

THE SAD CLOWN: HUMOR USAGE AND PSYCHOLOGICAL WELL-BEING
OF STAND-UP COMEDIANS

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ABSTRACT

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The research on the psychology of comedy has been sparse and largely anecdotal, in contrast to research on laughter and a sense of humor, which have been studied somewhat more thoroughly. After the death of Robin Williams in 2014, more research began in this area in order to understand the mental profiles of comedians, as well as the high incidence of depression and anxiety in this population. This included work regarding new ways of classifying humor styles and their different psychological effects on comedians. This thesis examines the unique mental, emotional, and psychological profiles of comedians, including factors that may influence their choice of profession and their usage of different styles of humor, and explores how all these elements may coalesce to explain why there is an archetype for a sad clown. Finally, this thesis examines a specific style of humor, self-defeating humor, in comedians with mood disorders, and theorizes how its usage varies among comedians with different mental states.

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I. INTRODUCTION

“Heard a joke once: Man goes to doctor. Says he's depressed. Says life seems harsh and cruel. Says he feels all alone in a threatening world where what lies ahead is vague and uncertain. Doctor says, ‘Treatment is simple. Great clown Pagliacci is in town tonight. Go and see him. That should pick you up.’ Man bursts into tears. Says, ‘But doctor...I am Pagliacci’” –Alan Moore, “Watchmen”

The archetype of the sad clown has become universal, and the story above is unsurprising to anyone in the comedy community. Even within the broader creative community as a whole, there is a common belief that “madness is somehow normal” (Jamison, 4). But in a profession that is based entirely around the ability to invoke laughter in others, it seems counterintuitive that the agent of that humor would be miserable.

This is the topic of my thesis. I wanted to examine comedy from a psychological perspective. I wanted to look at this seeming paradox regarding the minds of professional stand-up comedians, and to that end I began examining the extant research on comedy and the psychology of comedians. I have focused on the unique characteristics of comedians and the stand-up profession. Specifically I have explored how comedians with mood disorders, including anxiety and depression, may use and even misuse humor as a psychological coping mechanism. Finally, comedy comes in different styles, each with its own psychological effects; there are two positive and protective styles and two negative styles. Based on this categorization, I have sought to discover whether there is an observable relationship between self-defeating humor usage onstage and the comedian’s mental state.

Before the past twenty years, the study of comedy had been sparse. But as stand-up becomes more common in popular culture and entertainment, with new Netflix specials being produced every week, and comedians like Amy Schumer and Louis C.K. gaining superstardom and influence, comedic research is more relevant and more abundant than ever. This upsurge in

interest was seen especially after the suicide of Robin Williams in 2014, which yielded a huge influx in the amount of literature on the complexities and psychology of comedy, and specifically exploring the relationship between mood disturbances and comedy, and the question of the sad clown.

Historically the literature in the field mostly discussed the physiological benefits of laughter, moving into more work on how a sense of humor and regular exposure to humor aids in emotional well-being, especially acting to protect against anxiety and depression, in individuals who do not suffer from depressive tendencies, and most importantly, outside of the population of stand-up comedians. This is significant because professional comedians have been shown to have a different psychological profile than the normal population, and even other entertainers like actors. Comedians score higher on tests for psychotic traits (Ando, et al.), depressive tendencies (Janus, Greengross, et al., Stewart et al.), emotional and verbal intelligence (Janus, Greengross, et al.) among other things, than the rest of the population. These differences then beg the question of whether humor and comedy may function differently in the standup population, and whether there are different types of humor that may have different psychological effects.

Comedy researchers have created four styles in which all comedy fits: affiliative, aggressive, self-enhancing, and self-defeating. I explore the qualifications of each of these styles, their usage, and their relationship to psychology. One style, self-defeating humor, is especially significant because of its relationship to various negative effects. This is important because if comedians who use humor as coping mechanism use more self-defeating humor as an attempt to reduce their psychological afflictions, it could potentially backfire and worsen psychological health.

With this hypothesis in mind, I looked at the performance material of a number of comedians who have openly discussed their struggles with mental health on a public forum, looking at how much of their material is self-defeating humor, versus a control population of comedians, to determine whether onstage performance could be predictive of the mental health of the comedian. The result was that comedians with depressive tendencies employ slightly more self-defeating humor in their sets, which may suggest that their performances are tapping into and potentially further exacerbating their issues with mood and mental health. This is significant because it contributes to previous literature in the field like the inverse link between subjective perceived funniness score and longevity found by Stewart and his team. It could also help explain why many comedians refuse to seek help for their mental health issues because they have moments of relief onstage, and are afraid to lose their comedic edge (Janus).

Finally, this is significant because if onstage self-defeating humor usage and other factors are indicative of the comedian's mental health, more help or resources could be made available to comedians. Club owners or managers would be able to look for warning signs of severe depression, and potentially intervene. On a smaller scale, club owners could post signs for group therapy, or the suicide hotline, to take small steps to encourage the elevation of mental health in this community. Likewise, further research may indicate a relationship between audience choice of humor styles and mental state, in which case audience members who seek out self-defeating comedians may also benefit from the same awareness measures.

II. BACKGROUND (HUMOR IN NON COMICS)

“The perfectly happy man in a perfect world does not laugh; for he has no need of laughter. But he may smile.” – William McDougall, “The Theory of Laughter”

There is an undeniable and inextricable relationship between laughter and comedy, the former being somewhat simpler to understand at times, and the latter, as will be explored in this paper, being a socially, emotionally, and psychologically complex entity. The relationship between the two is most simply seen in the fact that you cannot tickle yourself and evoke genuine laughter, because the brain recognizes itself as the stimulus (Wilkins & Eisenbraun, 349). This suggests laughter as a response is innately hardwired, as opposed to a learned behavior, though it is refined and ultimately controlled by social cues and interactions, the same masters that rule comedy (McDougall, 361; Wilkins & Eisenbraun, 349; Beard, B6). This fundamental distinction comes from the fact that cognition is needed to understand humor to produce laughter, but not needed for the pure physiological occurrence of laughter (Wilkins & Eisenbraun, 351). The fundamental purpose of comedy is to manipulate the humor response of individuals in an audience, through increased positive feelings and laughter, so an examination of laughter, in its purest and least convoluted form, will lay the foundation for this study of comedy.

Laughter predates jokes. Humans were able to laugh before they were able to tell punchlines, as language evolved after laughing (Wilkins & Eisenbraun, 349). The function of this bodily eruption is well studied in the history of humans; from bonding, to peacemaking, to health-boosting, it served many functions essential to human survival (349, Beard, B6). Although this project will not examine the positive physiological effects of laughter, there is ample evidence

supporting a number of health benefits that it can have.¹ In one such study, for example, participants were told that humor exposure and laughter would either raise or lower their pain tolerance threshold (as measured by pressure endured by a blood pressure cuff) and were asked to watch humorous videos. The researchers found that the subjects' pain tolerance threshold increased regardless of the expected outcome group, though the 'increase' group had a higher average pain tolerance threshold after the videos (Wilkins & Eisenbraun, 350). Another study found that given three groups, one watching 20 minutes of a non-humorous documentary, one watching 20 minutes of a comedic video, and one group on a treadmill for 20 minutes, the comedy video and treadmill groups had similar outcomes of positive mood increase and emotional distress decrease (351). These studies, among many others, show that there is both a psychological and physiological component to the positive effects of laughter. The physiological component to laughter is important, and likely contributes to the psychological effects, and digging deeper, more intricacies and questions arise from exploring the psychological causes.

Like the study of comedy, the study of laughter is not always direct. Aristotle may have claimed that laughter defines the human species, but classicist Mary Beard argues it is rather the drive to debate and theorize laughter that defines humans (Beard, B8). The experience of laughter is simultaneously universal, yet uniquely personal, creating many potential avenues to explore and understand it, with increasing complexity as more factors are considered. Towards the more complex side of this exploration is the research around understanding the psychology in

¹ Empirical evidence supports laughter's ability to: increase pain tolerance; increase energy expenditure; reduce the effects of bronchial asthma; decrease skin-related allergic reactions; and decrease exacerbation of diabetic neuropathology (Wilkins & Eisenbraun, 351).

producing comedy to incite laughter. But at its most basic level, the drive to understand has yielded three main theories of laughter: incongruity; relief; and superiority (B6).

The incongruity theory postulates that laughter is a response to the illogical or unexpected (B6). Unlike the other two theories, the incongruity theory has been researched in a lab setting with participants lifting different weighted objects. The experiment showed that the larger the discrepancy between the expected weight and actual weight of an object, the more intense the laughter of the participant (B7). Outside the lab this theory of laughter can encompass some types of stand-up comedy, and comedians' style, especially jokes which derive their ability to evoke a response from leading the audience down a narrative path and creating laughter in the punchline as something that was wholly unexpected. This theory requires a low amount of active mental processing to laugh at the unexpected (B7), though the experience of such laughter necessitates cognition in the establishment of typical patterns of reality, before they can be broken and seen as amusing (Wilkins & Eisenbraun, 352).

For the purposes of a psychological evaluation of laughter, the incongruity theory seems the least convoluted. This theory of laughter can be purely physical comedy, as demonstrated by the laboratory study, and the only one where the comedian and audience can not only be the same person, but have the exact same experience of the cause of laughter. Thus laughter of this sort is benign, if not positive, for the psychology of the observer, and/or actor, and is most useful in presenting new perspectives to the audience when facing a problem or issue (Wilkins & Eisenbraun, 351).

The second theory of laughter is the relief theory. This theory has deeper psychological underpinnings than the incongruity theory, and was popularized by Freud, after being invented

years earlier (Beard, B7). The relief theory claims that laughter is a release of nervous energy or repressed emotion (as Freud believed) that can manifest when the subject matter of the joke touches on a fear or point of anxiety for the audience (Beard, B7, Wilkins & Eisenbraun, 351). For example, a joke about a funeral would illicit laughter from a subject with a fear of death (Beard, B7). Because it is supposed to be a fundamental release of stress or nervous energy, the physiological benefits of laughter align most closely with this theory (Wilkins & Eisenbraun, 351). This includes the combative effect that laughter of this sort has on stress exacerbating negative health conditions (Wilkins & Eisenbraun, 351; Kuiper et al., 82). This type of laughter has both an intrapsychic effect, which allows the release of emotion around a fear, and also has an interpersonal effect, as this laughter is useful for relaxing tensions during social interactions (Wilkins & Eisenbraun, 351).

This theory of laughter gives some explanation to why stand-up comedians choose to put hyper-personal or sensitive matters on stage, since laughter in this way can aid in the confrontation of fears and anxiety. However, much of humor is lost in the retelling (Vaillant, 95), and thus the original soothing effect may be transmuted into a constant reminder of this anxiety and fear, as the jokes are told over and over again to new audiences. This is not to say that the new audiences will not feel that emotional release that defines this theory when the comedian makes a joke about his or her depression, or some other affliction, but there is a further divergence between the actor and observer (or comedian and audience) the more these jokes are told. In this way the relief theory may begin to explain one of the many contributing psychological components of stand-up comedy from the comics' perspective, and the superiority theory may give further insight from the audience perspective.

The superiority theory of laughter finds that “laughter is a form of derision or mockery. We laugh at the butt of our jokes or the object of our mirth, and in the process we assert our superiority over them” (Beard, B8). The origins of this theory supposedly coming from Aristotle, with a number of recognizable names being proponents of this idea, like Thomas Hobbes, who said that laughter was a sudden glory arising from the recognition of our own superiority over others’ infirmities (B8). In evolutionary utility, this theory of laughter is seen as most useful for criticizing opposition or unifying a group (Wilkins & Eisenbraun, 351), but has taken on modern-day significance, especially in stand-up comedy.

Originally seen as an alternative to aggression as a means to force compliance through humiliation (Wilkins & Eisenbraun, 352), this theory of laughter analyzes the manipulative utility and purposeful effects of laughter. This theory, more than the previous two, emphasizes the audience perspective, specifically the actor-observer relationship, such as early 20th-century psychologist William McDougall, who theorized we use laughter as our means to fulfill our desire to discipline the “fool” or the “clown” on stage (McDougall, 361). There is an innate hierarchy established in this theory of laughter, where the comedian is lower than the audience because of their willingness to put themselves in certain situations. Specifically the entertainer is either performing or retelling some ludicrous situation, in which an audience laughs at a performer doing something that the audience would find distressing if they themselves had to perform it, and is necessarily found mildly distressing to the performer, and is therefore unified over their shared experience as observers (McDougall, 361; Wilkins & Eisenbraun, 353). Even stand-up comedians who have gained fame and fortune don’t necessarily present their true off-stage lifestyle onstage. This is seen in comedians like Kevin Hart (one of the comedians in section V), who is the most highly paid stand-up comedian of all time with a net worth over 100

million dollars. Hart tells anecdotes onstage allowing the audience to feel superior in that they wouldn't find themselves in these laughable situations he has gotten himself into, despite his success.

The element of self-disparagement by the performer for this theory of laughter closely aligns it with the theory of self-defeating humor, which will be discussed later. This method to entertain has its drawbacks, but McDougall believes that in the case of the clown the distress from the experience is overcome by the sense of satisfaction felt in the success in his efforts to provoke laughter (361). This is likely true in some cases, but I will argue that this type of humor production on the part of the comedian (as self-defeating humor) likely has a poor psychological effect over time.

Despite its malicious nature, laughter under the superiority theory is often encountered in many cultures (Wilkins & Eisenbraun, 353), though the amount of each type of laughter varies between cultures (Beard, B7) as does the styles of humor to evoke the laughter (Crawford & Caltabiano, 240). This means there is always an element of culture in laughter and comedy. Culture in comedy is certainly a topic for further investigation in comedy research, but more importantly, it is a significant hurdle for stand-up comedians to adjust how they relate to the audience. How culture effects laughter will affect the entire set for both the comedian and the audience, as there is a fundamental interactive element to all stand-up performances. Even in a single broader culture, there will be variations in humor at different performance venues, and the audience composition may create an entirely different atmosphere than what was expected by the comic. This can be seen even in veteran comedians, like Patton Oswalt, one of the comedians studied in Part V. He filmed his most recent stand-up special "Talking for Clapping" in San

Francisco, his former home and city that has hosted many of his performance previously. At one point in the special he is telling an anecdote for a few minutes to subpar audience reception, and at the conclusion he chuckles as he acknowledges “Woo, I almost lost you with that bit” before starting his next joke. This indicates that the joke had landed at other venues in the U.S. along his tour, which is why he included it in his set to be recorded for the special, but the culture of this particular audience did not find the joke to be funny.

The absence of laughter in all cultures certainly sends a clear negative message (Williams & Emich, 652): *I did not think that was funny/I am not willing to force laughter to affiliate with you/I am purposefully suppressing laughter as a sign of disapproval*. The real ambiguity can come when the comedian actually evokes laughter. Laughter is the only bodily sound that is always taken to mean something, act as a form of communication (Beard, B6), but what is communicated can be unclear, and even discordant between the actor and observer. The physical manifestation of laughter is always the same, regardless of the cause or theory behind it (Beard, B6, Wilkins & Eisenbraun, 351), whether it’s surprise, nervous energy, or malevolent intent. This experience is one of the reasons for the age-old question ‘*are they laughing at me, or with me?*’ and may be another factor in the mental health of stand-up comedians. A comic can present a situation where they’re the butt of the joke, and the audience will laugh. But the potential difference in interpretation of the audience laughter means that the comedian may find the laughter reinforcing or validating the negative aspects of themselves in the joke, but the audience members are laughing instead because they relate. Ultimately if the comedian has the audience laughing, they have generated either sympathy or empathy, but sometimes the sentiment is lost in translation.

The ability to evoke these kinds of emotions while maintaining distance marks the shift from pure laughter to a sense of humor and comedy, which will be referred to interchangeably for the rest of this section. Laughter is the response desired by the comedian from the audience when they create and present comedy. It is achieved through both parties' senses of humor, with the comedian actively accessing their own humor and using it to guess what would be effective for the audience's collective sense of humor. Comedy necessitates laughter, but the opposite isn't always true, like laughter via the incongruity theory. In addition, comedy and humor incorporate emotion and experience with laughter. This is one of the hypothesized evolutionary benefits of laughter according to which we are able to witness the mishaps in life of others, and feel sympathy, but moderate and adjust those feelings. Specifically humor keeps us from being overcome with sympathetic sadness and depression, and minimizes any unpleasant effect of our emotions on others (McDougall, 361-2, Vaillant, 95). Humor also allows distance from one's own problems, so one can look at them with some detachment for a more objective perspective (Kuiper et al., 82, 84, Crawford & Caltabiano, 238). These protective, adaptive, and distancing effects of comedy underlie the greater psychological effects that comedy, in all its forms, can have on the audience or actor, given a normal psychological state.

Based on the influence that humor can have on mental state, it was previously classified in the DSM-IV (4th edition) as a "highly adaptive" defense. Amid the table of differential identification of defenses, sources of conflict from 'affects/instinct/desire,' 'relationships/people,' and 'reality' are all unaltered by humor, but conflict from 'conscience/culture' is minimized. This demonstrates how humor research and theory has progressed in the past fifteen or so years (DSM-IV 4th ed. was published in 2000), since humor is now seen as potentially affecting all of the above categories. But even with the changes, the idea

of humor as a defense mechanism has persisted (Vaillant, 89), though also in an evolved form (Kuiper et al., 94). In the latest version, the DSM-V does not have a continuation of the chart of defenses, and humor has been completely removed from the list of defenses. There is an interesting piece about defense mechanisms, however, in that some are almost invariably maladaptive, but others may be either “maladaptive or adaptive, depending on their severity, their inflexibility and the context in which they occur” (DSM-V 5th edition, 819). Even if humor is no longer formally a defense, it can still exist on the teeter-totter of being functionally maladaptive or adaptive depending on circumstance. This is an interesting distinction that may occur where comedy in the average population is decidedly adaptive, but in the comedian population, the conditions can mold it to be more maladaptive.

To understand how it can go awry some in comedians, it is necessary to understand humor and comedy’s function in the normal population. Overwhelmingly humor is seen as an adaptive and protective mechanism that increases positive outlook (Vaillant, 89, Crawford & Caltabiano, 238, Kuiper et al., 94). The relationship between humor and various positive emotions including happiness, hope, and optimism, among others has been documented in a number of studies (Wilkins & Eisenbraun, 350, Crawford & Caltabiano, 237). There is ample evidence supporting a correlation between humor and a variety of positive outcomes, but currently very little evidence of the direct mechanisms at play. (Crawford & Caltabiano, 239). In other words, it is understood that humor can allow for the expression of emotion with reduced individual discomfort (Vaillant, 95), but there is far less research that addresses the process by which a sense of humor may mitigate emotions (Kuiper et al., 82). In the normal population comedy works like a hybrid defense mechanism, drawing on the classic characteristic of an ability to control mental state, and influence positive affect (Williams & Emirch, 652), but with

the addition of its own unique attributes like not following a distinct pattern every time it's employed. Humor is a transformative agent that can regulate viewpoint, or reframe circumstances to shift one's perception of control over a situation that he or she might otherwise feel powerless to change (Vaillant, 89, Crawford & Caltabiano, 238).

In this way the effects of humor are multidimensional, with direct and indirect actions. Directly, humor has a dual mechanism on mitigating stress. First, individuals with a sense of humor might see their environment as less threatening and therefore experience less stress on average (Kuiper et al., 82). Secondly, in situations that would produce stress, individuals with a greater sense of humor may be able to reevaluate or reframe the situation to see it as more benign (Kuiper et al., 82, Crawford & Caltabiano, 238). This includes humor's ability to provide a mental time out, to allow for the moderation of sudden changes in reality that cannot be immediately integrated into one's outlook into something more palatable (Vaillant, 90). These effects before and after potential stressors show that a sense of humor can function both proactively and reactively to mitigate stressful situations in life.

Adaptation to difficult events through humor was seen in a study by Kuiper, et al., looking at students' reactions to a real-life stressor: final exams. A large part of the "self-protective" function of humor is based on the ability to distance oneself from a negative event, and internalize a positive event (Kuiper et al., 84). This was studied by scoring students on a measure for sense of humor, as well as anticipated performance on midterm exams, reflection on performance on the midterm, and the actual grades on the midterms (90). Individuals who scored highly on a sense of humor measure were also more likely to rate an unexpected high performance on an exam as more personally important, and an unexpected low performance as

less important. Conversely, subjects who scored low on the sense of humor measure rated an unexpected poor performance on an exam as highly personally important, and an unexpected high performance as less important (91). Thus this pattern of self-protection through distancing and reappraisal is exhibited more in individuals with a stronger sense of humor, whereas individuals with low humor scores were more likely to internalize and magnify negative outcomes. These individuals are therefore able to use humor to focus their outlook in a more positive way (91).

In a normal population, this appraisal, reappraisal, and distancing through humor reframes negativity into positivity, but this may not be the case for stand-up comedians. The anecdotes that comics tell on stage show the characteristics of people with a weaker sense of humor, namely internalizing and magnifying negative outcomes. Comedians do not distance themselves from negative experiences; instead they relive and reframe their experience to be more entertaining. This method often includes modifying a story to reframe negativity into more negativity. For example, a comedian could go through a horrible break-up, though telling a story of being broken up with isn't inherently comical, it could just be sad. But if the comedian exaggerates the story so the break up happened while he was in the nude, and his girlfriend was pointing out all his physical flaws, and his mom walked in to the whole scene, the overwhelming negativity surpasses the just sad threshold for an audience and becomes absurd enough to be funny. Even with these fabricated elements, the comedian still has to reopen their break-up every time they work on the material and ultimately deliver the joke. This is a distinguishing element that audiences may seek out in seeing comedy versus some other art forms, where the added negativity and lack of resolve can add to the entertainment value.

Another direct mechanism that comedy employs to facilitate positive emotional well-being deals with actively honing humor as a skill (Crawford & Caltabiano, 238). Humor is distinctly different from other positive psychological processes, which are often passively received by an individual, with minimal control over the frequency or intensity (237-8). Based on this idea Crawford & Caltabiano looked to test if a sense of humor could be a skill that may be enhanced so that individuals are able to manipulate their own experience and frequency of daily positive affect and thus be in control over their own emotional well-being (240). After assigning a ‘humor’ group to follow a regimented eight-step program designed to increase proficiency in the areas of “attitude towards humour, enjoyment of humour, laughter, verbal humour, the ability to laugh at the self, to find humour in everyday life and to use humour while under stress” (239), a group assigned to a once-a-week social hour, and a control group, the study measured indices of emotional well-being. The results showed that unlike the control and social groups, the humor group had a significant increase in a number of tests for emotional well-being including self-efficacy, positive affect, optimism and perceptions of control of internal states, with decreases in levels of perceived stress, depression, anxiety and stress (243-247). This reflects Frederickson’s “Broaden-and-Build” theory, in which an individual’s having control over the frequency and intensity of the experience of positive emotions, as opposed to passive experience, allows that person to broaden and build his/her coping repertoire. The broadening also helps to counteract the narrowing of thoughts and actions that is usually the response to negative affective states (237). Comedy can be refined to work in the short term by reframing negative situations (Kuiper et al., 94) and in the long term by adding cognitively and behaviorally to an individual’s coping repertoire (Crawford & Caltabiano, 248). It is believed

that humor and positive affect influence one another reciprocally (249) and improve over time to provide greater resiliency to adversity (237).

These long-term effects of and *on* humor are seen multilaterally. This can be seen in Kuiper's exam experiment, mentioned above, with the high humor participants' ability to alter their future expectations about exam performance when their past performance exceeded their initial expectations, and lower future expectations when their performance was worse than expected (Kuiper et al., 92). In this way even though the direct positive emotions that come from a comedy or a sense of humor are fleeting, the alterations that are produced in thoughts, actions, and physiological responses have enduring consequences (Crawford & Caltabiano, 238-9)

Although these studies show some of the positive and adaptive qualities that come with comedy and a sense of humor, these mechanisms likely differ in stand-up comedians, and these studies still have shortcomings in understanding why there are different effects in different populations. Professional comedians arguably have the most practiced and refined senses of humor (as per the findings of Crawford & Caltabiano), but practicing humor doesn't have the same before-and-after effects as has been seen in Kuiper's, Crawford and Caltabiano's, Wilkins and Eisenbraun's and other test populations. One difference is that a sense of humor and comedic perception of everyday life becomes different when those experiences are translated into a performance medium. Additionally, stand-up comics may be using comedy as a mechanism to regulate emotion, but the broaden-and-build theory could be working in the opposite way when comedians make jokes about negative experiences. So they both increase the frequency of rumination over the event, and they create even more avenues to explore this unpleasantness. So the control over frequency, though not necessarily intensity, of reliving negative experiences

broadens the acceptable range of thoughts about this sore subject. More on the differences in psychology of comedians will be discussed in the next section.

In the non-comedian population, these studies show results, but are still lacking in precision. Many studies of humor that I have cited (Crawford & Caltabiano, Wilkins & Eisenbraun, Kuiper, etc.), as well as the studies cited in those papers, employ tests that either incorporate comedy as a subsection of optimism or happiness, or use measures of happiness, etc. to be taken as synonymous to sense of humor. Additionally emotional well-being is a complex construct to measure, and many of the studies in the current literature do not use a multi-faceted approach, and rather use a self-report scale (Crawford & Caltabiano, 239). These are only a few among the improvements that are necessary in this field of research, and there is a slow, but sure, push in this direction of precise experimental design. The research about comedy and humor in the average population is making strides, but one population that defies many of these findings and that lacks research is the population of stand-up comedians. In the next section I will narrow the examination of humor and comedy, and discuss relevant psychological research on this unique group.

III. PSYCHOLOGY OF COMEDIANS

“Humor is such a personal expression of one’s feelings about oneself and one’s world that it overlaps with much of the content of psychotherapy” –Samuel Janus, “The Great Comedians: Personality and Other Factors”

Comedians that suffer from mood disturbances or other mental health issues are a seeming paradox. The clear discordance between making people laugh for a living and being miserable yourself raises a number of questions that scientific and psychological research have just begun to answer. This is a necessary response as an increasing number of famous comedians come forth publically about their struggles with mental health. Though this, in turn, is blurring the line between on and offstage personas, and how much of a comedian’s depressing material is genuine.

The preliminary research in the area of comedians’ mind involved the assessment of different characteristics and traits, to start to construct the unique psychological profile of ‘The Comedian’, if there was one to be found. The most groundbreaking of these studies came in 2014 in The British Journal of Psychiatry, where Victoria Ando, Gordon Claridge, and Ken Clark found that comedians score higher on a test for psychotic traits. This article added to the foundation that had been established in a number of others that found consistent patterns in aspects of comedians’ personalities, specifically high intelligence, depressive qualities, and introvertedness. This research helped to solidify the theory that comedians have an extraordinary, and unique psychological profile.

The first of these studies came in 1975, when Samuel Janus interviewed 55 professional and famous comedians (51 men and four women) to “investigate the relationship between comedians and their anxiety and depression and to evaluate its function in their success as comedians” (Janus, 169). At this point the anecdotal evidence of comedians being depressive

types was already pervasive. Janus completed psychological case studies, in-depth clinical interviews, and psychological and intelligence tests (170) to find commonalities among the comedians. Of the quantifiable data collected, Janus found that the group was overall exceptionally smart (170). This is consistent with later findings, for both professional comedians (those who have chosen a career as a comedian) and amateur comedians (those who perform, but still have other ways to make a living).

His psychological evaluations of the humorists provide more information, however, and some of his most noteworthy descriptions include: their constant need to be reassured that they're doing well (170), their constant fear that professional disaster could strike them at any time which is why they overwork themselves; that life's hardships provided their material (172); that "most respondents felt a pervasive sense of depression" which they battled with their work; that all had early lives marked by suffering, isolation, and deprivation (174); and finally, that 80% reported being in psychotherapy at one point in their lives, but stopping after less than a year, and repeatedly expressing a fear that if they were no longer suffering, they would no longer be funny (172). His final evaluation is that "comedians are brilliant, angry, suspicious, [] depressed...shy, sensitive, and fearful, who fight their fears constantly" (173-4). Though Janus' psychoanalytic approach is a bit dated, and stand-up has evolved significantly in the past 50 years, the personality themes of intelligence, depression, and isolation are echoed in later, more modern studies of comedians. The acknowledgment of their emotional problems, by a majority seeking therapy, is also maintained. And interestingly, the fear of losing their comedic edge if they were to be cured of their affliction is just as common in comedians today, as it was 40 years ago. This tendency towards a semi-masochistic behavior may contribute to an increased willingness to be the butt of the joke, or increased use of self-defeating humor, if it gets laughs.

Over three decades later, Gil Greengross and Geoffrey Miller set out to have a more quantifiable measurement of comedian's characteristic traits compared to the rest of the population. The authors cite the unique characteristics of this profession, while acknowledging the overall lack of research in this field by psychologists (Greengross & Miller, 79). Because of this, the researchers started with the basics, looking at the scale of the "Big Five" personality traits (openness to experience; conscientiousness; extraversion; agreeableness; and neuroticism) for professional comedians, amateur comedians, comedic writers, and college students (81). The researchers found that amateur and professional comedians scored the lowest on conscientiousness, agreeableness, neuroticism, and extraversion compared to the other groups (81), with low conscientiousness and extraversion being the most significant. Low conscientiousness has been shown in previous studies to be associated with greater use of negative styles of humor (81), which will be discussed a bit later. The low extraversion was consistent with Janus' findings, and anecdotal evidence that comedians often have divergent on and offstage personas. It's postulated that the combination of high introversion with high openness to experience that comedians possesses is fundamental to this profession so that the comedians will always have new potentials for material.

Greengross and Miller published a follow up study with Rod Martin to attempt to quantitatively study the personality traits, humor production ability, humor styles, and intelligence of stand-up comedians (Greengross, et al., 74). The most interesting findings here were the relationships between humor styles and the "Big Five" personality traits. The use of self-defeating humor, which is known to have negative psychological correlations, was positively correlated to all big five traits, and had a moderate negative correlation to intelligence (78). If this pattern holds true, it would likely mean that stand-up comedians use little self-

defeating humor, as they scored low on four of the five personality traits, and high on intelligence (Greengross & Miller, 81), and a low usage of this humor on stage may not exacerbate the depressive tendencies of comedians (the examination in section V). The negative correlation between intelligence and all four types of humor also doesn't make sense, as comedians consistently score well above average on intelligence. But they also found that comedians and students follow the same usage pattern of affiliative > self-enhancing> aggressive> self-defeating, and that comedians use more of all four types of humor than students, including a greater usage of self-defeating humor in comedians than aggressive humor in students (Greengross et al., 77). Not surprisingly, comedians also scored higher than students on the number of captions they were able to produce for an ambiguous picture in a given time, and the comedian's captions were on average rated as more funny (higher humor production) than those of the students (77).

There is also a positive correlation between the use of self-enhancing and self-defeating humor in comedians, but not in students (Greengross et al., 79). This is pretty odd because self-defeating humor has been linked by a number of studies to a number of negative psychological symptoms. Self-enhancing humor, though not shown to cause as strong of a positive and psychologically protective effect as affiliative humor, has been shown to have some positive psychological qualities. It is also interesting that this only happens in the comedians and not in the students, because this suggests that it isn't just an equalizing effect where using self-defeating humor lowers self-esteem, so self-enhancing humor has to be used to restore the balance. This may be a product of the different role of humor between the populations, where students are more likely to use humor for their direct benefit, but comedians must generate comedy as their livelihood. However, both groups are still the creators of the content, so if the

positive correlation represents a counteraction to the negative effects of self-defeating humor, it would mean the comedians are still choosing to use more self-defeating humor. This contradiction adds to paradoxical nature of the individuals in this profession.

Once the personality profile of comedians was well-known, there was a push to dig deeper and go from normal personality traits to psychotic traits. This 2014 study by Victoria Ando, Gordon Claridge, and Ken Clark was put in the media as groundbreaking, and is cited by nearly every newspaper or magazine writer when they talk about the link between comedy and depression. But the findings that stand-up comedians score higher than actors on a scale for a number of the mild psychotic traits (Ando et al., 342-3) is not that surprising because there is a well-studied relationship around the propensity towards psychotic traits in other creative professions.

This study specifically examined the difference in stand-up comedians, and actors as the control group, for four dimensions of psychotic traits related to schizophrenia and manic depression: unusual experiences (UnEx); Cognitive Disorganization (CogDis); Introverted Anhedonia (IntAn); and Impulsive Nonconformity (ImpNon) (Ando et al., 341). They found that comedians scored higher than actors on IntAn, CogDis, and ImpNon, with no significant difference between the actors and comedians UnEx (342). The difference between the scores of psychotic traits for two professions that are quite similar begs the question of what exactly about comedians or the profession of stand-up comedy that makes the population of comics show more psychotic traits than actors. I think the answer comes from the fact that comedians write their own material, whereas actors for the most part perform someone else's material. Comedians have to go on stage and not only open up about their lives to a group of strangers, they have to make the strangers laugh. They have to somehow transform the grey-tinted world (from their

depressive tendencies) that they see and experience and find a way to make other people laugh at it. On top of making strangers laugh at their real-life struggles, they are a more introverted population. Even with a possibility for a different onstage persona, comedians, unlike actors, don't get the same variability in roles they portray, or the ability to completely dissociate from the character they're portraying, and not all comedians have starkly different onstage and offstage personas. Because of this, actors may have an easier time maintaining the line between their character and their true selves, whereas comedians include a huge amount of their own lives into their work. Where actors can portray silly, pathetic, or other unpleasant characters and be laughed at or pitied, they don't have a connection to the character. Comedians create the character they portray onstage, whether it's their true self or not, and are inextricably tied to this stage presence. So when they make jokes about their problems onstage, there is almost always an element that hits close to home when strangers laugh at you. It is clear to see how stand-up comedians are walking contradictions, or any person that could do that on a daily basis and not be affected by putting their lives on display for judgement by strangers.

Introvertive Anhedonia is the "reduced ability to feel social and physical pleasure, including an avoidance of intimacy" (Ando et al., 342), where Impulsive Non-conformity is the "tendency towards impulsive, antisocial behavior, often suggesting a lack of mood-related self-control" (342). These traits are opposites, but comedians scored highly on both measures. Ando et al. argue that this is consistent with bipolar disorder, which would give evidential proof to Janus' claim that male comedians "offstage fit manic depressive syndrome," where female comedians are just depressive (Janus et al., 371). This simultaneous double persona was discussed by comedian Stephen Fry, who speaks openly about his struggle with untreated bipolar

disorder during his work saying “there are times when you’re on stage or when...and laughing [on the outside], but inside I’m going ‘I want to f--king die.’”²

Though the simultaneous high levels of these inverse traits don’t necessarily mean that all comedians have some level of bipolar disorder, this does reflect the common dual nature in stand-up comedy that likely affects the comedian, where two opposites have to coexist: positive correlation in usage of self-defeating and self-enhancing humor; on-stage and offstage persona; laughter and sadness. Comedians embody this opposition, potentially another contributing factor to their depressive tendencies, because there is constant cognitive dissonance that is never alleviated.

Further evidence that comedians embody a specific and thematic personality profile, and that specific personality is drawn to professional comedy, can be seen from looking at childhood personality traits and studies of longevity. Based on the increased tendency towards mental illness in stand-up comedians, Stewart et al examined the longevity and cause of death between the top ranking “All-Time Greats” under the categories of stand-up comedians, comedic actors, and dramatic actors. They found that stand-up comedians average lifespan was 67.1 years, with 38.9% of deaths deemed ‘premature,’ and 19.4% of deaths from ‘non-natural causes’ (Stewart et al., 790) This is compared to comedic actors and dramatic actors who had an average lifespan of 68.9 years and 70.7 years, respectively, with 27.3% and 19.6% of deaths deemed ‘premature,’ and only 9.1% of deaths for comedic actors and 10.7% of deaths for dramatic actors from ‘non-natural causes’ (790) This is incredibly important because it shows the elevated suicide risk in

² <http://splitsider.com/2013/06/stephen-fry-reveals-that-he-tried-to-commit-suicide/>

the stand-up comedian population, and potentially the common personality traits that can be very detrimental to health like loneliness.

Stewart's study can be compared to Friedman's, who completed a longitudinal study looking at how childhood personality traits affect longevity. Looking at the whole population, they found that there is an inverse relationship between childhood humor/cheerfulness and longevity (Friedman et al., 180-1). Janus reported that all the comedians he interviewed had challenging childhoods and they developed a sense of humor as a coping mechanism (Janus, 174). This sentiment has been echoed in many comedian interviews since then, including a number of comedians on the list below in section V, and pieces documenting the psychology of comedians like the movie *Misery Loves Comedy*. Both of these pieces of evidence corroborate Stewart and Thompson's findings in another study (discussed further below) of an inverse relationship between subjectively-given funniness scores and longevity (Stewart & Thompson, 259). This may suggest that the most depressed comedians are the most funny because they have to compensate for more, and could also speak to the reasoning behind a bunch of introverts choosing a profession that requires them to be on stage nightly, bearing their soul, as it allows for human interaction without any intimacy.

The study of childhood humor by Friedman is also an interesting contrast to the well-supported, research that a sense of humor in adults (sometimes measured as one of a few adaptive mental mechanisms, sometimes alone) has a positive relationship to many aspects of emotional well-being (Crawford & Caltabiano, 243). Non-controlled experiments in average adult populations have shown data linking these adaptive mental mechanisms, like humor, to longevity, higher positive affect scores, lower stress, and better pain tolerance, among other traits (243-5). This seeming contradiction shows how stand-up comedians are an even more

remarkable group of individuals, as many somehow evade this more common response to having a sense of humor.

In addition to their findings on longevity, Friedman et al. found that level of childhood conscientiousness was directly related to adult longevity (Friedman et al, 180). Stand-up comedians score significantly low on conscientiousness as a big five personality trait (Greengross & Miller, 81). Greengross and Miller note the difficulty, however, to be a success in the comedy business if some levels of conscientiousness are not maintained like keeping appointments, showing up on time, etc., but hypothesize that the balance that is struck for the comedic population favors the “impulsive disinhibition” that could be necessary to create and develop new (and potentially offensive) comedic material (Greengross & Miller, 82). This could be further evidence that the constellation of traits that are characteristic of stand-up comedians are discernably maladaptive, and further research will be necessary to best resolve this.

The previous studies discuss the ‘what’ in the personality of stand-up comedians but don’t completely address the ‘why.’ There are also aspects of a career as a comedian that may be attractive to individuals who are intelligent, introverted, depressive, and conflicted. The logistical aspects of choosing a career as a standup comedian could appeal to an individual with the archetypal trait pattern. These individuals are highly creative, scoring very high on the humor production and number of captions (Greengross, et al.79), so a career of creating your own work would be appealing. These individuals are also highly intelligent, with high verbal intelligence, and could create success based on their ability to manipulate word play and language.

In the same vein, there are logistical elements to this career that would be bad for the mental health of an individual that has the comedic personality predisposition. The person is alone most of the time, working on their material. And working on their material means they are

ruminating over the bad, sad, terrible, or embarrassing things that have happened to them, and replaying these things constantly to try to create material out of this. This combined with separation from normal social or sexual relationships because of the constant travel and reversed work schedule can reinforce negative moods. Stand-up comedians also expose themselves to the potential for negative reactions more than other creative professions, and on a more personal level. Aspiring comics can face daily rejection from club owners or producers, and professional comedians can have nightly rejections anytime one audience member personally heckles them or boos some part of their routine which may come directly from their life. Also the ability, ease, and encouragement of using alcohol and sometimes drugs (which is also made more likely by very high or very low income professions, which is stand-up comedy, based on your fame) add to this (McBride).

Similarly, logistical elements that may emphasize poor mental health could also be attractive to an individual with depression. For example, the schedule for this profession may work better for someone with depression, as the nontraditional work schedule that could be more doable for someone who is depressed and finds it hard to get out of bed in the morning.

Janus touched briefly on why some individuals may turn to a comedy originally as children as a defense mechanism, and then later follow that path to a career of comedy. Janus also discussed the comedians' tendencies to throw themselves into their work to the point that they feel overworked (Janus, 172) which may also be a distraction technique to keep their depressive feelings at bay. Based on the seeming contradictions between the personality traits exhibited by comedians and their line of work, I am also inclined to believe that there is an element of a coping mechanism being used (that can be maladaptive, as discussed in section IV below). Comedians, with this tendency towards depression and other mood disturbances, will use

humor to try to cope with their negative issues, as it is effective in a normal population. The difference in their psychological profiles, however, do not allow for the same effectiveness and instead can have the opposite of the desired effect based on the comedy used (see IV below). Individuals with a depressive outlook are more likely to use of self-defeating humor, and the use of self-defeating humor creates a positive feedback loop the can make the comedian feel even worse.

The self-defeating humor may also come when comedians use their standup set as a half-baked attempt at therapy. Janus found that 80% of the comedians he was speaking to had gone to therapy at some point, so the comedians know that they're unhappy and at one point or another and they want to change it. But also, as was mentioned earlier, if the comedians become substantially healthier, they may lose whatever comedy connection they feel like they have through their disturbed mood. Comedians can go onstage and spill their secrets to an audience, like they would to a therapist, and they get the same immediate feedback that they would get at the therapist (though laughter and clapping, or silence and booing is a little less nuanced than a conversation with a therapist perhaps). The comedians know that the use of comedy as a coping mechanism is not effective and it will not cure their condition but they are okay with that because they won't be risking their talent.

Finally, there is the entertainment component to stand-up comedy. Unlike seeing a therapist, who is being paid and doesn't need to be entertained, the comedian is fundamentally a performer and has to please the audience. This is where the experience of the performer and audience become divergent, and the difference between humor for one's own enjoyment and humor to entertain others is truly exemplified. Humor or comedy that is used to cope with a problem just for the comedian is not going to entertain the audience onstage. The act of writing and

performing stand-up does not necessitate any other aspects of humor (as defined by Wilkins & Eisenbraun, 350) like being optimistic, or having hope in life, it only needs to evoke laughter in the observers. For this reason, there may be a disconnection in the protective mechanisms that humor can have on the actor, rendering this perceived act of coping actually empty for the comedians.

IV. COMEDY FROM A PSYCHOLOGICAL PERSPECTIVE

“Thus, unlike Beethoven’s sublimation, humor is difficult to illustrate. Humor, like a rainbow, is real but forever evades our grasp.” –George Vaillant, “Adaptive Mental Mechanisms”

In an effort to create more clarity in the study of humor, an area that by nature is highly anecdotal and subjective, Rod Martin, Patricia Puhlik-Doris, Gwen Larsen, Jeanette Gray, and Kelly Weir created the Humor Styles Questionnaire (HSQ) in 2003 in order to qualify and study differences in kinds of humor. This newly developed HSQ helped to advance scientific research on comedy, and the literature on this field has expanded considerably since then. The HSQ made it possible for studies to be conducted that could look at the correlation between specific humor styles and scores on other well-established psychological assessments for traits like personality (Greengross & Miller, 79), intelligence (Greengross et al., 74), depression (Tucker, Wingate et al., 493), and anxiety (Tucker, Judah et al., 823), among others. This was necessary to begin to unpack the complexities in humor research because all comedy is not created equal. Just like failed attempts at humor produce different psychological effects than successes (Williams & Emich, 663-5), successful attempts at different humor styles produce varying psychological consequences.

The 2x2 framework³ of the HSQ is based on ideas presented by earlier theorists including Freud (1928), Allport (1961), Maslow (1954), and Vaillant (1977), who held that different types of humor contribute in distinct ways to psychological functioning (Martin et al., 51). Previous theorists concluded that comedy characterized as affiliative, self-deprecating, or perspective-

³ The HSQ created a symmetrical classification system for the four types of humor. There are two positive styles and two negative styles of humor, as well as two interpersonal styles and two intrapsychic styles of humor. This balance helps in qualifying any humor as one of the four styles, through the selection of one of the two options in each of the two categories.

taking humor is associated with positive psychological well-being for the comedian. Other forms like sarcastic, disparaging, and avoidant humor may contribute negatively to the psyches of the joke-teller (self-defeating) and audience (aggressive) alike, based on the target of the jokes (Martin et al., 51). This research was condensed and eventually became the four scores of humor on the HSQ: affiliative; aggressive; self-enhancing and self-defeating.

To construct this new test for styles of comedy, Martin et al. found two primary psychological distinctions that could sort all comedy into one of four groups. The first characterization separated humor that is used primarily to enhance the self or to enhance one's relationships with others (Martin, et al., 51). This was an essential distinction because it incorporated one of the earliest and better understood elements of comedy, which is how humor has developed and functioned evolutionarily in humans as a tool for attracting mates and facilitating social interactions (McDougall, 361, Williams & Emich, 652). Even today there is still a recognizable difference in jokes that are used to make friends, or just to entertain yourself. With this in mind, the authors created the first axis to distinguish humor styles based more on their 'purpose' element.

The second classification that Martin et al. developed to cut across the two "broad functions of humor" differentiates between comedy that is relatively benign and accepting of both self and others, and comedy that can be deleterious or injurious, either to the self or to relationships with others (Martin et al., 52). This 'effect' element of humor created another discrete qualification with which to analyze and interpret, and thus the 2x2 framework of the HSQ was established as seen in figure 1.

	Positive	Negative
Interpersonal	Affiliative	Aggressive
Intrapyschic	Self-Enhancing	Self-Defeating

Figure 1. 2x2 framework of HSQ

Given these two axes, the four types of humor styles can be more broadly classified into positive and negative styles. The two positive styles are adaptive and help to facilitate emotional well-being (Crawford & Caltabiano, 238, Martin et al., 53-4, Greengross et al., 79-80, Tucker, Judah et al., 825-7); they are affiliative and self-enhancing. Affiliative humor, as defined by the authors of the HSQ, is humor used “to increase the other’s feelings of well-being, reduce conflicts and strengthen ties between individuals, and increase one’s attractiveness to the other” (52). In a larger group context, it relates also to the use of humor to raise the morale of group members, enhance group cohesiveness and identity, create an atmosphere of enjoyment, reinforce group norms, and so on (Martin, et al., 52, Tucker, Judah, et al., 824). Affiliative humor is typically the default for many individuals when placed in a group setting, and thus has many manifestations. It can be seen broadly in joke-telling, saying funny things or witty banter to amuse others, using comedy to reduce tension, encourage relationships, and put others at ease (Martin et al., 53, Wilkins & Eisenbraun, 349). This particular style of humor is “[n]on-hostile and tolerant...affirming to self and others, and expected to be related to extraversion,

cheerfulness, self-esteem, intimacy, relationship satisfaction, positive moods and emotions” (Martin et al., 53).

This style also contains self-deprecating humor, not to be confused with humor that is self-defeating. The former is described by the authors as a type of humor indicating that individuals don’t take themselves too seriously, while maintaining self-acceptance (Martin, et al., 53). Self-deprecation belongs to the category of benign affiliative humor, since individuals who are able to gently poke fun at their own faults and who do not take themselves too seriously may be perceived by others as more likeable and less threatening, which “is in contrast to the more excessively self-disparaging types of humor seen in self-defeating humor” (53). This is an important distinction to make because self-defeating humor, one of the negative humor styles, can have negative psychological consequences (discussed below), whereas affiliative humor usage correlates to positive mental health and well-being (Tucker, Wingate, et al., 492-3, Tucker, Judah, et al., 823-4, Greengross et al., 79-80). However, given the potential overlap that may come from the similarities in the benign (self-deprecating/affiliative) and potentially deleterious (self-defeating) forms of humor comedy, scholars, especially Martin et al., have acknowledged that it may be impossible to disentangle them completely, and consequently they recognize the innate degree of overlap among them for empirical purposes (Martin et al., 53). This is one of the areas where humor research becomes tricky, and factors like intent and implicit meaning make all the difference. For example, every joke told by a stand-up comedian during their set has been carefully selected to fit in at that particular moment. Taking a one-liner out of context can change the entire psychology and category of a joke. Comedian Jim Jeffries (section V) even discusses this during one of his performances, where a newspaper had reprinted the transcript of one of his anecdotes and the new context changed it from an affiliative to aggressive style of humor. An

example of the difference between the two styles can be seen here: suppose a friend asks you to pick up an apple for them while you're at the grocery store, but you forget the apple, and it's not the first time you've forgotten something. Self-deprecating humor would be like "Maybe I should change my middle name to 'write-it-down'" whereas self-defeating humor would be like "Well you know what my parents say, if you want something done right, you shouldn't ask me to do it." Again, even here, it is hard to get the full effect of each type of humor as just words on a page, so context, tone, body language, and overall delivery are all important as well.

Affiliative humor is the style of humor that is mostly studied in more broadly based literature about comedy and a sense of humor in psychology. It is the style most commonly used by professional comedians and by the general population (Greengross et al., 79). I have chosen not to include affiliative humor usage in the sets of professional stand-up comedians because it is such a broad category, though it does have psychological significance. Affiliative humor has a positive correlation to certain personality traits like openness, extraversion and agreeableness (Greengross et al., 78). Usage of affiliative humor has also been shown to provide some protection against major depressive disorder in individuals with social anxiety disorder (Tucker, Judah, et al., 823). For these reasons and others, affiliative humor usage should be studied further, as the positive psychological effects have been more numerous, and significant, than the three other styles of humor.

The effects of failed affiliative humor should also be further studied as their psychological implications are also relevant to the population of stand-up comedians, and the normal population. When attempts at affiliative humor fail, as in the intended audience does not laugh, the joke-teller feels guilt and a desire to redress the 'wrong' that has transpired (Williams & Emich, 653). Additionally, failed humor attempts can have lasting self-regulatory effects on

the actor in the same way that practicing a humorous outlook can have lasting effects (Williams & Emich, 663, Crawford & Caltabiano, 248). The immediate effect of a failed attempt at humor is guilt, and diminished self-efficacy of the agent, as well as lowered willingness and likelihood to make a second joke or a new joke attempt, evidenced through self-reported avoidance behaviors at the time (Williams & Emich, 664). This is also relevant to stand-up comedians who do not have the option to stop telling jokes if a joke fails, which could have psychological effects. Later on, recalling the failed humor attempt was associated with decreased positive affect and increased feelings of guilt (663). This is an important avenue to research further because it could be another contributing factor to the mental health of stand-up comedians. These negative effects on mood from failed humor are seen more in men than women. As opposed to responding to failure, women are only likely to change their future attempts at humor after a successful humor attempt and increase their humor efficacy (664-5). This pattern could provide insight into the cause and implications of the large gender disparity found within the population of stand-up comedians. Hybridized research that combined audience reception of humor with the specific humor style of the attempt would also prove illuminating.

The second type of humor found in the positive category is the self-enhancing. The authors define self-enhancing humor as including “notions of humor as a method of coping with stress, or as a defense mechanism, or courage mechanism. It also relates to humor as a form of tension relief...humor in the face of adversity, threat, or oppression is a means of asserting one’s own feelings of invincibility, control, mastery, or victory over the situation” in a way that is overall tolerant and non-detrimental to others (Martin et al., 52) This would include a humorous outlook on one’s life, often finding amusement with life’s absurdities, and is closely related to humor that is used as a tool for emotional regulation, or for a coping mechanism (Martin et al.,

53-54, Greengross et al., 74-5, Tucker, Judah, et al., 824). Its usage is also encompassed by “avoiding negative emotions while maintaining a realistic perspective on a potentially aversive situation” (54). Self-enhancing humor is more intrapsychic than interpersonal (Martin et al., 54), and is the second most used form of humor after affiliative (Greengross et al., 79). It is significantly, negatively correlated to neuroticism (78), suggesting that an individual that employs humor like this is also more likely to benefit from the positive effects that come from having a “sense of humor” like ability to reframe negatives and maintain a realistic outlook (Crawford & Caltabiano, 237-8, Tucker, Judah, et al., 824) .

Self-enhancing humor has an interesting relationship to stand-up comedy as it would seem that the majority of stand-up material naturally comes from pointing out life’s absurdities and finding the humor within them. Self-enhancing humor, however, is more about the comedy that is tailored to one’s own experience of the world. But putting this humor onstage to make others laugh turns this more intrapsychic style of humor into an interpersonal style, and thus it becomes more affiliative. This interwoven relationship between affiliative and self-enhancing, as well as with aggressive and self-defeating, and even between the positive and negative humor styles echoes the earlier discussion about the challenges in studying different elements of humor. Martin et al. made the HSQ with the important acknowledgment that humor styles exist on a scale/degree, rather than a dichotomy (Martin et al., 53). Though each of the four humor styles are mostly distinct in their categorizations, there is inevitable overlap, which will be explored further in the analysis of the comedians’ material.

Both affiliative and self-enhancing humor usage have a number of correlated psychological consequences, with affiliative being the more stand-out of the two for its stronger positive associations to mental health and well-being. Similarly the two negative styles of humor,

aggressive and self-defeating, are both maladaptive, though aggressive humor seems to be slightly less detrimental than self-defeating. Aggressive humor comes at the expense of others, and is defined by the authors as “hostile uses of humor, in which the self is enhanced by denigrating, disparaging, excessively teasing, or ridiculing others... This type of humor, when used excessively, is hypothesized to be potentially detrimental to well-being, due to its tendency to alienate others and to impair important relationships” (Martin, et al., 52). As the third most common style of comedy used, aggressive humor has no significant correlations to any of the big five personality traits: openness, conscientiousness, extraversion, agreeableness, or neuroticism in the population of stand-up comedians (Greengross et al., 78). This could be for a few reasons. One possibility is that the comedians have honed aggressive humor as a refined skill to deal with hecklers during shows, and therefore have mostly disconnected aggressive humor usage from their personalities, and rather employ it like a skill. Additionally, Jerry Seinfeld talks about only enjoying the company of other comedians because everyone is sort of on-edge waiting for the next thing to happen to make a witty joke. If this competitive, rapid-joke-generating nature is true in comedians, it would make sense that aggressive humor would become a preferred style in some social situations because you would get the satisfaction of landing a funny joke, while temporarily disarming your opponent in the form of an insult that they would have to readjust to before they can make their next joke. This would make this style of humor usage more context-specific rather than personality-specific, and could account for the lack of relationship between personality traits and aggressive humor.

For the control population, aggressive humor has a few significant correlations, specifically a negative relationship with conscientiousness and agreeableness, as may be expected (Greengross et al., 78), and a positive correlation with major depressive disorder

(Tucker, Judah, et al., 823). Overall aggressive humor may be the easiest to recognize and to extricate from the other styles. Because aggressive humor plays a smaller role psychologically than the three other varieties, especially in the population of professional comedians, it will be not be explored much further in this thesis.

The final style of all humor, the second of the negative styles, is self-defeating. This humor, I argue, is the most significant for exploring the relationship between comedians and poor psychological health. Self-defeating humor is defined as excessively self-disparaging, with the purpose of gaining the approval of others by doing or saying funny things at one's own expense, (Martin et al., 52) or "allowing oneself to be the 'butt' of others' humor, and laughing along... when being ridiculed or disparaged" (Martin et al., 54). This style of humor is also used "as a form of defensive denial" to avoid dealing with one's problems in a constructive way (Martin et al., 54), or "as a means of repressing one's underlying feelings in order to maintain the acceptance of others" (52). Self-defeating humor is seen as detrimental to well-being when used excessively, since it involves denigration of the self and repression of one's own emotional needs (Martin et al. 52, Tucker, Wingate, et al., 493, Tucker, Judah et al., 825-6).

Of the four humor styles the usage of self-defeating humor has been studied the most extensively because of the correlation between the increased use of this humor and a decrease in mental and psychological well-being. Increased self-defeating humor usage has been found to positively correlate with increased depressive symptoms and loneliness, and decreased self-esteem (Fox et al., 377), with a positive correlation to suicide ideation, and rumination (Tucker, Wingate et al., 496). Moreover, it has a positive correlation to social anxiety disorder, and strengthens the relationship between social anxiety disorder and major depressive disorder as a moderator (Tucker, Judah et al., 824). Additionally, individuals who are heavy users of this

dimension of humor may be seen as witty or amusing, but underlying the usage of this type of humor is emotional neediness, avoidance, and low self-esteem (Martin et al., 54). Self-defeating humor usage has a number of effects, but its lack of usage may also be important to maintain positive mental and emotional functions as the authors of the HSQ assert that the “absence of certain potentially detrimental uses of humor may be as important to psychological well-being as is the presence of more beneficial uses of humor” (51).

Although self-defeating humor is used the least by both the control population and the professional comedian population, stand-up comics still use more self-defeating humor, on average, than normal individuals use aggressive or self-defeating humor (Greengross, et al., 77). And although it may be the rarest, it may also be the most poignant. In addition to the aforementioned relationships, self-defeating humor is positively related to neuroticism in both professional comedians and the average population, with a weak negative correlation to openness, conscientiousness, extraversion, and agreeableness in the control population, and weak positive correlation to each of those traits in the comedian population (78). It was also found by the authors of the HSQ to have a positive correlation with depression, anxiety, hostility, aggression, bad mood, and psychiatric symptoms, with a negative correlation related to psychological well-being, intimacy, satisfaction with social supports, and communion (Martin et al., 71). Even with these reversed correlations, stand-up comedians still employ a low level of self-defeating humor, and those that employ higher levels of it may be perceived as weaker, more pathetic, or less likely to succeed (Greengross, et al., 79-80). This is supported by the evidence that professional comedians who used more self-defeating humor were on average less successful (worked fewer weeks performing shows per year) than comedians who used less self-defeating humor (79).

Although this relationship was observed, I am skeptical of the insinuated direction of causality, which was one of the bases for my own work in section V. Comedians who employ more self-defeating humor may be less successful because of a third, confounding variable, like depressed mood. If the comedians were depressed, and therefore had less energy to travel around for their shows, and less energy/desire to perform, they would be working less. A different measurement of success, like net worth, or ranking based on a third party like what was employed by Stewart's research may yield dissimilar results.

The control population was found to have more and stronger correlations between the Big Five Personality traits and each of the four styles of humor than the comedian population. The authors argue that professional comedians' constant immersion into all styles of humor may weaken the relationship between these personality traits and every day humor style (80). While this may be true for the big five personality traits, deeper exploration into a single trait, like neuroticism for example, which encompasses many more precise measurements of mood and personality, could show that certain traits do show strong correlations, but may all come out as a wash under these bucket traits. Additionally, Greengross et al. only explored comedians' humor usage *in everyday life*, not the jokes they were choosing to put on stage. In this way the researchers are highlighting the distinction between what image the comedians want to cultivate onstage versus what they genuinely are like in real life (Greengross et al. assert they are much nicer and introverted than their onstage counterparts, 79). But this is also making an assumption that their onstage humor usage is less indicative of their personalities and mental state than their offstage persona. This would likely be true in a normal population, but given the anecdotal evidence gathered by Janus likening being onstage to therapy, and the ability to hide behind the character that is cultivated for the audience, stand-up comedians may be able to divulge more of

their deepest thoughts and feelings onstage, and thus their onstage humor usage may have a stronger relationship to personality traits.

Finally Martin et al. found that usage of both aggressive and self-defeating humor was significantly higher in men than in women in both populations (71), which is consistent with previous evidence that men engage in more maladaptive forms of humor (59) and that femininity/communion (as measured by the EPAQ), and negative masculinity, were both negatively correlated to self-defeating and aggressive humor (70). Though the gender dynamics in stand-up comedy is a widely under-researched area, there is clear evidence that men make up the majority of the stand-up comedian population (Janus, 170). Many of the studies in this area include one of the weaknesses of their findings is the lack of professional women comedians included in the studies (Janus, Greengross, Stewart etc.). Whether or not the relationship between gender and humor style usage is related to the pattern seen in the disproportionate number of males in this profession remains to be seen. But further research could give more insight into why these relationships exist, if the same qualities can be seen between female stand-up comedians, comedic writers, and comedic actresses, which could all be the next chapter in intersectional humor and psychological research. Further detailed metrics of self-defeating humor are discussed below in section V.

With the slew of negative relationships that both aggressive and self-defeating humor can have on the psyche, a new question arises about why these kinds of humor are employed in the first place. Martin et al. speculate that usage of both negative types of humor are typically a misguided attempt to facilitate the same positive elements, namely togetherness and laughter, which come from the positive styles of humor (49). So, for example, if an individual wanted to be accepted into a group, and sees making a joke as the method to achieve that, they could

choose to make some joke about the weather (affiliative), or make a joke at the expense of another person in the group (aggressive). Both styles of humor could bring about laughter from the audience that is the desired outcome, but the difference in interpersonal effects is clear.

Additionally, the team looked at how the HSQ measures would correlate to other, previously established, humor scales/tests, including *Coping Orientations to Problems Experienced Scale* (COPE) produced in 1989, focusing on the subscale of ‘Humor Coping.’ They found that there was significant, positive correlations between all four types of humor and the COPE scale (Martin et al., 63). This means that all four types of humor are often invoked as a means to cope with problems, but because there is correlation across the board with all four styles, there is no distinction between potentially benign and deleterious uses of humor (65). This may account for the reason that there is a consistent scale of humor style usage (affiliative > self-enhancing > aggressive > self-defeating) (Greengross, et al., 77), as each may provide nuanced levels of positive or negative coping effects, but all four are still fundamentally invoked in an attempt to cope. Furthermore, in the generation of the HSQ by Martin et al. the statement “It is my experience that thinking about some amusing aspect of a situation is often a very effective way of coping with problems” had the highest correlation with self-enhancing humor at 0.66, but the second highest with self-defeating at 0.17, beating out affiliative at 0.07 and aggressive at -0.10 (Martin et al., 58), demonstrating that there is something that maintains the invocation of self-defeating humor in tough times. Further situational exploration of when else self-defeating humor is most often used could increase the understanding of this style of humor and its psychological footprint.

When the attributes of all four styles are taken together, there are a few interesting pieces that can help elucidate the complex relationship between psychological state and humor,

especially in standup comedians. First, the usage of all four styles of humor as coping strategies for life's problems (Martin et al., 63) corroborates previous childhood studies on humor (Friedman), and the earlier anecdotal findings of comedic researchers like Janus, who found that comedians may begin to employ humor as an early method to deal with exaggerated childhood problems (Janus, 174). Although it is unclear what styles of humor are the most prevalent as a coping mechanism for children, comedian Rodney Dangerfield, who uses a sizable amount of self-defeating humor, discusses using comedy as a means to escape his life and his 'glass-half-empty' feeling ever since he was a kid.

This could begin to account for a common comedian phenotype. As the comedians grew up and continued to use self-defeating humor, a spiral of negativity was created as they developed cognitive distortions, or negative biases that increase depression vulnerability (Rnic et al., 348), as well as changed the way they interacted with others to feel more introverted (Greengross & Miller, 81). This could increase feelings of isolation as their peers laughed at them, not with them, leading the comedians to their higher levels of introverted anhedonia (Ando et al., 342). As summarized by Rnic et al. in their findings:

Individuals who engage in biased negative thinking about themselves may attempt to use humor to gain the approval of others to feel better but, because the content of their thoughts is negative, are more likely to retrieve negative self-relevant information and beliefs, and therefore generate humor that is consistent and is therefore self-disparaging...In addition, use of Self-Defeating humor (along with decreased Self-Enhancing humor), partially mediated the relation of the impact of cognitive distortions in social situations with dysphoria. Therefore, individuals who experience cognitive distortions in social situations may respond to these thoughts by attempting to connect with others by making jokes at their own expense. This strategy backfires, however, and results in increased dysphoria. The use of Self-Defeating humor may reinforce the individual's negative self-concept (thereby increasing negative affect), especially when others appear to agree with the individual's humorous actions or statements, or to react to their use of humor in a rejecting manner (Rnic et al., 358).

These researchers also found that self-defeating humor had a significant, positive correlation to social and achievement-based cognitive distortion frequency and impact, and significant, positive correlation to Beck Depression Inventory-II scores, a measure for depression (353).

This potential cascade of effects for self-defeating humor usage is only speculative, as Rnic et al. studied a normal population, not a population of stand-up comedians only. With the differences observed by Greengross et al. between comedian and control population personalities providing some evidence that would need to be reconciled somewhere in this theory, like that self-defeating humor usage in comedians has a weak, but positive correlation to extraversion (Greengross, et al., 78). These results have the potential to be extrapolated to the comedian population however, because in both the comedians and the normal populations, self-defeating humor was positively correlated to neuroticism, and cognitive distortions would be encompassed under this axis of the big five personality traits.

In addition to the positive feedback loop of cognitive distortions that can be created intrapsychically, there is an important interpersonal element to self-defeating humor and depression, as the different humor types “are potential mediators of the association between cognitive and interpersonal vulnerability factors and psychological dysfunction, distress, or poor interpersonal functioning” (349). The onset and course of depression is often influenced by feelings of supreme loneliness or isolation, thus cognitive distortions in the social domain, exacerbated by self-defeating humor, may be some of the most relevant to depressive symptomatology (349). In the comedian population, these social biases (cognitive distortions) may support some of the findings about their distinctive personality profile. If the only ways you are gaining the approval of others is by self-disparaging (self-defeating humor), you may begin to subtly resent others and have decreased social interest. This could be especially interesting for

comedians because they were an overall more introverted population, and their self-defeating humor usage had a weak positive correlation to extraversion, so this type of humor could be relied on more during social times as a crutch, and fundamentally reshape the way comedians schematize being social with strangers.

Greengross et al. assert that self-defeating humor usage by comedians would make them appear weaker, with a lower status, even damaging the relationship the comedians could have with managers, agents, and other comedians (80). Therefore its usage is in line with the number of antisocial traits displayed in professional comedians including high introvertive anhedonia, and high impulsive non-conformity (Ando et al., 342). However, self-defeating humor usage has a weak positive correlation to the Big Five personality traits that are related to interpersonal relationships including contentiousness, extraversion, and agreeableness (Greengross et al., 80). Even though the weak correlations aren't significant, this conflicting data may hint at confounding variables, especially more specific measures of mood and personality than just the big five, that may be playing a part in these relationships. Already it is clear that there are potential discrepancies between findings, without an immediately clear solution to integrate all the information. Context-specific (in what specific situations and times) and character-specific (based on personality) humor usage should be further examined to gain a better understanding of all the factors at play, and parcel out specific relationships.

Humor style usage has an association with the personality components of stand-up comedians, and may be related to the demands of the job itself. Greengross et al. found that in the control population's use of affiliative humor had a positive, significant correlation to humor production ability (Greengross et al., 78), which is unremarkable given the positive qualities of affiliative humor. However, in the professional comedians, it was found that there was a

significant, negative correlation between use of affiliative humor and humor production ability (Greengross et al., 78). These empirical findings are supported in Janus' interviews where the comedians repeatedly expressed fears of losing their ability to be funny if they relieved their suffering (Janus, 172). This paradoxical association found in comics, but not non-comics, may begin to show that the factors that contribute to high rate of mental health issues in professional comedians are multidimensional. There is both an innate element that drives an individual to seek solace in comedy, coupled with elements of the joke formation, developing, and telling, and all of the elements that make the job unique from a typical career. Genetics, anthropology, and psychology all coalesce as pieces of this comedic puzzle.

V. EXAMINATION OF COMEDIC MATERIAL

“The whole romanticized ‘sad clown’ thing, we gotta get rid of that. That has to go! That’s just getting sick people to voluntarily stay sicker and sadder than they have to be.” –Chris Gethard, NPR Interview

This section is my attempt to examine and hypothesize what would and would not be revealing of the mental health of a comedian based on their work. Specifically I will be focusing on the use of self-defeating comedy in comedians that have made a public declaration of their struggles with mental well-being.

I chose to utilize the categorization established by Martin et al. because the HSQ framework is one of the only, if not the only, empirically employed distinction of humor in comedy research. I wanted to build onto that, and the other research in the field, with my research that would have a hybridized methodology, employing both quantitative measures (HSQ distinctions) and qualitative measures (the entire joke presentation/ onstage performance).

Self-defeating humor was a clear choice to examine because its usage has been found to directly negatively affect mood, has a significant indirect effect on the relationship between total ruminative style and suicide ideation (Tucker, Wingate, et al., 496-7), and strengthens anxiety and depression comorbidity (Tucker, Judah et al., 825).

The two positive humor styles, though psychologically effective, both function in a way that is concordant with how humor should/would function as a positive psychological mechanism (Tucker, Judah et al., Tucker, Wingate et al., Martin et al., Greengross et al.). I have also left the analysis of aggressive humor outside the scope of thesis because its link to other psychological mechanisms is consistently weaker than self-defeating humor (Martin et al., 64).

In addition to its mediating and moderating effects, self-defeating humor as a humor style has correlations to previously established, external measures of mood and temperament. A few of the most compelling relationships include: positive correlation to depression using the Center for Epidemiological Studies Depression Scale, where all other forms of humor negatively correlated (Martin et al., 66); positive correlation to anxiety using the State-Trait Anxiety Inventory, all other forms of humor negatively correlated; only type of humor to be negatively correlated to self-esteem using Rosenberg Self-Esteem Inventory and Index of Self-Esteem; significant, negative correlation to Ryff Well-being scale; significant positive correlation to SCL-90-R, measuring psychiatric and somatic symptoms (67). So in examining aspects that contribute to the prevalence of mental health issues in the comedian population it was the best candidate style.

Even though I only focused on self-defeating humor in my own examination of the comedic material, because of its well-studied relationship to various psychological effects, aggressive humor is not without potential negative psychological implications. All four styles of humor for the entertainment purpose of stand-up can include various depressotypic thinking errors, with the two negative styles potentially exacerbating negative psychological states. The performance of stand-up comedy typically includes a majority of the most common depressive cognitive distortions, with at least eight of the 10 most common distortions easily identifiable in a typical set. These eight include: ‘catastrophizing’, or creating negative predictions about the future based on little or no evidence; ‘all-or-nothing-thinking’, viewing something as either-or, without considering the full spectrum and range of possible evaluations; ‘labeling’, classifying oneself negatively after the occurrence of an adverse event; ‘mental filtering’, focusing on negative information and devaluing positive information; ‘overgeneralization’; assuming that the occurrence of one negative event means that additional bad things will happen; ‘personalization’,

assuming that one is the cause of a negative event; ‘should statements’, thinking that things must or should be a certain way; and ‘minimizing/disqualifying the positive’, ignoring or dismissing positive things that have happened (Rnic et al., 348-9). All of these cognitive distortions can and are used for entertainment value and are not limited to the realm of self-defeating humor.

Therefore a follow up study that analyzes the performance of stand-up comedy may use a lens that quantifies the use of depressotypic cognitive distortions with their usage relating to poor mental health, instead of humor styles and their relationship to mental health. But for my own study of self-defeating humor, there is heavy overlap/usage of labeling, mental filtering, and personalization, among others, in this specific humor style.

After the style of humor was chosen, I decided to include comedians who had made a public declaration of their struggles with mental health, whether that be in an interview they gave, a book they published, or another means. While a discussion of mental health onstage was noted as significant in the comedians’ performances, I only included comedians who also spoke out offstage, to ensure that statements weren’t fictional pieces to add to their performance. The exception to this was Richard Jeni, whose clinical diagnosis of depression and schizophrenia became public posthumously, and Freddie Prinze who had known depression but never gave an interview about it.

I chose to use this open discussion as a marker, as opposed to a more clinical approach (like a formal diagnosis of depression or other mood disorder), for a few reasons. The first was that for these comedians to talk about their private matters in a public forum, they must have felt at some point that this negative mental state, or feelings of anxiety or depression, were pervasive, unrelenting, and recurring enough that it was integral to their everyday beings, including their work. This compounded with the fact that in the average population only one out of every three

people with an affective illness will seek help for it (Jamison, 61), plus the overwhelming majority (88%) of comedians terminating therapy within a year of starting it (Janus, 172), meant that this declaration would be as good of a mental marker for this population as one could get. Choosing this metric, however, also meant that these comedians were confident or comfortable enough with the status of their mental health to publicize it. There are certainly a good number of comedians who are facing these same mood disturbances, but are unwilling to publically discuss it. It is also important to note that a number of stand-up comedians who committed suicide never announced their psychological problems publicly including Joshua Koenig, and Michael Roof, or may have shown signs of psychological distress through behaviors like intense drug use, but died from an accidental overdose before any attempt at identification and intervention like John Belushi, and Chris Farley. Both of these are reasons this study aims to scratch the surface in seeing if there can be a perceivable link between onstage work and mental health.

As the control group, I wanted to look at comedians who had given an interview or public statement about their happiness in this profession or lack of any mood disorder, instead of just comedians who have left it ambiguous. For this group the comedians needed to say at one point they are not unhappy, or some variation of that, as well as have no history of drug or alcohol abuse, though usage, because it is so prevalent in this profession, was allowed. This choice inevitably introduced some bias, because the comedians are further on the spectrum towards happy instead of just neutral. I felt that this characteristic was necessary in the control group, however, because it is so common for comedians to be struggling with mental health even if they do not acknowledge it publically or even privately. Comedians like Amy Schumer and John Mulaney both discuss mixing Ambien and alcohol in each of their stand-up specials (John Mulaney's "New in Town"; Amy Schumer's "The Leather Special"), which is a potentially

deadly combination. Neither comedian has publically discussed mental health (though Mulaney does talk about being a former alcoholic) in either context, but I felt it would be inappropriate to include those comedians in a control group if they are using drugs like that. Onstage and off-stage personas considered, I felt that for the preliminary data the control group should try to be as black and white as possible. But because there is a lot of ambiguity around many comedians' mental health, constituents of this group were much more challenging to find than their counterparts in the other group.

Once the comedians and humor style was chosen, I used the HSQ to guide the qualification of self-defeating humor. Martin et al. describe using the work of previous humor theorists in developing the HSQ to try to minimize overlap and increase discriminant validity between styles (Martin et al., 54). The team did this through mutually exclusive and specific definitions of each style, as well as “relatively short, unambiguous items with high content saturation,” including negative and positive instances of each style (55). Because the HSQ questions attempt to extricate each style from the next as much as possible, I used its statements for self-defeating humor as my guide for what would constitute this style in the sets.

The HSQ self-defeating humor statements are as follows: (Martin et al., 59)

- (1) “I let people laugh at me or make fun at my expense more than I should.”
- (2) “I will often get carried away in putting myself down if it makes my family or friends laugh.”
- (3) “I often try to make people like or accept me more by saying something funny about my own weaknesses, blunders, or faults.”
- (4) “I often go overboard in putting myself down when I am making jokes or trying to be funny.”
- (5) “When I am with friends or family, I often seem to be the one that other people make fun of or joke about.”
- (6) “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.”
- (7) “Letting other laugh at me is my way of keeping my friends and family in good spirits.”

For my own guidelines, I omitted the reverse-scored self-defeating statement (“I don’t often say funny things to put myself down”) for clarity, which would have been the eighth and final statement.

Each joke was scored as self-defeating or other, with no discrimination between other comedy styles. Each joke was measured as an intended punchline via timing (pace, cadence, setup of story) and audience reaction (laughter, but not always). As the interpretation of any piece of art will differ between different audiences, my own interpretation of the number of jokes told may differ from another viewer of the same piece. Future studies would include reports from a number of observers to increase the average accuracy, like in Stewart and Thompson’s Study.

The comedians below, in addition to their above qualifications, were scored based on a stand-up comedy special that had been created with the intent of selling the recording. If the comedian had multiple pieces like this, the most recent one was chosen (for comedians Trevor Noah and Jim Norton, a new standup special was released between my data collection and writing, so their specials are the second most recent). For this reason there was a consistent structure for the pieces including a runtime of about an hour to ninety minutes, a curated opening sequence designed by the comic, a title for the piece, and the ability to include or edit out certain jokes or pieces of the performance before it was widely distributed. The below table includes the percentages of self-defeating humor within the set, as well as if the performer has had or still has a drug or alcohol addiction, and any qualitative data that I found to be relevant for this subject, though not expressly included in this study, like mentions of mental health on stage, etc. The quotes in the tables below were ones that I found to be very striking in a comedy set. I tried to include some context, but they are still taken out of the context of the entire show, and thus must be taken with a grain of salt.

1 Comedians with Mood Disorders

Name	Title of Special	Percentage SD Humor	Documented Addiction?	Relevant Qualitative Elements from Comedian's Life and Performance
Maria Bamford	"The Special Special Special" (2012)	28	No.	Clinical diagnosis of bipolar II disorder and obsessive-compulsive disorder. Open discussion of her time spent in a psychiatric ward throughout her special. Special is filmed in front of an audience of just her parents, in her home.
Russel Brand	"Messiah Complex" (2013)	7.4	Yes – Heroin, Alcohol.	Onstage discussion of previous drug addictions, and an “emptiness inside my stomach that cannot be filled with food, or drugs, or fame.”
Bill Burr	"Walk Your Way Out" (2017)	6.4	No.	In his set, he talks about a dream where a little girl tells him ‘you’re going to kill yourself’ but assures the audience “I’m not gonna kill myself.” Another joke includes him describing his own shame: “have you ever felt so much shame you can’t even look in the mirror? I can’t even look at you, you f—king piece of sh-t”. Also says “admittedly, I’m a f—king psycho, I live this isolated life...you slowly go crazy”
Lenny Bruce	"The Lenny Bruce Performance Film " (1965)	6.8	Yes – Opioids, Amphetamines, died of morphine overdose.	The first two-thirds or so of this film is Bruce reading his various court cases for obscenity and giving commentary and justification.
George Carlin	"It's Bad For Ya" (2008)	2.5	Yes – Alcohol, and Vicodin.	Other names of his specials include: "Life is Worth Losing". The first third of this special was talking about death. Carlin uses little self-defeating humor, but nearly all of his jokes are aggressive humor, with pervasive cynicism and misanthropy throughout his act.
Maragaret Cho	"PsyCHO" (2015)	12.7	Yes—Alcohol, drugs.	Open discussion of her troubles including being molested as a child, and drug addictions. She has a joke after talking about murdering every child molester, rapist, homophobe that “there’s no I in team, but there is a Cho is psycho.”
Larry David	"Larry David: Curb Your Enthusiasm"	12	No.	Only looked at the stand-up moments from the film. One of his jokes includes “this is what happens when you run out of nothing” in reference to his good material.

Rodney Dangerfield *	"No Respect" (1995)	22.3	Yes— Alcohol, Marijuana.	Clinical diagnosis of depression in adulthood, but says he's been struggling since his childhood.
Stephen Fry	"More Fool Me" (2014)	8.6	Yes— Cocaine.	Only looked at the stand-up moments from this film. Discussed struggles with sexuality, drugs, and longtime depression. Part of a retelling of his childhood included a thought that "my life will be one of pain, and rejection, and shame."
Chris Gethard	"The Half Hour- Chris Gethard" (2014)	14.3	Yes— Alcohol.	His new show called "Career Suicide" focuses on his battle with depression, suicide attempts, and drugs. Takes antidepressants and openly discusses mental health.
Greg Giraldo	"Midlife Vices" (2009)	9.7	Yes – Alcohol, drugs, died of prescription pill overdose.	Much of his act has aggressive humor, and some selective discussion of his drug use. One anecdote from the set: "My life is so much harder now than it was when I was young, so I just want to be f—ked up all the time, but I can't cause I'm an alcoholic...when I do I end up snorting crystal meth off a switchblade in some after hours bar, thinking 'sh-t, I'm gonna be late for my flight in the morning' except it's 2 PM and the flight was six weeks ago."
Dana Gould	"I Know It's Wrong" (2013)	4.7	No.	Earlier work focused on his depression, though he still speaks candidly about it in interviews, not as much onstage. Onstage humor much more aggressive, and mocks the human condition.
Mitch Hedberg*	"Comedy Central Presents: Mitch Hedberg" (1999)	10.6	Yes— Heroin, Cocaine, Marijuana, died of cocaine and heroin combined toxicity.	Hedberg is incredibly receptive to the way his audience reacts to his jokes and would comment disappointedly nearly every time his jokes wouldn't land with outrageous laughter. Wore sunglasses onstage and looked down most of the time, or hid his face behind his long hair.
Bill Hicks	"Revelations " (1993)	2.8	Yes – LSD, Marijuana, psychedelic mushrooms.	Onstage and offstage personas are clearly more aligned in Hicks, as his comedy draws on many dark, obscure, and niche topics. Fair amount of aggressive humor usage. After one slightly misanthropic joke he smiles, "I'm just an evil person...professional help is being sought."

Jim Jeffries	"Freedumb" (2016)	15	Yes— Cocaine.	Jeffries speaks about his own lifelong struggle with depression at length in a non-sequitur about writing a letter to his son.
Richard Jeni*	"A Big Steaming Pile of Me" (2005)	18.4	No.	Clinical diagnosis of severe depression and paranoid schizophrenia. Outside of verbal indications, Jeni made several suicidal gestures onstage during his performance including mock shooting himself in the head, and wrapping a noose around his throat.
Richard Lewis	"Richard Lewis: Magical Misery Tour" (1997)	12.4	Yes— Alcohol and drugs.	Lewis' brand of humor is based on complaining about his problems including being "a wreck in progress," "having [his] hopes removed" to save on disappointment, and "having another nervous breakdown". Lewis discusses his work in therapy, but has a bit looking down on his family using Prozac.
Marc Maron	"Thinky Pain" (2013)	16.4	Yes— Alcohol, Cocaine, Marijuana.	Maron has become one of the most outspoken comedians about mental health and drug addiction outside of his act. Inside the act he tells the audience about his drug induced psychosomatic events, and how alone in hotel rooms he'd think "I want to f—king kill myself."
Trevor Noah	"African American" (2013)	15.1	No.	Noah does not discuss his mental health onstage, rather focuses on other topics like his South African heritage, and growing up biracial.
Jim Norton	"Monster Rain" (2007)	17.2	Yes— Alcohol.	Norton discusses being a recovering alcoholic in his act, but the majority of his set has other focuses.
Freddy Prinze Sr.	"Freddie Prinze and Friends" (1976)	0	Yes— Cocaine, Quaaludes, other drugs.	Prinze was a longtime sufferer of depression, which eventually led to his suicide at age 22. His act had not a single line of self-defeating humor.
Patton Oswalt	"Talking for Clapping" (2016)	13.2	No.	Oswalt had no discussion of his mental health onstage, though he did discuss one time when he performed the worst set of his career.
Richard Pryor	"Richard Pryor: Live in Concert" (1979)	11.1	Yes— Cocaine.	Pryor discussed his former cocaine addiction in his act.
Joan Rivers	"Don't Start With Me" (2012)	7.1	Unknown	Rivers mostly keeps clear of her mental health onstage, with the single confession of "I belong to overeaters anonymous".
Jerry Seinfeld	"I'm Telling You For the	1.2	No.	Seinfeld kept his act far removed from his personal life, though his act is peppered with six or seven jokes about death.

	Last Time" (1999)			
Sarah Silverman	"We Are Miracles" (2013)	7.4	Yes – Xanax.	Silverman openly discusses taking Zoloft in her act.
Robin Williams	"Robin Williams: Live on Broadway" (2002)	0.5	Yes – Alcohol, Cocaine.	Williams barely took a breath his entire performance, and came out to about twenty water bottles waiting for him on stage. This special was 90 minutes, but he almost tripled the number of jokes the other comics told in 60 minutes. Williams also makes a brief mention of Mike Tyson taking Zoloft, and a joke about a “feeling nothing drug”.

2 Control Group of Comedians

Name	Title of Special	Percentage SD Humor	Documented Addiction?	Relevant Qualitative Elements from Comedian’s Life and Performance
Jeff Allen	"My Heart, My Comedy" (2008)	6.3	Drug and alcohol addiction before career.	Other titles include "Happy Wife, Happy Life"
Aziz Ansari	"Live at Madison Square Garden" (2015)	3.6	No.	
Hannibal Burrress	"Comedy Camisado" (2016)	5.8	No.	
Jim Gaffigan	"Cinco" (2017)	9.8	No.	
Kevin Hart	"Let Me Explain"	7.4	Drug usage.	
Steve Martin	Steve Martin	2.4	Drug usage.	Opening to his act includes other comedians like David Letterman asking for

	Live! (1986)			comedic advice, and Paul Simon asking for songwriting tips.
Anthony Jeselnik	"Thoughts and Prayers" (2015)	9.4	No.	Aggressive and dark set, though he discusses the difference between his onstage and offstage personas in interviews.
Eddie Murphy	"Raw" (1987)	0.5	Drug usage.	
Wanda Sykes	"What Happened" (2016)	7.4	No.	

Table 1 includes the analysis of the sets of 27 comedians with mood disorders, including anxiety, depression, and suicidality (often in conjunction with drug abuse, though drug abuse by itself was not enough to qualify the comedian). Table 2 includes the analysis of nine sets from the ‘happy’ comedians. The average percentage of self-defeating humor in the first sample was 10.51%, with the average in the control population at 5.84%. I wanted to test if this was a significant difference, however, because the standard deviations between the two samples were not homogenous, and there was a significant difference in sample size between the two populations, I first completed a base-10 log transformation on the data. Additionally, because Freddy Prinze had 0% self-defeating humor, I added 0.5 to all values in both populations, and calculated the p-value with the newly transformed data.

After the transformation the standard deviation and variances were homogenous between the two samples (with 0.171 for the first sample, and 0.105 for the second). But after conducting a Shapiro-Wilk test for normality both sets of data still failed the normality assumption after (p values = 0.923 and 0.829 respectively at 0.05) thus I decided to conduct a two-tailed Mann-Whitney U test, instead of conducting t-test. The results of the test yielded a p-value was 0.05486, just greater than my significance level at 0.05. This technically means that there was no significant difference in the sample means between the two groups, however, given the small

sample size of both populations, and how very close the p-value was to being significant, I believe this data is promising in showing the underlying relationship.

This result means that mental health status and self-defeating humor usage may not have a statistically significant relationship in this sample, but there is indication of a relationship, and a larger sample size may be able to more strongly demonstrate it. Self-defeating humor usage coupled with other analytical tools like non-verbal stage cues, eye contact, and the actual diction in jokes, are more indicative of the mental health of the comedian, and could also strengthen the observable relationship, if these measures were also included in the data. In a few examples, the comedian's onstage presence certainly seemed to show some offstage demons, some of the most illuminating and interesting cases are discussed below.

There are a few other trends in the data that are noteworthy. The control group had much less variation in the amount of self-defeating humor usage, with a range of 0.5-9.8%, compared to the first group with a range of 0-28%. Part of this has to do with the differences in sample size, but a closer examination of the outliers in the mental health group reveal more information about the potential low amounts. Freddy Prinze, Robin Williams, and Jerry Seinfeld used the lowest amount of self-defeating humor in their group, with Prinze using 0%, Williams using 0.5%, and Seinfeld with 1.5%. All three of these comedians employed observational humor, keeping their sets far away from their personal lives including Prinze and Williams both using a good amount of impersonations in their sets. This deliberate choice of style and material maintains a distance between the performer and the audience, and thus these comedians' performances wouldn't be revealing of offstage mental health. The other comedians on the low end are George Carlin and Bill Hicks, who use self-defeating humor as 2.5% and 2.8% of their respective sets. However, both of these comedians employ a good amount of aggressive humor. This suggests that their

onstage performances still may be revealing of their mental health, but, since aggressive humor was outside the scope of this study, it looked different in these two comedians. This is further evidence to suggest that a holistic analysis of onstage performances, including the factors mentioned above and aggressive humor, could truly give insight into offstage mental health.

This method of data collection had strengths and weaknesses. One of the biggest strengths was that a close viewing of the comedic sets provided a wealth of information, both verbally and non-verbally, about many of the comedians. It also allowed a more rigid framework (the HSQ) to be applied to the completely anecdotal data that is collected during a comedian's stand-up performance. The biggest weakness was the number of data points collected for both samples. Ideally both the group of comedians with mental health struggles, and those who do not have such struggles would include many more comedians, to increase the accuracy and robustness of the values. This is a challenge, however, because humans, and comedians especially, don't fall easily into one of these two categories. Many comedians may feel bouts of depression and keep it to themselves, or fluctuate between different mental states. Some comedians also may be a product of the lifestyle that comes with the profession – both Amy Schumer and John Mulaney discuss mixing sleeping drugs and alcohol in their acts, but were not included in this study because neither of them have said this dangerous habit came from depression. With greater time and man power both lists could be increased in size to include more comedians.

The current lists also include predominately white, male comedians who comprise 24 out of the 36 total comedians. This is somewhat representative of the popular stand-up comedian landscape, in the sense that males dominate the field, including non-white men, though women have been, and continue to be gaining fame and recognition in comedy. Another weakness of the

study was the lack of ability to separate my own biases from the viewing of comedian's material, as there was no blinding for which group the comedian belonged to. These biases could be easily remedied in a larger study with the ability to blind the research team, and average the results of multiple sets of data.

Finally, this study only included stand-up that was professionally filmed and produced, meaning it totally excluded amateur comedians, and performances by professionals that were not filmed. This is both a positive and a negative. The pro is that it meant that there would be as much consistency as possible across the large number of variables in performances, so the biggest difference would lie purely in the comedians' material, instead of other potentially confounding variables. It also meant that the comedians sampled would have a baseline level of success, so all the comedians would have found a way to control their mental health enough that they could achieve this level of fame. On the other side, this meant that it excluded all amateur comedians who are facing the same struggles with mood disorders, and work from professional comedians who may fit the profile for analysis but don't have a piece that was released in this way. Future analysis could look at these types of performances. Additionally, for consistency, I viewed the most recently manufactured performances of the comedians. This meant that the comedians were at different stages of managing their mental health, for example Sarah Silverman openly discussed her use of Zoloft on her special, and Richard Lewis was years sober and regularly seeing a therapist, where Mitch Hedberg told his audience "I used to do drugs, I still do, but I used to too". Further research could look at the change in humor and stage presence of these comedians as they evolve through their careers and their mental health status.

While the predicted relationship between self-defeating humor usage and negative affect was not statistically significant, a close analysis of the sets of individual comedians shows

aspects of their performance that are revealing of their mental state in ways external to explicit use of self-defeating humor. The clearest examples of this were Richard Jeni, Mitch Hedberg, and Rodney Dangerfield.

Richard Jeni's special was titled "A Big Steaming Pile of Me" which was an indication of the way a number of his jokes were aimed. His opening sequence features Jeni in the shower talking about how no one will care about seeing where he grew up, then a different proposal that he deems not funny, and finally saying "psychologically, comedy is like a wall that I build to keep out the destructive forces of life," before the shower sequence ends and the setting shifts to his stage. While onstage, Jeni made a few non-verbal gestures that were indicative of his depression including miming shooting himself in the head at one point, wrapping a noose around his neck at another, and making a joke about writing a suicide note. This special had a total of 18.4% of self-defeating humor, and was filmed just about eighteen months before he committed suicide by shooting himself in the head⁴. Jeni was the only comedian in the first group to make these non-verbal cues, and the only one to commit suicide (as opposed to others who died prematurely from drug overdose).

One such comedian who died of an overdose was Mitch Hedberg. Hedberg was an interesting case, not for his gestures, but for his responsiveness to the crowd and overall body language. Hedberg was by far the most responsive comedian to his crowd. After any mild or moderate laughter he would respond with things like "alright man, I gotta do a half hour, you gotta like me more than that," or "is this special? The Mitch Hedberg not so special special," or "I feel like y'all were saying 'what the f—ks up with this guy?' I was getting a 'what the f—ks up with this guy' vibe," with these being just a few examples among many. Hedberg was a clear

⁴ <http://www.biography.com/people/richard-jeni-216260>

example of audience response affecting the feelings and mental state of the comedian, exemplifying Williams and Emrich's findings on failed humor. The researchers assert that decreased self-esteem (Williams & Emrich, 663) and increased guilt is an outcome of failed humor (653). Failed humor also can diminish the agent's self-efficacy after the attempt and lower their willingness to persist in creating more humor (664). This increase in guilt in Hedberg's performance is seen as a fresh response in his show to the audience, and is also built in to his planned set with jokes like "you know you don't please all the people all the time, and last night all those people were at my show". As increased feelings of guilt are a characteristic symptom of depression, this comedian had an outward representation of his mental state.

Finally Rodney Dangerfield. Dangerfield was also very responsive to his audience, with nearly his entire show being comprised of material oscillating between self-defeating, self-deprecating, and aggressive. Dangerfield was an interesting case because of his frank discussion of his mental health onstage between his one-liners about his own ugliness, his wife cheating on him, and the lack of respect he gets. Dangerfield would go from talking about himself "look at that guy, he's so ugly, how'd he make it in show business?" to "I wish I was home relaxing, creating hatred in my family" to "suddenly I'm depressed". Some of his most honest lines onstage included "All of life is pressure, pressure like a heaviness above me. Other people wake up and think 'alright, it's a new day!' I wake up to heaviness. I look up and say 'oh hey Heaviness,' Heaviness looks back and says 'oh today you're gonna get it good you know, you'll be drinking early today'". These 'jokes' about his depression reinforce Janus' and many comedians' assertions that being up on stage is like therapy, though fundamentally it's not therapy. Dangerfield is an example of how the broaden-and-build theory can work against comedians, when humor is used as a coping mechanism. His repetition of his problems onstage

time after time likely did more to reinforce and expand the number of ways in which he thought about his problems, not to mention increase the frequency, rather than seeking out ways to improve his mental health. Furthermore his manipulation and reframing of life events to create jokes may first increase the level of perceived control, but once his personal life is at the mercy of the audience, it may change the power dynamic and make him seem less in control than before. This could worsen his distress as individuals with less perceived control show greater psychological symptoms of distress (Crawford & Caltabiano, 238).

My study was an attempt to see if there was a relationship between self-defeating humor usage onstage and the mental health of comedians, and like much of the rest of humor research it was correlational. Therefore the relationship that humor styles can have on psychology is observable, but the mechanisms of causation cannot be necessarily established (Crawford & Caltabiano, 239, Martin et al., 72). Although for the purpose of this study establishing causation was not necessarily critical to observe the relationship, and using self-defeating humor as a predictive measure is still valid. Using the results of this study, and including other non-verbal factors of performance may indicate if a comedian is at least in a more grey area than all clear.

Many comedians have not discussed their private mental health in interviews offstage, so viewing those comedians' performances for exceptional use of self-defeating humor, or other non-verbal cues may give insight into performers who may be silently struggling with depression or other mood disorders. Educating club owners, especially those that host amateur comedian open mics, about the relationship between self-defeating humor and negative mental mechanisms may encourage them to include just a few small measures that could help comedians in need. For example, The Laugh Factory, a comedy club in Hollywood, has an in-house therapy program for

comedians, including free therapy four nights a week⁵. While this is excellent, it's unrealistic for many club owners, so simply posting the numbers for psychologists, details for group therapy, or the suicide prevention hotline in clubs could be a first step. Educating club owners, managers, or other individuals in this field could also enable anyone to pull aside a comedian after a set in which they discuss their mental health onstage, and just ask the performer if they're doing okay.

Future research in this vein could include looking at comedians' usage of affiliative humor, which works as a protective mental mechanism. An especially interesting, albeit unrealistic study would be a temporal analysis of comedians' mental health when more affiliative humor is introduced into their act. Additionally research about how all types of humor are received by the audience, and if the humor style changes the type of evoked laughter response, like laughing out of nervousness, pity, genuine joy, or a recognition in themselves following the ideas presented in the different theories of laughter.

Outside of the HSQ, research should be done on the different personas that comedians adopt when performing. Comedians like Daniel Tosh and Anthony Jeselnik have an aggressive onstage persona, though offstage they talk about how different they are from that character, and was echoed by many of the comedians interviewed by Samuel Janus. This difference certainly plays a part in how much about the comedian's mental health can be assessed from their sets on the stage. After critically viewing a number of specials, I was often able to distinguish which jokes came from genuine life experiences of the real comedian, and what was a façade. Some comedians even give glimpses into their truest selves when it's clear they've revealed a little more than they were planning to, and reel back or smile or giggle to themselves, like the performers on Saturday Night Live accidentally breaking character. Or Zach Galifinakis pausing

⁵ <http://www.npr.org/2011/02/14/133756352/Laugh-Factory-Hires-On-Site-Therapist>

at the end of a stream of jokes during his “Live at the Purple Onion” special to muse “can you really trust your mind?” before quickly diving back into his performance character.

Finally, the comedians, like all humans, are different. Even though each group had a single unifying thread, it is challenging to find a one-size-fits-all type of statement about comedians’ performances as they relate to their mental health. Age, gender, onstage vs. offstage personas, lifestyle, sense of humor, and so many other factors go into what is cultivated into a final performance, and the reciprocal effect of the performance on the comedian is affected by those same factors. Just as two patients with the same symptoms wouldn’t receive the same medication, two comedians react differently to different types of humor.

VI. CONCLUSION

“One is tempted to suggest that it is not so much laughter that defines the human species, as Aristotle is supposed to have claimed, but rather the drive to debate and theorize laughter.” – Mary Beard, “What’s So Funny?”

Comedy and laughter are foundational elements of the human experience, and the research to further understand these pillars is expanding. There is so much more to be researched in how comedy and psychology are intertwined. This includes more work to expand upon the relationship between onstage self-defeating humor usage and mental health. If the procedure of identifying onstage jokes and behaviors that could be suggestive of a comedian struggling offstage could be refined, those individuals could receive support and/or resources that might not have been available. Like if a club owner identifies an amateur comedian who seems to be exhibiting signs of poor mental health, they could check in with the comedian after the performance just to be sure they’re doing okay.

Offstage and in the lab, the psychological profile of comedians still needs to be unpacked further. As more work is done, both empirically and anecdotally, psychological, sociological, and anthropological ties will be discovered that open doors to further exploration in these areas. As classicist Mary Beard writes “the pleasure and excitement of studying laughter, for a historian, is that it generates many more questions than answers. Theories of laughter have always been ‘theories of theories,’ a way of talking about laughter and ‘something else’” (Beard, B9).

This is true in stand-up comedy as well, as deeper study of the psychological mechanisms of comedy and the psychology of stand-up comedians will give insight into mental health. Further research on the onstage experience of self-defeating humor as told by the comedians will shed additional insight into how comedy can shape mindset. Research into the differences

between onstage and offstage personas and their psychological implications is a huge untapped area, that could explain the complex psychology of comedians.

As more comedians gain fame and talk about their own struggles on stage, this will help destigmatize mental health issues, and increase awareness and support. The comedy community has already recognized augmented influence, with increasing traction. Marc Maron, Pete Holmes, and Paul Gilmartin, three successful comedians, each host their own podcasts as an open forum for their entertainer friends to speak candidly about their struggles with depression and mental illness. The rise in influence that stand-up comedians are getting combined with a deeper understanding of the minds of these entertainers will ultimately allow for better treatment for everyone.

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Section V References:

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Russel Brand: has been sober for fourteen years now, but still struggles with depression, and has previously had many drug addictions, bulimia, sex addiction. *https://www.theguardian.com/media/2006/jun/18/broadcasting.arts*

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Rodney Dangerfield: “People think comedians are never depressed - that they're always happy, but depression has been with me all my life... I was writing jokes when I was 15 - not out of happiness, but to escape. Some see the glass half-empty, others half-full, the way I see it, it's always empty.” “Health Week” PBS

Stephen Fry: multiple suicide attempts, diagnosed bipolar, very vocal about it now.
<http://splitsider.com/2013/06/stephen-fry-reveals-that-he-tried-to-commit-suicide/>

Jim Gaffigan: believes that you don't have to be miserable to be funny, as he is not miserable and knows other comedians who are not as well. *Interview*, "Misery Loves Comedy"

Chris Gethard: now has a show on his depression and suicide attempts in high school and early 20's. <http://www.npr.org/sections/health-shots/2016/10/24/499135063/comic-chris-gethard-explains-how-depression-led-to-career-suicide>

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Dana Gould: "Nothing is happening in my life, and my brain makes sure I don't miss a minute of it... If my life sucks, why shouldn't theirs" and talks about the effects of depression in his act, saying it comes from personal experience in interviews. http://articles.latimes.com/1991-06-04/entertainment/ca-391_1_dana-gould

Mitch Hedberg: longtime heroin and cocaine addiction which ultimately led to his premature death at age 37, suffered stage fright and antisocial behaviors.
<http://splitsider.com/2010/10/trying-to-know-mitch-hedberg/>

Kevin Hart: says he is not one of the comedians who uses humor to cope with depression and instead "I'm a happy guy" <http://people.com/movies/kevin-hart-opens-up-about-his-painful-childhood-and-ex-drug-addict-dad/>

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Richard Jeni: posthumous release of Jeni's diagnosis of severe depression, paranoia and suicidality, taking antidepressants at the time of his suicide
http://www.chortle.co.uk/news/2007/06/28/5481/full_tragedy_of_jenis_suicide_revealed

Anthony Jeselnik: says he has never suffered tragedy and lived a happy childhood, saying he is an "empathetic, sensitive person. I get upset and react to sad things with humor. I see it as a very noble thing—to make people laugh at the worst things in the world. It's cathartic and therapeutic." <https://parade.com/51127/dotsonrader/comedian-anthony-jeselnik-i-react-to-sad-things-with-humor/>

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Marc Maron: onstage and offstage discussion of depression and former drug use, even hosts a podcast called 'WTF' where he and other comedians discuss their mental health issues. http://www.slate.com/articles/arts/ten_years_in_your_ears/2014/12/podcasting_and_depression_how_marc_maron_dave_holmes_and_other_podcasters.html

Steve Martin: claims he has never been depressed in the way other comedians may be, has only felt situational sadness, but overall happy http://www.believmag.com/issues/200505/?read=interview_martin

Eddie Murphy: Even after fluctuations in his career, never depressed, never used drugs. <http://www.washingtonpost.com/sf/style/2015/10/13/eddie-murphy-hasnt-told-a-joke-onstage-in-28-years-hes-still-the-funniest-guy-around/>

Trevor Noah: talks about his medication making him suicidal and depressed as a teenager, and people not believing him when he tells them he has depression <http://www.npr.org/2016/11/22/503009220/trevor-noah-looks-back-on-childhood-in-the-shadow-of-a-giant-his-mom>; <http://www.usmagazine.com/entertainment/news/trevor-noah-loves-cuddling-25-things-you-dont-know-about-me-w206103>

Jim Norton: has spoken publically about his depression, not so much onstage <http://abcnews.go.com/Health/deal-comedians-depression/story?id=24945911>

Freddy Prinze Sr.: told his friends "life isn't worth living" before putting an unloaded gun to his head and pulling the trigger. Left suicide note. <http://www.franksreelreviews.com/shorttakes/prinze.htm>

Patton Oswalt: has discussed how his depression is nothing compared to simple grief, and more elements of his depression in public post. <http://www.dailymail.co.uk/news/article-3720028/Patton-Oswalt-opens-paralyzing-grief-depression-three-months-wife-unexpectedly-died-sleep.html>

Richard Pryor: poured rum on himself and lit himself on fire, and in an interview about it said "I tried to commit suicide. Next Question." From *'Richard Pryor: Omit the Logic'*.

Joan Rivers: discussion of bulimia and suicide attempts and depression in her books and interviews. <http://nymag.com/movies/features/66181/>

Jerry Seinfeld: discusses his "tendency towards depression" between work and even said "If it wasn't for my kids, I'm pretty much done with living. I could kill myself" in 2014 interview. <http://www.nytimes.com/2012/12/23/magazine/jerry-seinfeld-intends-to-die-standing-up.html>

Sarah Silverman: "The depression I experienced [felt] like a chemical change," she says. "It was like my perspective of the world changed about three degrees, and everything I saw was

different," and still suffering from "intermittent downward spirals".

<http://www.npr.org/sections/health-shots/2015/10/22/450830121/sarah-silverman-opens-up-about-depression-comedy-and-troublemaking>

Wanda Sykes: "At the end of the day, I just have to answer to myself. I get so much joy from what I do. As for future relationships, I'm already me. I don't have anything to be afraid of—I'm not hiding anything. This is what you're getting. This is it." <http://www.oprah.com/spirit/wanda-sykes-aha-moment#ixzz4c6L0bGft>

Robin Williams: most infamous case after his suicide, discussed his drug addictions in interviews but bipolar diagnosis not public until after his death.

<https://psychcentral.com/blog/archives/2014/08/11/robin-williams-bipolar-sufferer-dead-at-63-due-to-suicide/>

Biography:

Gabrielle McRoberts was born on September 8, 1995 in Austin, Texas. She enrolled at the University of Texas at Austin, and received a dual-degree in Plan II Honors and Neuroscience. During her studies she spent a semester in Zurich, Switzerland studying neuroscience. At UT, she participated in many organizations across campus, but her favorite was serving on the Plan II Students' Association officer board for three years, including as President her senior year. She is interested in the different areas of intersectionality in psychology, and plans to attend graduate school to further explore these interests in the next few years.