“Make it Just as Normal as Possible With Humor”

Alicja Rieger

Abstract

Perspectives on humor of families who have a member with a disability were examined using a qualitative methodology. Findings offer complex and challenging lessons for those who work with and for families of children with disabilities. I compared the traditional view that families of children with disabilities go through a constant process of grieving and sadness with newly emerging views of accepting relationships and making life as typical as possible with the help of humor.

From network television sitcoms to specials by famous comedians, from all comedy channels to showcases for upcoming comics, from movie comedies to children’s cartoons, from newspaper comic strips and satirical columns to magazine column fillers and syndicated cartoons, from comic books to joke collections—each mass medium is saturated with humor. (Davis, 1993, p. xi)

Indeed, humor touches our lives in many ways. Psychology was among one of the many disciplines in which researchers recognized the importance of humor (Bergin & Garfield, 1971; Chassan, 1979; Goldstein & McGhee, 1972; Kazdin, 1980; Kirsh & Kuiper, 2003; Kuiper, McKee, Kazarian, & Olinger, 2000; Martin & Kuiper, 1999; Martin, Puhlik-Doris, Larsen, Gray, & Weir, 2003; Oring, 1984; Valle & King, 1978; Ziv, 1984). Psychologists have referred to humor as a built-in mechanism in human beings for healing or as a valuable modality for coping with stress, tragedy, or any challenging situation. From this point of view, humor is perceived as a catalyst for enduring any kind of pain, illness, or suffering (Goodman, 1983). Furthermore, the lived experience of humor, as it unfolds from childhood to adulthood, with an emphasis on the need to discover an attitude of playfulness for all ages is commonly discussed. The development of a sense of humor in people has attributed therapeutic qualities. In this context, the use of “self,” as an integrated personality, is frequently mentioned (Ziv, 1984).

Similarly, sociologists have suspected for a long time that humor is somehow a very important social dimension in people’s life (Chapman & Foot, 1977; Foot, Chapman, & Smith, 1980; Glasser, 1982; Green & Ganger, 1976; Hampes, 1992, 1999; Hertzler, 1970; Kirsh & Kuiper, 2002; Kuiper & Olinger, 1998; Lyttle, 2003; Maio, Olson, & Bush, 1998; Matusewicz, 1976; Meyer, 1997; Tajfel, 1974; Zilberg, 1995; Zillmann, 1977). According to these researchers, humor is firmly imbedded in the fabric of society. Humor arises in certain situations, has immediate and reverberating effects, and is likely to have some survival value in people’s life (Derks & Berkowitz, 1989; Mettee, Hrelec, & Wilkens, 1971; Ziv, 1988). More specifically, the facets of humor, namely, smiling and laughter, are considered one of the earliest mediums of bonding and communication. Ziv (1984) wrote, “The smile is the first form of ‘positive’ communication and it means ‘I feel good’” (p. 27). Within this framework, humor is seen as a form of symbolic activity that represents the values and beliefs of various social groupings, including race, gender, age, ethnicity, and religious affiliations (Linstead, 1985; Rutter, 2000).

Finally, existential philosophers and spiritual writers who have always speculated about the nature of human beings and their relationship to laughter have something to say about the importance of humor in one’s life and survival. Dixon (1980), for instance, incorporated humor into existential philosophy and suggested that humor might be used to initiate cognitive shifts and changes in one’s purpose, meaning, and quality of life. Welliver (1986) considered humor “a flexible way of experiencing life” (p. 5), and Morreall (1983) defined humor as a way of approaching life with a merry spirit. Humor has its place even in the most
life-threatening circumstances. According to Lipman (1991), for instance, jokes were the most popular form of mocking every facet of life and death in the Nazi camps. “Humor cropped up in many guises, on many subjects, during the Nazi era. It was conveyed in many forms—situational quips, art, poetry, classical music, and work songs—but jokes were the most common medium” (p. 17). The message is simple and powerful: Laughter combined with spirituality results in the celebration of life and survival.

Yet, for centuries, the general public as well as researchers have had difficulty in adapting a serious attitude toward studying humor. Davis (1993) wrote, “Researchers have regarded humor as an unsuitable topic for serious study ever since the Greek philosophers restricted comic objects to the inconsequential actions of insignificant persons” (p. 1). There are many reasons why researchers historically abandoned humor as a serious subject of study. One deterrent to seriously studying humor is a common belief that as soon as one starts examining humor or a joke, it loses its appeal, spontaneity, and directness, and may appear trivial (Chapman, 1973; Fry & Salameh, 1987; Robinson, 1977). Put candidly, humor has been seen within the framework of play and has been looked upon as “trivial,” “not real,” “just fun,” or “just a joke” (Robinson, 1977). Following this logic, according to some researchers, it is impossible to analyze a joke without killing it in the process. Perhaps, White (cited in Robinson, 1977) gave the best example. He made the point that “Humor can be dissected, as a frog can, but the thing dies in the process. Perhaps, White (cited in Robinson, 1977) gave the best example. He made the point that “Humor can be dissected, as a frog can, but the thing dies in the process and the innards are discouraging to any but the pure scientific mind” (p. 5).

Another argument against studying humor seriously has to do with the lack of agreement on how to define the concept of humor itself. In the past 2 centuries, a great deal of humor research was centered on the question of just what (if anything) constitutes humor (Chapman, 1976; McGhee & Goldstein, 1983). Results of this research suggest that the issue is still far from being resolved. “Although the . . . [issue] has been with us for centuries, the solution remains as elusive as ever” (Lafrance, 1983, p. 1). Theorists continue to debate the conceptual and operational distinctions between humor and laughter (Ostrove, 2003). Lyttle (2003) noted:

For all of this investigation, there is no general theory of humor or even an agreed definition. . . . What is humor, exactly? The question seems pointless because we can all think of examples of humor, and we all ‘know it when we see it.’ However, when we try to define exactly what does and what does not count as humor, or how humor operates, we find it quite difficult. (p. 1)

Researchers have also built a proverbial Tower of Babel to measure one’s sense of humor. For example, some researchers claimed that it is essential to simply observe the amount of laughter or smiling (Brackett, 1933; Bridges, 1932; Kenderdine, 1931; Kirsh & Kuiper, 2003; Ostrove, 2003). Others were less convinced and preferred to ask individuals to make intellectual judgments when they perceived something to be funny (Glasser, 1982; Green & Ganger, 1977; Lyttle, 2003). Still others advocated psychological experiments to be the most accurate way of capturing one’s sensitivity to humor (Albrecht, 1999; Holland, 1982; Piddington, 1933). Each of these theoretical approaches has its own problems, including the argument that humor can be easily explained or subsumed under any catchy theory or formula.

Further, measurements of humor generally have a low positive relationship with one another, creating what Lewis (1989) called “an unearned sense of unity” by “stretching” and “shrinking” (p. x) examples that do not fit. Given this confusion about defining and measuring the enjoyment of humor, many investigators have simply neglected studies on humor altogether (Lewis, 1989; Lyttle, 2003; McGhee & Goldstein, 1983).

Researchers seem to be even more confused about humor’s double meaning in the context of disability: The humor may be directed toward a condition of disability and the humor itself may be “disabling” (Baum, 1998; Cassell, 1985). Within such a context, the “disabled humor” traced from Plato and Aristotle to the present day has been considered by many scientists as an unworthy research area, as noted earlier. “Until now, no theorist or researcher has treated disabled humor as a subject worthy of separate investigatory or theoretical exposition,” commented Cassell (p. 59). Albrecht (1999) contributed to the discussion on disability-related humor when he summarized the most common difficulties in relating the concept of humor to a concept of disability for the inquiry purpose.

Discovering humor in disability is difficult . . . . What is so funny about having a disability when others think that it is a tragedy? Besides, finding humor in disability is not politically correct; it is mean spirited and denigrates those with disabilities. (p. 67)

The lack of interest in examining humor more
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systematically is also observed in the family literature. Much of this literature written by professionals and by parents of children with disabilities has been focused on the deviant characteristics of the family member with disabilities and the negative impact of a child with disability on the family (Powell & Gallagher, 1993; Samuelson, 1986). Numerous investigators have emphasized the stress that families with a member who has a disability undergo and defined that kind of experience as a source of unhappiness, sadness, and loss of economic opportunities (Breslau & Davis, 1986; Lazarus & Folkman, 1984; Pahl & Quine, 1987; Ross, 1985; Singer & Irvin, 1989).

In some extreme cases, the experience of disabilities has been viewed as analogous to a death in the family. This interpretation holds that the expected “normal” child has been lost through the birth of a child with disabilities, thus postulating that the family must constantly work through a grieving process (Drotar, Baskiewicz, Irvin, Kennell, & Klaus, 1975; Seligman & Darling, 1989).

Moreover, from a clinical point of view, families who construct a positive image of their children with disabilities and family and use humor in the light of everything that is happening to them have been perceived as suffering from delusions or denying their serious reality (T. A. Booth, 1978; Pollner & McDonald-Wilker, 1985).

Needless to say, in such a research framework, there is little room left to look for humor within the families of children with disabilities. Brooks, Guthrie, and Gaylord (1999) wrote, “Literature on families, illness, and humor is more rare. . . . When families do use humor around aging, disability, or chronic physical conditions, they find few therapeutic models in western [sic] culture” (pp. 152–153).

Only a handful of researchers have indicated interest in studying humor seriously in the context of families of children with disabilities. For example, in his book on everyday lives of 200 “special families,” Murphy (1981) illustrated the special emotions, concerns, and relationships that develop in such families, including believing, hoping, daring, enjoying, feeling, loving, and humor.

Moreover, humor in families of children with disabilities was reported to be qualitatively different from the humor of the families without a member with disability. To illustrate, Dingman (cited in Sanders, 1986) compared the nature of humor among deaf and disability-free children and reported that the way in which a joke is told within the deaf families is usually quite different from the way it is told within the hearing community. Deaf humor tends to employ more visual than verbal humor, and deaf jokes tend to refer to concrete things rather than abstract concepts. Moreover, according to Dingman, abstract jokes can be told concretely with help from exaggerated facial and body expressions, including miming.

Yorukoglu and Silverman (1963) and Yorukoglu (1977) found out that the favorite jokes of children with disabilities were dynamically related to dealing with emotional conflicts. That is, the joke, in most instances, seemed to stress the core conflict that the child was experiencing and the use of laughter served as a release mechanism for the child and the family involved in the conflict situations.

O’Mara and Waller (2000) and O’Mara (2003) looked into the use of jokes among individuals with severe communication disorders and found out that humor is a critical part of daily interactions for individuals with severe communication disorders. Humor helps individuals with such disorders bypass many of their severe communication problems. Such humor is facilitated by aided communication systems, including the augmentative communication aids and a story-based communication system.

Brooks et al. (1999) looked for differing family humor patterns when families managed either the unpredictability of multiple sclerosis (MS), the daily self-care of diabetes mellitus, or the pain of rheumatoid arthritis. The researchers found that most of the family humor was of an informal, spontaneous humor type, as informants described it as “kidding around,” “carrying on,” “joking around,” or “giving each other some grief” (p. 155). Interestingly, the illness was not the major topic for family humor, but neither was it usually ignored as a topic for humor.

As the researchers noted,

When humor was reported around the illness, it was as a means to communicate how family members felt about the illness, as a way to monitor the severity of the illness, a tool for changing moods, or an encouragement for illness management. (p. 156)

Rao (1996) focused his dissertation thesis on perspectives of Bengali families of children with disabilities about inclusion and found out that a sense of humor expressed particularly in a form of joking and teasing was a part of the Bengali families’ social interactions. He wrote,

While closeness and affection was one dimension of some relationships, others were characterized by humor. . . . Humor was seen as an integral part of relationships. Being able to tease and get
teased was considered an important aspect of affectionate ties. (p. 190)

Unfortunately, the researchers cited above reported humor mostly from the clinical point of view by comparing its levels of occurrence among those with and without disability, as an incidental finding to their main inquiry or at best a "side show" to their main research agenda by giving humor a special status as something spontaneous and hoped for, but not deliberately provoked or studied (Riegner, 1996). The present study was designed to be a counterweight to the research in which families are not directly questioned about their perspectives on humor and in which a sense of humor as a topic is systematically omitted in the context of a disability.

Method

This study was based on a qualitative methodology, with a focus on the participants' frame of reference (Christensen, 2003; B. Johnson & Christensen, 2004) or the insiders' perspective (Patton, 2002). Qualitative research is focused on perspectives, the construction of meanings (Bogdan & Biklen, 1992; Stainback & Stainback, 1984; Tashakkori & Teddlie, 2003), and, in particular, this approach has a rich tradition in studies among individuals with disabilities (Bogdan & Taylor, 1976; Brightman, 1984; Edgerton, 1967; Ferguson, 1987; Foster, 1987; Park, Turnbull, & Park, 2001). All these factors have influenced my belief that it is the most appropriate method for the present study.

Participants

Three families of children with disabilities participated. The demographics of the families were varied (see Table 1). Because we live in the times of changing family forms (Brooks et al., 1999), I asked the participants to identify their family structure, using DeVault's (1991, p. 27) household composition and income distribution as a guide. My rationale for gathering such basic information was to bring this qualitative inquiry as close as possible to the participants' life experiences. The purpose of using a qualitative inquiry is to examine the studied phenomenon as seen by the participants (Christensen, 2003).

The Apples family (pseudonyms are used throughout this paper) was African American and poor. The highest degree held by the parents was a high school diploma. The Apples family included 3 children with disabilities. Eric, 5 years old, and Dave, 3 years old, had autism. Their sister Kathy had a learning disability. Agata, the mother, was a member of the Pentecostal church and thought of herself as a very religious person. According to Agata, family was her priority. She defined her family as "togetherness—doing things together, laughing, always being for one another no matter what the situation is, no matter what happens." However, she could not tell whether her husband, Bogdan, shared her opinion. She thought that her husband was disappointed that he did not have 2 perfect sons who could follow in his footsteps. She described him as a person who was more of a loner and who easily changed his moods. She shared, "My husband, he can be funny at times, he can be nice at times and he can be nasty at times." Bogdan did not agree to participate in this study.

The Caramel family, also a poor household family, was of second-generation European descent (British mother, Polish father). The parents' education did not go beyond high school. The oldest son, Peter, who had cerebral palsy, said, "We're all kind of country-bumpkin type people," when he described his family. His mother, Teresa, came from a sizable extended family and was one of eight children. She talked about having a large and ever-expanding network of family members characterized by mutual support, on the one hand, and alcoholism and arguments, on the other. She had been married twice and had 3 children, 2 boys and 1 girl by her first husband and 2 daughters with her second husband, Tomek.

All Teresa's children were adults. According to Teresa, child-rearing practices and the home atmosphere were priorities in shaping her family life. She helped her children construct positive identities as "normal and gifted" persons who could take their own life in their hands. In that sense, she made efforts to ensure that Peter's siblings, cousins, and other relatives never treated him like he was any different than his siblings and had the same expectations for him as for her other children. She said, "It was like he had to keep up with them. You know, wherever they went and whatever they did." Peter took his family investment into his normality, or being just like everyone else, seriously and developed what he called a "humorous attitude" towards his life, despite all the odds of his definitely stressful existence as a person with a physical disability. He thought of himself as possessing a relaxing and positive sense of humor, and he spontaneously communicated this sense of humor, which was why he chose comedy as his professional career.
Table 1  Participant Demographic Information

<table>
<thead>
<tr>
<th>Families</th>
<th>Economic status</th>
<th>Family structure</th>
<th>Geographical location</th>
<th>Family members/ status</th>
<th>Age</th>
<th>Race</th>
<th>Level of education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apples</td>
<td>Poor household</td>
<td>Traditional joint family</td>
<td>Urban</td>
<td>Agata (mother)</td>
<td>NA</td>
<td>AA</td>
<td>HS</td>
</tr>
<tr>
<td></td>
<td>(Income: $10,000–$30,000)</td>
<td></td>
<td></td>
<td>Eric (son)</td>
<td>5</td>
<td>AA</td>
<td>K</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Dave (son)</td>
<td>3</td>
<td>AA</td>
<td>PS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Kathy (daughter)</td>
<td>9</td>
<td>AA</td>
<td>ES</td>
</tr>
<tr>
<td>Caramel</td>
<td>Poor household</td>
<td>Second marriage family</td>
<td>Rural</td>
<td>Teresa (mother)</td>
<td>NA</td>
<td>C.</td>
<td>HS</td>
</tr>
<tr>
<td></td>
<td>(Income: $10,000–$30,000)</td>
<td></td>
<td></td>
<td>Peter (son)</td>
<td>20</td>
<td>C.</td>
<td>HS</td>
</tr>
<tr>
<td>Rizzor</td>
<td>Professional managerial</td>
<td>Traditional joint family</td>
<td>Suburban</td>
<td>Ewa (mother)</td>
<td>NA</td>
<td>C.</td>
<td>Master’s</td>
</tr>
<tr>
<td></td>
<td>(Income: $50,000–$70,000)</td>
<td></td>
<td></td>
<td>Adam (father)</td>
<td>NA</td>
<td>C.</td>
<td>Master’s</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Zosia (daughter)</td>
<td>17</td>
<td>C.</td>
<td>SW</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Kasia (daughter)</td>
<td>15</td>
<td>C.</td>
<td>HS</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Ola (daughter)</td>
<td>11</td>
<td>C.</td>
<td>MS</td>
</tr>
</tbody>
</table>

*AA = African American. C. = Caucasian. HS = high school, K = kindergarten, PS = preschool, ES = elementary school. SW = sheltered workshop, MS = middle school.
The Rizzor family might be classified as a professional managerial household. The father, Adam, was a “true” professional (a director of an educational agency) and Ewa, his wife, was a self-employed manager of a private business (a parent advocate agency). Both were European American and had earned advanced degrees. Adam described his family as a “typical family living in a typical neighborhood” in a city in central New York state. They had cousins and relatives who also lived there. Adam and Ewa had been married for 22 years. They described their “3 beautiful daughters, ages 17, 15, and 11.” The oldest, Zosia, had Rett syndrome, a significant disability. According to the professionals in Zosia’s life, she exhibited many challenges, including decreased mobility and severely impaired expressive and receptive language. All family members, however, talked about her as being a very flexible, spontaneous, loving, content, and happy person. Adam and Ewa described their 2 other daughters in a similarly positive way. Kasia, the middle daughter, was described as the most sensitive to how people feel and act towards Zosia. Kasia was an advocate for people with disabilities through speaking about her experiences as a sibling of a child with a disability. Ewa reported that her daughter was once asked whether she ever wanted to run away from her sister because of her disability, and Kasia responded: “There’s been a lot of times I wanted to run away, but it has never had to do with Zosia.” Ola, the youngest daughter, was described by her parents as an excellent student and a sensitive and gifted artist, who had the talent to express her emotions and feelings via her art. Ewa explained, “She really communicates a lot of who she is and what she likes and what she enjoys through her paintings.” Both Adam and Ewa were very modest when talking about themselves. They presented themselves as loving parents who were fortunate to have each other.

Data Collection

My major data-gathering technique was in-depth interviewing (Sales & Folkman, 2002; Schwandt, 2001). Each interview followed a semi-structured format to ensure consistency of the findings (Creswell, 1994). The questions were based on my purpose for conducting the study, a review of the literature, and a consultation with my research supervisor, who had extensive experience working with parents of children with disabilities. The interview protocol was as follows:

1. What do you sense when you hear the word humor?
2. How would you define it?
3. Have you ever thought of yourself as having a sense of humor?
4. Why? Why not?
5. Can you recall some moments, stories, jokes, or things that made you and your family laugh?
6. What do you think is the role of these moments, stories, jokes, etc., in helping you to get through embarrassing situations, major disappointments, fears, or upsets?
7. What do you think about your family’s sense of humor?
8. How do you feel when you are around people/family members who make you laugh?
9. How do you feel about the experience of talking about humor in the context of your family?
10. What connections do you make between humor and disability?
11. Who in your family usually initiates humorous interactions in the context of disability?
12. How do you draw boundaries between what is laughable and what is not?
13. What are the functions of humor in your family’s life?
14. What are your individual preferences and perspectives on humor?

I believe that asking questions about humor in a skillful manner was an important component of the data collection in this study. Friend and Cook (2000) emphasized that the skillful use of questions can make a difference between an interview that is successful and one fraught with misperceptions and miscommunication. I was increasingly conscious of this difference and, therefore, made an outline for the interviews and sequenced the questions on the basis of the “dangerous zones” (Measor, 1985) (i.e., the level of their sensitivity to the issues of humor). Some questions dealt with more sensitive issues than did others. I never began the interviews with questions about a family member’s feelings regarding his or her personal sense of humor but, instead, started with “question invitations”: For example, “How would you describe your family?” As the interview progressed, I asked direct questions, such as “How would you define humor?” or “How do you feel when you are around family members who make you laugh?” Finally, consistent with the standards of the qualitative research, I did not provide definitions of humor for the interview participants but instead sought and recorded the participants’ own perspectives on the matter of humor.

After the initial contact to inform potential participants about the purpose and the procedures of the study, I sent introduction letters and consent forms to those who volunteered to participate. The participants were also asked about the most convenient time and the most comfortable location for the interviews. The time of the interviews varied from
morning to night; most participants chose their homes as the place for the interview. A typical interview session involved an in-depth interview of 30 to 40 minutes, with subsequent contacts for clarification and elaboration of the ideas. Participants were interviewed from three to five times, according to their preference. As a result, there were 15 interview sessions. In addition to these interviews, some follow-up questions were asked as data analysis proceeded.

Interviews were audiotorapled with the permission of the participants. On a few occasions, however, I made a decision not to tape certain parts of the interview, especially when I sensed that the participants were very sensitive and the presence of the tape recorder during that time would have probably made the participants uncomfortable. T. A. Booth and Booth (1994) wrote, “Tape recording is vital when verbatim narratives are required, but there are times in compiling life stories when other means of data collections might be more appropriate or when recording is neither desirable nor possible” (p. 30). On these occasions, I would get subtle nonverbal clues, such as the informant pausing to look at the tape recorder or changing the body posture before beginning to talk. It seemed right to give these participants some time and space. I was of the opinion that good interviewing occurs when the participant has a sense of control. “Good depth interviewing means allowing the informant to feel in control,” wrote T. Booth and Booth (1994, p. 30). With this in mind, I tried to fit into the participants’ home ground rather than trying to stage manage the situation. “It is crucial not to let the demands of recording override such consideration” (p. 30). Instead, I took notes during the interviews to keep the audit trail accurately.

Data Analysis

The interviews were transcribed and then transformed into sets of field notes with extensive commentary. The commentaries served as vehicles for the first microanalysis to reflections about the data collected (Rudestam & Newton, 2001; Strauss & Corbin, 1998). Memos with observations and emerging questions for clarification accompanied them. These memos occasionally included comments that related the observations to the findings in the research that I reviewed for this study (Sales & Folkman, 2002; Schwandt, 2001). Such reflection allowed me to see this study in a broader landscape of educational research (B. Johnson & Turner, 2003).

The data were inductively analyzed by sorting through the field notes in order to extract the key themes (Lofland, 1971). The themes were then developed into a coding system, which allowed relating the codes to the research questions. This was the stage, as Lofland put it, of “quiet contemplation and provisional writing” (p. 127) for it involved detailed, yet at the same time focused analysis leading to the construction of the families’ concrete reality in their daily interaction with humor.

Trustworthiness of Findings

There are pitfalls for a qualitative research project, including charges of lack of objectivity and arbitrariness (Delgado-Gaitan, 1993; Harry, 1992; Lincoln & Guba, 1985; Peshkin, 1988). Investigators have argued that even empirical data may be influenced by the existence of certain predetermined notions of the researcher, which are reflected in the selection of the questions to be explored or the hypotheses to be examined (Bogdan & Ksander, 1980; Sales & Folkman, 2002; Schwandt, 2001). Although accepting the force of these points, I held to the position adopted by Lincoln and Guba (1985) that if the criteria of credibility of the findings are met, a study should be seen to be trustworthy. I accorded weight to several techniques that had a fundamental bearing on the credibility of this study: (a) duration of the data collection, (b) triangulation with the intense immersion and the consistency checks across the separate interviews, and (c) “thick” description of the context.

The first of these techniques is the duration of the data-collection process (i.e., that the research was based on the contact over an extended period of time). T. Booth and Booth (1994) noted that “The first requirement here is time spent with the informant” (p. 36). I spent more than 6 months with the same group of people, developing and maintaining a very good rapport with all of them. Therefore, I felt as if I know most of the family members very well, which was reflected in the data.

I also used a number of methods and sources, thus providing for the triangulation so essential to credibility (Patton, 2002; Sales & Folkman, 2002; Shadish, Cook, & Campbell, 2002). In addition to interviewing the participants on a number of occasions, I immersed myself in the families’ worlds when I listened over and over again to the tapes and examined the artifacts that they shared. I also reviewed all available official records. This intense immersion method exposed me to all the data from
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To lessen tension and stress:

We realize that humor not only in the situation with our daughter with a disability but generally in our life there's been some-

thing that's been really important in terms of very often it's a stress reliever, very often it's a way to break the ice and very often it's a way to help people to overcome issues by trying to get some humor into what seems to be for the kids a terrible situation.—Adam

To assure safety and freedom:

Just being free and safe and secure and longing. I guess just free. You can just let it out. Anything that you say will be okay.—Ewa

To reduce pain:

Having a sense of humor was a way to deal with the pain and just be so different from everybody else.—Peter

To express emotion:

Well, humor, it's the out crying of the emotion. Emotion is like being light-hearted, you know, not to act so tense. . . . To laugh about it, it could be a behavior, it could be a state, it could be a facial expression that just cracks you right up. So I mean it's really a complex emotion.—Ewa

To initiate an acceptance:

Some people in person will never understand me, never want to listen to me. And I guess having sense of humor and being on stage is like finally people are listening to me and people are caring about what I have to say. So it's acceptance, that's getting 200-250 to listen to me and to like me.—Peter

To diminish the tragedy and empower:

What humor does is that it takes the tragedy or an obstacle and it diminishes it. It makes that thing seem smaller. It gives us power over it. It makes us stronger than that thing and it makes it a manageable one. It gives us power over the situation. If you can laugh at it, you become greater than the situation.—Kasia

To cope with disability:

I guess earlier in my life it was a way to deal with disability. I just imagine me at the time. Especially adolescence. I was like, I felt like an alien. I wore black horned rim glasses. They made me wear a helmet on my head and I wore black orthopedic shoes, even in the summer time. So I was trying to dress strange looking kid. And having sense of humor and being able to play the role, the dresser, and do it well, was a way to deal with my disability.—Peter

The attributes of the families' conceptualization of humor generally emphasized the functional dimensions of humor. Functional receptiveness to humor, however, differed from person to person. It seemed clear that humor was looked at as a decidedly positive human trait, and the conditions under which it was employed varied. Some perceived humor as a "stress deodorant" (McGhee, 1994, p. 184) and repeated its application all day long. Others referred to humor as something that brought them mutually shared safety, freedom, or guaranteed pain reduction. Those who laughed together soon forgot...
what seemed to them a terrible situation as humor provided a common bond for mutually shared experiences where the family members momentarily dropped their tragic image of the world. Still others used humor to cleanse and nourish their emotions (McGhee, 1994), an indicator of positive mental health. The operational definitions of humor offered by individuals with disabilities also involved facilitation of accepting relationships and empowerment to move from a perceived minus situation to a plus situation in order to “become greater than the situation” itself. Thus, the latter advocated using humor to deal with disability—to build rather than knock down.

Finally, in opposition to the extensive literature on humor, in which the difficulties of defining the concept satisfactorily are repeatedly emphasized (Bergler, 1956; Chapman, 1976; Keith-Spiegel, 1972; McGhee, 1994), the families, particularly parents, seemed to have no problems with its conceptualization. They defined humor very broadly by using the following terms interchangeably: smiling, laughter, mirth, funniness, and playfulness. Such broad perspectives on humor seemed to keep them from being trapped in the search for a single acceptable definition and at the same time gave them more authority and weight in determining the humorous members of the family.

### Humorous Members Within the Family

The families in this study had immediate and concrete ideas about how to present themselves and their family members with disabilities to outsiders. They emphasized the importance of making a distinction between family members who create humor and those who enjoy it. Ewa stated it clearly: “I don’t think I have sense of humor, but you need to talk to my husband. He is the joker in our family. Whenever he is joking, we all act silly right along with him.” The statements of Agata followed the same lines: “My husband, wow, he can be funny at times. Or talk to my daughter. She is a funny person.”

Conceptually, then, the families distinguished between family members who have a personal inclination to humor as a trait (a strong disposition to create humor) and those who tended to apply humor as a humorous reaction or response to a situation, or state humor (Rotton, 1992).

Interestingly, those nominated by the family as having an unusual sense of humor regarded themselves as humorous and capitalized on their disposition to initiate humor: “I think I fancy myself as a person who’s kind of a practical joker and does like to have a lot of fun,” said Adam. Similarly, Peter affirmed his status as a humorous person in the family: “I guess the way I would like to introduce myself is that I’m a professional comedian, and I love it, and that’s all I think about—comedy.”

Most people would say that a person with a disability lacks the ability to initiate or to create humor. Individuals with disabilities have been described as manifesting limitations in symbolization, abstraction, and conceptualization (Houck, 1984; D. Johnson, 1968; D. Johnson & Mykleburst, 1967; Siegel & Gold, 1982; Vrana & Pihl, 1980). The lack of these critical abilities has been reported to severely interfere with the appreciation and comprehension of humor by children with disabilities (Pickering & Pickering, 1987). Those who were perceived as capable of comprehending humor were very often denied an ability to create humor. “Learning disabled students appear to have the cognitive structure for humor, yet they exhibit a deficit in their humor development” (Pickering & Pickering, 1987, p. 95).

In this study, the families did not seem to follow a stereotype etiquette based on these assumptions. They did not consider their members with disabilities “suspect on the humor creation question.” On the contrary, the families were not only happy that their family members with a disability displayed trait and state humor, but also very proud of them taking their comic roles seriously. Perhaps Teresa illustrated this perspective most clearly when she talked about her son’s disposition for humor: “He [Peter] is a comedy writer. You need to see his shows. He is fantastic. One day he will be very famous.”

Once again, the family members’ attitudes towards family members with disabilities bringing humor or creating humor in the family were understandable, acceptable, and, most of all, very broadly defined. Within such a framework, to be considered by most family members as “the humorous person” or “the laughing person,” “the smiling person,” or “the smiley,” you do not have to be a joker or a stand-up comedian. The families believed that participating in the activities outside their home, making friends, and being easygoing with others were also satisfactory features to make you the humorous member of the family. Adam and Ewa provided perfect examples for such perspectives as they described how their daughter Zosia, who had Rett syn-
drome, generated humor wherever she went. They said:

Zosia herself is now able to go over and she'll tap people on the back and we kind of sit, my wife will sit at another table and we watch and laugh. Cause Zosia's beat us to have her make friends; she's out trying to do her own thing, she's in a facade of herself. So that's fun to watch because Zosia's initiating and creating humor on her own.

**Humor Tradition in the Family**

The families would also directly and indirectly suggest that the roots of humorous members were there, in the family. Peter, for instance, traced the origin of his own sense of humor from his parents.

He said, “Both my parents have a sense of humor. I mean they laugh and joke and everything. So I was growing up and I can say this. I picked it up.” Moreover, he, like most other family members, emphasized the intergenerational origin of the family’s humor because laughter was also a labor of tradition for his own parents. In the following narrative he commented on that fact:

I think they [his parents] inherited it. I think their parents were funny and they are outgoing and laughed a lot. They would tell you that they [his grandparents] were funny, happy and had a good life. I think that’s something that we all share.

The words of Welliver (1986) seem to capture perfectly the families’ intentions to cultivate humor tradition in the family.

If parents laugh a lot, if they are always looking for the positive and delightful scenes in life, if they have a good sense of perspective, if they feel good enough about the world in general to approach it with a playful attitude, their children are far more likely to do so. (p. 97)

Referring to the parents in this study, they were “humor teachers.” In laughing, teasing, and playing practical jokes, they modeled what they hoped their children would become. Their teaching manifested itself not only in an attitude, but most of all in actions taken. They thought that in modeling such humor, their children would follow their family legacy and would become as humorous and determined in dealing with the world as they did. Here is how Adam eloquently illustrated these ideas:

My kids can’t wait to go to family picnics because they know invariably that I will start a water fight and that kids love that; to see myself and my older sisters and brothers who are now in their 40s and 50s chasing each other around with buckets of water. Those are some of the funny things that really that we’ve done or those experiences that we’ve had that really have been very important and allow my kids to realize that practical joking has its place and can be fun and that’s something that actually creates a tradition in our family, something that we want to pass to our children, to lighten up and feel better.

**Joking Relationships**

Joking behavior within the framework of families in this study was seen as a patterned playful behavior that tended to occur between two or more family members who recognized a special kinship and shared mutual understanding of humorous material. Ewa explained this phenomenon when she said:

I see joking as a kind of everyday humor we do together, not an isolated comedy show. Last night, for instance, when we were at the table and talking something about Zosia and I just kind of cracked right up about it. I said, “Anything good’s from me; anything bad’s from you. Her temper tantrums—that’s definitely you.” I pointed to my husband and we all had a good laugh.

Furthermore, in this study things that make the families laugh are related to real life humor, the humor that is most important to them, not the humor prepared by the repeatable fictional texts or cartoons. Within this framework, the physical act of laughing and smiling seemed to take on a special meaning in their daily humorous interactions. It is as though their ability to laugh, like their own ability to speak, was innate, but they learned their own particular culture of doing it—singing in a goofy way, being crazy with their children with disabilities, tickling them, playing in mock roughness with them, or just kissing and hugging them. The following two accounts by Adam and Agata, respectively, give a glimpse of that type of real humor that invites their children and family members to shared laughter:

We’ll do things like play hide-n-seek with her because that forces her to move around the house and to help search for you and try to scare the living hell out of her when she comes around the corner, she loves that. So do we. Or to constantly sing to her in a goofy way, to constantly joke with her. I constantly make noises to the point where I can really bring her out of any kind of an anger situation she has by just kind of being crazy with her. And it’s been very funny. Another thing is tickling her. Always saying things that we use, pointing to break some tension that she has with her hand ringing or putting her hand in her mouth, if you can distract her or redirect her, that’s been very effective and funny for all of us.—Adam

They love roughness. They love the picking up and throwing down on the sofa and we have a lot of pillows in the house and sometimes he [husband] could just take them and just throw them on the pillows or sometimes he would be kissing and hugging them all day long until they go to bed. They like stuff like that. They learn how to be boys and they laugh a lot with us.—Agata

Furthermore, this purely physiological reaction usually caused laughter, which seemed to be linked to affection both on the part of parents and of their children:
They like this affection; we like it, too, this is a 24 hours a day hugging, kissing, tickling or playing with them. You know they like stuff like that, and I will kiss them and do the bubbles on their necks. They love that and we have great fun together as a family.—Agata

The joking relationships were likely not only to be close and involved but were also often determined by the situational rules for joking patterns. These rules prescribed what kind of joking relationship was permitted within a given family context. For example, Agata defined what was considered as not funny in the following way:

Well, what is not funny is when you're making fun of someone who is walking in a way that they cannot help it. We don't consider that funny at all. We don't consider someone who's stuttering funny because we have a family history background of people who stutter trying to get a word out and it takes them a good 15, 20 minutes to get just that one word out.

The rationale of such joking limitations imposed on the nondisabled family members went along with the family's special understanding of their obligations towards individuals with disabilities as joking partners. The disabled joking initiators or recipients were to be included rather than excluded from the family joking interactions. Agata pointed out, “With children with a disability, you need to laugh with them rather than at them.” Thus, encouragement of joking signaled inclusion. The laughter of inclusion or, as it is defined in the literature's “shared laughter”(Dunn, 1993; McGhee, 1994) seemed to be a frame for the joking relationships within the studied families.

Similar to Brooks et al.'s (1999) findings, I found that the disability itself was not the primary topic for family joking and teasing, but neither was it usually ignored as a topic for humor. When joking was mentioned in the context of disability, it was as a means of communicating how the family felt about disability. Ola explains this matter in the following words:

There have always been times when we've been joking. My mom would come home you know, 'Have I told you that it's not easy being a parent of a kid with a disability'? [laughing] And then everybody cracks up at that. I mean it's funny. We think it's funny. I mean you've got to feel special that you have a sibling with disability in there and I think it makes it funny too.

They have to be able to laugh at themselves more than we do:

To me I'm a relaxed guy and laughing must do it. But it really is, it's really I think it could be for parents of kids with disabilities or families, it could be one of the cheapest medicines or treatments that we could come up with; it's trying to help people to see some of the humor in the situation and they realize that they're not alone and all that sort of thing.—Adam

The heard but covert features of humor didactic or rhetoric seemed to be revealed in Adam's as well as in many other family members' dictionaries of the things that made their families laugh in the context of disability. The definitions of the laughable were bounded and traced with the sense of family horizon. Yet, they appeared to be addressed to a large audience as the family members were tempted to constantly glorify the benefits of humor for themselves as well as for others.

For a lot of other families who have a child with a disability descend on them, then they really need to learn how to be, how to laugh about it and that will help them. Everything else kind of falls in place when you're able to keep it in perspective and humor helps you to do that. It helped us.—Agata

You can’t just have everything yourself humor, I mean you’ve got to give it to everybody else. And humor is a good thing because people can take it and then give it to another person. Like jokes. Jokes go on forever and ever. Person to person.—Kasia

From such comments, humor in the context of disability was not a private matter. The family members seemed to connect the “private” and the “public” realms while they talked about themselves as a source of referrals to others:

Look at me. [Pause] If we didn’t have the humor, how would we get through life. Do you know what I mean? I think for people who take themselves too seriously, those are the people who they’ve lost it. Do you know what I mean? [Pause] I do understand that certain kids, that there’s a chemical imbalance that gives people deep depressions and I know that those things can suck a person down. You know. But I think that people who have a sense of humor, it’s less likely to happen to you than it is to a lot of people. And, I think for people with a handicap like Peter has, they really need that to pull through. They need a sense of humor to get through. They have to be able to laugh at themselves more than we do. Do you know what I mean?—Teresa

From this perspective, the repeated question “Do you know what I mean?” might be seen as a complex and artful activity of negotiating the connections between “private” and “public”; and the constant shifts from “me” to “they” can only confirm that expanded sphere of humor for others. It is a type of call to the public to acknowledge a need for humor in families with disabilities, “They have to be able to laugh at themselves more than we do” and to incorporate it into their life so that they can make it as normal as possible and “pull through” it.
Making Life as Normal as Possible

It was, therefore, not surprising for me to find out that making life as normal as possible was another theme that emerged through the interviews with the families. Rituals, such as “acting normal,” were understood by the families quite literally. To make it normal meant to be active, to be in charge:

We make our life normal. You know. We go out and do things together. They’re learning how to be boys the way they should be boys and not just sitting there like a lump, like a rock. They laugh, giggle, play with one another, play tag. Stuff like that.—Agata

Humor is an important part of our daily existence and we teach our kids to be humorous and to appreciate humor and tell them or try to teach them that there’s a certain power of control that comes with humor. In a good sense, then, if you’re a humorous person then this is why people like to be around you and this is why I think a lot of people like to be around us is that we do like to have fun and try to make the most of a situation. So we try to have a general sense of humor. Joke telling, teasing, practical jokes, all with the idea that it’s good to laugh both at home and in the public.—Adam

The emphasis on action—acting, doing, making—seemed to also provide an antidote to the view of these families as different, not typical. The families used the frame of “life normalization” via humor as a guise for so often serious family-related messages about being stigmatized:

People can make you, [pause] can [pause] put you on a real guilt trip and they make you feel bad and humor relates to how you can handle your situation without hurting anybody and still making your life normal.—Agata

Thus, the decision to use humor seems to have been made partly to restore the parents’ self-image and self-esteem and to reaffirm their parental sense of credibility because, as families in this study pointed out, humor when coupled with families living with an individual with a disability was often perceived by the public—as a sign of triviality, disrespect or lack of effective coping strategies to deal with disability. Ewa spoke to that matter:

When we brought Zosia to the doctor, the doctor was being real intense and taking pictures of Zosia, the inside of her mouth. And Adam kind of saying, “Well, geez doctor if you get any good pictures make sure you let us know because we haven’t had much luck at all. And, well, the response from the doctor was, I mean we walked out of the room. I mean he didn’t get it. I mean he got it but then he came back in and he seriously was, and this is not a lie, he said to Adam and I, “I think you need psychological counseling."

You know he had totally misunderstood our humor. And it wasn’t that we were being disrespectful. . . . it was so intense we just needed an outlet—like just, “Could you please loosen up a little."

“The outsiders,” in this case the physician, tended to falsify the full reality of this family’s way of dealing with a disability. Although the experience of humor and normalization seemed to be grounded in the concept of the possibilities for humor for this family, these possibilities were totally misunderstood and rejected by others, the outsiders.

Families, however, did not necessarily see themselves as being wrong or inappropriate in raising their children. As a result of such beliefs, the families did everything to move beyond that falsified account. Agata’s points of view highlight these families’ perspectives on the matter:

If you have a sense of humor, you wouldn’t let somebody else come along and tell you “Aw man you look messed up, you don’t look right” and you look in the mirror and you’re saying “There’s nothing wrong with me, what you talking about.” You know, stuff like that.

The families also sought to overcome these stereotypes as a way of making their family life more complete. Here their goal was to compensate for what was stigmatized and to show “the others” what their children could do rather than to emphasize what they could not do.

A lot of people say ‘Oh your child is never gonna do this.’ Oh yes he will, yes she will because that’s the individual thing for everybody. Now as for me, I believe that my son will talk one day. I believe my daughter, as to her having dyslexia, which means she talks backwards or she sees things backwards, that she will get better, and with the help and the understanding of all the different people who are in her life.

Agata finished her thought with:

Life is what you make it. If you make it bad, it’s gonna be bad. If you make it hard, it’s gonna be hard. If you make it easy, it’s gonna be easy. Make it just as normal as possible with humor.

You may wonder how it is possible to develop that approach to life. The family members repeatedly suggested to me that it is because humor has a special meaning to them. Their purpose in living was to discover that meaning and live in accordance with it.

Humor is More Than a Laughing Matter

My exploration of the family-like sense of humor has shown humor to be much more for the family members than just a specific physical reflex associated with laughter. Humor seemed to be a part of their interpretation of life. “Humor and fun is very much a piece of how we live and how we want to live. Without having that you are dead,” con-
fessed Ewa and then continued her thought: “I think it [humor] just compliments our lifestyle that we can’t take anything seriously. Something like that [taking life seriously] it’s worse than anything can happen and people don’t understand that.”

According to this mother, when people do not understand the need for humor in their life, they become vulnerable to taking life too seriously and that is the worst thing that can happen to anybody. The lack of a humorous approach to life may lead them to “death,” meant both in metaphorical and, as speculated on by Peter’s mother, in a literal sense:

The thing is I look around and I see other people who are depressed or committing suicide or things like that, and they have both their arms, both of their legs, all of their fingers and toes. You know, they have their head and they have a mind. They have everything they need to make it in this world very easily. And here’s Peter who has a handicap and every day is a struggle for him just walking. Just walking takes a huge amount of energy on him. And yet he has such a zest for life. You know. And what is wrong with these people? I mean they don’t have anything wrong with them and they think they’ve got it so bad. And who he is, he doesn’t think he has it so bad. Ah, he can live. And those people can’t. Wow. It’s all humor.—Teresa

Thus, moments of reflection upon the lives of people who appear to be depressed compared to those who have a disability and humor deepened Peter’s mother’s sense of the wonder and mystery of life. Obviously, her successful claim for humor did not lead directly to improvement of her son’s body control or physical health in general. Walking is still a struggle for him. Yet, it indicated some indirect symbolic benefits for him: reaffirming his zest for life; a correctness of his values and lifestyle—“have less and yet make it.”

Many family members lived with the awareness that nothing is important in an absolute way; even a disability in the family is not a threat itself. On the contrary, they saw it as unhealthy to become obsessed with disability or get locked into a particular way of looking at it. They tried to distance themselves from it. As Adam said, “The distance of humor kept us [the family] calm and healthy.”

In such a situation, needless to say, the families developed a more positive attitude toward a disability within the family:

My children’s disability I don’t see as it as being crippled. I see my children progressing. I see them doing things that I never thought they would do because I love my children, accept them the way they are.——Agata

Thus, a disability is now as serious as any practical concern could be to that parent. Agata, however, like many other family members that I talked to, needed some time to reach that point of awareness and develop that level of acceptance. Peter, on the other hand, needed a type of personality that created space for humor to develop similar accepting relationships with himself: “My disability doesn’t define my abilities. The type of person that I am defines my abilities, and that defines my potentials for humor and self-acceptance.”

That is not to say that humor blinded Peter to the reality of suffering or some sort of failure in his expectations towards his life. He was very realistic. Having a sense of humor did not deny it. On the contrary, it helped him find a way to live with it: “It [a disability] is there. You don’t get a vacation from it [laughing]. It’s a part of a person and it may become a reflection of you. If you allow it to become that.”

Discussion

The findings from this study are illustrations of only three families, yet they offer complex and challenging lessons for those who work with and for families of children with disabilities. They provide insights into how families make meaning out of humor and disability in their family life. They contrast the traditional view of families of children with disabilities as going through a constant process of grieving and sadness, with newly emerging views of accepting relationships and taking life with humor.

An accepting relationship is one that is longstanding and characterized by closeness and affection (Bogdan & Taylor, 1982). The families used a variety of strategies to hold their close and affectionate perspectives. For example, they applied words such as humorous person, smiley, laughing person, or a smiling person to a member who in the family was “in charge” of the humor. These adjectives do not carry the harsh and exclusionary connotations of the words that are often used in the literature, the wit, the stand up comedian or the fool to describe those who create humor in a given context (Chapman, 1976; Dunn, 1993; McGhee, 1994). On the contrary, the phrase the “humorous member” of the family or other synonyms mentioned above, were designations that were applied kindly to all family members, including those who might be seen by professionals as different, deviant, emotionally disturbed, or autistic. Some may say that this is all just a matter of semantics, but words are not neutral classifiers. What the families chose to call their family members, especially those with
disabilities who comprehended and initiated humor, was tied to how they thought of them and how they proclaimed their individual and collective right to laugh and create humor like everybody else.

Within such a framework, the families gave their own meaning to the actions shared with a member who had a disability, whether these actions were as simple as kissing, hugging, playing roughly, playing in a “goofy” way, or being crazy. They interpreted these simple acts of interaction as signs of mutual affection. Adam defined this affection as “a prerequisite of a healthy accepting relationship in a family.”

Furthermore, the families spoke instinctively about passing the myriad details of laughter to the other family members. As Adam shared, “Giving yourself purposelessly, through shared laughter, is our family tradition.” The family members saw humor cultivation as the basis for connecting generations. They placed their family members with disabilities within the context of “taking after” positively (O’Connor, 1995) and in doing so appeared to accept and view what professionals might call “abnormal behaviors” as merely “taking after” someone in the family. The children with disabilities were seen as “being like” other family members. Thus, the idea of humor tradition and taking after each other seemed to be significant in terms of acceptance into the family.

Acceptance of reality seemed also to be the key that unlocked families’ potentials for development of a humorous attitude towards life. Family members learned how to be responsible in a relaxed way, and the rules prescribing interfamily joking behaviors guided them to make the humorous practices more inclusive and meaningful for all of them. Agata stated this attitude clearly, “You need to laugh with them rather than at them.” Therefore, the families’ attitudes superseded the difference and promoted the joking relationship that became, for many of these families, the binding force to celebrate the laughter of inclusion. In other words, they took “the insider’s” view, which helped them to account for why they saw humorous capacities in the family members with disabilities that some professionals did not see. They approached their family member with a disability in terms of the role the given member played in the family as a whole. A disability exerted no greater or lesser impact than the other situations with which the family had to deal.

Guided with positive and accepting images of their child with disabilities, the families mounted a campaign against being stigmatized. Their main weapon in that campaign was to take the initiative and construct a typical-appearing lifestyle (Goode, 1983; Lynch, 1983; Pollner & McDonald-Wilker, 1985; Taylor, Bogdan, & Luftiyaa, 1995). In that endeavor a human and humorous aspect was never divorced from the meanings attached to their life experience. On the contrary, they validated the whole prism of human experience through humor: the emotional, the social, the moral, and the creative. They allowed themselves and wanted to feel allowed by others to be who they were and to keep laughing, growing, and believing in their “humanness” (Bogdan & Taylor, 1989).

Their lives were as special as others, maybe different, but just as special. There was always a time during the day when they had their own family time to “laugh the things off” because, as Adam pointed out so accurately, “Humor is an important part of our daily existence. . . . Joke telling, teasing, practical jokes, all with the idea that it’s good to laugh.” Within this frame of mind, the families tended to report the “zones of laughter,” which seemed to be specific enough so that they could be experienced in a family-by-family way, yet general enough to apply in any family setting.

In short, the family’s perspectives became more fully a part of their social “we,” which has previously been neglected in the research, raising questions about the meaning of humor in families. They called, through their humor rhetoric, for redefinition of the humor culture both for themselves as well as for others. From that perspective, the above findings might be seen as powerful tools in the construction of knowledge, both everyday and scientific, in the arena of humor and family interactions.

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