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Humour in music therapy: a narrative literature review

Abstract

Introduction: Humour is a highly prevalent but little understood phenomenon. In music therapy, experiences of humour are not well documented yet anecdotally widespread.

Method: A narrative literature review was conducted to identify, critically analyse and synthesise literature related to humour in music therapy. Literature was sourced from multiple music therapy journals, bibliographic databases, electronic databases and books from the earliest available date until June 2018 using the key terms of humour/humor.

Results: Two empirical research studies that focussed on humour in music therapy were identified and references to humour were found in over 130 articles. Humour in music therapy was evidently taken for granted as a phenomenon with relationship-building effects. In addition, references to humour came overwhelmingly from music therapists' point of view. Despite one comprehensive research study exploring humour in music therapy, a lack of investigation into reciprocal experiences of humour and how this is "played out" through improvisation was identified.

Discussion: This review surfaces a phenomenon that is ubiquitous yet under-researched in music therapy. In general, a kind of insider-knowledge appears necessary for humour to be shared; yet the ambiguity inherent in humour means that music therapists can encounter risk in using or engaging with it in their work. These findings have led directly to further research into reciprocal embodied experiences of humour and improvisation in music therapy.

Introduction

While general perceptions of, and perspectives on, humour differ there seems to be broad agreement that humour is not simply something that makes social interactions easier; it is a fundamental part of engaging with others. As Billig (2005) outlines: "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). In short, "Humour, like music, is an integral part of human life" (Amir, 2005, p. 3). Indeed, the word humour/humor[1] was once firmly embedded in physiology (Wickberg, 1998) yet has over time, become linked with individual personality, mood or temperament and eventually evolved into a broad term for all laughter-related phenomena (Martin, 2003).

Researching spontaneous humour in social interactions is problematic due to its conceptual fluidity and context dependent nature (McCreaddie & Payne, 2012). Therefore, it is not surprising that most studies investigating humour in healthcare contexts have to date focussed on what McCreaddie and Payne (2014) term "rehearsed humour" (p. 333) (e.g. observed reactions to cartoons, jokes, comic videos etc.) rather than humour as it emerges unexpectedly between people.

In current thinking, it is generally agreed that there are three main theories of humour: the superiority theory, the incongruity theory and the release or relief theory (Critchley, 2002; Morreall, 2016). These theories illuminate different aspects of what constitutes humour and the experience of humour and, as Watson (2015) points out "… should be regarded as overlapping and complementary rather than competing or contradictory" (p. 409). Yet, importantly, these theories also need to be considered in terms of specific historical and ideological currents[2] (Billig, 2005). The incongruity theory now appears to be widely accepted as closest to explaining why humour happens. According to Billig (2005) this theory has been much simplified since early studies of humour. However, instances of humour arising from perceptions of disrupted expectations have been demonstrated in several studies of humour in music (Huron, 2004; Lister, 1994; Mull, 1949; Smith, 1994).

Walton (1993) interestingly draws links between how we experience music and how we experience humour; both he speculated, require a sense of empathic identification in order to be understood and therefore shared. Trevarthen (1997) points out that: ''… the initial contact of human beings is one of intimacy, friendship and humour – as in good musical improvisation" (p. 65). His suggestion invites us to understand humour as both an integral part of social encounters, as discussed, and something intrinsically connected with improvisation. Yet, despite the long established practice of humour in free improvisation [3], which possibly also intersects with clowning and physical theatre, humour in free improvisation does not appear to have been addressed in depth academically.

In searching for literature around humour in music therapy, I was aware of my own preconceived notion of a sense of humour as a fundamental human characteristic and my experience of humour in music therapy as a way of relating, connecting and a sign of wellbeing, frequently leading to or

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[1] The word humour/humor comes from Latin *humor* liquid; related to Latin *ūmēre* to be wet, Old Norse *vökr* moist, Greek *hugros* wet. In *Collins English Dictionary*. Retrieved from: https://www.collinsdictionary.com/dictionary/english

[2]For a detailed history of how these theories evolved see Billig (2005) and Wickberg (1998)

[3] See improvisers, Anne Benning, Alan Tomlinson, Hugh Metcalf, Eugene Chadbourne and Derek Bailey for examples of humour and free improvisation.

coming from what Stern (2004) terms a "moment of meeting" (p.168). However, at the same time, I was curious about the reciprocal nature of humour and how people engaging in music therapy have experienced humour. Improvisation would appear to be an obvious element of spontaneous humorous interactions, and humour in music has a long history (Hyde, 2018). Nevertheless, only two empirical research studies that focussed solely on humour in music therapy were identified. Alongside these two studies, passing references to humour were found in 130 music therapy articles. Through closer examination of these references, it was discovered that humour in music therapy was largely taken for granted as a purely positive phenomenon with relationship-building effects, despite the lack of empirical investigation. In addition, references to humour came overwhelmingly from music therapists' point of view and the lack of investigation into reciprocal experiences of humour and how this is "played out" through improvisation was identified.

Method and study selection

Literature was limited to accessible publications in the English language and searched from multiple sources from the earliest available date until June 2018 using the key terms of humour/humor[4]. This included music therapy journals, bibliographic databases, electronic databases and books. A hand search of the most current music therapy handbooks[5] revealed few references to humour. Online and hand searches of music therapy journals included: *The British Journal of Music Therapy*, *The Nordic Journal of Music Therapy*, *Voices, The Australian Journal of Music Therapy, The Journal of Music Therapy* and *Music Therapy Perspectives.* Bibliographic databases searched included *The International Society of Humor Studies* and *The European Journal of Humor Studies*. Electronic databases included: DiscoverEd, Ovid, MEDLINE, JSTOR, PsycINFO, EMBASE, CINAHL, EBSCOhost and PEPWeb.

Only two empirical research studies that focussed solely on humour in music therapy were identified. However, the word humour was mentioned in 130 articles, mostly published in the music therapy journals searched. References comprised a broad and diverse selection of empirical and theoretical studies, heterogeneous research designs, varied epistemological stances and wholly diverse music therapy contexts and client groups.

Initially, the 130 articles were categorized 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 particular theoretical or practical importance in relation to the study, this was categorized differently to a reference which detailed the phenomenon in its own right and considered it an important element of an investigation, the music therapy process or theoretical stance detailed in the article.

The 130 articles were then re-evaluated and more detailed information about the nature of the reference was logged 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 interconnected themes emerged. Themes that emerged from narrative synthesis include: 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 as a technique.

[4] Although both spellings humour/humor were included in the search the UK English spelling of humour is used throughout this article
[5] See Bunt and Hoskyns (2002), Bunt and Stige (2014); Kirkland (2013); Wheeler (2015)

Results

The two research studies that focused solely on humour in music therapy: *Adding Humour to the Music Therapist's Toolkit: Reflections on its Role in Child Psychiatry* (Haire & Oldfield, 2009) and *Musical Humour in Improvisational Music Therapy*[6] (Amir, 2005) are evaluated and following this the main themes which emerged from references to humour are explicated. The list of included references for this review is added as a web appendix.

Haire's previous research (2008) on the role of humour in music therapy was directly inspired by Amir's (2005) work. Drawing together case study material and interviews with four therapists working in different modalities[7], the role of humour in music therapy was explored in a paediatric setting (Haire & Oldfield, 2009). Focussing on the consequences of humour, the principal ways in which client and therapist used humour in this context were categorized as follows: Extending concentration, amusement, addressing issues of control, obstruction, diversion/diffusion, defence, ice-breaker, avoidance, encouraging socialising, attention-seeking and instilling hope (Haire & Oldfield, 2009).

Overall, the main finding was that humour was perceived to offer vital experiences of different ways of being. One therapist in particular considered it a transformational occurrence that could impact significantly on relationships in music therapy:

> 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 really important (Haire, 2008 p. 102).

The smaller-scale study (Haire & Oldfield, 2009) added marginally to Amir's (2005) study, which provides a comprehensive grounding in how humour manifests in music therapy, what it is and what it does. Amir initially draws on Meyer's (1956) understanding of absolute and referential meanings in music, expounded by Lister (1994), and using data from interviews with different music therapists centred around examples from their clinical work, showed how music and humour share similar dynamic elements. She describes the main musical gestures that engender humour as: "exaggeration, clumsiness and incongruity" (2005, p. 19) and noted how moments of spontaneous humour can arise directly from the freedom intrinsic to musical improvisation: "Unexpected, surprising sounds, that cause a change in the emotional atmosphere and bring laughter, can occur while improvising. The laughter might emerge from nervousness, surprise, anxiety, delight, or funny associations" (Amir, 2005, p. 14).

Although not mentioned as such, the incongruity theory (Morreall, 2016) could also be found to underpin Amir's understanding of what humour is in music therapy. Certainly, the ineffable complexity of humour and its ambiguity was demonstrated in her study and she addressed some of

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[6] Improvisational music therapy is a term used by Wigram (2004) and Bruscia (1987) to describe music therapy practice where improvisation is a central feature of the clinical work.

[7] One Art Therapist, two Music Therapists and one Play Therapist

the dilemmas involved in using humour in music therapy from the music therapists' point of view. The degree of risk for music therapists in engaging with the highly subjective and culturally specific phenomenon was repeatedly highlighted yet, although Amir touches on the fact that a shared culture, or shared musical language can support humour – echoing what Critchley (2002) refers to as a kind of "…cultural insider-knowledge…" (p. 67) – overall she emphasizes humour and intersubjectivity in the therapeutic relationship less and focuses more on an exploration of the ontological status of humour in connection with musical improvisation in music therapy.

The main themes that Amir (2005) drew from her study underline the complexity and multi-dimensional nature of humour in music therapy, and she explores both "constructive" and "destructive" (p. 8) elements of the phenomenon. These themes can be further grouped under the headings of descriptions, meanings and consequences, which create a narrative arc to the experience of humour and enables comparison with wider references to humour:

Table 1
Categorisation of Amir's (2005) main themes

Descriptions	Meanings	Consequences
Various kinds, types, gestures and shapes of musical humour	How do we interpret musical gestures as humorous?	Constructive functions of humorous musical interventions
Humour in improvised songs	Conditions for understanding humorous musical gestures	Destructive use of humour in musical interventions
	Meanings of musical humour in improvisational music therapy	

Themes from the wider literature

Overall, it was found that music therapists most frequently referred to the consequences of humour in music therapy: music therapists appear most interested in what humour does in their practice. However, most references were to what Amir (2005) terms constructive consequences, and it is notable that destructive consequences were infrequently found in the literature searched. In general, if humour was mentioned, it was precisely because it had had a positive social effect, or it was being used as a positively descriptive adjective in relational or emotional terms. In the two direct references to humour as having what could be described as destructive consequences (Casey, 2017; Cohen, 2014), both these authors were discussing humour outside music therapy sessions (e.g. ageist jokes) and they also acknowledged positive aspects of humour in relationships[8]. Priestley (1994) introduces both the seriousness in humour and its inherently therapeutic nature:

[8] Billig (2005) explores in depth the polarization of the consequences of humour in social experiences in his critique of the social function of ridicule in society. In

> Humour is a defence against anxiety, anger and depression, which is very much a 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 unfaceble after its expression (p. 180).

Priestley's (1994) understanding of humour as defense and laughter and improvisation as cathartic release draws directly on Freud's work. Freud (1976) proposed that most humour contained within it an aggressive or sexual component; giving form to an energy, that could not be expressed or made manifest in a socially acceptable way (Mann, 1991). Freud (1928) further drew out the liberating or relief/release element present in humour, which in turn offers healthy perspective on life: "Look! Here is the world, which seems so dangerous! It is nothing but a game for children – just worth making a jest about" (p. 166). However, Freud appears to have been less concerned with the technical aspects of humour - for example, the linguistic structure of jokes - and more interested in how humour was connected to the subconscious (Palmer, 1994). Nevertheless, his view of humour as a repressive phenomenon was to have far reaching consequences (Billig, 2005).

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 & McDermott, 2014; Roberts, 2006; Rowland & Read, 2011). 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 Geretsegger et al. (2015) also identified humour as being important in ascertaining the level of participation when working with a child in music therapy.

Authors Gooding (2016) and Stewart (2000) underlined the importance of a sense of humour for music therapists in their professional lives. Not only was it observed as part of an essential "career sustaining strategy" (Gooding, 2016) but it 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, links with flexibility, creativity, perspective and resilience - were not addressed further.

Group members noted humour as being a positive aspect of their sessions in Gardiner and Horwitz's (2015) study and in Rolvsjord's (2015) study, clients being interviewed about their experiences in music therapy emphasized "a sense of humour" as being an important commonality between the therapist and them. Outlined here:

> 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).

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addition, see Berger (1997, p. 57) for descriptions of humour as inviting "socio-positive" and "socio-negative" consequences in social interactions.

Relating through humour

Most commonly, humour was referred to as an integral part of therapeutic and relational work (Trevarthen, 1997); its presence an implicit sign of trust, and many music therapists mentioned the existence of humour as indicating a constructive development in the music therapy relationship (Aigen, 2013; Andsell, 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 Silverman (2014) notes, despite the fact that humour clearly appeared to help build rapport between client and therapists there have not been any empirical studies to corroborate or explore this further.

Resilience through humour

There were several citations of humour as a positive coping method, or inner resource that clients used in dealing with difficult emotional experiences (Cobbett, 2016; Gooding et al., 2015; Hogan, 1999; McNab, 2010; Potvin, 2015; Steele, 2005; Yinger, 2016). Hitchen at al. (2010) implied that a "residual sense of humour" (p. 72) retained by a patient with an acquired brain injury had a positive effect on their rehabilitation. This would appear to draw on the notion that a sense of humour is a fundamental characteristic attribute and emphasizes the fact that, in this case, a sense of humour had remained intact despite injury.

Humour and ambiguity

The importance of shared cultural knowledge and experience as being important in sharing humour or "getting" the joke - in addition to being well documented by Amir (2005) and Haire and Oldfield (2009) who both highlight the risk in using humour in music therapy - was referenced by Viega (2016), Thomas and Sham (2014) and Baker and Grocke (2009). Viega uses a quotation from artist Ice Cube which sounds like a direct challenge to readers: "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, 2016, p. 142). While identifying two extreme potential responses to rap – hilarious or terrifying - Ice Cube, by being categorical, also reveals the risk in assuming a universal humour. Here he also appears to allude to the culture, or insider knowledge of rap, and call for listeners' attention to what he perceives as the intrinsic humour in the genre.

Thomas and Sham (2014) and Baker and Grocke (2009) also draw attention to the "local" nature of humour, and highlight how different cultural backgrounds or values can affect the understanding of, and therefore sharing of humour. In their studies, both sets of authors appear to focus on verbal humour and do not expand on cultural specificity in reference to musical humour. Thomas and Sham (ibid.) also highlight how isolating it can be when one does not understand the humour of a particular culture. The possibility of isolation resounds in Ice Cube's quotation above.

Humour and playfulness

In several articles, humour was directly linked with playfulness and fun and is referred to in musicking (Small, 1994) with people across the lifespan (Aasgard, 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,

2014), and address issues of dominance in sessions. Loombe (2017) especially, highlighted the use of humour by one particular child she was working with as a means of testing boundaries and furthering individual agency, but also referred to humour as a way for music therapists to challenge boundaries and playfully address issues of control with children.

Humour and status

As Johnstone (1989) emphasizes, turning social roles upside down in interactions is a basic element of what people find funny. 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. Tuastad and Stige (2015) also observe "subtle" humour as a connecting resource clearly used by participants in a research project to unite the group in relation to the "outsider" or co-researcher interviewing them. Tuastad and Stige (ibid.) draw links between the group's experience of being interviewed and how they made music together and they identify the social processes of humour and music making as being similar, but do not refer in depth to humour in the music making. For them, humour is a part of both these processes, alongside various other communications.

Although issues of status, and an expert/non-expert dialectic runs implicitly through many of the references to humour found in music therapy articles, these are generally not made explicit. In a study of the role of clown doctors in hospital, Brockenshire et al. (2017) draw attention to the low status of the clown as being key in enabling intimate and human connections between people in hospitals; traditionally places that function within a strict hierarchical system. This spotlight on social status reveals one fundamental aspect of why humour happens, in addition to uncovering what could be an important part of the experience of humour. Nevertheless, of all the articles searched (including the in-depth studies found), there were only three in which humour was documented as being referred to by clients or patients (Gardiner & Horwitz, 2015; Powell, 2006; Rolvsjord, 2015). In Powell's (2006) study, an elderly client commented that: "Music is universal like humour. You need humour in this world" (p. 112). Otherwise, the voices of clients in music therapy are almost non-existent.

Humour and empowerment

Humour as an empowering phenomenon, 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). In particular, Aasgaard (2000) detailed how composing songs with critically ill children enabled the child/patient 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 between therapist and client has not been a strong theme emerging in 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:

> … frequently used humour in the exchange 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)

Durham (2002) also considered humour as a dynamically interactive element of music therapy work and highlights its emergence in direct relation to social equity in the therapeutic relationship. She draws attention to the feelings of relief that arise in the group and the fact that humour changes perspective 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).

Cameron (2014) was one of a few other authors I found who highlighted the use of humour by his client, albeit outside music therapy, 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 his client, Clark's, use of humour as "…assertive, affirming and challenging" (Disability Arts, para. 4), further explaining Clarke's use of comedy to deliberately spotlight and challenge disabling experiences in encounters with what he calls, after Oliver (1996), an ideology of normality.

Humour and improvisation

Amir and 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 in describing how the music felt. Yet, besides Amir's earlier work (2005), humour is not frequently mentioned in direct relation to improvisation. Nevertheless, it seems to be assumed that humour and improvisation share fundamental qualities of ambiguity and transformation and offer opportunities for spontaneous co-created intersubjective interactions. For Amir (2005), musical gestures incorporate "… 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. 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 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, frustrating expectations of familiar musical patterns or melodies which led to incongruity (Holck, 2002, 2004a, 2004b).

Oldfield et al. (2012), Metzner (2005) and Geretsegger (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. Holck (2004a) described how through joint interactions in music therapy, a shared history is built up between a music therapists 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 (2004a, p. 8).

In one of the few studies outside music therapy to link improvisation (including musical improvisation) with humour, Kontos et al. (2017) observed elder clowns working with people with dementia who intuitively used "improvisation, empathy and humour" to engender what they described as shared "relational presence": shared interactive agency that was "…achieved and experienced through affective relationality, reciprocal playfulness, and co-constructed imagination" (2017, p. 46).

Using humour as a technique

Some music therapists, in addition to Amir (2005), referred to the use of humour as a specific technique in music therapy (Holck, 2004b; Sevcik, 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.

Edwards and Kennelly (2004) in particular, identified humour as a distinct category when classifying different techniques used in music therapy with children in a neuro-rehabilitation setting. They 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 do not go into more depth about what this might mean with regard to any effects of a deepening therapeutic relationship, however, they do observe that the "…elements of humour and fun seemed to make a therapy sessions a nice place to be" (2004, p. 123), despite the fact that patients were required to work hard and participate fully.

Like previous studies mentioned, it is notable for Edwards and Kennelly (2004) that the examples of humour are focused exclusively on verbal interactions and it appears that humour is categorized 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" (p. 122). This is not discussed in further depth but could imply, as Tuastad and Stige (2015) showed, that humour might be used 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.

Conclusion

Humour in music therapy is not a new topic. However, it has been found that thinking around humour in the field has not been significantly advanced beyond early references to humour in music therapy (Priestley, 1994; Ritholz & Turry, 1994). This is reflected in literature outside music therapy. As Adamle and Ludwick (2005) highlight, humour is considered one of the most prevalent forms of social behaviour yet it is reportedly the least understood. In this review, which was limited to accessible publications in the English language, two studies devoted to humour in music therapy were identified and humour was referred to in passing in 130 articles searched,[9] comprising empirical and theoretical studies, heterogeneous research designs and varied epistemological stances. It has been shown that humour in music therapy is taken for granted to have relationship-building effects; it's emergence a sign of connection, wellness and creativity. In addition, references to humour are overwhelmingly from music therapists' point of view therefore there is little known about the experiences and views of clients regarding humour in music therapy.

Despite two articles found which focused on humour in music therapy, a lack of investigation into reciprocal experiences of humour and how this is played out through improvisation has been identified. Haire and Oldfield's (2009) study revealed vital experiences through humour of different ways of being and Amir's (2005) comprehensive research study provides invaluable foundations for foregrounding musical improvisation as an intrinsic element of humour and deepens understanding of the phenomenon in terms of the descriptions, meanings and the consequences; what could be thought of as the narrative arc of humour in music therapy.

The consequences of humour in music therapy, as this review has shown, 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 empirical 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 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 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 and even cathartic release. However, if insider-knowledge does not exist, relational experiences through humour could be contrasting and extreme, in turn connectively intimate or

[9] At least one comprehensive study in Norwegian could also be included: Hermundstad (2008), and there will undoubtedly be many more references to humour in music therapy in other languages which would invite broader discussions about experiences of humour in music therapy.

isolating. If humour is misplaced or misconstrued it can in fact be psychologically harmful as Sinason observes (1992). The ambiguity inherent in humour therefore carries a risk in therapeutic relationships and this leads 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 documents, 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, it would seem, can both facilitate this shared insider knowledge, and occur as a result.

The notion of using humour as a therapeutic or clinical technique in music therapy can be contrasted by the idea of being open to humour emerging spontaneously in music therapy. It is easy to see why empirical studies exploring spontaneous humour, especially in healthcare settings are less prevalent than those focusing on "rehearsed humour" e.g., reactions to cartoons, jokes and comic videos etc. (McCreaddie & Payne, 2012, p. 333).

With regard to research, the ubiquity of humour in everyday life in addition to its conceptual fluidity and context-dependent nature, make it a complex phenomenon to study. This may be one reason there are not more in depth studies investigating humour in music therapy. McCreaddie and Payne (2014) outline:

> 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).

The complexity McCreaddie and Payne (2014) highlight is expounded when considering humour in therapeutic relational work in healthcare settings; further dimensions are added when contemplating musical and other non-verbal communications in a music therapy relationship.

This review surfaces a phenomenon that is ubiquitous yet under-researched in music therapy. Through an exploration and synthesis of the literature around humour in music therapy it has been shown that there is a case for a more sophisticated understanding of humour in music therapy, how humour relates to improvisation and any relational and/or therapeutic experience in humour. This has directly informed questions for further research, which will investigate experiences of humour in music therapy, focussing on underlying perceptions of any controversy of humour in music therapy; how humour is embodied and the reciprocal nature of humour as it is played out in improvisation in music therapy. This will not only add to knowledge around this topic specifically but also lead to an increase in understanding of taken for granted practice (Wertz et al., 2011) involving processes and outcomes in music therapy in general.

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Table 1
Categorisation of Amir's (2005) main themes

Descriptions	Meanings	Consequences
Various kinds, types, gestures and shapes of musical humour	How do we interpret musical gestures as humorous?	Constructive functions of humorous musical interventions
Humour in improvised songs	Conditions for understanding humorous musical gestures	Destructive use of humour in musical interventions
	Meanings of musical humour in improvisational music therapy	