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PERSONAL FACTORS OF GELOTOPHOBIA AS A FORM OF HUMOR RESPONSE INADEQUACY

Анотація. Наведено детальний огляд результатів останніх досліджень, присвячених вивченню гелотофобії. Розглянуто результати перевірки припущення про зумовленість наявності в людини гелотофобії притаманністю їй певних рис, що відрізняються від рис індивідів, які не страждають на гелотофобію. Розширено теоретичні уявлення про психологічний феномен страху стати об'єктом жартів, досі недостатньо емпірично досліджений у вітчизняній психології. Результати проведеного дослідження можуть бути застосовані в практиці психологічного консультування та психотерапії.

Ключові слова: гумор, гелотофобія, особистісні риси.

Аннотация. Рассмотрены современные представления о гелотофобии (страхе оказаться объектом шуток). Представлены результаты эмпирического исследования взаимосвязи между личностными факторами, принадлежащими к структуре глобальных диспозиционных черт личности, и гелотофобией. Полученные данные могут быть применены в практической работе психологов-консультантов и психотерапевтов.

Ключевые слова: юмор, гелотофобия, личностные черты.

Introduction

Usually people react positively towards the friendly smiling and laughter of others. They interpret laughter as an expression of joy or as an affiliative signal in social interactions (Ruch & Proyer, 2009). However, many researchers know that a lot of people fear being laughed at irrespective of whether there is positively or negatively motivated laughter. This phenomenon was called gelotophobia.

The German psychotherapist Michael Titze coined the term *gelotophobia* for describing the fear of being laughed at (Ruch, 2009; Ruch, Proyer & Popa, 2008). Several criteria for the assessment of gelotophobia were defined: fear of the humor of others, paranoid sensitivity towards alleged mockery by others, dysfunction of the harmonious interplay of physical motions, social withdrawal, etc. (Titze, 1996). Although gelotophobes long for human proximity, acknowledgement, and love, they constantly distance themselves from others (Titze, 2007).

Lately two new extensions of the gelotophobia-concept have been presented: *gelotophilia* (the joy of being laughed at) and *katagelasticism* (the joy of laughing at others). The term gelotophilia is used for describing people who exceedingly enjoy being laughed at by others. The term katagelasticism is used to describe persons that actively seek and enjoy situations in which they can laugh at others at the expense of these persons (Ruch & Proyer, 2009). At present gelotophobia is being studied both in a clinical (Ivanova et al., 2012) and non-clinical context.

The clinical concept of gelotophobia

M. Titze once observed that some individuals were controlled by a fear of being the objects of derisive laughter. Such people have never learned to appreciate humor and laughter positively. They don't develop adequate social skills. Shame casts them into the role of a shunned defensive character. They do not take any risks in their social lives. The main purpose of their lives is to protect themselves from being laughed at by others (Titze, 1996).

Based on his case-studies M. Titze describes causes and consequences of gelotophobia. Repeated traumatic experiences of not being taken seriously during childhood and adolescence, and/or intense traumatic experiences of being laughed at or ridiculed

during adulthood, may lead to the development of the fear of being laughed at. This development is preceded by peculiarities in the early parent-infant interactions. In this period, some infants are unable to develop a sense of belonging because they did not experience the feeling of being loved or appreciated. A major consequence is social withdrawal to avoid being laughed at or ridiculed (Ruch & Proyer, 2008).

Among the consequences of gelotophobia there are some which are shared with other fears (e.g., social withdrawal, low self-esteem, lack of liveliness etc.). On the other hand, there are also consequences that are specific for the fear of being laughed at. One of them is the so-called “*Pinocchio Complex*”. Gelotophobes respond even to positively motivated laughter and smiling in a way that indicates their fear of being put down or being otherwise humiliated by those who face them with laughter or smiling. M. Titze reports that their posture may get stiff and they develop muscular tension as a consequence of an emotional panic. The most conspicuous part of the appearance of gelotophobic patients, however, is their congeal expressive pattern and clumsy movements. H. Bergson compared people being laughed at or being cynically put down with wooden puppets or marionettes, and M. Titze referred to the well-known figure of Pinocchio to label this behavioral complex (Ruch, Proyer & Popa, 2008).

M. Titze describes the gelotophobes' general state to be “*agelotic*” (being unable to appreciate the benefits of laughter). The origin of this attitude was, in many cases, that they experienced their early reference persons as lacking a “smiling face.” The face they recollect from childhood corresponds to the petrified countenance of a sphinx: with a blank glance, being constantly disinterested and distant. M. Titze reckons that those may have been suffering from gelotophobic problems, as well. Thus, infancy (especially early parents-child interactions) plays an important role as a source of putative causes for the development of gelotophobia (Ruch, Proyer & Popa, 2008).

The most sensitive developmental phase for the gelotophobic is puberty. In this phase, juveniles carefully examine how others behave and how they react to them. Thereby, young persons try to identify with their peer group's predominant role behavior. If a juvenile differs from group norms in anything, he or she might easily be cast in the role of an outsider who is liable to be ridiculed (Titze, 2009). The result is that such individuals would be unable to fit into a social group in an inconspicuous and relaxed way. Thus, these individuals do not develop adequate social skills.

Besides M. Titze, other researchers conducted the study of gelotophobia in a clinical realm. They showed that gelotophobia was more prevalent among patients with personality disorders and schizophrenic disorders than among normal controls. Also, they found that the number of years spent in psychiatric care was positively related to gelotophobia (Ruch, Proyer & Popa, 2008).

Gelotophobia is said to be close and akin to Social Phobia (Carretero-Dios et al., 2010). They both have some relevant features in common, such as social withdrawal (Forabosco, Ruch & Nucera, 2009). In fact, the certainty that others find gelotophobes strange, curious, odd, etc., and the expectation of being laughed at is the feature that distinguishes gelotophobia from social phobia (Ruch & Proyer, 2008).

In order to clinically establish whether a fear of being laughed at can be considered Social Phobia scientists applied the eight criteria employed for Social Phobia in American Psychiatric Association. Furthermore, gelotophobia, as all kinds of psychopathological symptoms and problems, can be an element of a wider, possibly more severe, psychiatric picture. However, given a psychiatric condition there is a high probability to find a gelotophobic component (Forabosco, Ruch & Nucera, 2009).

However, the fear of being laughed at may be seen as pathological when the following criteria apply: the fear appears without sufficient cause; the physiological and behavioral symptoms appear with extraordinary intensity; the impact of the fear is prolonged (Ruch, 2009).

Gelotophobia as an individual difference phenomenon

Gelotophobia is studied not only in a clinical realm but also as an individual difference phenomenon (Ruch, Hofmann & Platt, 2015; Ruch et al., 2014).

By and large there are no relationships between socio-demographic variables and gelotophobia in normal individuals (Ruch & Proyer, 2008).

Some researchers examined the hypothesis that the fear of being laughed at was related to three emotions: shame, fear, and (low) joy. Gelotophobes reported that their maximal experience of shame was of a higher intensity and longer duration, also they reported experiencing shame more frequently during a typical week. Their maximal experience of happiness was less intense, and it took longer for these intense feeling to develop lasting for shorter periods of time. Gelotophobia was also positively related to intensity, duration, and frequency of fear (Platt & Ruch, 2009).

One of the studies examined the hypothesis that gelotophobia blurred the emotional responses between ridicule and good-natured teasing. Gelotophobes' perceptions do not discriminate between playful teasing and good-natured teasing. They do not identify the safe and non-threatening quality of the teasing situations (Platt, 2008).

Some scientists investigated whether the fear of being laughed at can be located in the comprehensive models of personality. The prime aim of one study was to locate gelotophobia in the Eysenckian PEN-model. Gelotophobes can be described to be mainly introverted and neurotic. Psychoticism also contributed to gelotophobia (Ruch & Proyer, 2009). It was also investigated whether gelotophobia can be located in the Five Factor Model (FFM). Gelotophobes can be described as introverted and emotionally instable, with a tendency to be hostile and not open to new experiences. Furthermore, there were also significant negative correlations with friendliness, openness and social desirability (Ruch, Proyer & Popa, 2008).

Gelotophobes experience themselves as low in bravery, curiosity, hope/optimism, curiosity, and zest (Proyer & Ruch, 2009). But they tend to have lower self-estimations of their own abilities and underestimate their true ability (Proyer & Ruch, 2009).

It should be highlighted that there are two lines of thinking about a relationship between gelotophobia and personality. Firstly, according to M. Titze one would hypothesize that repeated traumatic events of being laughed at during childhood and adolescence affects the personality development. In this line of thinking, personality changes as a consequence of gelotophobia. Secondly, it is argued that predispositions for gelotophobia exist which interact with eliciting conditions. Thus, personality traits determine who will cope well with incidences of being laughed at and who will develop the symptoms described (Ruch, Proyer & Popa, 2008).

The aim of the present study

The main aim of the present study was to find out whether or not gelotophobes would possess certain individual characteristics which distinguish them from non-gelotophobes. Our primary expectation in this study was to consider how far Ukrainians are likely to be gelotophobic.

Method

Participants

The sample consisted of 104 adults, 39 male and 65 female, whose ages ranged from 18 years to 69 years ($M = 29.21$; $SD = 13.23$). They were very diverse with respect to personal background.

Data tools

The Geloph<15> (Ruch & Proyer, 2008; Ruch & Titze, 1998) is a questionnaire designed for the subjective assessment of gelotophobia. It consists of 15 items relating to gelotophobic symptomatology with a four-point answer scale (1 = strongly disagree; 2 = moderately disagree; 3 = moderately agree; 4 = strongly agree).

The Humor Styles Questionnaire – HSQ (Martin et al., 2003) is a self-report scale that consists of 32 items, each of which is a self-descriptive statement about particular

uses of humor. Respondents rate the degree to which each statement describes them on a scale from 1 (totally disagree) to 7 (totally agree). Scores are obtained for 4 subscales relating to potentially beneficial and detrimental ways people typically make use of humor in their everyday lives. The number of items – 32 (8 for each subscale). Four humor styles: (1) Affiliative (use of humor to amuse others and facilitate relationships); (2) Self-enhancing (use of humor to cope with stress and maintain a humorous outlook during times of difficulty); (3) Aggressive (use of sarcastic, manipulative, put-down, or disparaging humor); (4) Self-defeating (use of humor for excessive self-disparagement, ingratiation, or defensive denial).

The Five-Factor Personality Questionnaire (a short-cut version of The Big Five) – FFM (Goldberg, 1993) is a personality test based on the five-factor model, a system of classifying personality traits. It consists of 30 adjectives (6 for each factor) with a seven-point answer scale from 1 (totally disagree) to 7 (totally agree). Respondents are asked to do the following: “Please, examine these 30 adjectives and decide to what extent they correspond to the character traits of your personality”. The five factors are Openness, Conscientiousness, Introversion, Agreeableness, and Neuroticism.

The Coping Inventory for Stressful Situations – CISS (Endler & Parker, 1990) is a scale for measuring multidimensional coping. Respondents are asked to rate each of the 48 items on a five-point Likert-type rating scale ranging from (1) “Not at all” to (5) “Very much”. Respondents are asked to “indicate how much you engage in these types of activities when you encounter a difficult, stressful, or upsetting situation”. The following defines the three coping dimensions of the CISS: Task, Emotion, and Avoidance. There are also two subscales for the Avoidance-Oriented scale; Distraction, and Social Diversion.

The Strategy and Attribution Questionnaire – SAQ (Nurmi, Salmela-Aro & Haavisto, 1995) is a self-reported questionnaire designed to assess cognitive and attributional strategies in both achievement context and affiliative situations. SAQ Achievement Context scale includes 60 questions on a 4-point Likert scale (1 = Strongly disagree to 4 = Strongly agree) divided between the following five scales: 1) Success-Expectation; 2) Task-irrelevant behavior; 3) Seeking Social Support; 4) Reflective Thinking; 5) Master-Orientation. The SAQ also provides five similar scales for affiliative situations: 1) Success-Expectation; 2) Task-irrelevant behavior; 3) Avoidance; 4) Master-Orientation; 5) Pessimism.

Procedure

All participants filled in the questionnaires that were given or mailed to them. They were not paid for their services but upon request they received an individual feedback via e-mail one to two months after they finished the study.

Results and Discussion

The answers to the fifteen items of the Gelotophobia scale were averaged. The total scores ranged from 1 to 2.87 (maximum possible score = 4.00) with a mean of 1.86 and a standard deviation of 0.44. There were 16.35 % of individuals with slight gelotophobia. No one could be considered to have marked and extreme gelotophobia.

We compared using different humor styles by gelotophobes and non-gelotophobes. The results are presented in tab. 1.

Table 1

Differences in using four humor styles between the groups of people without gelotophobia (group 1) and with gelotophobia (group 2)

Groups	The mean HSQ scores			
	<i>Affiliative</i>	<i>Self-enhancing</i>	<i>Aggressive</i>	<i>Self-defeating</i>
Group 1 N = 87	43.29	37.95	27.57	26.28
Group 2 N = 17	37.29	35.18	28.47	27.59
Significance levels (Student's t-criterion)				
Group 1 and group 2	Significant ($p < 0.05$)	–	–	–

Tab. 1 shows that gelotophobes have statistically significant differences in using affiliative humor style in comparison with non-gelotophobes. Thus people without gelotophobia use affiliative humor more often than gelotophobes.

We found out the differences in personality factors displaying between the groups of people without gelotophobia and with gelotophobia (tab. 2).

Table 2

Differences in personality factors displaying between the groups of people without gelotophobia (group 1) and with gelotophobia (group 2)

Groups	The mean FFM scores				
	<i>Introversion</i>	<i>Agreeableness</i>	<i>Conscientiousness</i>	<i>Neuroticism</i>	<i>Openness</i>
Group 1 N = 87	22.14	33.13	28.61	20.57	29.69
Group 2 N = 17	27.65	33.29	31.29	27.71	25.18
Significance levels (Student's t-criterion)					
Group 1 and group 2	Significant ($p < 0.01$)	–	Significant ($p < 0.05$)	Significant ($p < 0.001$)	Significant ($p < 0.01$)

Tab. 2 demonstrates that there are some statistically significant differences in the levels of Introversion and Neuroticism between people with the fear of being laughed at and non-gelotophobes. Some similar results have already been obtained in the scientific literature (Ruch & Proyer, 2009) but our research has also discovered the statistically significant differences in the levels of Conscientiousness and Openness.

Tab. 3 demonstrates the results of comparing gelotophobes and non-gelotophobes in using three coping dimensions.

Table 3

Differences in using coping dimensions between the groups of people without gelotophobia (group 1) and with gelotophobia (group 2)

Groups	The mean CISS scores		
	<i>Task</i>	<i>Emotion</i>	<i>Avoidance</i>
Group 1 N = 87	59.57	39.64	47.52
Group 2 N = 17	60.41	49.94	44.12
Significance levels (Student's t-criterion)			
Group 1 and group 2	–	Significant ($p < 0.001$)	–

Tab. 3 shows that gelotophobes use Emotion as a coping dimension more often than individuals without gelotophobia. It is interesting that gelotophobes almost do not differ from other individuals in the frequency of using such coping dimension as Task. In other words, gelotophobes as well as non-gelotophobes make purposeful task-oriented efforts aimed at solving the problem, cognitively restructuring the problem, or attempts to alter the situation but in this process self-oriented emotional reactions of gelotophobes including emotional responses, self-preoccupation, and fantasizing play a great role. The problem is that in some cases such reactions do not only diminish, but also increase stress.

Individuals with the fear of being laughed at in comparison with other people do not have any statistically significant differences in using such coping dimension as Avoidance (tab. 3). That is they also have a tendency to distract themselves with other situations or tasks or via social diversion as a means of alleviating stress.

We compared using different strategies by individuals without the fear of being laughed at and people with gelotophobia. The results are shown in tab. 4.

Table 4

Differences in using cognitive and attributional strategies between the groups of people without gelotophobia (group 1) and with gelotophobia (group 2)

Groups	The mean SAQ scores									
	<i>Achievement Context</i>					<i>Affiliative Situation</i>				
	Success-Expectation	Task-irrelevant behavior	Seeking Social Support	Reflective Thinking	Master-Orientation	Success-Expectation	Task-irrelevant behavior	Avoidance	Master-Orientation	Pessimism
Group 1 N = 87	14.99	4.4	12.11	14.89	3.03	10.4	7.33	3.31	19.1	3.62
Group 2 N = 17	11.71	6.76	12.29	15.41	4.88	10.06	10.82	6.65	18.41	5.76
Significance levels (Student's t-criterion)										
Group 1 Group 2	Significant ($p < 0.01$)	Significant ($p < 0.01$)	–	–	–	–	Significant ($p < 0.01$)	Significant ($p < 0.01$)	–	Significant ($p < 0.01$)

From table 4 we can see that in Achievement Context (tab. 4) individuals with gelotophobia have less tendency for Success-Expectation in contrast to Task-irrelevant behavior. It means that people with gelotophobia are less inclined to hope for success and vice versa take harder the possibility of failures in contrast to those who do not have the fear of being laughed at. Gelotophobes are characterized by the proneness to the behaviour which hampers the progress of their business. In Affiliative Situation individuals with gelotophobia possess higher indices of Task-irrelevant behavior ($t = 3.09$), Avoidance ($t = 2.69$) and Pessimism ($t = 3.19$) than non-gelotophobes.

Thereby people with gelotophobia are more disposed towards the behavior that puts obstacles in the way of interpersonal interaction than non-gelotophobes. Such people have a tendency to avoid social situations and feel agitation and discomfort while in them. They are also prone to create behavioral justifications in order to avoid the situations of social interaction.

Gelotophobes more often worry and constantly think about the possibility of failures in communication. Whereas individuals without gelotophobia demonstrate a tendency to be more active in the difficult situations of communication and possess a statistically higher level of Openness that may testify to a higher level of an inherent communicative competence, gelotophobes are more inclined to the causal attribution mistake which appears in the illusion of controlling and created inadequate image of the situation..

We suggest the following explanation of the data received. It is quite obvious that gelotophobia can be considered to be an individual difference aspect of normals (Ruch, 2009). However, as long as only sixteen per cent of our sample can be classified as people with gelotophobia, the fear of being laughed at is unlikely to have formed personality. Just the opposite, personality, at least partly, must have become determining in the perception of laughter and a mediator of this perception consequences.

Then we should say that although the most sensitive phase of the gelotophobia symptoms development is a period of puberty, by and large there are no relationships

between such sociodemographic variable like age and gelotophobia in normal individuals. These findings are confirmed by the work of the German scientists (Ruch & Proyer, 2008).

The results of our study fully conform to the results of the previous ones. In other words, people with gelotophobia use affiliative humor style far less than people without gelotophobia (Ruch, Beermann and Proyer 2009). This fact can be explained by the thing that they do not interpret laughter as an affiliative signal in social interactions (Ruch and Proyer 2009). Hence gelotophobes in contrast to people without gelotophobia have a considerably less tendency to joke with other people with the purpose of improving their interpersonal relationships.

In the previous studies it has been proved that gelotophobes as compared to others have a less tendency to use self-enhancing humor. In our research there were no statistically significant differences in the use of self-enhancing humor style, though the arithmetic means of using this humor among individuals without the fear of being laughed at were higher than among gelotophobes. The absence of a tendency to maintain a humorous view on the world among gelotophobes is explained by the fact that gelotophobes have not learnt to experience laughter as a positive means of shared identity (Ruch, Proyer & Popa, 2008).

As the results of our empirical research show, individuals with gelotophobia do not differ from others in the frequency of using self-defeating humor. It is not surprising because the fear of being laughed at does not contribute to emerging a tendency to use humor for excessive mockeries over oneself among gelotophobes.

Taking into consideration the fact that people who prefer affiliative humor style are characterized by a social extroversion and emotional stability, it is not surprising at all that individuals with gelotophobia have higher indices of Introversion and Neuroticism.

We have also discovered some statistically significant differences in the levels of such personality factors as Conscientiousness and Openness. One of the possible explanations of higher indices of Conscientiousness among gelotophobes can be their fear to provoke laughter in others, for example, by their clumsy, in their opinion, behavior. Therefore individuals with gelotophobia try to control themselves too much, that is why they have an increased level of a conscious control over their activity. Such people are characterized by a higher level of self-possession, persistency, good organization, discipline, responsibility, carefulness and also exactness in discharging their obligations. As a result, a type of personality that can be called “focused” or “unilateral” arises.

As for Openness, the following explanation of the lower indices of this personality factor among gelotophobes can be given. As our analysis of some literary sources shows, gelotophobes constantly estrange themselves from others. Their subjective experience of life is that they do not belong to the community and that they are neither liked nor accepted by their peers. Consequently, they are very lonely (Titze, 2007). Thus, such people can be called individuals who are rather closed to a new experience and narrow-minded. Such people are often perceived by others as ordinary, “comfortable” and conservative.

Further, we will pay attention to the fact that people with the fear of being laughed at use Emotion as a coping dimension more often than individuals without gelotophobia. Some previous researchers of an emotional sphere of gelotophobes connected it with such emotions as fear, shame, and happiness (be they causes or consequences) (Platt & Ruch, 2009). In our research it was found out that gelotophobes have a tendency to demonstrate the emotional reactions directed towards them. Such reactions include emotional responses, self-preoccupation, and fantasizing. However, gelotophobes do not differ statistically from other individuals in the frequency of using such coping dimensions as Task and Avoidance.

And finally, the last finding of our research is the fact that in Achievement Context individuals with gelotophobia have a less tendency for Success-Expectation in contrast

to Task-irrelevant behavior. In Affiliative Situation individuals with gelotophobia possess higher indices of Task-irrelevant behavior, Avoidance and Pessimism than non-gelotophobes.

At present studying gelotophobia is being intensively continued. A profound analysis of it will allow to work out an appropriate psychological diagnostics and system of help for individuals with gelotophobia.

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Надійшла до редколегії 24.04.2016

УДК 159.923. 363: 076

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КОПІНГ-СТРАТЕГІЇ ЯК ФАКТОР «ПОЗИТИВНОЇ» АДАПТАЦІЇ ВИМУШЕНИХ МІГРАНТІВ

Анотація. За результатами дослідження українських юнаків серед внутрішньо переміщених осіб (ВПО) виявлено, що перспективи позитивної адаптації особистості тим сприятливіші, чим вищі індекси продуктивних копінг-стратегій і чим більше задіяні копінг-ресурси поведінки подолання стресу. Доведено, що переважна більшість ВПО мають обмежений спектр копінг-стратегій і ресурсів стресоподолання, низькі показники рефлексії і осмислення життя, суперечливу модель інтернального контролю, що стосується відповідальності, звернену до минулого, поряд із високою ситуативною тривожністю. Продемонстровано, що травма вимушеної міграції негативно впливає на всі компоненти «позитивної» адаптації ВПО за винятком копінгів сімейних ситуацій.

Ключові слова: внутрішньо переміщені особи (ВПО), ситуація вимушеної міграції, копінг-стратегії, психологічні наслідки воєнного конфлікту, позитивна адаптація, постстресове зростання, ресурси стресоподолання.

Аннотация. В соответствии с результатами исследований украинских юношей среди внутренне перемещенных лиц (ВПЛ) выяснено, что перспективы позитивной адаптации личности тем благоприятнее, чем выше индексы конструктивных копинг-стратегий и чем больше задействовано ресурсов совладания со стрессом. Доказано, что ВПЛ имеют ограниченный спектр копинг-стратегий и ресурсов совладания, низкие показатели рефлексии и осмысленности жизни, противоречивую модель интернального контроля в области ответственности, обращенную в прошлое, наряду с высокой ситуативной тревожностью. Продемонстрировано, что травма вынужденной миграции негативно изменяет все компоненты «положительной» адаптации ВПЛ за исключением копингов семейных ситуаций.

Ключевые слова: внутренне перемещенные лица (ВПЛ), ситуация вынужденной миграции, копинг-стратегии, психологические последствия вооруженного конфликта, позитивная адаптация, постстрессовый рост, ресурсы стрессосовладания.

Постановка проблеми. Найхарактерніший психологічний стан, який розвивається в результаті впливу несприятливих життєвих умов, зокрема воєнного конфлікту (АТО на Сході України) із подальшим вимушеним переселенням із зони бойових дій, втратою домівок, близьких, а також можливості жити звичним життям і працювати, називають психологічним стресом (Lazarus & Folkman, 1984; Agarkov et al., 2009; Misko & Tarabrina, 2004; Tytarenko, 2007). За неусталеності термінології цей стан також визначають як психотравму, еустрес, дистрес чи травматичний стрес, фрустраційну реакцію, постстресову дезадаптацію та більш специфічно – культурний шок, стрес акультурації (Berry, 1997; Triandis, 1994; Oberg, 1960). Такий складний за своєю природою стан має психофізіологічні, особистіс-