

FEATURES

Development of Humor

The missing puzzle piece of a social skills curriculum for preschoolers with autism and special needs

By Penina Pearl Rybak, MA, CCC-SLP

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The development of humor (physical and then linguistic) is one of the premier signs of developing intelligence, the beginning of emerging resiliency, and the ability to take constructive criticism. Development of humor hinges on the development of these executive functions: metacognition and flexibility.

Research has shown problem-solving is the cornerstone of good social skills, and that beginning problem-solving requires the understanding of how "the world works" and the causality behind events that don't go as planned. A child's self-concept, which encompasses a sense of humor and the ability to transition between desirable and undesirable activities needs to be somewhat developed in order for that child to develop problem-solving skills.

A child with autism who has reduced proprioception, resiliency and Theory of Mind (TOM), will need intervention to develop a sense of humor, which will facilitate later ability to take constructive criticism and resolve conflicts. In *Einstein Never Used Flash Cards: How Our Children Really Learn and Why They Need to Play More and Memorize Less*, by Kathy Hirsh-Pasek, PhD, and Roberta Michnick-Golinkoff, PhD, developing intelligence is seen as a hierarchy of these specific neuro-cognitive and linguistic skills.

"Teachable Moments"

The glue for this hierarchy of how children develop intelligence is play. Play is the vehicle through which we as service providers want to implement change. It is the vehicle through which children learn about their world, learn the rules and roles of their world, and learn how to wield humor and socially interact with those in it. It is also ultimately the vehicle through which children learn to "roll with the punches" when things don't go as planned. Clinicians and parents subconsciously use play schemas and humor in "teachable moments" when facilitating self-regulation and self-evaluation of performance.

The "Six Aspects to Play" from Janet Moyle's *The Excellence of Play* are that play is enjoyable; lacks extrinsic goals; is spontaneous and voluntary; has an element of pretend ("make believe"); requires active participation; and facilitates development of self-regulation.

Humor is made up of two components: physical and linguistic. Developmentally, physical humor emerges together with gross motor development and the child's ability to attend/track and imitate movements of those around him. This includes a social smile and spontaneous laughter as a result of being tickled and/or shown a funny face.

The emergence of physical humor is contingent on the child's development of body awareness and emotional attunement, which is facilitated through early play. Physical humor helps the child make sense of his environment and his place in it, leading to increased orientation to person/place/time and overall resiliency, i.e. ability to transition.

Peer-to-Peer Humor

Linguistic humor emerges when an intact temporal lobe can process incoming auditory stimuli, process the meanings behind the vocabulary, and reference it using past events stored in episodic memory, where sensory impressions and portions of the receptive lexicon are stored. Studies of peer interactions in verbal preschoolers often show the emergence of "knock knock" jokes often depends on previous knowledge of object function and categorization of the target vocabulary. Children who understand "how the world works" are usually the ones making the joke and/or participating in other ones.

Youngsters with autism, who exhibit "social blindness" and an underdeveloped sense of humor, frequently will miss the joke, resulting in pragmatic difficulty with peer interactions. What are the implications of "social blindness?" These children often exhibit difficulty with knowing what to do and say in social situations, interpreting body language and utilizing eye contact appropriately, making and keeping friends, and problem-solving.

Clinician Intervention

Before we can address these implications in therapy and start formulating relevant long- and short-term goals, we need to make sure we, as clinicians, are using a methodical, sequential approach that is easy to document.

Our overall goal when addressing social-skills building, particularly the development of humor, is to ensure we counteract "splintered," "non-linear" and "situation-specific learning" of the target vocabulary. To do so, we need to understand the impact of play on causality and humor. We also need to understand the difference between physical and linguistic humor. This enables us to better choose our materials, goals and target vocabulary when addressing social skills building in preschoolers with special needs, through play.

There are many excellent visual examples of both physical and linguistic humor available on TV commercials and YouTube videos today. Service providers can use these "teachable moments" to foster self-awareness and self-monitoring during parent meetings and actual therapy sessions.

Clinicians need to better understand implications for treatment of an underdeveloped sense of humor in youngsters with autism, which results in the social blindness we are all so anxious to address and improve.

Resources

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About the Author

Penina Pearl Rybak is a speech-language pathologist, educational consultant and behavior management specialist, and the founder and CEO of Socially Speaking LLC. She can be contacted at Penina.sociallyspeaking@gmail.com.