The Experience of Humour in Asperger’s syndrome

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A Thesis submitted in fulfilment of the requirements of the University Of Wolverhampton for the degree of Doctor of Counselling Psychology.

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Abstract

This study investigated the experience of humour of people with Asperger’s syndrome. It aimed to explore the lived experience of this phenomenon. A literature review was undertaken which revealed that people with Asperger’s syndrome are thought not to have a sense of humour and a number of theories are proposed to explain the difficulties that may be experienced in regard to humour. In order to gain insight into the lived experience a qualitative approach was adopted using semi-structured research interviews with eight adult, male participants. Interpretative Phenomenological Analysis was then used to illuminate the insider perspective. The analysis highlighted four main themes, the experience of difference, the experience of learning, what I find amusing and how I use humour. It was suggested that people with Asperger’s syndrome do have a sense of humour but they may need to put in extra effort to develop it. The importance of individuality and acceptance of differences was also recognised. The report highlighted a number of clinical implications such as the role humour plays in social interactions and the importance of asking questions rather than making assumptions when working with people with Asperger’s syndrome.
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Section 1 Literature Review

1.1 Search Strategy

Key words: Asperger’s syndrome, high functioning autism, autism, humour, laughter.

Data bases used: psycINFO, Swetswise, DataStar, Google Scholar. See Table 1.1 below. Further articles were identified from a hand search of referenced papers and books. Articles were included if they were from a peer reviewed journal.

Table 1.1 Initial Literature Search Papers Reviewed

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1.2 Abstract

A critical review of the current literature on Asperger’s syndrome and humour was undertaken as it has been suggested that people with this diagnosis lack a sense of humour. The main difficulties associated with a diagnosis of Asperger’s syndrome were considered and the validity of the diagnosis questioned. Difficulties establishing a theory of humour were also highlighted as it was found to be a multifaceted phenomenon.

There were a number of theories proposed to account for the difficulties experienced by people with a diagnosis of Asperger’s syndrome but these were all found to give partial explanations. A deficit in the research of the lived experience of humour was highlighted even though this was considered likely to give valuable insight into the lives of people with Asperger’s syndrome. A recommendation was made that research should be undertaken to consider the experience of humour for people with this diagnosis from an insider perspective and Interpretative Phenomenological Analysis was identified as the most appropriate method to achieve this aim.

1.3 What is Asperger’s syndrome

Asperger’s syndrome is a neuro-developmental disorder listed in DSM-IV (APA, 1994) and ICD-10 (WHO, 1994). It is defined primarily in behavioural terms noting difficulties in three key areas, communication, imagination and socialisation. Wing (1981) was the first person to use the term Asperger’s syndrome. She gave an account of a group of people who had characteristics that very closely resembled the profile of abilities and behaviour originally described by Asperger in his doctoral thesis, published in 1944.
In 1944 Asperger described four boys whose social maturity and social reasoning were delayed; however, some aspects of their social abilities were quite unusual at all stages of development. According to his observation the boys began to speak at the age expected of children and had acquired a full command of grammar but experienced difficulty in using pronouns correctly. He described the boys as having difficulty making friends and often being teased by other children. Asperger observed there were impairments in verbal and non-verbal communication, especially in the conversational aspects of language. He reported that the content of speech was usually abnormal and pedantic, and consisted of lengthy monologues on favourite subjects.

Asperger (1944) also described conspicuous impairments in the communication and control of emotions, and a tendency to intellectualise feelings. Empathy was not as mature as one would expect, considering the children’s intellectual abilities. He described an impairment of two-way social interactions, with the boys, ignoring the demands of their environment. According to Asperger the children also had an egocentric preoccupation with a specific topic or interest, such as train timetables, that would dominate their thoughts and time. He also noted that some children were extremely sensitive to particular sounds, aromas, textures and touch.

1.4 Are autism and Asperger’s syndrome different conditions?

For the purpose of research it is important to have a clear understanding and definition of the areas of investigation and when researching Asperger’s syndrome the term high functioning autism (HFA) is often used interchangeably. This review will now examine the differences and describe the frame of reference for the current research.
There has been much debate as to whether Asperger’s syndrome is a variant of autism. Wing (1981) has suggested that Asperger’s syndrome may be part of the “autism continuum.” She argues that it is possibly a mild variant of autism in relatively bright children, a view that has been supported by Gillberg (1985) and Szatmari, Tuff, Finlayson and Bartolucci (1990). Asperger (1944) disagrees that it is a variant of autism. Instead, Asperger’s data suggests that children with autism and Asperger’s syndrome differ in both their early history and their developmental outcome. In classic autism the person often has learning disabilities and language delay, which impact on their future development.

In 1994, the World Health Organisation (WHO) published the tenth edition of the International Classification of Diseases (ICD-10) and in 1994 the American Psychiatric Association published the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). This was the first time both diagnostic textbooks included Asperger’s syndrome as one of several Pervasive Developmental Disorders. There is currently ongoing controversy as to whether to eliminate Asperger’s syndrome as a separate disorder, and instead merge it under autism spectrum disorders (ASD) in DSM-V to be released in 2013.

There is still an ongoing controversy as to whether the two disorders are different conditions. According to Howlin (2003) there is also considerable disagreement about the validity of the diagnostic criteria used in DSM-IV (APA, 1994) and ICD-10 (WHO, 1994) to distinguish between the two conditions. This is a view supported by

Howlin (1998) notes how the DSM criteria exclude the diagnosis of Asperger's syndrome if the child also fulfils the criteria for autism, whereas ICD rules for this are less exclusive. Schopler (1985) suggests there is little or no justification for using the category of Asperger's syndrome.

Table 1.1 below [taken from Howlin (1998)] summarises the criteria adopted by ICD-10 (WHO, 1994) and DSM-IV (APA, 1994) used in some large-scale studies showing the principal areas of inconsistency relate to early cognitive, linguistic and motor development.
Eisenmajer, Prior, Leekam, Wing, Gould, Welham and Ong (1996) attempted to identify the characteristics that were most likely to lead to a diagnosis of Asperger’s syndrome rather than autism. They found that lack of early delays in language was the most significant factor and that the Asperger’s group also had a higher verbal mental age and tended to be more proactive in their social relationships. In addition, they found that people with Asperger’s syndrome were generally diagnosed at a later stage and were more likely to receive a co-diagnosis of attention deficit disorder.

Attwood (2006) suggests that at present there is no data or convincing argument that clearly confirms that high functioning autism and Asperger’s syndrome are two separate and distinct disorders. Further research into the differences is therefore required before a definitive answer can be reached as to whether there is a distinction between high-functioning autism and Asperger’s syndrome.

The final decision however on whether a person receives a diagnosis of Asperger’s syndrome is a subjective decision made by a clinician. According to Attwood (2006) this decision is based on the clinician’s clinical experience, the current diagnostic criteria and the effect the unusual profile of abilities has on the person’s quality of life.
There is much debate around the issue of psychiatric diagnosis. Boyle (1999) suggests that diagnosis involves many assumptions about behaviour and experience, and questions if they should be treated as the same sort of phenomena as bodily processes, as these assumptions have never been shown to be valid. This therefore questions the legitimacy of a psychiatric diagnosis, which she claims, gains its professional and social status by presenting itself as equivalent to a medical diagnosis. There is no biological test for Asperger’s syndrome; the diagnosis is based on reports of behavioural differences. One may question whether it is right to make assumptions about people’s experiences based on a label attached to them by another person who is making a subjective judgement about their lives. This research takes an ideographic approach, examining individual experiences of a phenomenon, which it values as a valid basis of knowledge.

It should be remembered that whether a person is diagnosed as autistic or having Asperger’s syndrome or not, the actual diagnosis has little effect on their abilities. The label attached to them may however alter how they are treated by others and may make a significant difference to the level of support and services they can access throughout their life. Some people may seek a diagnosis in order to access the services and assistance they require to improve their quality of life. On the other hand, many people with similar behavioural patterns may go undiagnosed as they do not wish to access external agency involvement.

Regardless of whether a person has a diagnosis of Asperger’s syndrome or high functioning autism, they frequently have difficulties with a number of areas in their
life, including social interaction, and they or the people around them often seek advice and assistance to help improve their quality of life. Researchers such as Mesibov (1986) have shown that improvements can be made with specific interventions and if these are to benefit the individual then it is important that they are made available to them whatever label they have attached.

Diagnosis is therefore an area that invites further investigation. It does not matter what label is given to a person, we are dealing with individuals who are all different and assumptions about their experiences should not be made. Instead what is required is a better understanding of lived experiences and the impact these have on a person’s life. Therefore, because the diagnosis of Asperger’s syndrome is such a subjective decision, for the purpose of this research, a distinction between Asperger’s syndrome and high functioning autism will not be made in the literature review. However, only participants who have been given a diagnosis of Asperger’s syndrome by a psychiatrist or psychologist will be interviewed about their experiences of humour.

1.5 Triad of difficulties

Although all individuals are unique there may be some areas of experience that are common to a particular group. In the case of Asperger’s syndrome a diagnosis centres on the experience of a triad of difficulties, in social interaction, communication and imagination (National Autistic Society, 2009).

1.5.1 Difficulties with imagination

Often people with the diagnosis are characterised by a lack of imagination. The Adult Asperger Assessment (Baron-Cohen, Wheelwright, Robinson and Woodbury-Smith,
2005) looks for a lack of interest in fiction, an inability to write, tell or generate original fiction and a lack of spontaneous make believe play appropriate to developmental level. Lack of imagination can sometimes be overlooked as a person with the diagnosis may be very interested in science fiction or space exploration as their topic of special interest and they may be able to speak about this. However their difficulty is in generating their own fiction. Lack of imagination can sometimes make the person with Asperger's syndrome seem dull or very rigid and this may also have an impact on their social interaction and communication with others.

Difficulty generating fiction is a problem encountered by many people and all people with this difficulty are not given the label autistic. Not all children like let's pretend games, preferring instead games rooted in logic and systems, this again does not signify that they will go on to develop other autistic symptoms. Some traits are common to many people in society and the possession of a particular trait like appreciating systems is not necessarily a defining marker for a diagnosis of Asperger's syndrome.

1.5.2 Difficulties with language

According to Asperger (1944) people with this condition all have one thing in common and that is that language feels uncomfortable. Eisenmajor et al (1996) suggest almost 50% of children with Asperger's syndrome are late in their development of speech but they are usually talking fluently by the age of five.

The difficulties experienced are primarily in pragmatics (how language is used in social context) semantics (not recognising there may be several meanings) and
prosody (unusual pitch, stress or rhythm). WHO (1994) suggest there is no clinically significant general delay in language but there may be problems in specific language skills mainly how it is used in social context. Gillberg (1989) states that there is an unusual profile of language skills which incorporate delayed speech development, superficially perfect expressive language, odd prosody, formal pedantic language, peculiar voice characteristics and impairments of comprehension including misinterpretation of literal/implied meanings.

A child with Asperger’s syndrome may sometimes speak like an adult, using complex sentences and having an extensive vocabulary of technical words. However, this may add to the problems they encounter in social situations for they have difficulties with the reciprocal nature of conversation (Linblad, 2005) and they may not know how to initiate, maintain and end a conversation (Attwood, 2006). It must be remembered however that no two individuals are exactly the same and no two people with a diagnosis of Asperger’s syndrome will be identical either. Difficulties in certain areas may be encountered but the level and degree will vary with the individual.

1.5.3 Difficulties with social interaction

According to Attwood (2006) an essential feature of Asperger’s syndrome is a qualitative impairment in social interaction and a failure to develop peer relationships appropriate to development level. However, there is no standardised test for social interaction, so assessment is a subjective clinical judgement based on reports and observations of the individual.
Friendships are often an area of great concern for those with a diagnosis of Asperger’s syndrome. In the early years they may depend heavily on their family but as they grow older, friendships or the lack of them can become an important aspect of their lives (Attwood, 2006).

Attwood (2000) suggests that children and adults with Asperger’s syndrome have difficulty in social situations that have not been rehearsed or prepared for. He considers that it is therefore essential that such children receive tuition and guided practice in the ability to make and keep friends. In his view it is important that their friendship experiences are constructive and encouraging.

There has been some work carried out with people with Asperger’s syndrome or high functioning autism to improve their social interactional skills (Gray 2004). Mesibov (1986) describes a cognitive programme for teaching social behaviour to autistic adolescents and adults. He describes a growing social awareness in autistic people during adolescence, especially among the higher functioning group. However there is a consensus of opinion of those working with people with Asperger’s syndrome (Attwood, 2006) that these skills have to be taught and practised, if they are to be acquired, for they will not develop in the usual way without input. It is important therefore that steps are undertaken to try and deal with this difficulty, so that it does not have a detrimental effect on their quality of life.

Hay, Payne and Chadwick (2004), found that delays in social and emotional development can lead to low self-esteem and the development of anxiety and depression as an adult. Attwood (2006) suggests that children without friends may be
at risk of difficulties later in their life, the development of interpersonal skills with
friends is seen as the basis of later success in a relationship with a partner. In
childhood we develop concepts of empathy, trust, repairing emotions and sharing
responsibilities, with our friends (Attwood, 2006).

One of the ways that we initiate, build and develop friendships is through shared
interactions and humour can be a great ice breaker. Banter (humorous verbal
exchanges) is often used in a reciprocal manner between friends and work colleagues
(Plester and Sayers, 2007) and therefore a study of humour can help us to gain an
insight into social interaction and communication. A study of humorous
communication could prove useful in helping us to understand the experiences of
people with a diagnosis of Asperger’s syndrome and shed light on an area that has
social, communicational and emotional facets.

1.6 Humour

The Collins Dictionary (1997, p.266) defines humour as “the faculty of saying or
perceiving what excites amusement.” Sultanoff (1994) adds to this and suggests
humour consists of three areas: wit; which he considers to be a thought orientated
experience, mirth; an emotionally orientated experience and laughter; a
physiologically orientated experience. Humour has a psychological, physical,
emotional and social impact. It touches many aspects of our existence.

There are many descriptions given of humour but as yet there is no definitive theory
of laughter and humour. According to Morreall (1987) the Roman Quintilian
complained in the first century that although many had tried, no one had yet explained
what caused laughter and we are still in much of the same position today. One of the explanations of the difficulties encountered is the diversity of situations in which laughter and humour occurs (Morreall, 1983). What is known is that humour is a particularly human experience. Darwin (1872) described humour as a hardwired characteristic of the human species. However, even if humour is an innate characteristic, the sense of humour a person will go on to develop and express will be influenced by their experience and even their culture.

Psychological theories of humour in past years have focussed on specific aspects of humour such as individual cognitions (McGhee 1979), however, humour and laughter are also acknowledged as relational and social phenomena (Reddy, Williams and Vaughan, 2002).

1.6.1 Theories of humour

Philosophical theories of humour can be traced back to the early Greek philosophers, for example, Plato and Aristotle. There are three main theories of humour, Superiority as discussed initially by Plato (1997) and Aristotle (1984) and later by Hobbes (1994); Relief as described by Freud, (1905) and Spencer (1963); and Incongruity as proposed by Kant (1892) and Schopenhauer (1966).

The oldest theory is Superiority theory, where humour is an expression of a persons feeling of superiority over other people. According to Plato (1997) when we enjoy laughing at people it is an expression of malice towards them. Laughter was described as a form of derision by Aristotle (1984). The self congratulatory nature of humour, where we think we are better off than others was commented on by Hobbes (1994),
who also subscribed to the superiority theory of humour. Today many types of non-politically correct (pc) humour point out that we are superior, pouring scorn on the Irish, Jewish, African. Superiority theory has been criticised for not being a comprehensive theory because not all forms of humour point out our superior qualities and as Voltaire (1736) stated laughter can arise from our gaiety of disposition, not always from our contempt and not all forms of humour are verbal, some are visual. This would indicate therefore that humour has more than one purpose.

Incongruity theory describes our reaction to something unexpected, illogical or inappropriate. Humour is the result of the perception of incongruity. This theory of humour was developed in more detail by Kant (1892) and Schopenhauer (1966). The core of the incongruity theory is the novel placing together of disparate concepts. This theory like many of the theories of humour does not account for all instances of humour and it recognises that whether something is found humorous or not also depends on the setting and the context. Opening the fridge and finding a bowling ball inside it may cause laughter, opening the fridge and finding a snake inside it may not. It is often incongruity that is used as a variable when research into aspects of humour is undertaken. Incongruity theory focuses more on the cognitive aspects of humour but there are other aspects such as tickling which highlights its physical nature.

Relief theory states that humour derives from a change of psychological state. In order for this change to be humorous this change must be sudden and the psychological shift pleasant. Freud (1905) suggests we use jokes in order to let into our minds forbidden thoughts and feelings which society forces us to suppress. The energy
normally used for inhibition suddenly becomes superfluous and this energy is released in laughter. A different type of energy release was described by Spencer (1963). He stated that we laugh as the result of an increase in physical energies that we are unable to channel into their normal outlets. We laugh when we are nervous and when we are frightened, as well as when we find something humorous. Relief theory therefore highlights the physical and psychological aspects of humour.

More recent investigations into theories of humour have not initiated any new theories but have tended to critique the previous ones. When attempting to explain the processes underlying creativity in science and art Koestler (1964) cites incongruency and argues that humour results when two different frames of reference are set up and a collision is engineered between them. Incongruency has been the main focus of much of the recent research into humour but Veale (2004) suggests humour operates on more than one level, that there is a cognitive and social element to it. Boyd (2004) also highlights the social aspect of humour, particularly its playful nature, which he claims existed even before language and he describes how humour has always had a social focus and that the sharing of humour produces a powerful social bond. However it must be remembered that not all humour is shared and there are occasions when something is found humorous when an individual is on their own.

Reports by Morreall (1987) and Cundall (2007) both describe the limitations of the current theories of humour. They suggest that because humour arises in a number of different situations that are so diverse, constructing a comprehensive theory is difficult and there may not be a formula which covers all situations. A need to evaluate, reshape and broaden theories of humour, is recommended by Cundall (2007)
who suggests we look beyond what is written at present in order to formulate a theory that covers all aspects rather than one which describes some of the interesting features, which is what we have at present. Heidegger (1927) proposes people do not exist in one dimension; we are thinking, social, interactional beings. If humour is a fundamental human phenomenon it too is likely to be multi-dimensional and a comprehensive theory should aim to cover all its facets.

1.6.2 Why the study of humour is important

It is important to study humour because it has an impact on so many areas of our lives. This study could not do justice to it all it areas of influence so selects a sample which highlight some of the emotional, social, psychological and physiological areas of impact. Humour is a multi-faceted phenomenon and plays a role in communicating ideas, feelings and opinions, as Brownell and Gardner (1988) found in their study of pragmatic language use in brain damaged patients. Lefcourt and Martin (1986) describe how humour provides a means of coping with stress, and provides an antidote for adversity for it suggests if we can make light of a situation we may be able to see an event in a different perspective and change how we think about events. These studies highlight how humour plays a role in our emotional well being and can alter our psychological state. It would be interesting therefore to discover the ways people with Asperger’s syndrome experience humour, if they also use it to express their feelings and how it impacts on their emotional state. This is an area that is particularly relevant to people with Asperger’s syndrome as difficulties with emotions are often attributed to this condition.
The social nature of humour has already been mentioned (Boyd 2004; Veale 2004) and several studies indicate its importance in developing social relationships. Specific aspects of its social role have also been investigated. Lefcourt (2001) found self-deprecating as opposed to hostile humour encouraged a sense of cohesion with others. The style of humour we adopt therefore may have an impact on our relationships with our peers. Middle childhood was found to be a crucial time for successful social development by Zigler and Finn Stevenson (1987) who state that the use of appropriate humour could lead to greater peer acceptance in school. It may be important therefore to consider interventions at specific time periods. The particular humour style one adopts can also have an effect on whether one is accepted or victimised by peers, as Klein and Kuiper (2006) found in their research of peer relationships and bullying in middle schools. It would be interesting therefore to discover the impact humour has on the early social experiences of a person with Asperger’s syndrome and if these lead to inclusion or exclusion.

Relationships are not only important in childhood but also later in life and the role of humour in adult relationships has also been studied. Plester and Sayers (2007) describe the use of banter to create and reinforce relationships in the IT industry where humour was found to have an important role in social bonding. Humorous banter is not always used in a positive way however, and aggression is an element of teasing (Keltner, Capps, Kring, Young and Heerey, 2001). This form of humour may amuse some but has the opposite effect on the victim. This may discourage rather than encourage social interaction. Difficulties with social interactions are one of the defining features of a diagnosis of Asperger’s syndrome and therefore it is important
to explore if their experiences of humour and social interaction are positive and encouraging.

Humour also has a physiological impact. According to Sapolosky (1994), hormones may be useful to animals in the wild escaping predators, but the effects on humans when secreted in high doses over long periods of time is less desirable. Humour, he suggests, is a way to cope with stress and stress related diseases and lower the levels of stress related hormones in our bodies. Rotton and Shats (1996) found humour to have some effect on the reducing of pain following orthopaedic surgery. It is therefore an important attribute to possess and it would be interesting to explore if people with Asperger’s syndrome also have this ability or if they differ in some way from the general public.

Research with immune system activity and stress related physiological processes shows that humour helps to boost immune system activity (Lefcourt 2002). This concurs with the popular saying that “humour is the best medicine” and helps provide protection from infection and disease. When preparing for interviews, Keats (2000) describes how humour can relax muscles, stimulate the respiratory system, boost endorphin production and decrease cortisol levels. Reducing stress is important for all individuals and it would be interesting to discover if humour is a method used to relieve stress by people with a diagnosis of Asperger’s syndrome.

Humour plays a role in our social, educational, psychological and physical well being. As Heidegger (1927) suggests our being in the world is relational, we exist in a world of objects, relationships and language. Humour is an important aspect of our
relationships in the world. An awareness of its impact in many areas of our lives indicates why it is an important phenomenon to study.

The appreciation of and the capacity for humour is therefore an important aspect of all people’s experience. In his study of aging, Nahemow (1986) described it as a defining human attribute which plays a role in many aspects of our existence. People with Asperger’s syndrome are said not to have a sense of humour. This has implications in regard to their definition as a person for it is being suggested that they do not possess a fundamental human attribute and are therefore in some way less human.

1.7 Humour and Asperger’s syndrome.

1.7.1 Lack of sense of humour

As previously stated, because humour is an important part of human life and can have a fundamental impact on our social interaction, a study of the experience of it for people with a diagnosis of Asperger’s syndrome may provide us with some insight into an area of their lives which is often thought of as problematic.

Asperger (1944) wrote that children with Asperger’s syndrome lack a sense of humour but Attwood (2006) argues this is not consistent with his experience. He recalls how many of the individuals he works with have a unique or alternative perspective on life and this can be the basis of comments that are perceptive and clearly humorous. This would highlight a discrepancy between what has been written and what people are experiencing and witnessing.
Happé (1993), in her research into the connections between pragmatics and theory of mind, noted that people with Asperger’s syndrome tend to make literal interpretations of what someone says and may not understand when someone is joking. However this is only one aspect of humour and should not been seen as all defining. It is reported that very young children with Asperger’s syndrome may laugh at the way a word is spoken and repeat the word to themselves in a very private joke, but the reason for the humour is not explained or shared (Reddy, Williams and Vaughan, 2002). This would indicate that the cognitive aspect of humour is understood the difficulty is with another aspect its social, affective nature. Lyons and Fitzgerald (2004) describe how the sense of humour of people with Asperger’s syndrome can be idiosyncratic. They suggest that some adolescents with Asperger’s syndrome can be remarkably imaginative in creating original humour and jokes but the topic is often related to their special interest and may not be created to share with others. All these pieces of research suggest that there is a difference in the sense of humour between people with Asperger’s syndrome and the general public, however it must also be noted that all individuals have a different sense of humour and all people with a diagnosis of Asperger’s syndrome are not the same, they too have individual differences.

Werth, Perkins and Boucher (2001), looking at the life of Grace, a 29-year-old woman with high-functioning autism, has shown that the development of humour can progress to the creation of inventive puns, word association and word play. This provides evidence to contradict the idea that people with high-functioning autism lack a sense of humour, although their findings also support Lyons and Fitzgerald (2004)
view, that for people with Asperger's syndrome, humour is often related to their special interest.

Sainsbury (2000, p.80), an Oxford university graduate, who has Asperger’s syndrome writes “It is not a sense of humour we lack, but rather the social skills to recognise when others are joking, signal that we ourselves are joking or appreciate jokes which rely on an understanding of social conventions.” Again this is at odds with the idea that people with Asperger’s syndrome lack a sense of humour and highlights that the problem may not be with humour itself but more to do with the social interaction that is involved.

1.7.2 Research into Asperger’s syndrome and Humour

It appears therefore that Asperger may have been too sweeping in his original statement that suggested that people with this condition do not have a sense of humour. Research such as Reddy, Williams and Vaughan (2002) has concentrated on possible explanations for the difficulties encountered and the developmental delay that may be experienced by some people with the diagnosis. Van-Bourgondien and Mesibov (1987) considered what stage of humour the participants have reached based on Mc Ghee’s (1979) staged model of humour.

Other projects like Lyons and Fitzgerald (2004) have looked at the possible causes for the difficulties experienced. Various theories have been proposed to try to explain why social interaction may prove difficult for people with Asperger’s syndrome. These findings will now be discussed.
1.7.3 Developmental Model of Humour.

McGhee (1979) developed a staged model of humour. Four stages of humour were identified.

According to Van-Bourgondien and Mesibov (1987) Stage one is identified by incongruous actions towards objects e.g. picking up a stick and saying, comb hair while using the stick as if it were a comb. Stage two involves incongruous labelling of objects or events e.g. calling a cat, a dog. These first two stages are usually seen in children around 1½-3 years of age.

Stage three is based on conceptual incongruity and requires a greater understanding of concepts. According to McGhee (1979), the incongruity of the humour at this stage requires changing one or more aspects of a concept, e.g. a cat with two heads that goes oink. Stage three humour is also said to include the beginning of word play such as the creation of nonsense words e.g. flutterby (butterfly) or the repetitious rhyming of words e.g. eany, meany, miny. In stage three children also begin to ask questions resembling riddles but these are usually disjointed and rambling, e.g. what do you call a three legged donkey? A wonky. This stage is usually seen in children between 3 and 7 years of age.

Stage four is described as the beginning of adult humour and is said to consist of understanding and telling riddles. Schultz and Pilon (1973) described four levels of linguistic ambiguity commonly found in riddles: lexical (a single word has two different meanings), phonological (a given sound sequence can be interpreted in two or more ways), surface (this occurs when words in a sentence can be grouped or
bracketed in two different ways with each bracketing expressing a different semantic interpretation e.g. I saw a man [eating shark] in the aquarium, I saw a [man eating] shark in the aquarium) and deep structure (this occurs when there can be two different sets of structural relationships between key words in a sentence e.g. the duck is ready to eat where the duck can be either the subject or object). Examples of the different types of jokes are found in Appendix E. Lexical and phonological are observed in children as early as 6 or 7 years old. Surface and deep structure begin to be used at around age 11 or 12. This is about the same time riddles begin to decline as the major type of humour (Schultz 1974). They also state that riddles are usually replaced by anecdotes or sexual innuendo or jokes involving reference to cultural biases during adolescence.

McGhee's (1979) staged model was used by Van-Bourgondien and Mesibov (1987) as a basis for their study. They examined the humour used by a group of nine high-functioning autistic adults participating in a Social Skills Group. The jokes they told during a designated joke time over a number of group sessions were analysed according to their developmental levels. Jokes were categorised based on McGhee's (1979) developmental model of humour. The study found that this group of high functioning autistic adults were capable of a wide range of humorous responses although only 16% of the jokes told were similar to those told by adolescents and adults, the majority being similar to those told by much younger children.

This study also found that over time participation in joke times and their enjoyment of them increased and they suggest that humour holds considerable potential for enriching the lives of autistic people. However Van-Bourgondien and Mesibov
(1987), also state that when working with the autistic population humour requires nurturing as it develops slower than in the normal population.

In categorising jokes into different levels associated with different stages of development, it is possible to highlight any discrepancies between age and the type of jokes told. Van-Bourgondien and Mesibov (1987) demonstrates that people with Asperger’s syndrome are able to tell a variety of jokes, but, the majority of them are still at a very basic level, preriddles, phonological and lexical riddles similar to those told by early school aged youngsters which did not correspond with the participants chronological level of development. This would suggest some form of developmental delay.

Van-Bourgondien and Mesibov (1987) also illustrates the difficulties people with Asperger’s syndrome experience in the area of social interaction, where an improvement is only made with specific directed attention. Lyons and Fitzgerald (2004) also highlight the difficulties people with Asperger’s syndrome appear to have in sharing interactions with other. They suggest that the most important ingredients of humour, affective response and reciprocity are missing. According to Koestler (1964) humour and laughter are pleasurable activities that help create feelings of community and closeness. Lyons and Fitzgerald (2004) suggest people with Asperger’s syndrome can produce and comprehend humour but it is of a cognitive nature and the socially affective nature of it is missing. It would appear therefore that important aspects of humour are missing for people with a diagnosis of Asperger’s syndrome. It takes longer for them to develop it and they do not know how to share it.
There is some criticism of staged models (O'Brien and Houston, 2000), namely that development does not progress in a linear manner through distinct stages and that stage one must be completed before stage two can be embarked upon. This opens debate as to the usefulness of research such as Van-Bourgondien and Mesibovâ’s (1987) that relies on a staged model of development as its basis. Rybash, Roodin and Santrock (1991), on the other hand, in their research into adult development and ageing, favour a more multi-directional model of development where there are gains and losses in areas and emphasise how people can be affected by their environment and their experience and point to the uniqueness of every individual rather than what is universal for mankind. This approach may signal a more optimistic outcome for people with a diagnosis of Asperger’s syndrome, as it may take longer for it to develop but with concerted effort advances can be made. A developmental approach indicates there may be delays in humour development but also offers hope that humour is not absent in people with Asperger’s syndrome, there may be difficulties but there are ways to overcome these problems.

The second area of research is into the possible underlying causes for some of the problems experienced when interacting with humour relate to possible cognitive difficulties experienced by people with a diagnosis of Asperger’s syndrome.

1.7.4 Theory of Mind.

The psychological term Theory of Mind (ToM) refers to the ability to recognise thoughts, beliefs, desires and intentions of other people in order to make sense of their behaviour and predict what they are going to do next. This understanding is important for social interaction and the ability to predict another’s thoughts or intention can
often help to determine whether something is viewed by others as humorous or not as is witnessed in the case of banter (Plester and Sayers (2007).

According to Baron-Cohen (1988) lack of ToM is the core deficit in autism. Happé (1993) also reported a strong correlation between the ability to explain non-literal messages, e.g. lies, jokes, pretence, irony, sarcasm and ToM abilities, arguing that there is a clear link between ToM and pragmatic understanding. This would suggest that people with Asperger’s syndrome, who Baron-Cohen (1988) describes as lacking ToM, would have difficulty with certain aspects of humour such as jokes and sarcasm. A lack of ToM would impact in many areas of a person’s life and have an important effect on their social interactions.

ToM is an important facet of social inference theory. Klin, McPartland and Volkmar (2005) described the deficit in social relatedness as the defining feature of Asperger’s syndrome for social inferences are required whenever we attempt to explain or predict the thoughts, intentions and behaviour of others. This would help explain difficulties encountered when people do not recognise that someone else is joking.

Attwood (2006) suggests that a child or adult with Asperger’s syndrome does not recognise or understand the cues that indicate the thoughts or feelings of the other person at a level expected for someone of that age. It is not that a person with Asperger’s syndrome has no empathy or that they do not care about the thoughts and feelings of others. Attwood (2006) argues they do care, but they are not able to recognise the more subtle signals of emotional states. This implies that a person with
Asperger’s syndrome may have difficulties with some aspects of ToM but not lack it all together.

Recognising cues as to whether a person is joking or not may be difficult when eye contact is avoided. Yule (2008) suggests that eye contact is avoided because people with Asperger’s syndrome are highly sensitive and fear what they may encounter when meeting another person’s eye. This questions whether it a lack of sensitivity to others or an oversensitivity that is causing the difficulties with ToM.

Most people are quick and efficient in using ToM abilities when engaged in social situations. Bauminger and Kasari’s (1999) research has shown that while some children and adults with Asperger’s syndrome can demonstrate advanced ToM skills, they can take longer to cognitively process the relevant cues and responses than one would expect, and require more encouragement and prompts. Their answers to questions that rely on ToM abilities can be less spontaneous and intuitive becoming more literal, idiosyncratic and irrelevant. This can cause problems with humour where often timing is all important. One of the consequences of using conscious mental calculation rather than intuition is the effect on the timing of responses. However, if the ability is not lacking, just the response is slower, then practice may help increase response speeds.

Peterson and Siegal (2000) argue that it is experience with social communication that leads to accomplished ToM skills. However, because these two are so intertwined it is difficult to establish causal direction: is ToM the precursor for developing social skills or is it a lack of social communication that hinders the development of ToM
reasoning? This can lead to a tautology but what is known is that people with Asperger Syndrome can learn to improve their social communication (Cake and Noyce, 2008). Programmes are available for this purpose such as Gray's (2004) Social Stories and Baron-Cohen's (2008 b) computer programme Mind Reading.

Zahavi (2004) also questions the link between self awareness and ToM. Dennett (1978) argues that in order to predict the mental states of others we must be able to attribute mental states to ourselves and in order to attribute false beliefs to others we must be able to see that our beliefs can differ from reality. There is no evidence that we attribute mental states to others before we attribute them to ourselves and vice versa, so is self awareness a prerequisite for ToM and how is self awareness and ToM connected? The implication is therefore that people with Asperger Syndrome who are supposed to lack ToM also lack self awareness but there is no evidence to support this claim.

According to Siegal and Beattie, (1991) children only acquire ToM at around four years of age. If ToM is required for self awareness, then anyone that lacks such ability will also lack self awareness. This questions whether children younger than four years are self aware. This view is challenged by Butterworth (2000), who suggest that infants have a primitive form of awareness in the first weeks and months of life, they can discriminate between themselves and other objects and know whether actions are their own or not and therefore have a sense of self. They are in possession of a form of bodily sense of awareness long before they are in possession of a ToM. There is no evidence to demonstrate people with Asperger Syndrome do not have a sense of self awareness.
Zahavi (2004) discusses the validity of ToM and questions whether it is innate and modularised or acquired in the same way scientific theories are acquired through observation, experimentation and revised in the light of incoming data. Baron-Cohen (1989) suggests ToM is an innate, encapsulated, domain specific part of the cognitive architecture or a module. These cognitive modules are thought to be static and anti-developmental, where they could not be developed at a later date. If this is the case then people with a diagnosis of Asperger’s syndrome, who Baron-Cohen (1989) claims do not possess ToM, would be condemned to a life without it and would never be able to develop this ability. Gopnik (1996) has argued against the modularist view suggesting that ToM is better explained by developing theories. However both views may be partially correct as Scholl and Leslie (1999) suggest, for ToM may be grounded in a cognitive module yet still afford development. Scholl and Leslie (1999) suggest some of the capacity may have an innate basis but be cognitively penetrable and learned by induction. This allows for a potentially infinite number of end states, a view consistent with our understanding of many sorts of expertise, such as our ability to use language. Observations of people with a diagnosis of Asperger’s syndrome would suggest that they have some elements of ToM, in that they can predict the actions of others but there may be difficulty predicting the emotional impact, suggesting perhaps that ToM exists on a continuum rather than an all or nothing basis. If the view is taken that ToM is innate but honed by social interaction then this affords a positive outlook for people with Asperger’s syndrome who could take active steps to improve their skills.
If we are to improve our scientific knowledge and understanding of cognitive abilities it is important that we ground our work in real life experiences for as Husserl (1970) suggests science is a second order knowledge system which depends upon first order personal experience. Studying experience of phenomena such as humour may provide insight into an area of cognitive functioning.

1.7.5 Weak Central Coherence

Weak Central Coherence (WCC) is another causal hypothesis put forward to explain some of the underlying difficulties experienced by people with Asperger’s syndrome. A more recent term that has been used for WCC is Monotropism (Murray, Lesser and Lawson, 2005). WCC is described as a neurologically based problem with the integration of diverse information at different levels, which impairs the ability to construct higher-level meaning in context i.e. ‘central coherence’ (Happé 1997).

Having WCC implies that a person cannot easily identify what is relevant and redundant in a situation and often pay attention to details others would ignore. According to Frith (1989) autistic children pay preferential attention to parts rather than to wholes. This may cause problems understanding the global meaning or gist of a joke as a person may pay attention to detail which is trivial and miss the significance of the joke. Jolliffe and Baron-Cohen (2000) found that in a range of tasks people with autism display a selection bias towards the most common outcome and are unable to use context to access less common but sometimes more appropriate meanings. Jokes which rely on word play or double meanings may therefore cause difficulties. WCC may help to explain some of the cognitive difficulties experienced with humour but it does not account for the difficulties described with the socially
affective element of humour and the difficulties of social interaction often attributed to people with Asperger's syndrome.

One of the methods used to test WCC is the Embedded Figures test, where people are asked to find a target shape, hidden in a larger image, as quickly as they can. People with Asperger's syndrome are usually quick at spotting the target shape. This test may highlight how people with Asperger's syndrome pay attention to details but it does not necessarily demonstrate that they have an inability to see the bigger picture. One criticism of this test is that it records response not what is actually seen and as such could be methodologically flawed. The response elicited could be based on an anticipation of what is expected. People with Asperger's syndrome do not always concentrate on the finer details and more work needs to be undertaken to clarify at what level they experience difficulty integrating information.

WCC has also been criticised as Happé's (1996) findings have not been replicated (Ropar and Mitchell, 1999). WCC has been used in the study of people with William's syndrome, where individuals have an impaired intellectual ability, but their language and social functioning are well above average, and as such demonstrate the opposite impairment in social interaction to people with autism. It is questionable therefore whether the same mechanism can be responsible for the opposite pattern of impairment in two different populations.

In summary although WCC may be useful in giving a partial explanation for some of the difficulties people with a diagnosis of Asperger's syndrome may encounter in relation to humour, it does not fully describe their experience as Werth et al (2001)
demonstrates, with Grace’s wordplay, a person with Asperger’s syndrome can construct higher level meanings in context.

1.7.6 Impaired Executive Function

Impaired Executive Function (EF) is another causal hypothesis that has been linked to Asperger’s syndrome. EF is an umbrella term for mental operations that enable an individual to disengage from the immediate context in order to guide behaviour by reference to mental models of future goals (Hughes, Russell and Robbins, 1994). According to this theory people with impaired EF have difficulties planning actions and shifting attention. EF drives motivated and adaptive behaviour and allows individuals to respond to novel and challenging tasks. In relation to humour this often affects verbal jokes as different possible outcomes have to be held in mind if they are to be appreciated.

Impaired EF can include a difficulty in considering alternative problem-solving strategies. Research (Shu, Lung, Tien and Chen, 2001) and observation has shown that people with Asperger’s syndrome tend to continue using incorrect strategies and are less likely to learn from their mistakes, even when they know their strategy is not working. This may explain the repetitive actions of people with Asperger’s syndrome as they are unable to adopt a new strategy and persevere with existing plans. Another implication is that a person with a diagnosis of Asperger’s syndrome may not be able to appreciate an alternative ending which is often what causes a joke or situation to be funny. However it must be noted that there is more to humour than its cognition and impaired EF does not account for the social difficulties encountered.
Research by Shammi and Stuss (1999) has shown that the right hemisphere and prefrontal cortex areas of the brain are associated with Executive Functions. Damage to the frontal lobes is also associated with perseveration, where there is a repetition of a particular response despite the absence or cessation of a stimulus. Repetitive actions often associated with Asperger’s syndrome may therefore have some connection with the working of the frontal lobes but further research is required in this area to establish a causal link and repetitive actions are only one of the difficulties associated with Asperger’s syndrome.

There is now considerable research evidence to show that people with Asperger’s syndrome, particularly adults and adolescents have impaired EF (Goldstein, Johnson and Minshew, 2001). However, as Martin and McDonald (2003) suggest, EF may be a component of Asperger’s syndrome but it is not clear whether EF impairment is a causal factor or whether it applies to everyone with a diagnosis uniformly. Diagnosis is made on behavioural observations and the impact of the difficulties varies from person to person.

Baron-Cohen (2008 a) criticises the theory for it ignores the content of the fixations. He describes how a narrowing of focus allows for a depth of processing, going deeper into details than typically attempted. This allows for the development of areas of expertise which can be witnessed in people with a diagnosis of Asperger’s syndrome. Action control is an important element of EF and people with Asperger’s syndrome can create and execute plans even though on times they may experience difficulty shifting focus.
Another criticism of the construct of EF is that although it may account for a social impairment it does not necessarily account for communication impairment (Liss, Fein, Allen, Dunn, Feinstein, Morris, Waterhouse and Rapin, 2001). Pragmatic language difficulties are experienced by people with Asperger's syndrome. These difficulties centre not only on the comprehension of language but also the production of it. There is a cognitive as well as a behavioural element to the difficulties. Explanations of difficulties therefore need to be multifaceted. They need to move beyond a simple level and account for the many problems faced. All the theories of the underlying causes give a partial insight into some of the difficulties that may be faced regarding humour but none give a full account of the experience of a particular individual.

The three theoretical models noted above may all be described as hypotheses of deficit, which implies that with a diagnosis of Asperger's syndrome something is missing for the individual. The following two hypotheses, the supercharged brain and the empathising-systemising theory, may both be viewed as hypotheses of excess.

1.7.7 Supercharged Brain

This approach adopts a neurological explanation of the difficulties encountered in Asperger's syndrome. It suggests that the brain is hyperactive. Szalavitz (2008) describes a supercharged brain that allows for excessive information processing which gives rise to an exaggerated perception that is difficult to integrate into a whole. In her account colours are brighter, detail more defined and every sensation overwhelming. Perception is therefore fragmented, which leads to withdrawal from
the world or only paying attention to a small part of it. In order to make sense of all
the information that is received it is necessary to narrow down focus and concentrate
on a small section. Although this account affords with many of the experiences
attributed to people with autism, it is difficult to comprehend how anyone
experiencing these extreme sensations could function in the everyday world and not
everyone with a diagnosis of Asperger's syndrome has the same experiences.

Baron-Cohen (2008 a) also describes how children with autism go through a period of
brain overgrowth in the first few years of their life with their head and brain growing
closer than average. He states that at post mortem, on average, the brain is both bigger
and heavier in children with autism and suggests that there is an overgrowth of
grey matter which is involved in neuronal computation. The causes of this overgrowth
are unclear, although, it may reflect the presence of too many nerve cells but this is
not substantiated. He also acknowledges that the differences do not apply to every
individual with the diagnosis and that further research is required as these differences
are not found in adult brains.

Baron-Cohen (2008 a) also notes that the amygdala, which is a key structure in the
brain, is involved in emotional responses and recognising emotions in others, is
smaller than average in adolescents but larger than average in young children with
autism. The amygdala theory is linked to the Kulver-Bucy syndrome a possible
animal model of autism. However Baron-Cohen (2008 a) also suggests a credible
animal model of autism may not be possible as communication and empathy are far
more complex in human beings than other animals.
Work on animal models also provides the basis for the claims of Szalavitz (2008) where the work undertaken by the Swiss Federal Institute of Technology was on rats. This is an interesting area of investigation but findings made on other animals may not link across species. There is no biological marker for autism or Asperger’s syndrome at present and Baron-Cohen (2009) urges caution when interpreting current research findings. Caution must be enacted when considering any of the research that has been undertaken so far into the biological and neurological aspects of Asperger’s syndrome as the evidence is far from convincing. It has yet to be demonstrated conclusively that the brains of people with autism are different to people without the condition.

Although people are biological entities their experience is reflective, As Smith, Flowers and Larkin (2009) describe if we adopt a phenomenological philosophy we view a person as being not only embodied but also immersed in the world, interacting with their environment. There is an interaction between biology and environment that helps form and shape human experience.

1.7.8 Extreme Male Brain (Empathising/Systemising)

This hypothesis which focuses on the single minded, goal orientated underlying basis of a personality may explain some of the difficulties with humour that could be faced regarding intentionality and the unexpected. According to this theory people with a diagnosis of Asperger’s syndrome are average or above at systemising, a drive to analyse or construct systems and below average at empathising, or having an appropriate emotional reaction to another persons thoughts and feelings. Baron-Cohen
(2008) suggests the strength of this theory (Extreme Male Brain, Empathising/Systemising,) is that it can account for the social and non social features of Asperger’s syndrome. The narrow interests and repetitive behaviours are explained by systemising, with a drive to follow rules and impose structure. A lack of empathy helps explain some of the social, communication difficulties experienced as interacting with others may be difficult if social clues are not attended to.

This theory allows for a reconceptualisation of Asperger’s syndrome for rather than it being viewed as something undeveloped or missing, it is thought of as the result of intelligent behaviour. It allows for a different way of thinking and learning, with attention to detail occurring for a positive reason, understanding a system.

The empathising-systemising theory has been extended into the Extreme Male Brain theory of autism. The Extreme Male Brain was an explanation given by Asperger in his 1944 paper that has been followed up by Baron-Cohen (2002). Asperger suggested the autistic personality was an extreme variant of male intelligence. Baron-Cohen, (2002) states there are clear sex differences in empathising and systemising, females perform better on empathising tests and males perform better on systemising tests. This view of a difference between the way men and women think is common in popular culture but there is no conclusive evidence that men think any differently than women. This view of the Extreme Male Brain has been challenged by Rivers (2006), who claims that Baron-Cohen’s (2002) study was not well designed and lacked critical controls against experimenter bias and has not been supported by subsequent research.
According to Baron-Cohen (2009), there may be some biological support for his theory as there is a correlation between babies exposed to high levels of testosterone in the womb and those that go on to develop an autistic trait. The Extreme Male Brain hypothesis may account for some of the clinical manifestations of Asperger’s syndrome and also for the fact that the overwhelming majority of people with this diagnosis are male (9:1) but it does not account for all the difficulties experienced by people with a diagnosis of Asperger’s syndrome. Further research is required in this area before Baron-Cohen’s (2009) suggestions are accepted.

Baron-Cohen (2009), in the recent debate on pregnancy screening for autism describes how autism is often linked with talent and how extraordinary abilities in areas such as mathematics can be demonstrated by people with Asperger’s syndrome. It must be remembered however, that not all savants have Asperger’s syndrome. In our society there is a tolerance for people who are good at tuning in to other peoples thoughts and feelings but have difficulty understanding machines as systems. It is hoped therefore that people with autism will enjoy the same forbearance especially as research is putting a more positive slant on the skills and talents of people with Asperger’s syndrome.

Extreme male brain theory, again only gives a partial explanation of the difficulties with humour that may be faced by a person with a diagnosis of Asperger’s syndrome. It does however allow for the idea that not all people with a diagnosis have a similar experience and that difficulties, like talents, may be on a continuum. Not all people with the diagnosis are mathematical geniuses neither are they all Mr Bean and that is
why it is important to investigate their actual experience rather than make predictions about possible outcomes.

All the hypotheses that focus on the possible cognitive difficulties experienced by people with a diagnosis of Asperger's syndrome provide a partial explanation, either positive or negative, of problems that may be encountered but in many instances they are conflictual. None give comprehensive account of the difficulties that are experienced. Like humour where there have been many theories put forward, none of the theories of the underlying causes of Asperger's syndrome give a full account of the many difficulties experienced. This could be because the explanation has to be multifaceted to match the condition. What this literature review has demonstrated is that although difficulties are acknowledged, these do not appear to be insurmountable.

What is required therefore is focussed research which looks at the real life, lived experience of individuals with a diagnosis of Asperger's syndrome, to investigate their actual experience. By looking at particular people in particular contexts, we can demonstrate the existence of the phenomena and in looking in detail at their accounts we can develop an insight into their actual experiences, highlighting the embodied, cognitive, affective and existential elements of this experience.

1.8 The Current Study

At present there is no research that investigates humour from an insider perspective except a single case study (Werth et al 2001). This exposes a gap in our understanding for it is important that we develop knowledge of their actual experience if we are to work towards improving the lives of our clients. Humour plays an important role in
our social interactions; it helps secure friendships and alleviates stress. Difficulties with social interactions are a defining category in the diagnosis of Aspergers syndrome. If we are to develop a better understanding of the problems encountered by people with this diagnosis we need to gain an insight into their experience.

The website of the institute for the study of the neurologically typical, written by people with a diagnosis of autism, questions the judgements made about their capabilities. It parodies the idea that some people are hardwired to understand social interaction and others are not and questions whether one way of being is superior to the other. In regard to humour Bauer (2002, p.1) states "The common belief that persons with pervasive developmental disorders are humourless is frequently mistaken". If we are to gain a better understanding of the experience of people with Asperger's syndrome we should pay more attention to what people with the diagnosis have to say.

As a counselling psychologist my aim is to ally myself with the needs and views of my clients, developing an understanding of their experiences and working alongside them to bring about positive changes in their lives.

In this literature review I have discussed the triad of impairments associated with a diagnosis of Asperger's syndrome and how this diagnosis is based on behavioural reports: an outsider's perspective. I have questioned the validity of the diagnosis and maintained throughout how important I feel it is to recognise the individuality of people and not make assumptions about their abilities. Humour is a phenomenon that has an impact in many areas of our lives and its complex multifaceted nature has led
to difficulty with trying to establish a theory that covers its many aspects. A similar problem has been encountered with trying to establish an underlying theory that covers the many difficulties experienced by people a diagnosis of Asperger’s syndrome. What theories have been produced to date of both humour and Asperger’s syndrome only give partial explanations. This is why I feel it is important not to make sweeping statements that people with Asperger’s syndrome do not have a sense of humour. What is needed is research that examines real life lived experiences, that does not make assumptions and predictions about what will be found but allows actual experience to emerge.

There is a wide gap in the research looking at humour in people with a diagnosis of Asperger’s syndrome from an insider perspective and if we are to develop a good understanding of what it is actually like for the individual we have to investigate this area from the inside. Only then will we be able to develop an understanding of what it is really like and from this we should be able to calculate what is actually required to improve the quality of life of our clients. As Moncrief (2007) suggests the way forward for psychologists is to offer help that is useful and empowering.

It is hoped that through this research a better understanding of their experience can be developed and without predicting the outcome it is anticipated that the information it reveals will prove useful in helping bring about new ways of working with people with a diagnosis of Aspergers syndrome.

1.9 References


Freud (1905) *Jokes and their relation to the Unconscious*. New York: W.W. Norton


**Section 2 Research Report**

**2.1 Abstract**

This study investigated the experience of humour of people with Asperger’s syndrome. It aimed to explore the lived experience of this phenomenon. In order to gain insight into the lived experience a qualitative approach was adopted using semistructured research interviews with eight, adult, male participants. Interpretative Phenomenological Analysis was then used to illuminate the “insider perspective.” The analysis highlighted four main themes, *the experience of difference, the experience of learning, what I find amusing and how I use humour*. It suggested that people with Asperger’s syndrome do have a sense of humour but they may need to put in extra effort to develop it. The importance of individuality and acceptance of differences was also recognised. The report highlighted a number of clinical implications such as the role humour plays in social interactions and the importance of asking questions
rather than making assumptions when working with people with Asperger’s syndrome.

2.2 Background

This investigation aims to throw light upon the experience of humour for people with Asperger’s syndrome. The Think Differently Act Positively report (2007), commissioned by the National Autistic Society showed that the vast majority of the public is uninformed about the condition and respondents said they would be far more willing to engage with people with autism if they understood more about the condition. This study therefore hopes to improve our understanding of their experiences and raise awareness of the condition.

During the literature review it became increasingly apparent that little research had ever been undertaken adopting a phenomenological approach except for Werth et al (2001) which adopted a single case study. Therefore there was a need to undertake further research in this area as our knowledge should be based on experience, which in turn should be examined in the way that it occurs and its own terms (Husserl, 1970). Research into Asperger’s syndrome and humour that had adopted an IPA approach is difficult to find but this method was likely to get as close as possible to the personal experiences of the participants and do justice to the complexity of the experience of humour, that is a multi faceted phenomena.

Much of the research that has been undertaken to date into Asperger’s syndrome and humour has focussed on cognitive deficits and produced possible explanations for the difficulties experienced by people with the condition. Concepts such as Theory of
Mind (Baron-Cohen (1988), Executive Function (Goldstein, Johnson and Minshew 2001) Weak Central Coherence (Happé 1997), Supercharged Brain (Szalavitz 2008), and Extreme Male Brain (Baron-Cohen, 2002) have all been used as explanations of the problems that have been encountered but these theories only give partial explanations of the difficulties faced and none accurately account for all the symptoms associated with a diagnosis of Asperger’s syndrome. As critics of psychiatric diagnosis, such as May (2007) suggest, our emphasis should not be on a clinical fixation on symptoms, rather we should work towards understanding the meaning to be made of a person’s experience. Our aim should be to work with people to help reduce distress and increase psychological and social functioning. This research looks at the individual experiences of humour for people with a diagnosis of Asperger’s syndrome and its emphasis is on the value of those unique experiences rather than making a judgement about whether they do or do not have a sense of humour it gives the participants the opportunity to describe their unique experience.

Boyle (2007) supports this idea and proposes that we should move away from the emphasis on psychiatric constructs as people’s behaviour and emotions do not easily fit diagnostic criteria. We should not be prejudging and restricting their experiences, instead allow the participants to describe their own reality. There are many, including Attwood (2006), who work with people with a diagnosis of Asperger’s syndrome who would challenge the belief that they lack humour.

2.3 Research Question and Aims
This investigation aims to explore the experience of humour for people with a diagnosis of Asperger’s syndrome. Focussing on jokes, it explores what people find
amusing, how humour is used in their lives and their personal perception of humour. This study investigates humour in people with a diagnosis of Aspergers syndrome from a new, alternative, phenomenological angle, investigating people in their context, considering their experience of humour, in order to increase our knowledge and understanding of their experience of this phenomenon. For as Moncrieff (2007) suggests the way forward for psychologists is to offer help that is useful and empowering.

As a co-facilitator of the Shropshire Aspergerâs Support Group, I ally myself with service users who question the narrow, reductionist explanations that are given of their experience. I prefer an idiographic approach that concerns itself with the particular, rather than a nomothetic approach, which establishes general laws of human behaviour. Humour, I have found, seems to be a key element in the functioning of the group I co-facilitate and I am interested to discover the perceptions of those with a diagnosis of Aspergerâs syndrome.

This study aims to be a collaborative process, working with the participants who are as Campbell (2007) states âexperts by experience.â IPA is seen as the most appropriate method of investigation as it explores the participantâs view of the world. It does not aim to quantify data but capture and make sense of it. The choice of method is important for it compliments the research question in order to obtain the precise sort of information that is required to meet the research objective.

This investigation aims to increase knowledge and understanding of the experience of humour for people with Aspergerâs syndrome. It is then hoped that the information it
produces may be used to aid people who work alongside those with a diagnosis of Asperger’s syndrome to improve their quality of life. It is important that the outcomes of this study are not predicted before it has been undertaken but it is optimistic that the findings of this study may lead to improved ways of working alongside clients helping them to reduce levels of anxiety and distress.

2.4 Method

2.4.1 Interpretative Phenomenological Analysis

The qualitative methodology Interpretative Phenomenological Analysis (Smith, 1996; Smith, Jarman and Osborn, 1999; Smith, Flowers and Larkin, 2009), as previously discussed was adopted in this study to analyse the data. IPA is the most appropriate analysis for this study because it works from a broadly phenomenological epistemology, in the sense that it is concerned with a person’s perception of a topic (phenomenology) and it sees this as accessible only through interpretation. IPA has its roots in Phenomenology (Giorgi, 1995) and symbolic interactionism (Denzin, 1994).

According to Smith, Jarman and Osborn (1999, p.218) “the aim of interpretative phenomenological analysis is to explore in detail the participants’ view of the topic under investigation. The approach is phenomenological in that it is concerned with an individual’s personal perception or account of an event as opposed to an objective statement of the object or event itself.” Smith (1996) argues IPA is concerned with cognitions, understanding what the individual participant thinks or believes about the topic under discussion. It tries to illuminate the subjective perceptual processes involved when a person tries to make sense of their world.
IPA adopts an interpretative approach to analysis and acknowledges that the research process is dynamic. The term interpretative phenomenological analysis is used to signal the two facets of the approach, the experience of the phenomena and the interpretation of that experience. As Willig (2001) suggests, it acknowledges that an investigation must necessarily implicate the researcher’s own view of the world as well as the participants. The elucidation of a participant’s personal world involves two facets of interpretation (Smith and Osborn, 2004): the participants attempt to make sense of their experiences, and the researcher attempts to make sense of, and interpret, the participants making sense of their experiences. It is a collaborative process.

It is acknowledged that the researcher cannot obtain direct access to the participants’ world; however, the role of the researcher is to engage with the participants’ accounts so that as far as possible an ‘insider perspective’ can be obtained. It is recognised that the researchers’ own thinking and understanding may influence their interpretation and rather than this being viewed as biasing, these factors are seen as necessary in order to interpret and make sense of someone else’s experience (Huws and Jones, 2008).

IPA studies are conducted on small homogeneous samples that are purposively drawn. The aim is to provide an in-depth analysis of the perceptions and understandings of a selected group rather than making generalised assertions about larger populations. In this study a group of eight individuals all with a diagnosis of Asperger’s syndrome were interviewed to explore their experience of humour. Therefore eight were selected, as this provided a rich and comprehensive source of data for with larger samples it is difficult to retain the rich variety of data in mind.
2.4.2 Participants

Eight participants were selected for this study. None of the participants were members of the Asperger Support Group co-facilitated by the researcher but participants were recruited at functions attended by members of the group.

No women indicated an interest in taking part. Of the eight men who volunteered, five were in their 20s, one in his 30s, and two in their 40s. This provided a fairly homogeneous sample, as they were all similarly aged men, living in a similar location. Smith, Jarman and Osborn (1999) suggest, the system works well with studies which employ a small homogeneous group.

It was important that a diagnosis of Aspergers had been received by each of the participants. In order for the researcher to be able to identify that all the potential participants had this diagnosis consent to consult medical records was obtained. Once permission had been received, the medical records of the participants were checked and confirmation of their diagnosis of Asperger's syndrome established. Confirmation was obtained for all those who were interviewed.

The researcher felt it was important to have independent verification of the diagnosis as the aim of IPA studies is to provide an in-depth analysis of the perceptions and understandings of a particular group and independent verification of membership of that particular group will allow for the findings to be attributed to that specialist group.
2.4.3 Materials

As this particular client group is known to have difficulty with social interaction it was decided that joke cards would be used at the start of the interview to focus attention and provide an initial talking point (See Appendix E for jokes). It is advised by Smith (2004) that participants are put at their ease before the start of an interview.

The jokes on the cards were of four types each demonstrating a type of ambiguity. They were chosen to represent the hierarchy of ambiguity as described by McGhee (1979). The jokes were trialled on the Asperger's Support Group and found to be mildly amusing to the majority. It was noted that not all people found all of the jokes amusing and some did not find any of them amusing. It then became apparent that during the interview it was important to explain to the participants that they may not find the jokes amusing as not everyone would.

An interview schedule was devised and this again was trialled on the Asperger's support group (See Appendix F). It began by focussing on the jokes they had just read and then opened up to incorporate jokes in general and moved towards different types of humour and their experience of it. The questions used were open questions which allowed for detailed explanations and did not limit responses. The focus of the questions was the participant's experience of humour in their lives and the influence and impact it had e.g Have you ever been told a joke that you did not understand? The interview schedule incorporated questions about specific aspects of humour such as Which TV programmes, films or books do you consider to be funny? This type of question was included to provide a focal point that could act as a springboard for the participant's responses.
The interview questions were not rigidly adhered to as it was the participants’ responses that guided the interview. This allowed the participants to talk about their experience of humour and focus on what they considered to be of relevance rather than be influenced by the researcher. The interview was shaped predominately by the participants’ responses.

The interviews were conducted over several months and ranged in duration from 35 to 70 minutes. Interviews were audio taped and later transcribed verbatim.

### 2.4.4 Procedure

Approval for this research to be conducted was sought from the Behavioural Sciences Ethics sub committee and the School of Applied Sciences Ethics Committee at the University of Wolverhampton. Once this had been granted the researcher contacted local Asperger Support groups and asked if she could visit the groups and introduce her research.

At these meetings the researcher talked to the group members about her research and handed out information letters and contact detail sheets, to anyone who was interested in taking part in the research. Participants indicated their interest by returning the contact details form to the researcher.
Each participant was given the choice of being interviewed at home or in a private office. Four chose their home and four the private office. To place the clients at ease and develop rapport before each interview the participants were engaged for several minutes in general conversation about their hobbies and pastimes.

Prior to commencing the interview the researcher explained that she was interested in how people with Asperger’s syndrome experience humour. The participants were given the opportunity to ask questions about the study. They were each given a letter to introduce the researcher and the rationale of the study. The details on the contact form were again checked and confirmation of the right to access medical records for verification of the diagnosis sought.

The participants were also given an information sheet that explained that they could withdraw at any stage and that their anonymity would be preserved. This sheet also contained contact details of the researcher.

Although it was not anticipated that the research would cause any particular anxiety, the participants were given the name and contact details of another psychologist who had agreed to provide support if anxieties were raised by the interview. None of the participants availed themselves of this service.

Finally a consent form was provided for the participants to sign if they agreed to take part in the study. It also detailed what would happen to the audiotape of the session.
and how feedback would be provided. A copy was retained by both the researcher and the client.

The participants were given eight cards, each containing a joke. They were asked to read each card individually and then place them in order with the joke they found the funniest on top of the pile. Each card had been marked with a letter and a record made of their responses. It was explained to the participant that they may find none of the jokes particularly funny. The participants were asked about their particular ordering and the order noted.

The joke cards were found to be particularly helpful with this client group as one of the diagnostic criteria for people with Asperger’s syndrome is a difficulty with social interaction. The joke cards therefore helped to break the ice between the interviewer and the participants. The preferential order given by the clients was noted but not used in the study as it does not fit with the aims and methods of IPA and had no bearing on the experience of humour of the participants, which the study aimed to investigate.

The participants were then interviewed. Following the guidelines suggested by Smith and Osborn (2004) for the conduct of IPA studies, a semi structured interview guide was used to shape the interview. The interview was recorded and later transcribed verbatim.

Following the interview, participants were given the opportunity to ask questions about the research. In a debriefing they were told that the views of seven other
participants were being collected and this information would be combined to produce the final report. They were asked if they were still happy for their responses to be included and reminded that they could withdraw from the research at any stage. No one withdrew from the study.

2.4.5 Analytical Strategy

The method of analysis used in this study was idiographic. The recording of the first interview was listened to several times and the transcript read and re-read. When the researcher felt she was fully acquainted with the interview the left hand side of the transcript was annotated to reflect the initial thoughts and observations that the researcher wanted to record in response to the text.

In the second stage of the analysis the transcript was read again and the researcher identified and labelled themes that characterized each section of the text. These themes involved making connections with concepts from the literature but also captured the essential quality of what was represented in the text. The emerging themes were listed and possible connections between these were explored. Connecting themes were clustered together.

The third stage involved an attempt to introduce structure into the analysis ensuring that the clusters identified made sense in relation to the original data. In order to do this the researcher moved back and forward between the list of themes and the text.

The fourth stage involved the production of a summary table of the structured themes, together with quotations that illustrated each theme. During this process, the themes
were again revisited and revised depending on the richness of the data produced as recommended by Smith, Jarman and Osborn (1999).

The same procedure was followed for each transcript, however as themes developed they were tested for convergence and divergence with previous transcripts. This contributed to what had already been shown, or resulted in modifications to previous coding. The process continued with each individual transcript and eventually a master list for the group was produced.

The master table recorded the subordinate themes and noted the references from each participant. The original transcripts were read again and a quote selected that best represented the theme. During this process, certain themes were dropped if they did not fit the structure and some were retained depending on the richness of the data they contained.

This master table was then studied and refined with the themes emerging from four or more of the participants being used to create the final master table. In accordance with the IPA approach it is not necessary for all participants to display evidence of the themes, factors such as the richness of the account or how certain themes illuminated other aspects of the account were all considered.

In order to ensure the credibility of the qualitative analysis an external auditor made checks to ensure that the analytical interpretations were identifiable from the data. Also as suggested by previous researchers Bogdan and Bicklen, 1992; Denzin and Lincoln 1994; Elliot Fischer and Rennie, 1999, brief field notes were made following
each interview, summarising the researcher’s initial impressions and noting the key points. These notes formed a reflexive log that outlined the interviewer’s subsequent reflections and interpretations of what had been addressed during the interviews and were used during the data analysis.

2.5 Findings

Table 1.3  Illustrative Table of Themes

<table>
<thead>
<tr>
<th>Superordinate and subordinate themes</th>
<th>Theme</th>
<th>Illustrative extracts from transcripts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience of Difference</td>
<td>Self and others/ Different in what we appreciate</td>
<td>When I was a youngster I used to just think I was different. I didn’t know what was wrong with me</td>
</tr>
<tr>
<td></td>
<td>SOH depends on the person</td>
<td>everyone is funny in their own way</td>
</tr>
<tr>
<td></td>
<td>No effect on humour</td>
<td>People with Asperger’s laugh about all jokes</td>
</tr>
<tr>
<td>Experience of difference others</td>
<td>intolerance</td>
<td>Some people are intolerant</td>
</tr>
<tr>
<td></td>
<td>Acceptance</td>
<td>Accept me as I am</td>
</tr>
<tr>
<td></td>
<td>Not being PC</td>
<td>A person with a disability, if they tell a joke, oh we can’t laugh at the way they say it. Yes we damn well can.</td>
</tr>
<tr>
<td>Response to others</td>
<td>Reaction to prejudice</td>
<td>If somebody says something hurtful I just don’t care because its not the thing in my life that matters</td>
</tr>
<tr>
<td></td>
<td>Concern</td>
<td>I worry that I do not get all the jokes they get</td>
</tr>
</tbody>
</table>
### Experience of learning

<table>
<thead>
<tr>
<th>Perception of ability</th>
<th>Ability with language</th>
<th>I'm not a wordsmith</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness of developmental delay</td>
<td>Processing takes a while</td>
<td>Sometimes friends will tell me a joke and I don't get it at first then after a while I get, it will come through to me</td>
</tr>
<tr>
<td>Process of learning humour</td>
<td>Has to be acquired</td>
<td>Its (understanding sarcasm) not natural you have to acquire that</td>
</tr>
<tr>
<td></td>
<td>Through Interest</td>
<td>Something made sense to do that so I got really interested</td>
</tr>
<tr>
<td>Learn from parents</td>
<td>My father was the one who showed me how the world can be funny</td>
<td></td>
</tr>
</tbody>
</table>

### What I find amusing

<table>
<thead>
<tr>
<th>What I find amusing</th>
<th>Films/Television</th>
<th>I think the way they done the film</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reaction to situations</td>
<td>The way he acts on stage</td>
<td></td>
</tr>
<tr>
<td>Content</td>
<td>What they say</td>
<td></td>
</tr>
<tr>
<td>Knocks and bumps</td>
<td>When they used to trip and fall over things</td>
<td></td>
</tr>
</tbody>
</table>

### Types of humour

| Word play | There's humour being played around, in pubs, a lot of word play |
| Implied visual humour | It was one of the funniest things I'd ever seen (forking machines) |

### How I use humour

| Use | I feel good/pleasure | Laughing... its exciting, it causes endorphins in your body, you know, you feel good |
| Lighten your mood | A good way of lightening your mood. I really enjoy it. |
| Releases tension | The laughter is releasing that tension |
| Make other people happy | When you laugh with others its really good |
| Bond relationships | People I don't laugh along with I don't tend to know much longer |
| Negative use | watching the horrified reaction on my mothers face. |

### Reciprocity

| Share jokes with friends/family | Share humour with friends |

### When humour is not appropriate

| To attack someone | worrying trend is that people seem to be blurring the line between amusing and downright cruel towards people |
| When its hurtful | There's things that I really don't like to joke about... my views are mainly on whether I think its hurtful |

From the analysis a number of recurring themes emerged (Table 1.3). The focus of the interviews was the experience of humour and two of the recurring themes fix attention on what is funny and how humour is used. The other two emergent themes were more surprising as they direct attention on the experience of difference and the experience of learning. Although all these themes can be separated there is also some crossover
Each superordinate theme will be introduced in turn and its various manifestations discussed with illustrative quotations from the participants. In order to protect confidentiality and preserve anonymity the participants will be referred to by number.

The four emergent superordinate themes are

1) Experience of Difference
2) Experience of Learning
3) What I find amusing
4) How I use humour

2.5.1 Experience of Difference

The first superordinate theme Experience of Difference incorporates several subordinate themes, including 1) Experience of difference (Self), 2) Experience of difference (Others), 3) Response to others

2.5.1.1 Experience of difference (Self)

The essence of this theme is the difference the participants are aware of between all people. It is the individualistic nature of human beings that is commented upon and the variation in behaviour that can be seen on a daily basis. “Everyone is funny in their own way” is a comment made by Participant 3 and Participant 4 adds that a sense of humour “depends on the person”. People are seen to vary even throughout the day Participant 8 notes how “we are all different and we’re all different from ourselves from day to day”.
The participants were quite accepting of these differences and had noted that difference was something to be expected. This is demonstrated by an extract from Participant 1 who comments, “What one person finds absolutely hilarious another might find the most dull thing they have ever seen”.

Although mention was made of feeling different, this difference was not specifically targeted at their appreciation of humour. Participant seven however does describe how he doesn’t laugh as much as other people do, but this was not felt to be a significant difference. Other participants also noted a difference but were not aware of the specific nature of the difference. This is illustrated by a statement from participant 8, “When I was a youngster I used to just think I was different. I didn’t know what was wrong with me”.

Differences to other family members were also commented upon particularly by Participant 2 who felt he was similar to his father but different from his mother in their experience of humour.

To this day I understand my father much better than my mother. I never, I’ve never been able to work my mother out and I don’t, well, I never will now. She’s like an alien species and not, if we were three butterflies you’d think ‘Oh! I’m a nymphalidae and my father’s also a nymphalidae and my mother. What’s that? Some kind of tropical moth is she actually a butterfly. That’s so my thought because we are so, so different, you wouldn’t think down the same genus.
Despite the perception of others and what is often written about people with a diagnosis of Aspergers syndrome several of those interviewed did not feel Asperger’s syndrome had an effect on humour. They felt that although there were differences between people and what they found amusing having a diagnosis of Asperger’s syndrome did not mean they lacked a fundamental sense of humour. This was commented upon by Participant 2 who states, “I know how to laugh. I have the ability to laugh at things”.

Difference was seen to be something to be expected. People are different, senses of humour are different and what we find amusing can vary from day to day. They did not feel they were lacking a sense of humour or that there was something fundamentally different about their sense of humour.

2.5.1.2 Experience of difference (others)

This theme is characterised by a lack of acceptance and tolerance that the participants had noticed in other people. They were aware how society promotes the acceptance of differences but they were aware that this is not the case in reality. Being politically correct subscribes to what is socially acceptable and is something that is encouraged. The participants however were acutely aware that what people say and what they do can be quite different. Participant 1 asked to be accepted but according to Participant 8 it was only his friends that were accepting of his differences.

Participant 4 describes an experience where he feels people miss the point and in an effort to be politically correct miss the glaringly obvious.
Anyone can say things in a funny way but the thing is we seem to be caught in this pc culture where a person with a disability, if they tell a joke, oh we can’t laugh at the way they say it. Yes, you damn well can. There was a person with cerebral palsy who had such a lisp it affected his mouth badly and so he, if you listened to him he was incredibly dirty, dirty, dirty person. He said some horrible things I’d never want to repeat but some of his jokes were viciously funny and mainly because, I think it was made even more funny because you were standing there in a group of people and you were the only person who could particularly understand, or any people who knew him for a while, were the only people who could particularly understand what he was saying so therefore he had free range to do what the heck he liked. He could make a comment about anyone and they wouldn’t understand it unless you knew, tuned into it the way he spoke and so, yeah, he could say anything, he could make vicious jokes and so therefore he had comedy licence, he had, he was brilliant and I think laughing in that sort of situation is not, is frowned up now but it’s fine in my view.

Participant 2 points out how comedy is funny because it does highlight differences and it’s the differences that people find amusing. Trying to ignore the differences creates a sterile environment

Control is bad, it’s stifled, it’s stifled. You look at the BBC it’s stifled. I can’t even remember the names of these sitcoms there used to be wonderful comedy; they used to be the best in the world the BBC. Just toothless now.
Apart from Little Britain which a lot of people don’t – I know it’s very controversial but it’s un pc’d. It has a go at Welsh people, it has a go at fat people, it has a go at incontinent old people, it has a go at disabled people.

The participants acknowledged that some people in society saw them as different. They did not want this difference to be ignored they wanted it to be accepted and tolerated.

2.5.1.3 Response to others

Standing out from the crowd and being different can be anxiety provoking. This theme looked at how the participants responded to the lack of understanding they received from others and not surprisingly it again depended on the individual in question. Participant 4 chose to ignore it and concentrate on the things he felt mattered in his life. This was similar to the response of Participant 2, who felt he should treat like with like and if he felt people were rude to him he would be rude back.

It was noted however that it could have a negative impact on the participants. Raising of his anxiety levels was mentioned by Participant 2, “I worry that I do not get all the jokes they get”. Participant 7 also notes raised anxiety levels and states, “For years I wouldn’t understand why”. Alternatively Participant 8 decided the best cause of action was not to worry about it but instead embrace it, “If you want to avoid being poked fun at you’ve got to address your own character flaws and not worry too much about them”.

Therefore despite seeing themselves as different those interviewed did not feel it was humour that set them apart. They acknowledged that they were different, accepted this and sought a tolerance and understanding of those differences from the rest of society.

2.5.2 Experience of learning
This theme demonstrates how acutely aware the participants were of their abilities. They demonstrated a sense of self knowledge and recognise a difference in their experience of humour from others. Despite these differences they were able to develop their sense of humour, with the help of those around them. Increased effort in this particular area was noted along with a delay in comparison to their peers. Despite the difficulties experienced however they were able to progress and develop their own sense of humour.

This superordinate theme is divided into three subordinate themes 1) Perception of Ability 2) Awareness of developmental delay 3) Process of learning humour

2.5.2.1 Perception of Ability
All the participants were aware of their own skills and talents and speak about their abilities. In the extract below Participant 2 gives a descriptive account of his talents

I can never remember a joke of somebody’s or if there’s a conversation of someone saying oh what jokes can you remember. I have actually, don’t, have no retentive memory of jokes at all. I can describe exactly what’s happened to my fathers Vauxhall when I was 16 down to the number of times the starter
motor had to do over, and I remember the back firings and the, the exact noise
a car made and the motion and the movement but I wouldn’t understanding a, I wouldn’t be able to quote a joke. Even the simple ones. They don’t register.

He is also able to explain why he likes a visual or sound humour

I’m not a wordsmith, so I’m not very good, I’m not a, I’m not really a fan of the English language. I always say this is my second language. I didn’t talk till I was four. Just after four, so maybe that’s why I’m not a wordsmith, I never evolved and I know I’m very poor at recognising people. There’s a, I never looked at, as a kid I never learned how to recognise a human face. Yes, I never looked at faces, as a kid. I don’t now, I don’t like eye contact, I don’t understand eye talk. Well, it’s a classic sign of AS obviously. E… does it. Most people do it but er, I’m sure it’s. My first language is light; my first language is sound and light. It’s different, it’s abstract, it’s more like an alien language than, it’s difficult to describe it but I can understand light and sounds far, far better than this language we have to use

Other participants gave less descriptive accounts of their talents stating for example that they were good at dancing, or had a good memory. They also noted how they had learnt new skills and with practise became more confident.

Participant 4 describes how his confidence increased when he learnt the art of conversation.
I learned to talk properly and I was confident in the way I spoke and I was confident in my pauses, in my expression, I was confident in my ability to maintain interest and express what I feel in my voice.

Many of the new skills take time to develop and require practise but they can lead to changes in the participant’s life as noted by Participant 7, “I’ve changed so much in myself now have in the last few years, adapted so much”. There was an awareness of their abilities but also awareness that some skills have to be learnt and practised.

2.5.2.2 Awareness of a delay

The participants were aware that sometimes they have difficulty processing information.

This was noted in relation to jokes by Participant 3, “Sometimes friends will tell me a joke and I don’t get it at first then after awhile I get, it will come through to me”. And Participant 4, “I absolutely love it when people make a joke that I don’t get and then suddenly about 10 minutes later I laugh at because it is just so clever”. Participant 8 tried to explain why he thinks he has difficulty with verbal communication, “Because of my tendency to over think things, often I don’t just go with what I’m trying to say I just try and think it over and by the time I’ve thought it over I’ve forgot what I was going to say in the first place”. Literal interpretation of speech is often found in people with a diagnosis of Asperger’s syndrome and this can cause a delay in understanding a joke.

2.5.2.3 Process of learning humour
In this theme the participants talk about how they acquired a sense of humour. How time and effort have to be put into developing an appreciation of some types of humour for it does not necessarily develop without a concerted effort. Participant 2 when talking about sarcasm states,

*That’s an acquired. It’s not natural, you have to acquire that. I think years ago when I was a teenager I didn’t pick it up at all, not at all and for years.*

Humour is not universal it is down to personal taste and the desire to work on it is also up to the individual. When this interest develops is up to the individual as Participant 4 states, *“Something made sense to do that so I got really interested”*. Participant 8 describes how it develops through personal experience. He talks about is a special kind of learning, *“One can learn humour. Of course it’s difficult to say this is what is fun because again it’s not academic learning it’s personal and opinion based learning”*.

Parental influence featured strongly in the development of a particular sense of humour and what a person would find funny. Often it was the father that was found to be the leading influence but it must be remembered that all the participants were male and the possibility of role modelling needs to be taken into account.
Participant 2 states

*Whenever my father was home he was the funny one and basically he was the one who got it going. He was the one who showed me how the world can be funny,*

He goes on to state, *He sort of taught me about underplaying and I appreciated that. He sort of introduced me to the world of humour*. Participant 4 not only speaks of the influence of his father but also how he acquired his learning and practised the art.

*I remember a while ago I decided, I wanted, well I’d grown up with quite a dry, my Dad’s got quite a dry sense of humour in people and things I’d watch and I wanted to be a little bit more dry so what I did was I observed what people did and then try to comment on that.*

It has now been demonstrated that the participants in this research did consider that they had a sense of humour even if it took a while to develop. It was interesting therefore to discover what it was that they found amusing and how they used humour in their lives.

### 2.5.3 What I find amusing

Following on from the theme that we are all different it was not surprising to find that there were a variety of things that the participants found amusing. Very often the source of amusement was down to personal taste. However there were some recurring
topics. Films were often referred to as a source of amusement. Films were watched to change mood. All the participants mentioned films or television in their interviews and could often recall in detail the events and words spoken in their favourite episodes. These were often recalled and used as examples to demonstrate the sort of things they particularly found amusing. Participant 5 states, “I like watching Mr Bean when he’s on TV sort of and I like watching Father Ted and things like that the Irish type of comedians”.

In the following extract Participant 2 describes his favourite film maker, the films he made and why he finds them amusing.

*Jacques Tati, Jour de fête* 1948, *Monta Zula’s Holiday* (*Monsieur Hulot*) 1952, *Ma Mencier, there’s Mon Oncle* which he did in 1956 and another one called *Trafic*. It is, it’s a French genius called Jacques Tati who plays the bumbling fool and then he was the inspiration for Peter Sellers, Pink Panther, Inspector Clouseau character and many inferior copies since then. He was the master of underplay, sight like humour and as he was French it was dubbed in English but it was very sparse, it relied on sound, heavily on sound and it was beautifully crafted. It was patient, it wasn’t fast paced, it was slow and like watching a, well a cricket match and it unfolded effortlessly.

Although, as already stated, the participants did not like telling jokes themselves it was not the use of language that participants did not like. Many of them stated that word play was amusing and it was what people said that made them laugh. Participant 7, who when describing what he likes about a particular comedy programme states,
Like play on words, facial expression, sarcasm”. Participant 4 also gives a good example of a play on words he finds particularly amusing,

> There is an absolutely, a vicious joke in Dr Strangelove that my Dad keeps.....to point out and it is that in the war room they are sitting around and this guy has, the American General has this book and if you look at it carefully it says, er, it says world cities and mega deaths which is absolutely disgusting and a vicious, vicious, vicious thing to say but it’s just quite amusing that he’s actually got a book that says mega deaths and how many people would actually die if they did bomb it. They’ve actually planned that. I find it really, really funny.

Despite enjoying a play on words, reaction to situations and forms of visual humour are also found to be amusing. Participant 2 describes a part in a film he finds particularly amusing.

> Jour de fête was about this mad madman on a mad postman. The trials and tribulations of a mad postman trying to deliver letters, er, one famous scene, it’s based on a village in France and he’s cycling along and he sees this guy cycling along and rather eccentrically he just, he’d been into a river, just got out, been into a hedge, got out again cycling rather too fast, you could see, what made it funny is the bike was only doing about 15 miles an hour but the legs were going, whirring around as if doing 50 with a sort of set expression on this very, very wobbly looking bike on a dirt road and then he heard, sort of, he heard the noise of a bee (makes sound of a bee) and you see him
waving his arms and everything but bee, he’s fighting a bee away. You can see him waving his arms, he hear the bee noise and the bee noise goes away, he stops waving his arms, the bee noise returns louder to a person in the foreground on the field who then begins to wave his arms (does bee sound again) and you see, oh! the bee’s gone to the farmer now closer to us, and his waving stops, the bee stops then about 15, 16, 17 seconds later you hear the bee in the distance again and the postman starts waving his arms again. It’s timing, it’s comic timing. It makes you, makes your brain work and the sort of humour who makes your brain work like that is what I, really makes me laugh

Participant 4 describes something he observed in everyday life that made him laugh, demonstrating another form of visual humour.

there’s a JCB factory nearby and all the JCB’s had a 2 pronged fork and someone had positioned them perfectly so they were all doing that so that all the arms were up and they were all just doing that at Tesco and whether it was planned or not I thought it was one of the funniest things I’d ever seen. It just made me think if someone really, really meant to do that they could do that and it would be one of the best jokes you could see on TV someone just going ... with a load of machines

Connecting this theme to the earlier one of Experience of difference (others) is the amusement expressed at knocks and bumps and non politically correct situations

Participant 7 describes situations he finds amusing.
I sort of laugh at people, things like practical things, people falling over, people getting shouted at, told off, if they don’t do homework, been naughty, I’d laugh at things like that ….. find it much more funny, 

Although someone being in danger or trouble is not usually considered to be funny many of the participants found events of this form amusing. This also links to laughter at non politically correct situations. Perhaps the reason for laughing at inappropriate situations can be linked to the Use of Humour for one of themes in this section is the release of tension. Laughing at what others deem an inappropriate time can lead to rejection and exclusion as it puts a person outside of what is socially acceptable.

2.5.4 How I use humour

This theme considers how the participants use humour in their everyday lives, how it is shared with others but can be inappropriate on some occasions. There are three subordinate themes in this section. They are 1) Use, 2) Reciprocity, 3) When humour is not appropriate.

2.5.4.1 Use

One of the uses that all the participants referred to was the pleasure they received from humour, how it helped them feel good. This was referred to in both the physical sense as participant 4 describes,

Laughing, and I guess, well it’s exciting it causes endorphins in your body, you know, you feel good. If you go to the gym and work it off then you feel
good, if you go and laugh for ages you feel really happy, you feel great, you feel tired.

and the psychological sense as Participant 8 explains,

People need to be entertained because it stops the brain getting completely bored out of its skull

It also has other psychological benefits such as to lighten your mood

Participant 4 describes how he uses humour to end an argument.

It’s a good way of lightening your mood I actually really enjoy it when I’m actually stressed out and in an argument with someone and someone makes such a funny joke you can’t stop and then actually just sitting there frustrated and really annoyed that I haven’t been able to finish the argument but it’s really funny.

The participants also said they used it to release tension. Participant 8 describes its use to reduce anxieties

It makes up for ones personal stresses and anxieties in a method which provides a bit of amusement as well so you get rid of a lot, a lot of negative vibes and replace them with a few positive ones for a while and you’ve still got
negative vibes and although it’s still there at least it’s out in the open and it’s not as big a problem if it’s, it’s lessening stresses and worries almost, yeah

and how he uses it as a coping mechanism.

it’s effectively one’s laughing at one’s own failings and I find it to be a very helpful coping mechanism for dealing with when I can’t quite get, when I can’t quite be as able to do stuff as I might like.

Humour is not always used in a positive way and although several of the participants referred to the exclusion suffered when humour is not understood some of the participants spoke of how they use humour in a negative way.

Participant 2 describes how he used humour to get back at his mother for his perceived lack of understanding from her

that sort of humour would make me laugh watching this beetle rattle around and then bump into something with a resounding thud and watch the beetle whirling around on its back with his legs in the air and watching the horrified reaction on my mothers face. I was getting my own back in a way. I was saying well I can do something you can’t here Mum. I’m better at this than you are. I’m in another league here. This is my world and you’re not allowed in here. So I was sort of getting my own back for her for that probably. Showing her my individuality I think at that stage and also
showing my empathy with nature in a way hoping that she’d perhaps, perhaps er be sort of transformed and like it but no she never did.

Participant 6, talks about being on the receiving end of humour that he does not find amusing. The sort of humour referred to as mickey taking and how he experienced it

I was having the mick taken out of me left right and centre. Damn it. I worked at this place and it was really nasty, they was calling me names under the sun

Oh it’s very hard, it’s horrible. Very nasty and like to prove something you’re trying to do it and everybody’s taking the mickey’s horrible. I mean it’s that nasty you like to walk away from it and go into your shelter, into your cupboard, house, away from everybody.

Participant 1 refers to how he used humour with his friend in a revengeful way.

I was really winding him up and that and I got my revenge on him I was just really, really trying to get him really wound up about it and make him feel guilty about being in bed.

2.5.4.2 Reciprocity

Humour was seen by many of the participants as a shared experience. Participant 2 explains how he likes to make other people happy, “I like making people laugh if I could do more then I would”. Participant 6 also alludes to how good he feels when it
make others happy, "When you’re laughing with others, we having a laugh, we can joke and say anything and it’s a really good group, it’s really good.

The use of humour to bond and initiate relationships is also spoken about by many of the participants.

Participant 4 states

*I find that it’s important in a friendship that it’s important to share a sense of humour. People I don’t laugh along with I don’t tend to know much longer. I found actually, I was with someone recently and I found it very difficult because she didn’t share the same humour or she didn’t express the same humour or laugh in a way*

Participant 8 describes its value in initiating relationships, "Humour’s a great way of starting a rapport. You use it to break the ice". Participant 7 when talking about the sharing of jokes states, "It sort of helps, you know, it’s not amazing but it does help you know, keeps you together".

Humour is spoken about as an entity that is shared and the reciprocal nature of humour was referred to by all the participants. Participant 3 talks about who he shares his humour with, "I share my jokes with my friends and sometimes with my family as well".

Participant 6 demonstrates how groups can be of any size.
We used to have a laugh, we used to, there’d be 20 of us by that pavilion having jokes and playing games and all that lot.

Participant 2 exemplifies how the shared topic can depend on personal interest that is shared between two people

we’d share the humour when well, we’d share the humour of dodgy cars.

Some of the participants spoke about the value of humour in helping form adult relationships with the opposite sex. Participant 5 states

Well if I was more humorous and I was like the outgoing type I could sorta like meet a girl or something, but I’m sorta like going out and sort of hide in corners.

Participant 6 when talking about humorous films states

It gives you ideas about how to approach a girl but other ideas you can have a laugh with, if she was a laugh,

2.5.4.3 When humour is not appropriate

The participants also spoke about situations when humour was not appropriate. Participant 8 states
there are situations where it’s certainly not appropriate for instance if a relative’s died and you start making fun of it to get less upset,

The main emphasis of what was not appropriate was the intent or impact on the recipient. Participant 4 states, “You don’t attack someone because they don’t agree with you”.

Participant 8 commenting on trends he has noticed declares

…..what a worrying trend is that people seem to be blurring the line between amusing and downright cruel towards people. A lot of, a kind of lot of what people are calling aging humour these days is just, well effectively it’s just taking a figure in the public eye and bullying them on national television,

Finally Participant 4 summarizes what other participants felt when he says

There’s things that I really don’t like to joke about er, there are, and my views are mainly on whether I think it’s hurtful.

2.6 Discussion

The aim of this research was to explore the experience of humour from the perspective of people with a diagnosis of Asperger’s syndrome so as to develop an understanding of the lived experience of this phenomenon.
Each of the themes highlighted in the findings will be discussed in turn. Firstly experience of difference, research (Baumeister and Leary, 1995) has confirmed that people are acutely tuned to how other people perceive and evaluate them; this is no different for people with a diagnosis of Asperger’s syndrome. The participants in this research were acutely aware that other people in society saw them as different. This did not appear to cause them any great anxiety. Differences between people are recognised and acknowledged, “everyone is funny in their own way” states participant three. The participants demonstrated awareness of themselves as well as an awareness of others.

The participants in this research do not want to be excluded by society they want acceptance and look for tolerance. The call for tolerance is linked to the issue of political correctness. According to Howard (2004) political correctness is about power, it is about telling someone else what to do, how to behave, how to think and how to speak. Society is working towards a greater acceptance of differences through Acts such as Race Relations Act (1976) amended 2003, and Human Rights Act (1998) but in this research participants found that differences were often not tolerated.

Response to the lack of acceptance was dealt with in a number of ways depending on the participant, some ignored it, and others dismissed it whilst one participant said he could be quite rude. Leary, Koch and Hechenbleikner (2001) suggests there are three ways people react to interpersonal rejection, firstly people try to enhance their relational value by behaving in ways that show them to be desirable relational partners, secondly they seek alternative relationships in which they will be more highly valued and thirdly they may simply withdraw from social interaction
altogether. This study found that the preferred option for some of the participants was
the second alternative, to seek relationships where they were more highly valued.
Interestingly Asher, Rose and Gabriel (2001) also state, when considering research
with children that the aggressive subgroup of rejected children is less likely to be
overtly rejected by peers. Children hesitate to treat negatively a child who has a
reputation for being aggressive. Perhaps this is a strategy that the participant who
responded with rudeness to exclusion, had found previously successful and continued
to use in his adult life?

The second superordinate theme that emerged was the participant’s experience of
learning. In this theme the participants highlight their self awareness. They seemed
acutely aware of their own skills, talents and shortcoming and also demonstrate an
awareness of the feelings of others. This awareness of other people’s feelings was
highlighted when they discussed situations in which humour was not appropriate and
the effect that had on individuals. An awareness and empathy for the feelings of
others is not an attribute often associated with a diagnosis of Asperger’s syndrome.
Baron-Cohen (1989) suggests that people with Asperger’s syndrome do not have the
ability to recognise that the mental states of other people can be different to their own.
Self awareness and empathy for others are key concepts in Theory of Mind. The
accounts in this research would suggest that these participants with a diagnosis of
Asperger’s syndrome do have a form of self awareness. This may raise a challenge to
others like Tager-Flusberg (1993), and Baron-Cohen (1988), who suggest that people
with high functioning autism do not have possession of Theory of Mind.
The participants demonstrate awareness that learning sometimes takes longer for people with a diagnosis of Asperger’s syndrome. Some of the people interviewed mentioned delays in processing information. Participant three spoke of how friends would tell him a joke and he didn’t get it at first but then after a while it would come through to him. In their research Van-Bourgondien and Mesibov (1987), found that there were delays in humour appreciation, but highlight improvements could be achieved with practice. Delays particularly developmental delays in areas including language and social interaction are commonly attributed (Gillberg, 1989) to people with the diagnosis of Asperger’s syndrome. The participants in this research also noted these difficulties.

All the participants described what they found amusing and it was interesting that this did not concur with what had previously been written. Although the information from each participant was eventually combined to help produce common themes it is noteworthy that there were individual differences in each of the participant’s accounts. This was particularly noticeable in the accounts of what each of the participants found amusing and their ability to tell and appreciate jokes.

Van-Bourgondien and Mesibov (1987) reported that the majority of their participants with high functioning autism were only able to tell jokes at a very basic level that did not correspond with their chronological level of development. In this research the majority of the participants did not think they were good joke tellers however they were able to appreciate jokes told by their peers. This could be because the developmental delay witnessed by Van-Bourgondiein and Mesibov (1987) was no longer evident in individuals who were chronologically older, as they may have
caught up developmentally. However Van-Bourgondien and Mesibov (1987) also state that humour develops slowly in autistic people and only with careful nurturing. The participants in this research describe how jokes and appreciation of humour have to be learnt, that they are not acquired without a concerted effort. Participant 5 recalls how he didn’t pick it up for years and participant 2 recollects how his father introduced him to the world of humour. The implication of this piece of research is that some participants feel that humour can be learnt with the right assistance and guidance.

Word play is often thought to be problematic for people with a diagnosis of Asperger’s syndrome (Jolliffe and Baron-Cohen, 2000). Many of the theories put forward to describe the underlying difficulties such as Weak Central Coherence (Happé, 1996) and Impaired Executive Function (Shu, Lung, Tien and Chen, 2001) would suggest difficulties with appreciating alternative or different endings in humorous situations and suggest some form of deficit. This research did not find that to be the case; in fact many of the participants including participant four described word play as their preferred type of humour. It does however, appear that, there can be delays in seeing an alternative, but its humorous interpretation is not lost when that moment arrives (Participant 4). This may offer some evidence that there is some form of difficulty but on a positive note it suggests that there is not a deficit but a delay and with practise improvements may be achieved.

Visual humour was mentioned by over half of the participants and there did not appear to be delays in processing this information. When sweeping statements are made about people’s abilities it may be worthwhile bearing in mind that a phenomena
like humour is far reaching and has many different forms. Perhaps Asperger (1944) should have bore this in mind before making his wide ranging comments. All of the participants in this research were able to laugh and be amused on occasion and not one of the participants said that their lives lacked humour. This concurs with studies by Lyons and Fitzgerald (2004), and Werth, Perkins and Boucher (2001) and suggests that people with a diagnosis of Asperger’s syndrome do have a sense of humour. It was the individualistic nature of humour that was highlighted by this study, what one person finds funny another may not and it was aspects of humour that were experienced that gave rise to discussion, not the presence or absence of the phenomena.

Having a sense of humour is an important aspect of our lives as it has many uses; some of these were referred to in the Literature Review and the participants in this research also acknowledged this aspect of humour. Keats (2000) describes how humour can release tension, and help gain perspective when preparing for interviews. Participant 4 described the physiological use of humour to increase endorphins and help make him feel better. The use of humour as a stress reliever was also mentioned by Participant 8 who describes it as a coping mechanism that helps lessen his stresses and worries, this concurs with Lefcourt (2001) who found that in certain circumstances humour could alter the emotional consequences of stressful events.

It was interesting that both the lighter and darker side of humour were referred to by the participants as humour is not always used in a positive way. Participant two in this study gave a colourful description of how he used humour to taunt his mother. In the Literature Review reference was made to theories of humour that highlight our
superiority (Hobbes, 1994) and how it can be an expression of malice towards other people and a form of derision. Participant 2 was certainly aware of this and how he could use it to his advantage. This research illustrates how at least one person with a diagnosis of Asperger’s syndrome could experience both the lighter and the darker side of humour and use it in their social interactions with others.

Social Interaction is an area of difficulty attributed by the National Autistic Society (2009) to people with a diagnosis of Asperger’s syndrome. In the literature review reference was made to the beneficial use of humour as a means of reinforcing relationships. This use of humour was also highlighted by this study. All of the participants describe how humour is shared, how it helps initiate, develop and cements relationships. This would suggest support for work by Zigler and Finn Stevenson (1987) who found that the use of humour could lead to beneficial social relationships and Plester and Sayers (2007) who describe how the use of banter can create and reinforce relationships. Attwood (2006) explains how in his experience people with the diagnosis of Asperger’s syndrome find it extremely difficult to form friendships as they have difficulty in social situations that have not been rehearsed or prepared for. If humour, as this study would suggest, is an important tool, for initiating and developing friendships then time and effort should be spent helping to advance this skill. This research has shown that some people with a diagnosis of Asperger’s syndrome do have a sense of humour but can experience difficulties and benefit from time being invested in developing their sense of humour. The importance and value of this has been demonstrated in this research and as humour has such a vital role in social interactions, an area known to be difficult for people with a
diagnosis of Asperger’s syndrome, one way of assisting them may be to invest time and effort in helping them to develop further a sense of humour.

2.7 Conclusions

This research has shed interesting light on the experience of humour for people with a diagnosis of Asperger’s syndrome. Despite Asperger comments that people with this diagnosis lack a sense of humour this research has found that people with the diagnosis do have a sense of humour and experience humour in much the same way as the rest of the population.

Adopting a phenomenological approach into their experience of humour has allowed an interesting insight into their lived experience to emerge. The themes that were generated highlight what they consider to be the important aspects of the experience of humour in their lives. The experience of difference was an interesting theme to emerge as this is not usually associated with humour and yet it has been demonstrated that humour has an influence in many areas of our lives. Perhaps the theme of difference is so strong in the lives of people with a diagnosis of Asperger’s syndrome that it invades many aspects of their existence.

Other concepts to emerge from the theme of experience of difference were a call for acceptance and tolerance. The participants in this research accepted that they were different; this did not cause them any anxiety. Stress was caused by the lack of acceptance and tolerance of others. Lack of empathy is often cited as a feature of Asperger’s syndrome. From this research it appears that is not people with Asperger’s syndrome that lack empathy but some of the people they come into contact with.
Using a phenomenological approach that does not predict the outcomes of the study allows the emergence of the unexpected. Taking this approach has been rewarded as a theme which may otherwise not have been predicted has come to light and provided an interesting insight into the lived experiences of people with a diagnosis of Asperger’s syndrome.

This research highlights that the experience of humour can sometimes be problematic but if time and effort are put into the development of a sense of humour then sometimes it can be achieved. There is the recognition by many of the participants that they are different from other people in society and that sometimes they have to put more effort into what other people find comes naturally but this can be done and they can experience humour in the same way as everyone else. This may allow for a positive look forward. It may be possible that areas that have had a developmental delay can be addressed at a later stage and changes can be introduced that help improve social interaction and ultimately a person’s quality of life.

By adopting an ideographic approach, individual experiences have been illuminated. These have been combined to help produce themes which were common to all the participants but what stood out was the unique nature of humour. As in the general population no two individuals were exactly the same. There were similarities and common areas but no exact replications. Humour is not a fixed phenomenon, the Literature Review highlighted the difficulties that scholars have in producing a theory of humour, and the aim of this research was not to produce a general rule but give an
insight into the experience of eight individuals, which may be used to improve our knowledge and understanding.

This research stresses throughout that all people are different and should be treated as individuals and the diagnosis does not give a definite picture of the skills, abilities and problems of the unique individual one may encounter. In order to find out what there issues are it is important to ask them. What this research hopes to do is illuminate the real life experiences of a special group of individuals and invite others to question their assumptions and work alongside people to help them improve their quality of life, providing the guidance and support they ask for not what we assume they need.

This investigation has provided some insight into one aspect of the life experiences of some people with a diagnosis of Asperger’s syndrome. What would be interesting in the future is if other aspects, such as their experience of exclusion or their experience of friendship could also be examined from this insider perspective so that a clearer picture of their lives is available to help inform those who live, work and associate with people who appear a little different and have difficulty socialising.

2.8 Clinical Implications

This study suggests there is a positive outlook for future Counselling Psychology work with people with a diagnosis of Asperger’s syndrome. The diagnosis is a subjective judgement and assumptions should not be made about a person’s abilities, skills or experiences. If we want to discover an accurate picture of a persons
experience we should ask them about it and listen carefully to what we are being told and not enter into our work with pre-conceived ideas about their experience.

This research has demonstrated that taking a phenomenological approach to the lived experience of a phenomenon allows for the emergence of themes that would otherwise not have been suggested. If a similar stance could be taken, by counselling psychologists, when working with people with a diagnosis of Asperger’s then valuable insight into the actual lived experience could be attained. This could be used to explore a variety of lived experiences and would help increase our knowledge and provide accurate information. Acquaintance with the particulars is the beginning of all knowledge.

Using idiographic inquiry allows for a depth of analysis and this is important if counselling psychologists are to develop a good understanding of a particular individual; all people are different. An idiographic approach is useful in helping understand particular individuals in a particular context and if we are to work effectively it is important to build up an accurate picture of a persons experience and this approach can effectively be applied to any experiences in people’s lives.

In this research recognition of the difficulties in social interaction for people with a diagnosis of Asperger’s syndrome is made but a way forward, for counselling psychologists, is recommended that incorporates talking to the individual to help develop a good understanding of their personal life experiences, discover where their interests lie and build upon those events.
The participants in this research described how humour was a skill that had to be acquired. Effort has to be put in if it is to develop. This research indicates that one important influence on its acquisition is our parents. Before counselling psychologists embark on any programme it is important to establish what factors may have an influence and this can only be achieved if we return to the source of our inquiry.

Humour has been found to have a psychological, physiological and sociological impact on the lives of the participants and its importance should not be overlooked. People with a diagnosis of Asperger’s syndrome do have a sense of humour but in order for it to be utilised fully in developing and bonding relationships, time and effort may have to be given to advance the skill.

Humour’s importance in our social development has been demonstrated in this research and if problems in social interaction are seen to arise then a way forward for counselling psychologists may be to give time and input into the promotion of the advancement of a sense of humour. Classes in humour and joke telling may prove to be beneficial in addressing difficulties with social interaction. If these were to be introduced as soon as an awareness of the problem arises this may help reduce difficulties later in life. Remedial education in schools helps tackle problems with numeracy and literacy perhaps lessons in joke telling could assist social development.

If as this research suggests some people with a diagnosis experience problems in regard to the processing of humorous interactions then perhaps specific programmes could be developed and introduced to help people with this particular aspect of their lives. Baron-Cohen (2008) has noted how improvements in social interaction have
been made when specific programs designed to address these issues have been followed.

2.9 Main Findings

This research was undertaken to explore the experiences of humour of group of individuals with a diagnosis of Asperger's syndrome. It does not claim to make generalisations from their experiences instead it aims to give an insight into their unique lived experiences.

The participants in this study did have a sense of humour. They were able to describe how they used humour in their lives and gave account of a variety of media they found amusing.
The individuals who took part in this study described how they felt different from other people in society and asked for tolerance and acceptance. They recognised that extra effort sometimes had to be put into acquiring a sense of humour but it was possible to achieve this.

Through this study light has been shed on the experiences of this group of individuals who share a common diagnosis. It is hoped that this may prove useful in helping us to develop a better understanding of their experiences.

2.10 References


**Section 3 Critical Appraisal of the Research Process**

My interest in Asperger’s syndrome started when I was invited to co-facilitate an Asperger’s Support Group (ASG) on my placement. Like many people up until then I had not heard of the diagnosis and had no idea how it manifested itself. I arrived at my first session with some trepidation not knowing what to expect and was pleasantly surprised by what I found. They were a friendly group of people with some demonstrating remarkable talents. One member asked me my date of birth and then
proceeded to give me a run down of the top ten chart hits on that day. I was even more surprised that he could do this for any date. This encouraged me to look further into this diagnosis and I looked at the DSM IV for clinical definitions which pointed to impairment in social interaction, developmental delays and restricted, repetitive patterns of behaviour. I wanted to know more so I started to read Attwood’s book The Complete Guide to Asperger’s Syndrome (2006) as he was a clinician working with people with a diagnosis. Again I discovered a long list of difficulties and a need for assistance. One factor particularly lodged in my head, a difficulty with humour. I read the passage on humour and was surprised to find that Asperger (1944) had written that people with this diagnosis lacked a sense of humour. This is not what I had experienced in my meeting with the ASG and it was not something Attwood had found in his work either. In fact many people with the diagnosis have a unique perspective on life and make comments that are clearly humorous.

This encouraged me to do a literature search on what had been written about Asperger’s syndrome and humour. I used search engines like Google Scholar but found they produced very little so I contacted the Trust librarian and looked through the University electronic databases such as psycINFO and Swetswise inputting the words autism, Asperger’s syndrome and humour. Surprisingly there was not as much available as I had expected that investigated both humour and Asperger’s syndrome. I had to contact the National Library to obtain the papers I wished to read and was put on e-mail alert by the librarian for any new papers that were released. Many of the studies focussed on the underlying causes of the difficulties and used incongruity as a basis for testing for difficulties. Many of these studies (Happé, 1996, Emerich, Creaghead, Grether, Murray, Grasha, 2003,) pointed to problems but gave no account
of the lived experience for people with a diagnosis of Asperger’s syndrome. I then came across a study written by Werth, Perkins and Boucher (2001) that gave an account of Grace, a 29 year old lady, with a diagnosis of high functioning autism who had become quite adept at puns, word association and word play. This seemed to contradict the argument that people with this diagnosis lacked a sense of humour and more in line with what I and other clinicians had experienced.

I had now decided upon the area I wished to research, humour and Asperger’s syndrome. An interest in the labels that are given to people by psychiatric diagnosis had also been acquired and I began to read work which looked critically at the area of diagnosis (Boyle, 1999, 2007) and I started to question the validity of the statement that people with this diagnosis lacked a sense of humour. My interest now focussed on what a person with a diagnosis of Asperger’s syndrome actually felt about humour.

I realised that I would have to gain ethical approval for my study and was unsure at first if my participants would be classified as a vulnerable group. I applied to Behavioural Sciences Ethics sub committee and the School of Applied Sciences Ethics Committee at the University of Wolverhampton and was given approval for my study but a requirement of this was that my participants were not part of the ASG that I co-facilitated. I checked with my Supervisor if NHS ethics approval was required and found for this research it was not but I remained aware of the importance of ethical considerations whenever any research is undertaken.

From my literature search I had read a lot about the difficulties people with a diagnosis of Asperger’s syndrome would experience with humour (Reddy, Williams
and Vaughan, 2002). Some of these studies described difficulties with incongruity (Lyons and Fitzgerald 2004) and they seemed to focus on the lack of ability that people with this diagnosis had. The studies took an outsider point of view and I felt this did not really reflect the lived reality. I wanted to know what is what like from the inside. The daily experience of the individual seemed more appropriate to my interest and I could not find any studies that provided this. This made me feel there was a gap in the research and I wanted to do something to change that.

In order to achieve my aims I realised that I would have to conduct a study that looked at the phenomena from an insider perspective. I wanted to select a method that would help me achieve this aim. As part of my course I had undertaken a module in research methods and had been introduced to a method I had not heard of before but seemed to fit the bill exactly, that method was Interpretative Phenomenological Analysis (IPA). It was a qualitative method and unlike some of the other qualitative methods its aim is to look specifically at the experience of a phenomenon. It took an insider perspective like other qualitative methods but unlike grounded theory which sets out to generate a theoretical level account of a particular phenomenon, I wanted to generate an understanding of the lived experience and IPA seemed better able to provide this. In order to achieve a better understanding of this methodology I read around the subject area (Smith, 1996; Smith Jarman and Osborn 1999; Smith and Osborn, 2004, Smith, Flowers and Larkin, 2009) and attended an IPA Conference and workshop in Brighton. I became interested in the philosophy behind IPA and researched some of the philosophers, like Husserl, Heidegger, Merleau-Ponte and Sartre, who had influenced the philosophical underpinnings of IPA. I felt accord with some of their ideas particularly Husserl’s (1970) as he describes how experiences
should be examined in the way that they occur. I wanted to examine the lived experience of humour of people with a diagnosis of Asperger’s syndrome. Reflecting on our experiences provides insight according to Husserl (1970) and as a counselling psychologist reflection has become an integral part of my practise. Heidegger (1927), Merleau-Ponte (1962) and Sartre (1948) helped direct me to an understanding of a person as being embedded in the world, responsible for their own actions but influenced by their context, history and social environment. I wanted to look at real life lived accounts and see how humour was experienced from the perspective of a person with Asperger’s syndrome so as to develop a better understanding of their experience.

Whilst at the Conference I was reminded that it is recommended that in IPA studies it is important to build up a rapport with research participants (Smith, Flowers and Larkin, 2009). This was going to prove to be very difficult with the participants in my research as one of the stipulations of the research was that it was carried out with participants that I did not have a working relationship with. I understood why this requirement had been imposed so that the participants did not feel compromised by our working relationship and that the information given would be untainted from previous contact but I recognised that it was going to be particularly difficult to establish rapport with an individual who belongs to a group that are known to have difficulties with communication and social interaction. I realised that it was going to be quite a challenge to interview people with a diagnosis of Asperger’s syndrome and encourage them to explore and explain in detail their experience. People with this diagnosis are supposed to have difficulties communicating their thoughts and feelings but I felt it was important that this information was accessed.
I thought a great deal about how I could address these difficulties. I spoke to my colleagues, my co-facilitator of the ASG and members of the ASG to canvas their ideas. I decided that it would be a good idea to break the ice at the beginning of the interview by undertaking an activity. At first I considered video clips but that was going to be difficult to arrange and it may restrict the locations where the interviews could be held. I then decided on jokes, but I was aware that I’m not particularly good at delivering jokes so I decided they would have to be written down and the participants could read them. Next was the dilemma of which jokes to include and to help with this I used McGhee (1979) categories, lexical ambiguity, phonological ambiguity, surface structure ambiguity and deep structure ambiguity. I found in a joke book, two examples of each type of joke and trialled them on the members of the ASG from whom there was a mixed response but a general agreement that this would initiate a conversation. I did not want the jokes to overshadow the study as it was the participant’s experiences I wanted to investigate but I felt it was important that I select jokes that would stimulate conversation. The same thoughts applied to the questions that I selected for the semi structured interviews. Again the ASG provided a useful resource for me to trial my questions. I was aware that people with a diagnosis of Asperger’s syndrome can sometimes be pedantic with the use of words, so I was keen to ensure that the questions I selected were clear, open and encouraged elaboration. I wanted the responses to provide as rich a data as possible.

In reality the difficulties as foreseen did not really arise. I feel there were a number of reasons for this, as a co-facilitator of a local support group some of the participants were aware of my existence and interest in the area. We had met socially at a number
of events that had been organised for there are a number of support groups that run in the area, some for social activities and others employment issues and occasionally members from these different groups meet up for particular events. It was at these events I could recruit participants for my research as I found that personal introduction was a more effective way of recruiting participants. I found that some people were quite interested in why I wanted to undertake research in this area and would approach me to make further enquiries about my study. Also the topic of my research was not something that people found generally threatening, humour is generally seen as something light hearted and does not evoke anxiety. I was prepared to interview participants in their own homes or in a private office and this allowed flexibility and choice which also reduced anxiety. Finally the introductory activity of reading the joke cards and putting them in order proved to be a good ice breaker; it focussed the participants on the topic to be discussed without putting limits on what would later be expressed. The joke cards provided a good lead in as the participants had something to talk about initially without having to be concerned about the protocol of social interactions. I was pleased I had included them and although the participants choice of joke had no bearing on the study they provided a good initial talking point.

The interviews were an interesting experience and each one was different. I enjoy working with people and my role as a Counselling Psychologist had provided ample opportunity to interview clients on a range of topics, so I felt at ease conducting the interviews. Some of the participants opted to be interviewed at their own homes others in a room I arranged. The interviews were all tape recorded so that they could be transcribed at a later date. As I had recorded interviews before to analyse for my
course, the recording did not prove problematic for me, although I did not like listening to my own voice when I was playing the tape back, for transcribing, as I feel I talk to quickly. However this proved useful as I'm now aware of this when talking to clients. Participants I found were initially conscious of the tape recording but as the interview progressed they appeared less aware of it.

Although I had prepared a list of questions to help focus the discussion, when I was conducting the interviews I found that I was more likely to be guided by the participant and the questions asked were often based on information received during the interview. This I feel was good practice as it allowed each of the participants to elaborate on areas they considered to be important. I was interested in capturing their lived experiences and I feel by giving them the freedom to take the interviews to areas they considered of importance I was better able to access their experiences. Giving clients the space to talk about issues that are of importance to them is a skill I have developed whilst working as a Counselling Psychologist. I have learnt to listen in an empathetic, non judgemental way and ask questions which are open and enquiring and allow clients to direct conversations to topics they wish to discuss. This I feel helped when conducting the interviews and enabled the participants to give an open and detailed account of their experiences.

The interviews were conducted over a six month period and I decided not to transcribe or analyse the data until after all the interviews had been conducted. I made this decision as I wanted to explore the lived experience for each of the individual participants and not influence the interviews by focussing on topics introduced by previous participants. I felt that the time between the interviews allowed for this
process and each interview was approached from afresh. It needs to be noted however that interviews are a two way process and it is difficult not to start thinking and analysing what has been said and be totally objective. Reflecting on experiences has become part of the way I work and it would have been difficult not to behave in this way following the interviews but I tried to limit my reflexivity and bracket my thoughts until I started to analyse all the scripts. IPA is a two way process and involves the interviewer as well as the participant, for when analysing the transcript the interviewer interprets what the participant has said and this interpretation can be influenced by their thoughts, which is why it is important that evidence from the transcripts is found to support the researchers claims.

After the interviews I kept a diary which reflected on them. This proved useful when analysing the data as I could consult it to confirm if my understanding was the same as that at the time of the interview. It was during the analysis of the interviews that I became more aware of the influence of my thoughts, interests and understanding. I recognised that these may influence my interpretation but like Huws and Jones (2008) rather than viewing these as biasing I acknowledged that these factors were necessary in order to interpret and make sense of my participant’s experience. I was careful however, to ensure that evidence could always be found in the transcripts to support my thoughts. I also found it really interesting when themes emerged that surprised me, like participant 2’s use of humour as a weapon against his mother. I found that my thoughts were being influenced by what I was encountering as well as the other way round. IPA really is a two way experience.
It must be noted however that not all the interviews were of the same quality. Some of the participants provided rich and colourful explanations of their experiences whilst others found difficulty with words to express how they felt and on times I found that I was producing the words to encapsulate what I felt was trying to be expressed. This was noted in the reflexive diary and I used it when analysing those particular interviews. Smith, Jarman and Osborn (1999), recommend that only a small number of interviews are conducted for an IPA study and because of the poorer quality of a couple of the interviews I am pleased that I opted for the higher end of the scale for although all of the interviews had something to add I am aware that some of the interviews provided richer data.

The analysis took longer than I expected and because of the unique nature of each of the interviews it was difficult trying to establish themes that encapsulate all that is being said. As a result I had to work and rework the summary tables. I began by analysing each interview separately and drawing up a table of themes for each participant. This was relatively straightforward it was only when I had to combine the tables that it became a little more complex. I am aware of my inexperience of using computer programmes like Excel to produce spreadsheets so I made the decision to carry on using the table option in Word a programme I am more familiar with. From my course on IPA I had picked up an idea of what this combined table should look like and was grateful that I had received this advice. I drew up a master table and started to analyse and reflect on it combining some themes. This process can also be never ending and finally a decision to stop has to be made. However I found that even in the write up I was reflecting and reorganising some of the categories but having worked so long with the material, a good understanding of each participant and their
experience had developed and as Husserl (1970) suggests its through reflection that we gain insight into psychical experience.

In conducting the study I have become more aware that I do not like to make judgements about people’s skills and talents. I am critical of psychiatric diagnosis that place labels and categorises people’s ability, for I feel that it is important that we talk to individuals to discover their issues. We are all different and although we may share some characteristics with other members of a group no two people will be exactly the same. As Sartre (1948) suggests we are constantly changing, constantly in the process of becoming and constantly influenced by our environment. Therefore it is imperative that we recognise individuality when dealing with any client. In my work with all my clients I now try and approach them with an open mind, taking care not to make judgements about them based on their diagnosis. Psychiatric diagnosis is not the same as a medical diagnosis; it is often subjective and does not always give an accurate picture of the unique individual in front of you and I feel it is important to learn about a person before commencing work with them.

My initial desire was to investigate the lived experience of humour for people with a diagnosis of Asperger’s syndrome and this I feel I have achieved. No other study has undertaken this type of investigation and yet I see it as vitally important if we are to develop a true understanding of their experience. I feel that if another research method had been chosen it may not have produced the insight that this study has achieved. In my opinion it is important that we understand real life experiences rather than make assumptions of how it should or should not be if we are to work effectively with
clients. When considering research in the future I have certainly been inspired by this method and would encourage others to adopt a similar approach.

Humour may be a light hearted subject but it plays an important role in our lives particularly in our social interaction. This is experienced by people with and without a diagnosis of Asperger’s syndrome. In this study the participants acknowledged that it is an area that may need action. As this research has shown people with the diagnosis are aware of their differences, they call for tolerance in society and an acceptance of the unusual as they want to be included. This research has suggested with investment and time people with a diagnosis of Asperger’s syndrome can overcome some of the difficulties they experience with humour and this provides us with an insight and knowledge that we can use to help improve their lives. This therefore has proved to be an important and useful piece of research. It has investigated an important phenomenon, provided a useful insight and suggested a way forward that may help improve the lives of people with a diagnosis of Asperger’s syndrome.

I feel this study has achieved my aim and addressed a gap in the research that is available, when I originally started looking for information I could not find any that gave an insight into the lived experience of humour for people with Asperger’s syndrome. This research fits in that gap, it does not claim to describe or account for the experiences of everyone with a diagnosis of Asperger’s syndrome just an insight into the lived experience of some. Hopefully it will provide a spring board for others to undertake similar types of research and help provide a more accurate picture of the lives and many experiences of people with a diagnosis of Asperger’s syndrome and
other conditions. This may then aid Counselling Psychologists and other professionals to work alongside their clients in an informed and helpful manner.

References


Introductory Letter to Participants

Dear Participant

I am a postgraduate student of Counselling Psychology at the University of Wolverhampton. As part of my training I am conducting research into the experience of humour for people with a diagnosis of Asperger’s syndrome.

The purpose of this research project is to provide an insight into the part played by humour in the lives of people with Asperger’s syndrome so that a better understanding of it may be developed.

Your participation would involve a confidential individual interview with the researcher that would last about an hour. The time and location of this interview would be arranged at your convenience. During the interview you will be asked a number of open-ended questions about your experience of humour. The interview will be audio taped so that it may later be transcribed. In accordance with The British Psychological Society’s ethical guidelines on research, all information will be treated confidentially. You will be given details of what will happen with the information provided at your interview. You may withdraw from the research at any time without having to provide a reason.

I would therefore be most grateful for your participation in this research.

If you are willing to participate please fill out the contact details form and return it in the prepaid envelope provided. If you have any queries please contact me at the above address or at s.t.ruggeri@wlv.ac.uk

Yours sincerely,

Susan Ruggeri
(Counselling Psychologist in Training)
Appendix B

Contact Details

- Please provide your name.
- Do you have a diagnosis of Asperger's syndrome? YES / NO
- Was your diagnosis of Asperger's syndrome made by a qualified psychologist or psychiatrist? YES / NO
- What is the name of the person who made your diagnosis?
- Do you give your permission for this person to be contacted so that your diagnosis can be confirmed? YES / NO
- I would prefer you to contact me on/at (please provide an e-mail or contact number) E-mail
- Contact number
- I would like to receive a summary of the findings upon completion of the study YES / NO (please delete as appropriate)
- I would like my audiotape to be returned to me after examination of the study YES / NO (please delete as appropriate)

Thank-you for agreeing to take part in this study.
Appendix C

Information Sheet

My name is Susan Ruggeri and I am a post graduate student of Counselling Psychology at the University of Wolverhampton. As part of my training I am conducting research into the experience of humour for people with Asperger’s syndrome. The title of the research is Its no joke! An Interpretative Phenomenological Analysis of the experience of humour for adults with Asperger’s syndrome.

The purpose of this research project is to provide an insight into the part played by humour in the lives of people with Asperger’s syndrome so that a better understanding of it may be developed. The information provided may also cast light on the diagnostic constructs of Asperger’s syndrome and may assist in the working alongside clients to reduce their levels of anxiety and distress.

Your participation would involve an individual interview with the researcher that would last about an hour. The time and location of this interview would be arranged at your convenience. You may withdraw from the process at any time without giving a reason. During the interview you will be asked a number of open-ended questions about your experience of humour. The interview will be audio taped so that it may later be transcribed. All information received will be kept confidential.

The researcher will transcribe the resultant audiotape and both the audiotape and transcription will be made available to her supervisor and examiners. A numerical identifier rather than a name will be used to provide anonymity.

Feedback will be available to the participants after the examination of the study. A summary of the findings will be sent to those who indicated on the consent form that they wished to receive a copy. Verbal feedback can also be arranged individually with the researcher.

The researcher or her supervisor can be contacted at the address below if you have any queries.

Researcher
Susan Ruggeri
Counselling Psychologist in Training
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Division Psychology
Millennium City Building
University of Wolverhampton
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Research Supervisor
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School of Applied Sciences
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University of Wolverhampton
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Appendix D

Consent Form

This research project is investigating the experiences and observations relating to humour of people with a diagnosis of Asperger’s syndrome.

Your participation would involve a face-to-face, audio taped interview during which you would be invited to share your thoughts on the topic of humour and the part it plays in your life.

Examiners may view the audiotapes and the transcripts of the interview but every effort will be made to ensure confidentiality. Your tape and transcript will be given a numerical identifier rather than your name in order to protect your identity and provide anonymity.

I understand that:

- I will undertake an audio taped interview on my experience of humour.
- The resultant audiotape will be transcribed by the researcher (Susan Ruggeri), and the transcription will be available to her supervisor and examiners.
- Confidentiality will be maintained and anonymity will be provided by the use of a numerical identifier.
- The anonymised audiotape and transcription will be stored securely, and either returned to me or destroyed after examination of the project.
- My participation is voluntary and I can withdraw from the study at any time without giving a reason.

Please sign below to show that you have read the contents and you will be given a copy for your own information.

Researcher:

Name: Susan Ruggeri

Signature: 

Participant:
Appendix E

Jokes

Lexical Ambiguity

Order, order in the court.
Cheese roll and a coffee please. Your Honour!

Why did the farmer name his pig Ink?
Because he kept running out of the pen.

Phonological ambiguity

What do you get when you get when you cross a murderer with a breakfast food?
A cereal killer.

Why did the biscuit cry?
Because its mother had been a wafer so long.

Surface structure ambiguity

I saw a man eating shark in the aquarium.
That's nothing I saw a man eating herring in the restaurant.

Postmaster Here's your thirty pence stamp
Shopper (With arms full of bundles) Do I have to stick it on myself?
Postmaster No, on the envelope.

Deep structure ambiguity

What animal can jump as high as a tree?
All animals trees cannot jump.

Why did the elephant sit on the marshmallow?
Because he didn't want to fall into the hot chocolate.
Jokes will be put onto individual cards and given to the participant. They will be asked to read each card individually then place them in order with the funniest on the top.

Appendix F

Interview schedule

1) Which joke did you like the best?
2) What was it about that joke that you liked?
3) Do you feel you can tell a good joke?
4) When and in what situations are you most likely to tell a joke?
5) How do you feel when you tell jokes?
6) What is the response of others when you tell jokes?
7) Do you ever tell jokes to yourself that you find amusing?
8) Have you ever been a told a joke that you did not understand?
9) Do you ever tell jokes that other people do not find funny?
10) What difficulties do you think it creates when there are differences in what people find funny?
11) Which TV Programmes, films or books do you consider to be funny?
12) Do you ever choose a book film or TV programme because it will make you laugh?
13) How would others describe your sense of humour?
14) Do you think humour, being able to laugh at and tell jokes, enjoying funny programmes, films, books etc. plays a role in your relationship with other people?
15) Do you consider humour an important aspect of your life?
16) Does your humour or other peoples humour ever cause problems in your life?
17) How could other people help with any problems that may be caused by differences in humour in peoples lives?
18) Do you think you can be taught to appreciate and understand jokes?
19) If others are aware of your diagnosis of Aspergers syndrome do you consider this has an influence on the way they approach you when telling a joke?
20) Do you think Aspergers syndrome has any impact on humour in your life?

The aim of the interview is to provide a free flowing conversation, so not all of the questions listed above will be asked of each of the participants. They have been included to show the direction the interview will take and are available to be used as an aide memoir for the interviewer.
Appendix G

Clinical Psychology Review

SUBMISSION REQUIREMENTS: Authors should submit their articles electronically via the Elsevier Editorial System (EES) page of this journal (http://ees.elsevier.com/cpr). The system automatically converts source files to a single Adobe Acrobat PDF version of the article, which is used in the peer-review process. Please note that even though manuscript source files are converted to PDF at submission for the review process, these source files are needed for further processing after acceptance. All correspondence, including notification of the Editor's decision and requests for revision, takes place by e-mail and via the Author's homepage, removing the need for a hard-copy paper trail. Questions about the appropriateness of a manuscript should be directed (prior to submission) to the Editorial Office, details at URL above. Papers should not exceed 50 pages (including references).

Submission of an article implies that the work described has not been published previously (except in the form of an abstract or as part of a published lecture or academic thesis), that it is not under consideration for publication elsewhere, that its publication is approved by all authors and tacitly or explicitly by the responsible authorities where the work was carried out, and that, if accepted, it will not be published elsewhere in the same form, in English or in any other language, without the written consent of the Publisher.

FORMAT: We accept most wordprocessing formats, but Word, WordPerfect or LaTeX are preferred. Always keep a backup copy of the electronic file for reference and safety. Save your files using the default extension of the program used.

Please provide the following data on the title page (in the order given).

Title. Concise and informative. Titles are often used in information-retrieval systems. Avoid abbreviations and formulae where possible.

Author names and affiliations. Where the family name may be ambiguous (e.g., a double name), please indicate this clearly. Present the authors' affiliation addresses (where the actual work was done) below the names. Indicate all affiliations with a lower-case superscript letter immediately after the author's name and in front of the appropriate address. Provide the full postal address of each affiliation, including the country name, and, if available, the e-mail address of each author.

Corresponding author. Clearly indicate who is willing to handle correspondence at all stages of refereeing and publication, also post-publication. Ensure that telephone and fax numbers (with country and area code) are provided in addition to the e-mail address and the complete postal address.

Present/permanent address. If an author has moved since the work described in the article was done, or was visiting at the time, a 'Present address' (or 'Permanent address') may be indicated as a footnote to that author's name. The address at which the author actually did the work must be retained as the main, affiliation address. Superscript Arabic numerals are used for such footnotes.

Abstract. A concise and factual abstract is required (not exceeding 200 words). This should be typed on a separate page following the title page. The abstract should state briefly the purpose of the research, the principal results and major conclusions. An abstract is often
presented separate from the article, so it must be able to stand alone. References should therefore be avoided, but if essential, they must be cited in full, without reference to the reference list.

STYLE AND REFERENCES: Manuscripts should be carefully prepared using the Publication Manual of the American Psychological Association, 5th ed., 1994, for style. The reference section must be double spaced, and all works cited must be listed. Please note that journal names are not to be abbreviated.


TABLES AND FIGURES: Present these, in order, at the end of the article. High-resolution graphics files must always be provided separate from the main text file (see http://ees.elsevier.com/cpr for full instructions, including other supplementary files such as high-resolution images, movies, animation sequences, background datasets, sound clips and more).

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Appendix H

RES 20B
(October 2003)

School of Applied Sciences Ethics Committee:
submission of project for approval

- This form must be word processed – no handwritten forms can be considered
- **ALL sections of this form must be completed**
- No project may commence without authorisation from the School Ethics Committee

**CATEGORY B PROJECTS:**

There is identifiable risk to the participant’s wellbeing, such as:

- significant physical intervention or physical stress.
- use of research materials which may bring about a degree of psychological stress or upset.
- use of instruments or tests involving sensitive issues.
- participants are recruited from vulnerable populations, such as those with a recognised clinical or psychological or similar condition. Vulnerability is partly determined in relation to the methods and content of the research project as well as an *a priori* assessment.

All Category B projects are assessed first at Divisional level and once approved are forwarded to the School Ethics Committee for individual consideration. Undergraduates are not permitted to carry out Category B projects.
<table>
<thead>
<tr>
<th>Title of Project:</th>
<th>It’s no joke! An Interpretative Phenomenological Analysis of the experience of humour for adults with Asperger’s syndrome.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Supervisor:</td>
<td>(for all student projects) Dr Lorna Fortune (School of Applied Sciences) Dr Biza Kroese, Head of Psychological Services for Adults with Learning Disabilities, Shropshire and South Staffordshire Primary Care Trust and Senior Lecturer in Clinical Psychology, University of Birmingham</td>
</tr>
<tr>
<td>Name of Investigator(s):</td>
<td>Mrs Susan Ruggeri</td>
</tr>
<tr>
<td>Location of Research:</td>
<td>Practitioner Doctorate in Counselling Psychology PS5011 Doctoral Thesis</td>
</tr>
<tr>
<td>Qualifications/Expertise of the investigator relevant to the submission:</td>
<td>Qualifications</td>
</tr>
<tr>
<td></td>
<td>I have a B.Ed Degree, a Postgraduate Conversion Certificate in Psychology and a Postgraduate Certificate in Couple Counselling. I have also successfully completed the research, humanistic therapy and CBT modules of the Postgraduate Counselling Psychology Course at the University of Wolverhampton.</td>
</tr>
<tr>
<td></td>
<td>Clinical Experience</td>
</tr>
<tr>
<td></td>
<td>For the past year I have co-facilitated an</td>
</tr>
</tbody>
</table>
Asperger’s Support Group as part of my placement with Shropshire and South Staffordshire NHS Service for Adults with Learning Disabilities. This placement will continue for the period of the research. Throughout I have been Supervised by a Chartered Counselling Psychologist (Paul Moloney) who has expertise in the field of Asperger’s syndrome.

Research Experience

I have undertaken a number of research projects during Summer Schools with the Open University researching areas such as the Mozart effect and recall and modality of input and recall.

Professional Registration and Vetting

I am a member of the British Psychological Society (BPS): registered as a trainee with the Division of Counselling Psychology. My Membership number is 150727 I am therefore bound by their Code of Ethics and Conduct. As part of my placement in an NHS setting I have also had to undergo an enhanced check by the Criminal Records Bureau.
Participants: Please indicate the population and number of participants, the nature of the participant group and how they will be recruited.

Population
The participants will be people who have already received a psychological diagnosis of Asperger's syndrome. It is important that this criterion is established initially as this research focuses on this specific group.

Number of Participants
This study requires 8 participants as Smith, Jerman and Osborn (1999) recommend a small sample group for this kind of research with up to about ten participants.

Nature of Participant Group
The following inclusion criteria are designed to promote the integrity of the study.

The participants will be.
Over the age of 18 (therefore classed as adults)
Have a psychological diagnosis of Asperger's syndrome.

Recruitment
It is hoped that participants will be recruited from local Asperger Support groups such as The Shropshire Asperger's Support Group, or the Shrewsbury Autonomy Group, or The West Midlands Autism Society Asperger's Support Group. Contact details for these groups have
already been established. The research will be undertaken only with participants that the researcher has no prior relationship so that the information gathered will be untainted. The researcher will approach the groups to see if she can talk to them about her research, introduce herself and recruit any potential candidates. Those interested in taking part in the research will be given an introductory letter and a contact details form. The first eight respondents will be contacted and form the basis of the study. Any other respondents will be sent a letter thanking them for their co-operation and informing them that their participation is not required at this particular time. Formal consent will be gained at the start of the interview and reaffirmed at the end. An information sheet will also be given to the participants to provide contact details of the researcher and her Supervisor and explain what will happen to the material gained from the session.
Please attach the following and tick the box provided to confirm that each has been included:

<table>
<thead>
<tr>
<th>Rationale for and expected outcomes of the study</th>
<th>✓</th>
</tr>
</thead>
<tbody>
<tr>
<td>Details of method: materials, design and procedure</td>
<td>✓</td>
</tr>
<tr>
<td>Information sheet* and informed consent form for participants</td>
<td>✓</td>
</tr>
<tr>
<td>*to include appropriate safeguards for confidentiality and anonymity</td>
<td></td>
</tr>
<tr>
<td>Details of how information will be held and disposed of</td>
<td>✓</td>
</tr>
<tr>
<td>Details of if/how results will be fed back to participants</td>
<td>✓</td>
</tr>
<tr>
<td>Letters requesting, or granting, consent from any collaborating institutions</td>
<td>✓</td>
</tr>
<tr>
<td>Letters requesting, or granting, consent from head teacher or parents or equivalent, if participants are under the age of 16</td>
<td></td>
</tr>
</tbody>
</table>

**Is ethical approval required from any external body?** NO (delete as appropriate)

**If yes, which Committee?**

*NB. Where another ethics committee is involved, the research cannot be carried out until approval has been granted by both the School committee and the external committee.*

Signed: ___________________________________________ Date: ________________
(Investigator)

Signed: ___________________________________________ Date: ________________
(Supervisor)

Except in the case of staff research, all correspondence will be conducted through the supervisor.

FOR USE BY THE SCHOOL ETHICS COMMITTEE
Divisional Approval Granted: ____________________________ Date:

________________________________________________
(Chair of Divisional Ethics Committee)

School Approval Granted: ____________________________ Date ____________________

________________________________________________
(Chair of School Ethics Committee)
Appendix I