

Humor Styles and Psychological Wellbeing of Adolescents with and without Orthopedic Disability

Vibha Yadava

Research Scholar, Department of Psychology, Banaras Hindu University, Varanasi, 221005
Email: vibhammv@gmail.com

Purnima Awasthi

Associate Professor, Department of Psychology, Banaras Hindu University, Varanasi, 221005,

Sanjay Saxena

Professor, School of Management Sciences, Varanasi, U.P., India

Abstract

The quality of possessing a good sense of humor contributes to the enhancement of psychological wellbeing of adolescents. Apart from the other different skills for having greater and healthier sense of psychological wellbeing, the trait of good sense of humor has been proposed for facilitating in meeting the challenges of everyday lives of adolescents. The study was conducted to assess and compare humor styles and psychological wellbeing of normal healthy and adolescents with orthopedic disability. The sample comprised of 120 male and female adolescents (normal healthy = 60, adolescents with orthopedic disability = 60). The age of participants ranged from 12 to 18 years. Psychological Wellbeing and Humor Style measures were administered to assess the humor styles and psychological wellbeing of adolescents. A 2×2 factorial design was employed. The analysis showed that females with orthopedic disability scored higher on the affiliative and self-enhancing styles of humor as compared to their male counterparts. Males scored higher on autonomy measure whereas females scored higher on positive relations and self-acceptance measures of psychological wellbeing. Overall, the gender differences were evident between adolescents with orthopedic disability and normal healthy groups on almost all the measures of humor styles and psychological well-being.

Key Words: *Disability; Affiliative; Self-enhancing; Humor; Psychological Wellbeing*

Introduction

The ambiguous nature of humor plays a key role in the socialization of adolescents, to convey their feelings, and explore sensitive issues related to sexuality without being considered answerable to it or how much knowledge they have about it. Since, adolescence is marked by wide range of crisis and developmental tasks; it may lead them to compromise their social, cognitive, emotional and physical health (Hashmi, 2013). Therefore, it becomes essential for adolescents to evaluate and understand the nature and role of humor they use in

their lives. Consequently, adolescents become more vulnerable for disparities that affect their social relationships, personality, health and well-being (U. S. Department of Health and Human Services [USDHHS], 2013).

In the past few decades, the interest of psychologists has inclined towards humor and its potential benefits for adolescents' health status (Cann & Collettea, 2014). Many individuals are likely to adjust to their physical debilitation and disability overtime and their psychological well-being may improve but on the contrary those who

are unable to adjust get depressed and have poor well-being. Gender studies have contributed in the expansion of the concept of humor and psychological well-being. It is considered as an identity as well as a process that determines the socialization pattern and the type of humor that one is expected to involve (Dowdy, Dwyer, Smith & Wallston, 1996).

With its evolution overtime, humor has been conceptualized differently by various psychologists. Freud (1928) differentiated humor from other laughter sources as one of the healthiest defense mechanisms and means of expressing offensive and aggressive impulses. Maslow (1954), Allport (1961), and Vaillant (1993), restated and explained that a healthy and mature personality would imbibe the form of humor that is non- hostile and non-critical to the person. It is believed that all uses to humor might not be benevolent, it can be negative as at times it is used to ridicule, make fun of others or put someone down. Studies show that people actually have the fear of being prone to negative humor (Greengross, 2013).

A multidimensional approach was developed by Martin, Puhlik-Doris, Larsen, Gray, and Weir (2003) by identifying four different styles of humor. The adaptive style comprised of affiliative humor, the tendency to tell jokes and say funny things, amuse other people, facilitate relationship. The other is self-enhancing humor, characterized by humorous outlook towards life and tendency to deal with adverse stressful situations (Kuiper, Martin, & Dance, 1992; Martin, 2007). The maladaptive style includes aggressive humor, i.e., manipulate and humiliate other by teasing, mockery, or put-down, demeaning in guise without regard for potentially negative effects on others (Kuiper, Grimshaw, Leite, & Kirsh, 2004). Self-defeating humor is excessive attempt to amuse others in order to gain acceptance or repressing

ones underlying feelings (Martin, 2007).

The psychological functioning approach emphasizes on living life deeply and fully to regain satisfaction, thus, it refers to the "psychological well-being" (Ryan, Huta, & Deci, 2008). According to Ryff (1989) psychological well-being is a subjective and stable concept that changes overtime. He proposed well-being model with six components such as self-acceptance, a recurring component of optimal functioning, purpose in life is the significance of one's existence intention of setting goals and achieving those goals in lifetime. Personal growth refers to the ability to adapt to changes, actualize and achieve goals in life whereas, positive relation with others involve trusting and having lasting relationships. The dimension environmental mastery is the ability to choose, control, and uses the opportunities that exist in an environment and the autonomy helps in determining individuals what is best for them without a view or judgment of others (Ryff, 1989; Ryff & Keyes, 1995).

Gender, Humor and Psychological Wellbeing

Although there are adaptive and maladaptive styles of humor, but there exists a difference in the use of humor by males and females. Further, evidence by Holmes (2006) indicate that men tell hostile jokes more frequently, prefer aggressive and witty humor, and more likely to use negative humor to show their aggression and negative emotions as compared to women. Researchers pointed out that male undergraduate students expressed more inclination for aggressive humor than female students without much difference for the other humor styles (Penzo, Giannetti, Stefanile, & Sirigatti, 2011; Yip & Martin, 2006). Some inconsistencies have been observed in the association of women with positive humor, suggesting the role of other factors (Martin et al, 2003).

The literature reveals that there are contradictory findings about the role of gender difference on various dimensions of psychological well-being (Ryff, 1998). Crose, Nicholas, Gobble, and Frank (1992) brought out the fact that gender differences do exist in almost every facet of health and various aspects of subjective well-being whereas some show contradictory results. Some findings indicate significant difference exists between men and women in personal growth, environmental mastery and positive relations with others. But no such difference was evident for autonomy and self-acceptance. The study among private school students to identify the level of psychological well-being suggested that boys achieved higher psychological well-being than the girls (Khanbani, Asghar, & Parvar, 2014). Similar research by Perez (2012) reported gender differences in terms of purpose in life, autonomy, and positive relations with others. However, the result showed no differences between male and female adolescents on the aspects of personal growth, environmental mastery, and self-acceptance among Filipino college students.

Health Status, Humor and Psychological Wellbeing

Health status is the most commonly used parameter to understand and evaluate humor styles and well-being of individuals. Findings show that humor enhances personal strength and helps in facing day-to-day challenges (Ruch & Carrell, 1998; Ruch & Kohler, 1998). Study on the role of humor in physical health in adult volunteers showed those who exhibited humor, recovered from serious infectious diseases, debilitating pain, and cancer (Peterson, Ruch, Beermann, Park, & Seligman, 2006). Similar study examining the indirect effect of humor styles on physical health indicated that self-enhancing humor predicted adaptive coping strategies, whereas denial was predicted by aggressive humor (Kuiper, & Harris, 2009).

Some findings go contradictory to the belief that humor is beneficial for physical health. Generally the cheerful and highly humorous perspective of individuals may not take health very seriously and may engage in risky health behaviors (Greengross, 2013). For example, a study on Finnish police officers revealed that higher sense of humor leads to increased smoking, obesity and increased risk of cardiovascular disease (Perez, 2012).

Psychological well-being is strongly related to physical health and functional status (Larson, 1978). Since, perception about disability and illness is influenced by belief, motivation, attitudes, it provides willingness and ability to adapt to physical changes occurred due to illness or disability (Wu & Schimmele, 2006).

Findings reveal that adolescents suffering from physical disability generally show poor social and physical well-being, higher depression, and lower satisfaction than those without disabilities and affect their abilities and activities to socialize and establish positive relationships with others (Denny et al, 2014; Edwards, Patrick, & Topolski, 2003).

Despite the significance that humor has in the lives of people, literature on humor involving persons especially adolescents with disability is strangely limited. While the connections between disability and adolescents, disability and humor have seen some examination, the researches are scarce for health status, gender, humor, and psychological well-being. Also, humor is considered as a positive personality trait and rarely acknowledged as a coping mechanism in those with disability. As a consequence little is known about how humor, a key element in understanding group function, works among this population. In disability research, the areas of life such as ability to perform valued life activities that are meaningful or pleasurable and beyond activities of survival or self-sufficiency, is generally ignored.

Recent studies on gender differences in psychological well-being have yielded contradictory findings which emphasize the need to study more on the impact of gender on well-being outcomes (Perez, 2012). Also, findings reveal that males and females with and without disability develop an indigenous humor system and differ on their psychological well-being as well. The interest here is to see how gender and health status influence psychological well-being and which style is operative in the humor network of adolescents. Thus, these areas demand further exploration in context of psychological well-being and humor in the sample of adolescents with and without orthopedic disability.

Objectives

1. To assess the psychological well-being (self-acceptance, positive relation with others, autonomy, environmental mastery, purpose in life and personal growth) of male and female adolescents with orthopedic disability and compare them with normal healthy adolescents.
2. To assess and compare the humor styles (affiliative, self-enhancing, aggressive, and self-defeating) of male and female adolescents with orthopedic disability and compare them with normal healthy adolescents.

Hypotheses

1. Female adolescents would score higher on the measure of psychological well-being (positive relations with others, self-acceptance) as compared to male adolescents.
2. Male and female adolescents with orthopedic disability would score lower on the measure of psychological well-being (self-acceptance, environmental mastery, positive relations with others) than normal healthy male and female

adolescents.

3. Female adolescents would score higher on the measures of self-enhancing and affiliative styles of humor and lower on self-defeating and aggressive styles as compared to male adolescents.
4. Normal healthy male and female adolescents would score higher on the measure of self-enhancing and affiliative styles of humor and lower on self-defeating and aggressive styles than adolescents with orthopedic disability.

Methods

Participants

The study was conducted with male and female adolescents with orthopedic disability (moderately) (N=60) and normal healthy adolescents (N=60). The age of participants ranged from 12 to 18 years. The sample was drawn from various schools and educational institutes of Varanasi city. The two groups were matched on the basis of gender and age. Those who fulfilled the criteria of having 40 per cent or more of orthopaedic disability upto 74 per cent (moderate disability) as certified by a medical authority were included in the study. The sample comprised of those adolescents who had physical restrictions but could perform their daily activities using some kind of technical assistance. Adolescents having any type of sensory or cognitive impairment and multiple disabilities were excluded from the study. Purposive sampling was used for selecting the participants in this study. A 2×2 factorial design was used for conducting the present study.

Measures

The following measures were employed in this study:

The Humor Styles Questionnaire (HSQ):

It was developed by Martin et al (2003) to assess four styles of humor such as affiliative, self-enhancing, aggressive, and self-defeating. It is a 32-item self-report questionnaire. Participants were required to rate each item on seven-point likert scale ranging from “totally disagree” (1) to “totally agree” (7) that indicated their extent of agreement or disagreement with each statement. Alpha coefficients of the questionnaire ranged from 0.77 to 0.81.

Psychological Well-being Questionnaire:

It was constructed and standardized by Carol Ryff (1989) and consists of 54 items. It has series of statement reflecting the six areas of psychological well-being namely self-acceptance, positive relation with others, autonomy, environmental mastery, purpose in life and personal growth. Each dimensional scale contains 9 items equally split between positive and negative items. Individuals respond to various statements and indicate on a 6-point Likert scale how true each statement is for them where (1) indicates “strongly disagree” (6)

indicates “strongly agree”. Higher scores on each scale indicate greater well-being on that dimension. Conversely, a low score shows that the respondent struggles to feel comfortable with that particular concept. The internal consistency coefficient of the scale lies between 0.86 and 0.93.

Results

The mean scores of health status and gender of adolescents on the five dimensions of psychological well-being are given in the Table 1. The scores were higher for personal growth and purpose in life than autonomy and self-acceptance. Male adolescents irrespective of the health status scored higher on purpose in life as compared to females. On the other hand, females scored higher on autonomy, positive relations with others, personal growth and self-acceptance as compared to males. They both had almost similar scores on environmental mastery. Adolescents with orthopedic disability scored lower than the normal healthy adolescents on almost all the dimensions of psychological well-being.

Table 1: Mean scores of groups on the Psychological Well-Being Measure

Variables	Gender	Health Status	Mean	Std. Deviation
Autonomy	Male	Normal	25.26	3.80
		Disabled	23.60	5.13
	Female	Normal	27.80	4.45
		Disabled	24.16	3.82
Environmental mastery	Male	Normal	26.60	5.11
		Disabled	24.90	3.56
	Female	Normal	26.36	4.67
		Disabled	24.13	4.01
Personal growth	Male	Normal	27.23	5.76
		Disabled	25.30	5.10
	Female	Normal	31.06	5.33
		Disabled	28.80	5.98

Positive relations	Male	Normal	26.80	4.51
		Disabled	25.60	3.69
	Female	Normal	29.23	5.25
		Disabled	26.60	3.83
Purpose in life	Male	Normal	30.40	4.47
		Disabled	27.26	4.10
	Female	Normal	26.16	5.07
		Disabled	24.10	4.88
Self- acceptance	Male	Normal	25.20	3.75
		Disabled	24.63	3.77
	Female	Normal	27.60	3.45
		Disabled	24.73	3.13
Psychological well-being total	Male	Normal	153.80	13.98
		Disabled	150.36	15.13
	Female	Normal	172.70	19.80
		Disabled	156.90	12.74

ANOVA (Table 2) revealed that the main effect for gender and health status was not significant. Interaction effect $F(1,116) = 11.20, p < .05$ of health status and gender on autonomy was significant. There was significant difference between male and female adolescents with and without disability. Among males, normal healthy adolescents (Mean=25.26, SD=3.80) have shown higher levels of autonomy than orthopedic disabled adolescents (Mean=213.60, SD=5.13). Among female group, normal healthy group (Mean=27.80, SD=4.45) exhibited higher autonomy than those with orthopedic disability (Mean=24.16, SD=3.82).

The main effect of gender ($F(1,116) = 10.35, p < .01$) was significant for personal growth, females scored higher than males. The interaction effect ($F(1,116) = 6.06, p < .05$) of health status and gender was significant for personal growth. Normal healthy females (Mean=31.06, SD=5.33) showed higher personal growth than that of the disabled females (Mean=28.80, SD=5.98). Among

males, normal healthy group (Mean=27.23, SD=5.76) exhibited higher personal growth as compared to disabled ones (Mean=25.30, SD=5.10).

The main effect of gender ($F(1,116) = 19.11, p < .05$) was found significant for purpose in life, males scored higher than females. The main effect of health status was not significant. The interaction effect ($F(1,116) = 9.38, p < .05$) of gender and level of health status was also significant. Normal healthy male adolescents (Mean=, SD=3.80) exhibited higher levels of purpose in life as compared to males with disability (Mean= 23.60, SD=5.13). Among female group, those without disability (Mean=27.80, SD=4.45) exhibited higher autonomy than those with disability (Mean=24.16, SD=3.82).

The main effect of gender ($F(1,116) = 3.74, p < .05$) was significant for self-acceptance, males scored lower than females. The main effect of health status ($F(1,116) = 97.05, p < .05$) was found significant for self-acceptance, both male and female

adolescents scored higher than those with disability. However, the interaction effect was not significant.

The main effect of health status ($F(1,116) = 4.63, p < .05$) was found significant for positive relations. Normal healthy adolescents have shown higher positive relations as compared to those with disability. However, the main effect of gender was not significant. The overall interaction effect (F

$(1,116) = 11.32, p < .05$) between health status and gender was found significant for psychological well-being. Among male group, normal healthy group exhibited higher environmental mastery, purpose in life and self-acceptance than those with disability. On the other hand, normal healthy females have shown higher autonomy, positive relations and personal growth than those with disability.

Table 2: ANOVA outcomes on the Psychological Well-being Measure

Source of Variations	df	Autonomy		Environmental Mastery		Personal Growth		Purpose in Life		Self-Acceptance		Positive Relations with Others		Total Psychological Well-being	
		Mean square	F	Mean square	F	Mean square	F	Mean square	F	Mean square	F	Mean square	F	Mean square	F
Gender(G)	1	72.07	3.83	45.63	2.14	320.13	10.35*	410.70	19.01**	46.87	3.74*	88.40	4.63	4851.40	19.81
Health Status(HS)	1	29.00	1.54	6.53	.308	9.63	.312	8.53	.395	88.48	7.05**	110.20	5.77**	1147.00	4.68
HS*G	1	210.67	11.20***	.000	.000	187.50	6.06*	202.80	9.38**	39.67	3.16	15.40	.80	2774.40	11.32***
Error	116														

The mean scores of health status and gender of adolescents on the four dimensions of humor style are given in the Table 3. The scores were higher for self-defeating and aggressive humor than self-enhancing and affiliative. The female adolescents irrespective of different health status scored higher on affiliative and self-enhancing measures of

humor style than their male counterparts. On the other hand, males scored higher on the measures of self-defeating and aggressive humor style than females. The normal healthy adolescents scored bit higher on all the measures of humor style than those with disability.

Table 3: Mean score of groups on the Humor Style measure

Measures	Gender	Health Status	Mean	Std. Deviation
Affiliative Humor	Male	Normal	29.20	4.10
		Disabled	25.80	6.29
	Female	Normal	30.27	5.45
		Disabled	28.10	5.76
Self-Enhancing Humor	Male	Normal	29.83	5.25
		Disabled	27.20	5.89
	Female	Normal	30.04	8.26
		Disabled	28.93	7.19

Aggressive Humor	Male	Normal	35.53	3.98
		Disabled	32.70	7.38
	Female	Normal	29.93	4.56
		Disabled	27.53	4.42
Self-Defeating Humor	Male	Normal	37.53	6.35
		Disabled	32.77	6.96
	Female	Normal	33.53	5.35
		Disabled	31.60	4.79
Humor Total	Male	Normal	128.40	13.07
		Disabled	122.50	16.16
	Female	Normal	127.77	16.50
		Disabled	120.57	9.27

ANOVA (Table 4) indicated main effect of health status ($F(1,116) = 7.78, p < .05$) to be significant for affiliative humor style. The mean scores of normal healthy male (Mean=29.20, SD=4.10) and female (Mean=30.27, SD=5.45) adolescents revealed higher affiliative humor than male (Mean=25.80, SD=6.29) and female (Mean=28.10, SD=5.76) adolescents with orthopedic disability. The main effect of gender was not significant.

Main effect of health status ($F(1,116) = 13.87, p < .01$) was significant for aggressive humor style. Mean scores of normal healthy adolescents was higher as compared to those with disability. Significant interaction effect ($F(1,116) = 12.66, p < .01$) of health status and gender for aggressive humor style indicated that among males, normal healthy adolescents (Mean=35.53, SD=3.98) have exhibited higher levels of aggressive humor than males with disability (Mean= 32.70, SD=7.38). Among females, normal healthy group (Mean=29.93, SD=4.56) showed greater aggressive humor than those with disability (Mean=27.53, SD=4.42).

The main effect of gender and health status was not significant for self-defeating humor. Interaction effect of health status and gender was significant for self-defeating humor style ($F(1,116) = 14.82, p < .01$). Among males, normal healthy adolescents (Mean=37.53, SD=6.35) showed higher levels of self-defeating humor style than adolescents with disability (Mean=32.77, SD=6.96). On the other hand, among females, normal healthy group (Mean=33.53, SD=5.35) indicated higher self-defeating humor than those with disability (Mean=31.60, SD=4.79).

The overall interaction effect of health status and gender ($F(1,116) = 6.51, p < .05$) on all kind of humor styles indicated significant difference between male and female orthopedic disabled adolescents and male and female normal healthy adolescents. Among males, normal healthy adolescents have shown higher levels of aggressive and self-defeating humor style than adolescents with disability. Among females, normal healthy group has shown higher affiliative and self-enhancing styles of humor than those with disability.

Table 4: ANOVA outcomes on the Humor Styles measure

Source of Variations	df	Mean square	F	Mean square	F	Mean square	F	Mean square	F	Mean square	F
Gender(G)	1	85.00	2.85	29.08	.636	28.03	.930	5.208	.136	49.40	.250
Health Status(HG)	1	232.41	7.78*	106.40	2.33	418.13	13.87**	75.20	.196	12.68	.064
HS*G	1	11.40	.382	16.87	.370	381.63	12.66***	567.68	14.82**	1287.07	6.51*
Error	116										

*p<.05; **p<.01; ***p<.001

Discussion

The study assessed and compared the psychological well-being and humor styles of male and female adolescents with and without orthopedic disability. Findings revealed that normal healthy adolescents exhibited greater level of humor styles and psychological well-being than adolescents with orthopedic disability. Results showed that female adolescents scored higher than male adolescents on positive humor style i.e., affiliative humor and self-enhancing humor whereas male adolescents scored higher on negative humor i.e., aggressive and self-defeating humor. The present study stands in line with the finding that women's humor is usually positive in nature, whereas men's humor is associated with negative styles (Holmes, 2006; Smith-Lovin & Robinson, 2001).

Past researches have supported the fact that meaning of humor is different for males and females (Crawford & Gressley, 1991; Henkin & Fish, 1986). Humor in females is more often affiliative and self-directed, as they are generally involved in sharing and social-cohesion. They try to raise the group identity and at the same time avoiding conflict of any sort (Martin et al, 2003). The difference can also be attributed to the social roles and responsibilities that made it inappropriate for women to engage in aggressive or negative humor. The involvement in such type of humor would be against their feminine behavior (Myers et al, 1997). Negative humor can be interpreted as

lack of trust and intimacy in a relationship if expressed by women (Bank & Hansford, 2000).

The females also scored higher than males on self-enhancing humor because females have more humorous and cheerful perspective on life and maintain it even in adverse stressful situation. They do so by regulating their mood and emotions by using positive humor style (Kuiper et al, 1993; Martin et al., 2003). On the other hand, male adolescents are more likely to exhibit negative humor styles, i.e., self-defeating and aggressive. Evidences reveal that males are more likely to be involved in telling jokes or wit that target others, serves the purpose of competition, make fun of their own weakness to amuse others, and ingratiate themselves with others. Therefore, males use humor as a means to avoid problems and deny their negative feelings (Stieger, Formann, & Burger, 2011). They even have more liking and stronger preference for humor that is hostile in nature (Crawford & Gressley, 1991; Prerost, 1995). The use of aggressive humor may be considered as normative and similar to affiliative humor (i.e., an expression of liking and closeness if expressed by men).

The present study shows that adolescents with orthopedic disability exhibited lower level of humor style than those without orthopedic disability. The underlying factor may be that normal healthy individuals try to show dominance on peers and maintain independence over the group by displaying their skills and knowledge

(Tannen, 1990). Since, they are healthy and do not have the same physical conditions as those with disability, they might enjoy ridiculing and laughing at others. Thus, may be showing their dominance over others.

There are hand few researches involving individuals with disabilities. Individuals with intellectual or locomotor disability have shown lower sense of humor or unable of comprehend and appreciate the humor styles (Ching-Lin Wua et al., 2014). They generally face communication and social barriers that leads to lack of a group where they can laugh and make fun of others or of themselves. The disabling condition put them at an increased risk of becoming victim of aggressive humor. Putting it the other way, they may have an instilled fear that others would make fun of them as well as their disability. A general traditional acceptance is that adolescents with disability often do not laugh at themselves and rarely achieve a care free, relaxed state that underlies a humor (Asperger, 1944; Frith, 1991). The perception of being at a disadvantageous position and feeling uncomfortable talking about one's own disability prevent them from involving and developing a genuine humor.

Adolescents with disability may have a reduced tendency and intention to use humor as they consider their disability a serious matter. Consequently, they are easily mocked and bullied by their peers, thus the tendency towards positive humor is usually less in students with various disabilities. But the tendency towards negative humor is the same or even more in both normal healthy students as well as those with disability (Samson, Huber, & Ruch, 2011).

The findings of the present study indicate that adolescents without disability exhibited higher psychological well-being as compared to the adolescents with disability. Research reveals that

normal healthy adolescents have better psychological health than adolescents who suffer from various types of disabilities (Mpfu & Shumba, 2013) . Although, male and female adolescents differed on almost every dimension of psychological well-being but the difference was significant only for the dimensions such as personal growth, purpose in life, self- acceptance.

However, male participants reported higher autonomy than their female counterparts. The differences were statistically significant. Much of the researches reveal that males are considered to be more independent and are better able in regulating their behavior than females. Thus, generally have the capability to evaluate themselves and sustain social pressure as compared to females. The difference emerged are in line with the beliefs regarding gender role socialization (Perez, 2012; Ram, Strohschein, & Gaur, 2014).

In India, gender socialization occurs in households in which males and females are expected to behave and act that are consistent with social sanctions (West & Zimmerman, 2009). Males experience more privilege, freedom, learns gender discriminatory practice of superiority and dominance over females. The gender inequality practices in households also bring forth that females are expected to fulfill domestic duties, the expressive roles and attend the needs of men (Chen, 1999).

Considerable gender difference on autonomy, i.e., higher autonomy among males may be attributed to the fact that men are more likely to engage in independent decision-making of daily lives, access to money as well as least restriction on mobility. Fewer Indian females enjoy the privileges and preferences given in education, freedom to roam, and household tasks (Gupta, 1996). Therefore, male adolescents are generally trained to be

independent and self-determined, whereas females are more concerned about other expectations and evaluations. They are under the pressure to be consistent with societal standards, rely on judgment of others and maintain harmonious relationship in family. Therefore, females have lower autonomy than males especially in a country like India.

Talking about the health status, adolescents with orthopedic disability generally exhibited lower on autonomous functioning. The literature often reports that adolescents with disabilities generally have limited access to assessment and planning services, especially limited opportunity in relation to educational and career planning (Hitchings et al, 2001). Generally, people with disability are dependent on others for support and care in their everyday tasks. Thus, they are unable to communicate and express their feelings, preferences, opinions and rely on others to help them in decision making.

Similar study by Mpofu and Shumba (2013) substantiate that people with disabilities are not given opportunity to talk about their health issues, instead their substitute decision maker's talk on their behalf. Thus, adolescents with disabilities generally have lesser experience of an independent social life and few opportunities to make friends, have no independent access to transport, telecommunications, or personal assistance over which they have choice and control (Pandey & Agarwal, 2013). They are often stereotyped as incompetent patients and are unable to present their health care needs. Thus, have lower autonomy than normal healthy male and female adolescents.

The findings showed that female adolescents showed greater level of positive relationships with others than those of their male counterparts. It has been observed that females comparatively have more close, warm, open, trusting and mature

relationships with others as compared to males. On, the other hand, males sometimes get frustrated and irritated in relationships due to poor relation with others. They generally lack the ability to compromise in order to sustain the important relations of life (Ryff, 1989). The high score of female adolescents may be attributed again to the theory on gender-role socialization, which states that males tend to be more “inward-bound” and females tend to be “outward-bound”. The study is in concordance with the findings of Gilligan (1982) that place emphasis on the fact that male and female adolescents have a significant difference in understanding and processing the aspects of their social and personal relationships they have with others.

The result shows that adolescents with physical disability showed lower level of positive relationships with others than those without disability. Compared to those without disability, adolescents with disability are less likely to attain post-secondary education and go out to get employed (Peraino, 1992). Therefore, they lack the affection and intimacy in their social network as well as face difficulty in understanding the give and take in relationships.

In the present study, the male participants yielded higher score on the dimension of purpose in life than those of female participants. This indicates that male adolescents have a sense of directedness, objectives and clear purpose in life. The male participants also reported their sense of meaning of their present and past life, and may hold beliefs that provide them the purpose of life.

Findings show that female participants in this study scored higher on personal growth as compared to their male counterparts. This means females may see themselves as growing and expanding, feel optimistic and release their potential. Some Indian researches support the

finding that females have a feeling of continued development and they see improvement in their selves (Singh, Junnarkar, & Sharma, 2015). The theory of gender socialization may account for difference in view of their personal growth and development. Female may see themselves growing principally in the area of interpersonal relations where they are socially-oriented. Whereas men have somewhat personal stagnation and behavior and at times feel bored and do not show improvement overtime (Salleh & Mustaffa, 2016).

Adolescents with disability had lower personal growth than those without disability. The difference may be because they are not as much efficient as those without disability in confronting the tasks and challenges of day to day life (Dolan, Layard & Metcalfe, 2011; Kahneman & Deaton, 2010). The present study is supported by evolutionary theory that states, boys are predisposed to pursue competition and dominance in groups while girls are predisposed to engage in intimate relationships characterized by caring and nurturance (Geary, Byrd-Craven, Hoard, Vigil & Numtee, 2003). Hence, female participants tend to yield higher score in perceived support and care from peer relationships and report more satisfaction in peer relationships.

The result shows that both males and females yielded almost similar score in area of environmental mastery, and there was no significant gender difference. This indicates that both male and female adolescents seem to have similar experience in managing their everyday affairs. They face problems equally in improving their surroundings or changing it. Male and female adolescents have more or less optimal control over their external environment and grasp opportunities around them.

The study revealed that adolescents with disability had lower environmental mastery than those of

their normal healthy counterparts. The health status was also found to be significant. The result stands in line with the study on disabled Filipino adolescents. The low level in environmental mastery in adolescents with disability may be due to dependency on their family and others, specifically their parents take decisions for them. Hence, they have difficulty in managing and changing their surroundings. Also, being adolescent they become conscious about others' expectations and judgments. This makes them helpless, consequently they may feel awkward in the execution of different types of functioning in their environment, leading to low environmental mastery (Perez, 2012).

Findings revealed that females showed higher self-acceptance than males. The high self-acceptance in females may stem from self-confidence, prosocial behavior, life-style, and other attitudinal perspectives. Research indicates that adolescents with disability generally exhibit lower level of self-acceptance as compared to their normal healthy counterparts. They seem dissatisfied with self and always feel bothered about certain personal qualities, and generally desire to be a different person than what they actually are. Since, they are in the stage of identity development they wish to be like others and may unnecessarily think of themselves negatively.

Implications

This study brings out the significance of gender and health status in humor styles and psychological well-being of adolescents. The females generally have a higher overall psychological well-being as compared to males as well they have better adaptive humor style than males. The adolescents with disability had lower affiliative and self-enhancing humor styles. With respect to the psychological well-being, disabled have shown lower level of self-acceptance, environmental

mastery, and autonomy than healthy adolescents. As evident that certain humor styles may be detrimental to psychological health as well as certain forms seem to enhance well-being and coping, it is important to enhance the adaptive styles of humor among adolescents with disability. Therefore, effective psycho-educational and therapeutic interventions, focusing on the development of adaptive humor styles (affiliative and self-enhancing) as well as psychological wellbeing such as (personal growth, environmental mastery, and self-acceptance) may be introduced.

A good and supportive social climate in schools and families is associated with higher psychological well-being and adaptive personality traits. Thus, humor based intervention programs in schools and families may be implemented so as to enhance self-acceptance and personal growth among adolescent more especially for those suffering from disability. The positive psychological interventions for psychological well-being such as acceptance and commitment therapy, and life review therapy for adolescents, teachers as well as family and peers are important.

Limitations

The study was carried out with participants of age range of 12 to 18 years, but we have not used age as a factor in the present analyses. For developing age specific psychological profile age specific analysis and comparisons are warranted. Various personality variables like self-esteem, self-concept, self-regulation, self-efficacy and other variables that influence psychological well-being and humor could be included.

Future research is needed to include families of adolescents especially those suffering from disabilities. It is necessary to study more directly the family and their understanding of the role of humor and well-being in their lives as it changes

overtime. The sample size of the participants was small, which limits the generalization of the findings. Further research is needed to examine whether these differences do indeed result from socio-cultural influence.

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