

Humour styles and mindfulness facets

A pilot study in patients with fibromyalgia

Adrián Pérez-Aranda^{1,2,3}, Natalia Angarita-Osorio^{1,2}, Albert Feliu-Soler^{1,2,3,4}, Eva Dallarés-Villar¹,
Laura Andrés-Rodríguez^{1,2,3,4}, Xavier Borràs^{1,4}, & Juan V. Luciano^{1,2,3}

¹ Group of Psychological Research in Fibromyalgia & Chronic Pain (AGORA), Institut de Recerca Sant Joan de Déu, Esplugues de Llobregat, Spain. ² Teaching, Research & Innovation Unit, Parc Sanitari Sant Joan de Déu, St. Boi de Llobregat, Spain. ³ Primary Care Prevention and Health Promotion Research Network, RedIAPP, Madrid, Spain. ⁴ Faculty of Psychology, Universitat Autònoma de Barcelona, Barcelona, Spain.

What is fibromyalgia?

Fibromyalgia (FM) is a chronic syndrome of unknown aetiology characterized by widespread pain, fatigue, sleep problems, distress and cognitive impairment. It is mostly diagnosed in women aged between 30 and 50, and affects a 2-3% of the general population [1].

Aims of this study:

- To evaluate the association between humour styles, mindfulness and FM-related symptomatology
- To evaluate potential predictive effect of humor styles on treatment response (MBI).

Humour, pain... and mindfulness?

Humour offers an adaptive reappraisal of a stressful situation. Therefore, it is considered a very adaptive emotion regulation strategy, which is a key factor in chronic pain conditions.

It is associated with self-efficacy and neuroticism, and it has proved to **increase pain tolerance and quality of life** in patients with pain-related conditions [2].

Also, humour has been associated with mindfulness [3,4]. **Mindfulness-based interventions (MBIs)** have proved to be effective for FM [5].

METHOD

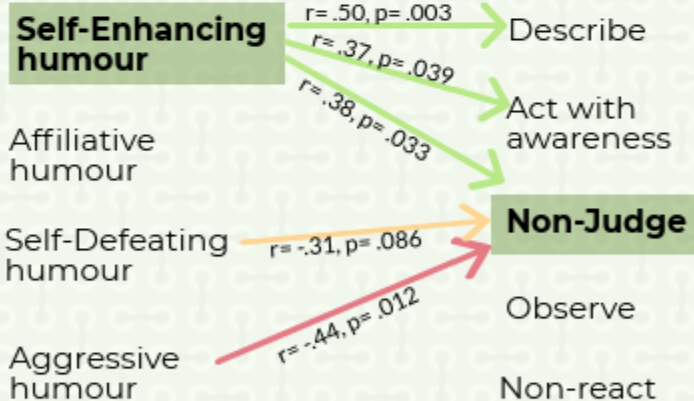
Sample: 35 patients with FM (EUDAIMON study) [6]

Measures: Humour Styles Questionnaire (HSQ), Fibromyalgia Impact Questionnaire-Revised (FIQR), Five Facet Mindfulness Questionnaire (FFMQ-15), and the Patient Global Impression of Change (PGIC).

Intervention: They received a 8-sessions MBI which included psychoeducation. The intervention was conducted in group format (8-12 patients per group) during January & July of 2018.

Statistical analyses: Bivariate correlations and regressions controlling by mindfulness facets.

RESULTS



The intervention achieved a **significant reduction** (14.33%) of FIQR scores ($p < .001$), although the effect size was small (Hedge's $g = 0.36$).

Some humour styles **correlated significantly with baseline FIQR** total score and subscales:

- Affiliative and self-enhancing correlated negatively ($r = -.38$ to $-.55$).
- Aggressive humour correlated positively ($r = .38$ to $.47$).

The **perceived change** after the intervention (PGIC) was predicted by two humour styles:

- Affiliative humour \longrightarrow + improvement in "physical capacity" ($p = .046$)
- Self-defeating humour \longrightarrow - improvement in "pain" ($p = .016$).

CONCLUSIONS

Self-enhancing humour, consisting of a **benign form of humor to enhance the self**, is the most "mindful" style. It has been associated with openness to experience, psychological flexibility and self-efficacy.

Patients with high levels of "positive" humour styles may present a **better disposition to learn and implement** the resources that mindfulness offers.

Small sample size
Absence of control group
Few measures included



¿How could we increase the use of "positive" humour styles in patients with FM?



References

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