

# Effectiveness of Humor-Based Group Therapy on Depression and Self-Esteem in Adolescents


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## 1. Round 1

### 1.1. Reviewer 1

Reviewer:

The last sentence of the first paragraph in the Introduction claims that “accessible, culturally adaptable, and engaging therapeutic strategies” are needed but does not explain why humor therapy, specifically, meets these criteria. Please elaborate and provide supporting literature.

The paragraph starting with “In adolescent populations, humor has also been incorporated...” references studies conducted with elderly populations to support adolescent interventions. This analogy needs clearer justification; developmental and psychosocial differences should be acknowledged.

The sentence “Recent investigations have placed greater emphasis on group-based approaches...” (Introduction) needs a more robust synthesis of the advantages of group therapy beyond cost-effectiveness—such as mechanisms of change in group settings (e.g., Yalom’s therapeutic factors).

The final paragraph of the Introduction ends abruptly with “... through a randomized controlled trial with a five-month follow-up.” Please elaborate briefly on the study’s novelty or gap it addresses in adolescent psychotherapy literature.

The paragraph starting with “The humor-based group therapy intervention was designed to enhance...” would benefit from a theoretical justification for how humor affects depressive cognition and self-concept. Consider integrating cognitive-behavioral or emotion-regulation frameworks.

Session 3 “Humor and Cognitive Reframing” introduces cognitive restructuring via humor. Please reference CBT theory to substantiate this link, such as Beck’s cognitive triad or Ellis’s ABC model.

Session 4 claims humor-based affirmations helped with “counteract self-critical thoughts.” This is a potentially powerful mechanism—please support with evidence or theory on positive self-talk or affirmations in adolescence.

In the Findings section, the demographic breakdown is helpful, but a table summarizing age, gender, and educational level distributions would aid in visual clarity and facilitate future meta-analyses.

Authors uploaded the revised manuscript.

### 1.2. Reviewer 2

Reviewer:

In the third paragraph of the Introduction, the authors state: “Humor... offers individuals a reframing mechanism to reinterpret adversities in a less threatening manner,” yet no citation is provided for this psychological mechanism. Please cite foundational work, such as Martin et al. (2003), or relevant meta-analyses.

In the paragraph beginning “Several empirical studies have investigated the role of humor-based interventions...,” the use of two studies on non-adolescent populations (chronic pain and military personnel) weakens the relevance to adolescents. Consider including adolescent-specific humor intervention studies or justify the generalizability of these findings.

In the “Study Design and Participants” section, the authors mention purposive sampling and then random assignment. This combination requires clarification, as purposive sampling may affect the external validity and seems inconsistent with RCT methodology. Please clarify the recruitment and randomization process.

In the same section, the inclusion criteria mention “mild to moderate levels of depression” but do not state the specific cut-off scores on the BDI-II used. Please include this detail for reproducibility.

In the “Measures” section under “Depression,” the claim “Its construct validity and convergent validity... have also been confirmed in various adolescent populations...” should include specific citations relevant to adolescent validation studies.

In the “Self-Esteem” subsection, you mention the RSES’s internal consistency and test-retest reliability, but specific numerical values for Cronbach’s alpha or intraclass correlation coefficients in adolescent populations would enhance methodological transparency.

Authors uploaded the revised manuscript.

## 2. Revised

Editor’s decision after revisions: Accepted.

Editor in Chief’s decision: Accepted.