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“How can you have music therapy without humour?!” A phenomenologically informed arts-based reflexive study exploring humour in music therapy with persons living with dementia.

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Abstract

In music therapy practice, humour is closely linked to playfulness and play and is largely taken for granted by music therapists. Despite music therapists’ anecdotal interest, to date there has been little in-depth focus on humour in music therapy work. The two main studies written in the English language address the use of humour and its musical form and are positioned from music therapists’ perspectives. Thus, a need was identified for including the views of persons attending music therapy, along with more comprehensive study of relational experiences and therapeutic consequences of humour.

A pilot phase of this study showed humour as relationally significant and invited the development of novel methods with which to investigate it. Subsequently, a phenomenologically informed reflexive-relational methodology was used to better understand 1. How humour enables contact in music therapy with persons living with dementia and 2. How music therapists perceive, embody and experience humour in music therapy. Interpretative methods of “interview-encounters” with persons living with dementia and their music therapists, and focus groups with music therapists, were used to gather data and arts-based reflexive methods of sense-making offered imaginal understanding of relational experiences of humour.

Familiar verbal, non-verbal and embodied forms of humour, or “in-jokes”, were found to act as catalysts for intrapersonal and interpersonal contact between music therapists and persons living with dementia. These moments appeared to heighten experiences of presence in relation to self and other. In addition, contact through humour enabled a relational equality that was meaningful as well as individually agential.

From music therapists’ perspectives, a tension was found between humour and a sense of professional identity and role in practice. This appeared to lead to anxiety when using or engaging with humour and meant that a sense of relational risk was embodied in performing humour in practice. The music therapists involved in the study had absorbed this sense of risk bodily through experiences of improvising with
others whilst training. Important questions were therefore raised around the “tool-
ness” of humour which also surfaced implicit power dynamics in music therapy re-
relationships.

Framing a sense of humour as a developmentally vital relational experience, this study suggests that a more sophisticated understanding of humour in music therapy is needed. This has broad implications for considering music therapy processes, pedagogy and practice.
Lay summary

This study centres on the relational experiences and effects of humour between music therapists and the persons with whom they work. Having discovered that there was relatively little literature about humour in music therapy practice, I sought to address two main questions: how humour enables relational contact in music therapy with persons living with dementia, and how music therapists perceive, embody and experience humour in their work.

Following an explorative pilot phase where I interviewed a person I was working with and his spouse, I refined a method of using video examples of moments of humour as stimuli for open-ended discussions and responses. This meeting was termed an “interview-encounter” as this reflected the quality of the relational experiences that occurred. After a call for participation to music therapists with an interest in humour, I organised three interview encounters with music therapists and the persons with whom they work, and three focus groups with music therapists.

To make sense of the interview-encounters and focus groups and address the two questions, I used systematic artistic-reflexive methods to create a specific space in which to make meaning aesthetically. These artistic methods enabled thoughtful consideration of responses, reflections and experiences in the moment during the interview-encounters and focus groups. In this way, I was also able to incorporate my own feelings and thoughts into the sense-making process. To extend these systematic solo artistic methods, I also organised a collaborative group improvisation involving myself, a performance poet and four musicians.

Overall, this sense-making process led to broad themes which spoke to the two main questions. In summary, I found that humour can be thought of as a vehicle for ways of relating that enable contact on profound and unpredictable levels in music therapy. For example, familiar verbal, non-verbal and embodied forms of humour that occurred were found to act as catalysts for relational contact between music therapists and persons living with dementia, and with repetition these became shared “in-jokes”. These moments of contact appeared to heighten experiences of
being present. In addition, humour offered individual agency for persons living with dementia along with a sense of relational equality in these therapeutic relationships.

Important questions were raised around the use of humour by music therapists which highlighted implicit power dynamics in music therapy relationships. From the perspectives of the music therapists involved in the study, a tension was found between humour and a sense of professional identity and role in practice. This was generally initiated when training as a music therapist and linked to experiences of improvising with others. This appeared to lead to anxiety when using or engaging with humour and meant that a sense of risk was embodied for music therapists when using humour in music therapy.

Overall, this study emphasises the significance of humour as a relational catalyst for persons living with dementia and those close to them. It also highlights the usefulness of artistic-reflexive methods to invite different ways of knowing and thinking about humour and relational experiences, and calls music therapists to consider humour in more nuanced and embodied ways in their work.
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Chapter 1: Introduction

In this doctoral study I am primarily concerned with spontaneous humour in music therapy; the kind of humour that emerges unexpectedly and the meaning this can have in a therapeutic relationship. My interest in humour has developed directly from experiences as a practising music therapist. Moments of humour, through engagement with persons in this work, seemed not only to invite profound interpersonal connections but also to shine an existential light on who and how I am as a music therapist. My own observations of a kind of interactional pull from humour made it appear a meaningful area for investigation in a relational therapeutic context. Considered in this way, informal conversations about humour with music therapy colleagues over the last fifteen years have exposed feelings of excitement and interest coupled with a nervousness and even controversy around the phenomenon in practice. Despite this excitement, and perhaps because of these contradictory feelings, there has been a lack of focused attention on humour in music therapy practice. Possibly, there is something about exposing oneself or taking oneself too seriously that has led music therapists to be reticent about formally addressing humour in music therapy? As Scottish comedian Billy Connolly (2009) put it: “anywhere that you’re vulnerable you’re funny” (para 18).

Humour can be a subjective, ambiguous, and paradoxical experience, holding different often opposing feelings, and involving bodily sensations. As a slippery social phenomenon, it can be easy to spot and difficult to define. On that note, theorising about humour can be a challenging task. Simultaneously universal and culturally particular (Critchley, 2002), humour can be highly dependent on context, and in a relational situation it can hold specific meaning. Colwyn Trevarthen¹ (1997) refers to very early relational experiences when he states that “the initial contact of human beings is one of intimacy, friendship and humour – as in good musical improvisation” (p. 65). Trevarthen anticipates a theoretical exploration addressing the social importance of, and correspondence between, humour and improvisation in very early interactions and in my experience this correspondence is highly relevant in music therapy relationships.

¹ On first mention, authors are referred to using first names and surnames in line with Carrie Mott and Daniel Cockayne’s (2017) conscientious engagement with the politics of citation, thereafter surnames are used.
1.1 Overview of the research study

In this doctoral study I explore the complexity and meaning of spontaneous humour in music therapy from a relational perspective. Using a “reflexive-relational” methodological approach, after Linda Finlay (2011, p. 159), I invite observation of what happens beneath the surface of interactions through humour in music therapy focusing on an intersubjective space between persons.

As a practising music therapist, questions about how I use and engage with humour have persistently arisen over the years, and this study begins from an experiential place. Originally, I imagined the study as an exploration of how humour worked in music therapy generally; I was interested in the perspectives of music therapists and persons with whom they were working. Following Dorit Amir’s (2005) recommendation to focus on exploring humour with persons in specific areas of music therapy practice, I chose to concentrate on persons living with an acquired brain injury and persons living with dementia. However, after a pilot phase with a person living with an acquired brain injury, I reframed this when responses to a call for participation came solely from music therapists working with persons living with dementia. The prevalence of responses from music therapists working with persons living with dementia is interesting to note, alongside an increased amount of research into humour with persons living with dementia in fields outside music therapy. This brings up questions that form part of the discussions I engage with during the thesis.

From the position of a practitioner-researcher, I embody an insider perspective on experiences of humour in music therapy and engage in dialogue with perspectives of the co-researchers engaged. In line with an interpretivist paradigm, the study design was flexible and emergent (Wheeler, 2016). Through detailed exploration of music therapy practice, a literature review and pilot phase, I developed two key research questions:

- How does humour enable contact in music therapy with persons living with dementia?
- How do music therapists perceive, embody and experience humour in their practice?
Whilst established interpretative methods of interviews and focus groups were used to gather data, these are improvised with and gently disrupted with the intention that humour might emerge on its own terms through encounter with other during the research. Phenomenologically informed arts-based reflexive methods of sense-making offered a supportive frame for understanding in-depth relational experiences of humour yet also invited the potential for surprise, creativity, ambiguity and experiential questioning. Therefore, the novelty of humour is mirrored in the novel nature of this study. Using my own artistic practice was a conscious attempt to engage on a non-verbal and aesthetic level with these questions. Following this, the study commences from a position of desire to understand experiences of humour rather than any expectation of certainty, and findings are therefore open-ended and discursive. Appendix 1 provides an overview of the timeline for the study.

1.2 Background to study

Whilst I was training as a music therapist, I undertook a small-scale research project that aimed to address persistent questions I had about the role of humour in music therapy work. Through this, I established some general functions of humour in music therapy with children in a psychiatric assessment centre (Haire, 2008; Haire & Oldfield, 2009). This work also highlighted the importance of humour in offering experiences of change for children in this setting and drew attention to the potential risks for music therapists using humour in music therapy (Haire, 2008). The therapists involved in the study frequently used humour to engage with persons, yet this has rarely been documented or investigated further, as I discuss in more detail in a review of the literature (chapter 2).

In music therapy practice, play and playfulness are often intricately linked with humour and this is especially so with children yet, I would add, equally important across the lifespan. Shared music-making can offer holistic playful ways to create an expressive vocabulary together which can be disrupted and played with for comic effect. Opportunities for creating anticipation, violating expectations, setting up moments of incongruity, mismatching, varying dynamics and tempo, not to mention using inherently amusing instruments to make comical sounds are many (Amir, 2005; Haire & Oldfield, 2009). These humorous means of engagement are a vital part of social and relational processes in music therapy (and outside), and so music-making could be said to lend itself to creating
possibilities for humour. As a useful form of engagement therefore, the functions of humour are generally considered in combination with play and playfulness in this context (Haire & Oldfield, 2009).

Focusing only on the social functions of humour in music therapy as I did in my previous study (Haire, 2008), whilst useful as a starting point, meant that a more holistic appreciation of the experience was passed over. Viewing humour as a conscious process involving a noticeable cause and effect, it can be managed or controlled, and perhaps more easily captured and described as a means of engagement. From my own experience since training as a music therapist, however, humour in a therapeutic context is much more than simply a functional form of engagement. Although humour is most certainly a multi-modal and multi-dimensional shared dynamic experience – often with a cause and an effect – I have an underlying interest in the existential place of humour in music therapy relationships, and this underpins my interest in how it becomes meaningful in a therapeutic context with persons living with dementia.

At the time of beginning this doctoral study, I was working with persons living with an acquired brain injury, and persons living with dementia and other functional mental health problems. The contexts I worked in ranged from person’s houses to hospital wards. It was noticeable in this work that humour was often non-verbal, felt complex relationally due to its ambiguity, and had noticeable impact in terms of being with these persons when it did occur. When engaging in humour in music therapy sessions, I was aware of an increased sense of presence on some occasions which sharply contrasted with the feeling of being less present on others. This distinction appeared to depend respectively on whether humour was being used intentionally, or whether it had arisen spontaneously.

For example, when working with an adult with an acquired brain injury who found it difficult to use words, a completely unexpected ironic verbal response to my question about a song lyric led to a shared experience of humour and a feeling of him being more present in the session. Yet, when I used humour with him, I often experienced a feeling of being less present, as if acting or performing. In this piece of work, noticing very subtle moments of humour and how this felt, was the beginning of the incremental development of relational connection that grew over subsequent music therapy sessions.
In another instance, working in a hospital with an elderly person living with dementia and bipolar disorder who rarely communicated verbally, an intimate moment emerged through shared humour. The person noticed me blowing my hair out of my eyes as I was singing with her, and she imitated this. Although a fleeting moment, her imitational gesture gently brought humour into the interaction which became a shared experience as a result. I repeated the gesture a couple of times and she laughed gently. Although not using words, the depth of intersubjective contact had changed noticeably during those moments. I knew that she knew what I was trying to do, and her making fun of me illustrated something of her recognition of that, and her intention to show that recognition and make contact.

1.3 Research approach

Working within a relational and psychodynamically informed frame as a music therapist, I approached the study from the point of view that interactions through humour in music therapy are situated within intersubjective interactions in a therapeutic relational context. So, I began the study with the premise that humour is a meaningful part of those intersubjective interactions in music therapy. As mentioned, Finlay’s (2011) phenomenological reflexive-relational umbrella provides a methodological starting point. Amongst other things, this invited a focus on data as emerging from embodied and dialogic encounters between researcher and co-researcher as well as attention to my own self-reflexivity and awareness. This is extended through arts-based processes.

This focus on a relational context and meaning and connection through reciprocal humorous exchanges, meant that trying to get to experiences of humour from the outside - as a distanced observer, for example - seemed unsatisfactory from the outset. Not only does spontaneous humour quickly disappear but experiences of humour can also be difficult to recall in any depth. This was further problematised by the fact that some co-researchers in the study had issues with memory, and often communicated beyond words. Therefore, the study called for an innovative, creative and Person-centred (McCormack & McCance, 2017) approach to experiences of humour from the inside, as it were.

This idea of searching from the inside, as termed by anthropologist Tim Ingold (2013), can be considered in different ways. As a practitioner-researcher, having begun this exploration from my own music therapy practice, I was already inside a music therapy
discipline and profession with evolving theories and established professional and disciplinary boundaries. Being able to draw on my own experiences of humour within this culture could be described as occupying an emic position (Stige, 2002); an insider “knows a culture and/or a practice from its inside” (Stensaeth, 2017, p. 5).

I was also already in relationship with persons in music therapy with whom humour was a striking part of the work and so I had privileged access to information and experiences in this way. However, as Karette Stensaeth (2017) points out, this does not mean that understanding from this perspective is necessarily “more correct” (p. 5), more so that experiences from here can be more immediate.

A sense of immediacy was enticing nonetheless, as it reminded me of my own experiences of humour and how surprise feels and spoke to my own perceptions of humour. I used arts-based improvisational processes intentionally to catalyse moments of immediacy and create ways to try and get inside the potential for surprise in humour itself. Having an existing improvisational practice as a musician, I turned towards improvising to think through or ask questions of myself, and to provide a different way of knowing in relation to the study. My intention was not to try and re-create instances of humour but to move into an unplanned aesthetic space where new feelings or thoughts about these instances might occur spontaneously. This innovative way to find and create meaning – involving self-reflexivity and collaborative reflexivity – importantly aimed at keeping alive the bodily sense of humour whilst also allowing for the ambiguous, spontaneous and fluid nature of humorous experiences.

So, rather than creating distance from pre-existing experiences and assumptions around humour in music therapy, I intentionally positioned myself alongside other participants, or co-researchers, and worked to acknowledge existing prejudices reflexively. A series of interview-encounters and focus groups enabled the transformative potential of humour to be experienced through engagement with others, and in thinking and discussing past experiences of humour, instances of humour also arose in the present moment.
1.4 Voice

Attention to qualities of humour that emerged in planning, writing, thinking and doing this study are threaded throughout the thesis. At times, I was aware of trying too hard to invite space for spontaneity, pushing to be funny or, in contrast, trying too hard to be taken seriously. I addressed the incongruity (taking seriously an experience that eludes or challenges seriousness) by following the lead from co-researchers about how humour in music therapy is seriously important. Along the same lines, I held any tensions that emerged whilst improvising with established interpretive research methods as instructive and used these in relation to the research questions along with a qualitative experience of method.

In line with the improvisatory and relational-reflexive nature of this study, I mainly use a first-person writing voice. I do this intentionally to remain true to a sense of being inside the research. Writing in the first-person, I endeavour to convey scholarly work by embodying ownership of my own thinking, experience, and practice, and in this way also support the voices of others. This is primarily a reflexive voice centred in being a practitioner-researcher. By sometimes offering a more distant, third-person voice, I hope to also invite a broader researcher-practitioner view in which my own position is voiced alongside others. In this way, the embodied, situated and multi-dimensional experiences involved during this study are heard from my own music therapy perspective within the discipline of music therapy, along with a wider consideration of the profession of music therapy and the persons with whom I and other music therapists work.

1.5 Assumptions, definitions, and theoretical framework

The arts therapies, and music therapy in particular, can offer relational experiences and imaginative ways of sharing communication with different persons as part of a therapeutic process. My pre-understandings of humour in music therapy are intertwined with my own cultural background as well as my approach as a music therapist. A foundational humanistic approach, allied with a psychodynamic theoretical frame and improvisational practice, is most usefully characterised in Gro Trondalen’s (2016) Relational music therapy approach. Therefore, I assume that humour is something that happens between persons and consider it as a multi-modal embodied affective expression that can occur and lead to intersubjective connection within a music therapy relationship. In this study however, I am
less interested in the formal aspects of humour or how it is done in music therapy and more focused on what it does and how it feels. I will go into further detail about my own theoretical understanding of humour in music therapy in the following chapter where I explore different perspectives on experiences of humour.

As a white Scottish person who identifies as female (and uses the pronouns she/her), based in Scotland and trained as a music therapist in England, I am aware of my own euro-centric position (and the influences of early music therapy pioneers in the United Kingdom such as Paul Nordoff, Clive Robbins and Juliette Alvin), and I acknowledge how this influences my conceptions of humour in music therapy. Also, whilst not always stated, feminist aspirations emerged as an empowering part of the doctoral process. The writing of Rebecca Solnit, Nina Lykke, Alecia Jackson, Elizabeth St. Pierre and Linda Finlay inspired and furthered a reflexive feminist engagement with academic disciplines. I acknowledge that this affected my scholarly decisions and perhaps more importantly, my conceptualisation of humour in music therapy, yet at times I found this difficult to articulate. Sometimes a spritely or playful feminism seemed to be at the root of a desire to disrupt and disturb dominant epistemological, ontological and methodological expectations in music therapy and within the academy at large. This seems to fit with my ongoing academic interest in humour within music therapy relationships. From this position, I have tried to keep an open attitude and acknowledge the lenses I see and experience humour through. This can be seen in the dialogic-reflexive nature of the methods along with the writing style.

Brendan McCormack and Tanya McCance’s (2006; 2017) Person-centred Practice Framework (PCPF) also feeds into the language, reflexivity and positioning taken throughout this study. For example, the word ‘persons’ is used in alignment with the PCPF instead of the terms ‘client’ or ‘patient’ preferred in some contexts or relational therapeutic approaches. Added to this, I endeavour to practice conscientious engagement with the politics of citation, after Carrie Mott & Daniel Cockayne (2017), with the aim of beginning to diversify academic writing and thinking along with referencing practice.
1.6 Structure of thesis

The structure of the thesis follows traditional interpretivist research reporting procedures in that the topic is introduced, relevant literature reviewed, a pilot phase detailed, emerging questions and methods outlined, and findings then presented which are subsequently discussed.

In this chapter, I have introduced my own interest in humour in music therapy and addressed how practitioner-researcher and researcher-practitioner positioning has influenced the study. In the following chapter, I offer a detailed review of relevant literature and identify how this study can add to the existing literature. In chapter 3 I set out my music therapy approach and detail the pilot phase of the study, expanding into what can be known about humour in music therapy, and how this can be known. In chapter 4, I further elaborate the methodological discussion underpinning the study, and set out the research approach taken, and methods.

In chapter 5, 6, 7 and 8, I present the phenomenologically informed arts-based reflexive sense-making process along with the findings from this systematic analytic process. This leads to a rich discussion in chapter 9, where I recognise the originality of this research, reveal what I might have done differently and acknowledge limitations. Here, I also touch on the possible significance and interest of this research for persons living with dementia and expand on potential implications for the music therapy profession, music therapy practice, and music therapy pedagogy in the UK.

I find that humour is ever-present in my work as a music therapist, yet along with my own persistent questions of appropriateness in this context I am also interested in the experiences of other music therapists and persons attending music therapy. I begin the following chapter from this point of curiosity.
Chapter 2: Review of literature

This chapter\(^1\) is primarily concerned with a review of literature in relation to humour in music therapy, however, given the relatively small amount of literature dedicated to humour in this field, I expand the search to other related fields and present a general to specific overview of relevant texts.

I begin by exploring literature sourced around humour and health, clowning in healthcare settings, humour in early relationships, humour in the arts therapies and humour in psychotherapy, before briefly acknowledging the form of humour in music and broad correspondence between humour and improvisation. Finally, I summarise key findings from literature about humour in music therapy. These brief visits to related fields invite different perspectives on the form, function, importance and complexity of humour in therapeutic relationships. These excursions are not intended to be comprehensive but rather to theoretically support my thinking regarding humour in this study.

2.1 Search strategy


\(^1\) An abridged version of this literature review was published in 2019 in the Nordic Journal of Music Therapy.

2.2 Humour

Whilst general perceptions of, and perspectives on, humour can differ there seems to be broad agreement across the literature I reviewed that humour is not simply something that makes social interactions easier; it is a fundamental part of engaging with others. As Michael Billig (2005) articulates: “If a person is said not to possess a sense of humour this means more than that they might be boring company: it suggests that they lack a vital human quality” (p. 11).

The word humour/humor\(^3\) was once firmly embedded in physiology (Wickberg, 1998) and originally linked with aspects of fluidity, balance, health and embodied personhood. However, over time, the word has become connected with individual personality, mood, or temperament and eventually, in the Western world, evolved into a broad term for all laughter-related phenomena (Martin, 2003). Indeed, in this study I have not differentiated between humour and laughter. However, that is not to say that I think humour and laughter are the same thing or that laughter is always a result of humour. My understanding of laughter as a part of humour, and the musicality of such laughter, is built on this notion of physiological fluidity and embodied personhood and will be discussed in more depth as the thesis progresses.

As I set out in chapter 1, in this study I am primarily concerned with spontaneous humour in music therapy; the kind of humour that emerges unexpectedly and the meaning this can have in a therapeutic relationship. According to May McCreadie and Sheila Payne (2012), researching spontaneous humour in social interactions is problematic due to its conceptual fluidity and context dependent nature. Therefore, it is perhaps not surprising that most studies investigating humour in healthcare contexts to date have focussed on what McCreadie and Payne (2012) term “rehearsed humour” (p. 333) (e.g., observed

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\(^3\) The word humour/humor comes from Latin *humor* liquid; related to Latin ūmēre to be wet, Old Norse vōkr moist, Greek *hugros* wet (Collins English Dictionary, n.d.).
reactions to cartoons, jokes, comic videos etc.) rather than humour as it emerges unexpectedly between persons.

Despite the lack of research into spontaneous humour in healthcare settings, theorising about humour does have a long-established history and humour has been discussed in a wide range of fields. For example, in the field of philosophy alone, as John Morreall (1987) observes, there are many and varied explanations for humour and laughter and these have been distilled into three main theories of humour: the superiority theory, the incongruity theory and the release or relief theory (Critchley, 2002; Morreall, 2020).

**Figure 1: Three theories of humour**

<table>
<thead>
<tr>
<th>Theory</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superiority Theory, Tendentious, or Disparagement Theory (Hobbes 1588–1679)</td>
<td>Considered an aggressive form of humour, which takes pleasure in others’ failings or discomfort. A ‘sudden glory of some eminency in ourselves, compared with infirmity of others’. This includes self-deprecating humour or self-defeating, self-disparaging. Humour used against self in some form.</td>
</tr>
<tr>
<td>Incongruity Theory, Kant (1724–1804)</td>
<td>Humour where the punchline or resolution is inconsistent or incongruous with the set-up.</td>
</tr>
<tr>
<td>Relief or Release Theory, Freud (1856–1938)</td>
<td>Humour released by ‘excess’ nervous energy which actually masks other motives and, or desires.</td>
</tr>
</tbody>
</table>

(McCreaddie & Wiggins, 2008 p.585)

These causal theories, as Critchley (2002) terms them - although proving too reductive for some (Brazil, 2019) and robustly challenged from a feminist position by others (Willett & Willett, 2019) - illuminate different aspects of what constitutes humour, what humour does and how humour works. In practice, experiences of humour frequently rely on combinations of all three of these theories, yet for me they invite the beginnings of a discussion around the multi-dimensional experience of humour. As Cate Watson (2015) points out, the theories “should be regarded as overlapping and complementary rather than competing or contradictory” (p. 409). It is also worth noting, as Billig (2005) has observed, that these theories cannot be considered a-historically; they must be viewed in
terms of specific historical and ideological currents in existence around the time they each emerged⁴.

2.2.1 Humour, ideological positivism and being well

In everyday situations, a sense of humour is often considered “a relatively stable expression of personality” (Foot & McCreaddie, 2006, p. 294) and frequently used as a measure of creativity, intelligence, sociability, and wellbeing. As Simon Critchley (2002) points out, there must be a tacit social contract in existence for humour to work and with this, he terms humour “a form of cultural insider-knowledge” (p. 67). In underlining the social function of humour, Critchley (2002) writes: “Jokes have a sense of thereness; they illuminate a social world that is held in common with others” (p.87). Yet, as a socially cohesive phenomenon, humour can be used, and abused, in myriad ways (Baum, 2019; Willett & Willett, 2019).

In my view, the powerful, emotional and transformational experience of humour appears to engage with something at the root of our existence. As Lita Crociani-Windland (2004) outlines: “Humour is the fluidity of mind across different territories, both aggressive in the way it can define in and out-group boundaries and, in its readiness to defy and redraw boundaries of all kinds, liberating because of it” (p.6). Yet, according to Billig (2005), in the Western world the less agreeable faces of humour, such as ridicule, are ignored in favour of an “ideological positivism” (p. 10) that holds humour as a panacea in the individualistic search for “positively productive pleasure” (p. 10). Highlighting the societal pressure to believe in humour as a purely beneficial phenomenon in relation to health and wellbeing, Billig (2005) goes on to point out that the more openly aggressive, divisive and oppressive uses of humour have historically been avoided in the literature.

Correspondingly, Valerie Sinason (1986) also exposes assumptions that can arise in relation to humour and perceived cognitive or psychological abilities. For Sinason (1986), the spontaneous emergence of humour in her psychotherapy work with persons living with learning disabilities: “encapsulated unspoken truths, deepened intimacy and revealed

⁴For a detailed history of how these theories evolved see Michael Billig (2005) and Daniel Wickberg (1998). Mary Beard (2015) also locates the theories in an historical context.
creative playfulness in persons hitherto diagnosed unintelligent or literal-minded” (cited in Brave-Smith, 1995, p. 469-470).

By the same token, Sinason (1986) articulates how humour can become a dis-connector rather than a connector for some persons born with intellectual disabilities and/or who have undergone trauma or illness. She explains how some persons living with learning disabilities, for example, quickly learn to adopt a smile as a kind of protection and observes how this can become what she terms a “secondary mental handicap” (p. 131). In her chapter, The Handicapped Smile, Sinason (1992) reveals a less than therapeutic use of humour from staff members working in specific settings: “People who are close to great grief and cannot bear it encourage ‘happiness’ and smiling. Old people’s homes and wards as well as homes for the mentally or multiply handicapped are victims of this” (p. 141). As a result, in some cases, humour can be experienced as offensive and acutely damaging:

The writer Jenny Seabrook (1989) quoted a friend who had multiple sclerosis: ‘Most people think they have to be resolutely bright and cheerful. It would not occur to them that this is a form of violence against us, a denial of us; as though we could be distracted by other people’s good humour’ (Sinason, 1992, p. 141).

Seabrook’s observation highlights the potential risk involved when using humour without consideration of individual agency and personhood. Her protest also amplifies the lack of patient/client/person voice in discussions about experiences of humour in therapeutic or healthcare contexts and supports the inclusion of persons living with dementia in this study.

So, with ableist assumptions of intellectual capacity in mind – which seem to be prevalent in literature around humour and health – humour has long been noted as an important mechanism in relation to being mentally well (American Psychiatric Association, 1998; Martin, 2007; Yue, 2021) and Rod Martin (2007) draws attention to the importance of sharing humour in this respect:

In recent decades, a sense of humor has come to be viewed not only as a very socially desirable personality trait but also as an important component of mental

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5 Sinason’s language is of its time and not representative of this study. In later work, for example, Sinason (2020) reflects person-centred terminology.
health. Besides boosting positive emotions and counteracting negative moods like depression and anxiety, humor is thought to be a valuable mechanism for coping with stressful life events and an important social skill for initiating, maintaining, and enhancing satisfying interpersonal relationships (p. 269).

Martin’s (2007) observations about both the individual and social benefits through humour are shared by Marc Gelkopf (2011), who in his review *The use of humor in serious mental illness*, surmised that: “Humor seems to have the potential to effectuate pain relief, strengthen immune function, improve positive emotions, moderate stress, dissociate from distress and improve interpersonal processes” (p. 1).

Something similar was found by Hannah MacPherson (2008) in her study of a walking group for persons living with a visual impairment. MacPherson (2008) termed humour, along with laughter, “socioembodied” (p. 1080) phenomena, and noticed that both often emerged unexpectedly between persons when traversing new walking routes together. For example, adults accustomed to a certain degree of independence and autonomy made jokes and laughed together when they encountered unexpected mounds and gullies whilst negotiating countryside and landscapes new to them. Laughter itself, in this instance, also offered sonic bodily signals for those in the group to indicate that everyone was moving along the same path. As MacPherson (2008) observed: “Belly laughs, titters, giggles, anxious exhalations, and guffaws would reverberate through the country air on days out walking, creating a transient sonic element of the landscapes we passed through” (p. 1081).

Following on from this, several researchers drew attention to the fact that using humour enabled persons to perceive that they are in control of their own wellbeing through reframing specific situations (Panichelli, 2013; McGhee, 2010; Martin and Lefcourt, 1983; Solomon, 1996; Yue, 2021). In fact, Chunfeng Cai et al., (2014) showed that “humour skills” training – based on Paul McGhee’s work (1994) – had a significant impact on the effectiveness of rehabilitation for persons living with schizophrenia. In this case, focusing on developing a sense of humour also led to opportunities for social contact (i.e., in group therapy) in addition to improved social skills.
2.2.2 Researching humour in healthcare contexts

As well as these general observations of humour in affecting wellbeing and the importance of sharing humour, humour has also been recognised, alongside empathy and spontaneity, as significant in interactions between health professionals and patients (McCreaddie & Wiggins, 2008; Tanay et al., 2013; Tremayne, 2014; Sultanoff, 2013). That said, humour appears to be a problematic phenomenon to investigate in healthcare contexts. As Hugh Foot and May McCreaddie (2006) observe: “Whether or not facilitative effects are demonstrated depends on how a sense of humour is measured or what elements of humour are explored” (p.312). May McCreaddie and Sheila Payne (2012) take this further to explain:

Firstly, humour is not a unitary construct although it is often viewed as a stable expression of personality in humans. Second, it is multifaceted – involving social, cognitive, perceptual, emotional (e.g., mirth) and behavioral (e.g., laughter) aspects. What it is determines, to some extent, if or how it is recognized, understood, and reciprocated (or not). Third, the phenomenon therefore needs to be appropriately captured (data collection) and interpreted (data analysis) (p. 333).

In addition to the difficulties outlined in investigating humour in healthcare contexts, May McCreaddie and Sally Wiggins (2008) highlight that humour studies in healthcare contexts have been dominated by the field of psychology, and both academic and applied studies have principally supported the notion that humour is an entirely positive phenomenon; tended to refer to humour via laughter; focused on healthy young people, and sought to measure, distil, or correlate humour with other phenomena.

McCreaddie herself (McCreaddie & Payne, 2012; McCreaddie, 2010; McCreaddie and Wiggins, 2008; 2009) investigated spontaneous humour in conversational interactions between Community Nurse Specialists (CNS) and patients. Focusing on prosodic elements of speech from audio-recordings of these interactions (therefore overlooking embodied aspects of humour) McCreaddie’s findings show that patients tended to initiate humour, most frequently to appease the CNS working with them and in this way adopted a “good patient persona” (McCreaddie & Wiggins, 2009, p. 1084). In maintaining a good

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6 Where the term ‘patients’ is used, this is according to individual researchers, yet I prefer the term ‘persons’ which aligns with a Person-centred terminology as set out by McCormack & McCance (2017).
patient persona, patients used humour in problematic ways (with self-disparaging or black humour) and non-problematic ways (with incongruity).

These findings speak to the difference in status between a patient and a staff member and expose the complexities of unspoken power dynamics that can exist in encounters in healthcare settings. Switching roles and playing with status, according to Keith Johnstone (1989), are key catalysts for an emergence of humour. On this note, I was interested that McCreadie and Wiggins (2008; 2009) found that patients would like healthcare professionals to initiate and reciprocate humour more. Nonetheless, when addressing this in practice, encouraging nurses to use more humour could challenge the value of spontaneity that patients may be looking for (McCreadie & Payne, 2012). Furthermore, as McCreadie and Payne point out, initiating humour in this context relies on an established relationship and potentially runs the risk of being felt as avoidant or aggressive by patients as Sinason (1992) has observed.

2.3 Clowning and healthcare

One area where there has been notable attention to spontaneous interactions through humour is clowning. Clowning in healthcare settings has roots in the non-verbal theatrical traditions of mime and circus work combined with an understanding of its effects on wellbeing and quality of life through improvised engagements in medical contexts. Clown-doctors can most often be found on the paediatric wards of hospitals (Brokenshie et al., 2018); however, clowning has also attracted research focus specifically with persons living with dementia (Goodenough et al., 2012; Hendriks, 2012; Kontos et al, 2017; Low et al., 2013) which is of relevance to this study.

Clowning in healthcare contexts generally involves interactive improvisational processes where clowns make use of music, songs, skits, and theatrical narratives (Adams & Mylander, 1996). As Ruud Hendriks (2012) points out, the physiological efficacy of such engagements has largely been the focus of investigation so far. That said, for Peter Spitzer (2011), “humour therapy” was found to have positive effects on stress, anxiety, and mood for persons living with dementia, and in the Australian SMILE project using Spitzer’s (2011) humour therapy with persons living with dementia was found to significantly reduce agitation while not reducing depression (Low et al., 2013).
Pia Kontos et al., (2017; 2016) were more concerned with how elder-clowns were able to relate with persons living with dementia. In their ethnographic study of interactions between persons living with dementia and elder-clowns, Kontos et al., (2017) embrace an embodied experience of humour and found that the elder-clowns offered non-verbal opportunities for spontaneous connections, flexible modes of communication and possibilities for shared inventiveness to emerge. This was consistent even with persons who were unable to verbally articulate or conceptualize humour. These findings are echoed in Hendriks’ (2012) auto-ethnographic study in which he framed engagements between clowns and persons living with dementia as shared “mutual articulations” (p. 459). These mutual articulations invited persons living in the very late stages of dementia to be in touch with and through their bodies in a meaningful way.

For Kontos et al., (2017) spontaneous exchanges between elder-clowns and persons living with dementia led to “relational presence” (p. 52). They observed that shared relational presence involved “affective relationality, reciprocal playfulness and co-constructed imagination” (Kontos et al., 2017, p. 52). Further to this, Kontos et al., (2017) identified “improvisation, humour and empathy” as key components of these exchanges. The study by Kontos et al. (2017) is one of the few that links improvisation with humour, and highlights empathy as a core aspect in the experience of clowning. With the concept of relational presence, there is also a privileging of embodied, gestural, and non-verbal communications which invites a rebalancing of the “hierarchical positioning of persons with dementia as passive recipients of services” (Kontos et al., 2017, p. 60). This is interesting, given that a loss of autonomy can be one of the first experiences for someone given a diagnosis of dementia (Davenhill, 2007). Rachael Davenhill (2007) cites the example of visiting a hospital for assessments and being redefined in the process as a patient rather than a person. This sense of loss can be multidimensional; emotional, cognitive, relational and physical.

Dramatherapists Susana Pendzik and Amnon Raviv (2011) consider the hospitalization process as a “liminal position, which characterises most rites of passage” (p. 269). Jeff Gordon et al., (2017) also refer to the significance of liminal spaces in clowning: “The Clown’s presence imposes upon reality the freedom of liminality, the boundlessness of imagination, the containment of the potential space, and the flexibility of paradox” (p. 6).
For them, the visibility of the clown and the embodied demarcation of a “potential space”, after Donald Winnicott (2005, p. 55), in which to encourage and support transformation through play, justifies the role of a clown in the hospital setting. Importantly, Pendzik and Raviv (2011) also draw attention to the fact that clowns can personify ambiguity and are not only associated with joy and humour. This multiplicity is summed up by Kontos et al., (2017):

A tension persists in clown practice between those who maintain the focus of red-nosed clowns should be on the giving and receiving of happiness (Warren & Spitzer, 2011, 2013), and those who posit a role for ‘dark clowns’ to enable the ‘witnessing [of] tiny moments of humanity’ including vulnerability, stripped dignity, and tragedy (Davison, 2013, p. 300) (p. 58).

This tension is important to fully understand when engaging in humour in a therapeutic context. For some persons, the clown is considered a nightmarish, manic figure bent on malign trickery. Sinason (1992), also explicitly addressed this ambiguity: “The clown imagery is potent, for the circus clown often relies on pathos, on mimicking the awfulness of stupidity. The clown is often represented with a grotesque smile and a tear at the same time” (p.139).

Although most of the studies mentioned tend to position clowning as therapeutic or at least beneficial to wellbeing, I am interested in how clowning appears to rely on a kind of pretence or performance. When playing the clown, I wonder whether there is a chance that the humour engaged with is somehow less than genuine? Is there a risk with clowning that distance - through performing a role - is created between the clown and the other? Zohar Grinberg et al., (2012) do not think so. For them, any pretence or performance in clowning is not hidden; clowns are openly from another place, so to speak. And so, can clowning in fact invite persons into a potential improvisatory play space in a more direct, immediate, or genuine way? In relation to this doctoral study, I think that clowning in healthcare contexts could signpost something important about the way humour happens between persons.
2.4 Humour in early relationships

Kontos et al.’s (2017) concept of relational presence highlights the shared interactive agency elder-clowns engendered through humour, improvisation, and empathy when working with persons living with dementia. Trevarthen (1997) also emphasised the fundamental place of humour in early contact between a caregiver and infant. When Trevarthen (1997) refers to “good musical improvisation” (p. 65) perhaps – thinking specifically of early non-verbal interactions – he is underlining a fluid temporal, emotional and gestural way of being which importantly allows for mistakes and mis-timings as well as synchronicity and humour.

For psychoanalyst Christopher Bollas (1995) “the sense of humor precedes the sense of self” (p. 241). This means that making contact in a deep way begins, for Bollas (1987), in our earliest interactions with a primary caregiver. These interactions are built around “gesture, gaze and intersubjective utterance” as we begin to build up a “private discourse” within which a shared “aesthetic of being” (p.13) emerges. Humour, for Bollas (1995) is a fundamental part of this shared aesthetic of being and Bollas’ (1995) ideas about the significance of humour in our earliest relationships are central to the way humour in music therapy is viewed in this study.

Through exploiting the comedy in our earliest interactions, Bollas (1995) highlights the absurdness of the human condition and invites direct comparison between early dyadic relations and the psychoanalytic situation. With a focus on the dynamic struggle between infant and caregiver in their early relationship, Bollas (1995) explores how a sense of humour originates: “the clown may be our very first other” (p. 236) he marvels, delighting in the dual nature of humour (as observed by Sinason, 1992), which for him “incorporates the plastic and the wooden, the fluid and the fixed… the conscious and unconscious” (p. 244).

Rather than align with theorists such as Stephen Malloch and Colwyn Trevarthen (2010) or Daniel Stern (1977) however, Bollas looked to Sigmund Freud and Jacques Lacan to begin to understand the psychological and affective experience of humour. Jokingly, he positions the unconscious as an incorrigible jester, continually tripping persons up as they try and muddle through everyday life. So, for Bollas (1995), in psychotherapy like in very
early relationships, persons can experience the fundamental intrapersonal significance of a sense of humour: “A patient in analysis is straight man to his unconscious, and it is a long time, if ever, before he comes to enjoy the comedy” (p.224).

Bollas’ (1995) illustrative sketch of the farcical and messy bodily nature of early interactions not only underlines the psychological complexity and multi-dimensionality of humour but also highlights its dialogic, affective and dynamic aspects. In a moment of seriousness, he muses: “Perhaps a sense of humour is essential to human survival” (Bollas, 1995, p. 245). A primary caregiver’s task, therefore, could be to instil in the infant the ability to laugh at the plight of being human. Finding amusement together before an infant knows any better establishes a vital existential coping method to deal with the grim “deeply thoughtless” (Bollas, 1995, p. 243) reality: “In thus developing hers and her infant’s sense of humour, a mother brings under temporary human control something that is in fact beyond human influence” (Bollas, 1995, p. 243).

2.5 Humour in the arts therapies

Broadly speaking, in this literature review, I found that explorations of humour were more prevalent in dramatherapy literature than in dance-movement therapy, art psychotherapy or music therapy. Susana Pendzik and Amnon Raviv (2011), whose work I have previously mentioned, explored the similarities in dramatherapy and healthcare clowns and traced the independent development of both disciplines. Although both professions share commonalities of practice, the authors explain how they have grown up “like two family members (…) raised in different countries” (p. 268). Using Robert Landy’s (1990) role theory, Pendzik and Raviv (2011), along with Grinberg et al. (2012), investigated why and how clowns can promote wellbeing in hospital contexts and summarise that there is less distance than widely thought between the two professions.

In these studies, however, even though both healthcare clowns and dramatherapists worked towards facilitating therapeutic encounters, they tended to be perceived differently by the persons with whom they work (Pendzik & Raviv, 2011; Grinberg et al., 2012). For example, according to Pendzik and Raviv (2011), a healthcare-clown is felt to belong in an imaginary realm whereas dramatherapists belong in ordinary life and can only visit this imaginary realm. Added to this, clowns reportedly stay in role and consider those with
whom they work as their audience, whereas dramatherapists rarely consider the persons with whom they work as their audience. So, a clowning role is performed differently to a dramatherapist role. In fact, “a clown can be succinctly defined as a performer whose art is to amuse people” (Grinberg et al., 2012, p. 43). Yet, historically, clowns appear to embody a kind of paradoxical existence as conveyed by Sinason (1992) and Bolas (1995) earlier in this chapter.

For Sharon Chaiklin (2018), a dance-movement therapist, there is an inevitability to the emergence of humour in relationships along with an openness to how humour emerges through the body:

As a dance/movement therapist, this [the presence of humour] has never been considered an issue in training or practice as the use of the body and its emotions has always been considered the core of a therapeutic session and therefore humour will emerge as part of the relationship (p. 67).

This pragmatic reflection speaks to the conflicting experiences and murmurings of controversy around humour in music therapy that I became aware of from conversations with colleagues. In these conversations I noticed that music therapists tended to appear excited and a little nervous about humour. Perhaps, as Chaiklin (2018) voices, the involvement of the body has something to do with these contradictory feelings.

Alexander Kopytin and Alexey Lebedev (2013; 2015) investigated the therapeutic functions of humour in art therapy groups with war veterans. They found a great deal of humour in the artwork, and in interactions in the group, and identified humour as a sophisticated coping mechanism in a particularly male culture in which expressions of machismo were commonplace and weakness little tolerated. In this context, humour was particularly effective in creating a group identity and working through art offered a flexible creative way to express and appreciate humour. This view was shared by Katherine Killick and Helen Greenwood (1995) who found humour to be a fundamental part of art therapy groupwork with adults with long term psychotic illnesses.

David Mann (1991) also describes how humour featured frequently in his work as an art psychotherapist. In particular, he emphasised the intimacy and the personal quality of
humour he shared with patients. He surfaces an interesting dilemma for an arts therapist presenting humour to others:

My examples may not seem funny. There are two reasons for this. One, humour relies on the situation and what seemed funny to the therapist in the middle of the session seems less so when coldly laid out and examined in a serious paper. Two, like Kent in King Lear, I can ‘mar a curious tale in telling it’; and I hope the reader will be assured that what is described here was in fact humorous when originally expressed (Mann, 1991, p. 163).

Perhaps, in Mann’s caveat there is also implicit acknowledgement of the inevitability and everyday quality of humour even in a therapeutic and relational context, the importance of which can be difficult to communicate to others. I felt this sentiment strongly at various times during this study.

2.6 Humour in psychotherapy

Considering the developmental importance of humour, as well as the creativity inherent, leads naturally into a brief exploration of the place of humour in psychotherapy. I found that most literature concerning humour and psychotherapy began with an acknowledgement of Freud’s work. In the text *Jokes and Their Relation to the Unconscious* (Freud, 1916/1976) and his subsequent paper *Humour* (Freud, 1928), Freud addressed the inner experience of humour and proposed that most humour contained within it an aggressive or sexual component; giving form to an energy, that could not be expressed in a socially acceptable way.

Freud is therefore largely credited with the relief/release theory of humour, where he draws attention to the liberating function of humour whilst also emphasizing that it may be masking something else. With this, as Jeffrey Palmer (1994) writes, Freud made much of the similarity between jokes and dreams: “At the core of Freud’s theory, is a single, simple assertion: jokes are not distinguished from other verbal phenomena by their linguistic structure – their ‘technique’, as Freud puts it – but by their relation to the unconscious” (Palmer, 1994, p. 79). Therefore, he saw meaning as being both manifest and latent; there are subtexts to jokes (and dreams) – something beyond physiology and dynamic form.
Freud (1928) described humour as an experience characterised by a dance between pleasure and reality, actively forming unconscious feelings into more socially appropriate expressions and finding enjoyment in the triumphant release of psychic energy. In this way, he sees humour as allowing for mastery of difficult feelings, control over the unpredictability of life: “Look! Here is the world, which seems so dangerous! It is nothing but a game for children – just worth making a jest about” (Freud, 1928, p.166), which appears to relate to Bolas’ (1995) position already mentioned. Humour can be unpredictable and potentially revealing, it can also be aggressively impulsive and seductively engaging (Lemma, 2000). Understanding what is beneath humour, and its relationship with control, perhaps goes some way to explaining a nervousness felt by music therapists around humour in therapeutic spaces; it can involve the unknown realms of unconscious experience as well as the body.

Despite, or perhaps because of, Freud’s interest in humour, historically, the place of humour in a therapeutic relationship has divided psychotherapists (Banmen, 1982; Bloch et al., 1983; Bloch & McNab 1987; Freud, 1928; 1916/1976; Grotjahn, 1971; Kubie, 1971; Mann, 1991; Poland, 1971; 1990; Shearer; 2016; Strean, 1994; Sultanoff, 2013) who have varied widely in their responses to, and experiences of, humour. Psychotherapists Lawrence Kubie (1971) and Warren Poland (1971), for example, enjoyed direct confrontation over the place of humour in psychotherapy with Kubie (1994) declaring humour “the most seductive form of transference wooing” (p. 100). This might suggest unexplored links between pleasure, joy and humour that threaten the boundaried psychotherapeutic space, and perhaps this also translates to the field of music therapy. In more recent times, however, humour in psychotherapy generally appears to be considered an inherent part of the work, and as such is considered in much less categorical terms (Marks-Tarlow et al., 2018).

Importantly, in relation to a differentiation between using humour and engaging with it as it arises spontaneously, Harvey Mindess (1996) points out that “psychotherapists as a group have never promoted humour as a therapeutic technique” (p. 332), yet Ann Shearer (2016), writing more recently, acknowledges that discussions around humour as a technique in psychotherapy, do exist and persist. In relation to the wariness around humour as a therapeutic technique, Mindess’ (2011) offers a more dimensional perspective to the experience of humour in a therapeutic space:
Deep, genuine humour – the humour that deserves to be called therapeutic that can be instrumental in our lives – extends beyond jokes, beyond wit, beyond laughter itself to a particular frame of mind. It is an inner condition, a stance, a point of view, or in the largest sense an attitude to life (p. 214).

Yet, he passes over an in-depth exploration of how this profound and dimensional experience of humour could impact connection or spring from relationship.

2.7 Humour in music

Whilst as far as I am aware there has been little written about humour, music and relationships, ideas about humour in music apparently have a long history (Dawson, 2018). Despite lively traditions of music hall and variety performance common in Britain in the 19th Century (Baker, 2014), David Smith (1994) for example, points out that: “Empirical investigations of humor in music are extremely limited” (p. 208). Indeed, most studies of humour in music that I located are based on music listening and pre-composed music (Dalmonte, 1995; Huron 2004; Juslin & Sloboda, 2001; Lister, 1994; Sloboda, 1991; Vink, 2001; Walton, 1993). For example, David Huron (2004) found that when listening to music: “Laughter appears to be linked to the greatest or most marked violations of expectation” (p. 703). This rests on the assumption, however, that the listener already has knowledge of the music or musical style, which would enable surprise and moments of incongruity to occur.

Kendall Walton (1993) did draw important links between how we experience music and how we experience humour. Both, he speculated, require a sense of empathic identification to be understood. Walton (1993) used the German term Verstehen – the art of understanding, (Finlay, 2011) – to expand on the notion of empathic identification or shared knowing. Walton’s hypothesis resonates with Trevarthen’s (1997) statement about the qualities involved in early interactions and points towards a more intersubjective, dynamic and embodied understanding of humour. This in turn reinforces it as something intrinsic to human relationships.

Regarding co-created experience, I agree with Walton (1993) that improvisation as a communicative experience can depend on a kind of empathic identification, especially in
a music therapy context. As Michael Schober and Neta Spiro (2014) have suggested, even if improvisers are not actually sharing the same thoughts, they are sharing an experience, and a socially significant embodied experience at that (Moran, 2011). Within a therapeutic context however, this must be a reflexive empathic identification with awareness that within empathy, lies the possibility for assumption, as one is seeing and feeling from one’s own world (Leake, 2019).

2.8 Humour and improvisation

Improvisation and humour in music, and more broadly, would seem to be inherently connected. Certainly, in most of the literature described so far it is noticeable that surprise, unexpectedness and spontaneity are all key factors in prompting humour. This would also seem to be a general observation when considering work with persons living with dementia. Linking laughter and improvisation events in care home contexts, Phil Emmerson (2017) observed that “often laughter would emerge during moments in which carers were being forced to adapt” (p. 146), and so there can be a pragmatic element to everyday improvisation which enables a person-centred responsiveness.

Amir (2005) also showed how improvisational music and humour share similar dynamic elements and made much of how musical improvisation affords opportunities for spontaneous humour in music therapy. In freely improvised music⁷, playing without preconceived rules of engagement could provide opportunities for subverting familiar genres or drawing attention to normative musical forms. In fact, it is notable that improvisation and humour share a facility for productive disruption as part of, and in response to, social encounters and social movements (Fischlin & Porter, 2020; Smith, 2001). Yet despite a long-established practice of humour in free improvisation⁸, which crosses into traditions in clowning and physical theatre, I found that humour in musical or sonic improvisation has not been addressed in depth in an academic context.

Julie Dawn Smith (2001) provides one important example. Smith details how the Feminist Improvising Group (FIG) used self-parody and humour in their free improvisation

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⁷ “The characteristics of freely improvised music are established only by the sonic-musical identity of the person or persons playing it” (Bailey, 1993, p. 83).
⁸ See improvisers, Anne Benning, Alan Tomlinson, Hugh Metcalf, Eugene Chadbourne and Derek Bailey for examples of humour and free improvisation.
performances to disrupt and challenge dominant ideological structures in free
improvisation contexts. Formed in London, UK, in the late 1970s by improvising
musicians Maggie Nicols and Lindsay Cooper, in direct response to their exclusion from a
male-dominated performance culture, the group were the first all-female improvising
performing group in Europe: “Throwing everything high into the air was, for the Feminist
Improvising Group, the improvisation of a ‘critical method’” (Smith, 2001, p. 121) and
humour was a central part of this critical method. So, as well as holding an everyday
quality, “good” improvisation invites a sophisticated balance between random sounds and
meaning (MacDonald & Wilson, 2020; MacDonald et al., 2021).

Comedian Stewart Lee (2010) articulates the unexpected experience of being amused
while watching improviser Derek Bailey play. He describes how Bailey, seemingly ‘lost’ in
improvising, suddenly banged his guitar on the wall at the back of the stage. Surprised by
this, he then proceeds to do it again. His own feeling of surprise at this event fascinated
Lee, who went on to explore not only the unexpected nature of this happening but also
how incongruous it was in the context of high seriousness. Lee (2010) writes:

I laughed, and despite the wealth of different responses Bailey’s music had
already offered me, I never thought it would provoke laughter…. But something
great music shares with great comedy is the capacity to surprise, to take us out of
ourselves and engender a joyous, and not necessarily mean-spirited or cynical,
laughter (p. 324).

In the surprise, Lee felt that the audience members were made to do some of the work
and so, as he put it, they enjoyed the triumph of surprising themselves. Lee’s (2010)
anecdote also leads to considerations about the importance of status in humour; he
observes that the surprise was all the greater for occurring amidst “great art” (p. 326).

Lee’s comedy itself is recognized as enabling audiences to generate new “‘affective habits’
through which prejudices might be altered and made less certain” (Emmerson, 2017, p.
2084). However, it is not clear whether this is solely due to improvisation. The idea of
altering individual prejudices could be attributed to Lee’s comedic style of repetition and
turning issues of status and expectation on their head. Lee (2010) has also explored the
element of surprise in-jokes and links incongruity, surprise and improvisation: “even a baby
has a sense of inappropriate behaviour” (p. 324), he observed, giving babies more credit
than Bollas (1995).
Like improvising, the spontaneous use of humour in a therapeutic context embodies an element of risk. It appears widely accepted that through humour authority can be challenged (Roche, 2012). This was borne out by Smith (2001), for whom the risk embodied in being female improvisers on a largely male dominated circuit was addressed through humour. However, McCreadie and Payne (2012) attribute the risk for nurses initiating humour with their patients to low self-esteem and a risk-averse stance in their work.

When improvisation is used as a frame in a music therapy context, this can also constructively allow for mistakes and mismatching, or “synchronization discrepancies” (Hadar & Amir, 2021, p.1) so any risk becomes generative. A negotiation of these synchronization discrepancies within music therapy for example, can invite more in-depth relational connection. Perhaps music therapists are used to mediating the amount and kind of risk involved in improvising. Perhaps engaging in humour provides one way to do this.

2.9 Humour in music therapy

During the 1970s, some European music therapy pioneers did identify and discuss joy, fun, and pleasure in their music therapy work (Stige, 2006), yet there was little mention of humour itself as music therapy began to develop as a profession, and as Stige (2006) points out, these discussions appear to have faded into the background as the professionalisation of music therapy continued. In the late twentieth century and early 2000s discussions around these elements in music therapy did re-emerge (Amir, 1992; Oldfield, 2006a, 2006b; Stige, 2006; Wheeler, 1999) however, to date, few music therapists have investigated humour in any depth. In fact, I only identified two empirical research studies in the English language that focused solely on humour in music therapy through this review9.

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9 At least one study in Norwegian by Bjørn Anders Hermundstad (2008) could also have been included, and there will undoubtedly be many more references to humour in music therapy in other languages and cultures which would invite more expansive discussions about experiences of humour in music therapy.
Given the close links between humour and dynamic and embodied aspects of music-making such as play, playfulness and improvisation, I had expected that there might be more studies into humour in music therapy practice. Nevertheless, reasons for a lack of attention to humour in music therapy could be multiple. Possibly music therapists have simply not given humour much thought; as an ubiquitous aspect of everyday interactions, perhaps it is too frequent and therefore unremarkable in practice. Equally, perhaps the ambiguous and subjective nature of humour make it seem impossible to pin down and explore as observed in healthcare settings by McCreadie and Payne (2012).

My previous work (Haire, 2008; Haire & Oldfield, 2009) on the role of humour in music therapy initially aimed to address the lack of attention to humour in this context and was directly inspired by Amir’s (2005) study on humour in improvisational music therapy. These two studies provide the roots for, and routes toward, this doctoral study. Drawing together case study material and interviews with four therapists working in different modalities10, I explored the role of humour in music therapy in a child and family psychiatric assessment centre (Haire, 2008; Haire & Oldfield, 2009). Focusing on the consequences of humour, I categorised the principal ways in which humour was used in this context and overall found that humour was perceived to offer important experiences of different ways of being in music therapy. The therapists I interviewed also spoke about humour as a transformational occurrence that could impact significantly on relationships in therapy. One participant put it this way:

I think working with people when they get very stuck... they’re too rigid – seeing things in black and white and not having the whole experience – maybe that’s what humour can change... and the same with people who are very distressed or in a horrible place. It’s sort of showing that it can be different. There are moments when it can be different and that’s what gives you hope for the future. I think humour is important (Interview participant, Haire, 2008).

Whilst considering humour holistically, my small-scale study (Haire & Oldfield, 2009) had many limitations, and a vague methodological positioning which meant that any findings were partial and presented in a somewhat binary way. The conclusions I drew as to how humour was used by either the therapist or the person attending therapy meant that I

10 One art therapist, two music therapists and one play therapist.
missed much of the in-between relational aspects of humour in favour of a functional and individually located view which, looking back, seems unhelpfully narrow. Nevertheless, the observation of humour as a discrete aspect in music therapy practice felt an important contribution at the time.

Amir's (2005) study, however, offers a comprehensive grounding of what humour is and what it does in music therapy practice. Amir identified 11 music therapists who she knew used humour in their work and invited them to submit video excerpts of moments of humour in their practice. These excerpts informed subsequent interviews with the music therapists and using a grounded theory methodology, Amir (2005) went on to explicate several themes that invited discussion around the place, form, and function of humour in music therapy. In its scope her study was wide-ranging, and the findings reflect this.

Importantly, in relation to this thesis, Amir (2005) observes how improvisational music and humour share similar dynamic elements. She also surfaces some of the dilemmas involved in using humour in music therapy from the music therapists' point of view. For example, Amir repeatedly highlights the degree of risk for music therapists in engaging with a culturally - and/or relationally - specific phenomenon. Yet, although she touches on the fact that a shared culture or shared musical background can support humour, overall she emphasises a relational perspective much less and focuses more on an ontological exploration of the status of humour and its relation to improvisation in music therapy.

The voices of persons working with the 11 music therapists Amir (2005) interviewed do not feature in her study, and so the research is primarily from the music therapists' perspective with discussion based around humour as something music therapists do, or an experience in which they engage. From this position, Amir draws out the correspondence between musical improvisation and spontaneous humour and within this, she described the main musical gestures that engendered humour as “exaggeration, clumsiness and incongruity” (Amir, 2005, p. 17).

Noticing that shared music-making provided infinite possibilities for the emergence of humour, the main themes for discussion that Amir (2005) drew from her study underline the complexity, multi-dimensional and situated nature of humour in music therapy:
- Various kinds, types, gestures and shapes of musical humour
- Humour in improvised songs
- The question of interpretation – how do we interpret musical gestures as humorous?
- Conditions for understanding humorous musical gestures
- Meanings of musical humour in improvisational music therapy
- Constructive functions of humorous musical interventions
- Destructive use of humour in musical interventions (pp. 8-19)

Alongside descriptions of the form of humour, with these themes Amir (2005) outlines the functions of humour and questions what humour can mean and how it can be shared and understood. These three areas are highlighted here through grouping Amir’s themes under the headings of descriptions, meanings, and consequences of humour in music therapy (figure 2). In my view, this reveals a narrative and dimensional arc to the experience of humour relevant to therapeutic relationships and enables comparison with wider references to humour in music therapy.

**Figure 2: Categorisation of Amir’s themes**

<table>
<thead>
<tr>
<th>Descriptions</th>
<th>Meanings</th>
<th>Consequences</th>
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<tbody>
<tr>
<td>Various kinds, types, gestures and shapes of musical humour</td>
<td>How do we interpret musical gestures as humorous?</td>
<td>Constructive functions of humorous musical interventions</td>
</tr>
<tr>
<td>Humour in improvised songs</td>
<td>Conditions for understanding humorous musical gestures</td>
<td>Destructive use of humour in musical interventions</td>
</tr>
<tr>
<td></td>
<td>Meanings of musical humour in improvisational music therapy</td>
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</table>

Amir’s (2005) thematic explication is far-reaching and begins from a different perspective to my own, though she does refer to psychodynamic theory at times (for example, listing avoidance and resistance as key destructive uses of humour). Her focus on the consequences of humour were echoed in my previous study (Haire & Oldfield, 2009) where I found the principal uses of humour to be “extending concentration, amusement, addressing issues of control, obstruction, diversion/diffusion, defence, ‘ice breaker’, avoidance, encouraging socialising, attention-seeking, instilling hope” (p.32/33).
2.10 Themes from wider music therapy literature

Alongside these two articles (Amir, 2005; Haire & Oldfield, 2009), the word humour was mentioned in 130 articles which comprised a diverse selection of empirical and theoretical studies, heterogeneous research designs, varied epistemological stances and wholly diverse music therapy contexts and client groups.

For the purposes of this doctoral study, I categorised the 130 articles depending on specific usage of the word humour (Robson & McCartan, 2016). For example, if an author used the word humour once and it did not have theoretical or practical importance in relation to the study, I categorised this differently to a reference which considered humour an important element of an investigation, the music therapy process or theoretical stance detailed in the article.

I then re-evaluated the citations of humour in each article and logged more detailed information about the nature of the reference, such as specific context, type of study, epistemological stance, music therapy approach and client group. These results were collated, and from this process, connections began to appear and basic interlinking themes surfaced. The themes included; a sense of humour, relating through humour, humour and ambiguity, humour and playfulness, humour and status, humour and empowerment, humour and improvisation and using humour in music therapy and are explicated shortly. Some studies corresponded with several of these themes.

Overall, I found that music therapists most frequently referred to the consequences of humour; they appeared most interested in what humour does in music therapy practice which aligns with my previous findings (Haire, 2008). References to humour were primarily made in the form of constructive therapeutic consequences and I noticed that destructive therapeutic consequences were infrequently cited which aligns with my findings so far in reviewing the wider literature. In general, if humour was mentioned, it was precisely because it had had a positive effect, or it was being used as a positively descriptive adjective. In the two direct references to humour as having destructive therapeutic consequences (Casey, 2017; Cohen, 2014), both authors were discussing humour outside music therapy sessions (e.g., ageist jokes) and they also acknowledged positive aspects of humour in relationships.
I will now explicate the themes found and following this, discuss these in relation to Amir’s work and the literature already explored from fields related to music therapy.

2.10.1 A sense of humour

The assumption that humour, or a sense of humour as a personal characteristic, was not only a sign of wellbeing but also enabled healthy social interactions was widespread (Bright, 2010; Christenbury, 2017; Cobbett, 2016; Dennis & Rickson, 2014; Dwyer, 2007; Finch et al., 2016; Forsblom & Ala-Ruona, 2012; Frank, 2005; Hitchen et al., 2010; Melhuish, 2013; Mitchell, 2017; Pavlicevic, 2001; Potvin et al., 2018; Ridder et al., 2014; Roberts, 2006; Rowland & Read, 2011). Marcela Lichtensztejn et al. (2014) went as far as to document a client’s responses to humour in music therapy to aid formal assessments of cognitive capacity and Monika Geretsegger et al., (2015) also identified humour as being important in ascertaining the level of participation when working with a child in music therapy.

Interestingly, Lori Gooding (2016) and David Stewart (2000) underlined the importance of a sense of humour for music therapists in their professional lives. Not only was it observed as one of many essential “career-sustaining strategies” (Gooding, 2016, p. 5), but humour was also noted as a positive personal characteristic when seeking to collaborate with other professionals or create new music therapy work (Stewart, 2000). The reasons behind humour being cited as important in this regard – for example, increased flexibility, creativity, perspective and resilience, not to mention the significance of relational connections in professional progress – were only addressed briefly.

Music therapy group members cited humour as being a positive aspect of their sessions in James Gardiner and Javan Horwitz’s (2015) study and in Randi Rolvsjord’s (2015) study, the persons she worked with emphasised a sense of humour as being an important commonality between them. Rolvsjord’s (2015) findings are explored further under humour and empowerment.
2.10.2 Relating through humour

Humour was also referred to as an integral part of therapeutic and relational work; its presence an implicit sign of trust, and several music therapists mentioned the existence of humour as indicating a constructive development in the music therapy relationship (Aigen, 2013a; Ansdell, 2002; Baker et al., 2012; Bower & Shoemark, 2009; Cobbett, 2009; Hara, 2011; Holck, 2004a; 2004b; Jackson, 2015; Jones, 2012; Margetts et al., 2013; Oldfield & Bunce, 2001; Rolvsjord, 2015; Silverman, 2014; Stensaeth & Trondalen, 2012; Tervo, 2005; Trondalen, 2001). However, as Michael Silverman (2014) noted, even though humour clearly appeared to help build rapport between client and therapists there have not been any empirical studies to corroborate or explore this further.

2.10.3 Resilience through humour

There were several citations of humour as a positive coping method, or an inner resource that persons used in dealing with difficult emotional experiences (Cobbett, 2016; Gooding et al., 2016; Hogan, 1999; McNab, 2010; Potvin, 2015; Steele, 2005; Yinger, 2016). For example, drawing on Freud’s thinking, music therapist Mary Priestley (1994) underlined:

Humour is a defence against anxiety, anger and depression, which is very much part of normal British life and often used in conjunction with fantasies…. The relaxing factor of laughter, like improvising music with its gentle physical release of tension, can sometimes enable the person to face the un-faceable after its expression (p.180).

Holly Hitchen at al. (2010) also implied that a “residual sense of humour” (p. 72) retained by a patient with an acquired brain injury had a positive restorative effect. This would appear to draw on the notion that a sense of humour is a fundamental characteristic and emphasizes the fact that, in this case, a sense of humour had remained intact despite injury and could be used to aid rehabilitation.

2.10.4 Humour and ambiguity

The importance of shared cultural knowledge as being key in sharing humour was documented by Amir (2005), and I also touched on this in my previous study (Haire & Oldfield, 2009). The possible ambiguity in humour was expanded on by Michael Viega (2016b), Amy Thomas and Fiona Tsz Ying Sham (2014), along with Felicity Baker and
Denise Grocke (2009). Viega (2016b), for example, used a quotation from artist Ice Cube: “Rap is really funny, man. But if you don’t see that it’s funny, it will scare the shit out of you” (Chang, 2005, p. 331 cited in Viega, 2016b, p. 142). Through his own humour, Ice Cube reveals the accepted (and intentional?) ambiguity in rap. He calls for listeners’ attention to what he perceives as the intrinsic humour in the genre. Yet, perhaps also excluding (by making fun of) those who take rap too seriously.

Thomas and Sham (2014) and Baker and Grocke (2009) drew attention to the localised nature of humour and highlighted how different cultural backgrounds or values can affect the understanding of, and therefore sharing of humour. In their studies, both sets of authors focused more on verbal humour and did not expand on cultural specificity in reference to musical humour. Thomas and Sham (2014) highlighted how isolating it can be when one does not understand the humour of a particular culture.

2.10.5 Humour and playfulness

In several articles I reviewed, humour was directly linked with playfulness and fun and was referred to in music-making with people across the lifespan (Aasgaard, 2000; Jones, 2012; Loombe, 2017; Margetts et al., 2013; Melhuish, 2013; Oldfield & Bunce, 2001; Trondalen, 2001). Some of these authors also explored how humour could be used to share control, to playfully challenge (Guerrero et al., 2014), and address issues of dominance in sessions. Dawn Loombe (2017) especially, highlighted the use of humour by one child she was working with as a means of testing boundaries and furthering individual agency, and she also referred to humour as a way for music therapists to challenge boundaries and playfully address issues of control with children.

2.10.6 Humour and empowerment

Humour as an empowering experience, which was perceived to lead to autonomy and agency for someone engaging in music therapy was discussed infrequently, yet when mentioned it was described as a vitally important part of the work (Aasgaard, 2000; Loombe, 2017; Rolvsjord, 2015; Street, 2012). Trygve Aasgaard (2000) detailed how composing songs with critically ill children enabled the child to take control of her situation.
and this led to changed perceptions of illness as identity both for the child and for the staff working with her.

Social equity in relation to humour between therapist and client did not emerge as a strong theme from the literature search. That said, Rolvsjord (2015) drew attention to how clients “nurtured commonalities” (p. 308) between themselves and the therapist. Her research highlighted joking and teasing as one way that clients took the initiative in music therapy and fostered individual agency. This was shown in interviews during the research project where clients often used humour in exchanges with the therapist:

> In some of the videotaped sessions, clients made jokes, humorous comments or self-ironic comments or they teased the therapist, often leading to a burst of laughter amidst the session. For example, in the middle of her session, F teases her therapist by commenting in a moment of quietness: ‘thinking hard now, are you ... hehe?’ (Rolvsjord, 2015, pp. 304-5).

The same person went on to identify a shared sense of humour between she and her therapist as important in creating a certain kind of atmosphere:

> F: I think both of us have the same sense of humor. She/he teases me in several ways, but I am a bit rowdy. I like to tease. Not in a wicked way. I feel that it is underlining the relaxed atmosphere that we have ... that I don’t have this ... therapist-patient relationship that you get otherwise (Rolvsjord, 2015, p. 308).

In F’s statement, there appears care for her therapist along with an acknowledgment of her knowing use of humour. F seems to implicitly recognise the sense of trust that has been established through sharing humour that can enable a pushing of relational or personal boundaries.

Cathy Durham (2002) also considered humour as a dynamically interactive element of music therapy work and highlighted its emergence in direct relation to social equity in the therapeutic relationship. She drew attention to the feelings of relief that arose in a music therapy group and the fact that humour changed perspectives in relation to illness and identity:

> Sean played the demo button on the keyboard and suddenly in the middle of a very minimal and disjointed improvisation a rich funky Latin-American dance was synthesized. The absurdity of this man transforming our simple group music into one of sexy sophistication seemed shocking but hilarious. We laughed because of relief from the painful process of making tiny sounds, but also because of our
own perceptions of Sean’s disabilities. I suspect Sean laughed because he had so powerfully challenged the environment. It seemed as if there had been a brief respite from the gulf between therapists and group members. For the rest of the session Sean continued to search for the demo button (pp. 112-113).

Durham’s (2002) description of the facility of humour here brings to life a specific and recognisable kind of music therapy situation. The forcefulness with which Sean’s pre-recorded demo disrupted the sparse and vulnerable sounds of the group both released feelings of relief and positioned him as the disrupter; an identity which challenged perceptions of his capabilities and agency. Durham’s experience resonates with Sinason’s (1992) work cited earlier.

Colin Cameron (2014), one of a few other authors who highlighted the use of humour by the person he was working with, albeit outside music therapy, cited humour as a significant empowering process in direct relation to social equity, disability rights and identity. In his exploration of whether music therapy has anything to learn from disability rights Cameron (2014) describes how Clark (the person he was working with), uses humour in “assertive, affirming and challenging” ways (Disability Arts, para. 4), framing Clark’s use of comedy as a deliberate challenge to disabling experiences in encounters with what Cameron (2014) calls, after Michael Oliver (2009), an ideology of normality.

2.10.7 Humour and status

As mentioned, turning social roles upside down in interactions is a basic comedic element (Johnstone, 1989). Experimenting with role reversal and concepts of power can often lead to humour, laughter and cathartic release in a benign way, as Loombe (2017) underlined. Lars Tuastad and Brynjulf Stige (2015) observed “subtle humour” (p. 262) as a connecting resource clearly used by participants in a research project to unite the group in relation to the co-researcher interviewing them. Tuastad and Stige (2015) drew links between the group’s experience of being interviewed and how they made music together and they identified the social processes of humour and music-making as being similar. They did not go into depth however, about what subtle humour in the group music-making might sound like.
Although issues of status, and assumptions around fixed or accepted roles and personhood in music therapy, ran implicitly through many of the references to humour found in music therapy articles, these were generally not made explicit. In one study, however, Naomi Brockenshire et al., (2017) drew attention to the purposefully adopted low status of the clown as being key in enabling intimate and human connections between people in hospitals, settings that traditionally function within a strict hierarchical system.

As already mentioned, the voices of clients, patients or persons in music therapy were largely absent in discussions around humour. Of the articles searched, I only found three in which humour was documented as being referred to by clients or patients (Gardiner & Horwitz, 2015; Powell, 2006; Rolvsjord, 2015). Two of these, Gardiner and Horwitz (2015) and Rolvsjord (2015), have been mentioned previously in this chapter in relation to other themes, yet in Harriet Powell’s (2006) study, an elderly client commented that: “Music is universal like humour. You need humour in this world” (p. 112).

2.10.8 Humour and improvisation

Dorit Amir and Ehud Bodner (2013) noted that students on a music therapy course frequently commented on the presence of humour in their group improvisations as an indication of flexibility, creativity and depth-of-experience. Besides Amir (2005), however, the form of humour was not explored directly in relation to improvisation.

For Amir (2005), improvised musical gestures incorporated: “dynamic interruptions, eccentric or unusual rhythms/rhythmic developments, unexpected wrong notes, unprepared dissonances, awkward intervals, inexplicable harmonizations, accelerando and glissandi” (p. 8). Some music therapists went into more detail about how humour appeared musically. Mark Finch et al. (2016) for example, highlighted the sound effects on a keyboard “dog barking, helicopters and bubbles” (Introduction, para. 4), as having humorous potential, and Robin Rio (2005) referred to the spontaneous verbal, musical or gestural expression of humor and joy from people engaging in music therapy. Both these examples have resonance with previous illustrations of humorous improvisation and could be said to reinforce some universal aspects that lead to humour, for example, using
“comedy instruments” (Haire & Oldfield, 2009, p. 32) or frustrating expectations of familiar musical patterns or melodies which leads to incongruity (Holck, 2002; 2004a; 2004b).

Amelia Oldfield et al. (2012), Susanne Metzner (2005) and Geretsegger et al., (2015) did link humour to similar elements in improvisation. Oldfield et al. (2012) observed that humour in improvised musical games was a safe, indirect and unchallenging way of exploring difficult social dynamics within families, which in turn led to more balanced healthy relationships developing. In addition, Ulla Holck (2004a) described how through joint interactions in music therapy, a shared history is built up between a music therapist and a child which leads to expectations regarding future interactions:

These expectations can have to do with actions or music at a purely functional level, or they can also be at an intersubjective level. Expectations make it possible to recognise a departure from the expected [emphasis added], and thus the child will recognise humour, building of intensity, surprise, teasing, frustration, or aversion, depending on his/her intersubjective development (p. 8).

This shared cultivation of interactional patterns would seem to be key in enabling a common understanding and therefore increasing possibilities for humour to arise when this pattern was disrupted or changed in some way.

2.10.9 Using humour as a technique

Choosing to disrupt a shared interaction through humour might be thought of as using humour. Some music therapists, in addition to Amir (2005), referred to the use of humour as a specific technique in music therapy (Holck, 2004b; Sevcik et al., 2017; Silverman, 2014). In doing this, most therapists referred to using verbal humour rather than musical humour. However, Holck (2004b) observed how music therapists could subtly vary their musical imitations easily during relational interactions to frustrate a child’s expectation and engender humour.

Jane Edwards and Jeanette Kennelly (2004) in particular, identified humour as a distinct category when classifying different techniques used in music therapy with children in a neurorehabilitation setting. Edwards and Kennelly (2004) found that: “Humour and fun were used to facilitate many techniques for successful accomplishment or session flow or staying on track” (p. 122), as opposed to, for example, any cathartic effects or expressive
release in music therapy. Their study also showed how humour, amongst other things, “seemed to reflect but also facilitate closeness in the session” (Edwards & Kennelly, 2004, p. 123). Edwards and Kennelly did not go into more depth about what this might mean in relation to any effects of a deepening therapeutic relationship, however, they did observe that: “These elements of humour and fun seemed to make a therapy session a nice place to be in spite of the situation that the patients were working hard and were consistently required to contribute, respond and interact” (Edwards & Kennelly, 2004, p. 123).

Like previous studies mentioned, it is notable that the examples of humour Edwards and Kennelly (2004) cite, are focused on verbal interactions, and they categorised humour by who initiates it: “Therapist to patient, patient to therapist, therapist to self” (p. 119). Following this: “Sometimes the humour was directed toward the child or was a funny comment made by one of the adults that only the adults might understand” (Edwards & Kennelly, 2004, p. 122). This could imply, as Tuastad and Stige (2015) showed, that humour might be used subtly as a way of strengthening bonds, promoting rapport (Maratos, 2004; Silverman, 2014), creating and uniting a group and/or communicating certain information between one person/group, which another person/group, might not understand.

2.11 Discussion

Humour in music therapy is not a new topic. However, through reviewing the literature available, I have found that thinking around humour in the field has not been significantly advanced beyond early references to humour in music therapy (Amir, 2005; Priestley, 1994; Ritholz & Turry, 1994). This stasis is reflected in literature outside music therapy. As Kathleen Adamle and Ruth Ludwick (2005) highlight, humour is considered one of the most prevalent forms of social behaviour, yet it is reportedly the least understood. All in all, humour as a “nicely impossible object” (Critchley, 2002, p. 2) for study, is ineffable, flighty, and fascinating.

Despite the two articles I found that focused exclusively on humour in music therapy, a lack of investigation into reciprocal experiences involving humour and how this is played out through improvisation was identified. An overreliance on music therapists’ voice in this
contributes to a sense of the lack of reciprocity and this is endorsed from outside the field with ableist assumptions of intellectual capabilities when conceptualising, discussing and investigating humour (Kontos et al., 2017; McCreadie & Wiggins, 2008; Sinason, 1992).

My own study (Haire, 2008; Haire & Oldfield, 2009) revealed transformative possibilities through sharing humour that offered experiences of different ways of being, and Amir’s (2005) comprehensive investigation provides invaluable foundations for foregrounding musical improvisation as an intrinsic element of humour while also deepening understanding of the phenomenon in terms of the descriptions, meanings and the consequences; what I have described as the narrative arc of experiences of humour in music therapy.

The consequences of humour in music therapy, as I have shown through this literature review, appear to be of most interest to music therapists. Its perceived facility to enable connections, build rapport and develop relationships was most frequently cited as highly important, even with no substantial grounding. In addition, the varied subjective descriptions of what humour is, largely centred round verbal interactions rather than in-depth analysis or consideration of how humour manifested musically in music therapy. Lastly, references to the perceptions, meanings or interpretations of humour were also scant, and/or largely assumed. Wider interconnecting themes were surfaced from passing references to humour, which have been explicated.

It is commonly assumed that everyone has a sense of humour. In this respect, having a sense of humour can be considered a vital human quality, a relatively stable expression of personality, which emerges early in life (Bollas, 1995; Trevarthen, 1997) and is also considered a measure of sociability (Billig, 2005). The use of humour can contribute to shared relational experiences. It can, for example, bring playfulness into interactions and be a sign of resilience, offering empowerment in terms of individual agency, control and choice. However, when the interaction is not grounded in shared cultural knowledge and experience, what Critchley (2002) refers to as “insider-knowledge” (p. 67), possibilities exist for humour to be experienced malignly, and provoke feelings of being attacked, teased, silenced, avoided or mocked by people seemingly in more powerful or superior positions.
In music therapy, turning expected social roles upside down in interactions can be experienced as humorous, and experimenting with perceptions of power and status can often lead to humour, laughter, cathartic release and connection (Johnstone, 1989). However, if insider-knowledge does not exist, relational experiences through humour could be contrasting and extreme, in turn connectively intimate or isolating. If humour is misplaced or misconstrued it can in fact be psychologically harmful as Sinason has observed (1992). The ambiguity inherent in humour therefore carries a risk in therapeutic relationships and could lead to a possible controversy around humour in music therapy. However, as Billig (2005) sets out, risk - a flight of fancy - is also a necessary element in engendering spontaneous humour… and there is an element of risk in improvising too.

Amir (2005) understands improvisation as an integral part of humour. As she has documented, moments of spontaneous humour can arise directly from the freedom that is intrinsic to musical improvisation. The fact that improvisation can be imbued with relational meaning means that both improvisation and humour have the potential to enhance shared experiences within a therapeutic relationship. Improvising in music therapy could be said to offer the chance to create a shared language or means of being together which, over time, engenders a shared history and relationship. Humour, I would suggest, can both facilitate this shared insider knowledge, and occur as a result.

With a relational psychodynamic approach to music therapy, this study centres around how humour involves intersubjective experiences in music therapy. Mercedes Pavlicevic (1997) has built on Stern’s (1977, 2004, 2006) ideas of forms of vitality, vitality affects and the dynamic arc of a “moment of meeting” (Stern, 2004, p. 151), in understanding interactions through music and sound within an interpersonal sphere. For Pavlicevic (1997), “these dynamic forms of feeling exist as abstract functional entities in the mind and are signaled through the qualities of our expressive acts” (p. 121). Importantly, the concept of dynamic form highlights the a-modal or cross-modal articulation of forms of feeling, and this, coupled with Malloch and Trevarthen’s (2010) concept of communicative musicality, emphasises the inherent and embodied playful musicality initiated in early interactions. That said, as Kontos et al., (2017) point out, humour alone does not define reciprocal play; “playfulness and humour are not the same thing: the former encompasses the latter” (p. 59).
Engaging in humour in a music therapy context tends to be a shared playful experience which is often spontaneous or unexpected and in this way bears resemblance to musical improvisation (Amir, 2005). As a dynamic form therefore, humour appears inherently relational, is closely linked to musical play, improvisation and creativity, and could be considered as a verbal and non-verbal experience. However, the multi-faceted and subjective nature of humour along with its relational complexity make it infinitely complicated to capture, investigate and interpret meaningfully (McCreaddie & Payne, 2012).

The notion of using humour as a therapeutic technique in music therapy can be contrasted by the idea of being open to humour emerging spontaneously in music therapy. With this in mind, it is easy to understand why empirical studies exploring spontaneous humour, especially in healthcare settings are less prevalent than those focusing on “rehearsed humour” (McCreaddie & Payne, 2012, p. 333). The complexity McCreaddie and Payne (2012) highlight is expounded when considering humour in therapeutic relational work in healthcare settings, and further dimensions are added when contemplating musical and other non-verbal communications in a music therapy relationship. Nevertheless, Kontos et al., (2017) have outlined the combination of improvisation, empathy and humour in the multi-modal work of elder-clowns as being key in facilitating “relational presence” (p. 46), a concept which is constructive in understanding more about the experience of humour in music therapy.

2.12 Chapter summary

In this chapter, I have presented an overview of literature around humour in differing but related fields along with emergent themes from the available literature exploring humour in music therapy. This review was limited to accessible publications in the English language and two studies devoted to humour in music therapy were identified. Added to this, humour was referred to, in passing, in 130 music therapy articles searched, comprising empirical and theoretical studies, heterogeneous research designs and varied epistemological stances. As references to humour came overwhelmingly from music therapists’ point of view there is little documented about the experiences and views of persons attending music therapy.
I have surfaced the ubiquity of humour in music therapy yet highlighted that it is under-researched. Through an exploration of the literature relating to humour in music therapy, alongside references to humour in other fields, I have shown that there is a case for a more sophisticated understanding of experiences of humour in music therapy practice. Using humour and engaging with it is frequently cited as fundamental to social interaction with others. However, an embodied and relational understanding of humour has not been fully explored in music therapy. Whilst clear links between humour, music and improvisation have emerged, findings indicate space for a more in-depth and nuanced understanding of the experience of humour in music therapy as a jointly created phenomenon.

This literature review has informed the direction of this study, in which I am focusing on the reciprocal nature of humour and how humour is embodied and played out spontaneously in music therapy. The working aims for the study are outlined in the following chapter in which I set out the pilot phase.
Chapter 3: The Pilot Study

As this study has emerged from my previous experiences of humour in music therapy practice, I began from the position that there can be constructive relational benefit through humour. In looking to explore in depth how humour enables relational connection in music therapy, following a review of relevant literature, I identified a need to move beyond music therapists’ observations of dynamic interactions involving humour and focus more on the experiences of persons in music therapy.

In this chapter I set out the pilot phase of the study. The main purpose in carrying out a pilot study was to explore how to document or capture and make sense of relational experiences of humour. Therefore, while neatly presented here, this phase of the study was openly explorative and there are notable inconsistencies as I came to recognise exactly what I was looking for and how this might be possible.

After describing my approach to music therapy, I detail the rationale behind the pilot study in more depth. I then present the interview method used and findings from three different but complimentary analyses. In my discussion, I use the pilot process overall to inform dialogues around methodology and methods for the main study and to arrive at two guiding research questions.

3.1 Relational music therapy

My approach to music therapy has developed through work with different persons across the lifespan in diverse settings. As mentioned in chapter 1, my music therapy practice is informed by relational psychodynamic theory, after Trondalen’s (2016) work, and aligns with a broadly humanistic ethos. Music therapy, Trondalen (2016) writes: “offers relational experiences through music” (p. 29). Trondalen’s approach builds on developmental frames of reference along with relational psychotherapeutic theory (Benjamin, 2018; Kuchuck, 2021; Stern, 2004; 2006). Following this, the embodied musicality of early exchanges is considered central in reciprocal and intersubjective experiences in therapeutic relationships.
Trondalen (2016) refers to intersubjectivity as fostering “an interpersonal, mutually created and shared world of meaning” (p. 12). For Stern (2004), the shared co-creation of meaning happens implicitly, so it does not need to be verbalized. This co-creation involves knowing bodies (Malloch & Trevarthen, 2018, p. 2) which – in a therapeutic relationship – can expand dimensions of knowing and exchange. Understanding the body as a communicative form of consciousness (Merleau-Ponty, 1945/2012) is important theoretically, and methodologically, in relation to this study with persons who largely communicate beyond words.

In music therapy, relationships are often built between persons without reliance only on words. Pavlicevic (1997; 2000) used the term “dynamic form” to describe the gestalt of multimodal affective and interactional improvised expressions between persons in music therapy, and although there now exist many differing approaches to music therapy, her description is useful in the context of this study. Drawing on Even Ruud’s (1998) work, Pavlicevic (2000) goes on to outline:

The therapeutic aspect of music therapy improvisation is that authenticity of the two persons - therapist and client - being in music with, and in relation to, one another. Or to put this another way, the aesthetic is the presence of the persons in the act (p.281).

As Trondalen (2019) amongst others, points out, the so-called relational turn in psychotherapy marks a shift “from a one-person (‘monadic’) to a two-person (‘dialogic’) model of human development” (p. 3) in which Freud’s individualistic drives are no longer central theoretically. Further, a relational perspective offers a paradigm rather than one theoretical position (Kuchuck, 2021; Trondalen, 2016) and for me, this paradigm begins from a point of multiplicity and equality within a therapeutic relationship which aligns with Person-centred Practice (McCormack & McCance, 2017).

3.2 Clinical data-mining

Delimiting humour in music therapy is, of course, dependent on individual persons, their therapeutic relationship and the context in which they interact. Nevertheless, instances of humour in music therapy have generally been understood thus far through exposition of dynamic musical qualities (Amir, 2005) and there are clear precedents for playful verbal, non-

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1 For a detailed overview of intersubjectivity and music therapy see Trondalen (2016, p. 11-17).
verbal, gestural and musical forms of humour in music therapy work as I have explored
previously in this study (Haire, 2008; Holck, 2004a; 2004b; 2019; Pavlicevic, 1997).

As a starting point for studying the experience of humour in music therapy I engaged in a
process of re-visiting my recent music therapy work, watching excerpts of video recordings2,
and re-reading reflective notes from music therapy sessions. This process could be termed
“clinical3 data-mining” (Epstein & Blumenfeld, 2001), which involves “the metaphorical mine of
information contained in therapists’ routinely kept records” (O’Callaghan, 2009, p.16) and this
process enabled me to think into what I meant by humour in music therapy.

The following example is a personal reflection (in contrast to process or progress notes
commonly made following music therapy sessions) from a weekly open music therapy group
on a hospital ward for persons living with dementia and functional mental health problems.
The group was taking place in the large dining area where there was a piano and a selection
of instruments. I was the music therapist and there were around 7-10 persons, including
Mary, involved in the group sitting in a rough semi-circle fanning out from the piano:

I was playing the piano (kind of boogie-jazz) and the mood seemed high in the
group. Mary was sitting watching (on the other side of the room from the piano),
looking into the middle distance. She appeared distant and it was difficult to tell
how aware she was of what was going on in the group. As I was playing, my
trousers had ridden up and bunched uncomfortably around my knees. While I
continued playing, I stood up and jiggled my legs to make the trousers go down
again. Mary burst out laughing! This was completely unexpected. The event
appeared to shake her out of her pensive state and bring her into the room. It had
transformed Mary’s presentation and her mood. A few seconds later, I tried jigging
my legs again to see if it would have the same effect, but it did not bring the same
response. It was less spontaneous the second time. Yet, for the rest of the group
Mary was present and actively involved. It seemed like she had somehow been
“presented” by the event.

Along with surfacing other such examples of humour in my work, the process of clinical data-
mining enabled in-depth consideration of on-going music therapy with a gentleman named
Don, which subsequently developed into the pilot study.

2 I re-visited videos of music therapy work for those persons that had given consent.
3 I tend not to use the term “clinical” when describing my music therapy work as it resonates strongly
with a medical model. However, I borrow this term here for clarity to indicate the process of re-viewing
my previous music therapy work.
3.3 “How can you have music therapy without humour?”

Don was initially referred to music therapy after having been involved in a road traffic accident which resulted in a catastrophic brain injury. Following the accident, music therapy was the only context in hospital where Don responded. I worked with Don twice weekly from 2014 – 2017, and once weekly from 2017 – 2019. Humour was a fundamental aspect of the music therapy work and in fact the music therapy work with Don was a strong catalyst for the topic of this study. The pilot study involved an open-ended interview meeting with Don and his wife Barbara. At the time of the interview, I was still working with Don.

In our work over the years humour had become a central communication between us. It was a way that we interacted and a way that we played together; a way that I felt we connected. It appeared that humour – in both verbal and musical forms – was one way that we improvised together. In spontaneous humorous interactions, I generally noticed a strong sense of Don’s presence. When arranging the pilot interview, Barbara’s response to my invitation to speak about humour together as part of this pilot phase summed up how I experienced our music therapy work: “Of course! How can you have music therapy without humour!” The incredulity with which she spoke led to a shared moment of laughter at the time, and her response validated my own experiences as a music therapist with Don. Barbara’s comment also prompted thoughts about the ubiquity of humour and the potential difficulty in isolating it from other modes of interaction such as sound, play, gesture and improvisation in music therapy.

There have been several studies exploring humour with persons living with an acquired brain injury, yet the empirical focus has been solely on the behavioural effects of humour (Docking et al., 2000; Keegan et al., 2021; Shammi & Stuss, 1999). As far as I am aware there were no studies exploring relational experiences or the relational effects of humour with persons living with an acquired brain injury, though Louise Keegan et al., (2021) did observe how the use of humour revealed a strength in social engagement for adolescents who had experienced a traumatic brain injury.
3.4 Design

The process of the pilot study is illustrated in figure 3. See appendices 2-5 for the completed ethics form and amended ethics approval incorporating the pilot phase, the pilot information sheet and consent form.

Figure 3: Pilot process

Clinical data-mining
Don: 67-year-old adult male living with an acquired brain injury (ABI) and spouse Barbara

Written informed consent for PhD pilot project from Don and Barbara

Yes

Not followed up for project. Music therapy still continues

Researcher-music therapist identify moments of humour from previous sessions

Interview
- View identified moments of humour with Don and Barbara in unstructured interview
- Video-record the interview
- Keep reflective journal
- Re-visit notes from relevant sessions

Reflexive analysis (Finlay, 2011; Van Manen, 2016)

Thematic analysis (Braun and Clarke, 2006; 2013)

Arts-based reflexivity (Bergstrøm-Nielson, 2010; Gerge et al., 2017; Schenstead, 2012)

- Findings
- Discussion
- Developing research questions
- Methodological direction and main study design
The pilot interview was based on a modified version of Stephen Henry and Michael Fetters (2012) video elicitation interviews method (Flower, 2019; Rolvsjord, 2015), using edited video excerpts of three moments of humour from past sessions of music therapy work with Don. As Henry and Fetters (2012) describe:

Video elicitation interviews are most useful for investigating social or interactional components of (in this case) physician-patient interactions that cannot be adequately understood by either direct observation (e.g., video recordings) or interviews alone (p.121).

I chose to identify moments of humour beforehand to focus the interview specifically on the topic of the experience of humour. In a way, I was conceiving of these video excerpts as catalysts or visual questions about humour on which to base our discussion. However, I was aware that by identifying specific moments of humour myself, I was shaping the scope for inquiry around how moments of humour happened, and this also put me in a position of relative power as both the researcher and music therapist.

Although using video extracts to illustrate processes is considered usual practice for a music therapist (Oldfield, 2006a; 2006b; Thompson, 2019), and common as a reflective tool, as a researcher, I was anxious as to how my choices would influence discussions around humour. Nevertheless, as I had a good working relationship with Don and Barbara, and historically we had often viewed videos together as part of the work, I was confident that this method of stimulating discussion around humour would facilitate interesting and open discussion. Nevertheless, I reflected on my own potential bias and also thought carefully with my music therapy supervisor about the impact this process may have on the ongoing therapeutic process with Don.

Henry and Fetters (2012) highlight similar issues when using video elicitation in interviews:

Considerable time and money might be saved by interviewing participants about only those segments of the video recording that are relevant to the research question. An overly narrow focus, however, might miss important contextual information by relying on researchers (rather than participants) to identify segments of interest (p. 121).

My intention in filming the interview was to capture in-the-moment responses to the video excerpts and focus on the embodied relational dynamics (Finlay & Evans, 2009). I felt this
would add to understanding into how humour was experienced relationally. I chose three video excerpts from different stages of the work with Don:

Clip 1 (2014): Playing the drum and ukulele
Clip 2 (2016): Playing the xylophone together
Clip 3 (2017): Playing the recorder and violin

I purposively intended to offer contrasting examples of humour in this work and planned to introduce the excerpts chronologically. I was conscious that, in doing this, I was also focusing on a music therapy process, which in turn could influence the narrative thread around humour in the interview and again I was open about this with Don and Barbara.

I drew heavily from Stern’s (2004) conceptualisation of a “moment of meeting” (p. 151) in a therapeutic context and the three widely held (and contested4) theories of humour: incongruity, superiority and relief (Morreall, 2016; Critchley, 2002) as a theoretical frame for isolating moments of humour. I felt strongly that the temporal arc of a moment of meeting as outlined by Stern (2004) bore resemblance to how humour is experienced (Armisen, 2014; Haire, 2008) however little has been documented about this process in music therapy (Amir, 2005; Haire & MacDonald, 2019), so this notion was largely based on my own practical experience.

3.5 Preparation

I envisaged the interview meeting to be as open-ended as possible and therefore, did not prepare questions beforehand in addition to the video excerpts. However, Barbara initiated contact to ask if there was anything they should be thinking about specifically and so in response I outlined the three areas I was considering in relation to humour in music therapy:

- How/why humour has enabled connection and relationship with Don in music therapy

4 See Willet and Willet (2019) for a feminist and intersectional perspective on these theories.
- How/why important humour has been in general for Don
- How/why humour links with improvisation in music therapy or spontaneous interactions (musical or non) inside/outside music therapy

I was not intending to identify specific areas of focus before the interview and lead the discussion in this way, yet it felt important to respond to Barbara’s questions. This served to prepare both Don and Barbara for the interview.

The interview took place relatively soon after Don had been seriously unwell for three months, and it was clear that he was still recovering. As a result of this, Don had almost completely stopped using his voice. This sense of loss was present in the interview-encounter. We all seemed to be aware of how strong Don’s voice had been before his illness and there was implicit knowing in our discussions about how hard it might be for him to begin to work to regain this. Image 1 shows how the interview was set up5.

**Image 1: Pilot interview set-up**

![Pilot interview set-up](image)

3.6 Analyses

In deciding how to make sense of the data from the interview, I wanted to enable in-depth exploration of dynamic experience and any multi-modal communication along with verbal

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5 From left to right, Don (person in music therapy), Barbara (Don’s spouse) and me (researcher-practitioner).
discussion. A phenomenologically informed reflexive analysis as set out by Finlay (2011), seemed to offer rich potential for exploring the interpersonal embodied dynamics of the research interview. This interested me in relation to how humour was perceived and experienced by Barbara and Don and any meaning it held for them.

Following the interview, I listened back to the audio recording and transcribed the full interview following Braun and Clarke’s (2013) method of orthographic transcription (see appendix 6 for a sample of transcription). Subsequently, I made space to dwell with all aspects of the data holding in mind Finlay’s (2011) phenomenological lifeworld-oriented questions, summarised dimensionally as: “Self-identity; embodiment; spatiality; temporality; relationships; project; mood as atmosphere and discourse” (p. 229). This process included embracing an attitude of wonder. From this contemplative stance, I allowed myself to be drawn to moments that I found powerful, intriguing or puzzling (after Finlay, 2011), and isolated these. I sought to explore these moments further, reflecting on my own experience in the moment, and attending to thoughts, associations and sensations while watching the video of the interview back. See appendix 7 for an example of an isolated moment from pilot transcript.

Concurrently, I began the process of coding the transcript, and surfacing themes (Braun & Clarke, 2006) from the interview (see appendix 8 for adapted process and appendix 9 for a sample of initial codes). As I was formulating my reflexive and thematic analysis, coming back to the data a few weeks later, I became more curious about the embodied dynamics in the interview. I had made several notes about the fact that Barbara and I mirrored each other’s gestures, and I was curious as to how this might link with embodied experiences of humour and relational dynamics during the interview. I revisited the transcript and made detailed notes of the gestural communications, but this remained a descriptive guide and did not lead to further discrete themes; however, this did provide a valuable opportunity for further thinking around how we engaged as a trio.

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6 Finlay’s (2011) lifeworld-oriented questions, and their role in this study, are described in more detail in chapter 4.
I then left the data for a period of three months. Having presented several times\textsuperscript{7} about the pilot process during this period, I revisited the themes and the reflective notes I had made. In doing this, I realised that a different perspective might enable more to be gleaned from the data and so I began the process of revisiting previous notes and reflections I had made and documenting these in my research journal (see appendix 10 for a sample of research journals). Immediately after this, I re-watched the video recording of the interview and responded to this by sketching out shapes and highlighting specific words, which seemed important. This led to four distinct parts, or movements, and provided a basis for an improvised musical response. Whilst I had intuitively followed this artistic process, I did not yet know how to describe this or understand its importance.

3.7 Findings

Here, I present the findings from each mode of analysis – reflexive, thematic and arts-based – in turn.

3.7.1 A phenomenologically informed reflexive analysis

Through the process described, I isolated three moments that were particularly intriguing in terms of my general areas of focus on humour in music therapy with Don. Through further reflection, I was led towards common thematic reflections that related to our experiences of humour in the work and our experiences during the interview.


Haire, Nicky (2018, July) Investigating humour in music therapy. [Conference paper]. Reid School of music PGR symposium, Edinburgh, UK.

Haire, Nicky (2018, July) Investigating humour in music therapy. [Conference paper]. Scottish Graduate School for the Arts and Humanities Summer School, Glasgow, UK.

Haire, Nicky (2018, August) Being together in humour and improvisation. [Conference paper]. The 9\textsuperscript{th} Nordic Congress of Music Therapy ‘Come together, body, mind and soul’, Sweden.

Sharing embodied interpersonal dynamics

It seemed to take around ten minutes for the three of us to find our way together and engage as a trio; the interview felt like it began as a series of duo interactions. This interactive beginning encompassed a kind of musicality as we shared communication with each other. It had a dance-like quality as we settled into the discussion and began to understand expectations around the interview.

When watching the video back, I noticed how I involved Don at certain points, as Barbara did too, and I also noticed how I became more attuned to Barbara’s understanding of humour, starting to mirror her gestures more as the interview progressed. There were two moments of embodied meeting where Barbara and I mirrored each other with exact gestures. At one point, we were watching the second video clip which was a short example of a dialogic exchange between Don and me. During the clip, I used a beater to initiate a loud ascending glissando run on the xylophone; Don laughed.

As we watched this, Don chuckled quietly looking at the screen, and Barbara commented, “You didn’t see that coming!” As the clip was so short (45 seconds) Barbara immediately asked Don if we could watch it again. During the second viewing, as the glissando moment recurs, Barbara and I fling out our arms at the same moment as if to illustrate this gesture; absolutely attuned to each other but also re-experiencing it in the moment during the interview (see image 2).

Image 2 Pilot interview example
During another point, it appeared as if we were emphasising or punctuating what we were saying with our hands:

Barbara: There’s very little that you do spontaneously anymore [Barbara looks to Don] it seems to be a fact of life for now (.). Except (.). [Here we meet with almost the same gesture of finger pointing, underlining the words and the feeling]
Nicky: Exactly!
B: (. in this sort of situation
N: I know

These kinds of embodied moments of meeting (Stern, 2004), where relational dynamics also became foregrounded, were more obvious to me when watching back the video of the interview. They seemed to serve to underline shared thoughts and connect us further.

As we began to interact more fluidly during the interview, alongside the embodied moments of meeting (Stern, 2004), this fluidity was also illustrated through humour as Barbara began to recount amusing stories from very soon after Don’s accident. She recalled his responses to humour and what this meant to their family. As Barbara related the story of family members trying to make Don laugh, we became more and more amused in the interview, and a shared vocal crescendo emerged involving us all. Barbara kept speaking and recalling Don’s responses and how important that had felt at the time. Following her story, our laughter continued and then dissipated as she explained how important it was to discover that Don’s humour was still intact after the accident, and how vital humour continues to be for her in managing everyday life:

Barbara: So it was (. so then it became a family project to try to tell you jokes in an absolutely matter of fact reading the news type voice (.))
Nicky: Laughter (. yes (.))
B: And not a glimmer y’know (. and just let the words “do it” and you still laughed (. So we knew then that you were understanding
Nicky: (general laughter))
B: But humour’s been kind of important for my sanity with all of this because (.)
N: Right right right
B: [The crescendo, which has been building while Barbara recalls stories of what she calls the early days starts to dissipate] (. )
B: Realising that you still have your sense of humour and it’s still (.)

---

8 Transcriptions are adapted from Braun & Clarke’s (2013) orthographic transcription system with reflexive descriptions of what is happening in italics.
N: Mmm mmm
B: And it’s still there
N: Mmmm
B: Ehmm (.) and you still enjoy the ridiculous you still enjoy a bit of fun you know (.) which you know is great
N: Yeah yeah yeah
[A pause and we both turn to Don]
N: Are you thinking Don?

There seemed a weight and a sense of sadness in this pause at the end after the laughter, which I recalled holding purposively. I felt that Barbara’s comments needed a bit of space and acknowledgement and I also wanted to invite Don into the conversation. This way of being could be said to emulate an empathic listening stance of the researcher as described by Finlay (2011). When I watched the video back for the first time, I also needed to take a break at this point and allow space.

Intimacy

After we watched clip 2 again in the interview, Barbara asked me: “Could you do this job, if you didn’t have a sense of humour?” Reflecting on this when watching back, it made me feel that we were sharing the research focus and highlighted movement between our music therapy work and the research topic. Her question led to my own reflections on humour in the work with Don, and during the interview I tried to articulate why humour is so important:

Nicky: And it’s so sort of it’s very striking (.) I find it very striking in sessions
[As I speak, I gesture to my heart and stomach area: I appear to be trying to articulate how meaningful humour is but seem unable to do so. I make eye contact with Don, and try again]
N: You’re frowning at me Don but (. ) Yes it’s very (. ) I don’t know exactly how to describe it
[At this point during the interview, I close my eyes and I recall feeling I needed to take space to think about what I am trying to say. I continue…]
N: But the feet are in first (.) it’s a very real communicative thing (.) ehm (. ) [My voice trails away and I turn my head as if embarrassed or frustrated in my lack of words]

My inability to articulate what humour felt like, or what it could mean, appeared conspicuous when watching back. Especially since Barbara had just been recalling how humour has been a constant in their life, vital in Don’s recovery and in coping with such a change of circumstances. At that moment, we both looked to Don and paused. As I
reflected on the feeling of intimacy that humour had facilitated, I wondered how/if music therapists discuss this openly in professional contexts.

Responsibility

The first time we watched the first video clip together in the interview, Barbara acknowledged the clip and then immediately commented that Don’s legs were moving uncontrollably. Barbara: “Your legs are going like the clappers aren’t they? I’d forgotten how persistent it used to be”.

As I watched this back, I recalled how I had felt uncomfortable in the moment and was struck again by this sense. I suddenly felt a sharp awareness of responsibility in inviting Don and Barbara to engage in this project and watch work we had done in the past. Although we had used video before as part of the music therapy work, here I was asking them to comment about what they saw and felt in a new way. And although we were focusing on humour, I was suddenly aware that this clip had drawn attention to memories of a specific stage in Don’s recovery. In remembering – or “re-membering” (re-embodying) as Linda Finlay describes (Finlay, 2011, p.229) – how Don’s legs used to shake uncontrollably for some time after his accident, it seemed in that moment to overtake the focus of humour for Barbara and recall strong feelings. I questioned myself as to whether I was asking too much to invite Barbara and Don to revisit potentially triggering or traumatic memories.

This feeling lessened as we began to talk more about the moments of humour in the clip. However, this sense of responsibility returned later in the interview when we began to discuss how my PhD study meant that I would only see Don once a week, rather than twice. I had expected the interview to incorporate thinking about issues in the music therapy work, and the research, and I had considered the ethical issues around this. However, occupying a practitioner-researcher position I noticed how I felt a keen responsibility for Don and Barbara’s wellbeing and watching back, observed how I was attending to what I perceived as difficult feelings while Barbara spoke, holding pauses for example, and giving space as I would in a music therapy session.
3.7.2 Thematic analysis

In addition to the reflexive analysis, I adapted Braun and Clarke’s (2006) method of thematic analysis and surfaced the following themes. As Braun and Clarke (2006) define: “A theme captures something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set” (p. 82). (See appendix 11 for codes, sub-themes and themes).

Figure 4: Themes from thematic analysis of the pilot study

<table>
<thead>
<tr>
<th>Sense of humour and personhood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relating with others</td>
</tr>
<tr>
<td>Meaningful connection</td>
</tr>
<tr>
<td>Improvisation</td>
</tr>
<tr>
<td>Relational equality</td>
</tr>
<tr>
<td>Loss and resilience</td>
</tr>
</tbody>
</table>

3.7.3 Arts-based reflexivity

In aiming to further explore and describe experiential and relational qualities in the interview, I began experimenting with an arts-based improvisatory process. As mentioned, I was accustomed to using my own improvisational practice reflexively (Haire, 2020a; 2020b) and started to investigate this way of working. An inquiry through art, as Tim Ingold (2013) advocates, invites creativity and making as a “way of knowing from the inside” (p. 10) which appeared to me to align with my insider stance as explored in chapter 1.

Therefore, as a way of expanding on the reflexive and thematic analysis of the pilot study, I engaged in a systematic process of “arts-based reflexivity” (Schenstead, 2012) in relation to the data. Influenced by Carl Bergstrøm-Nielsen (2010), Amanda Rose Schenstead (2012), Anna Gerge et al., (2017a; 2017b) and Laura Beer (2016), I set out a series of
steps (see figure 5) culminating in a “condensed response statement” as identified by Gerge et al. (2017a, p.1).

**Figure 5: Steps 1-5 in pilot arts-based reflexive process**

1. Reviewed video recording of interview and sketched shapes and meaningful words/phrases in response
2. Identified meaningful chunks based on words, phrases and sketches
3. Improvised solo violin response to meaningful chunks & audio-recorded
4. Meta-reflection listening back to audio recording of improvised response
5. Condensed report statement

I began by watching back the video of the pilot interview. While doing this, I sketched out shapes and noted down words that came to me (step 1). Following this, I identified meaningful chunks based on these words, phrases and sketches (step 2).

**Illustration 1: Steps 1 and 2 of arts-based reflexive analysis for pilot**
Through this process, I found that four meaningful chunks emerged in relation to the interview, which appeared to be centred round each video excerpt. I proceeded to use these as the basis for a solo response improvisation on my violin\(^9\), which I audio recorded. In effect, I was improvising to a graphic score of rough sketches and words from my interpretations of the video footage.

**Audio recording 1: Pilot aesthetic response improvisation (step 3)**

https://soundcloud.com/nickyhaire/pilot-aesthetic-response

Without intending to improvise in direct relation to the meaningful chunks, the recording clearly comprised four distinct movements. Some immediate reflections from my journal entries focused on the experience of improvising (see appendix 10 for examples of my research journals):

*When playing I was thinking of lots of different things. How to ‘be’, how to respond musically to what I had distilled into four parts… The feeling of humour and the feeling of what I’d been trying to describe in the last two parts [of the interview]. When thinking of improvisation – a skilful letting go of skill.*

*But to make sense, be meaningful (be funny?), some form is needed. And this balancing of thinking through doing: cognition, referential, doing/being, letting go, in the moment, authentic response…*

Afterwards, I listened to the audio recording and more information was surfaced about the embodied experience of the interview, what was discussed and a sense of the relational dynamics of the trio. See appendix 12 for full aesthetic response reflections. Figure 6 shows an excerpt from steps 4 and 5 of the arts-based reflexive process.

\(^9\) The violin is the instrument with which I am most familiar. The implications of using the violin, over instruments I am less familiar with are considered in chapter 9.
3.7.4 Synthesis and summary of findings

The aesthetic response allowed me to think deeply in a different way about the experience of the interview. Initially, the interview meeting began tentatively as we were all becoming accustomed to the setting and our purpose. Listening back to my aesthetic response improvisation I was struck by how it sounds like questioning the unknown: How will the interview be? What are our expectations? The improvisation reminds me of how responsible I felt which was also drawn out through the reflexive analysis. Both Don and Barbara were giving up time for my project, and yet I was still working with Don in music therapy.

As the improvisation became increasingly cohesive and new ideas were voiced musically, I became aware of a more settled ‘trio’ working together. This reminded me of how the discussion became more animated after having watched the first clip and everyone relaxed into the experience.

Don’s dry sense of humour was acknowledged repeatedly by Barbara as an important existing personal characteristic and a source of great resilience after his accident. She remembered or “re-membered” (Finlay, 2006, p.3) how his responses to humour were unmistakable and unique in showing close family members that he was “still there” soon after the accident. It appeared clear that his sense of humour was a vital part of his identity; it allowed for agency and embodied presence in interpersonal interactions,
though for Barbara, thinking about Don’s sense of humour also brought up feelings of sadness and loss around missing his great wordplays and quick wit. When I tried to explain to Barbara that in music therapy “humour is our improvisation” it appeared as if I was drawing attention to how intimately I have come to know Don through our work.

Don and Barbara also spoke about humour as an important factor in supporting their relationship after the accident. Barbara reported using humour to help defuse tense or difficult practical situations and spoke about how it provided a way to sustain her own wellbeing. She described humour as “life-saving” for herself, going on to say: “humour saves us over and over again” and explained how as they came to readjust their lives after the accident, they frequently found themselves struggling to manage practical day-to-day tasks and yet humour would often allow a release from the tension these struggles provoked.

Humour in music therapy sessions was voiced as a fundamental indication of how engaged Don was and, according to Barbara, each music therapist that had worked with Don had used humour. So, Don’s responses to humour not only offered a specific way for his family to connect with him but also led to shared experiences in music therapy; sharing humour led to moments of connection and potentially intersubjective experiences.

Beginning with no set structure or fixed expectations enabled Don to participate freely in shared interactions and therefore he was able to lead and initiate communications and dialogue on his own terms. In music therapy, as Don anticipates what is coming during an improvisation, this was found to lead to laughter and reciprocal engagement. He seemed to experience improvisation as excitingly playful and full of possibility.

The third video clip illustrated most clearly how music therapy worked for Don and humour was central to it. In the aesthetic response improvisation, I heard a clear sense of geniality and fun that related directly to the lively discussion around us re-viewing clip 3 repeatedly. Following this, Barbara described how humour lets something new start to happen and has allowed for existing patterns of behaviour and habits to change. In experiencing humour, Don’s characteristic twinkle and sense of irony and fun emerged inside and outside music therapy.
Music therapy provided unique non-verbal opportunities for sharing in humour with Don. This was noticed very early after the accident when other health professionals were less than positive about Don’s prognosis. Through humour in music therapy Don responded to social interaction and was able to engage with someone and initiate meaningful interactions. Humour also allowed for different, unpredicted experiences to unfold within an improvisation. At the time when I was working with Don, music therapy was still one of the only places in which Don engaged in a spontaneous way without having to try and reach a goal or prescribed outcome. It provided a playful open space using a non-verbal creative and active medium where “going with the flow” enabled freedom from expectation. In this enjoyable process, Don had opportunities to develop relational ways of being alongside more functional aspects of motor rehabilitation and/or speech if he chose.

The coda in the improvisation closes with a feeling of sadness and as I listened back, I had the sense that having just relaxed, I did not want the improvisation to finish. This resonated with the close of the interview where we moved towards discussing our therapeutic process. The question that came to my mind in listening back to the aesthetic response improvisation is “what can humour mean for Don going forward in music therapy?”

3.8 Discussion, limitations and learning

3.8.1 Dual roles and implications for music therapy process

As mentioned, working with Don was a significant catalyst in leading towards this study and the research topic was inextricably woven together with this piece of music therapy work. However, in setting out to run the pilot interview and explore ideas for collecting data, I was aware that Don and Barbara might feel increased pressure to agree to being involved precisely because I was working as Don’s music therapist. This concern was dispelled when Barbara began to speak about humour with me. During the interview, she returned to her original question: “How can you have music therapy without humour” and reinforced: “Could you do this job if you didn’t have humour!” I felt reassured by her question that the opportunity to share the significance of humour for them both, following the accident, had also been important for Don and Barbara.
During the interview, discussions moved fluidly between music therapy practice and the research topic. This happened naturally and felt jointly led. As well as recognising the importance of humour for Don before and after the accident, and inside and outside music therapy, Barbara and I spoke about the music therapy work and possible future plans. At the time I was conscious of my dual role and felt a keen responsibility during the interview around how this process might affect our music therapy work, and what this might mean in terms of the research study.

I was also very aware of my privileged position that allowed a unique kind of access to the relationship with Don and Barbara. That said, I took care to try and reflect openly with them in the moment, before and after the interview, and made good use of music therapy supervision to this end. Occupying a practitioner-research position also offered increased transparency as continuing to work with Don after the interview, I was able to share the summary easily and continue to communicate about the study as it unfolded.

Also, I was mindful that we were speaking about how music therapy had been a very positive experience for Don and yet the fact that I was doing this PhD project meant that I could only work with him once per week rather than twice. This could have significant implications on the music therapy process. So, spending time with Barbara and Don afforded the opportunity to think together about how we could use videos more in the work, and involve their family. We decided to try and engage in this kind of feedback more regularly to support the music therapy process.

Immediately after the interview, Don and I had our usual music therapy session. This had not been planned, however in retrospect I was very glad that we had this opportunity. During the music therapy session Don was the most energetically motivated and engaged I had experienced since his serious illness around four or five months previously. I was very moved by how expressive Don was during this session. His vocalising was louder and clearer than it had been for months, and he used the drums with renewed energy. I was keenly aware of my own energy in response and perhaps we were both invigorated after watching the video excerpts and speaking about humour. Yet, I also felt that since Don had not communicated verbally at all during the interview meeting that he was perhaps showing me something of how he felt about the topic of humour in the work and what this work, and this music therapy relationship meant to him.
3.8.2 Practical implications for main study design

Preparing Don and Barbara before the interview and providing them with as much information as possible about my study and what I was expecting to happen was vital in creating as relaxed an atmosphere as possible when meeting. Given the topic we were talking about, an informal atmosphere seemed even more significant. In addition, reassuring them both that I was not suddenly going to be adopting a distanced objectifying position as a researcher was important to the existing music therapy relationship. My being a participant alongside helped ease us into conversation.

During the pilot interview, positioning the recording equipment felt important. I was keen to see all of us and to capture the video excerpts we were watching simultaneously. This was more difficult than I had anticipated, and possibly contributed to a feeling of stiffness in terms of movement for us all. I was certainly conscious of the video camera and my positioning in front of the laptop on which we viewed the video excerpts.

3.8.3 Interview-encounters

One significant observation after this pilot interview was that it felt more than simply an interview. In response to this, I began to use the term interview-meeting as this seemed to include a sense of the embodied feelings and multi-modal dynamics of communicating with a person who did not use words. This also relates to a non-verbal intersubjective connection, where, as Trondalen (2016) describes; “intersubjectivity concerns creating mental contact [...] Such mental contact is non-verbal (implicit) and happens within a procedural framework. Experience, body, and affects are core elements” (Trondalen, 2016, p.12). However, “interview-meeting” as a term did not quite capture the different dimensions of the experience.

Within a relational and therapeutic frame, an encounter denotes a meaningful intersubjective connection between persons. Jessica Benjamin (2018) describes such an encounter as a “relationship of mutual recognition” (p. 22), through which persons become present to each other as connected but separate beings. Martin Buber’s (1937/2013) dialogic philosophy of I and thou also invites a relational inter-existence or idea of being-with that supports a principle of being-in-relationship as Brian Abrams...
(2012) puts it, after Heidegger's (1978/2011) *Mit-sein*. An encounter, according to Buber, can lead to feelings of presence, surprise and transformation: "at the core of this model of existence is the notion of encounter as 'revelation'" (Zank et al., 2014, p. 5). This resonates with Hillman's (1994) articulation of encounters in therapy and relates to Maurice Merleau-Ponty's (1945/2012) phenomenological stance regarding how we come to understand – to know – through encounter with other (Romdenh-Romluc, 2011). The term *interview-encounter* seemed to most fully encapsulate the sense of exchange that had occurred.

3.8.4 Implications for study methods

When carrying out the pilot interview-encounter I positioned the video-camera so that both the video excerpts and the three persons watching and interacting in response to them were visible. This meant that there were several layers of information, or data, that could be the focus of analysis. This included the dynamic and musical form of humour and its relational effect in the sessions along with our responses to this in the interview-encounter.

Moving forward, I chose to focus on the relational dynamics and the occurrences of humour during the interview-encounter, rather than the video excerpts from the music therapy sessions. Of course, the video excerpts were prompting responses and so these were automatically included and often mirrored in the responses. However, initial intentions of focusing in detail on the form of humour in music therapy to understand its relational consequences, became less important. This was due to several reasons. Amir (2005) had already attended to the dynamic form of humour and humorous improvisational qualities in music therapy, so I envisaged that increased focus on how humour enabled contact through a psychodynamic understanding of what relational contact means would take this further.

I found that dividing the data in to a thematic analysis, reflexive analysis and arts-based reflexive analysis was problematic in that it reduced and fragmented the felt sense of experiences of humour in music therapy. Despite combining the analyses, something of the relational sense of experiencing humour in music therapy was missing or disrupted. Overall, this was a useful experiment in analytic process for the study. Being both practitioner and researcher and holding in mind both a therapeutic purpose and a
research purpose was further complicated by my novice status as a researcher and a desire to try and over-analyse.

I intuitively embarked on the aesthetic response as a way of trying to think through improvisation, a personal practice that I have often found useful in relation to music therapy work (Haire, 2020a; 2020b). However, I was struck by how using it in the way I have detailed allowed a deeper and more imaginal embodied reflection to the experience of the interview-encounter. This led directly to a more immediate way of being inside the experience of humour in music therapy and my understanding of how improvisation links to or facilitates this.

The thematic analysis of the transcript, while organising experiences of verbal humour, passed over Don’s communicative presence, and so it appeared removed from the experience of interviewing Don and Barbara. Whilst I did consider video micro-analysis such as the Marte Meo method (Vik & Rohde, 2014) or Interpretative Phenomenological Video Analysis (Lee & McFerran, 2014), these two approaches also seemed to overlook the more ephemeral relational experiences in favour of a focus on the form, or description of what had happened in specific instances. As I moved through this pilot, it became clear that my questions related more to the feeling of being in contact with somebody through humour. These were illuminated to some extent through the reflexive analysis and combining this with arts-based processes invited the feeling of the experience of humour in the work to the forefront and enabled close investigation of how this related to being in relationship with Don in music therapy.

3.9 Chapter summary

The pilot process allowed in-depth practical exploration of the study methods and design and invited exploration of different methods of analysing data. The significance of humour in music therapy for Don, a person living with an acquired brain injury, was clearly supported from findings in the pilot phase of this study. Connection and intimacy through humour were highlighted along with the relational and existential importance of humour in this case. The exploratory approach during analysis contributed to a more practicable study design and clearer research questions. In development from the areas of interest outlined in this chapter, and in response to this pilot process, two main research questions were articulated:
- How does humour enable contact in music therapy with persons who have an acquired brain injury and/or dementia?
- How do music therapists experience, perceive and embody humour in music therapy?

In the following chapter, I outline my research approach in more depth along with the theoretical and methodological assumptions, and methods used in the study.
Chapter 4: Research approach, methodological assumptions and methods

In this chapter, I set out my research approach, methodological assumptions and methods. To begin with, I explain how I understand and make use of Finlay’s (2009; 2011) reflexive-relational approach in this study and following this, I explore the dialogic interplay between the ontological, epistemological and methodological assumptions that underpin the research.

4.1 Reflexive-relational research approach

As explained in the previous chapters, this research study has evolved through music therapy practice and so my approach as a researcher is closely linked to my approach as a music therapist. Beginning with my own music therapy work meant that an empathic reflexive stance was fundamental to all aspects of the research study from the outset. Finlay’s (2009; 2011) balancing of therapeutic practice and research, drawing on existential and hermeneutic phenomenological philosophy1 along with a privileging of relational dynamics in research encounters, offers a clear direction towards addressing the research questions. Furthermore, in adopting this approach, Finlay (2011) invites researchers to grapple with both self-awareness (reflexivity) and relational dimensions of the research project.

With a reflexive-relational research approach Linda Finlay and Ken Evans (2009) and Finlay (2009; 2011) mirror aspects of a therapeutic process and invite focus on dynamic and interpersonal experiences between persons engaged in the inquiry. So, as Finlay (2011) outlines: “Data is seen as emerging out of the researcher and co-researcher relationship and as being co-created (at least in part) in the embodied dialogical encounter” (p. 160). Creating and negotiating space for an embodied dialogical encounter as part of the research also allowed the possibility for humour to emerge spontaneously on its own terms from within a relational context.

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Reflexivity has long been important in understanding therapeutic relational processes in music therapy practice and research (Bruscia, 2015; McCaffrey & Edwards, 2015; Ruud, 1998; Schenstead, 2012; Stige, 2002) and reflexive exploration of my own subjective experience and positioning within each research encounter offered richly ambiguous and idiographic knowing relevant to the research questions.

Nevertheless, as Kenneth Bruscia (2015) cautions, “reflexivity itself is certainly not a sufficient condition for effective practice, research, or education; it cannot be the only guiding principle for music therapy work (p. 12)”, and certainly not the only guiding principal for inquiry. Even though reflexivity “may represent a means of constructing a bridge between research and practice” (Etherington, 2004, p. 31), an awareness of the potential for subjective distortion is necessary. As Kim Etherington (2004) continues, a “constructivist approach to reflexivity alone provides ‘no exit from personal subjectivity’ which might lead to ‘an infinite regress of cognitive dispositions’” (p. 31). In other words, a circle of subjectivity which does not move forward, or outward.

Finlay (2009) outlines four requisite qualities that underpin this approach; “open presence; embodied intersubjectivity, dialogic co-creation and entangled selves” (p. 2). Each of these qualities translate to therapeutic practice and underscore an open empathic stance towards researching with other, and in this case, ‘other’ could mean other person, other sound, other theory, or other thought etc.² This kind of responsiveness is in keeping with the subjective and sometimes unpredictable nature of humour and underpinned the thinking behind an emergent design detailed later in this chapter.

Although Finlay (2009) does not identify empathy explicitly in the four requisite qualities, I found myself intuitively embodying an empathic listening stance. This involved an orientation towards caring about the persons involved which was closely connected to my music therapy practice. However, I was aware of the assumptions inherent in an empathic approach without question. For example Alison Jones and Kuni Jenkins (2008) caution against “a position of empathetic understanding that tends to reduce difference to the same” (p. 480), which was useful to bear in mind. In addition, the potential power held in

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² This is summed up well by Stensaeth’s (2017) articulation of Dialogical Agency (p. 118).
the role of researcher along with privileged access to a music therapy process that I was merely visiting, led to care when considering empathy as part of my research approach.

Being mindful of this, an empathic attitude extended to my own reflexivity in action. As part of a reflexive-relational research method, in this study adopting a sense of “critical empathy” as advocated by Eric Leake (2019, p. 238) acted as a beginning; a way to openly acknowledge my own points of view and assumptions around humour in music therapy. This enabled movement and thinking from a place of curiosity. Furthermore, in embracing a collaborative and somewhat playful feminist stance, reflexivity can be used “to disinvest the researchers’ authority and to ‘mute the distance and alienation’ which comes from objectifying those being studied” (Leake, 2019, p.167).

Along with the relevance of an embodied subjectivity and what that meant in-the-moment during each research encounter, I took this to invite a playful attitude towards ways of doing and thinking in relation to co-researchers and/or data, which emphasised the importance of listening to the spaces in-between. This corresponded with a dialogic co-creative understanding of the research process beyond in-person encounters which was useful in understanding relational processes and research processes as continually evolving dialogues. For example, with the pilot phase, I was aware that inviting Barbara, Don and I to think together in the interview-encounter as part of an inquiry would have an impact as part of a broader ongoing therapeutic relationship and process. The opportunity to reflect on experiences and questions about humour in our work also led to thoughts on the ongoing therapeutic direction of the work. This insight was also relevant when working with co-researchers in the interview-encounters. A sense of entangled selves both highlighted complexities in the process involved in humour in music therapy work and complicated ways of knowing about them.

Fundamentally, as Finlay (2009) articulates, a reflexive-relational approach invites “a genuine conversation” with self and other which enables “access to thoughts that I did not know myself capable of” (p.13). Thinking happens in relation with. In contrast to reflective practice, where events or experiences are re-membered (Finlay, 2011) and reviewed in order to make sense of them, reflexive practice actively “expands the frame by finding strategies to examine values, assumptions, prejudices, theories, and attitudes” (Shaw, 2019, p. 37) that inform experiences in the first place. Reflexivity then, for Carolyn Shaw
(2019), “is the skill of being aware of our active role in shaping surroundings and responses to other people and events” (p. 37). This meant that I could put myself to use in a way that illuminated and problematised relational experiences of humour in music therapy.

4.2 Ontological, epistemological and methodological assumptions

This study sits within an interpretivist research paradigm. According to Egon Guba and Yvonna Lincoln (1989) interpretivist research is “iterative, interactive, hermeneutic, at times intuitive, and most certainly open” (p. 183). These adjectives recall the qualities embodied by a reflexive-relational researcher identified by Finlay (2009), mentioned previously, and align with an open questioning stance. From this interpretative perspective, a relativist ontology, in negotiation with a constructivist epistemology, sets up a frame for phenomenologically informed arts-based reflexive methodology.

In the context of this research project, therefore, I hold broad assumptions that persons construct knowledge as they interpret their experiences and being together in the world. From this perspective, as James Hiller (2016) conveys, all knowing is grounded in individual experiences and understood as being located in the particular contexts in which lives are lived. Further, knowing is thought to be co-created and intersubjective, steeped in personal values and beliefs. An interpretivist inquiry therefore does not attempt to make universal claims, and instead aims to uncover some of the multiple and complex meanings specific situations hold for persons involved.

An axiological position is built on the reflexive-relational research approach I took which has already been outlined. Through embracing relationship, empathy and reflexivity as sources of knowing and doing, I also embody feminist values and this can be seen in the use of first-person voice, collaborative reflexivity and open dialogic approach to knowing and thinking (Lykke, 2011; Solnit, 2017). This is further supported by McCormack and McCance’s (2006; 2017) articulation of a Person-centred Practice Framework and so I use person-first language such as “persons living with dementia” throughout the study.
In the following sub-sections, I briefly detail how a relativist ontology and a constructivist epistemology work together within an interpretivist paradigm in order to support the phenomenologically informed arts-based methodology I used to carry out this research.

4.2.1 Relativist ontology

According to Hiller (2016), a relativist ontology celebrates subjective experiences which occur in the natural contexts of everyday living. Knowing about, or knowing, is thus grounded in individual experiences which are brought into play in social interactions between persons. With this in consideration, relativism offers: “a theoretical position that holds that there are multiple, constructed realities, rather than a single knowable reality” (Braun & Clarke, 2013, p. 328). For Guba and Lincoln (1989), a relativist ontological positioning means that entities or phenomena “do not ‘really’ exist” (p. 39) but come into reality through interactions between persons and therefore change depending on different persons, different spaces, different times and different contexts.

In other words, as Finlay and Evans (2009) set out; “given that people’s perceptions and experiences are culturally historically and linguistically produced […] our situatedness determines our understanding” (p. 19). Therefore, each person’s understanding and account of what is is of equal value: “there is no foundation on which to claim some version of reality as more true and right than another version” (Braun and Clarke, 2013, p. 328). Relativism also works in this study as a way of appreciating that meaning emerges in music therapy from multi-modal and multi-dimensional ways of being together. The term hyper-textuality, after Stige (2002), is useful here as a way of conceptualising diverse narrative forms of being together and making meaning in music therapy practice. Furthermore, following a relational approach to music therapy, I make explicit an assumption that being-with or being-in-relationship-with forms an existential ground for healthful ways of being (Abrams, 2012; McCormack & McCance, 2017).

4.2.2 Constructivist epistemology

In dialogue with a co-evolving world of what is, I looked to a constructivist epistemology to work with a relativist ontology. Hiller (2016) articulates that: “meaningful interpretations of phenomena are considered constructions (also referred to as reconstructions) rather than
simply representations of a given experience” (p. 101). A constructivist epistemology, therefore, according to Hiller (2016), offers a perspective in which “meaningful human reality” (p. 107) is understood as being co-constructed between persons through their “interactions with and interpretations of the world and each other” (p. 107). This contrasts with the view that there is an externally fixed reality which from the outside, which for example, could be revealed or apprehended by a distanced researcher. Consequently, meanings and knowing that emerge from interactions are situated within historical, political, cultural and relational contexts. Humour in music therapy – from the relativist ontological and constructivist epistemological perspective I am taking – develops and is experienced in relation with others in a specific context.

Constructivist researchers are “oriented to the production of reconstructed understandings of the social world” (Denzin and Lincoln, 2018, p.98). This means that in order to know about an experience, these experiences and meanings of experiences are sought through various interactive means, such as the research interview. Therefore, an interpretivist paradigm involves interaction with participants (or co-researchers) in which understanding and knowing about a phenomenon is co-constructed with other. The interactive and potentially intersubjective socially situated practice of researching-with-other is embraced as a way of evolving knowing together (Denzin & Lincoln, 2018, p. 586).

As mentioned, the social phenomenon of humour – getting the joke – largely depends on a shared cultural history or understanding (Critchley, 2002). Within an interpretivist research paradigm, acknowledging the “various discourses and systems of meaning we all reside within” (Braun & Clarke, 2013, p.30), and sharing this with co-researchers or participants, occurs not only during a research encounter, but also during analysis and write-up. Following a research interview, for example: “there is a focus on the how rather than the what of what emerges through the situated interaction of the interview” (Denzin & Lincoln, 2018, p.586). Subsequent re-construction happens in order to make sense of the phenomenon in question, along with the research encounter.

Adopting a practitioner-researcher position in this study, I build on familiar ideas from music therapy practice of co-constructed knowing. Inhabiting and noticing the space in-between researcher and co-researcher is significant in this study as this position also
offers entry into an improvisatory, unplanned and co-formed world of being and knowing with other; the beginnings of shared-cultural understanding which can facilitate experiences of humour.

4.3 Phenomenology and arts-based knowing

In this study, I am using phenomenology to inform my methodological position. Phenomenology, according to Finlay (2011) is “an umbrella term encompassing a philosophical movement and a range of research approaches. It is a way of seeing how things appear to us through experience” (p. 173). Max van Manen (2014) puts it in a similar but slightly different way: “Phenomenology is the way of access to the world as we experience it prereflectively (p. 28).” In both cases, a holistic sense of a phenomenon is actively sought through bodily engagement with it in-the-moment (van Manen, 2014). In this section I draw on the work of pioneering phenomenological philosophers Edmund Husserl, Martin Heidegger and Hans Georg Gadamer along with more contemporary phenomenological researchers to make links between phenomenology and arts-based reflexivity.

Husserl is generally regarded as the founder of phenomenological philosophy (van Manen, 2014). A desire to develop a “new kind of science” (Finlay, 2011, p. 44) led Husserl to dedicate his lifework to searching for a way to articulate the essence of human experience in depth. To uncover the richness of persons’ everyday lived experiences, Husserl sought to move away from the established tenets of positivism and describe the essence of experiences as they presented or revealed themselves without interpreting or distorting them. In order to achieve this and move closer to articulating the essential qualities of these experiences – to get “to the things themselves” (cited in van Manen, 2014, p. 50) – Husserl developed the practice of bracketing or phenomenological reduction. Advocating a methodical process of putting one’s own experiences and views about a phenomenon to one side, Husserl endeavoured to move towards a method of “pure” reflection. However, rather than following the idea of bracketing as an “exercise in objectivity” (Finlay, 2011, p. 23), in this study I am embracing a phenomenological attitude through my use of critical and arts-based reflexivity.
Husserl also developed a theory of the lifeworld, or lebenswelt (Finlay, 2011) and I use this as a thematic frame in this study. Husserl’s phenomenological lifeworld conceptualizes universal dimensions through which to understand and describe lived experience; it offers a way of apprehending a “meaningful structural whole that is both shared and experienced by individuals from their own unique perspective” (Finlay, 2011, p. 45). The lifeworld dimensions include *lived corporeality, lived relationality, lived temporality,* and *lived spatiality* (Merleau-Ponty, 1945/2012; van Manen, 2014) and so different perspectives of bodily, spatial, temporal, and relational lived experiences can be considered constructively in dialogue with each other.

These universal experiential lifeworld dimensions have been taken on and used in different ways by different phenomenologists. Merleau-Ponty (1945/2012) in particular, used them to focus on how the body is involved in perceiving the lived-world through an expansion of spatial and temporal domains. I have drawn on his philosophy as a poetic reading of what it means to be: “The world is not what I think, but what I live” (p. lxxx, 1945/2012) which has been in turn comforting and confusing.

More recently, the lifeworld dimensions have been utilized by Peter Ashworth (2003; 2006) who emphasizes the heuristic nature of the categories as guides for reflection, and equally van Manen (2014) who notes the possibility they engender for phenomenological movement towards knowing about living experience. van Manen (2014) also goes as far as to add another dimension, “lived materiality” (p. 306), as a way of categorizing interaction with a world of things.

I found it tempting to use the lifeworld dimensions as fixed thematic frames yet with that, they stopped working to facilitate thought about humour. Through engaging with Finlay’s (2011) articulation of lifeworld-oriented themes as questions however, I was able to make use of the dimensional experiential guides as starting points for considering experiences of humour in a broad and specific person-centred way at the same time.

Husserl’s pure phenomenological reflection as rich description was taken on by his student Martin Heidegger (amongst others) who developed a more interpretive approach to understanding everyday lived experiences (van Manen, 2014). Heidegger centres his phenomenology around an existential hermeneutic search for what it means to be in the
world. In exploring the nature of being or Da-sein\(^3\) (there-being), Heidegger (1978/2011) developed the notion of an already-being-there-ness or a pre-ontological state which came before and interacted with, and enabled, being or existence. In relational terms, being for Heidegger, is at the same time being-with or Mit-sein; Heidegger’s concern then was with ontology or meaning, with the who rather than what of existence (Abrams, 2012).

The concept of Da-sein was taken on by phenomenologists in different ways. For Merleau-Ponty (1945/2012), for example, Heidegger’s (1978/2011) idea of there-being was voiced as implicit understanding through the body. Merleau-Ponty articulates that we engage with the world based on our perception of “opportunities for action” (Romdenh-Romluc, 2011, p. 76) and this perception comes from an ongoing holistic engagement (i.e., body and self) between persons and the world outside us. Komarine Romdenh-Romluc (2011) moves further to articulate this as having “a sort of bodily imagination” (p. 100). As well as the methodological implications of the idea that interpretation of the everyday world is impossible without some form of prior (or pre) understanding (Lawn, 2006), this also appears to resonate with the notion that an implicit shared cultural understanding is needed before persons can share humour (Critchley, 2002).

For Heidegger, knowing through doing or practical (embodied) wisdom seems to have been epistemologically and ontologically significant (Malpas, 2018). This is shown in his thinking about art\(^4\) and artmaking (Heidegger, 1971/2009; 1978/2011). In The origin of the work of art for example, Heidegger (1971/2009) recognised the truthfulness of art and asserts that art is “by its nature an origin: a distinctive way in which truth comes into being” (p. 75). And so, the process of making art is also a movement or becoming of truth, which in its historical situatedness for Heidegger (1971/2009) is an infinite re-beginning: “Whenever art happens – that is, whenever there is a beginning – a thrust enters history, history either begins or starts over again” (p. 74). The process of making art for Heidegger holds an inherent tension (striving). In discussing what a work of art is, and how it is, Heidegger seems to be expressing that art works through embodying this striving. He outlines a correspondence between the artist (person), the work of art (thing), and art

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\(^3\) In some translations of Heidegger’s work, the term Dasein is hyphenated to articulate more clearly his interpretation of the term beyond everyday usage (Cerbone, 2008).

\(^4\) I am using the word “art” broadly to include all artistic forms or media.
(striving), which supports his idea that “art then is a becoming and happening of truth” (2011, p. 127) at the same time.

Gadamer, a student of Heidegger, also claimed that interpretation of things in the world is not possible without pre-understanding (Lawn, 2006) and used the notion of horizons to describe our prejudices or assumptions in approaching the world and persons in it. A fusion of horizons for Gadamer (1975/2013) forms a mutual point through which interpretation and the thing to be interpreted correspond and interact. With this idea of interaction between or fusion of horizons, Gadamer moved further into the role of play in art, or art as play which is significant in relation to shared dynamic forms of humour in music therapy. In The ontology of the work of art and its hermeneutic significance, Gadamer (1975/2013), outlines how he understands play in expansive terms from sports to wordplay as a “to-and-fro movement that is not tied to any goal that would bring it to an end” (p. 103). Therefore, play for Gadamer is not random but equally is not held by a particular aim or endpoint. Importantly, for this study, Gadamer (1975/2013) saw the to-and-fro of play as essential in artistic practice. In this sense he revealed the hermeneutic experiences of art led by interpretative iterations. In a similar way to Heidegger, this process had the potential to move the listener, observer, artist or researcher towards new (and unexpected) understanding or knowing.

Further to this, in a less serious but equally meaningful way than Heidegger, Gadamer highlights the playful dialogic and experiential nature of playing in art. As van Manen (2014) writes: “For Gadamer […] play is the mode of being of the work of art. And for the human being to play is always to be played” (van Manen, 2014, p. 134). Van Manen (2016) also suggests that a stronger element of interpretation is called forth when phenomenological description is facilitated by active engagement in the non-verbal qualities of a work of art. As Finlay (2009) points out, van Manen, following Gadamer’s ideas, differentiates between interpretation as pointing to something as opposed to interpretation as pointing out something, which art in its being (and experiencing) is apt to do.

Lastly, Merleau-Ponty (1945/2012), also articulates art as closely related to a philosophical process: “The phenomenological world is not the making explicit of a prior being, but rather the founding of being; philosophy is not the reflection of a prior truth, but
rather, like art, the actualization of a truth” (p. Ixxxiv). This extends his idea that phenomenology involves describing without analysing or interpreting, and so art for Merleau-Ponty, when created, exists simply as it is.

In this study, with a relativist ontology and constructivist epistemology in place, as it were, how we know about humour in music therapy with persons is in dialogue with what it is. Contextualised as such, there are assumptions in this study that humour can be a multi-modal spontaneous phenomenon that happens bodily between persons, and that these experiences can be known about through music-making and art.

4.4 Arts-based reflexive methodology

The concern I had that humour was too flighty to engender authentically in music therapy, and too ephemeral to capture and observe, caused methodological tension in approaching it as a topic of investigation. This embodied experience of tension became increasingly useful as the study progressed. Having learned from the pilot phase that innovative and flexible ways of facilitating genuine responses to humour were crucial in re-membering it (Finlay, 2011), flexible and innovative ways of sense-making also seemed important in understanding these experiences.

Using art making as research, or as part of a research process, offers possibilities for experiencing different ways of knowing, or knowing through doing (Austin & Forinash, 2005; Barone & Eisner, 2012; Beer, 2016; Liamputtong & Rumbold, 2008; Nelson, 2006; Schenstead, 2012). As Sean McNiff (2019) declares: “Art is a way of knowing (Allen, 1995) and communicating” (p.24). In artistic performances for example, knowing “remains differently” according to Rebecca Schneider (2001, p. 101) and so musical performances offer a kind of co-construction between audience and musician. In this context, knowing in the moment involves bodily consciousness that changes being and invites a different kind of re-membering (Finlay, 2011) after the experience. Robin Nelson (2006) also emphasises the significance of bodily experience through arts-based practice: “The increased acknowledgement of experiential ‘knowing through doing’ has afforded recognition of how artists have gone about being rigorously creative in research” (p. 111).
One way to embody and extend a relativist ontology and interpretive epistemology, was to embrace playful arts-based methods of sense-making (Gerge et al., 2017a; 2017b; Kalenderidis, 2020; Schenstead, 2012). This was actively explored in the pilot phase of this study. In allowing for a playfulness within methodology, the concept of improvisation acted as a starting point through which to know humour. Improvisation, in turn, invited opportunities for surprise to enter generatively into the study. Building on a reflexive-relational approach, arts-based methodology also offered possibilities for personal growth along with new insight (Ledger & McCaffrey, 2015; McCaffrey & Edwards, 2015; Viega, 2016a; 2016b; 2016c). This was important to me given that questions about humour had emerged from my own music therapy practice.

Expanding into this, Seabrook’s (2017) method of “research creation” (p. 4); a means to “experience... and tacitly explore […] to uncover insights both inherent to the phenomenon itself and ‘unknowable by other means’” (p. 4), resonated with Finlay’s (2009) reflexive-relational approach. Improvising art into being offers unknown potential to reveal tacit dimensions of knowing. Engaging in a creative way, also had potential to involve an integration of experience not always found in solely cognitive or intellectual approaches to sense-making. This is of significance when considering that Western conceptions of humour rely on primarily cognitively situated definitions of the experience (Billig, 2005). An imaginal and creative reflexive invitation to the body felt key in relation to making sense of embodied experiences of humour.

Within arts-based research Michael Viega and Michele Forinash (2016) argue that: “Arts-based researchers purposely invite ambiguity into the construction of meaning and what can be counted as knowledge. Knowledge is seen as “process” and a “temporary state” rather than a “secure source of verification and truth” (p. 493). This ambiguity may be one reason that arts therapists are reluctant to fully embrace arts-based methods of research (Brown, 2008; McCaffrey & Edwards, 2015).

Viega and Forinash (2016) go on to outline ten potential qualities of arts-based research methods, following James Haywood Rolling Jnr (2013), which identify the usefulness, expansiveness and sophistication of arts-based methodology. Paraphrased here, arts-based inquiry can be:
- Post-structural – multi-voiced
- Post-paradigmatic – beyond and between paradigms
- Proliferative – extending discourse using multiple media
- Pre-structural – privileging tacit, intuitive, affective and embodied knowing
- Pluralistic – all instruments of inquiry embraced and multiple perspectives valued
- Purposive – intentional and pragmatic
- Perspectival – value-free inquiry
- Particularizing – knowing dependent on interaction between researcher and research art form
- Performative – improvisational and emergent
- Patterning – invites dimensional focus on connections between

(Viega & Forinash, 2016)

These qualities touch on a range of methodological positionings, and yet also speak broadly to how one can facilitate and experience knowing through artistic practice. The range of ‘Ps’ highlight the multi-faceted and expansive application of arts-based methods, and in relation to this study also reveal congruences with a notion of humour in music therapy. The intentional (purposive) use of arts-based methods offers pre-structural and performative ways to catalyse thinking and knowing in relation to humour in music therapy. Getting to humour from the inside seemed at least a possibility through phenomenologically informed improvisational artistic methods and these in turn aligned holistically with a relativist ontology and constructivist epistemology.

4.5 Arts-based reflexivity and improvisation

In arts-based reflexivity (Schenstead, 2012), thought happens in the process of creating. Schenstead’s (2012) artistic responses as her own introspective process of reflection after regular improvisations combined different art forms, both familiar and unfamiliar, in an effort to extend an aesthetic experience and offer unknown spaces for reflexivity. This intuitive sense of how to make meaning using artistic form, led by Viega’s (2016a) notion of “aesthetic sensibility”, is encapsulated in the process of improvisation.

Improvisation articulates a movement of thought, where spontaneous form and expression interplay in real time. Liora Bresler (2008) puts this a different way, writing that
“systematic improvisation” alongside “disciplined empathy” (p. 2) corresponds in arts-based research to facilitate a way of knowing that comes somewhere between intuition, spontaneity, and bodily awareness. This sounds to me like a purposeful balance of dreaming and doing (Milner, 2010), and resonates with my own sense of reverie and action in both solo and group improvisatory experiences.

Through her voicing of arts-based research as “living enquiry” Nisha Sajnani (2012, p. 80) illuminates a practice and form that enfolds these skills and supports a reflexive approach to all aspects of the research process. Within this, she emphasizes a specific kind of awareness of the spaces in between created form; alongside a recognition of different ways of knowing in artistic practice that can give value to art, art in research and art as research. In fact, as Sajnani (2012) expresses: “Improvisation, with its emphasis on risk, responsiveness and relationship, is at the heart of the artistic process and of art-based research” (p. 79). Further to this, Sajnani (2012) highlights three fundamental improvisational skills: “openness to uncertainty, attuning to difference and aesthetic intelligence” (2012, p. 79) that offer dynamic ways of understanding the reflexive process of arts-based methodology. Aesthetic intelligence could be further described as an intuitive understanding of relationships between coherence, meaning and form. As a sonic improviser, this might also involve knowing when not to make a sound. Sajnani (2012) goes further to state that:

Examining art-based research through the lens of improvisation may deepen our appreciation for the intricacies of this emerging approach to enquiry, as well as highlight critical challenges such as how to plan for and validate discoveries that arrive by way of surprise (p. 79).

This challenge, according to Steven Levine (2013) is both a limitation and a strength of improvisational arts-based research. With this awareness, I understood that arts-based reflexivity through improvisation afforded the potential to be surprised. Levine’s (2013) framing of improvisation as embodying a responsive openness to what has already happened aligns with the interpretivist paradigm in which this study sits: “From this point of view, improvisation, although oriented towards the new, only accomplishes this by building upon the old” (Levine, 2013, p. 24). And so, it becomes a method of repeatedly returning to a beginning, with a possibility for something new to occur.
Alongside experiential aspects of self-reflection or introspection, and access to dimensions of tacit knowing (Polanyi, 1997), the multi-modal, embodied experience of arts-based methods of research also offer critical dimensions. The importance of experiencing critical spaces that lie beyond ethno-socio-cultural boundaries in therapeutic relationships facilitated a mirror effect onto how culturally located any humour that might arise could be in the research encounters. Using arts-based reflexivity through improvisation in this way offered the possibility of new narratives to emerge which, as Zoe Kalenderidis (2020) productively explores, “challenge normalcy and construct new ideas and narratives” (p. 6) around professional and self-identity for music therapists.

4.6 Theoretical frames and assumptions

Theoretical territory has been set out previously in the thesis with a focus on theories of intersubjectivity and a relational approach in general, drawing mainly on the work of Trondalen (2016) and supported by relational psychotherapeutic theory of Benjamin (2004; 2018) and Bollas (1987; 1995). Although I draw less on so called music-centred music therapy theory, such as Paul Nordoff and Clive Robbins’ work (Nordoff & Robbins, 2007) for example, I do consider psychodynamic theories within a music-focused context. As is common with a relational music therapy approach informed by psychodynamic theory, meanings which underlie behaviours and interactions are an important part of how I make sense of music therapy work. For example, making contact is understood in this study within a relational psychodynamic and intersubjective frame and follows Trondalen’s (2016) notion of “mental contact” through musical intersubjectivity (p.121), alongside Benjamin’s (2018) notion of recognition.

Relational connection often happens through music or sound in music therapy. As Gary Ansdell (1995) outlines, contact happens when a person “hears herself being heard” (p. 71). Although Ansdell outlines musical contact as a relational step that occurs before musical

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5 In the UK, there is still differentiation between music-centred music therapy and psychodynamically informed music therapy (Sutton, 2019), and whilst this can be helpful in initiating conversations about what it is about music therapy that works, I feel this distinction exists on the surface of what can happen in this context, and when viewed in such a fixed or dichotomous way is less than helpful.
meeting, his assertion could also be read as a description of an intersubjective experience through sound. In this study, to reiterate, contact is therefore understood as a bodily affective experience which happens through music and sound and is underpinned by Merleau-Ponty’s articulation of the body as “a form of consciousness” (Romdenh-Romluc, 2011, p. 62).

When it comes to humour, I draw further on relational psychotherapeutic theory and consider that a sense of humour develops through very early interactions. This relational experience embeds an individual sense of humour which can be played out between persons in adult life. These early experiences of humour, as described in chapters 1 and 2, involve pre-verbal articulations of humour and foreground non-verbal and gestural humour. This is useful when considering articulations of humour beyond verbal expression, for example, with persons living with acquired brain injury or dementia. Humour could therefore be considered as co-constructed between persons. However, this happens within a particular context – in this case, music therapy – and so in my view this influences what humour can be and how it might be understood.

Bollas’ (1987) conceptualisation of “aesthetic moments” (p. 16) offers a theoretical foundation for what experiences of humour in music therapy can feel like. The feeling of engaging in an aesthetic moment, according to Bollas (1987), can resemble a pre-verbal and pre-conceptual embodied state of togetherness with other; an aesthetic of being, or being-with. Such spontaneous experiences can “crystallise time into a space where subject and object appear to achieve an intimate rendezvous” (Bollas, 1987, p. 31), and invite a different experience of presence or feeling present.

As Gerge et al., (2017b) put it, crystallisation through art making; “can add resonance to reason” (p. 5). In this way, a thought process can be deepened by involving imaginal, creative and surprising ways of thinking. Gerge et al., (2017a; 2017b) draw on Ellen Dissanayake’s (1995) contention that art makes special certain experiences and phenomena. Using art reflexively uncovers rich and ambiguous personal experiences along with a form in which to express these. As part of this process, there is crystallisation as a way of moving towards clarity of thought. Meeting depth with depth through aesthetic response, as Gerge et al., (2017b) describe it, creative crystallisation of a particular felt sense can emerge.
Paolo Knill et al., (2004) offer a theory of crystallisation in psychotherapeutic practice:

“Crystallisation theory pertains to the basic human need or drive to crystallise psychic material; that is, to move towards optimal clarity and precision of feeling and thought. When material is effectively crystallised, we experience it as being fitting, clear, right and true” (p. 30).

For Knill et al., (2004) the arts are uniquely suited to facilitate a crystallisation of psychic material. Gerge et al. (2017b) put this another way: crystallisation “is a key function of art-making and art experiencing and can be considered an important principle when making sense of information in the aesthetic domain” (p. 5). For me, using arts-based methods of improvisation and crystallisation also allowed for ambiguity and this has key relevance in relation to how I am understanding humour in music therapy.

4.7 Possible limitations from these assumptions

There are potential limitations from the methodological and theoretical assumptions described which need to be acknowledged. Drawing on my own experiences of humour in music therapy work seemed to magnify the possibility of pre-defining humour and seeing co-researcher’s experiences only through my own lens. Working within an interpretivist paradigm invited a freedom to acknowledge and include subjective experience, however using self-reflexivity so centrally as a source of knowing in the research study entailed risk.

As Finlay (2009) cautions, when exploring conscious and unconscious dynamics within the research encounter, and focusing on the relational encounter, an awareness of the dangers of becoming "excessively preoccupied with his/her own experience of the encounter” (p.2) needs to remain alive. The arts-based reflexive space required a quality of exploration that enabled outward thinking as well as inward search in relation to the research questions.

As well as this, self-reflexive artistic methods of analysis can generate large amounts of data and involve complex and profound personal experiences. The boundary of the doctoral study provided a means of containing this, as did supervision, yet at times when I was grappling with ontological issues of improvisation for example, I was aware of
becoming distanced in abstraction from humour and music therapy practice on the ground as it were.

It must also be acknowledged that with such an idiographic focus and a small study, any universal claims about how humour is experienced are not possible.

4.8 How trustworthiness is recognised in this study

Finlay and Evans (2009) outline four qualities of relational-centred research as a starting point through which to assure trustworthiness: “Rigour, relevance, resonance and reflexivity” (p. 62). These potentials correspond with the values inherent in arts-based research. For example, Schenstead (2012), highlights that arts-based reflexivity can act as a “a tool for evaluating credibility and authenticity for the researcher” (p.13); a point echoed by Edwards (2011). Nevertheless, as Triona McCaffrey and Jane Edwards (2015) point out:

In arts-based processes the term rigor is rarely used, instead the ABR researcher works within boundaries of transparency, truth and meaning making (Finley, 2003) in all considerations and processes in the research where truth refers to the capacity for honesty and critical self-reflection (McCaffrey & Edwards, 2015, p. 529).

Drawing further on an “aesthetic sensibility” (Viega, 2016a), resonance, reason and reflexivity were held as important ways of understanding if the arts-based reflexive process was working. By this, I mean to say that the process was inviting coherent movement towards the research questions. These criteria related to my own intuitive sense that arts-based reflexivity involved improvisation, discipline, the body, surprise and form, which also resonates with Sajnani’s (2012) “aesthetic intelligence” (p. 83), along with Gerge et al.’s, (2017b) citing of "artistic concentration, embodied experience, discovery/surprise, conditional, narrative truth, and transformation" (p. 97) as significant markers.

In addition to centering relational dynamics, I was aware of the potential for bias that a purely empathic approach can lead to, especially arriving at this study with a history of interest in the subject of humour (Haire, 2008; Haire & Oldfield, 2009). The risk of over-relying on empathic engagement as a way of knowing has been addressed previously in
the chapter. I was careful to make transparent my own assumptions, especially about experiences of humour in music therapy, and ensure these were not being projected without question onto participants both during data collection, and during the process of analysis and write-up.

4.9 Study design and methods

In this section of the chapter, I set out the study design and the methods that I used to address the research questions. These questions have evolved from the literature reviewed, pilot process and methodological discussion. Following the pilot phase of the study, the research questions were:

- How does humour enable contact in music therapy with persons who have an acquired brain injury and/or dementia?
- How do music therapists experience, perceive and embody humour in music therapy?

In line with an interpretivist paradigm and constructivist epistemology, the design of the study was not set before the beginning. An emergent design flexibility (Wheeler, 2016) allowed openness to new discoveries and modifications as the study progressed. I felt that this was important given the topic under exploration, along with the reflexive-relational approach of study and relativist ontological positioning. Humour, although considered a universal social attribute (Billig, 2005), is subjective and can therefore be difficult to make fixed ontological assumptions about, in music therapy relationships and practice.

The study design and methods used are detailed in a flow diagram (figure 7). This outline sets out the overall arc of the study as it occurred, not as it was predetermined. Through the rest of this chapter, I will expand on the methods used at each stage of the study. The analytic process is illustrated more fully in figures 8 and 9 in this chapter.
Figure 7: Study design

“Clinical data-mining” (Epstein & Blumenfeld, 2001)

Pilot interview-encounter (IE)

Call for participation amongst personal and professional UK music therapy (MT) networks
- Music therapists working with persons living with dementia or acquired brain injury for at least 5 years

Responses:
- N=16 MT respondents; IEs (N=6) & FGs (N=10)

Preparation with participants:
- Email/phone contact and confirmation (N=4 MT participants withdrew)
- Sharing information sheets
- Room booking and travel arrangements

3 interview-encounters (IEs) with persons living with dementia and music therapists (N=8)
- IE1: Audrey, Keith & Claire
- IE2: Ann, May & Ellie
- IE3: Bob & Hayley
  - View pre-identified video excerpts of moments of humour in participants’ MT in unstructured interview
  - Video recorded

3 focus groups (FGs) with music therapists (N=9)
- FG1: Iain, Ella and Helen
- FG2: Jodie, Susan and Maddy
- FG3: Kath, Clare and Rory
  - Open discussion around humour in music therapy
  - Initiated with question: “What made you say yes to being involved in a focus group on humour?”
  - Audio recorded

Arts-based reflexive analyses and thematic summaries

IEs final aesthetic responses
- Audio recorded solo violin improvisation
- Crystallisation drawing

FGs final aesthetic response: Improvised group performance
- Catalysts
- Video recorded

Synthesis of findings and discussion
4.10 Data Sources

Broadly speaking, data was sourced in two phases. During these phases data were supplemented with improvisations, drawing and written reflections as an ongoing arts-based reflexive process which was documented in a research journal (see appendices 10, 13 and 14 for examples).

Phase one of data collection:

- “Clinical data-mining” (Epstein & Blumenfeld, 2001) of my previous music therapy work
- Pilot interview-encounter with persons with whom I was working as a music therapist

Phase two of data collection:

- Three interview-encounters (IEs) with music therapists and persons living with dementia with whom they worked (N=8) (video-recorded)
- Three focus groups (FGs) with music therapists (N=9) (audio-recorded)

During phase one, I engaged in a process of “clinical data-mining” as set out by Epstein and Blumenfeld (2001) and described by music therapist Clare O’Callaghan (2009). As set out in chapter 3, this involved re-visiting notes and reflections from music therapy work, along with re-viewing video recordings of sessions6, and reflecting on the presence, or lack of, humour in the work. At the same time, ongoing music therapy practice on a hospital ward with persons living with dementia and functional mental health problems continued, along with individual private work with several persons living with dementia and acquired brain injury. Therefore, I was also able to reflect on instances and interest in humour as it occurred in my ongoing music therapy practice.

The pilot phase of the study had important implications in revealing assumptions I was making about humour in music therapy as well as improvisation as an arts-based method.

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6 This occurred in line with General Data Protection Regulations (GDPR) at the time.
The pilot phase also led to simplified methods of data collection, a clearer articulation of research questions, and showed the need for a more integrated and embodied reflexive method of analysis.

During phase two, I ran three interview-encounters with persons living with dementia and their music therapists, and three focus groups with music therapists. I also considered my ongoing reflections, and arts-based processes as data (appendices 10, 13 and 14).

4.11 Participants and co-researchers

In order to invite persons to the study that would bring rich lived experience to address the research questions, I engaged in a purposeful approach to recruitment (Wheeler, 2016). This involved a targeted call for participation through my professional and personal music therapy networks for music therapists who had been working for over five years with persons with dementia and/or acquired brain injuries (see appendix 15 for letters of invitation).

Following the call for participation, I arranged three interview-encounters (IEs) involving music therapists and persons with whom they were working (N=8), and three focus groups (N=9) involving music therapists. Music therapists that responded, and some of the persons with whom they were working, did so because of a specific interest in humour in their work.

Although two music therapists who were working with persons living with an acquired brain injury responded to the call, they were not able to proceed and participate fully in the project due to unexpected ending of their music therapy work or participants declining to be involved. Equally, two other music therapists were not able to proceed due to the death of the person with whom they were working, and an unexpected termination in contracted work. With these withdrawals (N=4), the music therapists remaining were all working with persons living with dementia. Therefore, from this point on in the study, I chose to articulate the research questions as follows:

- How does humour enable contact in music therapy with persons living with dementia?
- How do music therapists experience, perceive and embody humour in music therapy?

Through doing this I did not intend to discard the important findings of the pilot phase of the project, and I acknowledge the overall influence and importance of these in the larger study. However, I felt that findings from the pilot phase could be viewed primarily as important methodological and methods-based exploration in the context of the main research study.

In the interview-encounters, each music therapist participant had qualified from a music therapy programme in the United Kingdom (UK) and followed a relational or psychodynamically informed music therapy approach. The persons with whom they worked came from different geographical locations and were all living with dementia at different stages.

Similarly, in the focus groups, each music therapist had qualified from a music therapy programme in the UK and described their approach as relational or psychodynamically informed. Six music therapists had trained on the same music therapy programme as I had, and three had trained on other programmes. The focus groups took place in three different geographical locations in the UK. At each stage of the sense-making process, analyses were shared by email with co-researchers for member-checking and feedback.

I did not present a fixed definition of humour from the outset, though I was transparent with co-researchers about my own experiences and ideas about what humour is and can be in music therapy. I also shared the literature review article (Haire & MacDonald, 2019) that I had published as part of the study and invited participants to consider humour that arose spontaneously, as well as humour that might be used intentionally. By outlining my own position, I hoped to inform, empathise and empower participants to express how they encountered humour in music therapy and what it meant to them in their own terms.

4.12 Ethical considerations

Full ethical approval was obtained for the study from the University of Edinburgh ECA ethics panel in April 2018 (see appendix 2) and this was amended and re-approved in
July 2018 (see appendix 3) and October 2018 (see appendix 17). In addition to this formal process, I drew on Jan Dewing’s (2007) “process consent” model for researching with persons living with dementia to offer an ethical and moral grounding to the study. Her model allows for the non-linear process of engaging with issues of consent with persons living with dementia specifically in research studies, with the aim of including such persons that have "extremely limited capacity for informed consent" (Dewing, 2007, p. 22) in research. Dewing (2007) outlines the process consent method as follows:

- Background and preparation
- Establishing the basis for capacity
- Initial consent
- Ongoing consent monitoring
- Feedback and support (p. 15)

I informed all co-researchers about the study well in advance so as to prepare them adequately as to what the study was about, what their participation would mean, and how much would be expected of them. In addition, time was set aside at the beginning of each research encounter to go through the information sheet (see appendix 16) with each participant and this was given to each participant for their records.

I arranged that each interview-encounter would take place in a well-known environment for the co-researchers, so that familiar environmental cues were present, and an already established feeling of safety and trust was created.

I followed guidelines from each setting regarding informed consent (see appendix 5 for consent form). As far as possible the persons living with dementia consented themselves to being involved (IE1). If this was not possible (IE2 and IE3), consent by proxy was obtained either from the music therapist (IE3), or the informal carer participating (IE2). In the interview-encounters, this was checked and re-checked verbally at the beginning and end of the meeting in-person, as well as during the interview-encounter, to ensure that the co-researcher living with dementia was as aware as possible of what was happening and their participation.
Some co-researchers waived their right to anonymity\textsuperscript{7}, others chose a pseudonym. Where I had sought proxy consent, a pseudonym was used in consultation with their carer or informal carer. Thereafter, in line with a process consent model, I followed up the issue of consent for participation at several stages in the research; as transcriptions were sent for member-checking, when summaries of thematic reflections were shared, and then again at the end of the research process before article publication and final doctoral thesis write-up.

The music therapists involved in the focus groups all gave written and informed consent to participation in the research study themselves as did the musicians involved in the improvised group performance. As with the interview-encounters, some co-researchers waived their right to anonymity although there was a general sense of neutrality about how they might be referred to in the final study. One music therapist involved chose to use a pseudonym.

4.13 Methods of data collection

4.13.1 Interview-encounters (IEs)

Following the pilot phase of this study, I refined the already modified video-elicitation method (Henry & Fetters, 2012) of using recorded video excerpts of humorous moments from previous music therapy sessions to elicit responses and discussion in terms of how the video-recording equipment was set up.

Prior to meeting in-person, I shared the area of research interest with the music therapists involved and described what they might - as co-researchers - expect to happen. This included estimated timings for the meeting, a general view of what we might discuss, how we might use the video clips and any potential involvement or participation afterwards. As described previously in this study, the reflective practice of using video excerpts of specific moments in music therapy work is common as part of ongoing reflection and supervision (Oldfield, 2006; Thompson, 2019), and therefore a request to use video excerpts was not unusual for music therapists, or the persons engaged in music therapy.

\textsuperscript{7} Barbara and Don specifically requested that I use their given names in the thesis and any publications.
It was my intention that the video excerpts could invite re-membering of past experiences as well as catalysing new thoughts and relational data regarding humour in-the-moment. Positioning the video excerpts in this way the course of the interview-encounter was left as open as possible. I embodied an empathic listening stance (Finlay, 2011) as a researcher-practitioner and we viewed and re-viewed each video clip in negotiation with each co-researcher.

The laptop on which the excerpts were viewed was positioned in front of co-researchers and the video camera was set up facing us so that our facial expressions, gestures and interactions were visible. This data collection process offered the possibility for discerning richly layered and multi-dimensional information about relational processes in play. Whilst video recordings of each interview-encounter included audio recordings of the video excerpts, the primary data was the spontaneous interactions between participants in response to the music therapy video examples viewed. This set-up is illustrated in a screenshot (see image 3).

**Image 3: Example of interview-encounter set-up**

![Image 3: Example of interview-encounter set-up](image)

In the screenshot of this interview-encounter 1 (IE1), we are observing an instance of humour from a video excerpt of previous music therapy work which had been identified by Claire.

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8 From left to right, me (researcher), Keith (spouse), Audrey (person living with dementia) and Claire (music therapist).
Each interview-encounter was approached with an open-ness as to what might occur and any possibilities that presented in the moment, so for example, I embraced singing along with the video excerpts as well as playing music as it arose with the co-researchers. Therefore, the interview-encounters had a naturalistic feel to them.

4.13.2 Focus groups (FGs)

In attempting to mirror the improvisatory feel of “real life” group conversational situations, focus groups can offer the potential for accessing unexpected forms of knowledge about specific topics (Braun & Clarke, 2013). Nine music therapists (N=9) responded to the call for participation in the study. Each music therapist had over five years’ experience of working with persons living with dementia or acquired brain injury. Each group involved three music therapists alongside me and lasted around 90 minutes. The focus groups were audio-recorded. Discussions opened with the question: “What made you say yes to being involved in a focus group about humour in music therapy?” and thereafter conversation was freely shaped by the group.

There was an implicit assumption for me that focus groups involved a certain kind of encounter. I did not run a pilot focus group as I was keen to retain an element of spontaneity and I was less concerned at the time about trying out this method. Focus groups are a relatively well-established method of inquiry, and I had often been involved in semi-formal situations reflecting with other music therapists, so I felt comfortable in facilitating this. However, on reflection, it could have been useful to explore different methods of engagement in the focus groups. For example, at the time I thought carefully about introducing instruments in the focus groups and playing together as a way of exploring and perhaps experiencing humour through improvising with other music therapists. Yet, I felt this would be forcing the issue, and could not see a way to introduce humour spontaneously. I return to this in the discussion chapter of the thesis.

Participating in the focus groups, I embodied the role of researcher and music therapist. Whilst I maintained an openly contemplative stance, I also responded spontaneously in the moment and contributed my own opinions where I felt it appropriate. Like the interview-encounters, I prepared co-researchers in advance by sending them the research topic, areas of interest, and the published literature review (Haire & MacDonald,
2019). One participant also cited the article I had written about my previous study (Haire & Oldfield, 2009).

4.14 Phenomenologically informed arts-based reflexive analysis

I transcribed the interview-encounters and focus groups verbatim following Braun and Clarke’s (2013) orthographic transcription system (see appendices 18 and 19 for samples of this).

Finlay’s (2011) phenomenological approach to reflexive analysis (as detailed previously) formed the main theoretical point of reference in beginning the analytic process with van Manen’s (2016) process of hermeneutic phenomenological reflection supporting this as a secondary frame of reference. In correspondence, I used arts-based reflexive methods throughout the study drawing on the work of Schenstead (2012) and Gerge et al., (2017a; 2017b) in particular.

Finlay’s (2011) reflexive approach comprises of three overarching phases:

- Empathising with the data holistically (transcribing and reflecting on each encounter)
- Lingering over selected passages that were puzzling or intriguing, and isolating these
- Stepping back and using lifeworld-oriented questions to reflect further on isolated passages

During this process I was also inspired by Maggie MacLure’s (2010) arts-based research. Whilst MacLure’s (2010; 2013a; 2013b) post-qualitative positioning pushes beyond the phenomenological methodology described in this study, her invitation to follow the data that “glows” (2010, p. 282) spoke to the nature of experiences of humour in music therapy whilst also bringing alive the process of finding and responding to passages when working with hypertextual data. As she writes: “shifting speeds and intensities of engagement with the example [of/from data] do not just prompt thought, but also generate sensations resonating in the body as well as the brain – frissons of excitement, energy, laughter, silliness” (MacLure, 2010, p. 282).
As described previously, phenomenological lifeworld dimensions offered distinct but overlapping domains of experience through which to consider humour thematically (see appendix 20 and 21). These related closely to the research questions. I did not hold these dimensions to be definitive, instead they provided heuristics (Ashworth, 2006) or categories of lived experience from which to begin. Therefore, Finlay’s (2011) lifeworld-oriented questions provided an orientation or movement towards my research questions. Examples of these include: “What does it mean to be this person?”; “What is this person’s subjective sense of embodiment?”; “How do they experience relating to others?; “What motivates this person; what gives their life meaning?”; “Is there any discourse/language being used that seems significant and reveals either personal or shared cultural meanings?” (Finlay, 2011, p. 230).

Finlay’s (2011) prompts invited a reflexive stance within these dimensions and were supported by van Manen’s (2016) observation that “Phenomenological themes may be understood as the structures of experience” (p. 79). During the pilot phase, I experienced a tension between organising and making sense of multi-layered or hyper-textual data and reducing experiences of humour in music therapy to pithy statements. However, van Manen’s (2016) explication of how interpretation can be used in an analytic process was helpful, along with his articulation of hermeneutic phenomenological thematic analysis:

Making something of a text or of a lived experience by interpreting its meaning is more accurately a process of insightful invention, discovery or disclosure – grasping and formulating a thematic understanding is not a rule-bound process but a free act of ‘seeing’ meaning. Ultimately the concept of a theme is rather irrelevant and may be considered simply as a means to get at the notion we are addressing. Theme gives control and order to our research and writing (p. 79).

I might also expand van Manen’s (2016) “seeing” meaning to add feeling meaning. Therefore, alongside this process of empathising, isolating passages and reflection, I engaged in a concurrent process of solo violin improvising, drawing and reflective writing, after Schenstead’s (2012) notion of arts-based reflexivity (see appendices 13 and 14). The concurrent process of improvising and drawing as I focused on isolated passages facilitated written reflections which were then incorporated into the reflexive narrative (see appendix 22). Although methodical, this process was fluid, and I invited the analysis to seep into my everyday. This practice helped to surface thoughts or feelings that were not yet conscious, and words often also emerged.
I did not try to uncover latent meanings from the illustrations that emerged as I felt strongly that they were part of a process of sense-making. The practice offered the conscious creation of a space in which to dwell deeper with the data in an embodied, creative and spontaneous way. Having said that, some of the drawings did offer symbolic reminders of particularly intriguing moments and affective responses.

Following the arts-based reflexive analyses it appeared that a final creative articulation of the research encounters could lead to further distillation and possibly new revelations. Making sense of humour in this context - beyond the behavioural and dynamic articulation of humour in improvisational music therapy by Amir (2005) - was an entirely new venture and so making space for a spontaneity in analysis was intentional and related to the topic, context, and inquiry.

As a way of extending Finlay’s (2011) reflexive analysis, I engaged in a final “aesthetic response” (Gerge et al., 2017a; 2017b) in relation to the overall experiential arc of each interview-encounter (these are illustrated fully in chapter 6). I recorded an improvisation and then drew freely as I listened back to the audio recording. This differed from the ongoing improvisations which were not recorded.

With the focus groups, I engaged in a process of poetic distillation from across the reflexive analyses to initiate an improvised group performance which was also video recorded (this is illustrated fully in chapter 8). Both these aesthetic responses acted as an expansion of the arts-based reflexive process and as artefacts, and therefore also findings, in themselves. The analytic process is outlined in figure 8 for the IEs and figure 9 for the FGs.
Figure 8: Outline of analytic process for interview-encounters

Phase 1: Transcription from video recording of each interview-encounter
- Empathising with data holistically
- Transcription sent to participants for member checking

Phase 2: Phenomenological arts-based reflexive analysis
- Isolating passages of interest
- Interrogating using lifeworld-oriented questions
- Concurrent solo violin improvising and drawing

Phase 3: Aesthetic response
- Solo violin improvisation & crystallisation in response to whole
- Meta-reflection
- Reflexive description

Phase 4: Rich thematic description and summary
- Summary sent to participants for member checking
Figure 9: Outline of analytic process for focus groups

Phase 1: Empathising with data
- Transcription from audio recording of each FG sent to participants for member checking

Phase 2: Phenomenological arts-based reflexive analysis
- Isolating passages of interest
- Concurrent process of solo violin improvising and drawing

Phase 3: Reflexive descriptions of passages
- Interrogating passages using lifeworld-oriented questions
- Summary sent to FG participants for member checking

Phase 4: Further distillation of passages
- Thematic statements drawn from passages: "catalysts"
- Group improvisation

Phase 5: Reflexive synthesis and rich thematic description
4.15 Arts-based collaborative reflexivity

Approaching the focus group data began in a similar way to the interview-encounters. Whilst the self-reflexive arts-based process had offered rich reflections on experiences in the focus groups, to move towards how music therapists embodied and experienced humour through music, I felt something more collaborative was required. The importance of giving voice to experiences of humour with other music therapists and sharing experiences of music therapy work highlighted the non-verbal aspects of what happens in music therapy, and I became curious about how arts-based reflexivity might work with other persons and what this might reveal in relation to music therapists’ perceptions and experiences of humour in music therapy.

Having reached a point where I had organised several reflexive themes, I organised an improvised group performance with the intention of inviting a space and a means in which to engage aesthetically with the data in a shared way. Responding to the data in this way could allow for the ambiguous nature of humour and aligned with an emergent design. An unknown collaboration might possibly open to a “polyphony of meanings” (Bresler, 2018, p. 649) - not least since we would be taking words into sound – and the presence of an audience would offer increased possibilities for surprise, inviting correspondence between essential thematic statements, improvisers and witnesses.

When isolating passages from the focus groups, I used arts-based reflexivity to make sense of the data and surface meaningful yet concise thematic statements. This was underpinned by Finlay’s (2011) phenomenological reflexive analysis as outlined, and van Manen’s (2016) step-wise approach to hermeneutic phenomenological reflection was also useful. van Manen’s (2016) approach involves a process of uncovering thematic aspects, isolating thematic statements, and gleaning thematic descriptions from artistic sources. His focus on the hermeneutic thrust of everyday conversation as an improvisational mode of sense-making not only resonated with how improvisational dialogue can occur in sound, but it also offered a move towards a method of “collaborative analysis” (p. 100).

Engaging in an embodied aesthetic experience to know more about how humour happens and feels in music therapy felt highly relevant to my research questions. I began arranging thematic statements intuitively into a poetic transcription. As Gerge et al.
(2017b) set out: “In poetic transcription, according to Faulkner (2009), notes of written statements of the informants are directly cited, and then put into a structure chosen by the researcher” (p.3). It was my intention that this poetic transcription would act as a catalyst for a group improvisation.

In this poetic transcription, I organised significant notes and phrases from co-researchers – or thematic statements after van Manen (2016) – and labelled these catalysts. My intention was that a small group of improvising musicians would respond to a performance poet improvising vocally with the catalysts. As I was co-hosting a symposium on humour research and due to present my doctoral work there, I envisaged that this would provide space for playing. I arranged an evening of performances related to humour and improvisation to take place after the symposium in a pub close to the venue. For the improvised group performance related to this study, improvisers and audience were purposely given minimal information about the improvised piece and the process was not formally discussed with them further to the performance.

As well as being shaped by van Manen’s (2016) “collaborative analysis” (p. 100), the process of moving from an introspective (self-reflexive) stance to a more mutual collaborative reflexivity was also framed by Linda Finlay’s (2002) variants of reflexivity: “introspection; intersubjective reflection; mutual collaboration; social critique; discursive deconstruction” (p.212). Pushing further into reflexive approaches, I leaned on performative autoethnographic literature, particularly Tami Spry’s work (2010; 2011), which gave further strength and form to my ideas.

Building on Seabrook’s (2017) concept of research-creation, I saw a group improvisation as inviting a collaborative playing out of data and through this affording completely unknown potential in terms of the study. As Knill et al., (2004) note: “Poetic interpretations enable us to find meaning in context, which reveals itself in a text delivered in the language of imagination” (p. 31).” I felt that entering this imaginal sphere along with a

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9 The word **catalyst** comes from chemistry and can refer to: 1: a substance that enables a chemical reaction to proceed at a usually faster rate or under different conditions (as at a lower temperature) than otherwise possible and 2: an agent that provokes or speeds significant change or action (Merriam-Webster, n.d.).

10 *Humour me!* Symposium, Edinburgh, 8th November 2019.
feeling of venturing into the unknown, was somehow crucially linked to experiences of humour in music therapy.

4.16 Chapter summary

In this chapter I have detailed a reflexive-relational research approach (Finlay, 2009; 2011) to exploring humour in music therapy, and I have explained the relevance of this to my area of research focus. I have also discussed the dialogic interplay between a relativist ontology, constructivist epistemology and phenomenologically informed arts-based reflexive methodology. These assumptions support the interactive methods used to gather data about experiences of humour in music therapy and address the research questions of how humour enables contact in music therapy with persons living with dementia, and how music therapists perceive, experience and embody humour in music therapy. In the following chapters (5-8) I set out examples of the data and findings from the three interview-encounters and the focus groups.
Chapter 5 Interview-encounters (IEs)

In this chapter I detail phase 2 of the phenomenologically informed arts-based reflexive analysis of three interview-encounters in turn as highlighted in figure 10. An example of phase 1 is detailed in appendix 18, and phases 3 and 4 are detailed in chapter 6.

Figure 10: Highlighting phase 2 of analytic process for interview-encounters

Each interview-encounter was arranged in conjunction with a music therapy session, as this was the most comfortable and logistically viable option for everyone. It also allowed

1 Analysis and findings from the interview-encounters were published in *The Arts in Psychotherapy* (Haire & MacDonald, 2021). The process of publication was an important aspect in the development of this thesis.
me to meet participants on their terms, in a familiar space and in connection with their music therapy sessions. An introduction in this way was relaxing for everyone, and naturally invited music-making into the interview-encounter. In some ways, as with the pilot interview-encounter, I viewed this meeting as a continuation of on-going music therapy work. Yet, I was not as close to the work as I had been in the pilot phase.

5.1 Interview encounter 1 (IE1)

The first interview-encounter involved me, Keith, Audrey and Claire (music therapist). Audrey was in her late sixties and living with dementia. She lived at home with her husband Keith. She and Keith had attended the music therapy group over the last two years. The group runs in 10-week blocks, led by music therapist Claire. The interview-encounter lasted for just over an hour and took place in a community centre following their music therapy group session.

After some initial discussion and playful interaction we started to watch the first video clip that Claire had identified. Claire had chosen three contrasting clips of varying length from previous music therapy group sessions. I encouraged everyone to stop the video at any time if they wanted to comment on something they saw. We watched each clip and parts of the clips several times to move deeper into what was happening or pick out and discuss interesting aspects. The clips were as follows:

Clip 1: Improvising together as a group
Clip 2: Musical role play
Clip 3: Structured activity: passing the shaky eggs

5.2 IE1 Data that glowed

I transcribed the interview-encounter from the audio and video recordings. Through this process, I got to know the data well and empathised with it, revisiting my own reflections from the experience at the same time. I let myself freely associate and follow my own

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2 These titles are my descriptions of the video clips.
3 See chapter 4 for a full outline of the reflexive analytic process.
sense of wonder and I focused on sparks of data that glowed (Maclure, 2010). Following Finlay (2011), I then isolated chunks or passages around these sparks that felt particularly significant, interesting, or puzzling. This led to 29 isolated passages. I spent time with each passage and noticed different aspects of the experience. Following this process, I focused in on 11 passages in depth.

As mentioned in chapter 4, reflections on these passages were guided by lifeworld-oriented questions as set out by Finlay (2011) and these interrogative existential guides helped organise my reflections while keeping the research questions in mind. (See appendix 22 for an example of how the reflexive analysis was documented). I detail the resulting narrative reflections, in dialogue with illustrations and screenshots, from the reflexive analysis of each 11 passages here.

5.2.1 IE1 Passage 2

Audrey frequently used humour throughout the interview-encounter. At times, it seemed to hold complex feelings for her. In one such example, Audrey drew attention to a necklace Claire was wearing and commented that it was like another necklace Claire had. When Claire agreed, Audrey then remarked: “See. I’m not stupid… just demented” and then laughed (image 4).

Image 4: IE1

Hearing Audrey say this made me laugh and feel sadness simultaneously. It was very early on during the interview-encounter, and we were all still getting to know one another. Perhaps this was a strange situation for Audrey, and I found myself thinking about how it may remind her of other meetings she might have had to attend where “her” dementia was a central focus. Following this thread, I wondered if Audrey was keen to voice the
fact that she was living with dementia to me early in the interview-encounter as if owning and inhabiting the power to say who she is.

At the time, I heard Audrey’s comment as ironic; it seemed to give her some control. There was a self-deprecating edge to her humour, and this seemed to hold something of the complexity of living with dementia. Using humour this way, it appeared that Audrey was letting irony hold some of the feelings of frustration and loss dementia might bring while also showing that she was aware of this.

Reflecting further, my own discomfort around what having dementia can mean became clearer. As I watched this clip back several times, feelings of fear and loss in relation to dementia emerged more consciously for me and my sense of wanting to try and find distance from the discomfort was noticeable. Perhaps this is something I do through humour in my work with other persons living with dementia. In the moment, I was trying to empathise or be “sympathetically present” (McCormack & McCance, 2017, p. 57) with Audrey, but her comment passed very quickly, and so it was only when reflecting with more distance and time that I became more aware of the agency in Audrey’s statement.

Something about the image in illustration 2 captures my sense of Audrey in this moment. She was lively and fun in the interview-encounter and yet here, she was using humour to assert pragmatically that she was “not stupid… just demented”.

Illustration 2: IE1 example of arts-based reflexive process

I had not written any reflections with this drawing, simply the words ‘clown-light’.

5.2.2 IE1 Passage 3

The body and gesture played a large part throughout the interview-encounter, as it seemed to do in the music therapy group that Keith and Audrey attended. On meeting Audrey, I had experienced her humour as quick, embodied and multi-modal and during this passage, she demonstrated how she could be musically cheeky when she introduced me to her favoured instrument, the clatterpillar. Claire instigated this and I could see it was a way to settle and locate everyone while also introducing our purpose in a non-verbal way.

When Claire went to get the clatterpillar, I could feel excitement and anticipation in the room and Audrey began to laugh. As the clatterpillar was handed over, Audrey seemed to enjoy showing me how she played it. She appeared serious initially, pursing her lips and visibly concentrating as she started a gestural to-and-fro. A moment later, as we were still talking about the instrument, she began to play again with a clear rhythm, and I joined her in movement. I mirrored what she was doing, and she noticed this, and we engaged in this rhythmic dialogue for some seconds (image 5).
I spontaneously introduced whistling while we were moving together and Audrey seemed to appreciate this and smiled. The tune I was whistling ("Cock o’ the North"), on reflection, sounded a little comical and I was curious as to why this particular tune came into my mind. As I began to whistle, Audrey immediately responded playfully to the jauntiness in the melody.

I followed Audrey and as she finished playing, I slowed down. She gave another flourish with the clatterpillar, which reminded me of a flamenco dancer as I watched the video recording of the interview-encounter; it felt decisive and had a direct energy in it. It was such a fleeting moment of togetherness – around thirty seconds – yet I felt it was shared on a deep level. Interestingly, this interaction closely mirrored one of the video clips we were to watch later.
Illustration 3: IE1 example of arts-based reflexive process

Clatterpillar
Spark

Fun-sad… Is humour emotional? Perhaps it opens up a space for emoting?


5.2.3 IE1 Passage 4

Following passage 2, Audrey reiterated again: “And I’m the demented one aren’t I ((laughs)) …”. Her comment followed my attempts to draw attention to her skilfulness in playing the clatterpillar. I asked: “Do you think? I mean, I don’t think I could do that”. In a way, I think I was setting up a space to celebrate Audrey. In saying I would not be able to play as well as she, I invited her to acknowledge her skill in playing. This kind of interaction where I position myself in an unknowing role feels familiar for me, and not without comic potential. In this instance, Audrey used self-deprecating humour again to announce that she is the “demented one”. The way she spoke this time sounded to me that it embodied a resilience I did not hear the first time she said this. I wondered later whether Audrey was having her own conversation with herself here, noticing what she is capable of in the group with this instrument. Was there something about the capacity of the instrument and her own skill which linked to her identity in the group?

When Audrey repeated her statement again, it followed Keith's description of how he was following Claire musically in the video clip. Audrey’s voice was much quieter the second timer: “Yeah ‘cause I’m the demented one”. After speaking, Audrey laughed and sank into her chair dramatically. This embodied reaction, for me, drew attention to Audrey living her changing identity and her concern about losing aspects of her self or be “de-Audrey-ed”,

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so to speak, by dementia. There seemed a quiet power contained in her statement, yet her bodily flop also made me feel she was aware of these changes, and any potential difficulties she might face. There was deflation in her movement.

In response to Audrey voicing this, I noticed how I sought to empower her, and endorse her playing: “you’re the one who’s playing like this (.) and (.) almost sort of conducting”, I said, illustrating my words with gestures. I drew attention to the fact that Claire is following her musically, and the group too, and pointed out that when she is playing, “It looks very very beautiful”.

Referring to the ‘clown-light’ drawing (illustration 2), I can see a corresponding interlocking circular theme. I wonder if this is a working through of my sense of an inner experience of living with dementia. What role does humour have in offering (forming) a coherence of being in dementia?

**Illustration 4: IE1 example of arts-based reflexive process**

“*I’m the demented one*”

And when it’s finished it has form.

5.2.4 IE1 Passage 5

In several passages, Audrey made wry and witty quips in response to the video, or what was happening in the room. She teased Keith repeatedly and several times focused on the fact that he had no hair: “That’s where you get his bald head from ((laughs)))”. As Audrey says this, she is clearly aware that she is joking and making fun of Keith. Her gestures and facial expression are cheeky, for example, she turns to Claire and plays with
a deadpan facial expression. Keith smiles at Audrey, remains quiet and allows space for the joke as if he is used to this. Audrey refers again to his baldness and continues: “We’ve got a skullcap on ((laughs)).”

In the moment, I responded to Audrey quickly, acknowledging her joke about Keith’s bald head, and she responded to me and looked to Claire to involve her. We begin to laugh, and this feels a shared moment, yet at Keith’s expense. Watching back, I wondered about the fact that I was joining Audrey in teasing him, then the three of us were laughing at him. Keith lets the joke go, and I wondered if this kind of teasing happens a lot between Audrey and Keith. As I reflect, I remember patterns of relating through humour from my own family background which perhaps go some way to explain my discomfort that we were laughing at Keith.

5.2.5 IE1 Passage 7

As was the case in passage 2, musicality and humour intertwined in different ways during the interview-encounter and obviously the music therapy group. During this passage, Claire described how she was thinking musically about Audrey’s movement with the clatterpillar during the first video clip. As Claire explains the musical conversation, she and I begin to enact it (as shown in image 6).

Image 6: IE1

We moved our hands high and then low, and the interaction ended in laughter. The clatterpillar seemed to reflect the mischievous aspect of Audrey’s personality and provide an embodied musical gesture of playful engagement.
When I tried to find out more about why Audrey enjoys playing the clatterpillar so much, I realised that this question did not make sense to Audrey. Her response is shown in image 7; the shared non-verbal musical engagement between us says it all. Or as she put it afterwards: “That’s me”. Perhaps my focus on the embodied musicality of Audrey’s playing in this passage seemed strange to Audrey.

**Image 7: IE1**

To me, the energy Audrey demonstrated when playing the clatterpillar, and her non-verbal engagement when I tried to discuss it, resonates as a movement depicted in illustration 5. This also reminds me of the heightened presence I felt when Audrey was playing.

**Illustration 5: IE1 example of arts-based reflexive process**
There were no reflections with this illustration at the time; it held what I was thinking and feeling, and the green-blue colours could indicate a plant-like upward movement along with the dynamic shapes of her gestures. A basis in the blueness of water also points towards a fluidity which is common in humour (the physiological basis of humour in ancient Greece is mentioned in chapter 2).

5.2.6  IE1 Passage 8

In the following passage, Keith continues to explore the fact that the clatterpillar fits or reflects something key about Audrey’s personality. The cheeky multi-modal humour we just engaged in during passage 7, was also obvious in the second video clip, where we watched Audrey intentionally playing a mischievous role in the music therapy group. Keith suggests: “… it’s almost like the instrument is mischievous”. In response, Audrey repeated: “That’s me”, this time raising her hand and giggling.

Something about the way that Audrey wants to take ownership of being cheeky, and also embody the instrument as a part of her, is notable here. It makes me feel like she wants to be identified as cheeky or naughty and the clatterpillar allows this. Shortly after this when she puts her hand up to claim this personal characteristic, she then asks: “What am I? What am I? Mischievous?”. It seems as if she is trying to consolidate, embody and celebrate this part of her identity.

5.2.7  IE1 Passage 10

In this passage, Keith and Audrey were watching a musical role-play in the music therapy group. This centred round an exploration of different life-roles with others in the group (taking on roles of child, parent etc.) This invites great amusement for everyone in the group and in the video clip, Audrey appears to enjoy the licence that the child role gives her, and this endorses the playful cheeky “mischievous” aspects of her personality.

During the video clip, the interaction unfolded as follows: Audrey was playing the role of a child and was in musical dialogue with a flautist. The flautist began by playing physically close to Audrey and startled her a little. On the video clip, it looked as if Audrey has been musically tickled; she jumped and used her voice to respond. As the musical dialogue
moved on, Audrey became more vocal and louder with her pair of cymbals. In a climactic moment, Audrey crashed her cymbals forcefully in response to the flautist. Watching this, Audrey and Keith were overcome with laughter (image 8).

**Image 8: IE1**

Audrey and Keith’s shared laughter was completely infectious here. Watching back, it struck me as completely free and made me feel full of joy. I was drawn to laughing with them each time I re-viewed this passage. It was not self-conscious; they both threw their heads back and closed their eyes for a second and laughed wholeheartedly. As they began to sit up, I noticed they both look towards Claire and I rather than at each other. I felt that they did not need to look at each other to acknowledge the laughter. The way they both laughed spontaneously endorsed how they shared a sense of humour and added to my sense that this is a key part of their relationship. As they laughed, Audrey adds: “Oh I’ve seen everything now ((laughs))” to which Keith responds: “It’s never half hearted is it”. This self-deprecation was gentle and affectionate and feels celebratory in a way.

5.2.8 IE1 Passage 13

During this passage, Audrey initiated a joke with Keith. She involved me non-verbally; putting her finger to her lips as Keith responded. I answered by pulling my finger across my lips to indicate that I would not speak; I was ‘in’ on the joke. Keith responded seriously at first, and then when Audrey asked him again, he seemed to realise that they were “playing”, and he engaged as such:
A: Are you sure?
N: Yeah Ah
C: Yeah
A: Are you sure?
K: Well we’ve all been children we’ve all been parents we’ve all been grandparents
A: Are you sure?
K: I’m sure
A: Positively sure
K: Sure
A: Sure? ((laughs))
N: Absolutely categorically (. ) Sure!

Everyone laughed at this final “Sure!”, and Keith explained: “That word sure I always take the micky a bit because that’s real Yorkshire”. The familiar interactional pattern for them both was a kind of in-joke perhaps.

It reminded me of a comedy bit⁴, a short interpersonal pattern that they both know very well and find funny. As they dialogued, or replayed this bit, with each other, Keith looked at Claire and I as if to acknowledge he knew it was a game. When I added to their joke, Audrey laughed and mirrored my gesture. It appeared that she was pleased that I ‘got it’ and acknowledged the humour she initiated. This teasing and playing seem to be a natural part of their interactions together and there were several shared in-jokes during the interview-encounter (for example, see also passages 17 and 23). I wonder whether this familiar way of engaging was taking on even more significance for both Keith and Audrey as other parts of life change or become more complicated.

5.2.9 IE1 Passage 16

Throughout the interview-encounter, it was very clear in the way they both interacted that humour had an important function for Keith and Audrey. During passage 16, Keith began to explain: “It’s that, yeah, for us personally it is actually (. ) the music acts as a catalyst for the humour”. At this point, he articulated how significant humour is for them: “I was thinking about listening to this morning and it occurred to me that (. ) for both the person with dementia and the carer (. ) eh I personally think humour becomes very important because if you were ever to lost that (. ) then the situation would be (. ) a lot worse…”.

⁴ A “bit” is described as a “short theatrical routine or a corny comedy bit” (Merriam-Webster, n.d.).
As Keith expressed this, powerful emotions surfaced for him which seemed painful and centred around loss. For the first time in the interview-encounter he referred to dementia directly, yet he used the third person to do this which created some distance between himself, Audrey and dementia. It took a moment for Audrey to recognise his sadness and I noticed myself finding it difficult to stay with too. When Audrey asked: “You alright? Are you sure? No you’re no are you? (.) No” she still and looked towards the floor despondently. After responding and acknowledging his emotion, Keith quickly picked up the mood and reassured Audrey: “We’ll get back to laughing now”.

At the time, I began to wonder about our specific focus on humour in the interview-encounter and whether this is linked to feelings of loss for Keith. Where do loss and humour connect? Keith moved on in the interview-encounter to identify the music therapy group and humour as a lifeline for both he and Audrey and spoke about the very strong connection between the music, which leads to or opens a space for humour: “… the music is uplifting and then obviously that puts you in the mood or frame of mind to then release the humour”. So, for Keith, it appears to be a staged process as if music provides access to humour. Illustration 6 emerged as I reflected on this passage.

Illustration 6: IE1 example of arts-based reflexive process

Loss. Allowing it. Do I over-rely on humour?

Dementia

Is my interest in humour driven by a need to understand and allow for loss?
Humour is so often used to distance and defend against loss in general, yet perhaps it also opens a quality of time-space-being that allows for emotions like sadness and loss to be felt too.

5.2.10 IE1 Passage 19

During the latter part of IE1, Claire described how musical action songs can sometimes provoke laughter when they do not go according to plan. This was demonstrated with much hilarity in the final clip that Claire showed, where everyone in the group is passing shaky eggs round the circle and singing a structured song. The song broke down several times as different members of the group miss their turn. Audrey is central to this, and she ended up with too many eggs piling up on her lap. The more eggs that are passed towards her, the more she laughs. As we prepared to watch the clip, there was great anticipation building.

Audrey seemed to become completely overwhelmed with laughter almost as soon as the clip began, as shown in image 9.

Image 9: IE1

The memory of the activity in this clip seemed close; it had only occurred in the group a couple of weeks ago. When Audrey and Keith began to sing along with the clip, I found myself very moved by this. It sounded a very clear indication of how the musical activity
and this song particularly supported them. I was very aware of the frame music was giving them within the music therapy group.

As the clip progressed, Audrey began to laugh hysterically and then covered her mouth with her hand. Keith pointed towards the screen and said to Audrey, “Oh now (. ) started (. ) passing the eggs (. ) we can’t do it for laughing look”. It is as if the video clip and us watching are fused in laughter. There was no sense of time difference. It was as funny now, if not more than it had been in the moment. I also felt that Keith was seeing and acknowledging how much Audrey enjoyed this, and this was making him very happy. Re-sharing and re-membering this moment felt important.

I was struck at the time by a sense of privilege that I was witnessing their fun, and how meaningful it was. I was outside this experience, yet allowed in, and the high energy in the room. Everyone exhaled loudly after clip 3 finished and watching the recording of the interview-encounter back, it looked like we were not able to do anything else but laugh. I had a strong sense of being overwhelmed. It was difficult to find words to say after watching this. Keith made a tongue-in-cheek suggestion: “that we do it with raw eggs!”, and Audrey plays along with this gently and in the spirit: “… no. N.O. means no…”.

5.2.11 IE1 Passage 29

For Keith and Audrey, humour is obviously a very important part of their relationship beyond the music therapy group. Sharing humour seems fundamental to their way of being together; they use familiar humorous patterns and structures to engage dialogically and maintain contact, and they obviously value the space in the music therapy group that enables different ways of doing this. This space was clearly essential for Audrey and Keith, and the sense of agency and connection that the group offered was underlined towards the end of the interview-encounter when Keith summed up why he thought humour was important: “As I said I’ve been thinking even before Claire suggested we take part in this (. ) it had been growing in my head that just how important the humour (. ) as I said I think the music (. ) the music is a catalyst for the humour and in my opinion (. ) the humour at the end of the day is probably more important than the actual music”.
Illustration 7 captures something of the energy around this moment. It was so bright and high, and it was difficult to catch our breath after the clip as we were laughing so much.

**Illustration 7: IE1 example of arts-based reflexive process**

*My ribs resonating!  
Open 5ths, base bass  
I found the movement of breath.  

*The humour is probably more important than the actual music.  
Body, soul, mind… bio-psycho-social heart. Imaginal Hillman?*

Thinking into Keith’s statement, I instantly relate to it from my own experience of engaging in humour with someone who is living with dementia in music therapy and outside music therapy. It speaks to me of what humour is for Keith; and shows a whole-person experience. As I reflect, I find myself thinking about why humour is so important. Does it do something different to music? Does it enable a kind of contact or relationality that music does not? Is there some kind of release with humour which is important for Keith? Perhaps this is an element of experience that goes beyond the music-making.

The word catalyst comes to me at this point, and it makes me think that the music-making creates a spark, maybe it creates a space, a way, for humour to happen. It opens, leads to, releases something which results in humour. When Keith reiterates: “The humour at the end of the day is probably more important than the actual music”. I also hear an echo of the sadness and loss that he touched on earlier in the interview-encounter; something about recognising the huge significance of humour for them both and the “end of the day” being a strong metaphor.
When Keith went on to prompt Audrey to articulate further what the music therapy group offered her, she responded seriously: “Humour”. When Audrey answers Keith’s question with seriousness, I am left wondering whether she really thinks that or whether she is repeating what Keith has said. I don’t know. I am struck by the directness with which Audrey responds to this question, which has been unusual during the interview-encounter.

It is this shared sense of humour, and the importance of fun that characterises Keith and Audrey’s way of being together for me. During the interview-encounter, they have not only spoken about this but also shown me how important humour is to them. Thinking about how Keith has observed lasting effects of the music therapy group for Audrey and perhaps also for himself, it makes me wonder about moments of humour; moments of a kind of contact that can lead to a knowing which can then develop into more protracted relational interactions.

Towards the end of the interview-encounter, we reached a place of meeting, of sharedness, which became more apparent for me as I watched the video recording some months after we met. My own initial reflections on this left me feeling that interactions during the interview-encounter itself had shown what humour can do relationally. In one example of this, we all moved away from the screen and then towards again as we responded to what happened in the clip (image 10). How the laughter ripples through each of our bodies is striking. The sense of movement appears very integrated and yet we are each laughing and responding bodily in an individual way. Somehow, it seems as if the laughter is passing through us and between us. It suddenly seemed intimate; a distinctive moment between us all.

Image 10: IE1
5.3 Interview-encounter 2 (IE2)

The second interview-encounter involved me, Ann, May and Ellie (music therapist). Ellie had been working with Ann, who was living with dementia, and her friend May for around two months. Ann was in her eighties; she rarely used words to communicate now and lived in a care home. The interview-encounter lasted just under an hour. After some initial discussion, Ellie used her laptop to show the video clip she had isolated from one of their music therapy sessions.

As with IE1, I encouraged everyone to stop the video at any time if they wanted to comment on anything. Initially Ann seemed captivated by the music in the video clip and responded bodily and with her voice. After this, she suddenly seemed tired and closed her eyes for a while, so there were some moments of quiet. This was followed by shared music-making as we went with Ann and towards the end of the interview-encounter, we returned to the video clip and watched parts of it again.

In this interview-encounter, modes of communication and interaction were much less separable than both IE1 and IE3. Music-making, non-verbal gestures, vocalisations and verbal communication all seemed equally important.

Clip: music-making together with a wink

5.4 IE2 Data that glowed

In order to transcribe the interview, I listened to both the audio and video recordings of IE2 and I also revisited my own reflections from the experience. I let myself freely associate with the data and I followed my own sense of wonder, focusing on sparks of data that glowed (Maclure, 2010). Following this, I isolated chunks or passages that felt particularly significant, interesting or puzzling. Initially, this led to 12 isolated passages. I spent time with each passage and noticed different aspects of the experience. Following this process, I focused in on 6 passages in depth.

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5 As with IE1, this is my description of the video clip
5.4.1 IE2 Passage 3

Relatively early on during the interview-encounter, the power of Ann’s laughter became evident. I noticed that when she laughed, the feeling in the room completely changed. This happened several times and there was a sense of the atmosphere in the room opening. As we watched the video clip for example, I was struck by how Ann appeared to be laughing with Ellie, or in response to what Ellie is saying, and it changed the energy in the room.

Shortly after the first time we watched the video clip, Ann had closed her eyes and seemed to be drifting off into sleep. I remember wondering if the video may have been overwhelming for her, and after some moments of quiet, I started to softly hum the beginning of a familiar song. Ellie joined me and we hummed gently together as Ann’s eyes remain closed. This continued for a short while, and then May joined us with a small shaker. Just as we got to the chorus of the song, Ann opened her eyes unexpectedly and smiled. At this point, our singing became louder and surer (image 11).

Image 11: IE2

The interaction finished with a glissando to a low note that I could not reach (image 12), and Ann chuckled at me.

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6 From left to right: Ellie (music therapist) Ann (person living with dementia), May (friend) and myself (researcher).
The singing had emerged from a long silent pause. We began very gently, and I remember feeling unsure as I did not know Ann well. When Ellie joined me, it felt supportive, and I began to harmonise which released the melody. As soon as Ann opened her eyes and looked to Ellie, there was a sense of release, and the energy lightened in the room. When Ann noticed me trying to reach the lower harmony note and singing: “I couldn’t get the low note (.)”, she laughed gently (image 12). This felt like recognition and a direct moment of connection or contact.

I wondered afterwards why I had felt the need to create a joke out of the fact that I could not reach the low note. Was I trying to test the waters, and see if it was an opportunity for connection? I also noticed myself using self-deprecating humour after a shared musical improvisation in IE2 passage 5.

5.4.2 IE2 Passage 4

Ann’s laughter sounded musical to me. As the interview-encounter progressed, I began to hear her vocal motif as her individual voice. It occurred in response to musical engagement, and it appeared to be a way that Ann engaged with others. She moved fluidly between music, laughter and vocalisations. Ann’s vocalisations centred around a specific melodic phrase which felt conversational. Her vocalising felt intentional in the moment and playful at times as it often moved into laughter and became mutual. Ellie supported this: “It feels like that doesn’t it? It feels like a shared thing between us”.

Image 12: IE2
Ellie had noticed that Ann tended to laugh consistently after pieces of music had finished and in the interview-encounter, she suggested to Ann: “I think (.) you like the endings of the pieces (.)”. Ann murmured in response, and I found myself thinking of how persons clap or applaud at the end of pieces of music and the kind of energy that often follows folk tunes. Something about the celebration and the call for more could be embodied in Ann’s laughter. It also could be a way of continuing a shared interaction. The humour, laughter, vocal sounds and shared feeling states all felt equally dialogic and grounded somehow in where we were (illustration 8).

**Illustration 8: IE2 example of arts-based reflexive process**

![Image](image_url)

**Delight!**

*A morph into movement.*

*Seeing through sight*

5.4.3 IE2 Passage 7

During this interview-encounter, I noticed myself frequently gesturing and using non-verbal cues, as I might during a music therapy session, with Ann. There were several moments when, as we were making music, I was interested in how I started to look for laughs (see image 13).
In image 13, I am pretending to play my violin, while holding a small shaker. At the time, I wondered what prompted this. Was it simply the fact that I did not have my violin with me and felt it would have worked well? Or was there something about pretending which I felt would appeal to Ann? I was struck by the thought that I was trying to make Ann laugh and looking to connect in this way.

During this passage, when I began to sing, I intuitively created a humorous feel by ascending in pitch and gesturing with my hands, pointing upwards and upwards and making it seem like I might not hit the high note. In doing so, I was setting up a possible joke, turning this into a potential laughable moment. Ann seemed aware of this, and everybody laughed with me. When I then descended melodically, I reached out to Ann, and she maintained eye contact but did not laugh. I tried again and Ann stilled and watched and then turned to Ellie and laughed. It was if she was asking “what is Nicky doing?” slightly incredulously.

It appeared during this interview-encounter that the dynamic form of humour was very close to the kind of music-making Ellie, May and Ann shared. I was interested in the fact that I was consciously trying to use humour.

5.4.4 IE2 Passage 8

During passage 8, Ellie initiated a descending chord pattern on the guitar, and I began to vocalise in response. As we improvised together, we played with anticipation and tempo,
and used musical cues to introduce playfulness. Ann looked as if she was enjoying the music and as if she was questioning what we were doing, somehow amused by us. At one point, Ann looked to May as if to share this and I noticed a strong sense in myself that Ellie and I are messing about. Ann’s friendly acknowledgement of this and a sense of slight amusement at the same time made me laugh when reviewing the video recording of the interview-encounter.

At this point, Ann began to introduce her vocal motif. I was put in mind of traditional dances when more experienced people would say to the younger generation something like: “Hang on, listen to me. This is how it goes…”. Ann’s vocalising changed the music and we all slowed down in response. This felt very intentional on her part. She started to lift her legs too, moving in time as she vocalised. When this musical encounter finished, Ann laughed freely, and it felt a strong acknowledgement of what had just happened.

5.4.5 IE2 Passage 10

Ann consistently responded physically to the music on the video clip Ellie had brought, and to the live music in the interview-encounter. During passage 10, she started to move her legs as soon as she heard the melodic line of the flute from the clip. I noticed the wink Ellie had described at the beginning and this time she cried to Ann: “I feel your legs moving I feel your legs dancing”. There is such delight in Ann’s embodied response to the music; perhaps she was re-membering this moment in some way. The wink provided a kind of climactic point and I remember myself laughing and feeling gleeful surprise when I saw Ann wink. Image 14 shows Ann turned towards me and laughing, perhaps responding to my sense of delight and surprise when I saw the wink. (May had moved out of sight of the camera).
Ellie had noticed Ann’s repeated vocal melodic phrase in their music therapy sessions and was interested in what it might mean. I became curious as to how this phrase was linked with Ann’s laughter. The motif appeared communicative, and Ann frequently initiated a musical dialogue through it during the interview-encounter, as well as using it responsively with Ellie, May or me. I chose to transcribe Ann’s motif phonetically: “An dan da dey”. In musical terms, her phrase has a defined melodic contour and a consistent rhythmic pattern. The melody descended each time, and the rhythm was dotted. It sounded to me like it was rooted in the traditional music of the local area.

Towards the end of the interview-encounter, Ellie voiced to Ann: “When you gaff it feels like that’s the music (. ) It’s like ken it feels like part of the tune”. For me this sums up the sense I had during IE2 of this fluidity between laughter, music and Ann’s vocalisation. Ann’s laughing was part of the music and part of “the tune”; it mixed with her vocalisation to form a refrain which for me, sounded their shared dialogue.

I understood this combination of humour and music as a fundamental part of their work together. The sense that Ann’s laughing was part of the music could be thought of in a relational and communicative way. Ellie experienced Ann’s laughter as part of their

7 The word “gaff” means laugh in the local dialect.
(musical) relationship. At the time, I also experienced Ann’s laughter as part of the music-making together.
5.5 Interview-encounter 3 (IE3)

This third interview-encounter involved me, Bob and Hayley (music therapist). Bob was in his late sixties and living with dementia and attended the weekly open music therapy group run by Hayley at the care home where he lived. He had been attending for around a year and was an active and well-known member of the group. Staff supported him in taking a leading role in the group, encouraging his use of instruments to conduct the other members, and often danced with him. Hayley brought a series of very short clips of different moments from different groups, and we watched seven different clips in total:

Clip 1 – Camptoun races
Clip 2 – Clementine
Clip 3 – Daisy Daisy
Clip 4 – Don’t dilly dally
Clip 5 – Down at the old Bull and Bush
Clip 6 – Goodbye Dolly Gray
Clip 7 – Home on the range

This interview-encounter took place in a quiet room at the care home and lasted for around forty-five minutes.

As with the previous IEs, I encouraged everyone to let me know if they wanted to stop the clip or watch it again and we watched several of the short clips twice. Bob’s attention varied during this interview-encounter; at times he was very focused on the video clips and our discussion and at other times he seemed distant. I felt a keen responsibility toward his wellbeing and checked-in with him frequently. Bob generally seemed to enjoy the video clips and responded instinctually and with movement to musical engagement. He was at ease communicating verbally, though at times his sense-making was disordered.

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8 I used the names of the songs to code each clip.
9 Bob had decided he would rather not have anyone accompany him in the interview-encounter and so this perhaps led to a feeling of heightened responsibility on my part.
I met Bob during the music therapy group which took place just before we had all arranged to meet. We engaged energetically and musically together in the group. Meeting Bob in this context felt important and helped to transition into the interview-encounter afterwards. The shared experience of the music therapy group settled us all, and indeed the interview-encounter began with a shared song.

5.6 IE3 Data that glowed

I isolated chunks or passages that felt particularly significant, interesting or puzzling in IE3. Initially, this led to 11 isolated passages. I spent time with each passage and noticed different aspects of the experience. Following this process, I focused in on 6 passages in depth.

5.6.1 IE3 Passage 1

During this interview-encounter, I very quickly became aware of multiple frames of reference for Bob. As I began to play the first video clip, Bob was looking elsewhere, and I oriented him towards the screen. When the music sped up, Bob moved forward to point at the man he saw on the screen (himself): “This is a man I know […] He’s a (. ) he’s a character”. I instantly felt like we were crossing different dimensions of being in time and space. I felt uncomfortable that Bob may be confused, and I remember feeling disconnected from him at this point. When I tried to refer to our experience of meeting in the music therapy group directly prior to coming into the interview, it seemed to confuse him further.

So, this passage felt like it moved in and out of a sense of thereness, and I felt my own sense of responsibility in this situation that I had invited Bob into. When the video clip played, Bob displayed an embodied response; re-membering the clip and engaging using his left hand, whether consciously or not. He beat in time on the arm of the chair, yet this did not seem shared with the rest of his body, and it was not clear what his perception of the video was. Musically he was switched on, or his left hand was, but it was difficult to tell whether he was also re-membering (or seeing) the experience on the clip. For example, when I mentioned the fact that he was conducting the group at this point, and
showing Hayley how to go faster and slower, he was not able to link what I said with the experience, or what we had just seen.

Towards the end of this passage, to try and help Bob locate himself, I spoke about the fact that we met in the music therapy group this morning and although he obviously did not remember this, he appeared to then re-locate himself through humour. Bob listened to me and then comments: “Interesting ((general laughter)) [...] More than interesting”. His emphasis on more made us all laugh; it made it seem as if it were a mystery, and he appeared to enjoy underlining a sense of ambiguity. I am not sure that Bob knew what was interesting, but something led him to communicate in this way. His comment also seemed to unite the three of us, in puzzling together (image 15). So, it felt intentionally playful.

Image 15: IE3

This sense of different layers of being in space and time, persisted throughout the interview-encounter, and Bob moved in and out of coherence in our discussion. At times, the video helped him, along with the musical cues, and he voiced his thoughts and feelings about the experience and at other times he seemed to find the video distracting, and he wanted to remain in the moment with us. This is pictured in illustration 9.

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10 From left to right: me (researcher), Bob (person living with dementia) and Hayley (music therapist).
5.6.2 IE3 Passage 3

At several points during the interview-encounter, Bob responded quick-wittedly, and he also used verbal humour intentionally. At these moments, humour seemed to locate him both in relation to other and in his own being. At these times, I felt settled. During passage 3, I made a comment about the song we had just watched and when Bob did not recognise the word “Clementine”, I began to sing the song:

N/H: [Sings] “Oh my darling, oh my darling, oh my darling…”
B: “Darling…”
N: It has a million verses I think
H: It has a million verses but we don’t do a million do we?
B: No (. ) No
H: Otherwise we’d be here all day
B: All day (. ) and that would be silly wouldn’t it?
((general laughter))

This was funny. Bob joined us in singing, and we made a connection musically. This felt like an important shared moment. When Hayley picked up on my facetiousness, Bob followed immediately with a deadpan delivery that was unexpected. The atmosphere changed quickly, and for Bob, it appeared that joining in with humour happened instinctively. Yet, I am interested in my sense that he used humour without being exactly
sure what we were referring to. The content was perhaps less important for Bob, yet the humorous frame somehow worked to engage him, and he responded with ironic humour.

I experienced Bob’s quick response as reassuring which felt profound. It was as if his voice emerged from a fundamental way of being for him. Watching back, I was struck by the sense that Bob might be accustomed to reassuring other people. Perhaps this could also be thought of as a moment of inner contact with aspects of his own self; an instinctual response brought about through a mixture of a familiar song, and a sense of humour.

5.6.3 IE3 Passage 4

Something that felt more unique to this interview-encounter than the others was the heightened sense of uncertainty in where we might go next. I was surprised several times by what Bob said or did, and I was also surprised by my own responses and initiations over the course of the meeting. During passage 4, just as we were about to watch the next video clip, Bob turned to me and asked: “Do you know how old I am?”. This question came completely out of the blue, and I responded by guessing how old Bob might be: “Ok (.) I’m going to say (.) uhm (.) Sixty-six”. Bob appeared delighted and immediately pronounced: “Very good”. Hayley entered into the playful conversation, congratulating me and I felt I could continue the interaction, so I asked Bob: “Do I win a prize?” for guessing correctly. Hayley laughed at this, and then Bob presently responded: “There is half a prize” leaving us all guessing again… (image 16).

Image 16: IE3
Bob’s question was so unexpected, I got the feeling that I could have guessed any number for his age. When he laughed just after my guess, his laughter was much more embodied, and deeper in pitch. I experienced a sense of freedom watching this moment back. Bob seemed free in this moment as he laughed and, like the previous passage, the content seemed less important than the way we were engaging; his response might have been the same whichever number I guessed. He also appeared firmly located in his body here and it was moving to witness.

As the dialogue continued, I felt that I overdid it slightly in asking whether there was a prize for guessing his age, yet I was trying to build on what he had offered. It felt incongruous when he referred to there being “half a prize” yet funny as he was still engaging with me. I wondered afterwards if, like Audrey in IE1, it was important to Bob that I know something of who he is.

5.6.4 IE3 Passage 5

During this passage Bob found himself on the screen and identified himself clearly (image 17): “Now that’s (.) that’s (.) me there”. When Bob recognised himself on the video clip, I felt relief.

**Image 17: IE3**

The sense of responsibility around what made sense to Bob and what did not had weighed heavily for me during the first video clips. I felt that although seemingly at ease, Bob was moving in and out of knowing where he was and what we were doing. I felt
concerned that I had invited him into a situation with potential for confusion and I remember feeling his sense of dislocation and doing my best to remain sympathetically present (McCormack & McCance, 2017) alongside him.

During this passage, once Bob had identified himself decisively on the video clip, he began to talk through who else was on the screen. He recognised Hayley yet he found it hard to place her: “That’s a girl (.) now what does she (.) who is (.) what is (.) a friend of a friend or something (.) some sort of (.) somebody that w- walks around (.) then (.) she’s quite nice (.) you know quite (.) yeah”.

Bob then went on to voice: “But (.) ehm (.) I’m not ehm not on (.) we’re not in a relationships”. Bob was serious and it seemed clear that he was referring to a romantic relationship; what he was saying felt personal, and I felt protective of him, and what he might be revealing. I felt I wanted to allow space for and acknowledge his understanding of the intimacy of their relationship while also retain a focus on the frame of the music therapy group and the kind of relationship Hayley and he might be enjoying: “maybe you’re in a musical relationship?” I ventured. This was a healthy expression for him and an important acknowledgement of his feelings of togetherness, yet I remember feeling concerned with the question of whether it was appropriate.

The disjunct between how Hayley and I were thinking of what Bob said and what he meant became clearer when he announced with a laugh: “The mystery is (.) will they marry (.)”. This was further complicated by the fact that, in the moment during the interview-encounter, I completely misheard what Bob said: “The mysterious Billy Murray did you say?”, Bob then responded: “It’s the music”. I felt confused; the conversation seemed incongruous in the moment.

When I watched the video back, Bob’s voice was completely clear and so I was left wondering how I could possibly have misheard him at the time, however, on reflection, I can see that my feelings of concern about where the conversation was going and my sense of responsibility towards Bob were influencing what I heard. In some ways my mishearing was also terribly funny, yet it felt inappropriate to laugh, which of course only increased the comic effect.
Bob obviously gained a great deal from the music therapy group. Alongside the embarrassment I felt during this passage, I felt his experience led me further into a sense of intimacy that music-making can create, yet it was the sense of responsibility and misperception which stayed with me from the interview-encounter. As I reflected (illustration 10), an image did not form:

Illustration 10: IE3 example of arts-based reflexive process

The word dislocation keeps coming to me. This sense of being on a path, and then moved off it by something… And noticing how humour seems to re-orient or re-locate Bob in himself. Perhaps it also re-locates me, and/or my sense of him?

Something about place and being ‘in’ yourself; an embodied sense of you/him/me feels important.

An image did not form yet for IE3.
I couldn’t feel it.
I was too fragmented perhaps?

5.6.5 IE3 Passage 7

This passage, although relatively short, clearly and quickly evokes embodied feelings of location, shared experience, individual experience and dislocation which was common throughout the interview-encounter. Playful music-making during the passage offered a light sense of energy and togetherness.

I started the clip a little early during this passage, and I remember doing this on purpose as Bob seemed to have become quite lost so I wondered if another video clip might help ground him. His response to the music was very striking and unexpected; he began to click his fingers. I remember noticing a complete change of energy as he did this and both Hayley and responded musically and clicking our fingers too.

As Bob clicked his fingers, he turned away from the screen and looked towards me and seemed to be focusing very intently. When I remarked at the speed with which Bob began clicking his fingers, he laughed uncertainly and then commented: “Yeah (.) this is the mystery isn’t it?” which made us all laugh. The laughter underlined the sense of a shared
interaction. It was noticeable that he did not respond to the musical cue of the end of the piece and kept clicking his fingers (image 18). He was present with us in the moment, but the video clip had sparked this off.

**Image 18: IE3**

As I watched this passage back, I found myself feeling that the fleeting sense of being together musically disappeared quickly. This movement between feelings of location, shared experience, individual experience, and dislocation was common throughout the interview-encounter.

5.6.6  IE3 Passage 8

This passage followed a long discussion (four minutes) with Bob in which I have noted that I felt quite lost when watching it back. During passage 8, we were watching video clip 6 where Bob is conducting the group and holding them all in a long pause before ending the piece. As we watched, Bob seemed to recognise himself and described the end “Coming now (.)” in a matter-of-fact manner.

As we started to speak about what Bob had been doing, it was not clear whether Bob knew that it was him that was conducting, and I remembered feeling that prompting a response without words may be more useful. Bob immediately responded to my vocal gestural illustration of the experience with some energy. This formed another shared embodied moment (image 19) however it did not seem to prompt Bob to reflect how he felt when engaging in the music therapy group this way.
Perhaps when Bob held the endings of pieces as Hayley described, he was not doing it to make everyone laugh. Perhaps he was doing it for musical reasons. I noticed that he was smiling in the clip and so it appeared that he was enjoying the moment. I have the feeling however, that Hayley and I made more of this than Bob felt. What seemed like playful musical engagement was perhaps something else for Bob.

5.7 Chapter summary

In this chapter I have detailed phase two of the phenomenologically informed arts-based reflexive analysis of each interview-encounter. The data involved isolated passages of humour that emerged in the interview-encounters (rather than the form of humorous encounters in the video excerpts themselves, though often related to these). The arts-based reflexive analysis allowed an ongoing creation of space in which to dwell deeply with the data in an imaginal, embodied and non-verbal way. I did not try to ascertain deeper meanings from the illustrations that emerged; some of them crystallised moments during the interview-encounters and others offered an act of processing which fed into the written reflections.

Using Finlay’s (2011) phenomenological lifeworld-oriented questions allowed an expansion of these passages through reflexive and critical consideration. In the following chapter I will present the three aesthetic response crystallisations and reflexive descriptions of thematic material following this analytic process.
Chapter 6: Interview-encounters aesthetic response crystallisations and reflections

In this chapter, I detail the last two phases of the phenomenologically informed arts-based reflexive analysis of the interview-encounters (see figure 10, chapter 5 or figure 8, chapter 4 for the full outline of the analytic process).

As set out in chapter 5, during phase 2 I engaged in a process of solo violin improvisation, drawing and reflecting to think into isolated passages from each interview-encounter in an imaginal and embodied way. In phase 3, I stepped back and improvised with the whole of each interview-encounter in mind. I recorded this improvisation, listened back to the recording, and noted down words that occurred. Then, I drew freely in response and reflected further on the entire process. The crystallisations that resulted embody both process (becoming) and articulation (finding) in relation to the research questions and so their purpose differs from the aesthetic responses during phase 2. During phase 4, I was able to offer rich description of several reflexive themes for each interview-encounter.

In what follows, I present and discuss the aesthetic response crystallisations that resulted for each interview-encounter and explicate reflexive themes.

6.1 Interview-encounter 1 (IE1)

6.1.1 IE1 Aesthetic response improvisation

Audio recording 2: IE1 aesthetic response improvisation

https://soundcloud.com/nickyhaire/sets/interview-encounter

Following the improvisation, I noted down words and phrases (transcribed in figure 11) whilst listening to the recording.
Figure 11: IE1 meta-reflection on aesthetic response improvisation

Chirrup dancing about finding feet cheeky
  Connection
A together A pure voice emerges
  Tangled
Asking – but is it? Are you? Cheeky
S(low) down

| Quality of sound changes and Space, breath comes |

What would life be without…?

Too quick? Flighty cheeky knocks on the door and a conversation between breath and mischief starts and creates an octave whole – same but different.

  Intervals closing (close-ing) search high - chirrup - a single line

Where? Did I go? But… but… but… ?

  And. Fading but strong and … plop.

Pebbles in a pond. Two tones.

This written meta-reflection while listening to my improvisation clearly emphasises the arc of the experience of IE1. Different voices appeared within an overall expression of shared process. I did not dwell long with these words. Like the improvisations beforehand, they continued an aesthetic movement of thought towards a more crystallised knowing about the interview-encounters and therefore served as a bridge between sonic improvisation (audio recording 2) and drawing (illustration 11).
Illustration 11: IE1 aesthetic response crystallisation

For me, the crystallisation pictured above (Illustration 11) evokes the feeling I had that humour offered an embodied connective lifeline which ran through the interview-encounter and the music therapy group and was also central in Audrey and Keith’s relationship. The feeling around this connective lifeline embodies relationship, loss, loneliness and confusion, as well as support, vividness, music and familiarity. The bright green and blue chevrons around and about the aortic “spine” of humour speaks to how the humour that I observed between Keith and Audrey felt for me during the interview-encounter. In the process of the interview-encounter unfolding, I felt that I had experienced something of how humour can enable contact in a music therapy context.
6.1.2 IE1 Reflexive themes

Humour as a personal characteristic

Audrey’s sense of humour was a fundamental aspect of her personality and a key part of her self-identity. Understanding humour as a vital part of a person’s way of being in the world allows possibilities for playing and engaging in this way in music therapy.

Audrey initiated humour frequently during the interview-encounter and we saw this mirrored in the video clips where she engaged through humour with members of the group. Audrey’s fluency with humour allowed moments of connection in the music therapy group and motivated interaction and engagement through humour in the interview-encounter. Her understanding of a relational world through a humorous lens presented possibilities for finding contact through humour.

For persons living with dementia, a focus on dimensions of “being-in-the-world” has been shown to be vital in maintaining a sense of “personhood” (McCormack and McCance, 2017). Audrey’s humour provided a lively and colourful articulation of who she is; frequently “humoured” into being through her interactions with others.

The music therapy group offers space for humour

Keith and Audrey both explained that it was humour that was important for them in the music therapy group, and they described the group as allowing a space for humour. The idea of music being a catalyst for humour was central to how they both understood humour. The music therapy group also offered a place for Audrey and Keith to share humour with others. It was evident that Audrey needed to initiate contact with others through humour. Each time she used humour during the interview-encounter she used it in a relational way; to engage, challenge, connect with and take part in conversations.

The dialogic connection that Audrey’s humour invited led to a quick sense of closeness. In relational terms that meant that we engaged on a deeper level almost immediately on meeting. In music therapy, adopting a “Yes, and…” (Galvez & Crouch, 2018) approach supports a sense of going with a person living with dementia. This can provide a more
equal sense of interaction. Following on from this, Claire (MT), spoke about humour in structured activities in the music therapy group; she had noticed that often in the music therapy group, moments of laughter arose when a structured activity broke down. Sometimes Claire found that this was also connected with her role as the facilitator. The group found it funnier if she made a mistake. Disrupting expectations, or intentionally playing with her status in this way could also invite possibilities for humour to emerge.

**Humour in the body**

It was noticeable in this interview-encounter that Audrey used her whole body when engaging in humour. At times she expressed ambiguity gesturally, which often led to humour, and she also engaged in pretence in this way. For example, Audrey would say something dry and communicate or underline the irony of this by using a deadpan facial expression or playfully gesturing at the same time to indicate that she was being funny; that this was a joke. She also, on occasion, spoke through her body. For example, flopping into her chair and “playing dead” when articulating that she was the “demented one”. In this way, the holistic form of humour was shown as something integrated for Audrey. It also invited a physical response from others, both in the music therapy group as Claire (MT) described, and in the interview-encounter as I felt.

**Humour through musical play**

Noticing humour in the body was highlighted when we engaged in spontaneous musical play in the interview-encounter. For example, Audrey’s sense of humour was evident in how she played in the music therapy group. Her use of a particular instrument, the clatterpillar, allowed her to combine sound and movement and to make connections with others at the same time. She seemed to delight in showing me this during the interview-encounter.

The motion of the instrument was important; it appeared comical, and Audrey seemed to be aware of this. Amir (2005) has written about the inherent humorous sounds particular instruments can make, citing wind instruments in particular; “kazoos and reed horns”, as making a “loud and funny sound” (p. 9) and described how music therapists can use these instruments to comic effect. This inherent funny-ness seems to rely on a sense of
incongruity which indicates that there must be something to be incongruous with. There are many examples of comical disruptions of expectations in familiar music (Huron, 2004; Dawson, 2018), and this perhaps relates to Critchley’s (2002) idea of humour depending on a shared “cultural insider knowledge” (p. 67). In this sense, I wonder to what extent cultural norms are relied on to engender humour in music therapy, and how much of this is held in our bodies? Following this, Claire (MT) described how she was thinking musically about engaging with Audrey’s playing of the clatterpillar, responding to her gestures with higher or lower pitches on the piano and exaggerating these so she could match her playing and offer possibilities for developing engagement on a deeper level.

Amir (2005) has written less about the bodily engagement that different musical instruments require yet her study does touch on the gestures and dynamic shapes of musical humour. For Audrey, the embodied relation between the clatterpillar and herself – the rocking movement it required to be played – coupled with how quickly Audrey could change the sound of it and the direction of play, seemed to offer an embodied musical pattern that matched Audrey’s self-confessed playful and cheeky characteristics.

Audrey’s movements emerged in the interview-encounter as we engaged in a shared interaction using the instrument. There were several layers of interaction at play; a to-and-fro between the clatterpillar and Audrey, a to-and-fro between Audrey and Claire in the video excerpt and a to-and-fro between Audrey and me in the interview-encounter.

**In-jokes**

Throughout IE1, Audrey and Keith used what could be called in-jokes to engage with each other. These seemed to offer a familiar way of relating between Audrey and Keith and this spilled into the music therapy group, and the interview-encounter. These in-jokes acted to create and cement a “tacit social contract”, as Critchley (2002, p.4) describes it, and appeared to act as relational signposts for Audrey. Building up a shared repertoire of humorous phrases and quips in the music therapy group offered a way to deepen relationships along with possibilities for creating new ways of relating with others.
The teasing that happened between Audrey and Keith could perhaps also be thought of as a means of establishing an in-joke. In this way, particular words or phrases took on significance, which seemed settling for Audrey and perhaps reassured Keith too.

These in-jokes could be likened to musical phrases or motifs (refrains of a sort) which can be used to shape shared improvisations. An in-joke can act as a shared marker or sign of being together with somebody that enable a specific kind of intimacy. When Keith and Audrey shared their in-jokes in the interview-encounter it felt an intimate view of their relationship, and afforded recognition of this while also allowing the four of us to share in these in-jokes.

**Losing humour**

For Audrey and Keith, engaging in humour was a priority and the music in the music therapy group offered one way to get to humour. They cited opportunities to participate in humour as their main reason for attending the music therapy group. Life without humour was, in fact, unimaginable and, for Keith, difficult to articulate. His emotional voicing of how the loss of humour might feel, appeared to underline how vital it felt for them both. Audrey expressed her feelings through humour. She voiced confusion, loss and excitement through humour, taking control of her situation and expressing her own agency and identity by stating several times that she was not stupid, “just demented”. Through our interactions together in the interview-encounter, humour was shown to be central to the way that Keith and Audrey were traversing and negotiating their experiences of dementia together.

6.1.3 IE1 Reflexive summary

From these isolated passages, reflexive themes were organised, and summaries sent to co-researchers for member-checking and comments.

For Audrey and Keith, humour was very closely linked with their experiences in the music therapy group. Humour ran through the music therapy group, the interview-encounter and apparently Audrey and Keith’s relationship as a vital, fundamental form. Audrey herself used humour in many ways; it seemed to a vivid part of her personality and was key to
the way she interacted with others. It was also clear that she and Keith shared humour frequently. They engaged together in several in-jokes which emerged repeatedly at different points in the interview-encounter. The role humour plays in their experience of being together was recognised as hugely significant.

Audrey appeared to enjoy being mischievous and engaging in a playful humorous way in the interview-encounter and during the music therapy group. The way Audrey played her favoured instrument seemed to reflect this aspect of her personality. For example, she frequently seemed to enjoy teasing Keith, and to some extent Claire and me during the interview-encounter. It was also clear that the familiar structure of in-jokes, and the inherent embodied, social and temporal forms offered Audrey important relational signposts and known ways of being. Claire appeared aware of this in the music therapy group and instinctively facilitated space for Audrey and Keith’s humour in addition to matching Audrey’s energetic and fun playing musically.

When Keith framed the music as being a catalyst for humour, he identified humour as a lifeline for them both and in doing so brought up powerful emotions around his own sense of loss. Humour affords both Audrey and Keith some agency in relation to their experience of dementia and evidently holds some of the complexity. The relational significance of humour in their daily life, and the desire to move towards humour through music-making was held as vital in Keith and Audrey’s experience of navigating dementia together.
6.2 Interview-encounter 2 (IE2)

6.2.1 IE2 Aesthetic response improvisation

**Audio recording 3: IE2 aesthetic response improvisation**

https://soundcloud.com/nickyhaire/sets/interview-encounter

Following the improvisation, I noted down words and phrases (figure 12) whilst listening to the recording.
Figure 12: IE2 meta-reflection on aesthetic response improvisation

Un-sound

G min ........

I hear flute-ish remote and rocky landscape thoughts

- Break – sound unsound

Starting stopping unsureness but continuing the flute theme. Referential. Deferential.

Some movement… movement of thought

A pause – a break – a long single note and space

In between. Feeling a way into this. Referring to white horses on the sea! Heavily. Weightily.

Quick stop…

And on.

Bridging into…

A thought! (Double stops *musical notation of Ann’s phrase*) an arc of

A motif, of an identity. A reference

And a new key ▲ modulation to A min

Short sharp

A strong feeling … I want to ‘do it’ again. Do the improv response again.

A long silence after a repeated scalic flurry

Then – this sounds sad. Long notes marking

Like a coda, in its relation to the rest of the improvisation

I was left with a strong feeling that I wanted to do this improvisation again. This relates to a similar feeling during the interview-encounter; I had to go along with how things were in the moment, even when Ann was asleep. Illustration 12 shows the crystallisation drawing that emerged.
Illustration 12: IE2 aesthetic response crystallisation

Having one chance

*I didn’t feel the improv came in the same way as it did for IE1…*  
… and quick

*Alight*

The IE2 crystallisation drawing came very quickly to me, and the golden orange circle inside the bigger circular earth-like brown embraced by watery-blue reminded me instantly about how it felt being with Ann and engaging in the interview-encounter. Upon meeting her, I felt Ann’s presence full of vitality and luminously clear. The lightness of her musical laughter served to lift the atmosphere during the interview-encounter as well as offering relational opportunities for connection. This image, glowing and whole, might be interpreted as a depiction of the return to an earlier developmental stage of life. For Ann, who now mainly communicated without words, music therapy seemed to offer a relational space in which to engage in a specific aesthetic of being with others. This facilitated a holistic experience of humour which could embody contact with others.
6.2.2 IE2 Reflexive themes

Musical laughter

Ann’s laughter, her vocalising and her music-making were closely linked and expressed in a similar way. Each of these ways of being offered relational opportunities for Ann. Her recurring vocal phrase contained humour and melody and she wove it in and out of connections with each of us during the interview-encounter. This phrase acted as Ann’s signature, identifying varying levels of emotional expression as well as offering a clear sense of her voice. Ellie (MT) heard Ann’s laughter as communicative and “part of the music” and therefore, responded to it in this way.

Lifting the atmosphere

When Ann laughed, the atmosphere in the room was noticeably changed. I experienced her laughing was a transformative whole-body experience. Chuckling freely, she lifted her shoulders up and down, her eyes twinkled, and the room was filled with delight and joy. Bollas (1997) expresses how different aesthetic objects “release us into intense inner experiencings which somehow emphasize us” (p. 29). He formulates this release as “a form of lifting, as encounters with objects lift us into some utterance of self available for deep knowing” (Bollas, 1997, p. 29). Could humour be considered as such an object for Ann?

Connecting with others through humour

Ann’s laughter, along with her vocalised refrain showed a desire to connect and was beautifully illustrated when she laughed spontaneously at May towards the end of IE2. Similarly, this connectivity was also illustrated in the video clip that Ellie had brought which showed Ann winking at Ellie after they had played together. This made everyone laugh – in the clip and in the interview-encounter – as it seemed clear that Ann’s intention was to instigate a kind of humour. For Ann, it could be suggested that through her initiation of humour by winking or laughing at May, she sought to create an aesthetic moment of connection.
Dancing in delight

During IE2 when we all connected through humour and laughter it felt delightful. The corporeality of Ann’s humouring, like her music-making, was enticing and deeply affecting. She moved easily in response to music. For example, when we watched the video clip, Ann suddenly responded to the melodic flute line on the clip. As Alice began playing the flute faster and faster, Ann moved her legs and began to laugh. Ann shared her laughter, looking to Ellie, me and then May and the glee evident in her response to the music was utterly infectious.

Looking for laughs

During IE2, my own attempts to create humour with Ann as a way of making contact were highlighted. The embodied way in which she moved expressively between music, laughter and humour meant that this offered multiple ways and opportunities to engage. Ellie had noticed this in their music therapy sessions and fluidly embraced these dynamic forms as invitational yet I was interested in my own use of humour and search for Ann’s laughter soon upon meeting her.

6.2.3 IE2 Reflexive summary

From these isolated passages, reflexive themes were organised, and summaries sent to co-researchers for member-checking and comments.

IE2 comprised engagements with a video clip at the beginning and end of our meeting and some shared music-making in between. Ann’s being through humour was quickly evident in the way she engaged in music. At intervals, Ann appeared tired and I noticed myself making playful and humorous gestures to see if she would be motivated to engage with me. These included improvised musical jokes and self-deprecatory verbal references to the way I was improvising. Although coming from my own perception of Ann’s playful personality, my use of humour to gauge Ann’s desire to interact was highlighted.

Throughout the interview-encounter, Ann vocalised repeatedly, often using a musical motif with apparent intention. This acted as her signature, identifying varying levels of
emotional expression as well as offering a clear sense of her voice. Although it was unclear what Ann saw when she watched the video clip with us, she responded immediately to the music in the clip each time, laughing, changing her facial expressions, and moving her legs in time with the music. It was as if her body re-membered (Finlay, 2011) the musical experience. Her laughter, her vocalising and her music-making were closely linked, embodied and expressed in a similar way, and each offered relational opportunities for Ann. She, Ellie, and May moved fluidly between laughter, vocalising and being in music.

Each time Ann laughed it changed the atmosphere in the room. Her laughing was a transformative whole-body experience, she lifted her shoulders up and down, her eyes twinkled, and she chuckled, filling the room with delight. Her laughter, along with her vocalised motif showed a desire to connect and was beautifully illustrated when she laughed spontaneously at May towards the end of the interview-encounter.
6.3 Interview-encounter 3 (IE3)

6.3.1 IE3 Aesthetic response improvisation

Audio recording 4: IE3 aesthetic response improvisation

https://soundcloud.com/nickyhaire/sets/interview-encounter

Following the improvisation, I noted down words and phrases (figure 13) whilst listening to the recording.
Figure 13: IE3 meta-reflection on aesthetic response

Long sounded silence to begin

A ‘forced’ start. Unsure yet presenting ‘fine’.

Florid runs

A stopping

Changing tempo and a sense of settling

Pizz

Coming to rest but melancholy

Open. Forcing. Push. Driving through fast

A staying on one note… or motif-searching

Unexpected stop and new voice.

A sense of urgency

And coming through.

Higher pitch and leaving hanging… a question repeated

And a pulse reached. But finished.

In this meta-reflection I noticed that the words were clustered more towards the left-hand side of the page. Was there a reason I did not venture into the space on the right-hand side of the page? This was mirrored in the crystallisation (see illustration 13) with a dotted line down the left-hand side.
Illustration 13: IE3 aesthetic response crystallisation

The interview-encounter with Bob was full of warmth

Moments of complete mis – sing

This illustration felt interesting spatially, although I was not entirely sure why, or what this might mean. Was there a sense of some sort of bodily imbalance I was feeling?

The crystallisation drawing expresses the sense of missing or mismatching in IE3, and traversing and existing in different spaces and times and I can see my own feelings of dislocation and separate-ness from Hayley and Bob. Yet this is coupled with a dotted track or path, like markings on a road, which for me draw attention to the intra-personal and inter-personal relational path-finding that humour afforded between the three of us. In this way, a locating function of humour is highlighted for Bob which served to present him; in other words, to bring him into the present. In this way, a sense of location served to develop relational contact for Bob internally – with his self – and with other.

This spatial-temporal dimensional experience of self-contact or present-ness within a group was observed in the shared music-making, through the leadership role that Bob embodied when, for example, he delayed the ending of a shared piece by playing the maracas and holding them high above his head like he was conducting the group. This
provoked a comic response from Hayley and me, yet it was less clear that Bob saw or experienced this moment in a similar way.

6.3.2 IE3 Reflexive themes

Dimensions of being (and knowing) in space and time

For Bob, jumping between the past and present was confusing at times, and he did not always identify himself in the video clips which added to a perceived disruption in his own sense of being. The significance of humour seemed to be that it allowed Bob to be in and to traverse different spaces and times with other persons. In some ways, humour seemed to prompt or occur in a kind of relational time for Bob.

Locating oneself through humour and music

At several points during IE3 I experienced a strong sense of feeling lost. When Bob used humour, this was usually verbal and often dry, or ironic – for example, “Ehm (.) I’ve got a cousin (.) who’s uhm to uhm (.) so (.) who is eh he’s he’s pretty pretty eh (.) not pretty so much in the ((laughs)) ((general laughter)) You know what I mean yeah?” – and this irony served to indicate to Hayley and I that Bob was there. When Bob used humour, it seemed a familiar space for him, and brought him into the present through the relational (interpersonal), and self (intra-personal) connection it afforded. However, this did not always work in the same way for Bob if someone else initiated humour.

I noticed that musical form made humour more connective when instigating contact with Bob. This was certainly observed in the video clips of group music sessions. In the group and in the interview-encounter, during instances when a familiar song was introduced, for example, Bob was noticeably quick to respond and a sense of groundedness or reciprocal experience was extended through making music together in both contexts which then led to humour.
**Surprise and incongruence**

During IE3, there were several times when Bob interjected and offered something which seemed tangential to the discussion. I found this amusing and at times the lateral nature of his questions or statements made them funnier, yet I was not sure whether Bob always intended to be funny in this way. For example, his surprising question to me “do you know how old I am?” made me laugh and this seemed to energise Bob, yet it was only when I asked whether there was a prize that Bob seemed to find the interaction funny. This humour emerged in the way Bob asked this question, rather than the question itself.

My sense of unpredictability served to heighten a sense of presence and absence in this interview-encounter. What I mean is that Bob’s agential statements appeared to locate him in a present moment. His humorous invitations were timeless in a way, in that they provided an existential thread of contact between space-time dimensions of being.

**Responsibility**

The responsibility I felt in inviting Bob to engage in this process was overwhelming at times. This was largely because I was aware of a changing sense of thereness throughout the interview-encounter. Critchley (2002) writes: “Jokes have a sense of thereness; they illuminate a social world that is held in common with others.” (p. 86). The feeling of presence that jokes or humour can instigate did emerge surprisingly, as mentioned. However, this was largely on Bob’s terms; interestingly, when Hayley or I initiated a joke or an ironic comment, this tended to confuse Bob.

6.3.3 IE3 Reflexive summary

From these isolated passages, reflexive themes were organised, and summaries sent to co-researchers for member-checking and comments.

The past and the present were confused for Bob, and his ability to link what we were watching on the laptop with his own experience and be present in the interview-encounter was mixed. Sometimes, he recognised himself and obviously re-membered (Finlay, 2011)
the experience we were watching, and at other times he did not. So, the interview-
encounter was characterised for me by movement between moments of confusion and
feelings of being lost, and moments of clarity and shared experiences of music and
laughter.

Bob’s engagement in music-making is obviously profound and during the video examples,
he was generally fully absorbed, often holding the whole group musically and interacting
playfully with Hayley and other members. Although Bob’s verbal reflection on what was
happening in the video clips varied, the effect of watching these clips tended to lead to
spontaneous humorous interactions in the moment initiated by him and in this way
revealed something of how Bob uses and engages through humour with others in the
everyday.

In this way humour seems to be very important to Bob. He initiated jokes or joined in with
short quips several times in response to Hayley or me, and these served to quickly create
moments of contact between us all during the interview-encounter. These moments also
tended to happen at times when feelings of confusion were high, so using humour in this
way also appeared to serve a re-locating purpose for Bob, both in his own embodied
experience as well as in relation to Hayley and me. In this sense, it appeared that he used
humour to allay feelings of being lost or confused, and therefore in some ways to mitigate
symptoms of his dementia.
6.4 Chapter summary

The interview-encounters could be described as naturalistic meetings in that they occurred in the locations where co-researchers had music therapy. In each case, experiences of humour were individual and related to already-established music therapy relationships between persons involved as well as the formal situation of an interview-encounter. The final aesthetic responses provided a way to crystallise an overarching response to the research questions. In IE1, humour, through familiar in-jokes and musical play, enabled contact between Keith and Audrey inside and outside group music therapy sessions. In IE2, humour offered relational contact between Ellie and Ann through embodied musical laughter in individual music therapy sessions and in IE3 humour, and shared music-making, catalysed intrapersonal and interpersonal contact for Bob.

Reflecting on the arts-based reflexive process, I can see that it provided an aesthetic space for emotional engagement with the data; a way of corresponding with it and understanding different relational experiences. Drawing was an exciting aspect of the reflexive process as I never really knew what might emerge on the page. I enjoyed the sense of freedom this allowed and found that important coherence surfaced in these images, often about particularly problematic or emotionally affecting passages. When drawing, I felt I had the opportunity to surprise myself in a way that was different to my improvisations and, in doing so, there seemed to be more space for new feelings and ideas about the data and sometimes even for humour.

Through the process of three interview-encounters, I have found that for some persons participating in this study both intrapersonal and interpersonal contact was enabled through engaging and sharing in familiar forms of humour or in-jokes. These instances happened in the interview-encounters and during music therapy sessions. There are congruences between music-making, improvising and doing humour, and music therapy contexts provide a particular space for humour to arise in an embodied way. The music therapists involved in the IEs did not differentiate greatly between playing music and doing humour.

Humour in music therapy with the persons living with dementia in this study involved non-verbal and verbal embodied expressions and gestures, which led to heightened
experiences of time that also involved a different sense of being or not being present. A relational intention was made clear through humour in each interview-encounter and in this way tended to empower co-researchers thus resulting in a sense that interactions through humour became more equal. Finally, humour offered a way of expressing and sharing complex experiences and feelings for the persons involved in this research study.
Chapter 7: Focus Groups (FGs)

In this chapter I will detail isolated passages which form meaningful chunks of data from phases 2 and 3 (highlighted in figure 14) for each of the three focus groups in turn. Phases 4 and 5 are presented in the following chapter.

Figure 14: Highlighting phases 2-3 of analytic process for focus groups

1 Analysis and findings from the focus groups and the improvised group performance were published in Voices (Haire & MacDonald, 2021). The process of publication was an important aspect in the development of this thesis.
When making sense of the focus groups, I engaged in a similar process of phenomenologically informed arts-based reflexivity to that in the interview-encounters. As before, I weave examples of the illustrations I made through specific passages to show how this aesthetic process expanded and deepened understanding of these moments. Written reflections around these tended to be pithy, questioning and to the point. I have included more examples in appendix 14.

Each focus group was arranged in an easily accessible room close to where the participating music therapists lived, and audio recorded. An example of FG transcription can be found in appendix 19.

7.1 Focus group 1 (FG1)

All three participants in FG1 (Helen, Ella and Iain) had undergone music therapy training on the same course within two years of each other. Each had comprehensive experience of working with different client groups including people with dementia and/or acquired brain injuries and had been working for more than five years as a music therapist. Our discussion lasted for around one hour and forty-five minutes.

7.2 FG1 Data that glowed

After transcribing and empathising deeply and repeatedly with the data, I isolated 18 different passages from the transcript to reflect on further. These passages intrigued me and were “powerful or puzzling”, (Finlay, 2011, p.229) in a way that asked for more reflection in relation to my research questions.

I spent time with each passage and noticed different aspects of the experience. Following this process, I focused in on four passages in depth. What follows is a synthesis of reflections from each of these passages informed by Finlay’s (2011) lifeworld-oriented questions and incorporating the arts-based reflexive process. I have included more examples of the arts-based reflexive process in appendix 14, and an example of how I documented the reflexive analysis can be found in appendix 22.
7.2.1 FG1 Passage 1

Ella began early in the focus group by referring to how professional attitudes are shaped whilst training. As she started to voice what drew her to becoming involved in this focus group, she touched on her experiences as a music therapy student: “And it’s really made me think about (.) uhm (.) yeah how we were trained (.) and how that was all sort of really serious and again how sort of humour was sort of almost criticised”. For Ella, the criticism she received stayed with her and the way she was encouraged to think about humour made her “nervous almost about using humour too much.”

Ella returned to training in passage 5, where she placed this kind of experiences in a group context: “[…] the experiential group and people that did use humour in it (.) and then were sort of ((pause)) shot down with a double-barrelled gun (.) you know or very much challenged”. As Ella spoke, it seemed that the rest of the participants in the focus group shared her understanding of what it can be like to take part in an experiential group while training to be a music therapist. It was almost as if her reference to this, and the difficulties it can present for students, was an in-joke itself.

I still recall my experiential group being a complex and at times confusing space. It seemed to have affected Ella profoundly in relation to humour, and I know that my own experiences of humour in the experiential group were confusing at times. As I reflected on these memories, I empathised with her experience of humour being seen as an avoidance of real issues, and I recalled the strong sense in the experiential group that humour should not be used without due consideration. It seemed to be considered somehow destructive to the space and the process, yet I could not recall the facilitator ever explicitly stating this.

7.2.2 FG1 Passage 2

This passage began with an unequivocal statement about humour from Helen: “It’s something people can draw on as a defensive tool I think and both the person you’re working with and the therapist can use it in that way (.)”, Ella agreed: “Yeah I think it’s a tool (.)”.

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Once Helen, Iain and Ella had established that humour was a tool in music therapy, they went on to engage in dialogue about its usefulness and uses in music therapy: It was described as a “barometer” in relational terms; a way of testing the water and initiating connections with persons. Ella set out how humour can be used defensively, as an attack and to avoid engagement through enacting “over-the-top sort of dramatic play”. As well as these defensive enactments, she acknowledged that humour has many elements and can play on cultural associations and unspoken cultural subtleties. The different uses of humour surfaced again later when Helen returned to the idea of humour as a tool during a later passage. The group wondered collectively whether humour could be studied in the same way as other communications in music therapy.

At the time, I remember a feeling of disappointment when humour was described as a tool. Yet, I wondered if this is where music therapists must begin; listing the uses of humour in music therapy and questioning, what can we do with humour? What does humour do? This discourse seems to me to both organise humour in terms of how it can be used in music therapy and delineate how it can be thought about and talked about. For me, at the time, I felt that this focus on the function of humour instantly distanced the embodied experience of humour in music therapy. However, this consideration of humour from a functional point of view was perhaps an important place to start.

Illustration 14: FG1 example of arts-based reflexive process

\[I \text{ was unsure how to begin}\]

\[A \text{ tool… Made from something … it has a purpose}\]

\[A \text{ tree of life}\]

\[Who \text{ decides about the usefulness of a tool?}\]
In this passage, Helen described music therapy work on a ward with new mothers who are experiencing severe depression. As she spoke, her tone changed: “when I do groups often with them (.) ehm and ehm (.) I feel like I increasingly rely on humour ehm (.) as a vehicle for change (.)”. She sounded unsure and questioning. She wondered, as a member of staff in this context, about her natural response to laugh along with the group and acknowledged her own desire to jump at the possibility as a means of connecting with them: “when there is some, or there’s a hint of some, I almost grasp it with both hands”. Helen goes on to question her motive in doing this: “I do wonder sometimes if I’m if I overstep some sort of mark”, “I might run after it” she voices tentatively.

The hope inherent in connecting with these women through humour seemed seductive for Helen in this instance and drew her in to engaging in this way. Her question was interesting; by going with their humour, is she ignoring other aspects of emotional experience? Is it ok to joke with these women? Is there something about roles and status which she is questioning? “I’m part of the institution”, she reflected: “So if someone makes a joke about (.) quite often things like that will come up about being locked in or being trapped or whatever ehm (.) and sometimes that’s quite humorous”.

The concern over engaging with humour in this context felt natural and I found myself empathising with Helen. I could clearly imagine such a feeling in this context around humour and the bodily response that this could carry. Summing up her feelings about humour in this context, Helen states: “It’s like a little green shoot”. The metaphor she used embodied birth, growth, life and held layered meanings in the work she was describing. In this setting new mothers were in hospital with their infants but unable to respond freely to the new (or green) shoot of life.

As mentioned in chapter 2, there seemed to be broad agreement that humour was not simply something that makes social interactions easier; it was a fundamental part of engaging with others, a “vital human quality”, as Billig (2005) outlines. Although Helen’s role in her workplace marked her out as part of the institution (in her words), and she was identifying her concern that humour carries with it the risk of collusion, perhaps it was
equally as vital that the mothers she was working with had the space in music therapy to engage in this kind of humour with her.

In some ways the metaphor of a green shoot also expressed something of my experience of this focus group. Coming together to think around humour in this way with others, there were moments, flickers of ideas and humour which sparked off other thoughts and experiences. Something about the shared experience of this was relevant to humour as a social and relational form. The notion of a green shoot also recalled the embodied experience of improvising for me; a spark of possibility for something new to happen, something that might grow into something more… a fragment of an idea, a movement, or a whole new form.

**Illustration 15: FG1 example of arts-based reflexive process**

When Helen revisited the metaphor of the green shoot later on, the discussion turned to comedy instruments and several different funny musical instruments were listed by participants. As the group was enjoying this, Helen interjected and made a link to the way babies themselves can provide a hopeful green shoot: “they’re babies but you know (.) babies can be really funny”. As Helen said this, I was reminded of the kind of non-verbal embodied playful interactions that babies can sometime initiate (intentionally or otherwise) even through minute facial gestures. In many ways it could be that part of Helen’s role
was to help the mothers notice these tiny moments and show them how they could build relational connections from these green shoots.

In fact, the comment itself sounds like a green shoot to me. As I listened back, I experienced the timing of it as a sharp ray of light in the context of this conversation. Thereafter, each time I read back “babies can be really funny” it made me laugh. This understanding of the way babies – in general, not just in this setting – can affect mothers unintentionally feels even more significant in the setting described. Helen went on to acknowledge the usefulness of green shoots in this particular context; “I can use them to sew something (.) sew some kind of like of life”, so in this case perhaps the babies are also the green shoot.

Something about the spontaneous and unintentional way babies have of being amusing is useful to consider in terms of humour in music therapy. Babies do not necessarily know that they are being funny, and this is precisely why, for Bollas (1995), they are funny. Their helplessness, and complete dependence on others is laughable: "The mother-infant relation, then, is something of a farce: one person - much the superior in power, treating the other as an equal, though, in fact, the superior one takes pleasure in the inferior one's frailties, which then become endearing (p. 240)." In a music therapy relationship, something of the human messiness of interacting and being with another person can be embodied dynamically through humour and, this also has relevance in relation to power dynamics in music therapy relationships. Whilst it is interesting to draw parallels between a parent and infant, and relationships in music therapy when thinking about humour, these two relational scenarios are very different for all sorts of reasons.

7.2.4 FG1 Passage 14

Here, the focus group participants began to explore experiences of humour specifically in their work with persons living with dementia. Iain initially voiced a lack of inhibition in music therapy groups which can generate humour. Yet, a capacity to play or engage in humour and a lack of inhibition are not the same thing. However, there was something for Iain that began to emerge about how playfulness can facilitate shared music-making and encompass improvisation too: “And so actually sometimes there’s a much more playful
element a fun element and playful and fun within a music-making environment is really can be really conducive to music-making”. This sounded like a focus on a sense of playfulness (and potentially humour) which underpinned music-making for Iain, and had a positive impact on improvisation and spontaneity. He continued: “there’s a lot of improvising that happens with people I find with people with dementia (.) […] “it can be very rich musically”.

In response to his comment, I started to try and articulate how it feels being with persons who are living with dementia in the context of a closed hospital ward. Thinking of my work with older persons living with dementia and other mental health problems, I invited: “if you were to kind of write up your afternoon as a narrative ((general laughter)) it would sort of be like this through-composed piece…”. This makes everyone in the focus group laugh but I am not sure that they grasp or share my meaning. I felt they were being kind at this point as I tried to explain this experience. In that moment, the idea of a through-composed piece of music seemed to provide an aesthetic description that encapsulated my sense of the experience of time during an afternoon’s work on a hospital ward. This experience of a constant sonic flow of movement sometimes in time and sometimes outside it, corresponded with the quality of the interactions I had with persons living with dementia. Sometimes engagements around the ward felt surreal and quite abstract and often these passing engagements did not serve to locate persons. The music therapy group I facilitated often gave me a sense of location in this context through the experience, yet an ongoing sense of timelessness persisted around this.

Iain responded by echoing this experience of being with persons living with dementia and noted how relational and musical connections can be “fleeting” and “in the moment”. A relational connection can emerge unexpectedly quickly and then disappear just as quickly. I wonder how humour fits with this idea of being through-composed. Can it offer a resting locating place like it appeared to do for Bob in IE3?

7.2.5 FG1 Passage 16

Towards the latter part of the focus group meeting, Helen spent some time relating her experience in music therapy with a person living with an acquired brain injury. She
described how the work had recently finished due to funding problems. She set out the work at length as being full of humour and playful connections, yet for her there felt no possibility of moving beyond a playful or humorous way of relating: “she was very witty in the music in a very uhm (.) child-like”, however Helen reported a sense of “enormous resistance very clear resistance that no that’s not what we were going to do” if she made any suggestion to move beyond playfulness and humour.

Helen worked with this person in her home, and so family were close by and sometimes involved in music therapy sessions. Helen’s sense that everyone in the family needed her to behave in a constantly cheerful way was palpable. Helen explained how: “So I know of accepted that we were going to be stuck if you like ((laughter)) in this humorous place (.) and it’s not that it wasn’t enjoyable”. Despite this acknowledgement of enjoyment, the frustration Helen felt at being blocked from engaging in any other way was clear in the language she used to describe her experiences. For example, her use of the term: “cheerful front” could illustrate how she felt prevented from venturing more deeply into emotional and relational experiences with this person. Helen’s laughter was also wry and knowing, as if she was struck by the irony of being stuck in humour.

The complexity of this situation is evident, and Helen describes how the person she was working with “actively almost harvested” humour to maintain this front. Apparently, playfulness had become a way of being for the person Helen was working with, and her family, and this put pressure on Helen to be the same. It was generally an enjoyable experience, but it stopped there; the relationship was kept at a certain level.

Helen outlined how this person she was working with would make jokes; she incorporated gestural, musical and non-verbal humour. “Imagine working with a young child (.) Helen invited, “so she would want to have the last word” and she would also “push the tempo” in musical interactions; initiate hide and seek with musical instruments or “kind of copy me in a way that was kind of funny”.

These humorous exchanges sounded vital in maintaining a sense of self, and a sense of agency that this person could use to engage and gain elements of control. Helen seemed aware of this but her frustration and sense of being stuck was also clear. Helen was expressed disappointment that this person was able to initiate interactions in music
therapy through humour, yet she could see other ways of being that might offer more. Her despair was summed up with the comment: “And I think everyone else thought that was great”. And so, Helen’s example led to a discussion about what music therapy was for this person: “I think it was maybe sold to her as this is a place where you’re going to have fun”. This provoked a familiar truism in a wider music therapy field; music therapy is fun. It appeared Helen was encountering a common perception, as well as dealing with her sense of the work in the moment.

As these instances of humour were related in the focus group, the other participants waited and laughed as Helen became more and more animated. As she recalled her surprise when the person first initiated a joke, the energy in the group increased and yet she quickly dispelled this: “I think I saw another possibility that I could see was never going to be possible”. Reflecting further, Helen acknowledged that she felt “it was not my place to (.) push her beyond something that is is obviously working for them”.

Illustration 16: FG1 example of arts-based reflexive process

On reflection, I imagine how tiring it can be engaging with a person for whom humour provides the main way of being and yet there seems no way to go beyond this humour or explore a more rounded emotional experience. The recent work was obviously still deeply affecting for Helen, and it sounded like there was strong communication from this person.
through humour. So, for Helen, the experience of humour was constructive, and yet it also seemed to provide a barrier to further relational work with this person.

In reflecting further on this sense of feeling stuck, I wonder about Helen’s sense of self in the music and in the work, and the feeling of not being able to introduce her own ideas into interactions. Was there a space to be herself? Maybe this felt impossible? I recall being interested at the time by her use of the phrase “I would always humour her ((laughter))”. What does this mean? To humour someone. In this case, it perhaps suggests that Helen would play her part, and respond as expected to any humorous initiations. The person she was working with could possibly experience and re-experience a sense of control in this way.

### 7.3 FG1 Reflexive summary

From these isolated passages, reflexive themes were organised, and summaries sent to co-researchers for member-checking and comments.

In FG1, humour was discussed both inside and outside music therapy and several important themes arose. There was general understanding from Ella, Iain and Helen of humour as a tool in music therapy that could be used in different ways. They described humour as a “barometer” in relational terms and characterised it as a “green shoot” of hopefulness in making connections with persons. Contrastingly, descriptions of persons avoiding their feelings, and actively blocking possibilities for relational work through humour were also voiced and difficulties in becoming stuck in humour and infinite playfulness was acknowledged by everyone as very hard to address as a music therapist, especially when local (and general) expectations centre around music therapy being about having fun. Overall, an understanding of the power of humour as an interpersonal experience emerged strongly.

In music therapy with persons living with dementia, co-researchers noted that humour could be linked with disinhibition and that this needed careful consideration, recognition of therapist responsibility and clear boundaries. However, for individuals with dementia who initiated humour, it was also cited as affording agency. This was also common, to a large
extent, in the work described with other persons including those living with acquired brain injuries.

Connections between non-verbal gestural comedy, music and improvisation were identified in FG1, and non-verbal forms of humour including slapstick, for example, were seen as containing a “primal” aspect of being human. In relation to this, affective embodied experiences of humour were described in depth as “jarring”, “surprising”, and potentially leading to feelings of vulnerability.

Perspectives on the use of humour in music therapy appeared to be influenced by training approach for each music therapist along with their personal characteristics. In addition to this, understanding of humour – specifically linked to experiential groups when training, and learning to improvise – was found to have made a lasting impression around the use of humour in music therapy. Following this, the feeling of a need to exercise caution around using humour was further underlined by one music therapist’s sense of going against a “music therapy culture” when introducing or using it.
7.4 Focus group 2 (FG2)

As with FG1, all three music therapists participating (Maddy, Susan and Jodie) had undergone training on the same music therapy programme in the UK, two as peers and one over twenty years previously. All had experience of working with different client groups including persons with dementia and/or persons with acquired brain injuries and had been working for more than five years as a music therapist. Due to last minute changes in participants, the focus group had a spontaneous feel. Our discussion lasted for around one hour and thirty minutes.

7.5 FG2 Data that glowed

As with FG1, after transcribing and empathising deeply and repeatedly with the data from FG2, I isolated 13 different passages from the transcript to reflect on further. I spent time with each passage and noticed different aspects of the experience. Following this process, I focused in on six passages in depth. As mentioned, what I present next is a synthesis of reflections from each of these passages informed by Finlay’s (2011) lifeworld-oriented questions and incorporating the arts-based reflexive process. See appendix 14 for more examples and appendix 22 for an extract of how the reflexive analysis was documented.

7.5.1 FG2 Passage 1

Jodie began this passage by touching on how humour arose, or did not arise, when she was training as a music therapist. In reflecting on this, she made an important link between humour, playfulness and improvisation: “thinking like in training thinking about improvisation and like the seriousness of it (.) and how we’re trying to engage them in ehm like a conversation in the music and that (.)”

Jodie’s comment reminded me of Ella’s experiences of training she shared in FG1. It’s an interesting concern; that improvisation must be communicating something serious and so music therapists must attend to it in this way. Jodie noted that humour had seemed to be frowned upon while training as it might detract from a sense of seriousness, of serious listening. She went on to emphasise: “It [improvisation] has to be exploring something ehm
(.). but actually it can be quite playful in that sense (.).”, and in this improvised playfulness “that brings out a lot of laughter and things like that […] It’s less sort of concrete I suppose”.

It appears paradoxical that improvisation can allow for playfulness but is addressed very seriously when training as a music therapist. I can recall learning to improvise as a music therapy student and our purpose was serious but so was being authentic and congruent. I think Amelia Oldfield’s (2006a) approach, which placed a great deal of importance on play, helped to balance out the seriousness with which we were approaching improvisation as music therapy students. It was perceived as playful and meaningful at the same time. When Jodie described improvisation as less concrete, I understood this as referring to freedom. Improvisation, especially when free, is less fixed; more open and more ambiguous. There can be room for experimenting and making mistakes and yet on reflection, I am also reminded of how secure one needs to feel to improvise freely, especially playing with other persons. I find myself thinking about the different elements that make a space safe in which to improvise, and how music therapists are responsible for setting up a sense of safety in order that persons might want to experiment or try something new. Perhaps it is this sense of responsibility which is focused on when training? Yet there seems to be the risk then – the risk that is being alluded to here – that music therapy learners become overly conscious of playful aspects in interactions and find themselves overthinking choices to the detriment of unfolding relationships.

7.5.2 FG2 Passage 3

Out of the blue, Maddy voiced: “It’s like a container for the relationship I think”, I was very struck by her statement and curious about the word she used. Maddy had been listening to the other two participants speaking up until this point and so, for me, the fact that this was the first thing she offered, added something to the clarity of her statement. She went on to expand: “well like humour kind of like (.). captures little parts of it and ehm (.). like with you and your client it’s kind of capturing like the equality in your relationship”. It seemed like Maddy was referring to how humour held or offered possibilities for creating and maintaining relationship in music therapy. Her statement appeared to indicate that
she saw humour as a fundamentally relational or social form, which is a reciprocal experience; equally shared and felt.

Maddy went on to describe the experience of sharing humour as involving: “that kind of joint like presence and like joint ehm identity I guess (.)”. I felt like she was exploring what humour can do on a profound intersubjective level and highlighting a dynamic form while wondering how this can hold aspects of a relationship. I remember being gently surprised by this comment. As mentioned, Maddy had been sitting quietly as others talked. As she spoke, I experienced a feeling of embodied understanding. I felt she was articulating more than simply a cognitive response about experiencing humour and describing both the feeling of engaging in humour, and the result.

The word she chose was interesting: container has a specific meaning in psychodynamic theory, yet I am not sure if she was intending to use it in this way. I think that her intention was to use the word container as both a psychodynamic concept and a descriptive word to imply a kind of tangible idea of a holding vessel or object, in which we can envisage a relationship being held as well as a therapeutic concept that can help make sense of what humour does in terms of offering a way to share the digestion of potentially difficult feelings.

**Illustration 17: FG2 example of arts-based reflexive process**

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Container contained…
To infinity and Bion

A moving container? Flexing with affect

A golden thread of connection contained in-between like an electric current of possibility
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Interestingly, Maddy’s comment makes me think of my experiences of working with persons living with dementia and the sense of bursts of relational or intersubjective connections which embody profound surges of energy. This is a little like how I experienced her statement in the moment. Her description of joint presence and joint identity led me to wonder about humour as a unique kind of connection shared in a holistic way and almost with a spiritual dimension; something experienced in a different register. Perhaps something like a fusing of horizons.

I’m reminded of taking part in a workshop where in small groups we were required to enact boundaries as a sculpting exercise. I vividly remember one participant being the boundary; crouching with his arms spread wide and moving from side-to-side around the rest of us huddled together inside an imaginary boundary. His movement made me laugh at the time. Reflecting on it now and in this context, I think – aside from the experience being incongruous and therefore somewhat humorous in itself – there was something about him (as the boundary) having to keep moving which has stayed with me as an illustration of a boundary. It seems useful now to relate this to an idea of the fluid dynamic form of humour being a container for a relationship.

7.5.3 FG2 Passage 7

In this passage, Maddy began to explore defensive manifestations of humour: “like I’ll let you in a little bit but the humour also kind of puts a barrier to like letting people in really deep as well (.)”. She described how humour was used by persons living with Parkinson’s disease to establish a shared identity in coping with life changes they were experiencing. Using their words, Maddy articulated how forceful this felt: “‘we have this evil sense of humour and we’re like laughing at each other’ and they’re all making jokes about tremors and all sorts of stuff ((laughs))”. Initially she noticed how confrontational this humour was, and it served to position her as an outsider in the group. She observed that humour was used by the group to take control, form a shared identity, delimit their emotional territory, and exclude others. Nevertheless, as the group has continued: “it’s slowly kind of got less aggressive like it’s not so much about like these direct jokes about about each other’s condition ehm (.) it’s more kind of subtle now we’re more formed as a group (.)”. The sense of how hostile it felt for Maddy working with this group was clear.
Maddy’s experience of working with this group of people is instructive and her language also reflects how powerful she felt the humour to be. Sharing the complexity of experiencing Parkinson’s disease with others sounds like it formed the foundation for this group of persons. Maddy was able to see the constructive function that humour had as a way of building relationships and was able to withstand initially feeling excluded in this group.

I am reminded of how pugnacious people can be with humour and what that feels like. I remember the very first time I visited a ward I was to work on as a music therapist for four years. It was coming up to Christmas and I was going in to introduce myself and lead a carol session for persons living with dementia and other functional mental health issues. People were seated ready to begin when I arrived and carol sheets had been handed out for relatives there. As I was going around the group and greeting everyone, I was about to begin singing when a resident quipped “Nicky…? Knickers more like!” In that second, I was surprised and amused at the same time. What a lively unexpected challenge! I laughed it off and continued singing but felt I had been tested and welcomed simultaneously.

7.5.4 FG2 Passage 8

In this passage, we explored more about how humour was used in Maddy’s music therapy group: “it was a positive humour even thought it was aggressive so they would be talking about themselves usually (.)”. Facilitating the group, Maddy noticed that humour drew people closer together and had a uniting function “the sort of aggressiveness (.) it was definitely like a defence against somebody that like didn’t really know (.) their group of people”. In this way, it appeared that members of the music therapy group used humour to strengthen their individual identity and identify with others, to empower and protect themselves from someone outside their group.

The communication was clear for Maddy: “you’re not one of us”. Yet she understood that the humour, however dark, enabled members of the group to take control of their changing sense of being and this was a vital part of the work in the music therapy group.
The way the group members used humour was seen as empowering from Maddy’s point of view, including for example claiming a particular meaningful song to be their “Parkinson anthem”. This was a powerful statement of identity through music. The song they chose was also particularly humorous; “always look on the bright side of life”…. “They always think it’s funny” Maddy explains, “because like there’s like a swear word in the song and it’s like who’s going to say it ((general laughter)) ‘and who’s not going to say it?’ ((general laughter))”.

Maddy went on to explain how the music therapy group had to change due to funding restrictions. So, the core group of persons living with Parkinson’s disease had to join up with another group of persons with diagnoses of Multiple Sclerosis: “And so the first week coming as the two together the Parkinson’s people came in and they they put their stamp down as like uh ‘Always look on the bright side of life is our Parkinson’s Anthem’ straight away ((laughs))”. I noticed Maddy’s dynamic discourse when describing how the two groups interacted at first; the persons with Parkinson’s stamped down their identity and humour quickly to assert themselves and show they were united in relation to the new members of the group who they might have considered outsiders. This also established who they were in relation to the newcomers.

At this point the conversation turned to experiences of loss in relation to both these conditions, and the potential agency of humour for persons in these music therapy groups adapting to this loss and moving through the process of a changing sense of being. Maddy described how she understood their use of humour in this way: “So there’s this constant loss for them and yeah it’s definitely like a big coping mechanism yeah (. ) I think (. ) I feel like they’ve lost so much of their identity like humour has been a way for them to like kind of build a new identity for themselves (. ).

Interestingly, since combining the groups, Maddy has noticed that the use of humour - and her experience of it - has changed: “their humour styles are quite different”. Maddy found that with the group of persons living with Multiple Sclerosis: “it was a more empathetic and careful group uhm like more careful with each other’s feelings”. Now that persons are more familiar with each other, the combined group seems to have found their own humour: “Humour’s kind of coming in a bit but it’s definitely changed it like it’s made the Parkinson’s people not quite so ((laughs)) like up there with it or loud with it I guess”.
So, humour still exists but Maddy’s experience of it has changed, and the kind of humour it is has changed.

Maddy observed how the music acted to unite the group and gave them cause to laugh together. It also sounded like the two groups were using humour to tease Maddy in her role as music therapist. As she relays, her sense of being a clown, or a fool, enables the group to unite in poking fun at her: “it’s usually like I’ve lost my car keys or something along those lines ((laughs)). So they like that kind of thing and it's completely accidental (.)” On one hand, this enables persons to find common ground but on the other it is also tiring for Maddy as a music therapist: “I think it's quite quite good I want to sometimes not feel like a complete idiot ((laughs)) uhm which occasionally I have felt like”.

This discussion around Maddy’s experience of humour being used to build a shared identity sounds empowering and I was struck at the time by the participant’s felt sense of the powerfulness of this. Experiencing being on the outside of the group sounds difficult but Maddy seems to accept it as part of her role. People in the group with Parkinson’s disease used humour constructively, in her view, to take ownership of their condition, express their anger, bond relationally with each other, to actively exclude people without Parkinson’s, and to create an identity of which they were in control.

On reflection, I am drawn to wondering about combining the groups and how Maddy explains feeling like a fool. It seems to me that there is a sense of tiredness with this now for her, like she has had enough of this role. This makes me remember how I felt on the ward I described previously and so this feeling resonates with me. I recognise the feeling when she says: “I want to sometimes not feel like a complete idiot ((laughs))”. This made me laugh at the time, and it makes me laugh each time I read or hear it. There is something endearing about the hapless fool of a music therapist which perhaps enables members in a music therapy group to explore their own strengths. Yet there is also a sense that to clown well, or to play the fool wisely, takes skill and attunement. I find myself thinking of instances when I have engaged in humour in a performative way and how this distances me from my own inner experiences and thoughts. In a sense I lose myself and I wonder if this is similar for Maddy. The work she was describing was current; is she trying to find a way to move beyond the role of fool?
How useful is it to be the object of humour? How helpful is it in a therapeutic context, or relationship? From my own experience, I recognise a performative stance, especially in group work, where there is often teasing, banter and chit-chat between members of the group and myself. I have found that this is especially true in work with persons who have cognitive impairments such as dementia. Perhaps one way to get alongside and to be with another is to be humorous. Perhaps not taking yourself too seriously as a music therapist allows a kind of freedom for others in the group. This appeared to be the case for Claire, the music therapist in IE1, who managed to make mistakes that invited humour in the group yet continue to hold the group and use these mistakes as part of their being and working together.

7.5.5 FG2 Passage 10

Following on from the discussion around music therapists working with persons in groups, and performative elements of that, Maddy shared the experience of not knowing how to end a humorous exchange: “Yeah, it's quite hard to know how to like actually end these (.) yeah like any kind of humorous exchange (.)”. I found myself relating to this comment easily and the other participants responded in a similar way. Maddy continued: “Cause sometimes yeah like it can kind of get out of control and you’re just like ‘ahhh this isn’t… how do you end this?!’ And then other times it just kind of stops and then it’s really to be like okay (.)"
At the time, I experienced depth in Maddy’s question and could recall instances of feeling utterly overwhelmed by a kind of collective joy in music therapy groups I facilitated with persons living with dementia. The joy seemed to magnify exponentially, and I recall the feeling of not knowing if I could match the elated energy for as long as the group seemed to want to continue. My own questions about whether matching this joy was the most constructive thing to do as a facilitator resonated with Maddy’s question about how to end. On these occasions, I had often felt an unexpected transcendental energy (almost otherworldly).

I wondered if, at the time, I was experiencing this question in direct relation to the process of arts-based reflexive analysis as well as my wider thinking about the topic of humour. How will this ever end? How will I finish this study? When will I know that I have reached a place of knowing? Humour is such a wide multi-dimensional subjective and individual phenomenon. How can I possibly form ideas about it and communicate them sensibly? I often found myself overwhelmed by this feeling and feeling fool-ish. At this point, I was helped by Susan (and perhaps we all were) who responded: “Where do you go from there?” and this question seemed to me as important as, or at least to help with, the question of how you end. What comes next?
In contrast to previous examples of humour coming easily in individual music therapy sessions, during this passage, Maddy began to describe music therapy work with one person where she found it impossible to interact through humour: “I’ve (.) really wanted to find a humour with her just like as a sense of connection I really found it really hard (.)”. Her tone became noticeably dejected as she spoke about this work, and I sensed a heavy sadness and a confusion about why humour felt so far away. From her tone, her words, and her body language at the time, I recall thinking that Maddy felt personally rejected. Her experience in its heaviness was not unlike Helen’s experience in FG1.

Maddy articulated: “there wasn’t really a way in with humour with her (.)”. No relational possibility. In fact, it seemed difficult for Maddy to speak about this. When I asked if there was another way of relating with this person, Maddy suggested: “It was a bit iffy (.)”. Her words here, even though ambiguous, clearly conveyed her feeling of heaviness and confusion.

As Maddy began to think through what qualities she perceived as missing from the relationship, what qualities might have made it easier to connect, she noted there was a lack of flexibility and difficulty with improvisation: “She liked to do things she knew she could do (.)”. When improvisation was encouraged in their music-making, the person she was working with turned this into copying or imitating: “I think I did find it harder because I didn’t understand her sense of humour or like she didn’t show me a sense of humour”. From her language, there was an indication of how fundamental Maddy felt humour is and central to her way of being a music therapist.

More generally, Maddy’s feeling of not knowing what aroused this person, beyond humour, made the work very difficult: “I think it (.) not having any inclination of kind of what got her going in some way is kind of ehm made it quite difficult to break into like a deeper relationship (.) I think (.)”. It was difficult to “break into”, as if there were something blocking interactions, something that was stopping her moving beyond relating at a surface level. There was no improvising possible, so how could humour happen? This language made me feel that there was something very solid which could not be transcended. Yet this contrasted with a sense of fragility in this relationship Maddy
described. She was reluctant to risk experimenting too much with humour with this lady: “Because it just felt like kind of a block and like you say it’s kind of balancing that risk of like are you going to offend (.)”.

**Illustration 19: FG2 example of arts-based reflexive process**

During this passage – especially at the beginning – I was aware of Maddy’s struggle with this piece of work and her confusion that humour was just not there. I remember feeling an empathic response as she related this example. Perhaps I recognised this feeling in my own music therapy work. Thinking into the qualities that humour embodies and the feeling that arises when humour is simply not there in a relationship, I recalled two of the words that had emerged early on in this process of analysis: imagination and surprise. When imagination and possibilities for surprise are not present, it is very difficult to relate to someone else. It sounded hopeless as Maddy related this experience.

7.6 FG2 Reflexive summary

From these isolated passages, reflections were organised thematically, and summaries were sent to co-researchers for member-checking and comments.
In FG2, the use of humour was thought to depend on individual characteristics, however various ways for music therapists to use humour were highlighted, including clowning, playfulness and self-deprecation. These were identified by Susan, Maddy and Jodie as a positive way of building rapport with music therapy clients and something that could lead to a sense of equality in a therapeutic relationship.

Humour was described as a container for the therapeutic relationship, and this seemed to relate to the dynamic form of humorous exchanges which was also linked with improvisational processes. In relation to this, uncertainty about how to end improvised humorous exchanges in music therapy groups was also explored. This connected with experiences of feeling overwhelmed with joy, and questions around how to address this were voiced.

Examples of persons with Parkinson's disease using humour to facilitate group bonding were highlighted and the aggressive and defensive mechanisms in this were also recognised. This related to a desire to cope with experiences of loss. The difficulty in creating a therapeutic relationship when clients were not receptive to humour or showed no humour themselves was underlined.

Perspectives on humour in music therapy were influenced by music therapy training approaches along with personal characteristics. In addition to this, experiential training groups and learning to improvise clinically had made a lasting impression in exercising caution around the use of humour in music therapy. The usefulness of sharing humour with other music therapists in addressing issues around the work was highlighted. In addition, the frustration around external perceptions of music therapy simply being a chance to have fun were addressed, however, the basic understanding of having fun as a constructive experience was also acknowledged.
7.7 Focus group 3 (FG3)

In FG3, all three music therapists (Clare, Rory and Kath) had undergone training on different music therapy courses (at different times). Each music therapist had comprehensive experience of working with different persons and this included persons with dementia and/or persons with acquired brain injuries. They had all been working for more than five years as a music therapist. Our discussion lasted for around one hour and fifteen minutes.

7.8 FG3 Data that glowed

As with the two previous focus groups, after transcribing and empathising deeply and repeatedly with the data, I isolated 16 different passages from the FG3 transcript to reflect on further. As with the previous focus groups, I spent time with each passage and noticed different aspects of the experience. Following this process, I focused in on four passages in depth.

As with the previous focus groups, I spent time with each passage and noticed different aspects of the experience. Following this process, I focused in on four passages in depth. During the arts-based reflexive analysis of FG3, I created more drawings and reflected in more depth than the other two focus groups. At times I experienced a kind of heaviness when working through this focus group in comparison to the other two focus groups. This may have been related to the fact that this was the most local focus group to me, and perhaps there were stronger transferenceal dynamics as a result. See appendix 14 for more examples and appendix 22 for an extract of how the reflexive analysis was documented.

7.8.1 FG3 Passage 4

Clare, Rory and Kath all agreed that recalling examples of humour in music therapy work in preparation for the focus group was difficult. In passage four, Clare expressed surprise at being drawn to reflect on a recent piece of work with a young adult who had an acquired brain injury. She described how initially, it seemed that this person was resisting
engagement by closing her eyes; her only means of communicating intentionally. This was felt very keenly by Clare who found it difficult to “find a way in” and to make a connection with this person. She reflected she was: “very conscious of all the doing (.) you know singing to playing to” and described the sense surrounding this person. I could feel the frustration this work aroused for Clare with this repeated pattern in sessions.

In this situation, Clare decided “after weeks and weeks and weeks of similar sort of scenario I I thought I’m going to try something completely different and and actually use something more humourful (.)”. In recognising that something new is needed from her as a music therapist: “almost a conscious decision thinking complete left field I wouldn’t normally do it in this way but started singing about the fact that she must be really fed up with the sound of my voice (.)”.

So, having reached a sticking point in terms of not knowing how to make contact with this person, Clare tried an improvised song poking fun at herself. She put her sense of not knowing, and her sense of empathic connection with how the lady may be experiencing the world around her into this improvised song. It sounded a completely new experience for both persons. When Clare related a profound moment of connection with this person, her surprise was evident, and perhaps there was some relief in acknowledging that it had been frustrating for them both. Taking this risk opened the work up, and Clare went on to describe how this example led directly to the person she was working with then using humour unexpectedly herself to initiate further interactions using her eye-gaze technology. “I felt it as humour” Clare explains when seeking to understand why the moment of connection had been so profound.

Discussing this further, the case appeared unusual for Clare and she seemed surprised that it had come to her mind in relation to humour: “I was just really struck by she’s probably one of the most complex people I’ve ever worked with given her presentation and the acquired brain injury and yet she was the first person that I thought of in terms of the use of humour and I thought that was quite interesting actually (.)”. To me, it also sounded like Clare had revealed something of herself in taking the risk to introduce humour, and that it had perhaps felt a new experience. With humour as a last resort, it opened different possibilities for relating. The content of the song was important too, as Clare used it to poke fun at herself and this was commented on by Rory and Kath.
As Clare related this example, I found myself surprised that she had not used humour before in this way in her work. There is something about the fact that humour was seen as a last resort which is interesting. It felt to me that Clare surprised herself in singing in the way she did, and she was also completely taken aback that the person responded as she did. Perhaps the sense of surprise indicates something about how authentic her song was, and what she was saying. Perhaps it left her feeling open and vulnerable.

The profound feeling of connection was also perhaps an indication of how risky it felt to try this. When the person then responded with her eye-gaze board and began to tease Clare a little, she “felt it as humour”. This wording makes me wonder about the unique and individual nature of sharing humour. Would someone outside their music therapy sessions be able to see/feel these exchanges as humour? I return to the sentence: “so I suppose it took me to a different place that I wouldn’t ordinarily go with somebody”. The different place sounds intimate and personal, and I notice that as we reflected in the group about this example, it felt that we became more distant from the feeling it led to, rather than the other way around.

7.8.2 FG3 Passage 8

This passage began with an articulation of experiences of meeting expectations from staff members that music therapy is going to be fun. A question is voiced around what happens when this expectation is met with disappointment. This seemed to be a familiar experience for the music therapists in FG3, and I recognise it myself. At the time, I noticed how a sense of being called on to meet an expectation of fun felt heavy, and I wondered how do other music therapists navigate this?

How, for example, does an expectation of music therapy being primarily for fun, fit with the status and reputation of music therapists? With this question, Clare begins to articulate how the status of being fools is unique, albeit anecdotally, to music therapists amongst the other arts therapies. This surprised me as I was not aware that this was the case. At this point in the focus group, similar experiences are related at the same time and a chaos of stories and music therapy jokes resound. It appeared that we had begun to enact the fool character as a group, and I felt the tension and release between us. We
seem to connect in this moment of sharing feelings and experiences of walking a line between facilitating play and making the deepest kinds of connections with people.

This cacophony of shared experiences at this point in FG3 seemed to sound the frustration that music therapists are not taken seriously as professionals. Rory and Kath comment on a general narrative that as a music therapist, you are supposed to cheer people up. An expectation of playing persons into fun seemed to lie heavy in the group and the outpouring had a cynical tone. Perhaps this is an example of a kind of music therapy humour mentioned in FG2; when music therapists come together, they can joke with each other about the awkwardness of their professional life, and the things that go wrong or are difficult can be shared.

7.8.3 FG3 Passage 11

At the beginning of this passage, I introduced the experience of improvisation and the risk of going into something unknown. I wondered aloud whether this was a similar experience with humour. In the moment, I remembered a question about improvisation from somebody in the audience at a conference keynote presentation around whether you can fake improvisation. I started to try and share this in the discussion and as I tried to put this link into words, I could feel myself losing the thread of what I was trying to say. When I admitted this; “I’m losing my thread”, I stopped speaking and there were several moments of silence.

At the time, I knew I was beginning to lose my train of thought and I tried to hang on but could not. I had the thought that if I let go and simply verbalised the fact that I had just lost my train of thought everyone would laugh, or chuckle and some energy would shift. Yet, this did not happen. The pause after I had admitted I had lost my thread seemed to last for ever; there was a heavy silence and I felt vulnerable and somehow uncomfortable for having let go in this way. This was matched with the sense that I had not been held by the group, or a feeling that I had been dropped somehow. I sensed that as the facilitator, losing your thread and being open about it were somehow against the rules. I had taken a risk and made myself vulnerable in this context.
Illustration 20: FG3 example of arts-based reflexive process

I am losing my voice

My thread

Falling…

Expecting to be caught by the laughter

Where is the way out?

Coming back to this some months after the experience, it was less emotionally affecting but I noticed from my journal that it was one of the first things I had reflected on directly after the focus group. What stuck with me was the sense that I thought everyone would laugh. Now, I wonder, what can this experience tell me about the question of faking improvisation or using humour. How does this relate to the idea of using humour and mistiming, or mismatching in music therapy? Are there congruences between improvisation and humour in the way they do not work? We did not get to go further into the risk inherent in being spontaneous and what that can mean in music therapy, but I felt this experience in FG3 had offered insight into how difficult it can be to feel professional when vulnerable through a mistake with humour.

7.8.4 FG3 Passage 15

As we moved towards the end of the focus group, Clare returned to some concerns she had discussed earlier around using humour in her role with music therapy students. She wondered aloud about how her own experiences as a music therapy student have affected her interactions with the students she teaches now, and started to think into how
her own experiences might have impacted how she now thinks about humour in music therapy more generally.

In this passage, she described a moment when an educator commented on her work when she was training as a music therapist: “I was sort of criticised for being too professional (.)”. It sounds like this was a defining comment, and it has stayed with Clare since then. Everyone in the focus group seems surprised by this comment and questions its purpose.

At this point, Rory made an ironic comment about the unopened snacks on the table and the big warning sign on the wall of the room we were in which read: “NO EATING!”. Humour was brought alive in the present and sharing this irony felt like we were processing feelings around being “too professional”. Following this, each participant began to question their experiences of humour when they were training and considered how this might have impacted their perception of humour along with their sense of or ideas about being professional.

I also found myself reflecting on this comment: “too professional”. It does not seem to have been particularly constructive for Clare as a student music therapist. The way that Clare used humour to share this experience with the group in the moment was also interesting. The timing of her story and the way she articulated it included various tones: confessional, fretful, critical, frustrated, funny and argumentative. Clare went on to make fun of herself too and this made everyone in the group laugh.

7.8.5 FG3 Passage 16

The phrase “getting away with it” was used repeatedly throughout the focus group by Kath. It formed a strong thread in the discourse around what it can mean to be a professional music therapist and underpinned the dichotomy between professionalism and authenticity that was recurrent in FG3. This passage centres on the instances this phrase was used.

In expressing how humour can be used in music therapy work, Kath initially voiced: “You wouldn’t do it in week 1 or (.) but you would have some sense about whether you could
get away with it (.)”. After this, she used this phrase “get away with it” to illustrate how skilled music therapists are, and to emphasise the nuance of their expertise: “I dunno (.) but yeah (.) I kind of feel like you (.) we do know on some level whether we’re going to get away with it before we do it (.) usually (.)”. “And so I think we tend to know when we can get away with something”.

**Illustration 21: FG3 example of arts-based reflexive process**

I found more insight into what Kath might mean with this phrase when she started to articulate how an absurd and fantastical imaginary world can manifest in the context of working with persons with mental health problems: “all the colours of it and ehm (.) and yeah I find that really freeing but there there’s always the bit over your shoulder which says ‘is this alright?’”. It appeared here that Kath was revealing her concern that she might not get away with it (whatever it is). Or her perception that she might be seeking to get away with things that are not okay, or even in opposition to, the system within which she is working. It seems to me that this phrase revealed something about the way Kath felt not only about humour but also about music therapy. On reflection I felt that I could have encouraged her to say more in the moment. Getting away with what? Is humour so sneaky?
Adam Philips (2013) highlights the role of pleasure in getting away with things and writes interestingly about the ethical and moral dilemmas around a general sense of secretly seeking to outwit the social rules that we consent to publicly. Discussion in FG3 at different times focused on how the important work a music therapist is doing can be perceived as just playing with someone, and Kath seemed to feel strongly about the injustice of this: “To justify our existence in a place and then if it looks like we’re having fun then ((laughs)) yeah (.) […] and ‘who’s this person who’s getting away with having all this fun with this person’ and they swan in for a day and then they swan out and they don’t have to do all the other stuff’ so”…. 

With this, Kath seemed to be resentful around the perception that music therapists do not really do anything apart from have fun, and yet perhaps there was also an anxiety about engaging in overt humour and then being somehow found out as a music therapist. Kath seemed to be expressing something like this when she spoke about valuing humour as an adult form of playfulness: “There’s not enough play in this world ((laughs)) ehm (.) and is humour kind of the adult version and the way the that we can we can kind of get away with that up here [gesturing to head].”

The phrase “getting away with it”, and the amplification of a critical voice, also became evident in wider discourse in the focus group. For example, as a music therapist there is often confusion about what one’s role entails, and individual music therapists deal with this differently. For Clare, “you can get away with doing the Christmas party if you know you’ve got enough respect generally (.) and in actual fact, a music therapist should be highly attuned to the persons they work with as well as the contexts and the wider staff teams they are working with to know: ‘whether it’s alright for us to just ehm just yeah cross that line a little bit”.

7.9 FG3 Reflexive summary

In FG3, humour was discussed inside, and outside music therapy and several important themes arose. Humour was considered by Clare, Kath and Rory to have specific constructive uses in supporting a therapeutic relationship in music therapy. For example, Rory described humour as a leveller in relational interactions in music therapy. However,
the risk in engaging in humour in music therapy was also acknowledged and possibilities for it to both empower and disempower brought to light along with a capacity to facilitate unexpectedly profound connections with persons who are non-verbal.

The difference between laughing at and laughing with in a therapeutic context was movingly discussed at length in FG3 with shocking examples related after Clare and Kath’s experiences on different hospital wards. In addition, embodied experiences of humour were underlined by Kath who referred to examples of belly laughter in children who had been adopted being cited as an indicator of their feeling completely safe.

Humour was closely linked with play and playfulness by everyone in FG3, and ideas around humour being an adult form of play were voiced by Kath and connected with generic intentions in music therapy to facilitate a capacity to play. However, perceptions from non-music therapists that music therapists just play with people were also highlighted. This was cited particularly in work with persons who live with dementia, are non-verbal or who have learning disabilities. Common experiences of music therapists being told to cheer people up and so avoid other kinds of emotional expression or engagement were voiced and lamented by Rory.

Interestingly, the prevailing perception from music therapists in FG3 of humour in music therapy being subversive. For example, the use of humour was frequently referred to as being “left-field”, and a sense of “getting away with it” was mentioned frequently in relation to using or engaging in humour. In addition, it was surfaced that outside music therapy there is little lay understanding of what music therapists do. Yet, un-playful historical experiences in educational contexts whilst training to be a music therapist were surfaced and thought to go some way towards engendering a mixed – and at times fragile – sense of professional identity. This was summed up with accusations of being too professional combined with a desire to be taken seriously in being “professional at playing with people”. The irony in this was recognised.
7.10 Chapter summary

In this chapter, I have outlined phases 2 and 3 of the phenomenologically informed arts-based reflexive analysis of each focus group. Data involved three focus groups comprised of music therapists where recollections and rememberings of experiences of humour inside and outside their music therapy work were discussed. As with the interview-encounters, I used a phenomenologically informed arts-based reflexive analysis to allow an ongoing creation of space in which to dwell deeply with the data in an imaginal, embodied and non-verbal way and I have included some illustrations through the text in this chapter to expand into and show my reflexive process.

Using Finlay's (2011) phenomenological lifeworld-oriented questions allowed an organisation of these isolated passages through critical and dimensional consideration. After reflexive summaries for each focus group were sent to participants for member-checking, I identified reflexive themes and areas of thematic congruence across all focus groups.

These include: humour and improvisation in music therapy pedagogy; non-verbal experiences of humour; the use of humour in relationships; the risks involved in humour in this context and perceptions of humour in relation to music therapists’ professional identity. These reflexive themes are explicated in the following chapter, where I also set out the development of a group improvisation in response to the focus group data. The performance event and its place and meaning in this study are also articulated.
Chapter 8: Focus groups reflexive thematic descriptions

As mentioned in summary at the close of the previous chapter, the following six reflexive themes were surfaced from the phenomenologically informed arts-based reflexive analysis of isolated passages from the three focus groups:

- Improvisation, humour and music therapy pedagogy
- An embodied understanding of humour in non-verbal interaction
- Humour as supporting relationship, or enabling rapport-building
- Humour as a distancing or defensive intersubjective mechanism
- The relational risk inherent in using or engaging with humour
- Music therapists’ professional identity and humour

These reflexive themes were congruent across focus groups and emerged through my use of Finlay’s (2011) life-world oriented questions. As I mentioned in chapter 4, phenomenological lifeworld dimensions offered distinct but overlapping domains of lived experience through which to consider humour thematically. These dimensions provided orientation or a movement towards my research questions, and yet I did not hold these dimensions to be definitive, instead they provided heuristics (Ashworth, 2006) or categories of lived experience from which to begin. In this chapter, I will explicate each of these reflexive themes briefly in turn before describing the process and meaning of the group improvisation performance.

8.1 Reflexive themes

8.1.1 Improvisation, humour and music therapy pedagogy

I intentionally use the phrase “music therapy pedagogy” rather than music therapy training or music therapy learning. Following Guro Gravem Johansen et al., (2019), I understand pedagogy as the “scientific study and knowledge development of teaching and learning” (p. 1). This to me includes an observation about music therapy pedagogy being a continuing developing area and becoming more and more dialogic between music
therapy learners and educators. This is combined with questions around the degree to which a unitary music therapy pedagogy exists in the UK.

Focus group participants perceived humour in a variety of ways which were linked to their individual personality and influenced by their music therapy approach. Experiences reported during music therapy training however, involving improvisation during experiential groups and on practice placement, were found to have made a lasting impression for some participants around the consideration and use of humour in music therapy. The seriousness in attending to what was behind improvisation and humour were embodied deeply. For example, in FG1, Ella expressed:

> it's really made me think about (.) uhm (.) yeah how we were trained (.) and how that was all sort of really serious and again how sort of humour was sort of almost criticised or or analysed in the point where which was good 'cause it made you think about it but ehm yeah made you feel nervous almost about using humour too much.

The balance of serious playfulness (Ayson, 2018) inherent in the doing of music therapy seemed held in tension in pedagogical spaces where music therapists learn how to improvise: “Yeah so there’s that sense of I guess playfulness within that and I think that’s quite interesting ‘cause (.) thinking like in training thinking about improvisation and like the seriousness of it (.)…” (Jodie, FG2). This was voiced more strongly by Ella in FG1 in reference to experiential spaces where music therapy students were learning how to understand improvisation and group processes: “people that did use humour in it (.) and then were sort of ((pause)) shot down with a double-barrelled gun (.) you know or very much challenged” (Ella, FG1).

This seriousness in the way improvisation, and any meaning behind it, was considered whilst training meant that using humour in experiential learning contexts was felt to be fraught with risk at times. Any relational potential that humour was perceived to offer through improvisation in music therapy also therefore appeared to involve a measure of caution and reflexivity: “You wouldn’t do it in week one for example” (Kath, FG3).
8.1.2 An embodied understanding of humour in non-verbal interaction

The experience of holding this tension in balance had stayed with music therapists as they had developed as practitioners. As Ella pointed out in FG1, “I think I’m often too quick to be humorous and then (.) once you set out that stall...”. Using humour too early or too much, relying only on humour and getting “stuck” in humour were also discussed at length in each focus group. Furthermore, connections between non-verbal forms of humour, the body, slapstick and silent comedy, revealed humour as a fundamental aspect of being human. Iain explained: “I just see it as something so primal though I mean” (FG1).

For Clare in FG3, initiating humour through music was a last resort in music therapy and this led to an unexpectedly profound connection with a person who primarily expressed themselves beyond language. When the person then used humour in response, this was perceived and experienced bodily by Clare: “I felt it as humour” (FG3). This moment had significant impact on the therapeutic process. The surprise Clare felt resonates with discussions around how there appears to be an ableist assumption of intellectual capacity about humour. This is a complex discussion in relation to humour and is explored more in chapter 9.

Humour was also linked with emotion and powerfully affective embodied experiences of humour were described variously as “jarring” (FG1), “surprising” (FG1, FG2, FG3), “overwhelming” (FG1) and potentially exposing. In one case example, Helen spoke at length in FG1 about her frustration around how a person with whom she had worked kept their dynamic engagement at a playful level: “I think she really enjoyed it… But there was no possibility of getting beyond it” (Helen, FG1). Likening this music therapy work to playful interactions with small children, she went on to describe the dynamic interactive experience of music-making with very young persons: “Babies can be really funny” (Helen, FG1). Perhaps more so because they are less aware of what they are doing, however as Christopher Bollas (1995) describes, the human messiness of interacting and being with another person can be embodied dynamically through humour and this begins in our very first interactions. The music therapists involved in this study seemed to be highly aware of this.
8.1.3 Humour as supporting relationship, or enabling rapport-building

A relational framing of humour in music therapy was common across the focus groups, perhaps underscored by the fact that participants shared a similar approach to music therapy practice. The difficulty in creating connections with persons who were not receptive to humour or showed less of a sense of humour was also referred to across focus groups. When Helen articulated: “it’s like a little green shoot” in FG1, there was broad agreement amongst co-researchers in this focus group following her statement and an apparent shared understanding about what this meant. The phrase acted as a metaphorical description of humour as being a catalyst for relational connection, expressing hopefulness in relation to a person’s capacity for relational experiences.

In a similar way, during FG2, Maddy described looking to find humour specifically as a sign of connection: “there’s an elderly person I’ve worked with recently and I’ve (..) really wanted to find a humour with her just like as a sense of connection I really found it really hard (.). In this instance, the heaviness Maddy felt working with a person where “there wasn't really a way in with humour” was tangible.

This sense was echoed in Helen’s comment from FG1: “So I (..) accepted that we were going to be stuck if you like ((laughter)) in this humorous place (.). She was describing an experience of feeling “stuck” in a way of relating. By using this word, Helen evoked an embodied sense of an inability to move, along with a spatial experience of not having room to move, emotionally or physically, with another person. Feeling stuck in this way suggested a sense of frustration for Helen, who felt held in perpetual playful interactions with this person, and somehow also trapped by an expectation from this person’s family that music therapy was about having fun; “it’s not like it wasn’t enjoyable” she commented wryly (Helen, FG1).

Ella, in FG1, suggested that humour created a quick route to relational connection:

Humour is a much more efficient way of creating that relationship I think as long as it’s appropriate to the client then you can (..) you can get there much quicker and then create the change rather then (..) Yeah I think it can really help build that relationship quicker as well (..) because I suppose you’re saying ‘I understand you’ a bit or (.).… (FG1)
Perhaps a sense of how quickly a connection can be made feeds into the sense of uncertainty about how to end humorous interactions voiced by Maddy in FG2 (passage 10). If a music therapist sees humour as a relational green shoot, it is understandable that they might seek to introduce and build on this as a way of making relational contact with persons. However, perhaps if there was more of a dialogic understanding of how humour evolves in music therapy, there would be less of a sense of anxiety or guilt held by music therapists around their role in ending humorous connections.

8.1.4 Humour as a distancing or defensive intersubjective mechanism

The general idea that humour contained hidden meaning was cited across the focus groups as being introduced when co-researchers involved were training. Along with experiences mentioned in improvisation groups, this idea of humour acting as a mask also fed into music therapy work with persons. In FG1, Ella also referred to staff members using humour to avoid difficult feelings or as a way of fitting in.

While the presence of humour could indicate hopefulness in signalling more profound intersubjective connections, experiences of humour as a dynamic defensive mechanism were also close by: “It’s something people can draw on as a defensive tool I think and both the person you’re working with and the therapist can use it in that way.” (Ella, FG1). Defensive functions of humour, and the relational complexity this can engender, have long been discussed in therapeutic contexts (Shearer, 2016); humour, just like music, can be used successfully to avoid issues and/or social contact. For example, participants also referred to instances where staff members in healthcare settings used humour to mock or distance themselves from un-processed feelings or difficult dynamics. As Clare (FG3) recalls:

I remember very vividly doing a group with staff involved and a gentleman who was very evidently very angry and and ehm expressing a lot through his drumming and staff laughing and staff laughing in response to that and I really thought about that in terms of them just not being able to to to contain (. ) or even go there and imagine that this gentleman actually had these very angry feelings to express…
The experience described by Clare speaks to an ableist idea that persons with learning disabilities have less of an emotional life, or worse still no emotional life at all. As mentioned in chapter 2, this can become further complicated when persons living with a learning disability pre-empt these normative assumptions through their own use of humour (Sinason, 1992).

8.1.5 The relational risk inherent in using or engaging with humour

In doing humour, possibilities for empowering and disempowering experiences in music therapy were brought to light. In group settings, Maddy (FG2) described persons using humour aggressively:

> People have always come in and been like ‘We’ve got such a dark sense of humour’ and it’s kind of part of certainly at least like this group of people who have Parkinson’s they’re saying like as a group we have this evil sense of humour and we’re like laughing at each other and they’re all making jokes about tremors and all sorts of stuff ((laughs)).

In this instance, the group-bonding function of humour was also balanced with Maddy’s perceived bodily experiences of loss and change for persons in the group. Using humour dynamically appeared to also offer agency and address experiences of change. Equally, in FG1, it was specifically noted that humour in music therapy with persons living with dementia could be linked with disinhibition and that this often needed careful and respectful consideration. However, for persons living with dementia who initiated humour, it was also reported to afford significant agency.

8.1.6 Music therapists’ professional identity and humour

In general, co-researchers felt there to be little lay understanding of what music therapists do. In relation to this, a mixed – and at times fragile – sense of professional identity surfaced. There were frequent examples of shared discourse between participants in each focus group (for example, referring to humour as a “tool”), which reinforced a common sense of professional identity.
Play and playfulness were discussed as an intrinsic part of humour in music therapy in each focus group. For participants in FG1, playfulness could also facilitate music-making: “playful and fun within a music-making environment is really can be really conducive to music-making” (Iain, FG1). Yet, the assertion that humour was “the kind of grown up word for (.) actually just playfulness” (Kath, FG3) did not leave music therapists much room to move as well as seeming to belie the complexity of humour.

The oft repeated phrase “music therapy is fun” seemed to be experienced both as celebratory and frustratingly simplistic for the music therapists participating in the focus groups. McCaffrey and Edwards (2015) draw attention to music therapy as a “profession with demonstrable social-status anxiety” (p. 517), linking this anxiety with a desire to steer away from ambiguous, experimental and creative methods of research in the arts therapies.

Being both playful and professional can be challenging to embody as a new music therapist. For example, in FG3 a recollection from Clare’s experience of being called “too professional” (FG3) while training, had left traces of confusion and anxiety around not being playful enough in their work. Further to this, Kath (FG3) also questioned:

Is it a little bit uncomfortable for us or do we not talk about it so much professionally because it’s taken us so much to kinda get to the point where we have state registration and all these things and still we have to look like we’re professional whatever that is but then we’re meant are we not meant to be professional at (.) playing with people and (.)

Perhaps this complex sense of professionalism goes some way to explain a sense of “getting away with it” Kath described in FG3. The role of pleasure in getting away with things is highlighted by Phillips (2013) and while pleasure has been considered in relation to music therapy practice (Stige, 2006; Wheeler, 1999), considering music therapists’ own fun as a seriously relevant part of music therapy appears to be an ongoing issue for music therapists and wider health professionals.
8.2 Focus group catalysts

Whilst these six broad themes facilitated rich reflexive description which I have summarised, I felt meaning could be gleaned further in relation to the research question of how music therapists perceived, embodied and experienced humour in their work. The intimacy of the interview-encounters had called for a specific kind of final aesthetic response to crystallise meanings already surfaced in reflexive themes and this had emerged through solo improvisation, words and illustrations. With the focus groups I felt that offering a collaborative and improvisational space for embodied exploration through sound could invite the unpredictable and ambiguous aspects of humour into being in a specific way relevant to the research questions. This kind of process might also recall the conversational aspects of the focus groups from new perspectives and through different media. There was also something about the inherently professionally located (and at times inward looking) perspective of music therapists involved in the focus groups (I include myself in this) that caused me to think that involving persons from outside music therapy in this sense making process would enlighten and enliven or enable new knowing to be surfaced.

Stepping back from the focus groups and the reflexive themes, I began to revisit each focus group and identify phrases of text from the already isolated passages of the transcripts. These thematic statements (as van Manen, 2016, refers to them) were informed by Finlay’s (2011) lifeworld existential questions (see appendix 23) and captured the “main thrust of meaning” (van Manen, 2016, p.93) of the reflexive themes, and importantly spoke to the research question of how music therapists perceive, embody and experience humour in their work\(^1\).

I combined these phrases with reflexive material to form a poetic articulation and arranged these chronologically. The poetic form allowed inclusion of my voice as a participant, and my interpretation (\textit{in brackets}). The catalysts are presented below in figure 21, and I used these to form the basis for a group improvisational response.

\(^1\) Although I focused on my second research question through the focus group data, I also broadly kept in mind my first question around contact in music therapy with persons living with dementia.
Figure 15: Focus group catalysts

Music therapy is fun (irony)

Humour in music therapy: It’s a tool
   It’s like a little green shoot

Babies can be really funny

So I … accepted that we were going to be stuck if you like ((laughter)) in this humorous place (.) and it’s not that it wasn’t enjoyable…

Why would you choose to study humour in music therapy!? (teasing)

Humour in music therapy: It’s like a container for the relationship

Yeah, it’s quite hard to know how to like actually end these (.) yeah like any kind of humorous exchange (.)
   ‘Ahhh this isn’t… how do you end this?!’

I want to sometimes not feel like a complete idiot ((laughs))

   There wasn’t really a way in with humour

I had the kinda wondering about whether the humour is the kind of grown up word for (.)
   … actually just playfulness

Humour in music therapy: We’re professional at playing with people

I felt it as humour

   … I’m losing my thread …

Getting away with it

Say more?

You’re too professional
8.3 Improvised group performance

As mentioned in chapter 4, I was co-hosting a symposium on humour research\(^2\) and I had also organised the evening section of this with three acts linking improvisation and humour. The improvised group performance was arranged to occur as part of this. The evening took place in a local pub with a small audience of around thirty. The audience was primarily made up of attendees and presenters from the symposium, so those with an interest in humour in diverse fields\(^3\). Several audience members had never come across music therapy before and had never experienced free improvisation before. This was interesting to bear in mind when reflecting on their responses. Some music therapy colleagues and music therapy students also attended. The performance was video recorded. It is suggested that the catalysts are referred to while watching the video of the performance.

**Video recording 1: group improvisation performance (full-length)**

https://youtu.be/0Tu5qMW9PZI

**Video recording 2: group improvisation performance (closing six-minutes)**

https://youtu.be/a4jhEU7KLPo

Sarah Gail Brand – trombone; Nicky Haire – violin; Skye Loneragan – spoken word; Mike Parr-Burman – guitar; Graeme Wilson – saxophone; Russell Wimbish – double bass

8.4 Rich description of catalysts

Following the performance, questions arose for me about what the event meant, how it related to the research questions and whether the performance was an aesthetic

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\(^2\) *Humour me!* Symposium, Edinburgh, 8th November 2019.

\(^3\) The symposium had drawn interest from early career researchers and academics from a wide field including Chinese studies; Theology and Religious studies; International Relations; Medieval English Literature; History; Art History and Classics.
response crystallisation or somehow a collaborative presentation of findings. Perhaps it was all of these and more. My idea of arranging the improvisation had emerged in direct response to the data; I had felt that I needed to follow this instinct and see what happened.

After having watched and listened back to the video of the performance several times, I articulated my experience. In narrating the performance as both description and reflection of this process, I found myself jumping between different tenses. This could reflect my changing responses as I occupied different positions or points of view within this process. I was equally performer, researcher and music therapist. So, my reflections moved fluidly between occurrences in the moment during the performance – matching the present tense of the catalysts themselves – and what these might mean in relation to passages during the focus groups or interview-encounters.

The written articulation of the catalysts is presented here, and through this process connections are explored and resonances with the research questions are made clear. The rich thick description of the performance seems to recall both the ephemeral nature of humour and the surprise, not only of improvised performance but of arranging to do this spontaneously in the first place. I use the catalysts as headings for each description.

8.4.1 “Music therapy is fun (irony)”

This opening statement relates to discussions in each focus group. The audience laughed quickly yet tentatively. There seemed a sense of expectation that this experience – this performance – should be funny. Everybody was warming up, in a way reminiscent of the beginning of an initial music therapy session where rules of engagement – or “play rules” as Tony Wigram (2004) terms it – were not yet established. Is it okay to laugh at music therapists? Can we laugh at ourselves? Is “music therapy is fun” a joke in itself? What is this event going to be? The bracketed “irony” served to introduce ambiguity into the statement and invited a purposeful focus on music therapists’ professional identity. Having this as an opening statement connected the audience and the performers by giving them permission to laugh at something or someone.
8.4.2 “Humour in music therapy: it’s a tool”

The musicians responded quickly and actively to this assertion. The tool-ness of humour, what humour can do, has been surfaced in the wider music therapy literature (see chapter 2 and Haire & MacDonald, 2019) and I have reflected repeatedly on my frustration at, and the usefulness in the idea of, humour as a tool. The co-creative process between voice and sound at this point seemed mutually dependent. The improvisers began creating sounds together to express the questioning and the conclusive tone Skye – the performance poet – used. In this way, the musicians’ response formed a context, so Skye was able to listen and then respond to the sounded and felt framework. The sonic responses had a function, and this mirrors the idea or usefulness of defining humour, as had happened during the focus groups, before being able to discuss it. The audience quietened.

8.4.3 “It’s like a little green shoot… Babies can be really funny”

Skye skipped over this line “it’s like a little green shoot” quickly and landed on “Babies can be really funny”. The non-sequitur sparked a sense of incongruity which the improvisers responded to. A green shoot in the context of music therapy was understood in FG1 without the music therapists needing to articulate exactly what they meant. It was used by Helen as a metaphorical description of humour as a beginning for relational experience, and a music therapist’s hopefulness in relation to a person’s capacity for interaction and wellbeing through this.

Beyond the context of FG1, the green shoot seemed like an in-joke between music therapists which did not work in the same way when presented to the audience. In the group improvisation the green shoot was unqualified and fleeting. It led (grew) into the sentence: “babies can be really funny”, where the improvisation developed into much more located expression. The embodied and relational experience of humour seemed to be sounded here and resonates with focus group participants’ reported bodily experiences of humour as “jarring” (FG1) when it did not work and “primal” (FG1) in

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4 It is worth mentioning that this group of improvisers had never played together before in this formation. Everyone met for the first time directly before the performance.
relation to moments of slapstick, bodily mishaps and non-verbal instances inside and outside music therapy.

Interestingly, with the mention of “babies” the first obvious dialogue of the group improvisation emerged between saxophone and voice.

8.4.4 “So I … accepted that…”

The dialogue continued with movement and a clear narrative line began to emerge. It was if everyone had settled into the performance and accepted the invitation to listen and play. At this point, Skye began to play with these syllables and words, pausing on: “this humorous place”.

In FG1, the complexity and powerfulness of humour in music therapy was underlined at length with a detailed case example from Helen. In this example, although humour offered a way to make connections, it was also experienced as an insurmountable barrier to deeper psychological or relational work. The difficulty for Helen when feeling “stuck” in humour, and the terrible sense of infinite playfulness was expressed in pointillistic fragments of sharp staccato sounds by the improvising musicians. This dissipated as the saxophone player initiated a dialogic melodic line that was picked up by Skye who began to vocalise or sing-speak to finish off the phrase.

8.4.5 “… and it’s not that it wasn’t enjoyable…”

Skye articulated this phrase ironically. Now beginning to play in earnest and introduce her own aesthetic ideas, she revealed an underlying frustration and tightness as she threw out each word repeatedly. The staccato sonic fragments continued musically even when she stopped speaking. Watching back, these fragments start to feel uncomfortable as if illustrating the feeling of being stuck. The group stayed with this as if to let the tightness and frustration play out together.

The dilemma of being a music therapist expected to engage in musical trickery and pretence, yet, knowing that this kind of jollity kept interactions from moving into deeper emotional engagement hangs in the last phrase. At this point, the group waited and
stilled, and the performance moved into the middle section of the catalysts, centring around FG2.

8.4.6 “Why would you choose to study humour in music therapy!?" (teasing)

Here, Skye’s timing was surprising and comical, and the audience erupted loudly with laughter. She waited for the sharp fragments of frustration to dissipate and then delivered her line sarcastically. In FG2, there was an open sense of playfulness which mirrored our topic. Including this line as a catalyst, I have played with my own self-deprecation and referenced the teasing I encountered there. This invited the audience to laugh at my predicament and revisit the irony of the opening statement: “music therapy is fun”.

In this humorous moment, I soloed in response to Skye’s playfulness with punctuation: “open bracket, close bracket, open bracket… etc.” At this, the other improvisers began to join in, over and around Skye’s riff “open bracket teasing close bracket…” creating a movement of teasing, both familiar and exploratory. This passage sounds fickle. It made me think that the group were spontaneously relating humour to dynamic and improvisatory experiences in sound. An understanding of humour as being led by individual characteristics or senses of humour, is embodied through the spontaneous incorporation of clowning, playfulness and self-deprecation in the performance.

In FG2, these qualities of humour were identified as a positive way to build rapport with persons in music therapy and in FG1, this temporary connection through humour was thought to lead to a sense of equality in a therapeutic relationship. However, this kind of contact can be fleeting; it can mark the beginning of an interaction and show the potential for more. That is how it sounded in the moment during the performance.

8.4.7 “Humour in music therapy…”

Skye led with a now understood irony around: “Humour in music therapy” and positioned this with a questioning tone. She began to repeat the statement over and over again and it became a kind of refrain in the improvisation. Chaotic sounds built up behind the refrain until the phrase sounded absurd. The absurdity is countered by a guitar line which has a
grounding function. I felt a paradox was clearly articulated in the now familiar territory, the set-up for the joke, of humour versus music therapy.

8.4.8 “It’s like a container for the relationship”

And here, I have a sense of the declamatory statement from the FG music therapists on one side: “It’s like a container for the relationship”, and the comic delivery of Skye, the performance poet, on the other. As Skye delivers this statement, for me she exposed an underlying debate around music therapists’ professional frailty. The line and the way she delivered it reminded me of a perspective from outside music therapy; one that may challenge or disrupt any notions music therapists have of their own role or self-importance.

Skye went on to develop this statement into a spoken refrain which she repeated: “It it it, it it it… it’s like a container for the relationship”. This rhythmically playful delivery began to lessen the sting of the previous articulation and the improvisers started to move with her, in sound and bodily. Perhaps this moment could be said to contain a caricature of music therapists’ over-enthusiasm. The audience laughed!

The musical bounce that Skye initiated here subsequently broke into a sonic interlude where the patterned rhythmic movement scattered into breath and more exploratory sounds. This prevented settling into one sonic position and these more fragmented sounds provided space for the next phrase:

8.4.9 “Yeah, it’s quite hard to know how to like actually end these (.)…”

Again, Skye’s perfectly timed dry delivery furnished this phrase with an irony that illuminated a surreal aspect of this group improvisation. The notion of humour as a container for the therapeutic relationship became clearer through this last improvised section in the sense of an aesthetic form as container through which to engage. The process of forming a rhythmic bounce using these words prompted a joyful dance between some of the improvisers, but this was underscored by the question of how to end a humorous moment. What does this mean? Are music therapists always in charge of endings? Responsibility and power are closely related (Benjamin, 2018) yet possibly not
fully comprehended in music therapy or in music-making. Humour – as a relational and developmentally vital experience in early infancy (Bollas, 1995) – has affective dimensions as well as dynamic, and here humour appeared to disrupt, to move, to subvert the query of the last sentence.

At this point, the trombonist initiated an expressive solo response to the performance poet who was repeating “full stop, full stop… full stop full stop...”. This appeared to continue the narrative of music therapy being the butt of the joke. One way of hearing this could be as the sounding of a relational dilemma where Skye was enacting the role of music therapy (spoken of in FG2), and the other improvisers were playing about, teasing, tricking and making it difficult for anyone to finish, or form an ending. This became more amusing as Skye started to vocally mirror the guitar spikes. This combination sounded like a kind of manic laughter.

Skye used humour to create an ending to this section. She sat on the word “Yeah...” repeatedly and then declared in a different, more superior or detached tone:

8.4.10 “… like any kind of humorous exchange (.)”

The limits of, and the broken up, de-contextualized wording of this statement is striking in this moment. In this articulation, it fitted with the piece we were improvising and yet, during FG2 (a different context) we, as music therapists, discussed humour in this way and using these words. The distance from music therapy practice, in sound and in affect was noticeable here for me. The statement itself is dis-embodied and, like the green shoot mentioned before, dis-connected from its initial situation, and so it seemed to lack contextualisation. Skye played on this so that somehow it made sense in the improvised performance.

As Skye explored different articulations, there was a stronger sense of the performance as its own artefact. It has morphed into something beyond sonic representations of words from the focus groups, and in becoming something else as it allows for new perspectives. The music therapists’ perspective is inverted, and in this, other voices are being heard. What do persons accessing music therapy think? What were the musicians engaging in this improvised performance thinking? What were the audience thinking?
8.4.11 “Ahhh this isn’t…”

At this point, Skye interjected through the exploratory sounds and, as if in character, repeated “ahh, this isn’t…” shaking her head and speaking as if she was in the wrong place, the wrong meeting, the wrong session. What was her perspective? I recall the question surfaced in FG2 about whether music therapists have a sense of humour that they share amongst themselves. Fragments of the following statements interjected, and the improvisers converged on a similar pitch which sounded a supportive sense of collaboration.

At this point, Skye seemed to ask the audience “…how do you end this?!” and they laughed. What is the answer? They seem involved now, and the performers are serious. Seriously engaged in this. The relationship that had developed through this live process appeared to matter. Skye quickly followed up with:

8.4.12 “I want to sometimes not feel like a complete idiot ((laughs))”

The mockery Skye introduced in this phrase conjured the voice of a fool-like character. It made me think of a self-referential cry from a young profession sitting between the fields of art and health. The improvised sounds matched the seriousness of this and held a sense of youthfulness as one aspect of a professional identity in a state of becoming.

Skye played with the syllables of the word “laughs” and the saxophone player initiated a melodic motif which I joined on violin; it sounded jaunty like the chorus of a clown. Her playful rhythmic “la la la… laughs” functioned as an aesthetic bridge which led into a more mature reflection, or at least a more professionally situated tone in my view...

8.4.13 “There wasn’t really a way in with humour”

Although Skye had little idea of where any of these phrases came from, her delivery of this statement held all the disappointment, difficulty and weight that was expressed in FG2 by the music therapist voicing this phrase. The heaviness felt in not being able to

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5 In line with ethical approval, each participant in the group improvisation was only given very general details about the study to protect the anonymity of the music therapists involved as well as to enable as free an improvisation as possible.
engage through humour with a person, obviously resonated with others in the group and in the room. In FG2 this held an element of sadness which seemed both personally and professionally puzzling for the music therapist at the time.

Skye repeated this line: “there wasn’t really a way in with humour” and the texture grew sonically. The guitarist began to poke at the phrase, as if trying to find a “way in”. The audience members found this funny, and the narrative developed as Skye provided an “answer”, a way in through the next line which she sang in a jazz style:

8.4.14 “I had the kinda wondering…”

And so, themes of youth and maturity are continued in the text. It seemed as if Skye had just presented this wondering spontaneously. The words hang… and anticipation began to build as Skye repeated and disrupted the “kinda wondering”. With Skye’s use of a culturally familiar genre, clean lengthy sonic lines emerged from the musicians, and this served to offset the questioning latter part of the phrase. The words were then suspended in a spaciously sounded silence.

8.4.15 “… actually just playfulness”

When this answer arrived, there were gentle titters of laughter amongst the audience. The notion of “just playfulness” was immediately disrupted and turned inside-out by the musicians however, so that it began to sound incongruous, a kind of absurd simplification. In this vein, the sounds surfaced a more frenzied idea of playfulness, which for me related back to a sense of being stuck in humour. Are music therapists stuck somewhere? There appeared a quality to these shared sounds which revealed a desire to be heard seriously.

8.4.16 “Humour in music therapy”

Skye spoke this phrase as a refrain. Recalling the beginning of the catalysts and investing the refrain with more sarcasm in its delivery as she repeated it. It located the piece and offered coherence narratively. Yet, after the group improvisation process so far, its meaning appeared different; on reflection it sounds almost farcical, yet it held more depth. It emerged as a sort of fanfare and then Skye interrupted with a take-me-seriously cry:
8.4.17 “We’re professional at playing with people”

Her cry disrupted the atmosphere and drew a laugh from the audience (some of whom were music therapists). She sounded like a spoilt child. It was as if we all knew who the butt of the joke was now in this performance, and this phrase announced a kind of climactic point aesthetically in the piece. In the last focus group in particular, this thread of being highly skilled; “professional at playing with people” (FG3) was countered by a discourse and a sense of anger around music therapists being largely misunderstood and voiceless in institutions. The musicians began to build in volume and texture, sounding different ways of understanding this phrase and playing on the explicit irony that was held in it.

8.4.18 “I felt it as humour”

The climactic sounds dispersed quickly with this, and this sentence contrastingly sounded a lone voice. It spoke to the confusion a music therapist might feel when engaging with a person, just like it had been expressed in focus group 3 (FG3).

When working to create a relationship with a person in music therapy, music therapists try out different ways of being; they improvise, in all senses of the word. In improvising, like in humour, there is a risk of misunderstanding.

8.4.19 “… I’m losing my thread …”

During FG3, this comment related to the fact that I was indeed losing my train of thought. As I articulated this in the focus group, I was sure that the rest of the participants would laugh at my predicament, yet they did not, there was lonesome silence. This left me wondering about my own sense of humour; had I lost it? I experienced the mismatch and suddenly the focus group felt hollow and pretentious. With this, I was reminded of how humour can be perceived differently between persons. However, in the performance, the audience laughed, and I felt validated!

8.4.20 “Getting away with it”

Skye instinctively made narrative sense between “losing my thread” and “getting away with it” and the audience laughed loudly as if in relief, rescued from the feeling of being
lost. It is funny now. In the last focus group (FG3), this phrase was used repeatedly and appeared central to Kath’s professional identity. It also incorporated perceptions of humour as being an unpredictable and potentially subversive force in music therapy practice. To finish, Skye both accused and questioned:

8.4.21 “You’re too professional”

With this, she played on the ambiguity of this statement being a reproach yet also a reassurance about humour in music therapy. The paradox was sounded by the saxophone player, who surreptitiously brought out a ping-pong ball to put on the crook of his saxophone. The performance ended fittingly with this incongruous sound and the laughter of the audience.
The improvised group performance was incredibly exciting. Yet, I was not sure how the event might be received and what it might possibly mean in the context of the study. The catalysts were played out and the data transformed. I re-experienced thematic statements from new perspectives, and I heard myself and saw music therapy from different unexplored viewpoints in relation to experiences of humour. Overall, the process of narrating the performance in this chapter invited a deeper knowing around different embodied and temporal aspects of experiences of humour which appeared to relate directly to a changing sense of presence I have often felt when engaging in humour in music therapy work. The audience witnessing the event acted resonantly in reflecting, absorbing and enlivening the performance from their own perspective. This felt important in connecting the study in a grounded way to music therapy practice. In performing these catalysts in this way, music therapy emerged as the stooge, or the butt of the joke, and this both reinforced reflexive themes and illuminated new considerations about the form of humour and its performativity and sound in music therapy.

In summary, bringing both the improvised group performance and the reflexive themes explicated in this chapter together, I have surfaced a tension between a perception of humour held by the music therapists involved and their sense of professional identity or role. This was reported to lead to anxiety when using or engaging with humour and appeared to underpin a desire to consider humour in terms of its “tool-ness” or use in music therapy. This anxiety was linked to early experiences of music therapy improvisation whilst training to be a music therapist. This means that, for co-researchers, a sense of risk was embodied in performing humour in music therapy practice. Experiences of humour were reported by the music therapists involved in the study as powerfully affective; said to leave strong bodily impressions, almost more so when they were mistimed or mismatched. Important questions were also raised around inherent power dynamics and playing with professional status, and this could be considered in relation to perceptions from outside the music therapy profession that music therapy is all about fun.
Chapter 9: Discussion and conclusion

In the pilot phase of this study, it emerged that improvisation in music therapy allowed Don – a person with an acquired brain injury with whom I worked for several years – a spontaneous way of being that capitalised on his sense of humour. At times when he responded to humour or initiated it, I felt his presence more strongly. In fact, Don’s family explicitly referred to humour as a way of recognising that Don was “still there”. The experience of presence or presencing through spontaneous humour in music therapy led me to feel an increased sense of connection with Don. However, on occasions when I tried too hard with humour, I felt less present than when it arose unexpectedly, or Don initiated it. This was mirrored in the video excerpts which Don, Barbara and I viewed in our pilot interview-encounter.

I used the pilot phase to develop the methodology and methods used in this study and to refine the two research questions guiding the inquiry: How does humour enable contact in music therapy with persons living with dementia? And how do music therapists perceive, experience, and embody humour in music therapy?

Having explored and discussed findings from the three interview-encounters and three focus groups at length as part of the reflexive process of this thesis, in this final chapter, I bring together aspects of these discussions to speak to the two research questions directly. There is some repetition and restatement of reflexive thematic material to emphasise key findings.

9.1 How does humour enable contact in music therapy with persons living with dementia?

9.1.1 Humour and knowing bodies

In my view, memory and presence can be understood as involving more than just cognition for persons living with dementia. This is supported by Kontos (2005) for whom understanding the body as a “fundamental source of selfhood” (p. 553) can promote important ways of being with persons living with dementia. Like Kontos, within a relational
music therapy frame, I have been influenced by Merleau-Ponty’s (1945/2012) concept of a knowing or perceiving body, which I am using in this study to support the idea of shared non-verbal contact or implicit relational knowing between persons in music therapy.

Intersubjective contact in music therapy, as described by Trondalen (2016) is reliant on micro-gestural expressions of feeling and state and can lead to a shared implicit knowing of being in contact or being with other. Intersubjectivity involves an unspoken knowledge and acceptance, through relational contact, that another person is independent of you and you of them; each person involved in an interaction becomes a knowing subject.

Although Amir (2005) has highlighted that humour in improvisational music therapy involves various “musical gestures” (p. 6), to date there has not been a focus on the relationship between humour and the body in music therapy. Further, there has been no focus on gestural humour in music therapy with persons living with dementia. Nevertheless, there has been attention to embodied and relational humour in interactions between elder-clowns and persons living with dementia (Kontos et al., 2016; 2017) which I have drawn on constructively in this study.

In each interview-encounter carried out as part of this study, humour appeared to be perceived and experienced as a whole-body experience, involving profound and implicit knowing of self and other. Moments of humour enabled new relationships between me and the co-researchers to develop in the moment, and sustained existing ones between the music therapists and the persons they were working with. Humour also invited embodied location in space-time and promoted shared non-verbal experiences. In IE1 for example, our interactions involved movement and gesture and were lively and musical. For Audrey and Keith in IE1, playing music in their music therapy group offered a way to move bodily towards humour.

Similarly, in IE2, Ann engaged through humour in fluid combination with movement, melody, and laughter. In almost completely non-verbal engagements, Ann’s delight was clear when motivation was offered through music. Although it was unclear what Ann saw when she watched the video excerpts with us, it was as if her body re-membered (Finlay, 2011) the musical experience and this was linked dynamically and bodily with a feeling of humour and potential relational connection. Ann’s laughter, like the melodic vocal phrase
she articulated, was heard by Ellie (her music therapist) as “part of the music” (IE2), and in this way as intentionally communicative. Ann used humour as a means of initiating contact. For example, the gesture she made using her eyes when May moved to the side and coughed for example, provoked laughter from everyone, lifted the atmosphere and clearly emphasised her own agency in this group.

This feeling of contact often paradoxically seemed to arise from a sense of distance from one’s own body through humour. Perhaps when I use the word presence, what I mean is a moment when I notice that I am there or a person I am working with is there. For Critchley (2002) humour relies on an exploitation of the gap between “the body that I am” and “the body that I have” (p. 42). A disruption between both being a body and having a body would appear to be emphasised when living with dementia, where a coherent experience of self can be distorted as past and present experiences and memories merge and become confused. Sometimes this bodily presencing seemed to be felt as a dislocation for co-researchers. For example, during IE3 sometimes through humour Bob seemed to be there and other times not there, even when he was laughing or engaging in a joke.

Verbal humour offered Bob a means of taking control. He would use humour to re-locate himself within the group, and this appeared to also initiate bodily and affective inner contact. The sense of recognition evoked when he made us laugh led to a different sense of his presence. This was shown when he identified himself on the screen and observed: “The (.) […] person (.) very intelligent (.) very very (.) he much more (.) intelligent than I am (.) ((laughs))”. Here, he used irony to make relational contact with us, and knew something of himself through a spark of thereness. This feeling of being in different times, was especially highlighted in the improvised group performance where collaborative arts-based reflexivity invited multiple lenses and multiple media through which to embody and experience or miss contact through humour.

As well as highlighting the different dimensional experiences of humour when focusing on the body, humour can cause the body all sorts of problems especially when laughter is involved. Spontaneous laughter can take us by surprise, disrupt the body, and play with a sense of control or presence in the world (Critchley, 2002). In adulthood, humour can literally shake the body through laughter into a new knowing or a new being (Graham,
2019). Through the body humour can initiate an experience of change (Haire, 2008). In general, co-researchers described mis-matched humour as well as profound relational connections as being bodily affecting.

Co-researchers in each focus group re-membered (Finlay, 2011), as in re-embodied profound and affecting instances of humour. For example, in FG1 Helen vividly illustrated her distress and disappointment when she described feeling “stuck” in humour with another person. Maddy also articulated her despair at being unable to connect through humour in FG2 and this was plainly felt through the heaviness in her affective communication. In FG3, Clare surprised herself by taking a risk and introducing humour with a person she was working with who had been largely unresponsive until that point. The depth of connection Clare felt, and the use of her bodily sense to know humour in this instance was summed up in her statement, “I felt it as humour”.

It was generally clear that these embodied qualities of humour were more difficult for co-researchers to describe and, in some cases (e.g., FG3), there was a sense that it was difficult to recall how humour had happened. Once the catalysts from the focus group data were played out, however, embodied aspects of humour became more overt and a fuller experience of humour was shown and sounded in a different way.

Benjamin (2018) uses the concept of rhythmicity as a way of involving the body in engagements between a dyad in psychotherapy. In this, she focuses mainly on the non-verbal improvisatory play between therapist and patient. For Benjamin (2018), “the ‘real’ relationality of the analysis” (p. 179) is a shared discovery based on multi-modal mis-timings, mis-attunement and subsequent repairs. A kind of rhythmicity became evident during IE1 when Audrey introduced her favoured instrument (a clatterpillar) and demonstrated how she played with it in the music therapy group. This seemed to have a recognisable gestural and sonic form and Keith drew links between the qualities of the instrument and elements of Audrey’s personality: “It’s almost like the instrument is mischievous”. Audrey seemed to enjoy his comment: “That’s me” she said, going on to agree that she felt she could be cheeky when playing it.

When Audrey (IE1) imitated how she might play in the music therapy group, moving the instrument up above her head and then down again, Keith and Claire recalled how
Audrey can become completely absorbed in playing the clatterpillar in the music therapy group. Playing the instrument extended an idea of rhythmicity for Audrey and allowed for matching and mismatching as Benjamin (2018) describes.

9.1.2 Familiar forms of humour

In the literature reviewed, I found humour to be largely taken for granted as facilitating rapport between persons in music therapy. I also found that the occurrence of humour in music therapy indicated a sense of trust in the music therapy relationship that had developed. In IE1 it was evident that the familiar structure of jokes, and the inherent social, gestural, and temporal forms, offered Audrey important interactional signposts and known ways of being with others that also emerged in music-making. Some of these forms were spontaneous and had become in-jokes through repetition in the music therapy group, and others were obviously already known between her and Keith.

As mentioned previously in this thesis, Critchley (2002) asserts that humour depends on a shared “cultural insider knowledge” (p.66); one needs to know the context for something to be funny. Or, as he puts it, without “social congruence” there will be no “comic incongruence” (Critchley, 2002, p.4). An example of this occurred in IE1 when Audrey used the phrase “Och aye the noo!” This was funny because I come from Scotland and therefore knew the phrase and knew Audrey was teasing me. She seemed to revel in teasing me in this way and teasing between Keith and Audrey was also common. This usually related to shared insider knowledge between them both about personal characteristics such as Audrey’s northern accent and Keith’s lack of hair. Audrey’s teasing held an affective dynamic along with relational intent. Equally, teasing was common between the music therapists involved in the focus groups, and especially of me during FG2. Although this was light-hearted and fun, it was interesting to observe and also to notice, for myself, how I encouraged this.

Music therapist Ulla Holck (2004a; 2004b) has described how a repertoire of play patterns in music therapy work with children can be built into interaction themes that can be used in specific ways to facilitate therapeutic process. Something similar was apparent in IE1

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1 This is a well-known phrase originally from an old North-East Scottish dialect. It is now most often used to poke fun at or tease persons with any kind of Scottish accent.
with Audrey and Keith’s in-jokes. The idea of familiar patterns holding emotional expression is supported by Geriatric Psychiatrist Jane Garner (2020) who writes: “Affectivity is retained long after thinking is impaired; rituals and movement may prompt some recall; the ability to recognise far outlasts the ability to recall […] The person continues to experience” (p. 17). Establishing something as an in-joke through repetition created a familiar interactive pattern that could be revisited. In Audrey’s case, the use of in-jokes emerged not only as a familiar pattern but also as a way of expressing affect, holding something of the complexity of her experience of living with dementia and sharing this.

Perhaps familiar humorous patterns could be said to have significance for persons living with dementia in that they invite interactional signposts. This also emerged through humour in IE2. Ann consistently showed her intention to connect with Ellie through melodic laughter. She furnished a melodic vocal line with glinting eyes and moved her feet in time, sometimes in response to video excerpts or music-making and other times initiating this herself. Bob tended to use humour verbally more than musically in IE3. He tended to initiate humour, therefore it was surprising and affecting when he joined in with any humour led by Hayley or me.

Many of the video clips introduced by music therapists in the interview-encounters showed how humour emerged from structured musical activities and disruptions of status within music-making or a deviation from expected music, activities, sounds or roles. It appeared that at times therefore, music-making heightened conditions for humour to happen, and improvisation offered a feeling of “anything goes” (Barbara, pilot study) within which humour could thrive. The sense that music allowed humour to happen was voiced strongly by Keith in IE1.

Amir (2005) has pointed out how improvisational music therapy inherently invites humour and cites the main musical gestures that engender humour to be “exaggeration, clumsiness and incongruity” (p. 17). Similarly, I have found music therapy between individuals and in a group to offer shared opportunities for familiar forms of humour to be enacted or performed, and for new ways of relating to become shared. Perhaps some of these gestures could be considered as universal. What has been taken further through this doctoral research is how these musical and humorous forms of relating were
significant in intrapersonal as well as interpersonal terms for persons living with dementia, and how music therapists enjoy a complicated relationship with these forms.

With Ann in IE2, humour, melody and laughter were intertwined richly and allowed an ongoing sense of being in contact. Having said that, it was very clear when she thought something was funny, laughing with energy at my attempts to sing at a low pitch for example. With the sense of humour being a catalyst for connection, I found myself looking for laughs during IE2 which brought awareness of pushing at humour. This sense of jumping on, or pushing for, humour was echoed by Helen in FG1.

In the moment, humour – inextricably linked with music and movement for Ann – offered a way of being which affectively linked past and present experiences. As Dewing (2002) suggests, when engaging with persons living with dementia, “all knowledge is connected in time and place and is historical, so what the person communicates is an expression of their past as well as their present” (p.166).

Whilst humour offered expressive agency in different ways for persons participating in the interview-encounters, I found that the recognisable forms of humour appeared reassuringly familiar on a deep and unspoken level. This therefore facilitated relational contact and could also be used to maintain relational contact. In this way, humour in music therapy was described by Maddy in FG2 as a “container for the relationship”; a way of holding, inviting, and developing relational moments through humour.

Nevertheless, in the interview-encounters, when humour emerged spontaneously it appeared to spark off moments of deep contact which differed in quality from humour that had been engineered. In IE3, I felt a continuous movement between moments of confusion along with feelings of being disconnected and lost, and moments of clarity and shared experiences of music and laughter. For example, when Bob unexpectedly asked, “do you know how old I am?” in the middle of a conversation about something else, he appeared to surprise himself as well as surprise me. Whilst this may not seem amusing out of context, the unexpectedness of the question made me laugh and his laughter in response was deeper in pitch and seemed freer than at other times during IE3.
Likewise, when Bob appeared to not remember the fact that he and I had met during the music therapy group in the morning prior to the interview-encounter, he responded with a pensive: “Interesting ((general laughter)) […] and then after our laughter: “More than interesting…” with comic emphasis on “more” and a slightly raised eyebrow. I felt in contact with him at these points, and from the way he attended he appeared to be in contact with himself. However, at times during IE3, the silence following a joke or laughter was noticeably heavier. In these moments, it felt that the passing humour more vividly exposed feelings of being lost or confused.

A spark of contact can act as the beginning of a shared narrative in a therapeutic relationship (Hillman, 1994). Humour was found to be present in both IE2 and IE3 in different ways that suggest humour does not disappear but changes over time in how it manifests with different persons living with dementia. Like familiar music, familiar gestures of humour remained recognisable and invited the possibility to facilitate shared ways of relating. For music therapists, there would seem to be value in knowing and nurturing these in-jokes and familiar forms yet maintaining a loose approach in how to use or engage in them, so that some spontaneity, and therefore humour, can remain.

9.1.3 Humour as an aesthetic moment

Aesthetic dimensions in music therapy have been discussed (Frohne-Hagemann, 2001; Lee, 2003; Stige, 1998), yet not in relation to experiences of humour and generally not within a relational or intersubjective frame. In this study I have been interested in the way humour seems to be deeply embedded in the bodily consciousness of persons. Having begun from the point of view that a sense of humour appears to develop through early relational connections, there would appear to be significant therapeutic potential for connecting through humour. When humour occurred in the interview-encounters, the focus groups and the improvised group performance, different kinds of contact were noticed and felt; this included a kind of self-contact which could be termed intrapersonal or subjective, and a contact-with-other described as interpersonal or intersubjective.

Bolas’ (1987) articulation of an “aesthetic moment” (p. 16) offers a way to describe the sensuous experience of intrapersonal contact in music therapy. Aesthetic moments
generally involve profound experiences of ourselves through engagement in the arts. They take us by surprise and can be difficult to articulate in words (Bollas, 1987). When aesthetic moments happen, there seems to be a simultaneously expanded and contracted sense of time. As Bollas (1987) writes, we cannot predict when an aesthetic moment may occur, and so this element of surprise contributes to a feeling that “such an occasion must be selected for us” (p. 32).

Aesthetic moments seem to be about individual experience. To me they describe an inner experience of self, catalysed through engagement in an artistic form. As I understand it, the feeling of being in this “aesthetic moment” is reminiscent of a pre-verbal, pre-conceptual embodied symbiotic state of being with another person (object) where something is “never cognitively apprehended but existentially known” (Bollas, 1987, p. 16). Most importantly for Bollas, an aesthetic moment is linked with the primary caregiver as being a transformational object; this kind of aesthetic encounter changes an infant’s internal-external self-experience. The anticipation of an aesthetic moment through humour was summed up in the metaphor of humour as being a “green shoot” - a spark of life that could lead to the growth of something like a relationship or a change in emotional state - expressed by Helen in FG1.

Each time Bob initiated a witty quip in IE3, this appeared to locate him in relation to Hayley and me. A sense of feeling lost was transformed into a moment of connection between us. Bob’s quips seemed to come from nowhere and by this, I mean that the humour arose spontaneously. When Ann chuckled in IE2, the atmosphere changed and there seemed a sense of shared contact; a moment when I knew she was “still there”, as Barbara described of Don in the pilot study. Time felt like it stopped in these moments. Audrey’s playful dance-like engagement with the clatterpillar in IE1 was seriously delightful yet built on an aesthetic form of movement and sound which felt to be from a very early wordless place.

Although time felt like it stopped in these moments, the aesthetic shift through humour also somehow led to a sense of relational time, a moment where past and present could merge, as I described when engaging with Bob in IE3. This relational time seems particularly pertinent to music therapy work with persons living with dementia and has
resonances with Kontos et al., (2017) idea of “relational presence”. Yet, relational time to my mind highlights the process of humour more than the consequence.

The most affecting moments of embodied connection through humour emerged unexpectedly in both the interview-encounters and focus groups. Therefore, when I observed myself repeatedly looking for laughs, connections were less profoundly felt. This fits with my initial observations in the pilot phase of the study. Perhaps I was trying to engineer aesthetic moments of my own.

Using aesthetic moments as a motif through which to understand aspects of the experience of contact through humour allows a positioning of humour as a core element in relational interaction which begins in the earliest stages of life. In terms of the place of humour in music therapy, this positioning aligns with Brynjulf Stige’s (2006) observations about the role of pleasure in music therapy; “If the aesthetic dimension is understood as a relationship between participants and the involved objects and processes, the topic of pleasure becomes central” (p. 42).

9.2 How do music therapists perceive, embody and experience humour in music therapy?

9.2.1 Making use of humour

In this study, it was generally perceived that humour in music therapy was a socio-positive experience (Berger, 1997) and a socio-embodied one (McPherson, 2008). Music therapists began in each focus group by outlining how humour could be used intentionally for a therapeutic purpose. This was summed up in Helen’s expression in FG1: “Humour in music therapy: It’s a tool (.).” This functionality was expanded through the improvised group performance which allowed for the more difficult to describe and complex aspects of experiences of humour to be expressed.

Importantly, Sinason emphasises the necessity of genuineness in sharing humour: “The creation of intersubjective experience broadens out when the joker is received authentically” (Brave-Smith, 1995, p. 469-470). Even though authenticity can be a
problematic term, in this study contact between persons was most authentic when humour was spontaneous and most spontaneous when it was authentic. That does not mean that there is no place for using humour intentionally in music therapy, however the use of humour is not solely the music therapist’s (or indeed one person’s) decision and perhaps it is here that tensions may arise for music therapists generally. Possibly it was simpler (or more reassuring) for the music therapists involved in this study, when considering humour, to think of humour as a tool to begin with rather than an experience in which they might be vulnerable or might not be in control.

Whilst there is usefulness in considering humour as a tool, in that it can have a function within a therapeutic relationship, such as breaking the ice or leading to a “temporary alliance” (Finlay & Evans, 2009, p. 67), the view of humour as a tool seems to support an idea that power lies with music therapists as to whether to use humour or not. This surely influences how much humour can then become a genuinely shared experience. Questions of performativity and power in relation to humour in music therapy were exposed amusingly and confrontingly in the group performance. What is it that music therapists are performing though?

A sense of “temporary alliance” (Finlay & Evans, 2009, p. 67) that humour can sometimes offer, was pointed out by music therapists in FG1 as difficult not to rush after or try too hard to engineer. As Helen mentioned, “when there is some [humour] or there’s a hint of some, I almost grasp it with both hands […] I do wonder sometimes if I’m if I overstep some sort of mark […] I might run after it”. I noticed myself looking for laughs in IE2 as well, and I was reminded about the allure of delightfulness as a music therapist. And so, how do music therapists make sure they are not just pretending humour? The sense that music therapists are also searching for contact needs to be acknowledged. The brightness of humour can sometimes appear seductive which adds to a heightened awareness of how/when to use or engage with it. This seductiveness also fed into a sense that Helen (FG1) and I (IE2) felt the need to justify our engagement in, or use of, humour.
9.2.2 Embodying the riskiness of humour through improvisation

Findings from this study show that humour is used frequently in music therapy in many ways, yet it is not often considered with the same seriousness as other aspects of music therapy practice, such as improvisation. Learning about music therapy improvisation seems to vary between training courses in the United Kingdom (UK). Nevertheless, from each focus group – comprising music therapists from different training courses – there was a shared observation from participants of the seriousness of improvisation and the ambiguous risk around humour in training situations which were then embodied in practice.

Experiences of ambivalence involving humour in group improvisations with peers whilst training, led to a nervousness around how to engage with humour for the music therapists participating in this study. Perhaps the experiences related say something about power dynamics whilst training. If humour is considered a risky business by educators during training, then this will follow into practice. There seems to have been an assumption, perhaps picked up from the experiential group facilitators, that humour was always about something else. Equally, it sounds like a desire to predict and control elements of spontaneity and intuition led to a focus on the importance of understanding what was behind humour, and therefore a magnification of the potential risk in introducing it.

Are serious conversations always necessary to pre-empt humour? And do those serious conversations naturally dispel humour anyway? Certainly, it is useful to establish parameters of engagement in a therapeutic space, as was pointed out in FG3 by Susan, yet there is something about how improvisation and humour can correspond, and how humour can be used to facilitate improvisation, which does not seem to be explicitly celebrated in the training experiences of co-researchers involved in this study.

A focus on the riskiness of humour also emerged in the interview-encounters as embodied in the sense of responsibility I felt. Humour, like improvisation, plays on risk, mistakes and mishaps. It also provokes a powerfully affecting experience, which when it goes awry leaves a strong memory. Focus group participants described moments of humour which had been felt as “jarring”, “surprising” (Helen, FG1), and potentially exposing, and they were generally cautious about using humour in their work.
Music therapy in the UK has been shown to be a largely un-diverse profession (Langford et al., 2020) and the socially constructed identity of a music therapist with a professional title, and recognised training qualification (largely only accessible to those with financial mobility), may bring an expectation of an expert role with expert ways of doing and being. Through looking at humour in this study, I have found that this role is perceived differently inside and outside the profession. This influences considerations of the place of humour in music therapy and perceptions around its use by the music therapists involved.

Performative aspects of humour which emerged in the improvised group performance for example, supported a more explicit acknowledgement of the body, specifically the music therapist’s body and the power held within this, in music therapy work. In fact, in inviting a comic perspective of music therapy as a profession, the improvised group performance acted to expose and disarm any fixed notions of powerfulness and expertise music therapists might think to hold. That is not to say that power differentials are easily transcended, or to ignore the sense of responsibility music therapists hold as caring health professionals, yet a more nuanced understanding of power, what performing a music therapist role can mean, and how to play with status could be important to understand in terms of the value of shared experiences of and through humour.

9.2.3 Revealing and working with power dynamics through humour

In this study, humour often emerged when playing with role differences in music therapy and served to make implicit differences explicit within these socially constructed roles. In IE1 for example, co-researchers noticed that when the music therapist made a mistake during a structured activity, the participants in the music therapy group found this very amusing; the music therapist was in charge and had messed up.

As Trondalen (2016) conveys, every time we work with a person in music therapy, “the other is present as a possibility and a responsibility” (p. 117). When reviewing the literature on humour in music therapy, I found that although humour was referred to as empowering (Aasgaard, 2000; Durham, 2002), issues of status and assumptions around fixed roles in music therapy were not explicitly discussed in relation to humour. For example, Amir’s (2005) study is positioned from the points of view of music therapists and
considers improvisational humour as an acceptable form of release with possible therapeutic benefits, yet there is little discussion about how power imbalances can lead to humour or indeed who decides when humour is therapeutic.

The equalising potential of humour was also referred to in FG2, where Maddy described humour as “kind of capturing like the equality in your relationship”. In wider reference to the context in which music therapy was taking place, Iain in FG1, and Kath and Clare in FG3 recollected moments of discomfort when staff were visibly laughing at patients during music therapy open groups. These experiences were powerfully affecting and a desire to redefine this kind of humour or ridicule as non-humour was voiced.

Ableist assumptions around intellectual capacity and how this corresponds with humour were highlighted by Sinason (1992). While music therapists involved in the study focused exclusively on the constructive potential of humour with persons in their work, a deeper understanding about the kind of ridicule that Kath and Clare described in FG3 would be helpful in understanding music therapists’ own feelings and experiences around power in relation to persons with whom we work.

Humour is a powerfully potent tool and so, in doing humour, possibilities for empowering and disempowering experiences in music therapy were brought to light. These possibilities seemed to depend on who initiated humour. Maddy (FG2) described persons using humour aggressively in a music therapy group she facilitated, yet this was seen as empowering humour as persons were using it to work through and claim their own sense of agency in relation to ill health:

> people have always come in and been like ‘We’ve got such a dark sense of humour’ and it’s kind of part of certainly at least like this group of people who have Parkinson’s they’re saying like as a group we have this evil sense of humour and we’re like laughing at each other and they’re all making jokes about tremors and all sorts of stuff ((laughs)).

In this instance, the group-bonding function of humour was balanced with the music therapist’s exclusion from their group. Although Maddy perceived the group members’ bodily experiences of loss and change, it would perhaps have been a very different story had she introduced jokes about tremors. Equally, in music therapy with persons living with dementia, it was specifically noted that humour could be linked with disinhibition and that
this often needed careful and respectful consideration. A slipperiness about humour means that there can be concern for music therapists about what kinds of humour might empower or disempower. However, for co-researchers who initiated humour, it appeared to afford significant agency.

For example, Audrey’s self-deprecating quip, “I’m not stupid (. . .) just demented”, which she repeated three times during the IE1, seemed to offer a relational agency alongside an emotional processing. Added to this, for Keith, in the music therapy group: “The humour at the end of the day is probably more important than the actual music” […] “the music is a catalyst for the humour”. In this instance, shared music-making was felt to invite opportunities for spontaneous humour, music was a vehicle for humour so to speak, and it was through humour that the spark or the intimacy of connection was experienced. For Audrey and Keith, this experience of contact was something that they identified as fundamentally important in the music therapy group.

Acknowledging this allowed Keith to express a very real concern about losing humour: “for both the person with dementia and the carer (. . .) eh I personally think humour becomes very important because if you were ever to lost that (. . .) then the situation would be (. . .) a lot worse”. Keith’s sense that he and Audrey might not always be able to share humour, which is so central to their lives, speaks to the losses inherent in living with dementia. He was visibly moved by this thought and Audrey responded with quiet care. The moment, which passed relatively quickly, allowed some reflection on what it is that humour affords for them both. For Audrey, her use of humour seemed to be one way to process and rebel against these perceived losses, and for Keith humour allowed shared contact with Audrey which perhaps provided a sense that they were also sharing the emotional losses and moving through or around them together. For both, their own shared humour could be expressed with others in the music therapy group, and this too seemed to bring comfort when navigating the unknown of dementia.
9.2.4 Humour and professional identity

In the focus groups, as well as exploration of experiences of humour in practice, humour was used by participants to establish or reinforce a shared professional culture. With a bonding function identified, humour could be also thought of as a way of enacting and reinforcing a perception of shared professional identity. This might be termed performative in that engaging in humour with other music therapists helped to consolidate a sense of identity or role as a music therapist.

For example, during the focus groups there were frequent examples of shared discourse between participants which reinforced a common sense of professional identity. For example, in FG1, when Helen stated: “it’s like a little green shoot (.)”, there was agreement and a shared understanding in the focus group about what this meant. It acted as a metaphorical description of humour as a catalyst for relational connection, expressing hopefulness in relation to a person’s capacity for relational experiences. When this was articulated during the performance, however, it seemed to pass the audience by, and so reinforce a music therapy shared cultural or insider-perspective (an in-joke perhaps) on doing or performing humour in music therapy.

From my experience as a music therapist working in the UK, the idea of performance seems to be problematic for music therapists to consider. The concept of performativity invites a vast discussion (beyond the scope of this thesis) and can mean different things in different fields\(^2\). There are discussions around performance and music therapy from different perspectives related to practice and research and these tend to be linked with music-centred approaches in music therapy, situated in a North American context (Aigen, 2013b; Beer, 2016; Seabrook, 2017). In this instance, I find a notion of musical performativity as threaded through Ruud’s (1998) work on improvisation as a way of performing identity with others through music therapy to be useful.

The fact that the audience missed the in-joke of what humour was in music therapy (a “tool” and a “green shoot”, FG1) appeared to highlight different perceptions of humour

\(^2\) I am thinking of feminist theory and queer theory with Judith Butler’s (2006) discussion around gender-identity as performative, and Karen Barad’s (2003; 2007) discussions around performativity in language from a post-humanist perspective for example, yet there is also a huge discussion around performance and identity in music psychology and related fields (MacDonald et al., 2017).
outside music therapy. Interestingly, during the improvised group performance, laughing at music therapy as a profession served to invite most of the humour. In some ways, this makes any anxiety music therapists have around humour seem ridiculous.

Along with the perception of music therapists as the fools of the arts therapies, as articulated by Clare in FG3, there was also felt to be little lay understanding of what music therapists do in practice. The oft repeated phrase “music therapy is fun” embodied music therapists’ frustration of feeling misunderstood. This was compounded by their desire to be taken seriously as “professional at playing with people” which turned the phrase into an ironic truism. In this, a dilemma was identified involving humour in creating and embodying conditions of “serious make-believe” (Benjamin, 2018, p. 146) conducive to making contact in unique ways with persons in music therapy, alongside the risk this may entail for an already fragile sense of professional identity. This was summed up in the repeated use of the phrase: “getting away with it” (Kath, FG3).

A desire to be taken seriously as a profession formed a large part of the narrative during the improvised performance. The refrain “humour in music therapy” became laughable, almost bizarre in its expression; it contained the earnest questioning voice of the music therapy profession alongside the youthfulness of the discipline in contrast to other health professions. Music therapists work in highly skilled and highly individual ways which is not always easy to convey. Nevertheless, being able to laugh at oneself is generally considered a hallmark of maturity, and as Ramsay (2019) pointed out when considering jokes and religion, some ability to joke about your ideology may mean you are stronger in your faith.

Humour can hold different and opposing feelings, and for music therapists who “are professional at playing with people”, as voiced by Kath in FG3, they are also usually embedded in an institutionalised health and social care context or system. Maintaining a balance between playfulness and formality (or professionalism) can be understandably complex.

A view of an anxious profession has been voiced generally in the literature by Cameron (2014) and Edwards (2011) as “social-status anxiety” and this is constructive in understanding experiences of nervousness around humour in a music therapy context as
reported by music therapists in the focus groups. As well as being worried about what other professionals think, a desire to exercise caution around using humour in music therapy was further underlined by the reported sense of “going against” a professional “music therapy culture” (Ella, FG1) when engaging or introducing it.

9.3 Theoretical implications

In this study, I have considered humour from a phenomenological point of view, whilst also acknowledging it as a sensation, a value, an emotional state, and a mode of seeing or being in music therapy.

Amir’s (2005) comprehensive study exploring humour in improvisational music therapy began from an assumption that humour is somewhat like music in its form, and that improvisation inherently invites humour. Amir (2005) focused on the technique and performance of humour but paid less attention to the relational experience of the phenomenon. Understanding incongruity, exaggeration and clumsiness as the main musical gestures illuminated important information about how music therapists do humour with the persons with whom they are working. Having highlighted the relational significance of humour in music therapy work with persons living with dementia allows me to articulate a theoretical position that moves beyond Amir’s (2005) main musical gestures and deepen understanding of the qualitative aspects of time and connection, or relational time, that can be embodied and experienced in music and in humour.

Researching from inside the phenomenon, as it were, as well as from inside my own profession, invited increased attention to a music therapy identity and surfaced a particular music therapy culture which embodies some insecurity around using humour. Humour was found to be a complex phenomenon for music therapists to discuss as it appears to belie a professional seriousness with which we approach our practice. This is further complicated by the exclusively positive nature of passing references to humour by music therapists in a review of the literature. By ignoring the less constructive uses of humour, a false dichotomy is perpetuated which reduces experiences of humour to who does what and reinforces an underlying sense of the risk music therapists feel when using or engaging with humour in music therapy.
In practice, this study has found that a view of humour by music therapists and the persons they are working with depends on a complex intertwining of personal, relational, cultural, and situational factors. Through inclusion of the voices of persons living with dementia in this study a more nuanced view of humour in music therapy practice has emerged.

The conceptualisation of interview-encounters is an important theoretical contribution and uses Buber’s (1937/2013) ideas of encounters as relational inter-existence, to incorporate and expand on experiences of relational dynamics in traditional research interviews. This aligns with the reflexive-relational approach adopted in this study, after Finlay (2009; 2011), and fits with a relational music therapy approach as explained by Trondalen (2016). In an interview-encounter language is not privileged and so non-verbal forms of communication and interaction are encouraged. This offers a more person-centred way of engaging with persons who might otherwise be considered as hard-to-reach and difficult to engage with in a research context. Importantly, each interview-encounter in this study also offered opportunities for humour to arise in different ways in the moment. Lastly, the interview-encounters felt inward facing, intimate and profound encounters, and so this necessitated a novel term.

The focus groups felt like outward facing beginnings of conversations about humour in music therapy, and so there appeared less necessity to term them focus group-encounters. Added to this, there was a much less intimate feel to the focus groups, as there was a sense of professionalism which ran through them.

9.4 Why is this research significant?

There has been no study to date in the music therapy field which used a reflexive-relational research approach and reflexive arts-based methods to explore the social phenomenon of humour. This adds significance to this study. Methodologically, this study also offers innovative and creative ways of understanding and disseminating experiences of humour in music therapy with persons living with dementia.

Beyond the originality of the methods used in the study, new knowing about humour as a relational experience and the meanings this can have with persons living with dementia
provide greater understanding of the nuanced and dimensional ways in which humour is experienced, how humour can enable subjective and intersubjective contact, and how it links with music therapy processes and fundamental elements of practice, specifically improvisation.

In addition, exploring humour has surfaced the idea of a music therapy culture that potentially begins in pedagogical spaces where music therapists perceive they are trained to view improvisation as a serious endeavour and humour as a non-serious endeavour. This has implications for how humour is viewed, how it is experienced in music therapy practice and how it features (or not) in music therapy training programmes.

Whilst performative aspects of humour were alluded to in Amir’s (2005) study and more broadly in music therapy literature (Aigen, 2013b; Beer, 2016; Ruud, 1998; Seabrook, 2017), they were made explicit in this study. This contributes to an understanding of the professional role music therapists tend to adopt. Questions around what this means in terms of a music therapy identity, and how music therapists might be viewed from the outside are constructive in furthering an equitable and person-centred approach to practice.

9.5 Limitations of this study

This study provides rich material for consideration in relation to humour in music therapy, however there are also limitations. As pointed out in a review of the literature, researching spontaneous humour in social interactions can be problematic due to its conceptual fluidity and context dependent nature (McCreaddie & Payne, 2012). In my view, the highly subjective nature of humour may be one reason that more music therapists have not investigated humour in their practice in any great depth. There is also something about the everyday taken-for-granted quality of humour that makes it difficult to isolate and study. Added to this, thinking about humour as a phenomenon, a tangible event that occurred between persons rather than a more open quality of experience maintained an ontological tension in this study between observing humour as a fixed object in contrast to supporting a more nuanced view of humour in a music therapy context which would potentially offer more diverse perspectives in relation to the research questions outlined.
Given that this study only involved music therapists working in the UK, within a specific approach, it will be necessary to find out more about how humour in music therapy is viewed in wider cultures and from different philosophical positions. Music therapy is a small profession in the UK. On the one hand, prior relationships with other music therapists meant that I had easy access to contacts and ready ways of inviting participants. On the other hand, when engaging in research encounters with persons, and analysing this data, it added a layer of dynamic complexity to an already multi-layered process.

The music therapists that responded to the call for participation did so because they were curious about humour in their work. However, this meant that the starting point for inquiry tended towards humour being something with potential therapeutic value which was worth investigating. It is useful to acknowledge that none of the participants in this study felt that humour was unimportant in their work. As a result, any findings begin from this position. This was balanced through my reflexive stance, checking and re-checking interpretations and assumptions to acknowledge an overly positive bias, and it must also be acknowledged that a strong sense of positivity surrounding humour was evident in discussion with co-researchers. For Don, in the pilot study, humour was one of the only ways in which his family knew he was still understanding them. This level of feeling was echoed by Keith’s strong emotional response to the thought of a time when humour is not possible with Audrey in IE1.

In my view, trying to look at humour from the inside is problematic and yet improvisatory and arts-based reflexive methods offered a chance to critically examine these experiences in a disciplined, embodied, and imaginative way, which is arguably necessary to reach difficult-to-describe experiences of humour. A playful, flexible, and responsive approach to methods in relation to the topic of humour was employed intentionally as part of my improvisational and embodied stance. However, just like using humour too much in music therapy, there emerges a fine line between being generatively and overly playful with methods in a research context. Dynamically, humour relies on an experience of tension to work (Gadsby, 2019). This tension was played out in various ways during this study and emerged repeatedly in questions around methodology and combination of methods. Reflexivity as a method of sense-making invited a commitment
to embrace what Wanda Pillow (2003) terms the messiness of an engaged qualitative research process, and this was instructive in relation to experiences of humour.

In the interview-encounters, video examples were thought to be an accessible way to provide stimulus for consideration, and this was explored in the pilot study, yet the practice of layering (i.e., video-recording participants watching video examples of past experiences) could still be said to be overly complex and to heighten non-linear dimensional experiences of time. In some ways, this novel practice - with a focus on the interactions that arose in the interview-encounters rather than the video clips of moments of humour – enabled me to get as close as possible to experiences of humour in music therapy practice. In addition, using these methods kept alive possibilities for surprise and offered a lived sense of distance and closeness which could be said to mirror aspects of the experience of humour in music therapy.

Whilst using video examples to elicit responses worked well overall, it was also problematic at times for participants who were confused by seeing themselves on screen. This possibility was considered in depth in advance and time was spent setting up the interview-encounters and preparing participants, however, responses to the audio stimuli from the video clips were noticeably less confusing and therefore may work better in the future.

As Dewing (2007) points out, managing the process of involvement in research ethically: "very much relies on the skill and expertise of the researcher in being able to engage with persons who have dementia and on their critical reflection skills" (p.15). In this, I drew heavily on my experience and practice as a music therapist and understanding of the importance of viewing issues of consent within a relational context and the importance of non-verbal communication. For Dewing (2002), this means that: “non-cognitive ways of knowing (…) must inform and guide the researcher” (p. 162). This ethos aligns with Finlay’s (2009; 2011) reflexive-relational approach and invited a focus on: “both the continuous thread between the person’s past and future self and the person in the here and now as a perceiving, feeling being” (Dewing, 2002, p. 160).

In identifying moments of humour beforehand, a certain amount of power and influence was held by the music therapists in determining what was or was not humorous. I was
aware of this and invited music therapists to suggest clips for co-researchers to respond to. As the excerpts were not edited, participants were free to choose when to stop and whether to view more. In this way, the excerpts were more like catalysts in inviting humour between us in the interview-encounters.

The self-reflexive artistic methods of analysis generated large amounts of data and this needed a clear conceptual framework, yet the methods used are subjective and unique to the researcher and co-researchers involved. The depth gained through using arts-based methods has been well documented, along with the many positive benefits of this method of inquiry (Ledger & McCaffrey, 2015; Gerge et al., 2017a; 2017b; Knill et al., 2004; Leavy, 2015; 2019). However, this needed to be considered in balance with a highly individual method of making sense of the data in this study. Thinking through improvisation arose in direct response to this study and led to findings otherwise perhaps unknowable. Does relying so heavily on self-reflexive methods make this study less useful for other music therapists and professionals? The use of lifeworld-oriented questions, after Finlay (2011), served to organize data however this also brought tension in that humour - being both universal and particular - often resisted categorization into these different universal dimensions, as did non-verbal communications.

Viewing improvisation as methodology and method surely impacted on the findings in this study in other ways too. For example, in the interview-encounters and the focus groups, I made conscious choices to go with the flow and let humour arise if appropriate. In the interview-encounters, sparks of humour from the video clips we viewed were reflected and digested in a way that was instructive in relation to the research questions. This magnified aspects of humour that might not have been noticed otherwise, such as temporal dimensions.

Trying to look at humour within a small profession meant that some music therapists responded to the call for participation precisely because they knew me. As mentioned, this had constructive outcomes yet also required even more careful balancing of practitioner-researcher identities and actions. The improvisatory and arts-based reflexive methods offered a chance to critically examine these experiences in a disciplined, embodied, and creative way which was crucial in relation to difficult-to-describe experiences of humour.
The study is situated in a relational psychodynamic framework and therefore I have made certain assumptions about what is important to observe and discuss about humour. This may mean that it is limited in scope for music therapists from different philosophical backgrounds. This may also mean that although I endeavoured to cast my net wide in terms of literature and thinking, I may have missed references to humour in other music therapy approaches. Finally, with the ideographic nature of the study alongside a subjective-reflexive methodology, generalisations about how humour enables contact in music therapy with persons living with dementia are not possible.

9.6 Implications of this study

The legacy of this doctoral study could be considered in terms of music therapy practice, pedagogy and methodology.

9.6.1 What does this study mean for music therapy practice and pedagogy?

Significantly, this is the first study about humour in music therapy which the voices, responses and expressions of persons attending music therapy have been included. This has important political implications for research practice and equity of voice and invites a more balanced idea of why humour - beyond play, playfulness and the intimacy of non-verbal connections made through music and sound - is important in enabling contact in a music therapy relationship.

This study is situated within a particular geographical, political, and professional music therapy sphere set out in the early chapters of the thesis. As a white, British music therapist trained and practising in the UK, following a relational music therapy approach informed by psychodynamic theory, I acknowledge that any assertions and ideas of a music therapy profession and music therapy practice begin from this position. Added to this, I do not mean to say that I believe there is one homogenous music therapy profession. Rather, I use this term in its incompleteness to point towards aspects of practice and identity that are both different and shared between the music therapists participating in this study.
Sharing humour with music therapists in this study created valuable and meaningful connections which quickly established a shared way of being, this in turn facilitated richer discussion as temporary alliances (Finlay & Evans, 2009) were forged and enjoyed. It was noticeable that in-jokes and shared insider-knowledge (Critchley, 2002) facilitated these temporary alliances further and supported this shared way of being, whilst also creating a sense of shared experience which needed interrogating now and then as the research encounters proceeded.

As an ambiguous phenomenon, and one that is largely taken for granted by music therapists, humour invited complex responses from co-researchers regardless of their music therapy approach. There were strong shared assumptions about the seriousness of improvisation and the seriousness of humour in music therapy as needing to be carefully considered. These findings have potential implications for exploring how music therapy improvisation is facilitated and taught on music therapy training programmes, particularly on psychodynamically informed music therapy programmes. Questions around whether something needs to change to facilitate a less anxious position in relation to the effects of humour in music therapy work could be asked. Yet, learning to listen deeply to the person one is working with and proceed from there would seem to be more important than a prescriptive notion of humour in music therapy.

In music therapy with persons living with dementia, music therapists are often engaging with a non-linear and temporally subjective sense of time. According to Aldridge (2000), music can offer an “alternative form for structuring time” (p. 28). When working memory is unreliable, experiences through music and sound can be shared and held within a music therapy relationship. Humour appears to happen in a kind of relational time, as suggested in this study, which offers a conception of both a subjective (being) and intersubjective (being with) that can be useful in holding and describing non-linear and unexpected experiences of relating in music therapy with a person living with dementia.

Theoretically, understanding experiences of humour as an aesthetic moment after Bollas (1987), along with the notion of relational time that humour can invite, highlights the constructive relational experiences that are possible through humour in music therapy work with persons with dementia. While humour is not something to be pushed towards - any forcing of humour in a music therapy relationship can work against a possible
connective function - in music therapy with persons living with dementia, creating space for its spontaneity can have profound affective consequences and invite relational contact in a deep and meaningful way.

More attention to humour as a ubiquitous social phenomenon from an early point in a music therapist's learning could disrupt an historical view passed on from psychodynamic theories around humour as a solely avoidant tactic in interactions. This might change how music therapists perceive humour and have constructive implications on anxiety around social-professional status or music therapy identity. Furthermore, perhaps there is something to be learnt from relational experiences through humour detailed in this study which highlight significant aspects of the form of humour that could influence how music therapy improvisation is facilitated.

This could be most constructively manifested in approaches to music therapy pedagogy, specifically when teaching music therapy improvisation. A reflexive stance takes time to develop and whilst music therapy students often begin their studies as highly competent musicians, a large part of learning to be a music therapist involves learning to self-listen while engaging reflexively with persons through sound. Whilst I would already argue that I use thinking through improvisation as a practice in teaching music therapy students, as a pedagogical idea it needs more explicit theoretical foundations. This links with the arts-based methodology behind the idea and offers constructive possibilities for knowing through doing, and this in turn links with ways of knowing in music therapy practice.

Drawing attention to humour within a music therapy context, an under-researched area, is a political act in and of itself. Following on from the implications of this study on music therapy learning and practice, a significant part of the discussion in this thesis is around power dynamics within a music therapy relationship. Beginning discussions around how humour reveals, and relies on, differences in roles could challenge assumptions about a music therapist as expert and expose any dominant narrative around a music therapist identity. In exposing and dismantling dominant narratives in practice, however, it must be noted that humour can also be used to perpetuate them.

Using a wider lens and considering humour within an ecology of practice, findings from this study suggest that understanding co-researchers’ views on the importance of humour along with music therapists’ tentativeness around the phenomenon could help change the
views of other professionals as to what music therapy is, and how music therapists practise.

9.6.2 What methodological implications does this study have?

Improvisation was used conceptually and pragmatically in this study, both as part of a self-reflexive process in response to specific isolated passages in the focus groups and interview-encounters, and as a more formalised articulation, or aesthetic response, to the whole. Although I initiated similar arts-based reflexive methods regarding both the interview-encounters and the focus groups, I remained open to following where the data wanted to go, and so nuanced differences emerged in my overall design. Namely, as an aesthetic response to the interview-encounters, I followed the intuitive sense that they required an intimate and discursive solo improvisation, while in the end the focus groups invited a more open and collaborative group improvisation.

Centering improvisation methodologically was intended to allow a means of following the phenomenon of humour and perhaps if lucky, to preserve some of the illicit surprise it could bring. This study therefore began from the point of view that improvisation as a practice was intimately connected with humour in music therapy. This is supported by Amir’s (2005) study into humour in improvisational music therapy even though Amir’s methodological approach and positioning was very different to mine. I favoured looking at humour from the inside, as set out in chapter 1, whereas Amir (2005) took a distanced approach relying less on reflexive methods of understanding and more on objective observations as a researcher. Viewing improvisation as a concept and a practice in this study meant that I embodied an improvisatory stance in epistemological, ontological, and methodological discussions and consequently this influenced the methods I used.

Mid-way through this doctoral study, my epistemological and ontological assumptions were enlivened by an encounter with Alecia Jackson’s (2017) *Thinking without method*. Through this encounter, my methodological positioning within phenomenology was called into question in a way which allowed exploration of questions around improvisation as

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3 Commenting on Martin Heidegger’s work, Richard Palmer (1988) notes: “Phenomenology is a means of being led by the phenomenon through a way of access genuinely belonging to it” (p.128).
methodology, improvisation as anti-method as well as method, and creative art-making processes as research.

In her article, Jackson (2017) explores how traditional qualitative research methods can stultify thinking, which she describes as a creative act. A post-structural theoretical push suddenly seemed to catalyse and align with my topic of study. Jackson’s (2017) work expanded my understanding of qualitative methodology and invited a review of my ontological understanding of humour in music therapy.

Although Jackson (2017) does not focus on arts-based practice or research, I found that her use of Deleuzian thought and positioning of thinking as an activity that occurs outside of method, allowed space for a new conceptualisation - a new rhythm - of thought and a more open conceptualisation of arts-based reflexivity. This, for me, also related closely to improvisational practice and improvisation in music therapy. The continual movement between creating and re-creating; a repeated reshaping of form based on intuition, self-questioning, and responsiveness to other was constructive throughout this study. Improvisation as a practice inherently involves a process of “making, undoing, redoing”, as Jackson (2017) describes, and my term thinking through improvisation offered a transformative movement which embodied new knowing through doing. This included the push of improvisation to remain fluid and in balance, and from this point to continually evolve knowledge.

Iyer (2020) and MacDonald and Wilson (2020) draw attention to the quotidian nature of improvisation, and Nelson (2006) proposes it as an established “mode of artistic investigation” (p. 109). He suggests that the experimental process is an important part of making or creating art. However, he moves further to propose that “there is also a playfulness in much post-structuralist thought and writing which is, I suggest, attractive to arts practitioner-researchers” (Nelson, 2006, p.109). The playful push I felt from encountering Jackson’s (2017) work was incorporated into the arts-based reflexive methods and expanded my ontological position around what could be known about humour in music therapy and how this could be articulated.

As an arts-based reflexive process in this study, improvisation was therefore used as both an everyday and a sophisticated way to invite creative exploration and critical self-
dialogue through the body, opening an imaginal space (Hillman, 1994; Schenstead, 2012) where feelings and responses could arise that were illuminating about relational and personal processes in music therapy. The possibilities for surprise and unpredictability that improvisation can offer as a method, were considered both a strength and a limitation (Levine, 2013). This method of thinking through improvisation also presented a chance to meet depth with depth (Gerge et al., 2017b) in an aesthetic-affective space.

Music therapists often engage in a reflexive process of musical improvisation, playing out their feelings and thoughts, on their own and with others, as a way of thinking through their work. This practice of serious play allows embodied creative exploration; a space for reverie, after Bion (1977), where feelings and responses may arise which are helpful in coming to know more about the therapeutic, relational and personal processes in music therapy. Sheets-Johnstone (1998) emphasises: “To think is to be caught up in a dynamic flow; thinking is by its very nature, kinetic” (p. 486).

Thinking too, according to theories of intersubjectivity and relational psychotherapy, is developed through our earliest interactions with primary caregivers (Benjamin, 2018; Bion, 1962; 1977; Ogden, 2004a; 2004b) and so occurs with others. Improvisation, as a disciplined reflexive practice can offer ways to dialogue with oneself as well as others and imaginative ways to challenge, disrupt and push against established structures of being and knowing. Contrasting the well-known experience of improvising using my violin with the novel method of drawing (for me) highlighted an embodied tension between established structures of knowing and being and the unpredictable possibilities of humour. This speaks to Heidegger’s (1978/2011) notion that we do not come to thoughts, rather they come to us.
9.7 Final summary of findings

Considering humour as a fundamental aspect of social interaction, a relational understanding of it would seem to me to be vital in music therapy work. Humour can be linked with early relational experiences and developing very early modes of sense-making in interactions with significant others. Therefore, humour can be perceived, embodied and experienced non-verbally and gesturally, as well as verbally, and can incorporate and build on familiar ways of being and modes of interaction with others.

For persons living with dementia this is significant, and I have found that in-jokes – familiar verbal and non-verbal humorous patterns that can correspond with musical forms - enable agential ways of relating with others as well as ways-in for music therapists. These can facilitate shared experiences constructive in therapeutic process.

Humour as a facilitative relational phenomenon with persons living with dementia can be expressed through the concept of relational time. This multi-dimensional idea addresses how interpersonal and intrapersonal contact can be facilitated through humour, whilst also allowing for the complexity of the experience.

Bollas’ (1987) concept of “aesthetic moments” invited an embodied way of viewing the surprise of a moment of connection through humour. This also provided a psychosocial reading of experiences of humour that incorporated artistic values.

Using the practice of improvisation as an arts-based reflexive method of sense-making in this study resonated with an inherent riskiness in humour as reported by the music therapists participating and highlighted instances of feeling present during experiences of humour. Improvisation, as built on chance, offers a confrontation with the inevitability of ending and beginning and the surprises in-between; something that is drawn out in humour too.

For me, thinking through improvisation, an innovative arts-based reflexive method, invited embodiment of the more abstract and existentially vital aspects of humour. The invitation

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4 With this, I am reminded of Søren Kierkegaard’s assertion that "Humor is the last stage of existential awareness before faith" (cited in Morreall, 1987, p.83).
involved a focus on my own experience of humour in the focus groups and interview-
encounters to address the research questions. Significantly, it also encompassed
misunderstandings and mistakes as part of this.

Added to this, the process of thinking through improvisation not only allowed findings to
emerge that are relevant to the research questions, but also invited an ontological
perspective on humour in music therapy with persons living with dementia. Surprisingly
late in the study I came to realise that the term thinking through improvisation could also
be used to describe what humour is in music therapy with persons living with dementia.
Humour *is* thinking through improvisation; it is dialogic, spontaneous, pre-formed,
ambiguous, and familiar, and with persons living with dementia it can provide a means of
relating and making contact through bodily consciousness. Therefore, it also has
ontological usefulness in understanding what humour can be in music therapy.

Humour as thinking through improvisation allows an expansive, multifaceted, and
embodied idea of what humour is in music therapy. The process involved opportunities for
surprise and highlighted tension between form and spontaneity which has run through
different aspects of the study. Knowing something of what humour is in music therapy
with persons living with dementia supports knowing about how humour enables contact in
this context.

Alongside these socio-positive aspects of humour, exploring humour in a music therapy
context also uncovered power dynamics which are often implicit in these relationships.
Whilst persons attending music therapy could be seen to use humour in an empowering
way, music therapists participating discussed the complexities of using humour
themselves. This threw new light on their own sense of professional identity and how this
is performed.

9.8 Further research

To understand humour more holistically, and invite space for less constructive
experiences of humour, it would be worth considering if participants could be involved
without prior knowledge that humour was the focus of research. If this was approached in
an ethically sound manner, this may lead to a more balanced and representative idea of the complexity and everyday grittiness of humour in a music therapy context.

The seductiveness of humour for music therapists was touched on by Helen during FG1, yet this did not emerge into a major theme. Perhaps this sense of seductive joy contributes to the reasons that music therapists find humour risky to engage with. Humour can bring a pressure to maintain a persistent positive outlook as a way of ensuring wellbeing and it would be interesting to explore how this links with an aggressiveness which is often implicit in humour, and further, to expand on a feminist position in relation to this and potential connections with dynamics of power. The idea of aggression in humour (or improvisation) has not been broached in any depth in the literature on music therapy practice, yet this would seem to be a fascinating and necessary point of interest for many reasons. Cynthia Willett and Julie Willett’s (2019) feminist reclaiming of the embodiment of humour – in all its fury and fun and political potential – provides a rich point of departure.

Thinking through improvisation has its own conceptual identity and theoretical frame. It is a form of arts-based reflexivity, yet in this study has arisen specifically in response to humour and a psycho-social understanding of the relational experience of humour. It could even be taken further and used to describe how music therapists engage sonically with persons in practice.

Thinking through improvisation as an idea, as a practice, and as a methodological approach could therefore have lasting consequences in various ways. In this study for example, as a stance it offered accessible means of including a range of voices, communications, and responses, and this is highly significant in carrying out research that is meaningful for, and with, persons living with dementia. The idea of collaborative reflexivity and arts-based processes also has realistic potential in music therapy research as a way of including marginalised persons that do not communicate primarily using words. Whilst arts-based studies are becoming more common-place in music therapy, I feel there is still potential for growth in this area for the reasons mentioned.

I am in the process of co-writing a text with music therapy colleagues about teaching improvisation to music therapy students. This text is long overdue. As far as I am aware,
the textbook used most in the UK (except for Nordoff-Robbins’ training programmes) is Wigram’s (2004) comprehensive guide to music therapy improvisation which, although vitally comprehensive, now needs updating. Thinking through improvisation offers a conceptual basis from which to begin to embody an arts-based approach to knowing. This, for me, offers potential for supporting a more open approach to music therapy improvisation, which is not dependent on a western musical canon. Therefore, I am excited to articulate how this process can be introduced and built on in an educational context, and to explore any possible effects this will have on music therapy practice. Humour sits within this idea of thinking through improvisation as a potential catalyst for relational connection. I would be happy to reach a place where music therapists are able to be in humour in this way and understand it as such.

9.9 Conclusion

In this doctoral study I was concerned with the phenomenon of humour in music therapy. My questions had developed directly from experiences as a practising music therapist. Alongside the findings reported, the personal and professional learning has felt transformative. At the time of starting the study, there had been no research to date in the music therapy field which used reflexive-relational methodology and reflexive arts-based methods to explore the social phenomenon of humour. This study begins to address this gap, and this makes this research significant.

Beyond the originality of the methods used in the study and the methodological discussions, new knowing about humour as a relational experience and the meanings this can have with persons living with dementia, have provided greater understanding of the ways in which humour works, how it can draw attention to perceptions of a music therapy professional identity, how it can facilitate relational processes in music therapy, and its correspondence with fundamental elements of music therapy practice, such as improvisation. Added to this, investigating music therapists’ perceptions of humour and embodied experiences in practice invites new space for consideration of how to balance specialised and playful ways of working.

I would like to close the thesis by returning to interview-encounter 1, where Keith and Audrey sum up how significant humour is for them:
Keith: As I said I’ve been thinking even before Claire suggested we take part in this (.) it had been growing in my head that just how important the humour (.) as I said I think the music (.) the music is a catalyst for the humour and in my opinion (.) the humour at the end of the day is probably more important than the actual music

Nicky: Audrey do you have anything else that you’d like to say about humour in the sessions? Anything that we haven’t talked about

Audrey: Everything (.) everything on there [gesturing to video on laptop screen]

Keith: I think the question that was asked was (.) what do you feel that you actually get from the sessions?

Audrey: Humour
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1 To conscientiously engage with the politics of citation after Carrie Mott and Daniel Cockayne (2017), authors are referred to using full names in the list of references.


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https://doi.org/10.15845/voices.v5i1.216


Thompson, Maxim. (2019). *Operation Syncopation*.  
https://www.youtube.com/watch?v=gaVtUHoK_RM


https://doi.org/10.1080/08098139709477896

https://doi.org/10.1177/135945750101500204


https://doi.org/10.1016/j.aip.2019.101589

https://doi.org/10.1080/08098131.2014.967713


Appendices

Appendix 1: Research timeline

<table>
<thead>
<tr>
<th>Timeline</th>
<th>Research activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2017</td>
<td>Enrolled on PhD programme, Reid School of Music. Awarded full funding from Edinburgh College of Art, University of Edinburgh</td>
</tr>
<tr>
<td>March 2018</td>
<td>Awarded full funding for PhD study from Scottish Graduate School for the Arts and Humanities (SGSAH; AHRC)</td>
</tr>
<tr>
<td>April 2018</td>
<td>Initial ethical approval for study</td>
</tr>
<tr>
<td>July 2018</td>
<td>First amendments to ethics approved</td>
</tr>
<tr>
<td>July 2018</td>
<td>Pilot interview</td>
</tr>
<tr>
<td>July 2018</td>
<td>Submitted literature review article to <em>Nordic Journal of Music Therapy</em> (published February 2019)</td>
</tr>
<tr>
<td>October 2019</td>
<td>Second amendments to ethics approved</td>
</tr>
<tr>
<td>November 2018</td>
<td>Data collection: Interview-encounter 1</td>
</tr>
<tr>
<td>March 2019</td>
<td>Focus group 1</td>
</tr>
<tr>
<td>March 2019</td>
<td>Interview-encounter 2</td>
</tr>
<tr>
<td>March 2019</td>
<td>Focus group 2</td>
</tr>
<tr>
<td>April 2019</td>
<td>Interview-encounter 3</td>
</tr>
<tr>
<td>April 2019</td>
<td>Focus group 3</td>
</tr>
<tr>
<td>November 2019</td>
<td><em>Humour Me!</em> Symposium and improvised group performance</td>
</tr>
<tr>
<td>April 2020</td>
<td>Summaries sent to all IE and FG participants and re-checking consent for publication</td>
</tr>
<tr>
<td>May 2020</td>
<td>Submitted article to <em>Voices</em> (published July 2021)</td>
</tr>
<tr>
<td>August 2020</td>
<td>Submitted article to <em>The Arts in Psychotherapy</em> (published online February 2021; in print July 2021)</td>
</tr>
<tr>
<td>September 2021</td>
<td>Thesis submission</td>
</tr>
</tbody>
</table>
Appendix 2: Completed ethics form

<table>
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<tbody>
<tr>
<td>1 Student name</td>
<td>Nicky Haire</td>
</tr>
<tr>
<td>2 Universal username (UUN)</td>
<td>1691188</td>
</tr>
<tr>
<td>3 Programme name</td>
<td>PhD Music</td>
</tr>
<tr>
<td>4 Title of Project</td>
<td>Investigating humour in music therapy</td>
</tr>
<tr>
<td>5 Project Supervisor / Tutor</td>
<td>Raymond MacDonald</td>
</tr>
<tr>
<td>6 Funding Body (If applicable)</td>
<td>University of Edinburgh, Edinburgh College of Art</td>
</tr>
<tr>
<td>7 Are there any issues of confidentiality which are not adequately handled by the normal tenets of ethical academic research?</td>
<td>No</td>
</tr>
<tr>
<td>8 Are there issues of data handling, management and consent which are not adequately dealt with and compliant with academic procedures?</td>
<td>No</td>
</tr>
<tr>
<td>9 Are there any special moral issues/conflicts of interest?</td>
<td>No</td>
</tr>
<tr>
<td>10 Is there a potential for harm or stress for those involved in your research?</td>
<td>Yes</td>
</tr>
<tr>
<td>11 Is there a potential for physical harm or stress for those involved in your research?</td>
<td></td>
</tr>
<tr>
<td>12 Is there a potential for risk to the researcher?</td>
<td></td>
</tr>
</tbody>
</table>
video recorded for further analysis.

A further phase is incorporated into the design of the project.

Interviews with music therapists & participants with sufficient experience of music therapy will be identified through personal and professional contacts. These participants will be asked to take part in a semi-structured interview that will take the form of a conversation on the benefits of playing music together and talking.

The interviews will be video recorded for analysis.

Participants have been identified through personal & professional contacts as being over 30 years of age with a history of a known or an acquired invisible illness.

When the interview has been transcribed, themes will be identified and organized. Thematic analysis will be aided by the use of further software, such as hyperweb, emotion or Bryan.

28. Are there views previously held in relation to music therapy or music therapists, or have you had a personal connection to music therapy?

No.

29. Can my details be shared?

No.

30. Will the information be stored on an electronic data system?

No.

31. Will the information be stored on an electronic data system?

No.

32. Will the information be stored on an electronic data system?

No.

33. Will the information be stored on an electronic data system?

No.

34. Can I withdraw from the study at any time?

Yes.

35. Will the information be stored on an electronic data system?

No.

36. Can I withdraw from the study at any time?

Yes.

37. Can I withdraw from the study at any time?

Yes.

38. Can I withdraw from the study at any time?

Yes.

39. Can I withdraw from the study at any time?

Yes.

40. Can I withdraw from the study at any time?

Yes.

41. Can I withdraw from the study at any time?

Yes.

42. Can I withdraw from the study at any time?

Yes.

43. Can I withdraw from the study at any time?

Yes.

44. Can I withdraw from the study at any time?

Yes.
33. What steps have been taken to ensure that only entitled persons will have access to the data?

34. How will the data be disposed of?

35. How will the results of the research be used?

36. What feedback will be given to participants?

37. Is any information going to be passed on to external computer or organizational storage in the course of the research?

38. If you selected yes, please give details of how this issue is being / will be addressed to ensure that critical standards are maintained.

39. If you selected yes, please give details of how this issue is being / will be addressed to ensure that critical standards are maintained.

40. How will participants be invited to the study?

41. What criteria will be used in deciding on inclusion / exclusion of participant?

42. How will the sample be recruited?

43. Will all study involve groups or individuals who are in custody or are at risk of custody, e.g., students or school, self-help groups, victims of war, homeless?

44. If you selected yes, please give details of how this issue is being / will be addressed to ensure that critical standards are maintained.

45. Will there be a control group?

46. If you selected yes, please give details of how this issue is being / will be addressed to ensure that critical standards are maintained.

47. Will all participants be adults?

48. Do the researchers named above need to be cleared through the Disclosures / Enhanced Disclosure procedures?

49. If you selected yes, please give details of how this issue is being / will be addressed to ensure that critical standards are maintained.

50. Will all participants be under 15 years of age?

51. If you selected yes, please give details of how this issue is being / will be addressed to ensure that critical standards are maintained.

52. Who are the external bodies concerned with research ethics?

53. Is the research proposal subject to scrutiny by any external body concerned with research ethics?

54. If so, which body?
<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>58</strong></td>
<td>Date outcome required</td>
</tr>
<tr>
<td><strong>59</strong></td>
<td>Outcome, if known or</td>
</tr>
<tr>
<td><strong>60</strong></td>
<td>Date outcome expected</td>
</tr>
<tr>
<td><strong>61</strong></td>
<td>In my view, the ethical issues listed below arise and the following steps are being taken to address them:</td>
</tr>
</tbody>
</table>

In my view, ethical issues have been satisfactorily addressed. As a music therapist, I maintain an ethical approach to my work both in practice and research.
Appendix 3: Initial amendments to ethics

Nicky Haire
Amendments to self-audit checklist, July 2018

21. The aim of this study is to enhance understanding of how music therapists and clients perceive and use humour in music therapy. Humour is a complex multi-faceted and subjective phenomenon. This research will investigate the actions, processes and experiences of music therapists and the people they work with (clients) when engaging through humour in music therapy.

The main data collection will take the form of open-ended interviews. Ten music therapist and client ‘duos’ will be invited to take part in interviews together with the student researcher. These interviews will be based around video or audio excerpts of humour in their work to elicit discussion. The interview will be video recorded for further analysis.

If there are no video or audio excerpts from their music therapy work, the student researcher will use an example of a moment of humour from her own music therapy work.

A pilot phase is incorporated into the design of the project.

Music therapist participants with significant experience with adults will be identified through personal and professional contacts. They will be asked to identify clients with whom they already work to take part. Clients will be over 18 years of age with either a diagnosis of dementia or an acquired brain injury and sufficient cognitive capacity to consent to being involved in the project.

When the interview has been transcribed, analysis will be undertaken of this data. Clarification from participants may be in the form of further conversations, via telephone, email or Skype.

25a. The risks involved in this project are envisaged to be minimal. However, as in all music therapy work, participants in music therapy sessions may experience some psychological stress or discomfort due to emotional responses and/or physical wellbeing brought up in the course of the work.

As a trained and experienced music therapist I am accustomed to dealing with this in accordance with HCPC guidelines of standards of professional practice.

If at any point during the interview there appears psychological or physical distress for whatever reason, I would handle this sensitively and terminate the interview if need be.

There are no risks envisaged for qualified music therapists being interviewed but they will be advised that they are free to withdraw their contribution from the project at any point.

31. All raw data will be stored securely on the lead researcher’s password protected computer. It will only be accessible to her (Nicky Haire, PhD Student and Music Therapist), and shared with research supervisors directly involved in the project (Raymond MacDonald, Professor of Music, Rachel Darnley-Smith, Senior Lecturer of Music Therapy, University of Roehampton & Jonathan Wyatt, Senior Lecturer and
Director of Counseling and Psychotherapy, University of Edinburgh).

36. Participants will be invited to read the final project.

37. no

41. Participants in music therapy will be over 18 years of age and fully able to consent to participate.

Music therapists will be selected to be involved in this project due to their professional experience.

51a. All participants will be adults. Some may be elderly, but they will have capacity to give informed consent and understand their role in the project. Adults with incapacity, such as later stages of dementia, will not be recruited.
Appendix 4: Pilot information sheet

Participant information sheet
Music therapy participants
Investigating humour in music therapy

Researcher details:
Name: Professor Raymond MacDonald, Reid School of Music, University of Edinburgh – Responsible researcher.
Name: Nicky Haire, Reid School of Music, University of Edinburgh – Student researcher.

Project details:
This research project is part of a PhD research project in the Reid School of Music, Edinburgh College of Art at the University of Edinburgh.
You are invited to participate in this project, which is being conducted by Prof Raymond MacDonald and Miss Nicky Haire. The project has been approved by the Postgraduate Research Ethics Committee at Edinburgh College of Art, the University of Edinburgh.

The aim of this study is to enhance our understanding of how music therapists and clients perceive and use humour in music therapy. Humour is a complex multi-faceted and highly subjective phenomenon. The aim of this research is to examine the actions and processes of both music therapists and the people they work with when engaging with humour in music therapy.

What will I be asked to do?
Should you agree to participate, you would be asked to contribute in the following ways:

- You will be asked to participate in an interview about your experiences in music therapy.

The interview will be based around three video clips of moments of humour in the music therapy work. With your permission, the interview would also be video recorded so we can ensure we make an accurate record of what you do and say.

Your involvement in the project is completely voluntary and you are free to withdraw your contributions at any time.

How long is my contribution expected to take?
We estimate that the time commitment required of you would be approximately 60 minutes for the interview. Any additional time may include short interviews (less than half
How will any risks be minimised?
The risks involved in this project are envisaged to be minimal. Inclusion in the study will not limit any access to other forms of therapy or treatment. If, at any point during the interview there appears to be psychological or physical distress for whatever reason, the interview will be terminated.

Will I be able to be identified as a participant in this project?
You have been selected to be involved in this project due to your responses to and interest in music and your therapeutic relationship with the student researcher/music therapist. You have the right to remain anonymous, and should you choose we will remove any contextual details that might reveal your identity. We would protect your anonymity to the fullest possible extent within the limits of the law and any records of your contribution will be kept on the student researcher’s password protected computer. You should note, however, that since video recording is being used it might still be possible for someone to identify you.

What about confidentiality?
Data codes and all identifying information will be kept on computer files that are only accessible to the named researchers, in order to protect the confidentiality of data that you provide. There are legal limits to data confidentiality. It is possible for data to be subject to subpoena, freedom of information request or mandated reporting by some professions.

What happens to my contributions after the project is finished?
Materials collected during this study will be retained for a minimum of three years in accordance with the University Code of Practice for Research. Pending consent, the information gathered from this research will be used in publication, presentation at conferences and for teaching purposes.

What if I have concerns?
If you have any questions or concerns, or would like further information about the research project, please contact the researchers. Contact details are listed at the start of this Information Sheet. If you are concerned about the conduct of the project, please contact Neil Cox, Post Graduate Director, Edinburgh College of Art.

What happens next?
Thank you for considering this invitation to participate in our research project. If you do decide to participate, one of the researchers will provide you with a consent form. Please indicate that you have read and understood this information by signing the accompanying consent form and returning it to one of the researchers. Whether or not you decided to participate, this Information Sheet is yours to keep.
Appendix 5: PhD participant consent form

Participant consent form
*Investigating humour in music therapy*

I have read and understood the information sheet and this consent form. I have had the opportunity to ask questions about my participation.

I understand that I am under no obligation to take part in this study and that I have the right to withdraw from this study at any stage without giving any reason.

I agree to participate in this study.

I give consent for this improvisation to be audio and video recorded and for extracts to be used in publications, conference presentations or for teaching purposes.

I would / would not like to be referred to by a pseudonym in this study.

Name of participant:

____________________________________________________

Signature of participant:

____________________________________________________

Name of student researcher:

Nicky Haire

Signature of student researcher: Date:
Appendix 6: Sample of transcription from pilot

Adapted from Braun and Clarke’s (2013) orthographic transcription system (p. 165).

Researcher-practitioner: Nicky (N)
Person attending music therapy: Don (D)
Spouse of person attending music therapy: Barbara (B)
Anonymised information (X)

Transcription notation system

<table>
<thead>
<tr>
<th>Notation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>.</td>
<td>Short pause (less than a second to a second in length)</td>
</tr>
<tr>
<td>((pause))</td>
<td>Significant pause (of a few seconds or more)</td>
</tr>
<tr>
<td>(laughs)</td>
<td>Laughter</td>
</tr>
<tr>
<td>((general laughter))</td>
<td>Group Laughter</td>
</tr>
<tr>
<td>((cough))</td>
<td>Coughing</td>
</tr>
<tr>
<td>((inaudible))</td>
<td>Inaudible speech</td>
</tr>
<tr>
<td>((in overlap))</td>
<td>Overlapping speech</td>
</tr>
<tr>
<td>[xxx]</td>
<td>Something happening in interview e.g. vocalisation; movement; gesture; playing instruments</td>
</tr>
<tr>
<td>underline</td>
<td>Speech emphasis</td>
</tr>
<tr>
<td>‘xxx’</td>
<td>Reported speech</td>
</tr>
<tr>
<td>“song”</td>
<td>Song</td>
</tr>
</tbody>
</table>

Sample of transcription

Barbara: So it was (. ) so then, it became a family project to try to tell you jokes in an absolutely matter of fact reading the news type voice
Nicky: (laughs) (. ) yes
B: and not a glimmer, y’know (. ) and just let the words ‘do it’ and you still laughed. So we knew then that you were understanding
N: Right, right, right (. )
B: But humour’s been kind of important for my sanity with all of this because realising that you still have your sense of humour and it’s still…
N: Hmm (. ) mmm
B: And it’s still there
N: Mmmm
B: Ehm, and you still enjoy the ridiculous, you still enjoy a bit of fun (. ) you know which you know is great
N: Yea yeah yeah (. )
((pause))
N: Are you thinking Don?
B: And that’s another nice thing about the way you’ve worked with Don is that in that clip for example that you joined in with the smile and the laughter and you kept holding it. You didn’t stop and say, why was that funny? Or what was that? You know because a) it would have ruined the moment but b) you probably couldn’t have explained anyway. You know. laughter. It would just have put the pressure back on Don.

N: Yes
B: Ehmm which would be awful
N: Mmm mmm
Don: ((laughs))
B: Rather than just enjoying it
N: Yes. Going with the flow of it. mmm yes
D: ((laughs))
B: Do you agree with what we’re saying?
D: Hhhmmm
B: Or are we talking absolute rubbish?
D: Hmm
B: Which?
D: Agreeing
N: Yeah?
B: You’re agreeing. right good thank you. good
N: Would you like to watch another clip or would you like to watch that one again, or
B: ((cough))
Appendix 7: Isolated moment from pilot transcription

Sample

**Moment 1**

After watching the first video clip for the first time, Barbara acknowledges the clip and then immediately comments that Don’s legs are moving uncontrollably.

B: ‘It’s lovely… Your legs are going like the clappers, aren’t they? I’d forgotten how persistent it used to be’.

As I watched this back, I was struck by feeling uncomfortable in this moment. I suddenly felt a sharp sense of responsibility in inviting Don and Barbara to watch work we had done in the past. Although we have used video in the past as part of the work, here I was asking them to comment about what they saw and felt in a new way. Although we were focusing on humour, I was suddenly aware that this clip had drawn attention to memories of a specific stage in Don’s recovery. In remembering - or ‘re-membering’ (Finlay, 2011) – how Don’s legs used to shake uncontrollably for some time after his accident, it seemed in that moment to overtake the focus of humour for Barbara and recall strong feelings about Don’s legs. I questioned whether I was asking too much to invite Barbara and Don to revisit traumatic memories.

This feeling was fleeting and lessened as we began to talk more about the moments of humour in the clip. However, this sense of responsibility returned later in the interview when we began to discuss how my engagement in the PhD has meant that I am no longer able to work with Don twice a week. As the work with Don is ongoing, I expected the interview to be fluid in terms of thinking about both clinical issues, and the research, and was open to this. Yet, I noticed how I continued to feel a keen responsibility for their wellbeing and watching back, observed how I was attending to difficult feelings, holding pauses, giving space as I would in a music therapy session while Barbara spoke about their experiences. This way of being seems to also emulate the empathic listening stance (Finlay, 2011) of the researcher. This is evident in the example below:

B: (.) but humour’s been kind of important for my sanity, with all of this, because/realising that you [referring to D] still have your sense of humour and it’s still
N: mmm, mmm (.)
B: (.) and it’s still there
N: (.) mmmm
B: (. ) ehm, and you still enjoy the ridiculous, you still enjoy a bit of fun (.) you know, which, you know, is great
N: yea, yeah, yeah (.)
((pause))
N: Are you thinking Don?
There is weight and perhaps sadness in this pause, which I recall holding purposely. I felt that Barbara’s comments warranted some space and acknowledgement and I wanted to invite Don into the conversation.
Appendix 8: Adapted process of thematic analysis of pilot

This process of thematic analysis was adapted from Braun and Clarke’s method (2006, p. 86-93).

| Familiarise yourself with your data | - Transcribe text of interview  
| | - Read text and highlight passages of interest  
| | - Describe why data extract interesting  
| Generating initial codes | - Identify specific feature of why extract is interesting  
| | - Make list of initial codes alongside passage from transcript  
| Searching for initial themes | - Experiment with organising initial codes  
| | - Use visual representations (post-it notes)  
| | - Play with post-it notes  
| | - Re-visit study aims  
| | - Are some themes, sub-themes?  
| Reviewing themes | - Are the themes relevant to the study?  
| Defining and naming themes | - How do they contribute to pilot study?  
| Producing the report | - Illustrate and evidence themes  
| | - Can themes form a narrative?  

Appendix 9: Initial codes from thematic analysis of pilot

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<thead>
<tr>
<th>Data extract</th>
<th>Coded for</th>
</tr>
</thead>
<tbody>
<tr>
<td>B: Laughter (. ) But you like improvisation, don’t you? You like (. ) you’re sort of laughing, waiting for when you were going to( . ) laughter( . ) B: ( . ) anticipating what was going to ( . ) yeah ( . ) or knowing when something was coming but ( . ) when. B: ( . ) My reading of it is, that ( . ) he knows you’re improvising and he’s just ( . ) waiting to see where you’re going to go with it and enjoying it, because it’s not a set piece of music, so he doesn’t know what, what to expect and is just enjoying ( . ) the, the moment really, and waiting to see what comes next ( . )</td>
<td>Improvisation is linked with anticipation and laughter</td>
</tr>
<tr>
<td>B: Look at that laugh ( . ) just anticipation ( . ) yeah ( . )</td>
<td>There is a link between humour and anticipation</td>
</tr>
<tr>
<td>B: He’s always had the most wonderful sense of the ridiculous ( . ) erm ( . ) always ( . ) and I think one of the sadnesses of the accident ( . ) is that ( . ) I mean because it was words, you used to play with words ( . ) you used to ( . ) he was very dry ( . ) B: you just played with words, and puns and ad-libs and all the rest of it ( . ) B: Ehmm, so I guess that’s not possible now ( . ) 27:07 B: Oh, it’s lovely to hear your laugh ( . ) [Referring to video clip no. 3] laughing at you, laughing at the fact that he missed a couple of cues ( . ) 34 B: I think, I mean you always had a very dry sense of humour Don. And people if they didn’t know you, often didn’t realise, just how insubordinate you were being ( . ) B: ( . ) I’d love to hear one of your great word-plays again one day</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sadness in identifying change in identity</td>
</tr>
<tr>
<td></td>
<td>Identifying a sense of humour (he was very dry)</td>
</tr>
<tr>
<td></td>
<td>Playfulness in social interactions (play with words)</td>
</tr>
<tr>
<td>B: but the fact that you’re doing something similar ( . ) with music</td>
<td>Music therapy combines playfulness and opportunity for humour</td>
</tr>
<tr>
<td>B: Well ( . ) obviously you were enjoying that. That was fun. Yes ( . ) But, the humour; the enjoyment, the fun ( . ) is worth it for that alone ( . ) but the fact that Don is also moving his arms, is doing things, he’s responding. I mean there’s so much else</td>
<td></td>
</tr>
<tr>
<td>It's fun</td>
<td>Music therapy is fun</td>
</tr>
<tr>
<td>----------</td>
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</tr>
</tbody>
</table>
| B: And it’s fun (.)
B: You recognise and enjoy
B: (.)and enjoy | Humour is something that is shared |
| B: I think the thing about humour (.) in, in, in, this is, especially now for Don (.) Is something that’s completely spontaneous and it’s something that is shared | |
| B: Whereas with the humour, it’s just totally unexpected and something that you can share and enjoy | |
| B: ehm, and there isn’t a fixed response, there isn’t a fixed expectation there. | Humour is something that is spontaneous |
| B: No, the laughs seem to come with the unexpected bits where you start going in a different direction | Humour is something that is unexpected/there is no fixed expectation |
| B: ehmmm (.) ‘cause there’s very little that you do spontaneously anymore (.) It seems to be a fact of life now (.) Except (.) in this sort of situation | |
| B: Ehm (.) and that (.) that’s (.) important (.) laughter | Laughter is important |
| B: You used to crack some pretty bad ones yourself! | Reminiscence about Don’s use of humour |
| B: (.) One was in the very, very early days (I think I’ve told you before) when all the other therapists were saying, there’s nothing there, there’s nothing they could do (.) the music therapist at the time disagreed and he would deliberately be playing a tune that Don liked, or whatever, and then he would deliberately put a wrong note I think, and Don reacted. So, not only was he understanding, but he was reacting to that (.) | Frustration at Don being ‘written off’ after accident by health professionals |
| B: And that was just a huge moment
B: At a time when were told that you were unresponsive (.) | Music therapist deliberately playing a ‘wrong’ note (improvising – departure from the expected) and Don responding |
<p>| | The importance, uniqueness and meaningfulness of this moment of shared humour, in the early days |</p>
<table>
<thead>
<tr>
<th>B: I was thrilled that Don had laughed at a joke. One of your brothers was in - who's got an absolutely absurd sense of humour (.) and was being very rude to you. And Don was laughing. And I told the Occupational Therapist this, and so she said 'Don't get your hopes up too high (.) it could be that Don's just responding the facial expressions; the fact that other people are laughing or smiling, it might not be that he doesn't get the joke, you know (.)</th>
<th>Jokes providing hope in getting a response from Don in early days A family project to interact with Don</th>
</tr>
</thead>
<tbody>
<tr>
<td>B: so then, it became a family project to try to tell you jokes in an absolutely matter of fact, reading-the-news type voice (.) B: (.) and not a glimmer, y'know (.) and just let the words do it and you still laughed. So we knew then that you were understanding (.)</td>
<td>Humour has been vital as a coping mechanism for Barbara after the accident</td>
</tr>
<tr>
<td>B: (.) but humour's been kind of important for my sanity, with all of this (.)</td>
<td>How it felt to discover – through humour - that there is still a part of Don intact after the accident</td>
</tr>
<tr>
<td>B: (.) realising you still have your sense of humour and it's still (.) B: and it's still there B: (.) ehm, and you still enjoy the ridiculous, you still enjoy a bit of fun, you know, which, you know, is great.</td>
<td>Music therapy offering an opportunity for shared spontaneous interaction Going with the flow</td>
</tr>
<tr>
<td>B: And that's another nice thing about the way you've worked with Don is that, in that clip for example, that you joined in with the smile and the laughter and you kept holding it. You didn't stop and say, why was that funny? Or what was that (.) You know. Because a) it would have ruined the moment (.) but b) you probably couldn't have explained anyway (.) you know (.) laughter (.) It would just have put the pressure back on Don.</td>
<td>Sharing a joke leads to a connection, an intersubjective experience (?)</td>
</tr>
<tr>
<td>B: But I think that's I mean, I think the humour, the shared joke, is the connection isn't it (.)</td>
<td>Through humour, Don makes a connection with other music therapists Humour is important for building a relationship with Don</td>
</tr>
<tr>
<td>B: (. ) and that’s been when I’ve seen most response from Don. Eh m( . ) You know, to the point of, in one session ( . ) me and the therapist ( . ) both collapsed into laughter at the end of the session because it had just turned into pure Klezmer ( . ) Goodness knows where it came from ( . ) but it was just wonderful ( . ) And you were obviously enjoying every bit of it ( . ) Yeah, it was just where it leads really ( . )</td>
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<tr>
<td>B: (. ) Just making the whole thing, and enjoyable afternoon, rather than torture! B: Yes, because you could sort of say: right Don - lean your arm out there ( . ) and do this ( . )</td>
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<tr>
<td>Music therapy (‘stealth therapy’) makes doing ‘dull’ exercises fun</td>
<td></td>
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<tr>
<td>B: It is a conversation ( . )</td>
<td></td>
</tr>
<tr>
<td>Music therapy dialogue is like a conversation</td>
<td></td>
</tr>
<tr>
<td>B: [In response to clip 3] That’s wonderful ( . ) absolutely wonderful ( . ) I mean, you are having fun, and you are communicating ( . ) and you are doing all sorts ( . ) and it’s ( . ) yeah ( . ) brilliant ( . ) B: In a way that we don’t see very much ( . )</td>
<td></td>
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<tr>
<td>Having fun and communicating in music therapy</td>
<td></td>
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<tr>
<td>B: (. ) ‘cause it has just been ( . ) Well, I mean, It’s been valuable ( . ) but it’s also ( . ) yeah ( . ) I keep coming back to the fact that it’s downright enjoyable. Just to see you ( . ) getting totally involved in something ( . ) and participating ( . ) Yeah, it’s really great. Without being given formal instructions. Do this, now do that ( . )</td>
<td></td>
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<tr>
<td>We see Don interacting in a way that is rare</td>
<td></td>
</tr>
<tr>
<td>B: Yes, I’m just trying to think ( . ) I just think ( . ) It’s only with the music, that you are spontaneous at all ( . ) right now ( . )</td>
<td></td>
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<tr>
<td>Music therapy has been a unique space for Don to take part in a social interaction spontaneously</td>
<td></td>
</tr>
<tr>
<td>B: I think as well, with the improvisation ( . ) I mean, I think you’ve got some formal music ( . ) for a long time ago ( . ) But (. ) It’s the fact that anything goes (. ) it doesn’t matter ( . ) B: (. ) that makes it possible for Don to join in (. ) eh (. ) ‘cause (. ) He’s not trying to hit an A note, or play whatever (. ) (33:57ish)</td>
<td></td>
</tr>
<tr>
<td>Improvisation offers a way for Don to ‘join in’ with others</td>
<td></td>
</tr>
<tr>
<td>B: You can just (. ) do whatever seems to come (. ) Feels right at the time (. ) Eh m (. ) But the, yes, you keep (. ) You’re giving him cues, you’re cuing him in to do things (. )</td>
<td></td>
</tr>
<tr>
<td>Improvisation offers chances for Don to initiate communications</td>
<td></td>
</tr>
<tr>
<td>But if he doesn't take them then, fine, eh (.) or if he changes it, you change in accordance, so (.) yeah</td>
<td>Don’s sense of humour as it was is still intact</td>
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<tr>
<td>---</td>
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</tr>
<tr>
<td>B: It was always the twinkle in your eye that gives it away (.) And that twinkle is absolutely there</td>
<td>Humour allows for things to move, change; go somewhere… become unstuck…</td>
</tr>
<tr>
<td>B: (.) often, the laughter, or the finding the humour (.) seems to break the ice (.) and gets things going, doesn’t it (.)</td>
<td>Humour allows something to happen</td>
</tr>
<tr>
<td>B: Rather than (.) him being sort of fixed (.) ‘cause again early on, you got fixed into routines, you got fixed into patterns (.) or you’ve got fixed into doing nothing at all (.) I hadn’t realised but again, you’ve come a very long way, since then (.) Eh (.) but it [humour] just lets something start to happen, doesn’t it (.)</td>
<td>Improvisation allows Don to be as he needs to be in the moment in an interaction</td>
</tr>
<tr>
<td>B: Yes, again, I suppose the realisation that there is no right or wrong answer here (.) you can just do what comes (.) what comes naturally (.) (37: 40) and you’re trying very hard to have the conversation (.) to (.) to (.) take it turn about (.) and sometimes, it doesn’t work and that’s fine (.) ehm (.) you do something else. Which is great.</td>
<td>Humour has been an important coping mechanism in Don and Barbara’s relationship</td>
</tr>
<tr>
<td>B: (.) No (.) it’s, it, it ehm (.) It’s. No. I mean. As long as I’ve known Don, as I say, he’s had an absolutely lovely, lovely sense of humour (.) Eh (.) From my point of view – and I think from yours Don, the, I mean there are stressful times. There are times, when I’m tired, or things just not going (.) And somehow, humour breaks it (.) It just breaks the tension (.) we both have a good laugh (.) and then we can get on with it again (.) But I think, if it wasn’t for humour (.) or making a joke of it (.) I mean the fact that (.)</td>
<td>It has helped in defusing a ‘fraught and difficult’ situation</td>
</tr>
<tr>
<td>No, I think it does (.) it helps me certainly and also with Don. [40:58] So what could become a very fraught and very difficult situation (.) You can defuse (.) quite quickly (.)</td>
<td>Humour saves us</td>
</tr>
<tr>
<td>B: It could all get very (.) tense (.) laughter (.) and humour saves us over and over again!</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 10: Example of research journals
Appendix 11: Table of themes, sub-themes and codes from pilot

<table>
<thead>
<tr>
<th>Themes</th>
<th>Sub-themes</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sense of humour and personhood</td>
<td>Humour shows Don’s identity as a person</td>
<td>- Don’s sense of humour emerges through play, not just through words</td>
</tr>
<tr>
<td></td>
<td>Don’s presence is strong through humour</td>
<td>- Humour in music therapy shows what has not changed as part of Don’s “whole-self”</td>
</tr>
<tr>
<td></td>
<td>Humour is a part of who Don is</td>
<td>- Playfulness in social interactions (<em>play with words</em>)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Through humour, Don is “still there”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- How it felt to discover – through humour - that there is still a part of Don intact after the accident</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Don’s sense of humour as it was/is still intact</td>
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<tr>
<td></td>
<td></td>
<td>- Identifying a sense of humour (<em>he was very dry</em>)</td>
</tr>
<tr>
<td>Relating with others</td>
<td>Importance of humour in everyday life</td>
<td>- Humour is significant in interactions inside and outside music therapy</td>
</tr>
<tr>
<td></td>
<td>Humour affords opportunities for engaging with others</td>
<td>- When Barbara has seen MTs use humour in music therapy, this has got the most response from Don</td>
</tr>
<tr>
<td></td>
<td>Humour catalyses relational engagement</td>
<td>- We see Don interacting in a way that is rare in MT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Don’s presence was stronger in connections through humour in music therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Humour “just lets something start to happen” relationally</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Having fun and communicating in music therapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Humour provoked a response from Don in early days</td>
</tr>
</tbody>
</table>
It became a family project to interact with Don through humour.
- Humour is something that is shared.

| Meaningful connection | Sharing communication through humour  
Humour was an indication of shared understanding |
|-----------------------|--------------------------------------------------------------------------------|
|                       | Music therapy dialogue is like a conversation  
- Humour seems to have been unique in offering opportunities for meaningful connection  
- Through humour, Don makes a connection with other music therapists  
- Humour is important for building a relationship with Don  
- Sharing a joke leads to a connection, an intersubjective experience |

| Improvisation | Playing with expectations  
Spontaneity, un-known; no rules  
Opportunities for play/playfulness and fun |
|---------------|----------------------------------------------------------------------------|
|               | In music therapy improvisation, anything goes and there is a sense of freedom, going with the flow  
- Music therapy combines playfulness and opportunity for humour  
- Music therapist deliberately playing a ‘wrong’ note (improvising – departure from the expected) and Don responding  
- There is a link between improvisation, humour and anticipation  
- Improvisation and humour can lead to new experiences  
- Improvisation allows for mistakes  
- Music therapy offering an opportunity for shared spontaneous interaction  
- Humour is something that is spontaneous  
- It’s fun |
Music therapy is fun
- Humour is something that is unexpected/there is no fixed expectation

| Relational equality | Humour offers Don equal opportunities for relating in music therapy | Don takes the initiative through humour
- Don’s music therapy is led by him
- Don’s use of humour was a sign of his independence
| Independence and agency |

| Loss and resilience | Sadness and loss |
Notice what is missing through lack of humour |
Humour is “life-saving” |
Humour as a coping mechanism |
- Sadness in identifying change in identity
- Don’s loss of his ability to voice humour highlights what is now missing, and this is difficult to bear for Barbara
- Humour offers a change in perspective
- Jokes provided hope in getting a response from Don
- Remembering experiences of humour facilitates feelings of hope
- Reminiscence about Don’s use of humour
- Humour has helped Barbara “keep her sanity” after Don’s accident
- Humour has been vital as a coping mechanism for Barbara after the accident
- Humour defused tense situations
- Barbara noted that humour “saved us”
- The importance, uniqueness, and meaningfulness of this moment of shared humour, in the early days
Appendix 12: Full outline of aesthetic response reflections from pilot

<table>
<thead>
<tr>
<th>Step 1: Words, phrases &amp; thoughts noted while re-viewing video of pilot interview</th>
<th>Movement 1</th>
<th>Movement 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Towards</td>
<td>Dialogue</td>
<td></td>
</tr>
<tr>
<td>Repetition</td>
<td>Conversation</td>
<td></td>
</tr>
<tr>
<td>Rhythms</td>
<td>Is the interview dialogue</td>
<td></td>
</tr>
<tr>
<td>Musical &amp; gestural lines</td>
<td>matching the video examples?</td>
<td></td>
</tr>
<tr>
<td>Forming</td>
<td>Humour is our improvisation</td>
<td></td>
</tr>
<tr>
<td>Questioning</td>
<td>Relaxed</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>Role-sharing</td>
<td></td>
</tr>
<tr>
<td>Role-sharing</td>
<td>Existing</td>
<td></td>
</tr>
<tr>
<td>Working hard on functional movements</td>
<td>Individuality</td>
<td></td>
</tr>
<tr>
<td>Balance of technical skill and letting go</td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 4: Meta-reflection</th>
<th>Movement 1</th>
<th>Movement 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Searching… not going far from home (the key of E)</td>
<td>Continuation of mvmt. 1 but with new lines… pizzicato sounds… more jaunt &amp; lilt in the music.</td>
<td></td>
</tr>
<tr>
<td>Short fragments of melody and thought; a suggestion of a longer melody line… developed… increasing pitch… A rhythmic, driving through voices. Sounds urgent together. A return of melody.</td>
<td>Dotted rhythms and interjections. Flurries of sound to finish; descending repeated scalic fragments</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 5: Condensed report statement</th>
<th>Movement 1</th>
<th>Movement 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>A beginning. We’re making a start and questioning the unknown. How will the interview be? What are our expectations?</td>
<td>I hear a more settled ‘trio’. Cohesive, working together. In music therapy: “humour is our improvisation”.</td>
<td></td>
</tr>
<tr>
<td>Step 1:</td>
<td>Movement 3</td>
<td>Coda</td>
</tr>
<tr>
<td>---------</td>
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</tr>
<tr>
<td>Words, phrases &amp; thoughts noted while re-viewing video of pilot interview</td>
<td><strong>Twinkle</strong>&lt;br&gt;<strong>Breath</strong>&lt;br&gt;<strong>Fun</strong>&lt;br&gt;<strong>Who/Ha!</strong>&lt;br&gt;<strong>Un-thinking</strong>&lt;br&gt;<strong>Skilful letting go of skill</strong>&lt;br&gt;<strong>Improvisation</strong>&lt;br&gt;<strong>Play</strong>&lt;br&gt;<strong>Being</strong>&lt;br&gt;<strong>Supporting being</strong>&lt;br&gt;<strong>Defining music therapy</strong></td>
<td><strong>Fixed</strong>&lt;br&gt;<strong>Humour</strong>&lt;br&gt;<strong>Uses: Change, de-fuse, save us</strong>&lt;br&gt;<strong>Relationship</strong>&lt;br&gt;<strong>Functionality alongside individuality</strong>&lt;br&gt;<strong>How we are in the world</strong>&lt;br&gt;<strong>How we are in music therapy</strong></td>
</tr>
<tr>
<td>Step 4:</td>
<td>Movement 3</td>
<td>Coda</td>
</tr>
<tr>
<td>Meta-reflection</td>
<td><strong>Confidence</strong> – an idea… a path. A “follow me” flow of notes, up and down. E root again… rhythmic patterns from mvmt 1, now slowed into melody… Playing, up to very high pitch – re-‘calling’ (remembering) sounds from 3rd video extract. Musical elements of previous mvmts… but new ideas developing… Audible breath ends this mvmt.</td>
<td><strong>Coda</strong>… But… here… ‘Flicks!’ “Have you heard me?” Returning to a centre… Double stops; two notes together. A feeling of sadness. But centre. The coda finishes just as I was beginning to relax as a listener, and I found I wanted more of the improvisation.</td>
</tr>
<tr>
<td>Step 5:</td>
<td>Movement 3</td>
<td>Coda</td>
</tr>
<tr>
<td>Condensed report statement</td>
<td><strong>The third video clip illustrates most clearly how music therapy ‘works’ with Jon; humour is central to it.</strong></td>
<td><strong>A summing up and a move towards how we can approach clinical practice; through what we have discussed today. What does humour mean for Don going forward in music therapy?</strong></td>
</tr>
</tbody>
</table>
Appendix 13: Arts-based reflexive journal extracts (interview-encounters)

17.1.20
Clatterpillar spore-tease
funsad
fun-sad. Is human emotional?
Perhaps it open up space for emotion?
A relational comedy - a relationship with
humour at its centre. Cold head teasing...
Movement and language, so much laughter.

24.1.20
I'm the dominoed one
And when it's finished it has form.

27.1.20
End-gaining. Resisting a desire to tidy,
Neaten, make round. Perfect. Noticing this is
my drive to follow a path. Negative Capability:
Where are you?
30.1.20
After a session with Jordan.

16.4.20
In coming to a place where I begin to draw things together, I feel overwhelmed and fearful.
Appendix 14: Arts-based reflexive journal further extracts (focus groups)

10.9.19

Movement lines

A shadow of something passed brings me today as I played. Something about humour and movement. There’s something essential to humor and movement. I moved between keys (maj, min, dim, maj - esplanada) each key unlocking something moving. Something. As also each moment opening something new - new lines of feelings. I felt humour. And I thought about movement. My body, and my vision. And rhythm - so played I was into rhythm - and movement.

[Sometime the words are foul]

This offensive the straight line seems!

Threads, lines... it’s really difficult to attract a line once you’ve drawn it.

Movement and sound: dancing, dancing.

8.9.19

Share remain together

Joyful & when

I really feel happy all over to be playing again after 4 days away. A spring of joy. Lots of joy and playing and a joy in finding my fingers again. It feels nice to re-visit the colours on my feel the pedals. I feel both so eager a break from 8 weeks. Rather has a familiar feeling which is where we were feeling about what I stopped for playing - where I’d left the classroom - we were feeling about playfulness as a regular/fundamental part of my work and how to nurture people here in a training centre.

(fis this clearly the movement I made the notes when the other was not using my computer)
Refrains  Chaos  Feeling

Writing off.

Music as fundamental being. Sound of self.
Sound of thinking. Holding on to refrains to ward off chaos. Partition. Digestion.

Writing through.

Today, I got what Deleuze + Guattari mean when they speak of a refrain. I feel it. I played it. More than threads, or simply coherence. A jumping off (like a jump) out of a partition, from chaos and Clark, murky.

My body 'died' it - my fingers - and he said "sounded it."
Appendix 15: Letters of invitations to participants

Email invitation to individual music therapists

Dear …

I hope this finds you well.

I am writing as I am looking to recruit participants for my PhD study and was hoping you might be interested.

My project centres around experiences of humour in music therapy, and subject to individual consent, my data collection will involve open-ended interviews with music therapist and client 'duos' using video/audio excerpts of moments of humour to stimulate discussion. I am focusing on adult clients and have ethical approval to involve people who have dementia or an acquired brain injury. (I've attached an information sheet and there is another for clients).

I wonder if you are working with someone, either in a group or individually who you feel would be interested and able to join us for such a dialogue?

Please get in touch if you would like to chat this over in more detail. I'm hoping to begin interviews in the autumn, as early as possible, and would appreciate any response by September 10th at the latest.

With many thanks,
Nicky

Nicky Haire
AHRC DTP PhD Researcher
Institute for Music in Human and Social Development
Reid School of Music, ECA
University of Edinburgh
Dear …

I hope this finds you very well.

I am writing to you as I am looking to recruit participants for my PhD study and was hoping you could help. My project centres around experiences of humour in music therapy, and subject to individual consent, my data collection will involve open-ended interviews with music therapists and client 'duos' using video/audio excerpts of moments of humour to stimulate discussion (see attached information sheet for music therapists; there is another for persons attending music therapy).

I'm contacting several organisations to get in touch with music therapists who are interested in humour in their work. I've chosen XXX as I am aware of their history of supporting research and your own work in broadening MT practice in XXX care homes and following a conversation with XXX who felt you would be interested.

Please would it be possible to send round an email to the music therapists in your team? I would love to hear from anyone who is interested in participating or would like to ask any questions by the 10th of September 2018.

With many thanks,
Nicky

Nicky Haire
AHRC DTP PhD Researcher
Institute for Music in Human and Social Development
Reid School of Music, ECA
University of Edinburgh
Email follow-up to individual music therapists

Dear ….

I hope you’re well. I’m getting in touch again as you responded to my initial email about taking part in my PhD study. I’m beginning to organise the next stage of my study - focus groups with music therapists - and I was wondering if you’re still keen to be involved?

Depending on participants I’m going to try and arrange a mutually accessible place to meet but I will reimburse your travel costs. It is likely to be in XXX or XXX.

I’ve attached an information sheet which is like the first one I sent but obviously with different details.

I’m aiming for a date in February or the first week of March 2019 (excluding w/b 18th). So, please could let me know by 3rd Dec:

- If you’re definitely able/willing to take part
- When would suit you best? Weekends/Weekday evenings...

Many thanks and I look forward to hearing.

All the best,
Nicky

Nicky Haire
AHRC DTP PhD Researcher
Institute for Music in Human and Social Development
Reid School of Music, ECA
University of Edinburgh
Appendix 16: Information sheets for main study

Music therapist participant information sheet

*Investigating humour in music therapy*

**Researcher details:**
Name: Professor Raymond MacDonald, Reid School of Music, University of Edinburgh – Responsible researcher.

Name: Nicky Haire, Reid School of Music, University of Edinburgh – Student researcher.

**Project details:**
This research project is part of a PhD research project in the Reid School of Music, Edinburgh College of Art at the University of Edinburgh.

You are invited to participate in this project, which is being conducted by Prof Raymond MacDonald and Miss Nicky Haire. The project has been approved by the Postgraduate Research Ethics Committee at Edinburgh College of Art, the University of Edinburgh.

The aim of this study is to enhance our understanding of how music therapists and the people they work with experience humour in music therapy. Humour is a complex multi-faceted and highly subjective phenomenon. This research will investigate the actions and processes of people engaging with music therapy and their music therapists when engaging in humour in music therapy.

**What will I be asked to do?**

Should you agree to participate, you would be asked to contribute in the following ways:

- You will be asked to participate in an open-ended interview, together with your client if appropriate, about your experiences of humour in music therapy
- You will be invited to provide an example of a moment/moments of humour from your music therapy work together (this could be in the form of a video or audio recording)

The interview will be based around the examples of moments of humour in your music therapy work. With your permission, the interview would also be video recorded so we can ensure we make an accurate record.
Your involvement in the project is completely voluntary and you are free to withdraw your contributions at any time.

**How long is my contribution expected to take?**
We estimate that the time commitment required of you would be approximately 60 minutes for the interview. Any additional time may include email correspondence prior to the main interview; time spent identifying video excerpts and a short interview (less than half an hour) following the main interview. This will only be undertaken if the analysis requires further clarification of the emerging ideas.

**How will any risks be minimised?**
The risks involved in this project are envisaged to be minimal. Inclusion in the study will not limit any access to other forms of therapy or treatment. If, at any point during the interview there appears to be psychological or physical distress for whatever reason, the interview will be terminated.

**Will I be able to be identified as a participant in this project?**
You have been selected to be involved in this project due to your responses to and interest in humour in music therapy. Unless indicated otherwise, we will refer to you by a pseudonym, and remove any contextual details that might reveal your identity. We would protect your anonymity to the fullest possible extent within the limits of the law and any records of your contribution will be kept on the student researcher’s password protected computer. You should note, however, that since video recording is being used it might still be possible for someone to identify you.

**What about confidentiality?**
Data codes and all identifying information will be kept on computer files that are only accessible to the named researchers, in order to protect the confidentiality of data that you provide. There are legal limits to data confidentiality. It is possible for data to be subject to subpoena, freedom of information request or mandated reporting by some professions.

**What happens to my contributions after the project is finished?**
Materials collected during this study will be retained for a minimum of three years in accordance with the University Code of Practice for Research. Pending consent, the information gathered from this research – including video recordings of your interview - may be used in publication, presentation at conferences and for teaching purposes.

**What if I have concerns?**
If you have any questions or concerns, or would like further information about the research project, please contact the researchers. Contact details are listed at the start of this Information Sheet. If you are concerned about the conduct of the project, please contact Neil Cox, Post Graduate Director, Edinburgh College of Art.
What happens next?
Thank you for considering this invitation to participate in our research project. If you do decide to participate, the student researcher will provide you with a consent form. Please indicate that you have read and understood this information by signing the accompanying consent form and returning it to one of the researchers. Whether or not you decided to participate, this Information Sheet is yours to keep.
Participant information sheet

Investigating humour in music therapy

Researcher details:
Name: Professor Raymond MacDonald, Reid School of Music, University of Edinburgh – Responsible researcher.

Name: Nicky Haire, Reid School of Music, University of Edinburgh – Student researcher.

Project details:
This research project is part of a PhD research project in the Reid School of Music, Edinburgh College of Art at the University of Edinburgh.

You are invited to participate in this project, which is being conducted by Prof Raymond MacDonald and Miss Nicky Haire. The project has been approved by the Postgraduate Research Ethics Committee at Edinburgh College of Art, the University of Edinburgh.

The aim of this study is to enhance our understanding of how music therapists and the people they work with experience humour in music therapy. Humour is a complex multifaceted and highly subjective phenomenon. This research will investigate the actions and processes of people engaging with music therapy and their music therapists when engaging in humour in music therapy.

What will I be asked to do?
Should you agree to participate, you would be asked to contribute in the following way:

- You will be asked to participate, together with your music therapist, in an open-ended interview about your experiences of humour in music therapy

The interview will be based around examples of moments of humour in your music therapy work that, with your consent, could include audio or video excerpts. With your permission, the interview would also be video recorded so we can ensure we make an accurate record.

Your involvement in the project is completely voluntary and you are free to withdraw your contributions at any time.
How long is my contribution expected to take?
We estimate that the time commitment required of you would be approximately 60 minutes for the interview. Any additional time may include short interviews (less than half an hour) following the main interview. These will only be undertaken if the analysis requires further clarification of the emerging ideas.

How will any risks be minimised?
The risks involved in this project are envisaged to be minimal. Inclusion in the study will not limit any access to other forms of therapy or treatment. If, at any point during the interview there appears to be psychological or physical distress for whatever reason, the interview will be terminated.

Will I be able to be identified as a participant in this project?
You have been selected to be involved in this project due to your responses to and interest in humour in music therapy and your therapeutic relationship with the music therapist. Unless indicated otherwise, we will refer to you by a pseudonym, and remove any contextual details that might reveal your identity. We would protect your anonymity to the fullest possible extent within the limits of the law and any records of your contribution will be kept on the student researcher’s password protected computer. You should note, however, that since video recording is being used it might still be possible for someone to identify you.

What about confidentiality?
Data codes and all identifying information will be kept on computer files that are only accessible to the named researchers, in order to protect the confidentiality of data that you provide. There are legal limits to data confidentiality. It is possible for data to be subject to subpoena, freedom of information request or mandated reporting by some professions.

What happens to my contributions after the project is finished?
Materials collected during this study will be retained for a minimum of three years in accordance with the University Code of Practice for Research. Pending consent, the information gathered from this research - including video recordings of your interview - may be used in publication, presentation at conferences and for teaching purposes.

What if I have concerns?
If you have any questions or concerns, or would like further information about the research project, please contact the researchers. Contact details are listed at the start of this Information Sheet. If you are concerned about the conduct of the project, please contact Neil Cox, Post Graduate Director, Edinburgh College of Art.

What happens next?
Thank you for considering this invitation to participate in our research project. If you do decide to participate, one of the researchers will provide you with a consent form. Please indicate that you have read and understood this information by signing the accompanying consent form and returning it to one of the researchers. Whether or not you decided to participate, this Information Sheet is yours to keep.
Focus group participant information sheet

Investigating humour in music therapy

Researcher details:
Name: Professor Raymond MacDonald, Reid School of Music, University of Edinburgh – Responsible researcher.

Name: Nicky Haire, Reid School of Music, University of Edinburgh – Student researcher.

Project details:
This research project is part of a PhD research project in the Reid School of Music, Edinburgh College of Art at the University of Edinburgh.

You are invited to participate in this project, which is being conducted by Prof Raymond MacDonald and Miss Nicky Haire. The project has been approved by the Postgraduate Research Ethics Committee at Edinburgh College of Art, the University of Edinburgh.

The aim of this study is to enhance our understanding of how music therapists and the people they work with experience humour in music therapy. Humour is a complex multi-faceted and highly subjective phenomenon. This research will investigate the actions and processes of people engaging with music therapy and their music therapists when engaging in humour in music therapy.

What will I be asked to do?
Should you agree to participate, you would be asked to contribute in the following ways:

- You will be asked to participate in a focus group, together with other music therapists, to discuss your experiences of humour in music therapy

Your involvement in the project is completely voluntary and you are free to withdraw your contributions at any time.

How long is my contribution expected to take?
We estimate that the time commitment required of you would be approximately 2 hours for the focus group. Any additional time may include travel to the focus group and email correspondence or telephone conversations prior to the focus group.

How will any risks be minimised?
The risks involved in this project are envisaged to be minimal.

Will I be able to be identified as a participant in this project?
You have been selected to be involved in this project due to your experience as a music therapist and responses to and interest in humour in music therapy. Unless indicated otherwise, we will refer to you by a pseudonym, and remove any contextual details that might reveal your identity. We would protect your anonymity to the fullest possible extent within the limits of the law and any records of your contribution will be kept on the student researcher’s password protected computer.

What about confidentiality?
Data codes and all identifying information will be kept on computer files that are only accessible to the named researchers, to protect the confidentiality of data that you provide. There are legal limits to data confidentiality. It is possible for data to be subject to subpoena, freedom of information request or mandated reporting by some professions.

What happens to my contributions after the project is finished?
Materials collected during this study will be retained for a minimum of three years in accordance with the University Code of Practice for Research. Pending consent, the information gathered from this research will be used in publication, presentation at conferences and for teaching purposes.

What if I have concerns?
If you have any questions or concerns, or would like further information about the research project, please contact the researchers. Contact details are listed at the start of this Information Sheet. If you are concerned about the conduct of the project, please contact Neil Cox, Post Graduate Director, Edinburgh College of Art.

What happens next?
Thank you for considering this invitation to participate in our research project. If you do decide to participate, the student researcher will provide you with a consent form. Please indicate that you have read and understood this information by signing the accompanying consent form and returning it to one of the researchers. Whether or not you decided to participate, this Information Sheet is yours to keep.
Participant information sheet

*Investigating humour in music therapy*

**Researcher details:**
Name: Professor Raymond MacDonald, Reid School of Music, University of Edinburgh – Responsible researcher.

Name: Nicky Haire, Reid School of Music, University of Edinburgh – Student researcher.

**Project details:**
This research project is part of a PhD research project in the Reid School of Music, Edinburgh College of Art at the University of Edinburgh.

You are invited to participate in this project, which is being conducted by Prof Raymond MacDonald and Miss Nicky Haire. The project has been approved by the Postgraduate Research Ethics Committee at Edinburgh College of Art, the University of Edinburgh.

The aim of this study is to enhance our understanding of how music therapists and the people they work with experience humour in music therapy. Humour is a complex multi-faceted and highly subjective phenomenon and in focusing on how improvisation and humour combine, this research will investigate the actions and processes of people engaging in humour in music therapy.

**What will I be asked to do?**

Should you agree to participate, you would be asked to contribute in the following ways:

- You will be asked to take part in a group improvisation, together with other musicians to play in response to emerging findings from the focus group analysis.

This improvisation will be audio and video recorded. Your involvement in the project is completely voluntary and you are free to withdraw your contributions at any time.

**How long is my contribution expected to take?**

We estimate that the time commitment required of you would be approximately 1 hour. Any additional time may include travel to the venue and email correspondence.

**How will any risks be minimised?**

The risks involved in this project are envisaged to be minimal.

**Will I be able to be identified as a participant in this project?**

You have been selected to be involved in this project due to your experience as an improvising musician. Unless indicated otherwise, we will refer to you by a pseudonym,
and remove any contextual details that might reveal your identity. We would protect your anonymity to the fullest possible extent within the limits of the law and any records of your contribution will be kept on the student researcher’s password protected computer.

**What about confidentiality?**
Data codes and all identifying information will be kept on computer files that are only accessible to the named researchers, in order to protect the confidentiality of data that you provide. There are legal limits to data confidentiality. It is possible for data to be subject to subpoena, freedom of information request or mandated reporting by some professions.

**What happens to my contributions after the project is finished?**
Materials collected during this study will be retained for a minimum of three years in accordance with the University Code of Practice for Research. Pending consent, the information gathered from this research will be used in publication, presentation at conferences and for teaching purposes.

**What if I have concerns?**
If you have any questions or concerns, or would like further information about the research project, please contact the researchers. Contact details are listed at the start of this Information Sheet. If you are concerned about the conduct of the project, please contact Neil Cox, Post Graduate Director, Edinburgh College of Art.

**What happens next?**
Thank you for considering this invitation to participate in our research project. If you decide to participate, the student researcher will provide you with a consent form. Please indicate that you have read and understood this information by signing the accompanying consent form and returning it to one of the researchers. Whether or not you decided to participate, this Information Sheet is yours to keep.
Appendix 17: Second amendment to ethics


40. How many participants will be involved in the study? 30

41. What criteria will be used in deciding on inclusion/exclusion of participants?

Participants will be over 18 years of age. If they do not have capacity to consent, relatives, carers guardians will be consulted as proxy – following the guidelines as set out in the Adults with Incapacity Act (2000)

Music therapists will be selected to be involved in this project due to their professional experience.

Musicians will be selected to be involved in this project due to their professional experience.

51. Are any of the participants likely to be particularly vulnerable, such as elderly or disabled people, adults with incapacity, your own students, members of ethnic minorities, or in a professional or client relationship with the researcher? Yes

51.a If you selected yes, please give details of how this issue is being / will be addressed to ensure that ethical standards are maintained.

All participants will be adults. Some may have an acquired brain injury and some may have a diagnosis of dementia. Where they do not have capacity to give informed consent and understand their role in the project, I will use any communication tools already used by the participant and seek consent by proxy from identified relative, carer or guardian as appropriate. Where it is helpful and supportive, the carer/ family member will also be invited to join as a participant.

All participants in music therapy will be in a client/therapist relationship with their music therapist. This will be upheld in accordance with HCPC guidelines for practicing and researching Arts Therapists.

54. Will any of the participants be interviewed in situations which will compromise their ability to give informed consent, such as in prison, residential care, or the care of the local authority? Yes

54a. If you selected yes, please give details of how this issue is being / will be addressed to ensure that ethical standards are maintained.

Participants in music therapy may be living in residential care so I will also follow all due ethical processes specific to the setting.
Appendix 18: Sample of transcription from interview-encounter

The interview-encounter was transcribed verbatim adapting Braun and Clarke’s (2013) orthographic transcription system (p. 165). Line numbers provided orientation on the full document.

Transcription notation system

<table>
<thead>
<tr>
<th>Notation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>(.)</td>
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<tr>
<td>((pause))</td>
<td>Significant pause (of a few seconds or more)</td>
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<tr>
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<td>((in overlap))</td>
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</tr>
<tr>
<td>[xxx]</td>
<td>Something happening in interview e.g., vocalisation; movement; gesture; playing instruments</td>
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<tr>
<td>underline</td>
<td>Speech emphasis</td>
</tr>
<tr>
<td>‘xxx’</td>
<td>Reported speech</td>
</tr>
<tr>
<td>“song”</td>
<td>Song</td>
</tr>
</tbody>
</table>

The sample below is from IE1, lines 368 – 499.

Student researcher: Nicky (N)
Music therapist: Claire (C)
Music therapy group participant: Audrey (A)
Music therapy group participant: Keith (K)
Anonymised information (X)

N: It it looks like you feel very free Audrey
A: It'll take ages for you to r- get it
N: Do you think? I mean, I don’t think I could do that
A: You can’t
N: No
A: No I can
K: Somebody in the group wanted to try it earlier and she took it off Audrey and well I demonstrated a little bit and she had a go and she gave it straight back to Audrey she said oh no I can’t be doing with that ((laughs))
N: She just yeah yeah
C: Yeah
N: She just
K: Yeah
A: And I’m the demented one aren’t I ((laughs)) We’ll get there hang on
N: Do you see Claire were you watching her? And (.) hearing what’s she’s doing
K: Yes
A: Yeah that’s what I was doing (.) There’s X and X there’s that lady there who was making something I can’t remember what it was but
K: It’s
A: They all came in
K: It’s quite interesting actually because I (.) I obviously try and listen to what the whole group is doing but I mainly watch Claire and try and follow what Claire’s doing
C: Mmm
A: Yeah ‘cause I’m the demented one [falls back in chair]
N: But you’re one who’s playing like this as well [gestures playing clatterpillar] And doing [gestures] Almost sort of conducting
K: Yeah
N: Was it a bit like that?
C: Yeah
K: Yeah
A: ((laughs))
N: It looks very very beautiful [17:40] ((pause))
A: ((inaudible)) I don’t know who she is (.) I don’t know who she is
K: Yeah that (.) each time that we come into a new group it’s really nice to see the different make up of each group as we progressed through the different courses yep
A: That’s where you get his bald head from ((laughs))
N: Is there too much thinking going on?
((general laughter))
A: [gestures] ((pause)) ((laughs))
C: ((laughs))
((pause))
A: His bald head
K: Yeah
N: Would it be would it be alright to watch that just to watch a tiny bit of that again just the bit where Audrey where you go like that
K: Yeah yeah yeah
A: ((laughs))
N: Th-
A: You can do what you want
N: Right
((pause))
N: Was it about there?
C: Yeah I think it was about a minute back wasn’t it

Re-watching CLIP 1 [19:10]
[Talking while watching clip]
K: I hadn’t noticed this
A: Oh there it is ((laughs))
K: I hadn’t I hadn’t noticed that you stopping
N: ((inaudible)) yeah
((pause))
A: Yeah I’m up in the air ((laughs))
N: And so is Claire diddlydiddlydiddlydiddly [indicating high register of the piano]
A: Yeah
((pause))
A: ((inaudible))
K: Is that you doing that?
C: That’s X
K: X
A: X that’s it
A: There weren’t many there was there
K: I thought X was quite shy when we first started
A: But once he saw me (.) he was okay ((laughs))
N: That’s how I felt too Audrey
A: ((laughs)) Stop it
((pause))
K: There (.) now then
A: She’s not doing anything [gesture] ((laughs))
((general laughter))
K: That’s weird because I was sat right next to her and I didn’t even notice that
A: ((laughs)) Eh m I had that colour jumper (.) ((inaudible))
C: Yeah
K: Mmm
A: And I had it on my knees ((laughs)) [20:30] I totally recognise it
C: Ah no
K: ((coughs))
A: With his little bald head
N: Shall I stop it? [N stops clip]
A: Shh…
Shh
K: ((laughs)) (.) I’m in charge ((laughs))
A: Yeah I’m in charge
N: And it looked like you were ehm
K: Yeah yeah
N: Having a (.) a bit of a conversation there with Claire
K: Yeah yeah
A: Is she was I?
C: We were in the music
K: Musical musically
N: Yeah
C: I was try- I in that moment I was really aware of ‘I don’t know if I can use the piano to follow what Audrey’s doing’ I was trying to ‘cause sometimes I use the oboe when you’re using that and that’s quite nice because you know when you’re up here
A: Yeah
C: And I can get higher and higher
A: Yeah (.) and then you’ll come down again
C: Or we can go right down to the low notes (.)
K: Oh
A: That’s me
((general laughter))
N: Just like that
A: ((laughs))
C: Yeah yeah
((pause))
A: We’ve got a skullcap on ((laughs))
K: It’s alright
N: Is this
C: Not not not the best shot for you Keith (.)?
K: No it’s not
((general laughter))
A: Oh dear (.) Who’s next?
K: And a lot of the hair has disappeared since that photograph I’ve brought in as well ((laughs))
A: Oh dear yeah I still recognise all of them
N/C ((in overlap)): Yeah?
A: There’s one or two
C: This was from back in [22:20] Mar- eh March (.) no sorry
K: Must have been last year
C: Yeah March
K: Or March this year…
C: March this year yeah
((pause))
Appendix 19: Sample of transcription from focus group

The focus group was transcribed verbatim adapting Braun and Clarke’s (2013) orthographic transcription system (p. 165). Line numbers provided orientation on the full document.

Transcription notation system

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The sample below is from FG1, lines 421 – 530.

Student researcher: Nicky (N)
Music therapist: Ella (E)
Music therapist: Helen (H)
Music therapist: Iain (I)
Anonymised information (X)

E: And I think one of the going back to the course I think that one of the reasons why yeah maybe therapists are really worried to use humour which is good because it makes you ((inaudible)) challenge it but was the experience of the experiential group and people that did use humour in it (.) and then were sort of ((pause)) shot down with a double-barrelled gun (.) you know or very much challenged [24:35]
N: Yeah
E: Which is useful in the sense of you’re learning yeah why am I doing this and ehm but I think it definitely can create fear in therapists to possibly not be their authentic self when they are working
N: Right
I: mmm
E: Maybe not ‘cause it depends on the person and why they’re doing (.) but yeah I think that’s definitely a
N: Like something about almost presenting a mask or
E: Yeah
N: Or using it to distance (.) or ehm
E: And the neutral the neutral mask is probably very useful at times but it perhaps can create a distance between the therapist and the client maybe when it doesn’t always need to (.) don’t know
H: I remember I don’t know is it okay to just tell anecdotes like this? Is this the sort of stuff you’re after?
N: Yes absolutely
H: I remember being fairly newly qualified and we had an art therapy trainee on placement with us (.) and she was in the kitchen and she said ‘do you want a coffee?’ And I said ‘oh, I’d love a coffee thank you’ and she said ‘sugar?’ And I said ‘now normally I’d say no but today I’m going to say yes’ (.) it was just after Christmas
N: yeah
H: And I said you know I was feeling a bit oooof (.) a bit heavy after Christmas: “I weighed myself this morning and I’d only put on a pound! Can you believe it? A pound? So, yes, I’ll have that sugar” (.) it was something like that you know and she kind of looked at me like this (.) and she went “sometimes feelings aren’t as heavy as we think they are” ((general laughter))
E: eugh
H: I was like “shut up”
N: oohhh
H: For goodness sake
((general laughter))
H: You know…
N: So that sounds like a complete mis-
H: Oh my God
N: Yeah
H: But I think that’s an example (.) I don’t know if that was really her (.) or this is just her
N: Yes, yes…
H: “I’m at work (.) You know we were in a bloody kitchen I mean c’mon we weren’t you know…”
I/N: ((in overlap)) yes
H: But it just felt so I thought God I hope she’s not like this with the children she’s working with
E: ‘Cause that’s so counter-cultural isn’t it? Because you’d normally have a bit of a joke and a laugh in the kitchen while you’re making a cup of tea and if somebody goes against that [26:27]
H: Yeah
N: Yes
E: It can make you feel I guess quite
H: Well I’ve never forgotten it
N: Right
H: You know (.) this is nine years ago (.) easily nine years ago ((laugh))
N: Right
E: yeah yeah
H: And I remember it vividly
I: That’s interesting isn’t it? Yeah
N: yeah
H: I remember where she was standing. I remember what she was doing you know because it was so jarring
E: mmmm
N: Right
H: And at the time you know I’d offered up something mildly humorous and been like
E/N: ((in overlap)) Yes
H: whooocch
N: Yes
I: Yeah
H: Yeah. Very weird
N: Quite powerful.
E: Yeah
I: ((inaudible))
H: But then I think, I think humour is powerful because I think it’s really powerful. I think pe. I’ve had, I’ve certainly worked with people children and adults who when they’ve made you laugh especially when it’s been spontaneous it’s been unplanned [27:13]
N: Yes
H: Eh. there’s something really. Like I’m thinking about a teenage boy I worked with and I asked him about did he play instruments when he was younger. and he was like no not really though sometimes my Mum would get out saucepans and I’d bang on them on the kitchen floor and it was just the way he said it was quite funny and I laughed quite spontaneously and he looked really surprised and quite pleased with himself
I: mmmm
N: right
H: And when we got outside he said to his Mum ‘I made Helen laugh!’
I/E/N: ((in overlap)) mmm aaah ((general laughter))
H: And it was really it was significant for him that he’d done that and it was spontaneous he hadn’t been trying… [27:37]
N: Yes, right
I: ((inaudible))
H: That was the thing he hadn’t it was just spontaneous
N: Yeah yep
I: mmmm
H: It was just the way he said it it was quite funny
N: Yeah
H: Eh
I: That’s interesting isn’t it
E: So it was quite empowering, your reaction was quite empowering...
N: mmmm
H: Yes I think so but the fact it was spontaneous
N: mmm
I: Well, it gives you something doesn’t it? Eh. if someone laughs at your joke or whatever.
H: mmmm
I: It makes you feel good
Appendix 20: Colour coding scheme for Finlay’s lifeworld-oriented questions

Finlay’s lifeworld oriented existentials

Self-identity

Embodiment

Spatiality

Temporality

Relationships

project

Discourse

‘mood as atmosphere’
Appendix 21: Colour coded highlights of transcripts

Samples from IE transcripts 1,2 and 3 with lifeworld-oriented questions highlighted

Samples from FG transcripts 1,2 and 3 with lifeworld-oriented questions highlighted
Appendix 22: Sample of reflexive analysis narrative

Transcription notation system

<table>
<thead>
<tr>
<th>[timings from recording]</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(.)</td>
<td>Short pause (&lt; a second to a second in length)</td>
</tr>
<tr>
<td>((pause))</td>
<td>Significant pause (of a few seconds or more)</td>
</tr>
<tr>
<td>((laughs))</td>
<td>Laughter</td>
</tr>
<tr>
<td>((general laughter))</td>
<td>Group Laughter</td>
</tr>
<tr>
<td>((cough))</td>
<td>Coughing</td>
</tr>
<tr>
<td>((inaudible))</td>
<td>Inaudible speech</td>
</tr>
<tr>
<td>((in overlap))</td>
<td>Overlapping speech</td>
</tr>
<tr>
<td>[xxx]</td>
<td>Something happening in interview e.g., vocalisation; movement; gesture; playing instruments</td>
</tr>
<tr>
<td>underline</td>
<td>Speech emphasis</td>
</tr>
<tr>
<td>’xxx’</td>
<td>Reported speech</td>
</tr>
<tr>
<td>“song”</td>
<td>Song</td>
</tr>
</tbody>
</table>

Interview-encounter 1, passage 2

Interview-encounters and focus groups were transcribed verbatim adapting Braun and Clarke’s (2013) orthographic transcription system (p. 165). Line numbers provided orientation on the full document. Isolated passages from the transcripts were put into a table alongside Finlay’s (2011) lifeworld-oriented questions. Below this, a reflexive narrative combined the aesthetic responses with lifeworld-informed reflections.

Student researcher: Nicky (N)
Music therapist: Claire (C)
Music therapy group participant: Audrey (A)
Music therapy group participant: Keith (K)
Anonymised information (X)

<table>
<thead>
<tr>
<th>Passage 2 from transcript</th>
<th>Using Finlay’s (2011) lifeworld-oriented questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>101 A: I’m looking at that it’s the same nearly the same as your other one. C: Yeah N: Yeah (.) A: See? I’m not stupid C: No K: And and (.)</td>
<td>Audrey is curious about Claire’s necklace. Self-deprecating language; change in body posture; “I’m not…” identity</td>
</tr>
<tr>
<td>107 A: Just demented ((laughs))</td>
<td>Making a joke; irony; mood</td>
</tr>
</tbody>
</table>
Reflections

Hearing Audrey say this at the time made me laugh and feel heavy simultaneously. She is instigating humour, but it seems to be at her own expense. Keith does not respond visibly to Audrey’s comment which is directed towards Claire, and he begins to speak about the instruments in the group. As he is talking, Claire laughs with Audrey, acknowledging what she has just said, and this moment – though fleeting – feels intimate and profound to me.

At around 3:40 mins into the interview, I don’t really know Audrey yet and she doesn’t know me, and the situation may feel strange to her. Watching it back again, and again, I find myself wondering about the kinds of meetings that Audrey and Keith must attend in relation to Audrey’s dementia and the fact that in those meetings ‘her’ dementia is central. I wonder whether this situation is reminding Audrey of those.

On the other hand, perhaps Audrey wanted to say that she had dementia very early on in the interview-encounter as if owning this fact herself and showing her awareness. Perhaps it gives her power in saying who she is. I wonder if she might say this in the group, or in other social situations. It sounds like making music with other people is central to the music therapy group experience for Keith and Audrey, rather than an overt focus on having dementia.

Reflecting further, my own discomfort around what having dementia means became clearer. As I watched this clip back several times, my own feelings and conception of something frightening and painful in having dementia emerged more consciously and my sense of wanting to try and find distance from the discomfort was noticeable. I know I was trying to empathise with Audrey in the moment, and it happened very quickly, and so I do not think I fully recognised the agency in Audrey’s statement at the time.

Focus group 1

Student researcher: Nicky (N)
Music therapist: Ella (E)
Music therapist: Helen (H)
Music therapist: Iain (I)
Anonymised information (X)

<table>
<thead>
<tr>
<th>Passage 9 from transcript</th>
<th>Using Finlay’s (2011) lifeworld-oriented questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>747 H: I think with those women when I do groups often with them (.) ehm and ehm (.) I feel like I increasingly rely on humour ehm (.) as a vehicle for change (.) So when there is some, or there’s a hint of some, I almost grasp it with both hands N: Yes…</td>
<td>Helen’s tone here is different. She sounds unsure about how she is engaging with humour with these women.</td>
</tr>
</tbody>
</table>
I: mmm
H: And I do wonder sometimes if I'm if I overstep some sort of mark, not more like it's so (.) ahh (.) I'm trying to think of an example (.) I think like someone said something about poking fun at yourself (.) not so much that (.) but there's there's the women who are in this institution and I'm part of the institution
N: mmm
H: So if someone makes a joke about (.) quite often things like that will come up about being locked in or being trapped or whatever ehm (.) and sometimes that's quite humorous
N: mmm
H: I might laugh along or joke (.) or you know joke along, in some (.) way
I: mmm
H: And I think I need to be kind of mindful of you know which is a different (.) it's not (.) going off-piste slightly
N: no no this is an interesting point (.) I think
H: I'm trying to think of an example (.)
E: Oh what so do you collude with the humour of your clients or do you (.) kind of
H: Yes yes collude yes colluding exactly (.)
E: Or do you kind of maintain a bit more of a distance to highlight that (.) yeah I guess it depends on what you're trying to achieve
H: Yeah
I/N: ((in overlap)) mmm
H: 'cause I'm like 'cause if there's hint of humour (.) it's usually such a hopeful sign
N/I: ((in overlap)) Yes mmm
H: (.) in this death of (.) you know humour (.)
I: Yeah
H: So I get excited
I: Yeah
H: It's like a little green shoot [40:40]
N/I/E: ((in overlap)) Yeah
I: ((inaudible))
H: So I might run after it ehm (.) but then I sometimes to the detriment of what I'm doing possibly but I would say probably not that much (.) ehm

As a member of staff, is her response okay? Laughing along with patients yet acknowledging her own desire and excitement to jump on the possibility as a means of connecting with them. Her concern seems especially pertinent to this context, this space and with this group of mothers who are severely depressed or mentally unwell.

Helen's worry at going 'off piste' seems to mark out her experience as complex and so perhaps difficult to articulate.

Ella uses specific discourse (collusion) to frame Helen's experience.

A feeling of hope. Helen describes how this makes her feel.

Death sounds so graphic. I wonder if Helen meant to say 'dearth'? Or if the word death is in fact truer to her experience.

This green shoot metaphor gives a very clear sense of Helen's experience of humour in this context.

An embodied metaphor to describe Helen's response to this green shoot.
Reflections

I find the green shoot such a powerful metaphor; it symbolises growth, change, development, and life and is so apt in the context that Helen is describing where mothers are in hospital with their newly born babies but are unable to respond freely to this baby green shoot of life.

Helen questioning her engagement with humour in this context feels very natural and I find myself empathising, along with the group, with how difficult it must be to experience such feelings. The way Helen describes how humour happens sounds as if it is quite seductive ‘… I might run after it…’ (768) and I can imagine such a feeling in this context. Humour sounds like a signifier of life, yet Helen’s sense of it is more complex than this. Perhaps it both illuminates a sense of life and living and also the non-life of existence in the hospital. Helen articulates the word ‘death’ quite clearly. However, for a long time, I misread this as ‘dearth’. Dearth is a sensorially graphic word, yet death is far more uncompromising, and deeply sad, yet perhaps appropriate for this context, and with these people.

Although Helen’s role marks her out as ‘part of the institution’, perhaps it is important to the ladies she is working with that she hears their humour and allows it?

Green shoot also recalls the embodied experience of improvising for me; a flicker of possibility for something new to happen, something that might grow into something more; an idea, a movement or a whole new piece.

What did James Hillman say about hope again? To be wary… It remained inside pandora’s box, so stays an internal experience.

To me the metaphor also somehow sums up the experience of this focus group. Can I say more? A sense that each time somebody says something that might be relevant to the study, or that underlines what I already think and know from music therapy experience I feel a ‘green shoot’ occurs. So, I am feeling it as a connective experience. A green shoot of connection, and this makes me feel understood, less alone, part of something, acknowledged by peers.

Helen returns to this idea of the green shoot further on in the focus group and makes another comment about this context. As this discussion about comedy instruments continues, Helen interjects and begins to speak about how babies are inherently funny. And this sounds like a ray of light in this context. And as I read back, I’m experiencing Helen’s timing as a little ray of light too in the context of this conversation. I was getting quite frustrated about thinking of comedy instruments even if they can provoke humour in music therapy!

Each time I read ‘babies can be really funny’ it makes me laugh! Again, Helen uses a metaphor to describe how she can then use the baby’s inherent funny-ness to “sew some kind of … life” which directly relates to her previous metaphor of the green shoot.
Appendix 23: Thematic statements and lifeworld-oriented dimensions

<table>
<thead>
<tr>
<th>Self-identity</th>
<th>Embodiment</th>
<th>Spatiality</th>
<th>Temporality</th>
</tr>
</thead>
<tbody>
<tr>
<td>I want to sometimes not feel like a complete idiot</td>
<td>So I… accepted that we were going to be stuck if you like in this humorous place (.) and it’s not like it wasn’t enjoyable</td>
<td>So I… accepted that we were going to be stuck if you like in this humorous place (.) and it’s not like it wasn’t enjoyable</td>
<td>Yeah, it’s quite hard to know how to like actually end these (.) yeah like any kind of humorous exchange (.) Ahhh, how do you end this?!</td>
</tr>
<tr>
<td>Humour in music therapy: We’re professional at playing with people</td>
<td>I want to sometimes not feel like a complete idiot</td>
<td>Humour in music therapy: it’s like a container for the relationship</td>
<td>I’m losing my thread…</td>
</tr>
<tr>
<td>Getting away with it</td>
<td>I felt it as humour</td>
<td>There wasn’t really a way in with humour</td>
<td></td>
</tr>
<tr>
<td>You’re too professional</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relationships</th>
<th>Project</th>
<th>Discourse</th>
<th>Mood as atmosphere</th>
</tr>
</thead>
<tbody>
<tr>
<td>So I… accepted that we were going to be stuck if you like in this humorous place (.) and it’s not like it wasn’t enjoyable</td>
<td>Humour in music therapy: it’s a tool</td>
<td>Music therapy is fun (irony)</td>
<td></td>
</tr>
<tr>
<td>Humour in music therapy: it’s like a container for the relationship</td>
<td>It’s like a little green shoot</td>
<td>Humour in music therapy: it’s a tool (laughter))</td>
<td></td>
</tr>
<tr>
<td>There wasn’t really a way in with humour</td>
<td>Babies can be really funny</td>
<td>I had the kinda wondering about whether humour is the kind of grown up word for (.) actually just playfulness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I had the kinda wondering about whether humour is the kind of grown up word for (.) actually just playfulness</td>
<td>Getting away with it (teasing))</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Why would you choose to study humour in music therapy?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ahhh, how do you end this?!</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>I want to sometimes not feel like a complete idiot</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>I’m losing my thread… (laughs))</td>
<td></td>
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</tbody>
</table>