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September 1, 2021

# Humor Functions in Aphasia Group Therapy within a Modified Intensive Comprehensive Program Model

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## Introduction

Group aphasia therapy is a form of service delivery that can promote communication confidence and solidarity (Simmons-Mackie, 2001) and is a critical component of Intensive Comprehensive Aphasia Programs (ICAP; Rose, et al., 2021). Elman (2007) proposed humor as a critical facet of group therapy that leads to positive outcomes between participating group members. The current study identified instances of humor within student-led group therapy sessions and identified potential functions. Study results were derived from data collected during group aphasia therapy sessions within a modified version of an ICAP where the minimum therapeutic dose of 30-hours was delivered in a 1-week accelerated timeline.

## Methods

This study was a retrospective, between groups cohort design. Participants with aphasia (PWA) were divided into two groups of 4-5 participants (Group A; B) paired with student clinicians. Topics for discussion included introductions, descriptions of favorite vacations, and student-led games. Eight group sessions (4 sessions/group; 50-75 minutes) were timestamped for instances of humor using a definition based on prior work (Sherratt & Simmons-Mackie, 2016). A constant comparative inductive method (CCM; Strauss and Corbin, 1990) was applied by two student researchers to code instances of humor and generate functions for each instance. Following CCM procedures, the six functions of humor from Sherratt and Simmons-Mackie were used to re-code the instances of humor to link these data to current literature.

## Results

A total of 220 instances of humor (Group A = 78; Group B = 142) occurred during group sessions. Half of the instances of humor in Group A were initiated by student clinicians and 56% for Group B. The CCM yielded six functions of humor: improve likeability, bolster togetherness, build rapport, preserve dignity, deflect tension, and unintended humorous instances (Figure 1). While there was a significant difference between the total number of humorous instances generated by Group A ( $M = 19.5$ ,  $SD = 8.1$ ) and Group B ( $M = 35.5$ ,  $SD = 6.9$ );  $t(6) = -3.02$ ,  $p = .02$ , the proportions of humor functions were similar between groups. There was a strong level of correspondence and pattern of results between the CCM and the Sherratt and Simmons-Mackie (2016) method which included the following functions: demonstration of solidarity, managing identity, saving face, a method of avoiding inappropriate topics, attempts to increase likeability, and mitigating disagreements. Increasing likeability was the dominate function for all humorous instances across groups.

## **Conclusions**

Improving likeability, building rapport, and bolstering togetherness were the most common humor functions used by PWA and clinicians. PWA also used humor to preserve dignity during moments of communication difficulty. The functions of humor in this study were parallel to prior literature. Future studies can examine the role of humor in enhancing life participation, satisfaction in social situations, and factors that contribute to group dynamics which may influence humor instance frequency. Living with aphasia can impact functional communication skills and quality of life and using humor may provide a strategy for PWA to engage with others leading to increasing feelings of inclusion and a greater sense of communication independence.

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## **Acknowledgments**

We acknowledge our participants and Idaho State University for providing the student training infrastructure which supported this project.

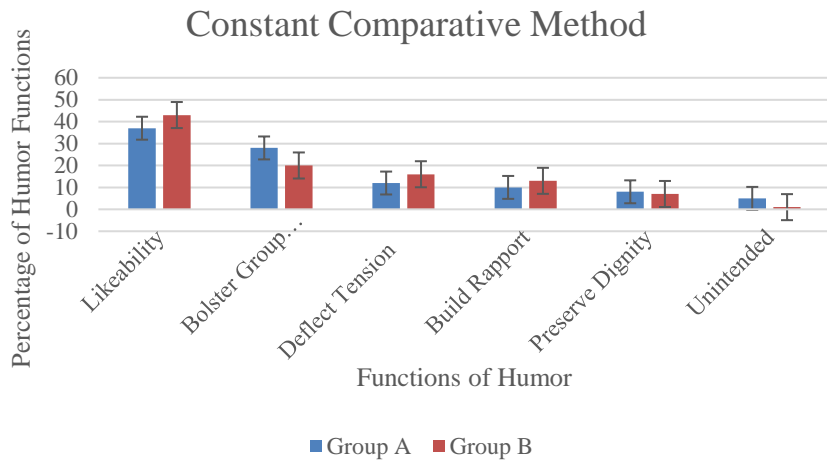


Figure 1. Comparison of Humor Functions between Groups A and B