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Thinking Through Improvisation: How Arts-based Reflexivity Can Offer New Knowing About Music Therapists' Experiences of Humour in Music Therapy

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Abstract

As part of a larger research study investigating humour in music therapy with persons with dementia, this article details how music therapists perceive, embody and experience humour in their practice. Three focus groups with music therapists (N = 9) were organised and resulting data analysed through arts-based reflexive methods.

Building on Schenstead's (2012) articulation of arts-based reflexivity, two distinct and overlapping forms of thinking through improvisation are highlighted; self-reflexivity and collaborative-reflexivity. Finlay's (2011) phenomenological lifeworld-oriented questions are used to explicate dimensions of experiences of humour and frame broad thematic reflections. Particular correspondence between improvisation as a way of being and humour in music therapy are explored performatively through a group improvisation involving the first author.

The findings from this synthesis offer insight into how music therapists conceive of humour in their work as supportive of relational bonding, and also experience humour as distancing and defensive behaviour. Along with the perceived risks of humour in relational therapeutic work, an intricate balance between playfulness and professionalism surfaced as part of a music therapy identity. Improvisation, while seemingly taken for granted as a part of spontaneous humour, is also problematised through the perceived seriousness of learning how to improvise as a music therapist aligning with a psychodynamic approach. The consequences of these findings are discussed in relation to music therapy pedagogy and practice along with methodological implications of thinking through improvisation.

Keywords: *Humour, music therapy, improvisation, reflexivity, arts-based research, thinking through improvisation*

Introduction

As a fundamental aspect of communication, humour generally involves shared experiences with other persons (Martin, 2001; McCreaddie, 2010) and although humour can be pre-planned, in the form of jokes for example, it can often also arise unexpectedly in social interactions. The place of humour in psychotherapy has drawn interest since Freud (1928, 1976) first began to develop his thinking. However, the unpredictability and ambiguity of humour can make it a risky endeavor which generally encourages caution in a therapeutic context (Haire & MacDonald, 2019; Haire & Oldfield, 2009; Shearer, 2016).

Understanding relationships with persons living with dementia through a psychodynamic lens is becoming more prevalent (Evans et al., 2020; White et al., 2018) and at the same time, awareness of the therapeutic value of working improvisationally through music with persons living with dementia continues to expand (Ridder & Bøtker, 2020). Music therapy in particular can offer relational experiences through creative imaginative and non-verbal ways of sharing communication with different persons.¹

This paper details music therapists' experiences of humour as part of a larger study exploring humour in music therapy with persons living with dementia. The first author's music therapy work with persons living with dementia and functional mental health problems in a hospital setting was a key catalyst for investigating humour in this context. Therefore, general assumptions around what humour is and can offer in music therapy are influenced by this work and her music therapy approach. This is founded on humanistic principles and improvisational musical methods (Oldfield, 2006) and informed by intersubjective relational theory (Benjamin, 2018; Stern, 2004; Trondalen, 2016) along with psychodynamic theory more broadly. Further pre-understandings of humour in music therapy are also underpinned by the cultural location of both authors in the United Kingdom (UK), along with their personal biographical and relational experiences.

As part of the study, three interview-encounters² involving music therapists and persons with whom they worked ($N = 8$), and three focus groups with music therapists ($N = 9$) were arranged.³ This article includes the focus group data and addresses the following question:

How do music therapists perceive, embody and experience humour in music therapy?

Aligning with the relational music therapy approach detailed, a relational-centred research (Finlay & Evans, 2009) focus works with existential phenomenological philosophy (Finlay, 2011; Merleau-Ponty, 2012; van Manen, 2014, 2016) to offer methodological framing for the study. Within this, improvised arts-based methods invite critically reflexive spaces and ways in which to dwell with and think through the data.

After a very brief contextualisation of existing literature on humour in music therapy, a focus on the methods of data collection and analysis allows exploration of how music therapists perceive, embody and experience humour in music therapy. Arts-based self-reflexivity is described and subsequently, key thematic reflections from the focus groups are highlighted. Following this, a group improvised performance is presented as arts-based collaborative-reflexivity. The closing discussion and reflections explore how the process of *thinking through improvisation* in different ways emerged as a method of sense-making in response to the topic of study, and also helped develop key findings.

Humour in Music Therapy

As a dynamic experience, humour in music therapy can be closely linked to musical play, improvisation and creativity (Amir, 2005). However, the multifaceted, multimodal, ineffable and subjective nature of humour along with its relational complexity require innovative methods to capture or interpret it meaningfully (McCreaddie & Payne, 2012). Perhaps as a result of this complexity and ambiguity, there is a lack of

focused research on humour as an isolated experience in music therapy (Amir, 2005; Haire & MacDonald, 2019; Haire & Oldfield, 2009) and even less around humour in music therapy with persons living with dementia. In the arts therapies generally, there have been a small number of studies exploring humour. For example, Pendzik and Raviv (2011), along with Grinberg et al. (2012), have used role theory in dramatherapy to explore therapeutic clowning in hospital contexts. Added to this, Kopytin and Lebedev (2013, 2015) investigated the therapeutic functions of humour in art therapy groups with veterans of war. In addition, clowning in healthcare and/or therapeutic settings, specifically with persons living with dementia, has increasingly attracted research focus over the past ten years (Goodenough et al., 2012; Kontos et al., 2017; Low et al., 2013).

In a recent literature review (Haire & MacDonald, 2019), humour was cited as a fundamental aspect of music therapy work despite the fact it has not been widely studied (Amir, 2005; Haire & Oldfield, 2009). From 130 articles reviewed, humour was generally referred to only in passing and found to be largely taken for granted in music therapy sessions as a positive phenomenon with relationship-building effects. References to humour were made almost exclusively from music therapists' points of view, and the lack of exploration into reciprocal experiences of humour and how this is played out through improvisation was identified. In the diverse range of literature reviewed, along with a focus on descriptions and meanings of humour in their work, music therapists were found to be most concerned with the consequences of humour in music therapy; what it did (Haire & MacDonald, 2019). The present study invites exploration beyond the functions of humour in music therapy and leans into embodied and relational experiences of humour in music therapy.

Methodology and Methods

Considering music therapists' understandings of their experiences of humour in music therapy, an interpretivist paradigm (Grant & Giddings, 2002; Hiller, 2016) offered an overarching frame in which to reconstruct meanings and experiences of humour through co-creative interpretive processes. Further to this, a constructivist epistemological stance and relativist ontology corresponded in order to engender a phenomenological arts-based methodology.

Key in this methodological discussion was how to explore music therapists' understandings of their experiences of humour in music therapy without dampening it or dislocating it from an embodied and situated context. Asking music therapists to improvise musically about humour they had experienced in their work ran the risk of missing the point (and the humour) entirely. Yet, creating playful possibilities for conversational improvisation seemed important in understanding more about how music therapists perceive, embody and experience humour in their work. Focus groups, in attempting to mirror the improvisatory feel of "real life" group conversational situations, can also offer the potential for accessing unexpected forms of knowledge about specific topics (Braun & Clarke, 2013). Bringing music therapists together to discuss humour in their work therefore invited a flexible frame in which to share experiences of humour, play with emerging ideas and potentially discover new knowing.

Nine music therapists, who all had over five years' experience of working with persons living with dementia, responded to a call for participation in the study. Each participant/co-researcher⁴ had qualified from music therapy programmes within the UK and, whilst participants aligned with different music therapy approaches, overall a psychodynamic orientation was most evident. The nine music therapists formed three separate focus groups, and these were audio-recorded and transcribed verbatim following Braun and Clarke's (2013) orthographic transcription system. Each group lasted around 90 minutes. Discussion 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.

The reflexive analytic process can be summarised as described in Figure 1.

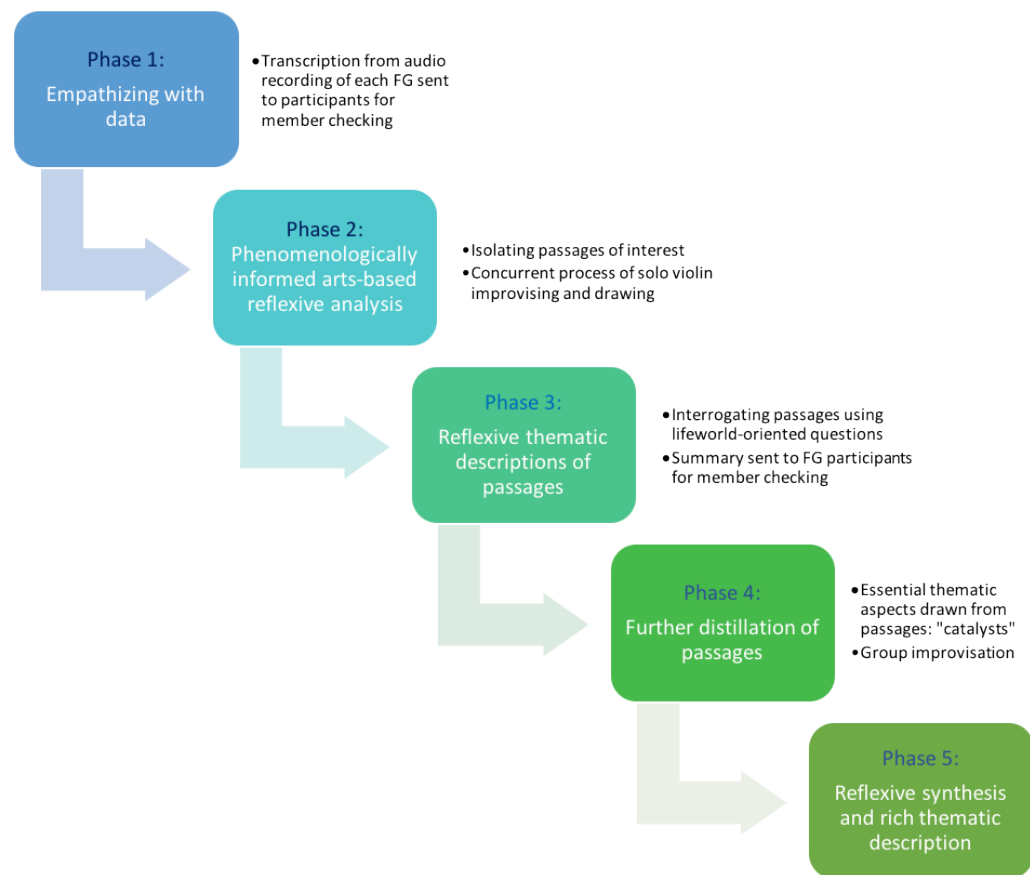


Figure 1
Focus group (FG) analytic process⁵

Arts-based Self-reflexivity

As a framework for analysis, Finlay's (2011) reflexive approach to phenomenological analysis was used. This involved empathizing with data, lingering over selected passages, then stepping back and interrogating data using lifeworld-oriented questions such as: "What does it mean to be this person?" "What is their 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 draws her lifeworld-oriented questions from phenomenological dimensional existentials: "lived corporeality, lived spatiality, lived relationality and lived temporality" (van Manen, 2016, p. 101). These distinct but overlapping structures of the lifeworld were used as heuristics (Ashworth & Ashworth, 2003) in the sense that they would provide a thematic frame through which to describe the music therapists' perceptions and experiences of humour in music therapy.

Throughout phases one and two, Schenstead's (2012) arts-based reflexivity augmented Finlay's (2011) reflexive analysis. In music therapy practice, self-reflexivity in/through improvisation has long been part of understanding therapeutic process for music therapists (Bruscia, 2015; McCaffrey & Edwards, 2015; Ruud, 1998; Schenstead, 2012) and 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).

Initially while empathizing with the data as Finlay (2011) suggests, free-flowing attention invited focus on sparks of data that were "powerful or puzzling" (p. 229), and



A shadow of something passed through me today as I played. Something about humour and movement. Is there something essential to humour around movement? I moved between keys (B major, C major, G minor, A flat major - atonality) each tonal centre unlocking something different, moving something. But also, each movement offering something new – new lines of flight. I felt humour. And I thought about movement. My body, and my violin. And rhythm... so playful I was with rhythm... and movement.

How offensive the straight line seems! Threads, lines... It's difficult to retrace a line once you've drawn it. Movement and flow. Dancing. Dancers.

Figure 2

Example of aesthetic responses and written reflection (FG1)

Playing today, it took me time to find my ground, my air... and I didn't have time.

I think I was holding my breath throughout listening to FG2, so I probably wasn't thinking. Sometimes I got stuck in a repeated pattern of notes.

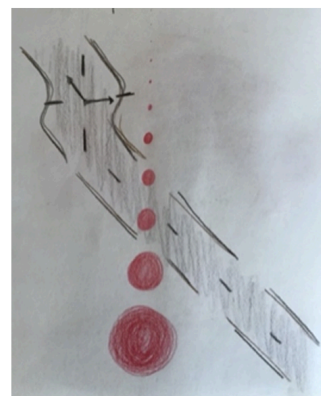


Figure 3

Example of aesthetic responses and written reflection (FG2)

this in turn led to a process of isolating passages of the transcript to reflect on further. Within this existential phenomenological framing, the first author⁶ engaged with isolated passages creatively: improvising on solo violin (the first author's primary instrument), using pencil drawing and reflective writing. These processual improvisations were not audio-recorded; however, the subsequent drawing offered a way to document the process (Bergström-Neilson, 2010), close to the idea of an "aesthetic response" as articulated by Gerge et al. (2017a, 2017b) as a creative crystallization of a particular felt sense.

Thinking through improvisation during the first two phases of analysis offered a way to engage with the data differently and felt aspects of the focus groups emerged. Reflecting on this process, it also provided a space for emotional engagement with the data. The first aesthetic response above (see Figure 2) and subsequent reflection led imaginatively into how humour and movement are linked. The feeling of how humour can involve bodily movement and can also metaphorically illuminate a fear of movement, change and/or the unknown linked with a subjective sense of embodiment (Finlay, 2011), or "lived corporeality."

With Figure 3, different, and dimensional, experiences of time emerged in response to discussion in both FG1 and FG2. Getting "stuck" in repeated melodic patterns evoked a sense of impasse and boredom which had surfaced in FG1 when participants spoke of being pushed to engage with persons solely through humour, lightness and play. The burdensome stuck feeling was also reminiscent of the heaviness a participant



B major, cold, D minor.

This drawing looks severe, but I don't think I intended that. I'm noticing how cold I feel, and how that prevents movement and/or thinking and how this might link with my feelings about experiences in the third focus group. Straight lines preventing thought... A sense of "we're not allowed" pervading.

Figure 4

Example of aesthetic response and written reflection (FG3)

in FG2 described when being unable to engage with a person in music therapy through humour.

Responding to and dialoguing with isolated passages from the focus groups also offered a way to surface knowledge that might remain tacit (Austin & Forinash, 2005; Nelson, 2006). For example, frequent feelings of tension arose when reflecting on focus group 3 (FG3) and this emerged plainly in the improvisational response and subsequent drawing.

The feeling of getting away with something when using humour in music therapy was frequently voiced in FG3. The sense of tension this feeling brought highlighted anxiety around the place of humour in music therapy and this metaphor also revealed a shared cultural meaning between the music therapists participating.

Overall, the arts-based self-reflexive method of thinking through improvisation enabled a critical and creatively embodied process of sense-making. The process of improvising and drawing, along with Finlay's (2011) lifeworld-oriented questions, fed into rich reflexive descriptions of each isolated passage from the focus groups. For example:

The isolated passages of reflexive analysis (like detailed in Figure 5) were collated. In total, there were 17 passages from FG1, 13 passages from FG2 and 16 passages from FG3. Congruences between passages, and between focus groups, became apparent. These were expressed as thematic reflections (van Manen, 2016).

Thematic Reflections

Through the process of arts-based self-reflexivity, six broad thematic reflections framed by Finlay's (2011) lifeworld-oriented questions and pertaining to the research question were organised:

- 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

<p>Transcript A: 'cause I'm like 'cause if there's hint of humour (.) it's usually such a hopeful sign B/C: ((in overlap)) Yes mmm A: (.) in this death of (.) you know humour (.) C: Yeah A: So I get excited C: Yeah A: It's like a little green shoot B/C/D: ((in overlap)) Yeah B: ((inaudible)) A: 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</p>	<p>Using Finlay's (2011) lifeworld-oriented questions A describes the feeling of possibility humour can bring. The way she speaks feels full of hope. Death sounds so graphic. I wonder if A meant to say 'dearth'? Or if the word death is in fact truer to the experience. This green shoot metaphor jumps out, it gives a very clear felt sense of the experience of humour in this particular context. An embodied metaphor to describe a response to this green shoot.</p>
<p>Reflections <i>I find the green shoot such a powerful metaphor; it symbolises growth, change, development and life and is so apt in the context that A 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.</i> <i>Her questioning feels very natural, and I find myself empathizing, along with the group, with how difficult it must be to experience such feelings. The way A 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 the 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. A 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 absolutely appropriate for this context, and with these persons.</i> <i>Green shoot also brings to mind 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.</i> <i>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...</i></p>	

Figure 5
 Excerpt of reflexive analysis from FG1, passage 8

Improvisation, Humour and Music Therapy Pedagogy

Focus group participants perceived humour in a variety of ways which are linked to their individual personality and influenced by their particular music therapy approach. Experiences reported during music therapy training, and in particular during experiential groups, were found to have made a lasting impression for some participants around the consideration and use of humour in music therapy and its relation to improvisation:

... 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. (FG1)

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 (.)...” (FG2). 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 involved a measure of caution and reflexivity: “You wouldn’t do it in week one for example” (FG3).

An Embodied Understanding of Humour in Non-verbal Interaction

The experience of holding this tension in balance stayed with music therapists as they developed as practitioners: “I think I’m often too quick to be humorous and then (.) once you set out that stall...” (FG1). Using humour too early or too much, relying only on humour and getting “stuck” in humour were 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: “I just see it as something so primal though I mean” (FG1).

For one participant, initiating humour through music as a last resort in music therapy 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 the music therapist: *“I felt it as humour”* (FG3). This moment had significant impact on the therapeutic process. The surprise of this resonates with Valerie Sinason’s (cited in Brave-Smith, 1995) view of how humour can manifest with adults living with learning disabilities:

... humour encapsulated unspoken truths, deepened intimacy and revealed creative playfulness in persons hitherto diagnosed unintelligent or literal-minded. The therapist’s ability to see the joke in what a patient said could lead to a breakthrough for those categorised as incapable of symbolic thought processes. (p. 469)

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 particular case example, a participant spoke at length 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”* (FG1). Likening this particular music therapy work to playful interactions with small children, the participant went on to describe the dynamic interactive experience of music-making with very young persons: *“Babies can be really funny”* (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.

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 for participants in creating connections with persons who were not receptive to humour or showed less of a sense of humour was also common across focus groups. One participant 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 (.)”* (FG2). In this instance, the heaviness the music therapist felt working with a person where *“...there wasn’t really a way in with humour”* (FG2) was tangible.

This sense was echoed in the phrase, *“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...”* The participant was describing an experience of feeling “stuck” in a way of relating. By using this particular word, they 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 evoked a sense of frustration for the music therapist who felt held in perpetual playful interactions with this person, and somehow trapped by the feeling that *“it’s not like it wasn’t enjoyable...”*

The perception of humour as an essential social quality was further articulated in the comment: *“... it’s like a container for the relationship”* (FG2). Given the music therapy work described by this participant, perhaps they saw humour as an interactive frame through which a relationship could develop. Along similar lines, a participant from another focus group suggested:

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 than (.) 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)

Humour as a Distancing or Defensive Intersubjective Mechanism

Still, 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 (.)”* (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. 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:

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.... (FG3)

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, a participant 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]. (FG2)

In this instance, the group-bonding function of humour was also balanced with the music therapist’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 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. However, for persons living with dementia who initiated humour, it was also reported to afford significant agency.

Music Therapists’ Professional Identity and Humour

In general, there was felt 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, which reinforced a common sense of professional identity. For example, one particular participant articulated: *“Humour in music therapy: It’s a tool... it’s like a little green shoot...”* (FG1). In FG1, there was agreement and a shared understanding 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.

Play and playfulness were discussed as an intrinsic part of humour in music therapy in each focus group. For music therapy participants, playfulness can also facilitate music-making: *“... playful and fun within a music-making environment is really can be really conducive to music making”* (FG1). Yet, the assertion that humour was *“... the kind of grown up word for (.) actually just playfulness”* (FG3) does 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, recollection from one participant'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, another focus group participant 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 (.) (FG3)

Perhaps this complex sense of professionalism goes some way to explain a sense of "...*getting away with it*" 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.

Arts-based Collaborative Reflexivity

The self-reflexive arts-based process of thinking through improvisation offered rich thematic reflections on the focus groups and yet something about the spur-of-the-moment way that humour emerged in the focus groups was not fully articulated in the thematic reflections.

Improvisation and humour share a facility for productive disruption as part of, and in response to, social encounters and social movements (Fischlin & Porter, 2020). For example, Smith (2001) details how the Feminist Improvising Group (FIG⁷) specifically used self-parody and humour in their free improvisation performances to disrupt and challenge dominant ideological structures in free improvisation contexts. FIG 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).

Perceived links between humour and improvised performances led the first author to Seabrook's (2017) concept of *research-creation* as a way to "*experience (...) and to tacitly explore*" leading to "insights both inherent to the phenomenon itself and 'unknowable by other means'" (p. 4). A group improvisation would invite a playing out of the data with others in an unpredictable way. Coincidentally, the first author was due to present her work at a symposium on humour research⁸ and so the idea of a group improvisation began to take shape as a performance.

Sharing the research in this way would draw on the ambiguous nature of humour. The presence of an audience could offer increased possibilities for surprise, inviting correspondence between findings, improvisers and witnesses. In short, this unknown event would potentially open to a "polyphony of meanings" (Bresler, 2018, p. 649).

Returning to the isolated passages from the focus groups, four or five passages from each focus group were further isolated and from this smaller number of passages, short phrases of the text were drawn out relating to Finlay's (2011) lifeworld existential questions. These were arranged chronologically as a way of uncovering links between focus groups and also teasing out what was essential or incidental in relation to the research question.

These essential thematic aspects (van Manen, 2016) were labelled *catalysts*⁹ (see Figure 6). The intention was that these phrases would be used by a poet along with a small group of improvising musicians to catalyse the performance. The evening performance took place in a pub near the symposium venue, and performers and symposium

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
You're too professional

Figure 6
Catalysts

audience were purposely given minimal information about the study. The process was not formally discussed with them further to the event.

Group Improvisation Performance

The performance was video-recorded. It is suggested that readers refer to the catalysts (Figure 6) while watching the video.

Full: group improvisation <https://youtu.be/0Tu5qMW9PZI>

Excerpt: closing six-minute section from group improvisation <https://youtu.be/a4jhEU7KLPo>

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

Discussion and Reflections

In setting up a group improvisation, a collaborative experimental space was co-created which offered a different way to explore significant moments from the focus groups. Although the improvisation followed the sequential form of the catalysts, the interpretation of the improvisers also took on meaning in its own right. So, it was possible to view the performance as both an articulation (an artefact), and a process of inquiry. The catalysts were played out; performed, embodied and witnessed so that essential

thematic aspects were experienced and re-experienced from different and new perspectives. As an experience, the improvised performance was in some ways reminiscent of Bakhtin's *Carnival* as articulated by Stensaeth (2017); a shared opportunity for embodying "... serious laughter, meaningful chaos..." (p. 127). This experience reinforced some thematic aspects and also added new dimensions to others.

In taking an active part in the focus groups and the group improvisation, the first author experienced her own bodily relationship with the data and in doing so, was able to experience others' interpretations and voicings. In this, she experienced both distance from and closeness to the data in the performance. She was surprised and able to laugh at herself. The experience generated through this performance remained differently (Schneider, 2001) in bodily consciousness.

Through this process of collaborative-reflexivity, a fragile professional identity was further underlined. The idea of performing a particular music therapy identity emerged strongly through playing out these catalysts. A desire to be taken seriously in being "*professional at playing with people*" (FG3) was voiced, and this drew the biggest laugh from the audience, yet the significance of music therapists being able to hold a sense of humour and recognise the irony in the statement: "*Music therapy is fun*" (FG1, FG2, FG3) was tacitly acknowledged by the improvisers and audience.

The shared cultural reference to humour being "a green shoot" was missed in the improvised group performance, and this made it appear almost an "in joke" between FG participants. Like Critchley (2002) suggests, humour relies upon a shared cultural "insider knowledge." How much does an insider knowledge of being a music therapist and doing music therapy contribute to how humour is perceived and experienced in this context? Is there a music therapy humour?

Certainly, humour was used by participants in the focus groups to establish and reinforce a sense of professional identity. When humour was described as "... *actually just playfulness*" the statement was picked up on by the improvisers and the audience in the group performance and in doing so, more complex qualities of play were illuminated. In sounding out "just playfulness," something of the seriousness and necessary chaos of play was expressed. This more ambiguous experience being played out also strengthens the fact that humour involves playfulness yet differs from play. In this context of improvised performance, the action of play in contrast to the perception of humour, as Berger (1997) puts it, became clear.

Limitations and Strengths

This study provides rich material for consideration and this is a great strength, however there are also limitations which will be helpful to bear in mind in future research. The methods used are subjective and unique to the researcher and participants involved, so any replication would no doubt yield different results. Given that this study was also limited to music therapists in the UK, working within a specific approach, it is necessary to find out more about how humour in music therapy is viewed in wider cultures and from different philosophical positions. Additionally, the focus is on a small number of participants so any conclusions reached, or findings, must be read in light of this.

A playful, flexible and responsive approach to methods in relation to the topic of humour was employed intentionally as part of the embodied improvisational stance of the researcher. However, just like using humour too much in music therapy, there emerged a fine line between being 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 (see Figure 4) and emerged repeatedly in questions around methodology. Reflexivity as a method of sense-making invited a commitment to embrace what Pillow (2003) terms the messiness of an engaged qualitative research process and this was instructive in relation to experiences of humour.

The music therapists that responded to the call for participation did so because they were curious about humour in their work. This means that the starting point for inquiry tended towards humour being something with potential therapeutic value which was worth investigating. As a result, any findings begin from this constructive position.

The reflexive artistic methods of analysis generated large amounts of data and this needed a clear conceptual framework and a degree of discipline. Trying to look at humour from the inside is problematic and yet 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 may be limited in scope for music therapists from different philosophical backgrounds. For music therapists from a behavioural approach for example, more focus might be expected on the dynamic form of humour and its functions. However, the methods used employ music-focused knowing and so the reach is potentially broad.

Conclusions and Implications

In this article, part of a larger study into humour in music therapy with persons with dementia has been detailed. The analytic process of engaging with data from three focus groups formed of music therapists from the UK has been explored and findings from this presented and discussed.

Within a phenomenological framing, thinking through improvisation offered a creative liminal space through which to enact a process of inquiry; a balance between “dreaming and doing” (Milner, 2011) where new knowing and surprise could occur. Building on Schenstead’s (2012) arts-based reflexivity, thinking through improvisation was catalysed by this study as a way to explore humour in music therapy. Moving beyond arts-based self-reflexivity, collaborative-reflexivity through improvisation facilitated a shared process of thought through action, an embodied creative and intersubjective space with others. As well as affording possibilities for surprise by “throwing everything up in the air,” like FIG (Smith, 2001, p. 121) suggest, this co-operative experience also surfaced new knowing about the performativity of humour and the significance of this in relation to perceptions of a professional music therapy identity. Added to this, the group improvisation offered an innovative and differently embodied way to share process and findings.

Six broad thematic reflections on humour in music therapy were organised using Finlay’s (2011) lifeworld-oriented questions summarised around aspects of “self-identity, embodiment, spatiality, temporality, relationships, project, discourse and ‘mood as atmosphere’” (p. 230). These phenomenological dimensions of experience facilitated rich descriptions of how music therapists perceive, embody and experience humour in music therapy.

Focus group participants perceived humour in different ways linked to their individual personality and influenced by their particular music therapy education and approach. Humour is one way of engendering opportunities to develop relationships with persons living with dementia, and within this, improvisation is key. Different ways of doing humour in music therapy offered different levels of engagement, from surface level connections to profound possibilities for relational contact. Understanding humour as performative, in the sense that humour is a way of being, opens possibilities for moving beyond an idea of humour as simply a “tool” in music therapy (Haire & Oldfield, 2009). To this end, the participants’ reported experiences of learning how to improvise in music therapy also calls forth further investigation into how more nuanced approaches to humour, and improvisation, in pedagogical spaces—particularly those with a psychodynamic bent—are vital in maintaining an open stance towards all aspects of communication in practice. In the difficult balance between professionalism and playfulness, perhaps humour offers music therapists a constructively complex way of hearing and understanding statements such as “music therapy is fun.”

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Notes

1. The word 'persons' is used throughout in alignment with McCormack and McCance's (2017) Person-Centred Practice Framework.
2. Data and findings from the interview-encounters are discussed elsewhere (Haire & MacDonald, 2021).
3. Full ethical approval was granted by the Edinburgh College of Art Ethics Committee, University of Edinburgh, 2018.
4. All participants in the study are considered co-researchers in line with Finlay and Evans (2009) relational-centred approach and the understanding that data is borne "between the researcher/co-researcher encounter" (Finlay, 2009, p. 2).
5. Some terminology, e.g., "thematic aspects" comes from van Manen's (2016) hermeneutic phenomenological reflection, which broadly aligns with Finlay's (2011) approach.
6. Also referred to in the first person: "I."
7. FIG were formed in London, UK, in the late 1970's by improvising musicians Maggie Nicols and Lindsay Cooper in direct response to their exclusion from a male-dominated performance culture.
8. *Humour me!* Symposium, Edinburgh, 8th November 2019.
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 (<https://www.merriam-webster.com/dictionary/catalyst>)

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