sick jokes. Of course, these findings can be interpreted (see introduction) in terms of the religious tendency for order, cleanliness, sensitivity to disgust, respect of norms and social conventions, as well as prosocial motivation (especially when the target is a disabled person), sensitivity to death, and high consideration-respect for the afterlife (death-related jokes). Additional explanations can be drawn in the light of the religion-coping styles associations. In line with previous literature (e.g., Carver et al. 1989), and similarly to humor in general, religion seems to include a problem-focused approach in terms of active coping and planning as well as a positivity in reframing and acceptance. However, as suspected, sick humor does not correspond to these two coping dimensions, possibly because, as detailed in the introduction, the reframing of the object, event, or situation sick humor initiates diminishes these realities rather than idealizes them. Religion can be suspected to promote the latter.

Moreover, religiosity (but not spirituality) was negatively associated with emotional expression coping styles; this was in the opposite direction from the association of sick humor appreciation with the same coping styles. Low emotional expression coping may be due to the importance that the ideals of self-mastery and self-control have for many religious

traditions. Classic religiosity implied, at least in the context of Christianity, a suspicion toward bodily and emotional expression and “free” communication; from a Freudian perspective, one could even evoke the repressive tendency of religion with regard to some representations and feelings. However, modern forms of spirituality seem to take a distance from such a way of being religious and even promote emotional and bodily expression (Champion and Hervieu-Léger 1990).

Interestingly, religiosity and use of religion as coping (but again, not spirituality) were also negatively correlated with use of humor as coping as measured in the Brief COPE. This underlines the possibility, as argued elsewhere (Saroglou 2002c), that the discomfort of religion with humor may be more general and not only limited to some socially disapproved humor types such as sick or hostile humor (see also Saroglou in press, for a study based both on self- and spouse-ratings). In this direction, the negative association between religiosity and the coping style of self-distraction (contrary to the positive association of this style with all humor indicators) provided some support to the idea that religion discourages the mental, moral, and affective disengagement that seems to constitute an inherent characteristic of humor.

Another issue consists in the differential association of spirituality with humor, comparatively to the one of religiosity. Of course, as spirituality represents a non-traditional, autonomous, and open-to-experience way of being active with regard to issues such as meaning and values (among others; Saroglou 2003, for a review), it could be expected that spirituality does not share with religion the overall discomfort with use of humor in general and appreciation of non-sick jokes; this was the case in this study, where, interestingly, spirituality was unrelated to self-distraction and emotional expression coping styles. However, possibly because of the anti-social character of sick jokes, spirituality was still negatively correlated with their appreciation.

This study should be considered as explorative. Standardized measures of the appreciation of sick jokes are needed, and scales larger than the Brief COPE could provide stronger results. Age and/or cohort effects could be responsible, at least partially, for some effects. Replication in other samples, and especially in other cultures with different religious backgrounds, are necessary before our findings can be generalized. Finally, overall, the mean appreciation of sick jokes was low and, as in previous studies, the associations between enjoyment of sick humor and external constructs were weak or modest. If this is not due to measure-

ment error, it could imply first that we know more on who dislikes sick jokes than who likes them. Second, further research with perhaps more sophisticated designs and more specific hypotheses is needed if we wish to discover the secret of why some people like what others dislike in humor, or pretend to do so.

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## **Appendix**

*Examples of sick and non-sick jokes (translated by Sarah Allen; originally in French)*

### *Death-related jokes*

1. A lawyer goes to the coroner about an autopsy:
  - Before signing the death certificate, did you take this man's pulse?
  - No.
  - Did you check to see if his heart was still beating?
  - No.
  - Did you check whether he was still breathing?
  - No.
  - So you signed this death certificate without performing any of the recommended tests for establishing whether a person is really and truly dead?
  - Yes. Why? Did you find his head?
2. A man answers the phone at the office.
  - Your wife has been in a very bad car accident this morning . . . I have some good news for you and some bad news. The bad news is that she has lost the use of both her arms and her legs. She's going to need your help from now on for everything: eating, going to the toilet, etc.
  - Oh my God. This can't be happening . . . What's the good news?
  - The good news? I was only joking: She's dead.

### *Jokes on handicaps*

1. What do shrimps and trisomics have in common?  
Everything's good except for the head.
2. What part of a vegetable can't be put through the blender?  
The wheel chair.

*Disgusting jokes*

1. Can you take a bath when you have diarrhea?  
Sure, if it's bad enough.
2. What's the pinnacle of greed?  
Vomiting through your teeth to keep in the biggest pieces.

*Non-sick jokes*

1. A guy is walking by the side of a lake. All of a sudden, he sees someone panicking in the water, screaming: "A l'aide! A l'aide!"  
So he screams back: "You idiot! You should have learned how to swim instead of learning French."
2. Why do married men put on weight while single men stay slim?  
Single men go to their fridge, find nothing in it appealing, so they go back to bed.  
Married men go to their bed, find nothing in it appealing, so they go to their fridge.

**Notes**

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