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Wasna M. Mansur

A thesis submitted to the Faculty of Social & Behavioral Sciences in partial fulfillment of the requirements for the Degree of Master of Arts in Clinical Psychology

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Dr. Marwan Gharzeddine, Ph. D, Advisor

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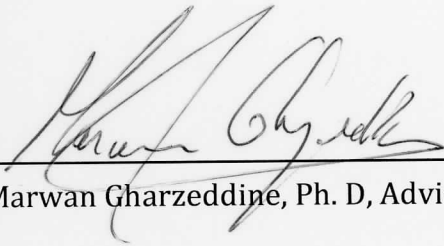
Dedication

I would like to dedicate this to HAIGAZIAN UNIVERSITY for their unwavering encouragement, patience, support and love throughout the process and throughout the years, without which I would not be where I am today.

The Relationship between Gelotophobia, Childhood Teasing, and Psychological Distress

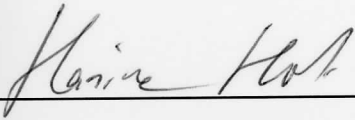
Wasna M. Mansur

Approved by:



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Dr. Marwan Gharzeddine, Ph. D, Advisor



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## **Dedication**

I would like to dedicate this to my parents and thank them for their unwavering encouragement, patience, support and love throughout the process and throughout the years, without which I would not be where I am today.

Friends who helped, motivated, and encouraged me from start to finish. I would not have been able to complete this thesis without the above-mentioned people, and for that I am truly grateful.

## Acknowledgments

I would like to sincerely thank my professors, Dr. Marwan Garzeddine, Dr. Hanine Hout, and Dr. Daoud Tawil for all their input, guidance, and support throughout this process. I would also like to thank all my family and friends who helped, motivated, and encouraged me from start to finish. I would not have been able to complete this thesis without the above-mentioned people, and for that I am truly grateful.

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### Abstract

The aim of the current study was to examine the relationships between gelotophobia, teasing, and psychological distress. It was expected that gelotophobia would be linked to distress rather than frequency of teasing, and that psychological distress would be associated with both gelotophobia and childhood teasing. Three measures were used to collect data. The sample consisted of 150 participants, and there were no effects of gender nor age on any of the variables. The results generally supported the hypotheses, and suggest that distress caused by teasing is strongly related to gelotophobia. The results also show that gelotophobia is associated with depressive and anxious symptoms. It was also evident that distress caused by teasing is more predictive of later psychological functioning than just the frequency of teasing. The implications of these results and their clinical significance are discussed within the framework of Lebanese society.

### Background of the Study

Gelotophobia was first observed by German psychotherapist Dr. Michael Titze approximately ten years ago. He noticed that some of his patients were presenting with a fear of being laughed at as the main symptom and this fear was interfering with their everyday lives (Ruch, 2009). Titze (2009) coined the term "gelotophobia" from the Greek "gelos" for laughter and "phobia" for fear. He developed a model for gelotophobia including its possible causes and consequences. Titze (2009) proposed that the factors that may cause gelotophobia can occur during infancy, childhood and youth, or adulthood. At the infancy stage, development of shame and a faulty infant-caregiver relationship may be a factor. During childhood and youth, experiences of repeatedly

## The Relationship between Gelotophobia, Childhood Teasing, and Psychological Distress

Laughter is a universal emotional expression that is often looked at as a positive and healthy part of everyday life. People are encouraged to laugh and enjoy being around people who make them laugh and laughter is often called the “best medicine”. For some people however, laughter is not a positive experience that brings joy and happiness; it can be extremely distressful and debilitating (Gaidos, 2009). For these rare few, the presence of laughter, whether by friends, family, or strangers in their vicinity triggers a fearful response in the same way that people who suffer from phobias react when exposed to the feared stimulus. For these people, laughter is the feared stimulus and they appear to suffer from a fear of being laughed at, known as gelotophobia. Research suggests that this phobia is more of a personality trait than a clinical illness due to the fact that most people fear being laughed at to a certain extent (Gaidos, 2009). There are several factors that might lead to higher levels of gelotophobia among people and research has shown that the consequences of having a strong fear of being laughed at may be detrimental.

### **Background of the Study**

Gelotophobia was first observed by German psychotherapist Dr. Michael Titze approximately ten years ago. He noticed that some of his patients were presenting with a fear of being laughed at as the main symptom and this fear was interfering with their everyday lives (Ruch, 2009). Titze (2009) coined the term “gelotophobia” from the Greek “gelos” for laughter and “phobia” for fear. He developed a model for gelotophobia including its possible causes and consequences. Titze (2009) proposed that the factors that may cause gelotophobia can occur during infancy, childhood and youth, or adulthood. At the infancy stage, development of shame and a faulty infant-caregiver relationship may be a factor. During childhood and youth, experiences of repeatedly

being laughed at, ridiculed, or bullied may be a factor in the development of gelotophobia. Finally, during adulthood, gelotophobia may be developed due to traumatic experiences of being laughed at, ridiculed, or bullied (Titze, 2009). The consequences of gelotophobia according to Titze (2009) include social withdrawal to avoid being laughed at; a cold, humorless appearance; low self-esteem and low social competence; psychosomatic problems including blushing and trembling; “Pinocchio syndrome” or having a stiff face and body; lack of liveliness and joy; and not seeing humor and laughter as positive social experiences.

Titze (2009) mentions that one of the primary behavioral features of gelotophobes is that they are convinced that there is something wrong with them and this leads them to fear being laughed at and withdraw socially to avoid this. This conviction is also found in people who experience shame-bound anxiety indicating a fundamental link between the two constructs (Titze, 2009). Platt & Ruch (2009) found that compared to normal controls, gelotophobes experienced shame at a higher intensity and longer duration, indicating that shame is a primary emotion among gelotophobes. It was discovered that gelotophobia was not only relevant in clinical samples and that it should be looked as an individual difference phenomenon outside the realm of psychopathology (Ruch & Proyer, 2009). Gelotophobia is not related to gender and age, and its association with relationship status is still inconclusive, with some studies noting a difference and others reporting no difference (Ruch & Proyer, 2008b; Samson et al., 2010).

After creating the model, Ruch and Titze set off to develop a scale to measure gelotophobia. The first version was a 46-item self-report scale but a later version was shortened to 15 items containing core gelotophobia items (Ruch & Proyer, 2009).

Following the above model and using the scale mentioned above, gelotophobia has been

studied in relation to many other variables including personality traits, emotions, bullying, social anxiety, self-presentation styles, intelligence, and more (Proyer & Ruch, 2010). In addition to this, the prevalence of gelotophobia has been examined cross-culturally and evidence of its existence has been found in 73 countries, including Lebanon (Proyer et al., 2009).

Since the model states that ridicule is a possible cause of gelotophobia it makes sense to look at teasing and bullying in relation to gelotophobia. One study by Platt, Proyer & Ruch (2009) looked at bullying and gelotophobia and found that those who were bullied differed in reaction to playful teasing and ridicule than those who were not bullied. Those who were bullied responded with low happiness when presented with playful teasing scenarios and fear when presented with ridicule scenarios (Platt et al., 2009). According to the authors, the majority of this difference can be attributed to gelotophobia, indicating that there is a relationship between experiencing bullying and gelotophobia (Platt et al., 2009).

Another study by Ruch, Proyer & Ventis (2010) looked at the relationship between teasing in childhood and the manifestation of gelotophobia in adulthood. The results indicated that gelotophobic people reported more frequent teasing by parents, teachers, and peers than people who were not gelotophobic; these results however were not statistically significant (Ruch et al., 2010). A study by Proyer, Hempelmann, & Ruch (2009) found that the intensity of experiencing ridicule was more predictive of gelotophobia than the frequency of ridicule. This was confirmed by Edwards, Martin, & Dozois (2010), who also found that gelotophobia was related to intensity, not necessarily frequency, of childhood teasing based on social behavior and academic excellence but not family background, appearance, or performance. For the current study, it is hypothesized that there will be a positive relationship between frequency of

teasing and gelotophobia (hypothesis 1) but that the distress caused by teasing will be most predictive of gelotophobia (hypothesis 2).

The model also states that outcomes of gelotophobia include social withdrawal, low self-esteem, and lack of liveliness and joy. Following this model, it makes sense to look at depression, anxiety, and stress in relation to gelotophobia. A study by Forabosco, Ruch, & Nucera (2009) examined the prevalence of the fear of being laughed at among psychiatric patients and found that the psychiatric group scored significantly higher on gelotophobia than normal controls. Platt and Ruch (2009) found that gelotophobes tend to experience sadness and anger during a typical week. Kazarian, Ruch, & Proyer (2009) found that gelotophobia was correlated with depression in a sample of Lebanese people. For the current study, a positive correlation between gelotophobia and depression, anxiety, and stress is expected (hypothesis 3), with depression being the strongest contributor to gelotophobia (hypothesis 4).

Recently, researchers have started looking at the relationships between childhood teasing and the outcomes in adulthood. One study by Roth, Coles, & Heimberg (2002) examined the relationship between memories of childhood teasing and depression and anxiety in adulthood and found that childhood teasing is linked to depression, trait anxiety, and social anxiety. A similar study also revealed that childhood teasing was significantly related to social anxiety, depression, stress, and overall impairment in functioning in adulthood (McCabe, Miller, Laugesen, Antony, & Young, 2010). Considering that intensity of teasing was considered more predictive of gelotophobia than frequency of teasing, it may also be the case that frequency of teasing is positively correlated with depression, anxiety and stress, (hypothesis 5) but that distress caused by teasing will be most predictive of depression, anxiety, and stress (hypothesis 6).

The literature reveals that looking at specific types of teasing, rather than teasing in general may be more fruitful. Several studies have found links between weight-related teasing and competency-related teasing and other variables. A study by Quinlan, Hoy, & Costanzo (2009) found that weight-related teasing and competency-related teasing were associated with worse psychological functioning, including lower self-esteem and greater depressive symptoms. Buhlmann, Cook, Fama, & Wilhelm (2007) carried out a study that provided evidence for an association between appearance-related and competency-related teasing and body dysmorphic disorder. Since these two types of teasing have not been studied in relation to gelotophobia, the current study attempts to examine this relationship.

In Lebanese society and culture, much importance is placed on maintaining positive appearances and avoiding humiliation, shame, and negative judgment from others (Kazarian et al., 2009). *Aib*, or shame, is a word often used in Lebanese society and children are raised with the conviction that it should be avoided at all costs. This puts pressure on children to conform to societal norms and those who do not may face being made fun of and put down by their families or peers. This may lead to a tendency towards shyness or introversion in order to avoid being ridiculed (Kazarian et al., 2009), and this social withdrawal to prevent ridicule is present in the model of gelotophobia. Growing up with idea that shame is to be avoided may also make people more prone to experience shame-bound anxiety, which is intrinsically linked to gelotophobia (Titze, 2009). This implies that gelotophobia is culturally relevant to Lebanon and that its societal and familial values may actually be fostering this fear.

Gelotophobia is a relatively new field of study in the realm of psychology. The construct was developed and defined approximately ten years ago and the majority of research findings have only been published in the last few years. Gelotophobia has been

studied in Lebanon, but only to determine its existence and measure it in relation to depression, humor styles, and life satisfaction. As far as the author is aware, there are no studies that have examined the relationship between gelotophobia and teasing in Lebanon despite the cultural relevance of these topics. There also appears to be no research on the relationship between gelotophobia, teasing, and psychological distress, despite the fact that teasing is a common occurrence in Lebanon. Few studies have examined the relationship between teasing and gelotophobia outside Lebanon, but as far as the author is aware, none have looked at weight-related teasing and competency-related teasing specifically. Most studies performed on teasing have looked at the frequency of the teasing but not necessarily the effect this teasing has on the person. This study attempts to examine both the frequency of teasing and the personal distress this teasing caused.

### **The Problem Statement**

Taking into consideration the above information about gelotophobia, teasing and the effects of these, several research hypotheses come to mind.

Research Hypotheses:

1. a) Gelotophobia will be positively correlated with the frequency of weight-related teasing (FWT).  
b) Gelotophobia will be positively correlated with the frequency of competency-related teasing (FCT).
2. a) Distress caused by weight-related teasing (DWT) will be more predictive of gelotophobia than the frequency of weight-related teasing (FWT).  
b) Distress caused by competency-related teasing (DCT) will be more predictive of gelotophobia than the frequency of competency-related teasing (FCT).
3. a) Gelotophobia will be positively correlated with depression.

- b) Gelotophobia will be positively correlated with anxiety.
  - c) Gelotophobia will be positively correlated with stress.
4. Among depression, anxiety, and stress, depression will be the most significant contributor to gelotophobia.
5. a) Frequency of weight-related teasing (FWT) will be positively correlated with depression.
- b) Frequency of competency-related teasing (FCT) will be positively correlated with depression.
- c) Frequency of weight-related teasing (FWT) will be positively correlated with anxiety.
- d) Frequency of competency-related teasing (FCT) will be positively correlated with anxiety.
- e) Frequency of weight-related teasing (FWT) will be positively correlated with stress.
- f) Frequency of competency-related teasing (FCT) will be positively correlated with stress.
6. a) Distress caused by weight-related teasing (DWT) will be more predictive of depression than frequency of weight-related teasing (FWT).
- b) Distress caused by competency-related teasing (DCT) will be more predictive of depression than frequency of competency-related teasing (FCT).
- c) Distress caused by weight-related teasing (DWT) will be more predictive of anxiety than frequency of weight-related teasing (FWT).
- d) Distress caused by competency-related teasing (DCT) will be more predictive of anxiety than frequency of competency-related teasing (FCT).

- e) Distress caused by weight-related teasing (DWT) will be more predictive of stress than frequency of weight-related teasing (FWT).
- f) Distress caused by competency-related teasing (DCT) will be more predictive of stress than frequency of competency-related teasing (FCT).

### **Significance of the Study**

Both teasing and gelotophobia are associated with psychological maladjustment and distress and are thus both relevant within the realm of counseling and clinical psychology. By demonstrating the relationship between these two constructs, psychologists can benefit from this information in their clinical practice and use this information to help with prevention and intervention strategies and treatment plans to better serve their patients. In addition, the findings of the study may be helpful to schools and other social institutions where teasing occurs regularly by highlighting the harmful effects of teasing and showing that teasing should not be taken lightly. Finally, in societies such as Lebanon where avoiding shame is considered to be important and shame is often employed as a method of punishment among families and schools, the findings of the study may be helpful in bringing awareness to the society of the possible negative ramifications of using shame-based practices with children.

### **Nature of the Study**

A quantitative study was carried out in an attempt to better understand the relationships between gelotophobia, childhood teasing, and psychological distress. The sample consisted of 150 participants, with a mean age of 28 years. 55 participants were male and 95 participants were female. Convenience sampling was used and participants were given a questionnaire packet made up of three self-report scales along with demographic information. The GELOPH <15> was used to measure gelotophobia, the Perception of Teasing Scale was used to measure the frequency and intensity of

childhood teasing, and the Depression Anxiety Stress Scale was used to measure current symptoms of depression, anxiety and stress. Data was entered into SPSS and correlational and regression analyses were performed.

### **Definitions of Key Terms**

*Anxiety*: within the context of the DASS 21, anxiety indicates autonomic arousal, muscular tension, and anxious affect (Norton, 2007).

*Competency-Related Teasing*: teasing that is targeted towards another person's competence and abilities (Thompson et al., 1995).

*Depression*: within the context of the DASS 21, depression indicates dysphoric mood, self-depreciation, lack of interest/involvement, hopelessness, and anhedonia (Norton, 2007).

*Distress caused by competency-related teasing (DCT)*: how upset an individual was about teasing targeted towards their competence and abilities during childhood and adolescence (Thompson et al., 1995).

*Distress caused by weight-related teasing (DWT)*: how upset an individual was about teasing targeted towards their weight during childhood and adolescence (Thompson et al., 1995).

*Frequency of competency-related teasing (FCT)*: how often an individual was teased about their competence and abilities during childhood and adolescence (Thompson et al., 1995).

*Frequency of weight-related teasing (FWT)*: how often an individual was teased about their weight during childhood and adolescence (Thompson et al., 1995).

*Gelotophobia*: the fear of being laughed at, as measured by the GELOPH<15> (Proyer & Ruch, 2010).

*Psychological Distress*: the combination of anxiety, depression, and stress (Henry & Crawford, 2005).

*Stress*: within the context of the DASS 21, stress indicates negative emotional lability to stressors and general tension (Norton, 2007).

*Weight-Related Teasing*: teasing that is targeted towards another individual's weight (Thompson et al., 1995).

### **Delimitations**

As with all research, there are several limitations to the current study. The first limitation is the relatively small sample size. This affects the reliability and generalizability of the study. Another limitation is that random sampling was not utilized. The questionnaires were administered based on a convenience sampling method, meaning that the results cannot be generalized to the general population of Lebanon. A third limitation is that the questionnaires were not translated to Arabic, thereby including only English-speaking members of the Lebanese population. This again means that the results cannot be generalized to the whole of Lebanon thus decreasing the validity of the study. The correlational design of the study is also a limitation in that it does not provide any causal information or directionality regarding the variables, only associations between them.

## CHAPTER 2

### Review of the Literature

Gelotophobia is a new construct in the field of psychology and so recently, research has been emerging to clarify the clinical relevance of this construct, the factors that may contribute to it, and the consequences associated with it. New research has already brought to light some important and interesting findings concerning the factors associated with gelotophobia and this paper aimed at contributing to this body of research. The current study examined whether there was a relationship between being teased about weight and competency as a child and the manifestation of gelotophobic symptoms in adulthood, and whether distress caused by the teasing is more relevant than the frequency of the teasing. The study also looked at the relationships between gelotophobia, teasing, depression, anxiety, and stress.

### Laughter and Humor

Laughter and humor are an integral part of our daily lives and are often looked at as positive social tools that lead to feelings of joy. Babies smile when they are happy, children laugh when they play, and as we develop we learn to associate humor with laughter and enjoyment (Ziv, 2010). Humor and laughter are important in social situations as they help to maintain cohesion in a group and bring members closer together. Humor and laughter also tend to make us feel good and improve our mood (Ziv, 2010). However, with time, we begin to realize that not all laughter is positive and makes us feel good; there are some negative and even hurtful aspects of laughter, such as laughing at someone rather than laughing with them. This notion is found in humor theories dating back to those of Plato and Aristotle, who suggested that laughter arises as a response to weakness (Ziv, 2010). Early theories also describe laughter as something that arises when we realize we are superior to others, and as something used

to punish others who do not conform to a group's norms (Ziv, 2010). Following this line of thought, a person who in some way deviates from social norms may be considered inferior by others and thus may be the target of laughter in the form of ridicule, mockery, sarcasm, or teasing (Ruch & Proyer, 2008). This may include people who dress differently, people who are overweight, those that belong to ethnic minorities, and so forth. People who are constantly the target of such teasing may begin to associate laughter with embarrassment and humiliation rather than joy, and thus begin to feel uneasy when in the presence of laughter. For some, this may develop into an actual phobia where all laughter, even the good kind, is feared; this is known as gelotophobia (Ruch & Proyer, 2008).

### **Shame and Shame-Bound Anxiety**

Titze (2009) argues that shame is developed when a person is put in a situation where they become a "ridiculous object". If someone is walking on a rainy day and slips on a wet road, they will involuntarily experience fright, which is usually accompanied by freezing of the body's movements. This causes the body to appear strange and robotic (Titze, 2009). This stiff, robotic appearance usually has a humorous effect on people nearby causing them to laugh. The victim of the slip has now become a ridiculous object, and this is how shame is developed (Titze, 2009).

Wurmser claims that shame is a form of anxiety, and illustrates this by saying "I am afraid of an impending exposure and, therefore, of a humiliation" (as cited in Titze, 2009, p. 29). This shame-bound anxiety causes an increase in self-observation and self-control in order to not appear inappropriate or "funny" during social interactions (Titze, 2009). This in turn makes people extra vigilant of their social surroundings in order to be able to screen out any possible threats. For the person experiencing shame-bound

anxiety, the purpose of these actions is to prevent being made fun of and to therefore avoid a blow to one's self-esteem (Titze, 2009).

People who experience shame-bound anxiety are often convinced that there is something inherently wrong with them that makes them appear ridiculous, and this conviction is also an important behavioral feature of gelotophobia (Titze, 2009). This belief leads people who suffer from gelotophobia to avoid social situations because they think that these situations will lead to ridicule and being made fun of. Following this logic, the main purpose behind a gelotophobe's behavior is to shield themselves from being laughed at (Titze, 2009). This appears to form a vicious cycle whereby gelotophobes behave in a certain way to avoid being laughed at, but it is particularly these behaviors that may make them more prone to being laughed at. For example, John suffers from shame-bound anxiety, and thus is very careful of how he behaves and what he says. To prevent being laughed at, John is extra careful of his movements and speech to the point where these behaviors seem strange and mechanical. This in turn may have a funny impression on people causing them to laugh in his presence.

## **Gelotophobia**

**History, development, & theories.** Titze (2009) came up with the term gelotophobia approximately 10 years ago from the Greek "gelos" for laughter and "phobia" for fear. He realized that for some of his patients, the main concern was a fear of being laughed at by others due to the conviction that they are ridiculous objects (Ruch & Proyer, 2008). From these clinical case studies, Titze developed a theory and model for gelotophobia that included supposed causes and consequences of gelotophobia.

Titze states "Gelotophobia, in general, originates from repeated traumatic experiences of being ridiculed or 'put down' during childhood and adolescence" (Titze,

2009, p. 32). Titze argues that certain parenting styles may promote the development of gelotophobia. Some parents put pressure on their children to conform to certain norms and values, and failure to do so results in feelings of guilt and shame on the part of the child. In addition to this, some parents may use shame as a form of discipline by withdrawing their love, disregarding the child, and ridiculing the child when they do not conform to the family's standards (Titze, 2009). The child in turn begins to conform to the family to avoid feeling shame and being ridiculed, and this hinders the child's ability to socialize outside the family, leading to poor social competence (Titze, 2009).

Having poor social competence makes it difficult for people to fit into social groups and participate in social activities, so they avoid these activities to protect themselves from being embarrassed and humiliated. In social groups, ridicule and teasing serve an important function. Inter-group laughter is a form of intimacy and makes the group more cohesive (Ziv, 2010). Ridicule and teasing also serve the purpose of upholding group norms; those who behave in a way outside the group's norms are teased and thus punished for violating those norms, which makes them less likely to behave in that way again (Titze, 2009). However, those who have poor social competence will not be able to understand these group expectations and will not be able to change their unusual behavior thus becoming a "funny outsider" and the target of ridicule and teasing (Titze, 2009). Zillmann stated that disparaging humor is usually directed at people who are seen as different and strange (as cited in Titze, 2009). This is how gelotophobes appear to others, and this may lead them to become scapegoats of social groups, repeatedly being teased and laughed at for being different. This continuous ridicule will ultimately lead the person to experience anxiety when interacting with others, a decrease in self-esteem, feelings of insecurity, sadness, shame, and eventual social withdrawal (Titze, 2009).

Ruch took these theories and formulated them into a working model for gelotophobia that includes causes and consequences. In infancy, the causes include the development of primary shame and failing infant-caregiver interactions (Ruch, 2009). In childhood and youth, the causes include repeated traumatic experiences of not being taken seriously and being laughed at, ridiculed, and bullied (Ruch, 2009). In adulthood, the causes include intense traumatic experiences of being laughed at, ridiculed, or bullied (Ruch, 2009). The consequences include social withdrawal to avoid being laughed at or ridiculed, appearing "cold as ice" or humorless, low self-esteem and low social competency, psychosomatic disturbances such as blushing and trembling, "Pinnocchio syndrome" or appearing wooden or frozen, lack of liveliness, spontaneity and joy, and not being able to experience humor or laughter as relaxing, joyful social experiences (Ruch, 2009).

**Features & characteristics of gelotophobes.** People suffering from gelotophobia worry about being around others because they feel that those others are examining them for signs of ridiculousness thus leading to laughter (Ruch & Proyer, 2008). This fear makes them become more vigilant of their surroundings and screen everything in social situations. They misinterpret smiling and laughter as offensive and see it as mockery, rather than friendly and inviting as most people do (Ruch et al., 2009). Although gelotophobia sounds and appears similar to social anxiety and social phobia, it is argued that they are distinct concepts. They are similar in that they both include a preoccupation with fear of being evaluated negatively, humiliated, and embarrassed and both involve the tendency to avoid social situations. They are different in that, with gelotophobia, the focus is on the self, with the person believing that he is ridiculous, whereas with social phobia, the focus is on potentially embarrassing social situations. Gelotophobes are sensitive to all kinds of laughter, even if it is meant well,

whereas people who suffer from social phobia are able to appreciate good-natured laughter (Edwards et al., 2010).

Titze (2009) describes gelotophobes as having an “agelotic” attitude, meaning they are not able to appreciate laughter and do not see it as something beneficial. He claims that this originates from infancy where the infant would frequently see their caregiver’s unsmiling face (Titze, 2009). Over time, the individual comes to expect unsmiling faces with blank expressions because this is what they recall from infancy. In this sense, the individual finds it difficult to connect with others and they do not consider laughter to be something positive; instead, they see the people around them as antagonistic people who treat them in a cold way (Titze, 2009). Therefore, gelotophobes respond to smiling and laughter in a negative way and this comes through in their body language, indicating to others that they are uneasy and anxious around laughter regardless of the intent of the laughter (Titze, 2009).

Titze (2009) also describes gelotophobes as having a “Pinnocchio Syndrome.” As mentioned above, gelotophobes feel uneasy and anxious around laughter and this message is conveyed non-verbally through muscle tension and bodily stiffness that accompanies feelings of anxiety. In addition to these changes in the body, the message is also conveyed through the face, which is frozen, motionless, and almost inanimate, like a wooden puppet. This is what is meant by “Pinnocchio Syndrome” and Titze states that this is an essential feature of gelotophobia (Titze, 2009).

**Assessment of gelotophobia.** Since Titze observed this phenomenon among his patients, gelotophobia first started out as a clinical concept. Ruch started working with Titze and Proyer to experimentally study and research the construct of gelotophobia in order to provide evidence for the validity of this new construct. To be able to do this, they needed a way to assess and measure gelotophobia. In the first empirical study on

gelotophobia, Ruch and Proyer (2008a) investigated whether statements referring to gelotophobia could differentiate between three clinical groups: gelotophobes, shame-based neurotics, and non-shame based neurotics. They recruited 368 patients; 99 were diagnosed as gelotophobes, 166 were neurotics with shame-based problems, and 103 formed the last group of non-shame based neurotics (Ruch & Proyer, 2008a). The diagnoses were made by medical professionals and psychotherapists who were working with the patients. There was an additional control group consisting of 495 volunteers and students. 46 statements were created to subjectively measure gelotophobia based on Titze's theories. Some of these statements were specific to gelotophobic symptomatology while others were related to gelotophobia but not specific to it. The statements were positively keyed and were based on a 4-point answer scale ranging from 1=strongly disagree to 4=strongly agree (Ruch & Proyer, 2008a). The statements were given to all the participants and the results revealed that gelotophobes scored the highest on the measure, followed by shame-bound neurotics, non shame-bound neurotics, and finally the control group. The differences between these groups were statistically significant. The results also indicated that this separation between the groups was mostly attributed to the statements relating to core gelotophobic symptomatology and less so by the more general statements. Only the gelotophobes identified highly with these core statements, implying that gelotophobia is a distinct construct (Ruch & Proyer, 2008a).

Ruch and Proyer (2008b) carried out a follow-up study using the same sample to address the limitations of their previous study. They wanted to identify the statements most fitting for the assessment of gelotophobia and estimate the prevalence of gelotophobia among a sample of normal adults. In order to identify which statements would be most suitable to assess gelotophobia, twenty clinical psychologists who were

knowledgeable about gelotophobia were employed as experts to rate whether each statement was typical of gelotophobic symptoms (Ruch & Proyer, 2008b). Using factor analysis to analyze item loadings, the list was eventually narrowed down from 46 to 15 statements with high internal consistency (now known as the GELOPH<15>). These statements encompassed core gelotophobic symptoms, including getting suspicious around laughter and controlling oneself so as to not attract negative attention. Ruch and Proyer (2008b) also found that the prevalence rate for gelotophobia within the control group was 11.65% and that there was a large variation in the scores of the normal controls. They concluded that gelotophobia should be studied as a subclinical or individual differences phenomenon ranging from low fear of being laughed at to high fear. They also mentioned that there were no relationships between gender, age, and gelotophobia and that it can be found equally among the genders and across ages (Ruch & Proyer, 2008b). An unexpected finding however was that gelotophobia was related to relationship status; participants who were not in a relationship scored higher on the GELOPH<15>. It is unknown whether gelotophobes stay single more often or if being in a relationship reduces the fear of being laughed at (Platt et al., 2009).

**Empirical research on gelotophobia.** After the development of the GELOPH<15> and the discovery that gelotophobia is more of an individual differences phenomenon than solely a clinical construct, researchers started examining the relationship between gelotophobia and other factors in order to validate the theories behind the causes and consequences of gelotophobia.

One study by Ruch, Altfreder, and Proyer (2009) wanted to empirically examine how gelotophobic people interpret laughter in ambiguous situations. Participants were asked to listen to a CD that played 20 different laughs and rate the laughs as either pleasant or unpleasant. They were asked to fill out a mood questionnaire immediately

before and after listening to the laughs. Another task was a semi-projective picture test that depicted ambiguous social situations pertaining to laughter or laughing at, and the participants were asked to fill in thought bubbles explaining what the person might be saying or thinking (Ruch et al., 2009). The results revealed that concerning the picture task, the gelotophobes saw mockery much more often and gave joyful answers much less often than non-gelotophobes. Regarding the CD task, gelotophobes did not rate positive laughter as pleasant. They also described this laughter using negative terms more frequently than positive terms. In addition to this, their positive mood went down and their negative mood went up after listening to the laughs (Ruch et al., 2009). This confirmed the theory that gelotophobes do not see humor as something positive and joyful.

Ruch, Beermann, & Proyer (2009) attempted to look at the relationships between gelotophobia, humor styles, humor temperament, humor appreciation, and humor coping ability. Participants were given the GELOPH along with several humor scales. The results indicated that gelotophobes are less cheerful and joyful and are more irritable, serious, and sensitive. They are also more likely to be in a bad mood than non-gelotophobes. It appears that gelotophobic people do not participate in social humor and they describe themselves as being boring (Ruch et al., 2009). Gelotophobes also reported that they are not good joke-tellers and that they are not witty. In spite of this, humor competence tasks showed that this is not actually true for gelotophobes and that they may well be able to create humor but underestimate this ability (Ruch et al., 2009). The results also revealed that gelotophobic people do not use humor as a coping mechanism to help them deal with problems. They also tend to use self-enhancing and affiliative humor styles less often, even though these are the beneficial and healthy humor styles. These results are in line with the theory that gelotophobes do not

experience humor and laughter in the same way as others do, and validate the notion that gelotophobes are less cheerful and joyful (Ruch et al., 2009).

In a study by Platt and Ruch (2009) the emotions of gelotophobes were examined. The purpose was to determine if shame, fear, and low joy are significant emotions among gelotophobes. The original GELOPH was administered along with an emotion questionnaire that measured latency, intensity and duration of the six basic emotions, along with shame and amusement. The authors also wanted to look at overt expressions of emotions to validate the “agelotic face” and “Pinnocchio Complex.” The results showed that gelotophobes experienced more shame than non-gelotophobes and that the experience of shame lasted longer and took longer to overcome. The same was true for the emotion of fear among gelotophobes (Platt & Ruch, 2009). Happiness was not experienced in high intensity among gelotophobes and it only lasted briefly. In addition, gelotophobes did not physically express happiness and amusement, confirming the theory of the “agelotic face.” They also found that for those who scored high on gelotophobia, shame was the prevailing emotion and was more significant than fear or low happiness (Platt & Ruch, 2009). This validates the idea that shame is intrinsically linked to gelotophobia.

Ruch and Proyer (2009) investigated the relationship between gelotophobia and personality traits. The authors chose to use the Eysenckian PEN-model of personality, which measures 3 personality types. These 3 types are psychoticism, extraversion, and neuroticism, and each of these types is associated with specific traits. Ruch and Proyer (2009) hypothesized that gelotophobes would score higher on neuroticism, which includes traits of anxiety, low self-esteem, and shyness. They also predicted that gelotophobes would score high on introversion due to the fact that they tend to be less lively, carefree, and sociable than people without gelotophobia. Finally, since

gelotophobes tend to experience paranoia and are suspicious around laughter, the researchers expected them to score high on psychoticism. Participants were given the GELOPH<15> and the Eysenck Personality Questionnaire-Revised (Ruch & Proyer, 2009). The results indicated that introversion and neuroticism were predictive of gelotophobia and psychoticism also contributed to this effect. The authors mentioned that directionality was not determined, meaning that it could be that these personality traits are results of gelotophobia, or that having these personality traits may make one predisposed to gelotophobia (Ruch & Proyer, 2009).

Proyer & Ruch (2009) wanted to look at the relationship between intelligence and gelotophobia. They decided to look at both psychometrically measured intelligence and self-estimated intelligence. Participants were given the GELOPH<15> and several psychometric intelligence measures, in addition to a scale where they were asked to rate their ability on several intelligence factors, including memory, reasoning, and others (Proyer & Ruch, 2009). The results were in line with the predictions; gelotophobes and non-gelotophobes did not differ in their scores on psychometrically measured intelligence. As expected, gelotophobes did have lower self-estimations regarding their abilities, including general intelligence, attention and vocabulary (Proyer & Ruch, 2009). The authors speculate that gelotophobes might know their real abilities but report lower numbers to avoid appearing arrogant, because being arrogant might give people a reason to laugh at them. Therefore, by being humble and reporting lower numbers, gelotophobes might be trying to avoid being laughed at (Proyer & Ruch, 2009). These results are in line with the findings that gelotophobes tend to underestimate their humor competence, and might imply that they underestimate their abilities in general (Ruch et al., 2009).

A study done by Forabosco et al. (2009) looked at the prevalence of gelotophobia among psychiatric patients and how gelotophobia was related to clinical disorders. The participants were made of 100 patients and 94 normal controls, with the patients' disorders encompassing personality disorders, schizophrenia disorders, mood disorders, anxiety disorders, and eating disorders. The participants were given the GELOPH<15> and the results revealed that there were significant differences between the groups and their scores on the GELOPH. In order from the highest scores to lowest scores was the schizophrenic group, followed by personality disorders, eating disorders, mood disorders, anxiety disorders, and normal controls (Forabosco et al., 2009). This study clearly implies that gelotophobia is more prevalent among psychiatric patients and adds support to the theories provided by Titze (2009) in that it demonstrates that there is a relationship between gelotophobia and psychopathological symptoms. It is yet unclear whether these symptoms are causes or consequences. This study also highlights the need for clinicians to address this fear of being laughed at in their treatment plans.

**Gelotophobia cross-culturally and in Lebanon.** Proyer et al. (2009) set off to determine whether the GELOPH<15> can be reliably used to measure gelotophobia cross-culturally and whether gelotophobia exists in different countries around the world. The sample consisted of 73 countries including China, Australia, USA, Turkey, Spain, Japan, Denmark, Lebanon and more. The GELOPH was translated into the appropriate language for each country. The GELOPH yielded high reliability across the samples with Cronbach's alpha ranging from  $r=.68$  to  $r=.92$ , signifying that the GELOPH is useful in assessing gelotophobia throughout the world (Proyer et al., 2009). Rather than looking at total scores on the GELOPH, the authors looked at mean scores for each item and found a large range of scores within each country, providing evidence that

gelotophobia as an individual differences phenomenon exists around the world in varying degrees. Interestingly, the authors noted that the mean scores were higher in Asian countries than in Western countries, insinuating that cultural differences play a role in the manifestation of gelotophobia (Proyer et al., 2009). This interesting finding can be explained with the understanding that individualistic and collectivistic cultures differ in their values and norms. In individualistic societies (eg. Western cultures) the self is the most important whereas in collectivist societies (eg. Eastern cultures), importance is placed on how the person is perceived by others and how this reflects on the family and surroundings (Davies, 2009). Therefore, the fear of being laughed at may be more common in collectivistic cultures where saving face and maintaining honor are of high importance (Davies, 2009).

Lebanon is deemed a collectivistic society where the avoidance of shame and maintenance of honor are considered to be important (Pulford, Johnson, & Aweida, 2005). Following this, one can expect to find varying degrees of gelotophobia as it is culturally relevant. In the Arab world, including Lebanon, fear and anxiety related to being ridiculed and laughed at is common especially due to the parenting styles most commonly used in this region (Kazarian et al., 2009). The Lebanese people "...tend to be highly motivated to promote personal and collective honor and maintain positive outward appearances and to avoid fear of shame, humiliation and negative judgment caused by public exposure of dishonor" (Kazarian et al., 2009, p. 44). Parents and family members of Lebanese children raise their children to abide by norms of proper social conduct, obtaining and maintaining honor to themselves and their families, and avoiding shame ("*aib*") and embarrassment (Kazarian et al., 2009). Failure to abide by these norms and values results in "*bahdaleh*" and "*tasharshoh*", which are forms of publicly embarrassing someone, leading to feelings of shame (Kazarian et al., 2009,

p.44). Children who do not abide by these norms may be threatened, ridiculed, punished, and criticized by their family members, teachers, and peers and are given disparaging labels such as *ahbal* (idiot), *bala mokh* (lacking a brain), and *bala adab* (lacking manners). Being exposed to this type of treatment may lead children to become shy and avoidant of social situations to prevent being mocked and ridiculed (Kazarian et al., 2009). Another possible effect is that these children may strive for perfectionism to avoid letting down their families and thus avoid the possibility of being disparaged; research has shown that Lebanese students score higher on measures of individual and social perfectionism than British students (Pulford, Johnson, & Aweida, 2005).

Kazarian et al. (2009) researched the prevalence of gelotophobia in Lebanon and its relationship to humor styles, depression, and life satisfaction using a sample of 198 university students. The GELOPH<15> was translated into Arabic with good reliability ( $\alpha = .85$ ) and was given to the participants along with a humor styles questionnaire, depression questionnaire, and life satisfaction questionnaire, all translated into Arabic as well. The results revealed that gelotophobia was found in varying degrees across the sample and that it was positively correlated with depression. However, these results cannot be generalized to the larger Lebanese population because the sample consisted of only students attending an American university (Kazarian et al., 2009).

The studies discussed above all provide evidence for the validity of gelotophobia as a distinct concept and give support to the theories proposed by Titze (2009). The studies also reveal that gelotophobia is significantly related to a wide range of variables and is found throughout the world including Lebanon, thus encouraging further research on this topic.

## Teasing

**Definition.** Despite the fact that the word “teasing” is commonly used in everyday life, it is a vague term that is difficult to define. Teasing and bullying are often used interchangeably without taking into consideration the fact that there is a difference between teasing, cruel teasing, and bullying (Mills & Carwile, 2009). Teasing is not necessarily aggressive and can actually be productive and prosocial when used among friends as a form of affection and intimacy and when used by group members to boost cohesion and group membership. Teasing is sometimes used by parents and families as a form of play and is used in other social relationships for fun, to bond, to bring up difficult issues, or cheer others up (Mills & Carwile, 2009). Bullying, on the other hand, is a form of aggressive behavior in which a person tries to inflict damage or cause distress in another person; there is usually an imbalance where the person who bullies is stronger than the victim and this act is often repeated over and over (Mills & Carwile, 2009). There are three main categories of bullying: physical bullying, relational or indirect bullying, and verbal bullying. Verbal bullying includes threats, disparaging comments, teasing, name calling, and sarcastic comments. These forms of cruel teasing have the same effects as physical and indirect bullying including decreased self-esteem, body image issues, and social anxiety (Mills & Carwile, 2009; Gleason, Alexander, & Somers, 2000).

It is this type of teasing or verbal bullying that involves name-calling, ridiculing, and making fun of that is the focus of this study. In addition, Mills & Carwile (2009) suggest that the topic of teasing can differentiate between playful and cruel teasing. Teasing about appearance, intelligence, family background, sexual orientation, race, and similar topics are unacceptable and cannot be considered as playful and prosocial teasing. Mills & Carwile (2009) also recommend observing the effect of the teasing to

help determine whether the teasing is prosocial or antisocial. For example, if someone is teased but it is observed that both parties are laughing and it is known that both parties are friends, then this teasing is probably prosocial. On the other hand, if someone is teased and is upset by this, if the teasing concerns an inappropriate topic, and if there is no friendly relationship between the parties, this teasing is considered antisocial and deliberately hurtful (Mills & Carwile, 2009). Following this argument, when studying teasing and its effects, it makes sense to look at not only how often the person is teased but also how this person interprets the teasing and how upset the person is by this teasing. A person may report being teased several times but may not be upset by it; conversely, a person may report being teased only once but may be very upset by it.

**Effects of childhood teasing on adulthood.** Several studies have looked at the relationship between teasing in childhood and the consequences of this teasing in later adulthood. One study examined the impact of childhood teasing in adulthood and focused on five different types of teasing pertaining to performance, academic characteristics, social behavior, family background, and appearance (Storch, Roth, Coles, Heimberg, Bravata, & Moser, 2004). Participants in this study were given a scale to measure the frequency of these types of teasing in childhood, along with measures of social anxiety, depression, anxiety, and loneliness. The results revealed significant positive correlations between the total teasing score and all four measures of psychopathology. Looking at it more specifically, performance teasing was significantly associated with social anxiety, social teasing was related to depression, anxiety, and loneliness, and appearance teasing was associated with depression, anxiety, and social anxiety features. (Storch et al., 2004). These results replicate the findings of a similar previous study by Roth et al. (2002). Both studies recommend that future research take into account how people react to teasing. They suggest that for those who are teased but

see it in good fun and are not upset by it, there may be no association with adult psychopathology. On the other hand, there may be a link between childhood teasing and adult psychopathology for those who interpret the teasing as hurtful and are upset by it (Roth et al., 2002; Storch et al., 2004).

McCabe et al. (2010) carried out a study to examine the relationship between recalled occurrences of childhood teasing and the expression of anxiety disorders in adulthood. Participants were recruited from an anxiety disorders clinic and had primary diagnoses of OCD, SAD, PD with agoraphobia and PD without agoraphobia. They were given a measure of recalled childhood teasing concerning different topics including performance, appearance, social, family, and academic excellence, along with measures concerning social phobia, depression, general anxiety, and level of daily functioning (McCabe et al., 2010). The results showed that adults with social anxiety disorder reported more childhood teasing than those with OCD or PD. This was further confirmed with the revelation that there was a significant correlation between teasing and the social phobia measure, and regression analyses showed that the teasing was predictive of social phobia symptoms (McCabe et al., 2010).

Gleason et al. (2000) attempted to look at the relationship between three different types of teasing and self-esteem and body image. Participants were given a questionnaire that measured childhood teasing concerning general appearance, competence, and weight along with measures of self-esteem and body image. The results revealed that there were significant correlations between both competency teasing and appearance teasing and later self-esteem among both genders (Gleason et al., 2000). The results also indicated that all three types of teasing were related to body image issues among females and that weight-related teasing was related to body image issues among males.

A study by Eisenberg, Neumark-Sztainer, Haines and Wall (2006) looked specifically at childhood weight-related teasing and the longitudinal outcomes of this teasing in later adolescence. Participants were given measures concerning weight-related teasing, self-esteem, body satisfaction, and depressive symptoms, and were followed-up and given the same measures 5 years later. The results demonstrated that weight-related teasing affected psychological functioning, leading to lower levels of self-esteem and body satisfaction and higher depressive symptoms after 5 years compared to those who were not teased (Eisenberg et al., 2006). A similar study also looked at weight-related teasing and its association with psychological adjustment in a sample of late adolescents (Goldfield, Moore, Henderson, Buchholz, Obeid & Flament, 2010). Participants were asked to complete a weight-based teasing scale along with measures of depression and anxiety. The results showed significant correlations between weight-related teasing and symptoms of depression and anxiety, and this effect was true for overweight and normal weight participants, implying that it is the teasing, not the actual body shape or weight, that is predictive of psychological maladjustment (Goldfield et al., 2010).

The findings of the previous studies support the notion that that childhood teasing may lead to harmful consequences that are manifested in later adolescence and adulthood. Teasing in childhood appears to be linked to worse psychological functioning in adulthood. Since teasing is part of the model of gelotophobia, and the consequences of gelotophobia include decreased self-esteem and worse psychological functioning, one can expect to find relationships between teasing and gelotophobia.

### **Gelotophobia and Teasing**

The first study to touch upon the relationship between gelotophobia and teasing was carried out by Platt (2008). The author wanted to determine whether gelotophobes

respond differently to ridicule versus good-natured teasing. The author hypothesized that non-gelotophobes will be able to discriminate between ridicule and teasing and would experience positive emotions concerning good-natured teasing, but that gelotophobes will not. Participants were asked to complete the GELOPH <15>, and a ridicule/teasing scenario questionnaire. The Ridicule Teasing Scenario questionnaire consists of 4 items related to ridicule, 4 items related to good-natured teasing, and 1 ambiguous item. An example of a scenario is "After lunch with a group of friends, one tells you that you have your jumper on inside out. All of the group laughs and makes joking comments to you" (Platt, 2008, p. 124). Following each item is a list of emotions, and participants were asked to rate how strongly they expected to feel the emotions following the scenario. The results revealed that in general, ridicule scenarios led to feelings of shame, fear, anger and other negative emotions, whereas good-natured teasing elicited happiness and surprise (Platt, 2008). Interestingly, as gelotophobia scores increased, levels of positive emotions decreased and levels of negative emotions increased in response to good-natured teasing. When it came to ridicule scenarios for gelotophobes, levels of shame and fear were intensified and happiness was decreased (Platt, 2008). The type and intensity of emotions experienced by gelotophobes during good-humored teasing is very similar to what they experience during ridicule. Non-gelotophobes however only experienced negative emotions when faced with ridicule and not good-natured teasing. In addition to this, gelotophobes experienced the emotions of shame and fear more often than non-gelotophobes, confirming the theory that these are the primary emotions associated with gelotophobia. This study also confirms that gelotophobes respond negatively to all types of teasing, even if it is not intended to be hurtful. It may be that gelotophobes misinterpret social cues and always interpret laughter negatively (Platt, 2008).

In a similar study, Platt et al. (2009) examined whether experiences of being bullied in the past lead to different emotional responses when faced with ridicule and good-natured teasing. 58 of the 102 participants reported being victims of bullying and so participants were split into two groups: bullied vs. non-bullied. Participants were asked to fill out the GELOPH <15> and the Ridicule Teasing Scenario questionnaire described above (Platt et al., 2009). The results revealed that those in the bullied group did not respond positively to good-natured teasing scenarios and experienced shame and fear as opposed to those in the non-bullied group, who experienced joy when confronted with good-natured teasing. When it came to ridicule scenarios, those in the bullied group tended to score higher on fear than those in the non-bullied group (Platt et al., 2009). The authors hypothesize that having been bullied might lead the victim to generalize and believe that all laughter is bad, thus making him unable to appreciate harmless teasing and respond to it with fear and shame, and respond with intense fear when faced with ridicule. The authors note that most of these effects were accounted for by gelotophobia and suggest that there is a relationship between being bullied and being gelotophobic (Platt et al., 2009).

Edwards, Martin, & Dozois (2010) wanted to look at whether there was a relationship between gelotophobia, social anxiety, and memories of being teased during childhood. The first objective was to determine if gelotophobia was associated with teasing in childhood, if different types of teasing had a different effect, and whether there was an effect of the intensity versus the frequency of teasing. The authors also wanted to compare gelotophobia to social anxiety and specific phobias. 207 undergraduate students were asked to complete the GELOPH<15>, the Teasing Questionnaire – Revised, measures of social anxiety, and measures of specific phobias (Edwards et al., 2010). The Teasing Questionnaire covers several types of teasing, and

participants are asked to rate how often they were teased (frequency) and how upset they were by the teasing (distress). The results indicated that gelotophobia was significantly associated with scores on the teasing scale, specifically with the social behavior and academic excellence domains of teasing. The results also revealed that gelotophobia was more strongly associated with the distress caused by teasing as opposed to the frequency of the teasing (Edwards et al., 2010). The authors also found that gelotophobia was correlated with scores on measures of social phobia but not correlated with scores on measures of specific phobias. This indicates that gelotophobia is linked to social anxiety but not to specific phobias. However, after controlling for measures of social anxiety, it was found that gelotophobia continued to be associated with measures of teasing in childhood, indicating that although social anxiety and gelotophobia may be similar, there are some unique traits that differentiate them (Edwards et al., 2010). This study also clarifies and establishes the relationship between teasing in childhood and the expression of gelotophobia in adulthood, and brings to light the fact that gelotophobia is more associated with distress caused by teasing than just frequency of teasing.

Taking all the above into consideration, it is clear that gelotophobia exists across cultures including Lebanon and that it may be linked to psychological distress. The literature also suggests that teasing in childhood does appear to play a role in gelotophobia and that distress caused by teasing may be more influential than the frequency of the teasing. Studies show that teasing based on weight and competence is associated with poor self-esteem and psychological distress, however these specific types of teasing have not been looked at in relation to gelotophobia. The current study focused on the relationship between weight-related teasing and competency-related teasing in childhood and gelotophobia in adulthood, and looked at both the frequency of

the teasing and the distress caused by the teasing. The study also looked at the relationship between gelotophobia and psychological distress, including depression, anxiety and stress. The association between teasing in childhood and psychological distress in adulthood was also examined. Since it is apparent that there are negative consequences associated with being teased in childhood, and that it may be more important to look at distress caused by teasing rather than just frequency, it was hypothesized that there would be a positive correlation between frequency of both types of teasing and gelotophobia, but that the distress caused by teasing would be more predictive of gelotophobia than the frequency (hypotheses 1 and 2). It was also hypothesized that gelotophobia would be positively correlated with depression, anxiety, and stress, and that depression will be the most significant to gelotophobia (hypotheses 3 and 4). Similarly, it was hypothesized that frequency of childhood teasing would be positively correlated with psychological distress in adulthood, but that the distress caused by teasing would be more predictive of current psychological distress (hypotheses 5 and 6).

## CHAPTER 3

### Method

#### Participants

The sample consisted of 150 participants. 55 participants were male and 95 participants were female. The ages of the participants ranged from 16-71, with an average age of 28 years. 81 participants were single, 35 were in a relationship, 7 were engaged, 23 were married, 3 were divorced, and 1 was widowed.

#### Materials

**GELOPH <15>**. The GELOPH <15> is a self-report questionnaire that measures gelotophobia (Ruch & Proyer, 2008b). The scale consists of 15 statements that are rated on a four-point Likert scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*). All statements are positively keyed. Sample statements include “When strangers laugh in my presence I often relate it to me personally” and “If someone has teased me in the past I cannot deal freely with him forever.” The scale is highly reliable ( $\alpha = .90$ ) and it is the standard tool used to assess gelotophobia (Ruch & Proyer, 2008b).

**The Perception of Teasing Scale**. The Perception of Teasing Scale (POTS) is a self-report questionnaire that measures the frequency and intensity of childhood teasing (Thompson et al., 1995). It consists of two subscales that measure two distinct types of teasing: weight-related teasing and competency-related teasing. The weight teasing subscale consists of six statements and the competency subscale consists of five statements. Examples include “People made jokes about you being too heavy” and “People laughed at you because you didn’t understand something” (Thompson et al., 1995). For each statement, participants were asked to rate how often the teasing happened and how upset they were by the teasing. All statements are positively keyed and are rated on a five-point Likert scale, ranging from 1 (*never*) to 5 (*very often*) and 1

(*not upset*) to 5 (*very upset*). Participants were asked to base their answers on the time they were growing up (ages 5-16). Cronbach's alpha was reported to be  $\alpha = .88$  for the weight subscale and  $\alpha = .84$  for the competency subscale (Thompson et al., 1995).

**Depression Anxiety Stress Scale-21.** The Depression Anxiety Stress Scale-21 (DASS-21) is a self-report scale that is used to measure depression, anxiety, and stress separately, or general psychological distress when combined together (Henry & Crawford, 2005). For the purposes of this paper, the three variables were examined separately. The scale consists of a total of 21 items, and can be divided into three subscales with seven items each for each variable. Examples of statements include "I felt I had nothing to look forward to" (depression), "I felt I was close to panic" (anxiety), and "I found it difficult to relax" (stress). All statements are positively keyed and are rated on a four-point Likert scale ranging from 0 (*did not apply to me at all*) to 3 (*applied to me very much, or most of the time*) (Henry & Crawford, 2005). Answers were based on the past week, and participants were asked to base their answers on a typical week if the past week was untypical. Cronbach's alpha was reported to be  $\alpha = .88$  for the depression subscale,  $\alpha = .82$  for the anxiety subscale, and  $\alpha = .90$  for the stress scale (Henry & Crawford, 2005).

### **Procedure**

Three scales were combined into one questionnaire packet and demographic variables including gender, age, and relationship status were included. The three scales were the GELOPH <15> (Appendix A), The Perception of Teasing Scale (Appendix B), and the Depression Anxiety Stress Scale (Appendix C), and they were arranged in that order followed by the demographic information. Convenience sampling was used to collect data. Questionnaires were handed out by the researcher in different areas of Beirut, mainly the Hamra area, which is heavily populated with students. The

researcher visited university campuses and nearby cafes and restaurants and approached individuals and asked if they would be willing to fill out a questionnaire. Data collection began in December 2011 and was completed by February 2012. Following this, data was entered into SPSS and statistical analyses were run, including correlational analyses and multiple regression.

## CHAPTER 4

## Results

Cronbach's alpha was computed to determine the reliabilities of each scale and subscale. The current reliability scores are more or less similar to the original scores (see Table 1).

Table 1

*Reliability of GELOPH<15>, Perception of Teasing Scale, and DASS-21*

	Previous Cronbach's alpha	Current Cronbach's alpha
Gelotophobia	.90	.88
Weight subscale	.88	.93
FWT	-	.85
DWT	-	.87
Competency subscale	.84	.89
FCT	-	.80
DCT	-	.87
Depression subscale	.88	.88
Anxiety subscale	.82	.82
Stress subscale	.90	.88

**Hypothesis 1a:** Gelotophobia will be positively correlated with the frequency of weight-related teasing (FWT).

A Pearson correlation coefficient was used to assess this relationship. There was a significant positive correlation between FWT and gelotophobia ( $r = .20, p < .05$ ). The hypothesis was confirmed.

**Hypothesis 1b:** Gelotophobia will be positively correlated with the frequency of competency-related teasing (FCT).

A Pearson correlation coefficient was used to assess this relationship. There was a significant positive correlation between FCT and gelotophobia ( $r = .42, p < .01$ ). The hypothesis was confirmed.

**Hypothesis 2a:** Distress caused by weight-related teasing (DWT) will be more predictive of gelotophobia than the frequency of weight-related teasing (FWT).

A Pearson correlation coefficient was first computed to assess this relationship. There was a significant positive correlation between DWT and gelotophobia ( $r = .26, p < .01$ ). Multiple regression analysis was used to determine whether DWT would predict gelotophobia more than FWT. Neither DWT nor FWT were significantly predictive of gelotophobia (see Table 2), therefore the hypothesis was rejected.

Table 2

*Regression Results for Gelotophobia*

	B	Beta	t	Sig
FWT	-.05	-.03	-.16	.87
DWT	.17	.12	.73	.47
FCT	.10	.05	.60	.55
DCT	.71	.45	5.01	.00
Depression	.21	.26	3.00	.00
Anxiety	.10	.11	1.21	.23
Stress	-.04	-.05	-.47	.64
Gender	-1.89	-.11	-1.75	.08
Age	.05	.07	.84	.40
Relationship Status	.23	.03	.41	.64

Dependent variable: Gelotophobia

$R^2 = .48$

**Hypothesis 2b:** Distress caused by competency-related teasing (DCT) will be more predictive of gelotophobia than the frequency of competency-related teasing (FCT).

A Pearson correlation coefficient was first computed to assess this relationship. There was a significant positive correlation between DCT and gelotophobia ( $r = .61, p < .01$ ). Multiple regression analysis was used to determine whether DCT would predict gelotophobia more than FCT. The results revealed that DCT was a more significant predictor of gelotophobia (see Table 2). The hypothesis was confirmed.

Hypothesis 3a: Gelotophobia will be positively correlated with depression.

A Pearson correlation coefficient was computed to assess this relationship. A significant positive correlation was found between gelotophobia and depression ( $r = .49, p < .01$ ). The hypothesis was confirmed.

Hypothesis 3b: Gelotophobia will be positively correlated with anxiety.

A Pearson correlation coefficient was computed to determine the relationship between these variables. There was a significant positive correlation between gelotophobia and anxiety ( $r = .43, p < .01$ ), and so the hypothesis was confirmed.

Hypothesis 3c: Gelotophobia will be positively correlated with stress.

A Pearson correlation coefficient was computed to measure this relationship. There was a significant positive correlation between gelotophobia and stress ( $r = .47, p < .01$ ), therefore the hypothesis was confirmed.

Hypothesis 4: Among depression, anxiety, and stress, depression will be the most significant contributor to gelotophobia.

Multiple regression analysis was used to determine whether depression was a more significant predictor of gelotophobia than anxiety and stress. The results revealed that depression is the strongest predictor of gelotophobia (*see Table 2*). The hypothesis was confirmed.

Hypothesis 5a: Frequency of weight-related teasing (FWT) will be positively correlated with depression.

A Pearson correlation coefficient was computed to measure this relationship. There was a significant positive correlation between FWT and depression ( $r = .19, p < .05$ ). The hypothesis was confirmed.

Hypothesis 5b: Frequency of competency-related teasing (FCT) will be positively correlated with depression.

A Pearson correlation coefficient was used to assess the relationship between the variables. A significant positive correlation was found between FCT and depression ( $r = .26, p < .01$ ), therefore the hypothesis was confirmed.

Hypothesis 5c: Frequency of weight-related teasing (FWT) will be positively correlated with anxiety.

A Pearson correlation coefficient was computed to assess this relationship. There was no significant correlation between FWT and anxiety ( $r = .15, p = \text{n.s.}$ ). The hypothesis was rejected.

Hypothesis 5d: Frequency of competency-related teasing (FCT) will be positively correlated with anxiety.

A Pearson correlation coefficient was computed to measure this relationship. A significant positive correlation was found between FCT and anxiety ( $r = .24, p < .01$ ), therefore the hypothesis was confirmed.

Hypothesis 5e: Frequency of weight-related teasing (FWT) will be positively correlated with stress.

A Pearson correlation coefficient was used to measure this relationship. A significant positive correlation between FWT and stress was found ( $r = .49, p < .01$ ). The hypothesis was confirmed.

Hypothesis 5f: Frequency of competency-related teasing (FCT) will be positively correlated with stress.

A Pearson correlation coefficient was computed to determine the relationship between the two variables. There was a significant positive correlation between FCT and stress ( $r = .39, p < .01$ ). The hypothesis was confirmed.

Hypothesis 6a: Distress caused by weight-related teasing (DWT) will be more predictive of depression than frequency of weight-related teasing (FWT).

A Pearson correlation coefficient was first used to measure the relationship between the variables. There was a significant positive correlation between DWT and depression ( $r = .23, p < .01$ ). Multiple regression analysis was used to determine whether DWT would predict depression more than FWT. The results revealed that neither DWT nor FWT were significant predictors of gelotophobia (see Table 3). The hypothesis was rejected.

**Hypothesis 6b:** Distress caused by competency-related teasing (DCT) will be more predictive of depression than frequency of competency-related teasing (FCT).

A Pearson correlation coefficient was first used to determine the relationship between the variables. There was a significant positive correlation between DCT and depression ( $r = .41, p < .01$ ). Multiple regression analysis was used to determine whether DCT would predict depression better than FCT. The results revealed that DCT was a more significant predictor of depression than FCT (see Table 3). The hypothesis was confirmed.

Table 3

*Regression Results for Teasing and Depression*

	B	Beta	t	Sig
FWT	.04	.02	.11	.91
DWT	.23	.13	.68	.49
FCT	-.02	-.01	-.07	.94
DCT	.73	.38	3.81	.00

Dependent variable: Depression  
 $R^2 = .19$

**Hypothesis 6c:** Distress caused by weight-related teasing (DWT) will be more predictive of anxiety than frequency of weight-related teasing (FWT).

A Pearson correlation coefficient was first used to assess the relationship between the variables. There was a significant positive correlation between DWT and anxiety ( $r = .23, p < .01$ ). Multiple regression analysis was used to determine whether DWT would predict anxiety more than FWT. The results revealed that DWT was a more significant predictor of anxiety than FWT (see Table 4). The hypothesis was confirmed.

**Hypothesis 6d:** Distress caused by competency-related teasing (DCT) will be more predictive of anxiety than frequency of competency-related teasing (FCT).

A Pearson correlation coefficient was first computed to measure the relationship between the variables. There was a significant positive correlation between DCT and anxiety ( $r = .35, p < .01$ ). Multiple regression analysis was used to determine whether DCT would predict anxiety more than FCT. The results revealed that DCT was a more significant predictor of anxiety than FCT (see Table 4). The hypothesis was confirmed.

Table 4

*Regression Results for Teasing and Anxiety*

	B	Beta	t	Sig
FWT	-.53	-.27	-1.39	.26
DWT	.64	.41	2.10	.03
FCT	.05	.02	.22	.82
DCT	.50	.30	2.85	.00

Dependent variable: Anxiety  
 $R^2 = .16$

**Hypothesis 6e:** Distress caused by weight-related teasing (DWT) will be more predictive of stress than frequency of weight-related teasing (FWT).

A Pearson correlation coefficient was first computed to assess the relationship between the variables. There was a significant positive correlation between DWT and stress ( $r = .34, p < .01$ ). Multiple regression analysis was used to determine whether

DWT would predict stress more than FWT. The results revealed that DWT was a more significant predictor of stress than FWT (see Table 5). The hypothesis was confirmed.

Hypothesis 6f: Distress caused by competency-related teasing (DCT) will be more predictive of stress than frequency of competency-related teasing (FCT).

A Pearson correlation coefficient was first computed to assess the relationship between the variables. There was a significant positive correlation between DCT and stress ( $r = .54, p < .01$ ). Multiple regression analysis was used to determine whether DCT would predict stress more than FCT. The results revealed that DCT was a more significant predictor of stress than FCT (see Table 5). The hypothesis was confirmed.

Table 5

*Regression Results for Teasing and Stress*

	B	Beta	t	Sig
FWT	-.55	-.24	-1.38	.41
DWT	.84	.45	2.62	.01
FCT	.15	.06	.66	.50
DCT	.90	.44	4.94	.00

Dependent variable: Stress  
 $R^2 = .35$

Although no predictions were made concerning age, gender, and relationship status, analyses were performed to determine if there was an effect of these variables on gelotophobia. The relationship statuses were re-coded, combining "single", "divorced", and "widowed" into one variable ("alone") and "in a relationship", "engaged", "married" into another variable ("not alone"). A t-test was then used to determine whether there was an effect of being "alone" on gelotophobia. There was no

significant difference between the “alone” group ( $M = 26.64, SD = 7.65$ ) and the “not alone” group ( $M = 26.81, SD = 9.15$ ) concerning gelotophobia,  $t(148) = -.12, p = n.s.$

A t-test was used to assess whether there were any gender differences concerning the gelotophobia variable. Males ( $M = 27.92, SD = 8.55$ ) and females ( $M = 26.02, SD = 8.13$ ) did not differ significantly on the degree of gelotophobia,  $t(148) = 1.36, p = n.s.$  A Pearson correlation coefficient was used to measure the relationship between gelotophobia and age. The results indicate that there is no significant correlation between the two variables,  $r = -.02, p = n.s.$  These findings are in line with previous research (Ruch & Proyer, 2008b).

Overall, the results generally supported the hypotheses. It was expected that there would be a positive correlation between how often a person was teased about their weight and competency as a child and current gelotophobia scores. This was proven to be true for both frequency of weight-related teasing and frequency of competency-related teasing. It was also expected that there would be a positive correlation between the distress caused by teasing and gelotophobia scores. This was also proven to be true for both weight-related teasing and competency-related teasing. Although neither causality nor directionality can be determined, these results highlight

## CHAPTER 5

### Discussion

The present study was aimed at examining the relationships between gelotophobia, teasing and psychological distress. The results of the study demonstrate that gelotophobia is of relevance in Lebanon. The average gelotophobia score was 26.72 with a standard deviation of 8.31. Participants' responses on the GELOPH <15> ranged from 15 to 57; the actual minimum of the scale is 15 and the actual maximum is 60. These descriptives show that gelotophobia exists to varying degrees across the sample, which is in line with previous research that states that gelotophobia is an individual differences phenomenon ranging from low fear to high fear (Ruch & Proyer, 2008b). In addition, gelotophobia was not significantly related to age, nor were there any significant differences between men and women. The lack of age and gender effects has been demonstrated in earlier studies (Ruch & Proyer, 2008b; Platt et al., 2009) Finally, there was no effect of relationship status on gelotophobia in the current sample, which was also found by Samson et al. (2010). The evidence concerning relationship status and gelotophobia is still inconclusive.

Overall, the results generally supported the hypotheses. It was expected that there would be a positive correlation between how often a person was teased about their weight and competency as a child and current gelotophobia scores. This was proven to be true for both frequency of weight-related teasing and frequency of competency-related teasing. It was also expected that there would be a positive correlation between the distress caused by teasing and gelotophobia scores. This was also proven to be true for both weight-related teasing and competency-related teasing. Although neither causality nor directionality can be determined, these results highlight

the fact that there is a relationship between being teased often and higher gelotophobia scores.

One of the major hypotheses of this study is that the distress a person experiences when faced with teasing contributes more to gelotophobia than how often a person was teased. It was hypothesized that the distress caused by weight and competency related teasing would be more predictive of gelotophobia than just the frequency of teasing. In order to determine this, all the independent variables were entered into a multiple regression model. Of the four teasing variables, distress caused by competency-related teasing was the only significant predictor of gelotophobia. In the current sample, being upset about competency-related teasing (DCT) was more predictive of gelotophobia than the frequency of weight-related teasing (FWT), frequency of competency-related teasing (FCT), and distress caused by weight-related teasing (DWT). The hypothesis was mostly supported and it was proven that at least for competency-related teasing, distress was more significant in relation to gelotophobia than frequency.

The results discussed above provide support to the theories surrounding gelotophobia and are in line with previous research. Ruch (2009) proposed that gelotophobic symptoms might result from traumatic experiences of being laughed at as a child or adolescent. These experiences may make people more sensitive to and fearful of laughter because of its association with shame and ridicule. Previous studies have found similar results, and have indicated that people with high gelotophobia may be distinguished from those with low gelotophobia by looking at how distressed they were by teasing, rather than how often it happened (Edwards et al., 2010).

A person may be teased often for not understanding a joke, but may not necessarily be distressed by this, such as if it happens among a group of friends with the

intention of creating group cohesion. However, for those who reported being upset by this type of teasing as a child or adolescent, gelotophobic symptoms appear to be stronger in adulthood than for those who were not upset by it. A possible explanation for this is that people who interpret all teasing negatively based on past experiences will become more afraid of being laughed at later in life. These findings are significant to Lebanese society, especially since shame-based parenting styles are common and ridicule is often used in schools (Kazarian et al., 2009). A child who is often called "*ahbal*" (stupid) by his parents because he didn't understand something or was afraid to do something will likely try to avoid shame and ridicule at all costs. If this child is confronted with this type of teasing again in school for example, he will likely be more upset by it than a child who was not ridiculed at home. It could become more difficult for the child to differentiate between hurtful and harmful teasing thus becoming sensitive to all types of teasing, which may make it difficult for the child to be accepted by his peers. Taken together, these factors may eventually result in social withdrawal, poor social competency, and a higher fear of laughter. A child who was never mocked repeatedly at home or at school will likely be less sensitive to teasing and be able to differentiate between friendly and cruel teasing, and may not be as distressed when teased about not getting a joke or not understanding something. This theory along with the results can partially explain the variation in gelotophobic symptoms across the sample.

Although it was expected that being distressed about weight-related teasing would also be predictive of gelotophobia because it is associated with lower self-esteem and depressive symptoms, the results did not support this hypothesis. One reason for this may be that gelotophobia is related to shame, which may not necessarily be experienced when it comes to teasing about physical appearance. Someone who is often

teased about their weight or called names will undoubtedly be upset, but will not necessarily experience shame. On the other hand, being laughed at for not understanding something and being called dumb will more likely trigger a shame response, especially in a society where making a fool of yourself is looked down upon, which is the case in Lebanon. Edwards et al. (2010) found similar results, with gelotophobia being more strongly associated with teasing about social behavior and academic excellence than physical appearance and family background. The social behavior and academic excellence domains and the physical appearance domain used in the Edwards et al. (2010) study are closely related to the competency domain and the weight domain of the current study and thus the results can be compared. Edwards et al. (2010) noted that this discrimination between types of teasing is indicative of the fact that gelotophobia does not develop out of being laughed at for a variety of reasons, but most likely only those that result in shame-based anxiety.

Since gelotophobia is a sub-clinical phenomenon, the current study attempted to relate gelotophobia to sub-clinical depressive and anxious symptomatology. It was expected that there would be positive correlations between gelotophobia and depression, anxiety, and stress as measured by the DASS-21. This hypothesis was supported and the results revealed significant positive correlations between gelotophobia and depression, anxiety, and stress. These results highlight the fact that there is a relationship between current gelotophobia scores and psychological distress.

Since previous studies have found a link between depression and gelotophobia (Kazarian et al., 2009; Forabosco et al., 2009) and because gelotophobia is believed to be associated with low-self esteem and social withdrawal, it was expected that depression would be a better predictor of gelotophobia than anxiety and stress. The results of the multiple regression analysis provided support for this hypothesis. Of the

three psychological distress variables, only depression was a significant predictor of gelotophobia. However, since this relationship is correlational, it is unclear whether depression is a cause or consequence of gelotophobia. Keeping in line with the model of gelotophobia that Titze (2009) proposed, it is possible that repeated exposure to ridicule as a child may eventually lead to a high fear of laughter, which in turn may lead to social withdrawal in order to avoid ridicule, a sense of low self-esteem, and a lack of joy, which are factors associated with depression. The results seem to provide support for this theory, but without experimental manipulation, a clear conclusion cannot be drawn. Regardless of this, depression is significantly associated with gelotophobia, and taken together with distress caused by competency-related teasing, they account for 48% of the variance of gelotophobia. There are surely other factors that may play a role in gelotophobia, but the results of this study, along with previous research, bring to light the fact that there does indeed appear to be an effect of childhood teasing on gelotophobia, and that the manifestation of gelotophobia is related to psychological distress.

Previous research on the effects of childhood teasing on adulthood has revealed that there are associations between being subjected to teasing often and a multitude of psychological distress traits. These include low self-esteem, depression, anxiety, loneliness, and body image issues (Gleason et al., 2000; Roth et al., 2002; Storch et al., 2004). Following this, it was expected that distress caused by weight-related and competency-related teasing would be correlated with depression, anxiety, and stress as measured by the DASS-21. The results supported the hypothesis, with the exception of frequency of weight-related teasing and anxiety, where no significant correlation was found. This may be because, within the context of the DASS 21, anxiety is operationally defined as the physiological symptoms associated with stress and anxiety, such as

increased heart rate and dry mouth, rather than the psychological symptoms such as worrying and agitation.

Since the literature suggests that research should focus on not only how often teasing occurred but also how the individual reacted to the teasing, it was hypothesized that distress caused by teasing would be more predictive of depression, anxiety, and stress than the frequency of teasing. Multiple regression analysis revealed that for depression, distress caused by competency-related teasing (DCT) was the only significant predictor. For anxiety, distress caused by weight-related (DWT) and competency-related teasing (DCT) were the only significant predictors. For the stress variable, distress caused by weight-related (DWT) and competency-related teasing (DCT) were the only significant predictors. It is unclear why distress caused by weight-related teasing was not predictive of depression, especially since previous research has noted that weight-based teasing is associated with depressive symptoms (Eisenberg et al., 2006; Goldfield et al., 2010). It may be that, although there is a significant correlation between the two variables, weight-related teasing is not directly related to depression, and third variables such as low self-esteem might be mediators in this relationship.

Although there were correlations between the frequency of teasing and psychological distress, the results show that looking at how a person reacted to being teased is more informative and predictive of psychological distress. These results can help to explain why, even though almost everyone is exposed to some form of teasing, some may develop symptoms of psychological distress while others do not. The results also confirm that there does in fact appear to be a relationship between being teased in childhood and the manifestation of psychological distress in adulthood. Causal conclusions cannot be drawn, but regardless of that, it seems that people who were

teased as children and especially those who were upset by it are more likely to have depressive and anxious symptoms as adults than those were not upset by such teasing.

Taken together, the results reveal that there are generally strong relationships between gelotophobia, being teased as a child, and overall psychological distress. The results also reveal that when it comes to the expression of gelotophobia and psychological distress, it is more significant to assess the personal distress felt by teasing rather than just how often it happened. It is important to highlight that competency-related teasing was more consistently related to gelotophobia and psychological distress than weight-related teasing. This finding is significant because it reveals that the effects of teasing may differ depending on the type of teasing, and according to this study, teasing targeted towards an individual's competencies and abilities appears to be more harmful than teasing targeted towards another individual's weight. For gelotophobia, this is in line with previous research that suggests that gelotophobia does not develop out of being laughed at for a number of reasons, but is rather more specific to being laughed at for reasons that may elicit feelings of shame (Edwards et al., 2010). For psychological distress, the literature reveals that weight teasing is associated with harmful consequences, but this was not fully supported in the current study. A person's competence and abilities are things that an individual cannot change and control, and so teasing based on this may be perceived as more hurtful than teasing based on weight, which is something that can change.

The results are of clinical importance, especially in Lebanon. As mentioned previously, Lebanon is a collectivistic society where shame is something to be avoided, and children are brought up with the idea that making a fool of yourself is unacceptable, which may also explain why competency-related teasing was more strongly associated with negative outcomes than weight-related teasing. Protecting the family's name,

reputation and honor are also entrenched in the upbringing of children. This may encourage children to become perfectionists in order to avoid letting their parents down, and when children do eventually make mistakes as all children do, shaming, mocking, and ridiculing tends to be the primary mode of punishment (Pulford et al., 2005; Kazarian et al., 2009). This type of upbringing will likely make children more sensitive to teasing and thus may make them more upset by teasing, possibly leading to a fear of being laughed at along with other symptoms of psychological distress.

The results of this study imply that these common parenting practices should be discouraged, and that parents should rather be encouraged to place less pressure on their children, teach their children that making mistakes is a part of life that we must accept, and place less importance on avoiding shame, or "*aib*", in order to prevent the possible negative ramifications. The results also point to the fact that not all teasing is necessarily distressing and hurtful, and that people differ in their response to teasing, and it is this response that plays a role in whether psychological symptoms arise or not. Clinically, this is relevant because it emphasizes the importance of the child's perception and reaction to the teasing, which should be the main focus in therapy, rather than the teasing in and of itself. Furthermore, when dealing with a depressed patient who has a history of childhood teasing, a therapist should be more inclined to assess for symptoms of gelotophobia, considering the strong relationship between these three variables.

As with all research, there are several limitations to the current study that must be noted. The first limitation is that the sample only consisted of 150 participants, which is a relatively small sample size. Another limitation is that random sampling was not used. The questionnaires were administered based on a convenience sampling method, and all were handed out within Beirut, meaning that the results cannot be

generalized to the general population of Lebanon. A third limitation is that the questionnaires were not translated to Arabic, thereby including only English-speaking members of the Lebanese population and excluding the majority of the population who speaks Arabic. Due to this, the results are not representative of Lebanon as a whole. The correlational design of the study is also a limitation in that it does not allow any causal relationships to be drawn, and only show that the variables vary together. As with all data collected using self-report measures, there is the risk of social desirability bias and response bias. Finally, many participants reported that they were never teased about their weight, and thus responded negatively to all items. Had there been a larger proportion of people who were teased about their weight, the results might have turned out differently.

Although this study has brought to light some significant findings, there is much more room to explore, especially in Lebanon. Future research could focus on other possible theoretical causes of gelotophobia, such as parenting styles. It would be of interest to look at different parenting styles and how these relate to gelotophobia in order to find evidence to back up the theories surrounding gelotophobia. Different types of teasing other than weight and competency based could also be studied in relation to gelotophobia. It would also be helpful to use the Arabic version of the GELOPH <15> in order to cater to a more representative sample of the population and measure the prevalence of gelotophobia in the country. Including more areas of Lebanon rather than just Beirut would also yield a more representative sample and allow for generalization to the larger population. Since it appears that distress caused by teasing is more significant that the frequency of teasing, future research should take this into account when studying teasing and its effects.

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Appendix A

GELOPH <15>

**Instructions**

The following statements refer to your feelings, actions, and perceptions **in general**. Please try as much as possible to describe your **habitual** behavior patterns and attitudes by marking an X through one of the four alternatives. Please use the following scale:

- (1) strongly disagree
- (2) moderately disagree
- (3) moderately agree
- (4) strongly agree

**For example**

I am a cheerful person.....(1) (2) (3) (4)

If you strongly agree with this statement, that is, if you are **in general** a cheerful person, **mark an X through (4)**. If you strongly disagree, that is, if you are **habitually not** cheerful **at all**, **mark an X through (1)**. If you have difficulty answering a question, pick the response that **most** applies.

Please answer *every* question, do not omit any.

- 1 When others laugh in my presence I get suspicious. (1) (2) (3)
- 2 I avoid showing myself in public because I fear that people could become aware of my insecurity and could make fun of me. (1) (2) (3)
- 3 When strangers laugh in my presence I often relate it to me personally. (1) (2) (3)
- 4 It is difficult for me to hold eye contact because I fear being assessed in a disparaging way. (1) (2) (3)
- 5 When others make joking remarks about me I feel paralyzed. (1) (2) (3)
- 6 I control myself strongly in order not to attract negative attention so I do not make a ridiculous impression. (1) (2) (3)
- 7 I believe that I make involuntarily a funny impression on others. (1) (2) (3)
- 8 Although I frequently feel lonely, I have the tendency not to share social activities in order to protect myself from derision. (1) (2) (3)
- 9 When I have made an embarrassing impression somewhere, I avoid the place thereafter. (1) (2) (3)
- 10 If I did not fear making a fool of myself I would speak much more in public. (1) (2) (3)
- 11 If someone has teased me in the past I cannot deal freely with him forever. (1) (2) (3)
- 12 It takes me very long to recover from having been laughed at. (1) (2) (3)
- 13 While dancing I feel uneasy because I am convinced that those watching me assess me as being ridiculous. (1) (2) (3)
- 14 Especially when I feel relatively unconcerned, the risk is high for me to attract negative attention and appear peculiar to others. (1) (2) (3)
- 15 When I have made a fool of myself in front of others I grow completely still and lose my ability to behave adequately (1) (2) (3)

Appendix B

*The Perception of Teasing Scale*

**The following questions should be answered with respect to the period of time when you were growing up (ages 5-16).** First, rate how often you think you have been the object of such behaviors (using the scale provided, **never** to **very often**). Second, unless you responded never to a particular question, rate how upset you were by the teasing (**not upset** to **very upset**).

1.	People made fun of you because you were heavy.	Never		Sometimes		Very Often
		1	2	3	4	5
1a.	How upset were you?	Not Upset		Somewhat Upset		Very Upset
		1	2	3	4	5
2.	People made jokes about you being too heavy.	Never		Sometimes		Very Often
		1	2	3	4	5
2a.	How upset were you?	Not Upset		Somewhat Upset		Very Upset
		1	2	3	4	5
3.	People laughed at you for trying out for sports because you were heavy.	Never		Sometimes		Very Often
		1	2	3	4	5
3a.	How upset were you?	Not Upset		Somewhat Upset		Very Upset
		1	2	3	4	5
4.	People called you names like "fatso."	Never		Sometimes		Very Often
		1	2	3	4	5
4a.	How upset were you?	Not Upset		Somewhat Upset		Very Upset
		1	2	3	4	5
5.	People pointed at you because you were overweight.	Never		Sometimes		Very Often
		1	2	3	4	5
5a.	How upset were you?	Not Upset		Somewhat Upset		Very Upset
		1	2	3	4	5

Appendix C

6.	People snickered about your heaviness when you walked into a room alone.	Never		Sometimes		Very Oft
		1	2	3	4	5
6a.	How upset were you?	Not Upset		Somewhat Upset		Very Up
		1	2	3	4	5
7.	People made fun of you by repeating something that you said because they thought it was dumb.	Never		Sometimes		Very Off
		1	2	3	4	5
7a.	How upset were you?	Not Upset		Somewhat Upset		Very Up
		1	2	3	4	5
8.	People made fun of you because you were afraid to do something.	Never		Sometimes		Very Off
		1	2	3	4	5
8a.	How upset were you?	Not Upset		Somewhat Upset		Very Up
		1	2	3	4	5
9.	People said you acted dumb.	Never		Sometimes		Very Off
		1	2	3	4	5
9a.	How upset were you?	Not Upset		Somewhat Upset		Very Up
		1	2	3	4	5
10.	People laughed at you because you didn't understand something.	Never		Sometimes		Very Off
		1	2	3	4	5
10a.	How upset were you?	Not Upset		Somewhat Upset		Very Up
		1	2	3	4	5
11.	People teased you because you didn't get a joke.	Never		Sometimes		Very Off
		1	2	3	4	5
11.a	How upset were you?	Not Upset		Somewhat Upset		Very Up
		1	2	3	4	5

Appendix C

*Depression Anxiety Stress Scale-21*

Please read each statement and circle a number 0, 1, 2, or 3, which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

*The rating scale is as follows:*

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

1	I found it hard to wind down	0	1	2
2	I was aware of dryness of my mouth	0	1	2
3	I couldn't seem to experience any positive feeling at all	0	1	2
4	I experienced breathing difficulty (eg: excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2
5	I found it difficult to work up the initiative to do things	0	1	2
6	I tended to over-react to situations	0	1	2
7	I experienced trembling (eg: in the hands)	0	1	2
8	I felt that I was using a lot of nervous energy	0	1	2
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2
10	I felt that I had nothing to look forward to	0	1	2
11	I found myself getting agitated	0	1	2
12	I found it difficult to relax	0	1	2
13	I felt down-hearted and blue	0	1	2
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2
15	I felt I was close to panic	0	1	2
16	I was unable to become enthusiastic about anything	0	1	2
17	I felt I wasn't worth much as a person	0	1	2
18	I felt that I was rather touchy	0	1	2
19	I was aware of the action of my heart in the absence of physical exertion (eg: sense of heart rate increase, heart missing a beat)	0	1	2
20	I felt scared without any good reason	0	1	2
21	I felt that life was meaningless	0	1	2

Appendix D

*Correlations Matrix*

	1	2	3	4	5	6	7	8	9	10	11
1 Gelotophobia											
2 FWT	.20*										
3 DWT	.26**	.92**									
4 FCT	.42**	.13	.17*								
5 DCT	.61**	.14	.21**	.65**							
6 Depression	.49**	.19*	.23**	.26**	.41**						
7 Anxiety	.39**	.15	.23**	.24**	.35**	.57**					
8 Stress	.47**	.25**	.34**	.39**	.54**	.66**	.70**				
9 Age	-.02	.05	.06	-.21*	-.11	-.11	-.17*	-.16*			
10 Gender	-.11	.07	.11	-.04	-.04	-.03	.02	-.03	.11		
11 Relationship Status	.01	.05	.06	-.03	.01	-.17*	-.14	-.07	.60**	.11	

\* p < .05, \*\* p < .01