



The Spanish version of the GELOPH<15>: Properties of a questionnaire for the assessment of the fear of being laughed at¹

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ABSTRACT. Gelotophobia is defined as the fear of being laughed at. First empirical studies revealed that it is a valid and useful new concept. It should be best conceptualized as a one-dimensional individual differences phenomenon within the range of normality. The present instrumental study presents first empirical data on the Spanish version of a subjective measure for the fear of being laughed. The scale was tested in a construction sample from Spain ($n = 601$) and in a replication sample from Colombia ($n = 211$). The article describes the adaptation of the GELOPH<15> to Spanish. The translation yielded good psychometric properties in terms of a high reliability ($\alpha = .85$, $\alpha = .81$). As in the original form, a one-dimensional factor solution fit the data best in both samples. The item endorsements to single items varied considerable in both samples. The fear of being laughed at exited independently from demographic variable. The only exception was higher scores for younger participants in Colombia. 11.61% and 8.53% exceeded a cut-off score indicating at least a slight expression of gelotophobic symptoms in Spain and Colombia, respectively. The Spanish form proved to be a useful and reliable instrument for the subjective assessment of gelotophobia.

KEYWORDS. Gelotophobia. Humor. Laughter. GELOPH<15>. Instrumental study.

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RESUMEN. La gelotofobia es el miedo a que se rían de uno. Los primeros estudios empíricos corroboran la validez teórica y utilidad de este nuevo constructo unidimensional que permite establecer diferencias individuales en el rango de la normalidad. Este estudio instrumental presenta los primeros datos empíricos de la versión española de la GELOPH<15>, escala que evalúa la gelotofobia. Inicialmente se usó una muestra española de 601 participantes. Posteriormente, los resultados fueron replicados en una muestra colombiana de 211 participantes. La fiabilidad de las puntuaciones de las versiones traducidas fue adecuada ($\alpha = 0,85$ y $\alpha = 0,81$ respectivamente). La estructura unidimensional de la escala fue confirmada. La adhesión mostrada a cada uno de los ítems fue significativamente diferente en las dos muestras. Las puntuaciones en gelotofobia fueron independientes de las variables sociodemográficas, a excepción de la edad en el caso de la muestra colombiana, donde los jóvenes presentaron puntuaciones superiores. El 11.61% de la muestra española y el 8.53% de la colombiana sobrepasó la puntuación de corte que indica que al menos está presente una manifestación leve de síntomas gelotofóbicos. Se concluye que la versión española de la GELOPH<15> es un instrumento útil y fiable para la medición de la gelotofobia.

PALABRAS CLAVE. Gelotofobia. Humor. Risa. GELOPH<15>. Estudio instrumental.

Most studies in the field of humor research focus on the positive aspects of humor and laughter. For example, studies have dealt with positive outcomes in intervention programs in specific medical conditions (*e.g.*, in patients with chronic obstructive lung disease; Brutsche *et al.*, 2008), psychiatric settings (*e.g.*, in schizophrenics; Falkenberg, Klügel, Bartels, and Wild, 2007) or in the general population (*e.g.*, McGhee, 1999). However, little effort has been spent on the exploration of negative outcomes related to humor and laughter. Recent empirical studies suggest that a sub-group of people exists that exceedingly fears being laughed at and that fail appreciating the positive sides and benefits of laughter.

Gelotophobia is defined as the fear of being laughed at (see Ruch, 2009; Ruch and Proyer, 2008a). Studies on the concept were based on experiments, questionnaire-based designs, expert judgments, or the usage of semi-projective tests (see Ruch, 2009 for an overview). These different approaches and older single-case observations (summarized by Titze, 2009) provide a picture on the experiential world of gelotophobes. They do not experience laughter and smiling from their interaction partners as something positive but as a mean to put them down. Thus, gelotophobes misperceive or misinterpret positive social cues that are related to laughter and smiling. They see «laughing with» more as «laughing at». Gelotophobes are very observant if they are together with other people and get suspicious easily while hearing laughter by others and think that the laughter is directed at them. They cannot experience laughter as relaxing or positive but more so as aggressive acts by others. These ideas are accompanied by the conviction of actually being ridiculous and therefore being laughed at for a good reason. Gelotophobes can be described as introverted neurotics that score higher in older variants of the

Eysenckian Psychoticism scales (Ruch and Proyer, 2009b). These scales are more clinically saturated and reflect paranoid tendencies that seem to be of relevance for gelotophobes (*e.g.*, having the impression that others laugh at them).

Though the empirical research on gelotophobia has only started recently, practitioners noticed the importance of such a condition much earlier. The German psychotherapist Michael Titze published case-observations from his clinical practice (see Titze, 2009). He noticed that some of his patients were primarily concerned with being laughed at and ridiculed by others. In the first empirical study on the fear of being laughed at a group of clinically diagnosed gelotophobes could be separated by means of a self-report measure (46 items in total) from groups of diagnosed shame-based and non-shame based neurotics (Nathanson, 1992) and normal controls. Those items yielded the highest discriminant validity that focused on the core symptoms of gelotophobia. These items reflected a paranoid sensitivity towards the laughter by others, a fear of the humor of others, or a negative general response to the smiling and laughter of others. This first study led to the initial idea of gelotophobia as a clinical phenomenon with a pathological component.

Subsequently, Ruch and Proyer (2008b) developed an economic 15-item version of the questionnaire that contains the core items of gelotophobia only. Furthermore, they empirically derived cut-off points indicating slight, pronounced, and extreme expressions of gelotophobia. The criteria used were: 1) the answer format of the questionnaire (the scale mid point is 2.50 and a person with this score has agreed to at least half of the items); 2) a score of two standard deviations above the mean in the group of normal controls; and 3) the score at which the distribution curves of normal controls and diagnosed gelotophobes intersected. Interestingly, the application of the cut-off scores showed that there was a considerable number of normal controls that showed at least a slight expression of gelotophobia (11.65% in a German sample). Therefore, Ruch and Proyer concluded that gelotophobia is of relevance within the range of normality as well and that it should be studied best as a individual difference phenomenon that ranges on a continuum for low to high gelotophobia.

Based on clinical observations by Titze, Ruch (2004) described a model of putative causes and consequences of gelotophobia (see also Ruch & Proyer, 2008a). The model is shown in Figure 1.

FIGURE 1. A model of the putative causes and consequences of gelotophobia as proposed by Titze (Ruch, 2004).

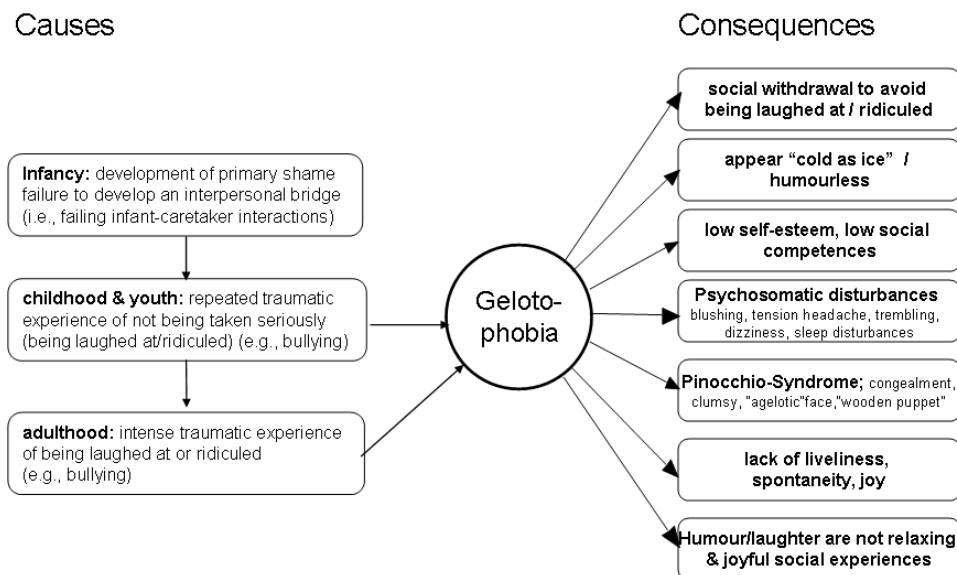


Figure 1 shows that Titze traces the causes of gelotophobia back to the infancy. There, the interaction between the infant and the caretaker(s) is impaired and together with intense, repeated, and traumatic experiences of being laughed at or ridiculed lead to the development of gelotophobia. Titze (2009) also suggests overprotective parenting styles (with little display of affection and the use of shame as a mean of education) might contribute to the development of the condition. The consequences of gelotophobia are quite diverse. They reach from social withdrawal to lack of liveliness, or the inability to appreciate laughter and smiling as joyful social experiences. However, this model is based on observations from case-studies and has not yet been fully tested empirically. Studies conducted so far support the idea that gelotophobes suffer from lack of liveliness and joy (Platt and Ruch, 2009; Proyer, Ruch, and Chen, in press). Partially, there is empirical evidence that contradicts the assumption in the model. For example, clinically diagnosed gelotophobes did not remember more incidents of having been laughed at in childhood and youth than normal controls (Ruch, Proyer, & Ventis, in press).

Starting from there the study of gelotophobia was mainly based on research among non-clinical samples. Recently, a study focused on the gelotophobes reaction towards two different kind of laughter-related situations-harmless and playful teasing among colleagues and friends *vs.* mean-spirited bullying type of laughter. Gelotophobes are unable to differentiate between these situations and that they experience negative emotions, in particular so shame and fear, not only in the mean-spirited but also in the good-natured kind of teasing (Platt, 2008). A study of German and English adults revealed that gelotophobes show a propensity to shame and fear but are less included

to experience joy at a higher intensity (Platt and Ruch, 2009). Papousek *et al.* (2009) studied the emotion-regulation skills of gelotophobes. They suggest that the strategies that gelotophobes use for the regulation of emotions is considered to be inefficient by experts and that they try strongly controlling their emotions. Platt, Proyer, and Ruch (2009) demonstrated empirically that the fear of being laughed at is a potent predictor of recollections of being a victim of bullying. Thus, one might argue that some of the reports of having been bullied might be «false alarms» caused by gelotophobes that misperceive and misinterpret humor-related cues from others (*e.g.*, colleagues at work). Gelotophobia has also been studied in its relation to (psychometric and self-estimated) intelligence, to self- and peer-ratings of character strengths, emotions, humor, in cross-cultural settings, and remembered incidents of having been laughed at in the past (see Ruch [2009], for an overview). Although most of the recent studies have been conducted with non-clinical samples, first data is also available with clinical groups. For example, Forabosco, Ruch, and Nucera (2009) report that gelotophobia was higher among schizophrenic patients and patients with personality disorders (primarily paranoids).

The results presented so far have shown the theoretical validity of gelotophobia as well as its applied potential. However, no studies have been carried out on gelotophobia in Spain, perhaps because the theoretical proposal is very recent. However, this does not imply that there is no information available showing the importance of studying the fear of being laughed at in Spain or in Latin cultures in general. In fact, based on the classic works of Benedict (1946/1974) on the comparison between collectivist and individualist cultures, Pérez-Álvarez and Livacic (2002) used two general concepts – shame and guilt – to globally define both cultures. According to the contributions made by this author about Latin American culture, shame is the main trait that should be taken into account when describing Latin cultures, and therefore Spanish culture – which does not mean that guilt is not present; this is group culture par excellence, based on frequent social interactions. The greater presence of interpersonal exchanges in a group context is a characteristic that distinguishes Latin culture from Anglo-American culture (Pérez-Álvarez and Livacic, 2002). Thus, social approval, evaluation by others and one's place in this group context have a great importance in Latin culture, which is reflected in the name «culture of shame.» Shame was demonstrated to be a dominant emotion for gelotophobes (Platt and Ruch, 2009). In this context, all the social indicators related to a possible evaluation by others, and all the behaviors that reflect the opinion of others on a given behavior are of special importance when considering Spanish culture. Therefore, it is crucial to study the role of laughter in this context and consequently assess and analyze individual differences in the fear of being laughed at.

One sample from Spain and another independently collected sample from Colombia were used in the present study. The main aim of this instrumental study (Carretero-Dios & Pérez, 2007; Montero & León, 2007) was the examination of the psychometric properties of the Spanish version of the GELOPH<15>. Therefore, we initially collected data in Spain and sought to replicate the findings in a different sample from another Spanish speaking country. Thus, the main objectives of the present study were threefold. Firstly, the psychometric properties of the gelotophobia-scale in the Spanish translation were examined and replicated in a different sample. Reliability analyses and factor analyses

were computed. The results were compared with the original German form of the measure (Ruch and Proyer, 2008b). Furthermore, the correlations of each item and the total score for gelotophobia with age, sex, and the marital status were computed. Secondly, the relevance of single items (*i.e.*, symptoms) in terms of low vs. high agreements in the sample was evaluated. Thirdly, the application of the cut-off scores by Ruch and Proyer allows estimating how many gelotophobes were in the sample (*i.e.*, exceeding the cut-off scores).

Method

Participants

The construction sample from Spain consisted of 601 participants. 219 were males and 382 were females. The mean of the age was 21.76 ($SD = 3.34$) and ranged from 18 to 43 years. 86.2% were not married. The Colombian replication sample comprised 211 participants (104 males, 107 females) with a mean age of 20.62 ($SD = 1.91$; 18 to 27 years). 93.8% were not married.

Instruments

The GELOPH<15> (Ruch and Proyer, 2008b) is a 15-item questionnaire for the subjective assessment of gelotophobia. All items are positively keyed and the 4-point answer format ranges from 1 (*Strongly disagree*) to 4 (*Strongly agree*). The GELOPH<15> is the standard instrument for the subjective assessment of gelotophobia. In Ruch and Proyer (2008b), the GELOPH<15> demonstrated high reliability ($\alpha = .93$). A factor analysis indicated that a one-dimensional factor solution did fit the data best. The construction of the scale was based on several different indicators such as expert ratings of prototypicality for each item or comparisons of different groups (clinically diagnosed gelotophobes, shame based and non-shame based neurotics, and normal controls). The retest-reliability was .86 and .80 for a three and a six months interval, respectively (Ruch and Proyer, 2009a). The GELOPH<15> is widely used in research (see for example, Forabosco *et al.*, 2009; Forabosco, Dore, Ruch, and Proyer, 2009; Führ, Proyer, and Ruch, 2009; Hřebícková, Ficková, Klementová, Ruch, and Proyer, 2009; Papousek *et al.*, 2009; Platt, 2008; Proyer, *et al.*, in press; Ruch, 2009; Ruch & Proyer, 2008a, 2008b; Sarid, Ruch, and Proyer, in press). The Spanish version can be found in Appendix 1.

Procedure

The GELOPH<15> was translated from English to Spanish and an independent bilingual person translated this version to English. The two English versions were compared and modifications were applied. The authors of the original version helped in critical cases. This procedure ensured that the original version was correctly but also that cultural specifications could be taken into account. To develop the Colombian version of the GELOPH<15>, two independent psychologists with knowledge about psychometry revised the Spanish version of the GELOPH<15> to corroborate that it was not necessary to include any modification due to possible differences in the Spanish use.

To collect the Spanish and Colombian sample, a quota convenience sampling method based on sex (similar number of men and women) was used. GELOPH<15> was administrated either in classrooms or libraries of the University Campus. The scale was preceded by standard instructions and a consent form.

Results

Sample 1 (Spain)

The reliability analysis indicated that the Spanish version yielded a high internal consistency ($\alpha = .85$). We also computed mean scores and standard deviations for each item separately and a total score. The items and the mean score in gelotophobia were correlated with age, sex, and marital status of the participants (see Table 1).

TABLE 1. Descriptive statistics, corrected item total correlations, and correlations with age, sex, and marital status for the Spanish form of the 15-item GELOPH.

	Sample 1 (Spain)						Sample 2 (Colombia)					
	M	SD	CITC	Age	Sex	Ms	M	SD	CITC	Age	Sex	Ms
Item 1	2.10	0.85	.34	-.01	.04	-.04	2.53	.94	.23	.01	-.07	-.02
Item 2	2.01	0.90	.57	-.07	.18**	.00	1.87	1.00	.58	-.09	.01	-.06
Item 3	1.85	0.85	.54	-.13*	.10*	-.07	1.89	.89	.36	-.17*	.04	-.10
Item 4	1.50	0.71	.50	-.05	.07	.02	1.53	.79	.42	.01	-.17*	-.08
Item 5	1.88	0.82	.56	-.08	.11**	.05	1.90	.85	.37	-.14*	.06	.03
Item 6	2.05	0.96	.49	-.08	.19**	.01	1.98	1.12	.42	-.11	-.14*	-.04
Item 7	1.85	0.93	.34	-.02	-.02	-.05	1.56	.87	.33	-.14*	-.07	.03
Item 8	1.38	0.67	.56	-.01	.04	.03	1.40	.75	.58	-.14*	-.11	-.07
Item 9	2.06	0.86	.48	-.05	.13**	.05	2.07	.97	.39	-.12	.01	-.09
Item 10	2.34	1.08	.50	-.07	.20**	-.02	2.24	1.15	.55	-.11	.03	-.03
Item 11	1.91	0.86	.52	-.04	.20**	.03	1.81	.92	.42	-.16*	-.04	-.05
Item 12	1.84	0.87	.64	-.01	.19**	.00	1.68	.86	.48	-.14	-.09	-.08
Item 13	1.68	0.92	.38	.05	-.06	.05	1.43	.79	.50	-.11	-.15**	.03
Item 14	1.27	0.62	.43	-.01	-.05	-.03	1.28	.61	.37	-.02	-.21**	-.04
Item 15	1.85	0.84	.49	-.02	.14**	-.01	1.62	.77	.39	-.04	.08	.06
Total	1.84	0.49	.50	-.07	.17**	.02	1.79	.48	.23	-.19**	-.06	-.06

Note. $n = 562-464$ for Sample 1 and $n = 201-211$ for Sample 2. M = mean; SD = standard deviation; CITC = corrected item-total correlation (total = median CITC); Age = correlation with age; Sex = correlation with sex (1 = males, 2 = females); Ms = correlation with marital status (1 = single [*i.e.*, single, separated]; 2 = in a relationship [*i.e.*, cohabiting, married]).

* $p < .05$; ** $p < .01$.

Table 1 shows that the corrected item-total correlations in the Spanish sample ranged between .34 and .64 (*median* = .50). Gelotophobia existed independently from the participants' age and their marital status (in a relationship vs. not in a relationship). However, for the latter is has to be mentioned that the vast majority of the participants was currently not in a relationship—therefore, this result might be biased. The fear of being laughed at tended to be slightly higher among females. For a sub-group of male participants ($n = 134$), information on the educational level was available (from 1 = *Primary level not finished* to 6 = *Graduated from university*). Gelotophobes were among participants with low as well as with high educational status ($r = -.07$; $p > .05$).

To analyze the internal structure of the scale and determine the optimal number of interpretable factors, we took two steps. First, we extracted principal components (KMO value was .90, and Bartlett's test showed statistical significance, Chi-square = 2,245.36; $df = 105$; $p = 0.000$) and inspected the screen plots of initial eigenvalues. This criterion consistently suggested a single-factor solution. The eigenvalues showed a marked decline after the first component, and then trailed off without any further sharp demarcations. The first four eigenvalues were 5.03, 1.29, 1.06, and 1.03. Second, to get more precise quantitative estimates for the number of factors, we conducted parallel analysis (Horn, 1965). This procedure compares the eigenvalues of empirical components with those of components derived from random datasets of identical sample size and number of variables. It is thus preferable to using a (necessarily arbitrary) fixed eigenvalue criterion. Specifically, we used the FACTOR 7.0 program presented by Lorenzo-Seva and Ferrando (2006) in which components are retained as long as their empirical eigenvalue is greater than the 95th percentile of the distribution of corresponding random data eigenvalues. The results showed that only one component was retained, that is, again it is suggested a single-factor solution. The retained factor explained 33.56% of the variance. The loadings of the items on the first factor ranged between .42 (item 1; «When they laugh in my presence I get suspicious») and .73 (item 12; «It takes me very long to recover from having been laughed at»).

A Confirmatory Factor Analysis, CFA (LISREL 8.8), was performed for the GELOPH<15> items. The CFA was based on the asymptotic covariance matrix and an Diagonally Weighted Least Squares estimation (DWLS in LISREL), was used. One general factor for gelotophobia was tested. In accordance with Hu and Bentler (1999) or Tanaka (1993), a multifaceted approach was used to evaluate model fit. More specifically, several goodness-of-fit indices were used: the root-mean-square error of approximation (RMSEA), goodness of fit index (GFI), adjusted goodness of fit index (AGFI), and Non-Normed Fit Index (NNFI, also known as Tucker-Lewis coefficient, TL). As a general rule, it is considered that a fit index above .90 for the NNFI, GFI and AGFI, and RMSEA values below .08 are indicators of an acceptable fit (Browne and Cudeck, 1993). Cut-off values of .95 or higher for the NNFI, GFI and AGFI, and .05 or lower for the RMSEA indicate good model fit (Hu and Bentler, 1999). The measures of fit obtained indicated a good model fit ($Chi-square = 389.46$, $df = 90$; $RMSEA = .07$, $GFI = .98$, $AGFI = .97$, $NNFI = .96$).

The answer categories of the questionnaire provide a possibility of estimating the relative importance of single items (symptoms). Therefore, we computed a total score of the two answer categories indicating agreement to an item (*i.e.*, «Agree and Strongly agree») and the frequency of the endorsement to each item was computed. The average item endorsement was 23.81% and the range was between 5.99% (item 14; *i.e.*, «Especially then when I feel relatively unconcerned, the risk is high for me to attract negative attention and appear peculiar to others») and 42.26% (item 10). This indicated that slightly more than 40% of the participants agreed to the item «If I did not fear making a fool of myself I would speak much more in public».

The results so far show that there are single items that are relevant in Spain but we also gathered information on how many persons in the sample exceeded the cut-off

scores for gelotophobia. In the present sample there were 11.65% of the participants that exceeded the score indicating that gelotophobic symptoms apply (*i.e.*, a mean score \geq 2.50; see Ruch and Proyer [2008b] for more information on the cut-off scores). 10.48% were characterized with slight and 1.00% with pronounced, and 0.17% with extreme expressions of the fear of being laughed at.

Replication of the findings: Sample 2 (Colombian)

The idea of including a replication sample was to examine whether the properties of the GELOPH<15> are stable in a different and independently collected sample with the same language version as well. Therefore, we administered the measure to a sample in Colombia and repeated all analyses performed before. The properties of the single items can be retrieved in Table 1. The total scores did not differ significantly from each other ($t_{810} = 1.35$; $p = .18$). The GELOPH<15> proved to be a reliable instrument in this sample as well ($\alpha = .81$; corrected item total correlations between .23 to .58). The major difference regarding the correlations with demographic variables is that for Colombia, we found the fear of being laughed at to be more prevalent among younger participants. However, it has to be mentioned that the age range in the present sample was not too high (18 to 27 years). Sex and being married or not existed independently from the expression of gelotophobia. The component principal factor analysis (KMO value was .80, and Bartlett's test showed statistical significance, $Chi-square = 709.72$; $df = 10$; $p = 0.000$) suggested a one-dimensional factor solution; the first four eigenvalues were 4.28 (28.54% of variance), 1.41, 1.33, and 1.09, respectively. Parallel analysis retained only one component, and the Confirmatory Factor Analysis again indicated a good model fit ($Chi-square = 183.08$, $df = 90$; $RMSEA = .07$, $GFI = .95$, $AGFI = .94$, $NNFI = .95$).

The average item-endorsement was 22.19%. The lowest endorsement was found for item 14 (5.47%; «Especially when I feel relatively unconcerned, the risk is high for me to attract negative attention and appear peculiar to others») and the highest was for item 1 (55.24%; «When others laugh in my presence I get suspicious»). 8.53% of the participants exceeded the cut-off score for gelotophobia. 6.64% had slight, 1.42% had pronounced, and 0.47% showed extreme expressions of the fear of being laughed at.

Discussion

The Spanish version of the GELOPH<15> proved to be a reliable instrument for the subjective assessment of the fear of being laughed at. The alpha coefficient in the construction as well as in the replication sample was high. Furthermore, the present study shows that gelotophobia is of relevance in both countries, Colombia and Spain. Slightly less than 12% and approx. 8.50% of a random sample in Spain and Colombia exceeded the cut-off scores for at least slight expressions of the fear of being laughed at. The mean score of the GELOPH<15> was numerically lower for Colombia (but not statistically significant). The number of participants exceeding the cut-off scores in Spain was highly similar to the ones reported for Germany (Ruch and Proyer, 2008b; *i.e.*, 11.65%) and only slightly lower than the one for England (Platt *et al.*, in press; *i.e.*,

13%). However, the scores were much higher than the ones reported for Denmark (2%) and Israel (6%).

Interestingly, gelotophobia was more prevalent among younger participants in Colombia but not so in Spain. In neither one of the countries there were relations to the marital status. In Spain, females tended to score higher in gelotophobia than males. However, the shared variance with demographics was lower than 4%. Thus, the relations seem to be practically negligible. Nevertheless, these differences might be of interest in further studies especially in cross-cultural settings. For example, there were no relations to age or gender in the German sample by Ruch and Proyer (2008b).

The Spanish version of the GELOPH<15> yielded good psychometric properties in terms of a high internal consistency ($\alpha = .85$ and $.81$, respectively). The factor solution (one-dimensional) is highly comparable to the one reported for the German form (see Ruch and Proyer, 2008b). In both countries there was a broad variety in the item endorsement. Interestingly, in both countries the item dealing with the fear of attracting negative attention and appearing peculiar to other showed the lowest item-endorsement. However, more than half of the participants from Colombia expressed unease the feeling of suspiciousness while noticing that others laugh in their presence. In Spain, more than 40% said that they would speak much more in public if they would not fear making a fool of themselves.

The Spanish GELOPH<15> proved to be a useful instrument for the subjective assessment of the fear of being laughed at in Spain. However, one of the aims of this article is also to stimulate research interests among researchers in the Spanish speaking countries. As the scientific study of gelotophobia has only recently begun, there are a lot of open questions that should be addressed in the future. For example, there is little known about effective treatments for extreme cases of the fear of being laughed at. Titze (2009) suggests that the use of humor («humor drama») might be the strategy of choice. However, so far there are no empirical studies on the effectiveness of this (or a different) approach. Additionally, Ruch and Proyer (2009a) argue, that different roles need to be considered in laughter-related situations. They described next to the gelotophobes, also persons who (exceedingly) enjoy being laughed at (gelotophiles) and those who (exceedingly) enjoy laughing at others (katagelasticians).

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APPENDIX 1. Spanish version of the GELOPH<15>.

Instrucciones:

Las siguientes afirmaciones se refieren a sus sentimientos, acciones y percepciones **en general**. Por favor, trate de describir lo mejor posible con sus respuestas sus patrones de comportamiento y actitudes **habituales** marcando con una X **una** de las cuatro opciones. Utilice por favor la siguiente escala:

- 1 Totalmente en desacuerdo
- 2 Moderadamente en desacuerdo
- 3 Moderadamente de acuerdo
- 4 Totalmente de acuerdo

Ejemplo:

Soy una persona alegre 1 2 3 4

Si la afirmación lo describe adecuadamente- es decir, si Usted es **en general** una persona alegre **marque por favor con una cruz la opción (4)**. Si esta afirmación **no le describe en absoluto**, entonces **marque por favor la opción (1)**. En caso de tener problemas para la elección de una respuesta, marque por favor la opción que **más se aproxime** a sus actitudes y forma habitual de comportarse.

Por favor conteste **todas** las preguntas sin omitir ninguna.

- 1. Si se ríen en mi presencia, me hace sospechar..... 1 2 3 4
- 2. Evito exponerme en público porque temo que la gente reconozca mi inseguridad y se puedan burlar de mí 1 2 3 4
- 3. Si desconocidos se ríen en mi presencia, frecuentemente lo refiero a mí 1 2 3 4
- 4. Me es difícil mantener contacto visual, porque temo que seré evaluado de manera despreciativa 1 2 3 4
- 5. Cuando hacen comentarios en broma sobre mí, me siento paralizado 1 2 3 4
- 6. Me controlo intensamente para no llamar la atención de manera desagradable y hacer el ridículo 1 2 3 4
- 7. Creo que doy a otros la impresión de ser raro 1 2 3 4
- 8. A pesar de que frecuentemente me siento solo, tiendo a evitar participar en actividades sociales para protegerme de las burlas 1 2 3 4
- 9. Si en algún sitio llamé la atención de manera embarazosa, después evito ese lugar 1 2 3 4
- 10. Hablaría mucho más en público si no tuviera miedo de hacer el ridículo 1 2 3 4
- 11. Si una persona se burla de mí no puedo volver a tratarla relajadamente. 1 2 3 4
- 12. Me toma mucho tiempo recobrar me cuando los otros se han burlado de mí 1 2 3 4
- 13. Me siento incómodo bailando porque estoy convencido de que les parezco ridículo a los que me observan 1 2 3 4
- 14. Precisamente en el momento en el que me siento relativamente preocupado, es mayor el peligro de que llame la atención de los otros de manera negativa y les parezca raro 1 2 3 4
- 15. Cuando hago el ridículo frente a otros, me entieso totalmente y soy incapaz de comportarme adecuadamente 1 2 3 4