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Joy and Laughter in the Therapy Room: A Grounded Theory Study

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To my partner, and my children who supported and motivated me on my journey and taught me what joy and laughter are really about.

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CONTENTS

1. ABSTRACT

This research project investigated moments of joy and laughter during therapy sessions when these occur simultaneously between a therapist and a client. In the context of this study, joy and laughter moments were considered as heightened affective moments that play an important part in the organisation of interactive encounters between individuals. Whilst theorists often place them at the core of the process of therapeutic change, very little empirical data beyond observational studies of mother and infant interactions has been produced so far. This research project made an attempt to fill this gap.

Semi-structured interviews of experienced practitioners were conducted to collect the data and Grounded theory methodology was applied to analyse the results of this study. A theory of joy and laughter 'crescendos' in relational psychotherapy was developed that defines joy and laughter moments as processes rather than individual events. These processes include elements of the implicit and explicit communication between a therapist and a client that interact and mutually influence each other in a complex, iterative and mutually influencing way. These processes have a distinctive sense of a flow, a sense of a build-up, a climax and a reverb. Furthermore, the data analysis indicated that joy and laughter 'crescendos' involve the intersubjectivity of the participants within the dyad as they are engaged in the process of therapy.

The implications of this study were discussed in terms of their applicability and contribution to the clinical practice, theoretical knowledge, and, in relation to the training of the counselling psychologists and psychotherapists encouraging clinicians to engage in the explorations of not only negative affective states, but the positive interpersonal experiences too. Whilst this study highlighted a valuable role that positive, non-threatening interpersonal experiences can play in the process of therapy, limitations of this research project were discussed and further research ideas were put forward.

2. INTRODUCTION

I became interested in the role that joy and laughter play in the process of therapy through experiencing the phenomenon in my own clinical practice. In particular, one of my first experiences whilst on a placement stood out when, in the middle of a session, my client and I burst into laughter that was almost impossible to contain. The laughter was potent for us both, and filled the room with a sense of joy. For a few moments, it felt as though the dynamic in the room had altered, the boundaries had inadvertently melted, and, our roles and the purpose of our encounter were forgotten. Whilst this experience was one of the first and most profound in my clinical practice, it was not the last one. I can think of many occasions with various clients throughout my experience as a practitioner where the phenomenon emerged in the work.

In my reflections on these experiences whilst being in the middle of my training, I aimed to understand the phenomenon. However, in the quest to fulfil my curiosity, I discovered very little theoretical and empirical evidence that would help me to understand and explain what role positive affective experiences like joy and laughter in the therapy room played during therapeutic encounters. Although I was disappointed by the lack of information available to me within the existing literature and research, it ignited my desire to discover more about joy and laughter through conducting a research project that I hoped would answer my questions.

My training in the field of counselling psychology and psychotherapy coincided with me embarking on a new personal relationship that was fuelled and built on the experiences of interpersonal joy and laughter. As the relationship unfolded, I began to note that these moments were not just creating a bank of positive memories, but were helpful in the process of me experiencing a sense of healing in relation to painful or upsetting interpersonal events from my past. These moments were also instrumental in contributing to changing me in the way I related to and experienced my own self and others, enabling me to develop a more balanced and solid sense of self in relationships with other people. In addition, these positive interpersonal moments appeared to contribute to the development of my resilience towards dealing with interpersonal difficulties within this new primary relationship that would naturally occur from time to time. These reflections on my personal experiences of joy and laughter within an interpersonal encounter added to my interest in the subject matter of this research project, and facilitated me to stay engaged with it not only from a professional point of view but to be personally invested in the study.

Joy and laughter as states of positive emotional arousal are commonly experienced by humans across many cultures and nationalities. On occasion, these experiences can be described as a strong sense of delight, cheerfulness or happiness. When individuals experience joy, it is often accompanied by a facial expression, like a smile or laughter. Literature suggests that laughter is a universal behaviour as it helps humans to clarify their intentions in social interactions, and provides an emotional context to conversations, whilst joy in interpersonal relationships can lead to the sense of unity, aiding cooperative behaviours amongst individuals (Provine, 2000; Meadows, 2014). Adler (1927) notes that

> *"joy does not brook isolation. Joy is indeed the correct expression for the overcoming of difficulties. It goes hand in hand with laughter in its freeing effect, representing the keystone of this emotion…It points beyond oneself and solicits the fellow feeling of the other person"* (as cited in Ansbacher & Ansbacher, 1956, p. 228).

Winstein and Goodman (1980) echo Adler's view and conclude that laughter is a natural state that facilitates connectedness and the feeling of belonging, and fosters a cooperative spirit. Thus, experiences of joy and laughter are closely connected and, when elicited within an interpersonal context, signify positive emotional interactions between people.

Drawing on my understanding of joy and laughter as universal experiences of the human race that aid communication of an affect between individuals, I believe that joy and laughter have a prominent place within a psychotherapeutic encounter. Indeed, neuroscientific explorations of human relationships concerned with the experience of attachment between individuals draw our attention to the fact that interpersonal joy and laughter are key experiences during the early stages of human life, and they lie at the core of shaping attachment and the development of the human brain (Schore, 2012). Interpersonal attachment is known as an affect regulatory system involving processes of self and other regulation (Beebe & Lachmann, 2002; Schore, 1994, 2002, 2003). Current advances in theory and research, with regards to emotional regulation, place it at the centre of the debate about what contributes to 'change' during psychotherapeutic treatment (Boston Change Process Study Group, [BCPSG] 2010; Schore, 2012). Therefore, there is a case for drawing our attention to the role that joy and laughter, as the phenomenon which represents positive, non-threatening interpersonal affect, play in the process of therapy.

Whilst the phenomenon of laughter has been at the centre of much theoretical speculation in social psychology, anthropology and other disciplines, there has been very little written and researched about it in the field of psychotherapy (Bergler, 1956; Chapman & Foot, 1976; Zuk, 1966). Furthermore, whilst positive affects, such as joy, have been addressed in the field of counselling psychology and psychotherapy through observational studies of infants (Schore, 2003; Beebe & Lachmann 2002), very few qualitative studies have been conducted to explore this phenomenon further in the field of counselling psychology and psychotherapy. Given the aforementioned, this research project becomes valuable and unique in terms of its contribution to expanding our understanding of attachment as an affect regulatory system, particularly when it comes to the experience of a positive interpersonal affective state.

Due to the time and resources constraints of this project, my interest, at this point of my career, is on the subject of joy and laughter experiences from the therapists' point of view. This is because of the prevailing tendency within the field of psychotherapy to believe that therapists laugh less than their clients (Marci, Moran & Orr, 2004). It is understood that therapists aim at suppressing or withholding their expressions of an affect as a necessity to remain focused on their client's experience, and to facilitate the clients' communication (Marci *et al.*, 2004). However, in line with my core philosophical beliefs and values as an Integrative practitioner, I view an interpersonal exchange within a therapeutic dyad as an interactive process of "reciprocal mutual influence" (Stolorow & Atwood, 1992, p. 18) which is "co-created between a therapist and a client at a conscious, explicit, verbal level and at a non-conscious, implicit, non-verbal level of experience" (Gilbert & Orlans, 2011, p. 131). Thus, I believe that joy and laughter, as the elements of a therapeutic process, are, on occasion, almost impossible and perhaps unnecessary to conceal.

The role of a psychotherapist within a therapeutic relationship is complex, and involves the therapist's use of self as a vehicle of a therapeutic change (Beisser, 1970; Baldwin, 2000; Reupert, 2008). Therefore, it is paramount for a therapist to be aware of their own process, and how it entwines with their client's process during the therapeutic exchange. However, when it comes to the phenomenon of joy and laughter during therapeutic sessions, the majority of research in the field of counselling psychology and psychotherapy, focuses on the clients' experiences of laughter (Mahrer & Gervaize, 1984; Zuk, 1966). This creates a gap for further studies to be done. In this project, I attempted to fill this gap by investigating shared moments of joy and laughter during therapeutic sessions from the therapists' perspective and developing a theory of the phenomenon from the data collected.

3. LITERATURE REVIEW

3.1 Introduction

Over the course of the last century, there has been an explosion in theory and research on the root causes of psychopathology. The nature-nurture debate has generated a vast body of explanations of mental illnesses starting from genetics of mental disorder, to the environmental influences such as stress, death, relationship break ups, etc. Major classifications of mental health illnesses such as DSM and ICD have been published and reviewed, a number of times. However, positive emotions such as joy and laughter, did not receive much attention until few decades ago. In addition, there are not many empirical studies that have explored the role that positive emotions, wellbeing and optimal functioning play in the prevention and treatment of psychological problems. Heisterkamp (2001) addresses the lack of focus that joy and laughter have received in psychotherapeutic literature with a humorous statement by saying that "either analysts and patients in analysis have nothing to laugh about, or else their joyful moments have been deleted from published material" (p. 845).

Whilst there is an evident lack of theoretical and empirical accounts that are concerned with the phenomena of joy and laughter in psychotherapeutic relationships, in this chapter of my thesis I aim to provide an overview of what has been theorised and researched so far within the wider field of counselling psychology as well as psychotherapy on the subject matter of my project. In addition, since this research is concerned with studying joy and laughter as it occurs within the interpersonal relationship between a therapist and a client, the forthcoming literature review has been shaped to reflect this.

The literature review begins by addressing the debate surrounding the definition of joy and laughter that has been ongoing over the last century. I discuss the key theories that attempt to define joy and laughter and trace the ontogenesis of these phenomena. This is followed by an exploration of the neurobiology of joy and laughter that draws on the recent advances in neuroscience. Subsequently, I review interpersonal joy and laughter as a phenomenon in terms of the development of Self, drawing on attachment and affect regulation literature followed by considerations on joy and laughter for clinical practice.

3.2 Joy and laughter defined

In this research project, I chose to focus on examining the experience of joy and laughter during psychotherapy sessions from the therapist's point of view. Therefore, in the forthcoming section

of this chapter, I will outline how joy and laughter have been defined in the literature so far. In conclusion, drawing on the existing views within the field, I will summarise how joy and laughter phenomena are considered for the purpose of this study.

Joy is usually associated with a positive emotional experience, a feeling of great pleasure and delight. Joy goes hand in hand with laughter, that can often function as an embodied expression of joy. Joy and laughter are closely related to happiness and love, which are understood to be two of the key basic emotions in human psyche that guide human beings in their powerful affairs of life (Goleman, 1995). Scientific research on the subject of joy and laughter suggests that these phenomena are cross-cultural (Ekman, 1992; Provine, 1996; Holland, 2007).

In his experimental attempts to identify basic human emotions, Ekman (1992) was able to define specific facial expressions of joy that are recognised by people in cultures around the world, including primitive cultures in remote and isolated areas. According to his findings, an expression of joy involves both the upper part and the lower part of the face. Whereas most of us would link an expression of joy as a pulling up and back of the lip corners, a critical element to the emotion is also the contraction of the orbicularis oculi, the muscle surrounding the eyes. This is known as the Duchenne smile, or a genuine smile.

Laughter as an audible expression of joy is also a cross-cultural human phenomenon that constitutes part of the universal human vocabulary. There are several hundred human languages and thousands of dialects amongst human race, but all humans laugh in the same way and recognise laughter in others instinctively (Provine, 1996). Furthermore, Panskepp (1998) notes that blind and deaf people readily laugh too, including in childhood. This means that their ability to laugh precedes their ability to comprehend the point of joke. Therefore, laughter is a behaviour that is not learnt by imitation. This suggests that laughing is a stereotypical human behaviour, not learnt but pre-programmed into our brain, like walking or standing (Holland, 2007).

Whilst joy and laughter are universal forms of human experiences that can be easily recognised by individuals from all cultural backgrounds, their psychological meanings can vary. When someone experiences a feeling of joy, it could mean that they feel happy, content, blissful, delighted, satisfied, euphoric, or thrilled. How ever many ways there are to describe an emotion of joy, each and every way would represent an experience of positive affect on a continuum from mild to strong.

Laughter, on the other hand, does not only express a sense of positive affect such as joy, but can also represent many other emotions. For example, we might laugh when we feel anxious or nervous. Alternatively, laughter could emerge as a result of feeling a sense of superiority towards others or we could laugh at someone's misfortune. These latter examples outline the darker side of laughter. However, as the focus of this research project is on positive affective experience, the subject of laughter is being considered from that perspective only. Therefore, laughter in the context of this research project is explored as a heightened expression of joy only.

In this research project, I wish to consider the phenomenon of joy and laughter in the therapy room in terms of it being an experience and expression of a positive and non-threatening interpersonal affect that is happening simultaneously between a therapist and a client during the therapeutic encounter. In the context of this project, joy is considered as an inner pleasurable state as it is understood by the therapists. In addition, it is considered that this pleasurable inner state could be accompanied by an expressive facial display ranging from a mild facial expression to full-on laughter as a physical response, consisting of an involuntary movement of facial muscles with rapid and interrupted expulsion of air from the lungs accompanied by the vocal sounds of "ha-ha-ha" (Ruch & Ekman, 2001).

3.3 Theories of joy and laughter

Joy and laughter have long been considered as parts of human behaviour that are usually associated with a physiological expression of a number of positive emotional states, such as happiness. Darwin (1872/1956), in his observations of animal and human expressions of emotions defined laughter as an outwardly expression of joy. He wrote: "…joy, when intense, leads to various purposeless movements - to dancing about, clapping the hands, smiling…and to loud laughter. Laughter seems primarily to be the expression of mere joy or happiness" (Darwin, 1872/1956, p.196). Furthermore, Darwin (1872/1956) noted childhood laughter during play and adult laughter associated with a pleasure of meeting a friend, for example. Most importantly, he highlights the case of a blind woman, Laura Bridgman who laughed and clapped her hands in joy when she received a letter from her beloved friend. Darwin's observation of Laura Bridgman led him to conclude that, due to her blindness, she could not have acquired any expression of joy and laughter through imitation.

Whilst Darwin (1872/1956), in his observations, made a strong case to link laughter with the inner experience of joy and highlighted the important social role these phenomena played in human relationships, his successors were able to provide a more detailed differentiation of laughter as well as more crystallised accounts of the phenomenology of joy. For example, McDougall (1908) asserted that joy and laughter are not related, on the basis that laughter does not always result in joy, and joy may occur in the absence of laughter. Furthermore, McDougall (1908) did not consider joy as an independent emotion, but as an affective quality that accompanies various emotions. McDougall's view on joy is echoed in the work of his colleagues, such as Wundt (1893), Bentley (1928) and others, who did not recognise joy as a distinct emotion.

Furthermore, Fromm (1947), in his study of joy and happiness proposed one of the first significant concepts of joy since Darwin's attempt. Fromm defined joy in line with happiness as an achievement of one's true selfhood, or, in other words, as self-actualising human fulfilment, an ethically positive experience. Fromm (1947) states that happiness and joy accompany positive activity in thought, feeling, and action. He does not differentiate between joy and happiness in terms of their quality, but rather refers to joy as a single act and, regards happiness as a continuous experience of joy.

The aforementioned concepts of joy and laughter offer us a rather simplistic view of the phenomena, thus, should be considered within the context of the historical period of science during which these were developed. Advances in science and research during the mid-part of the last century influenced how joy and laughter were viewed within various disciplines.

Accordingly, Tomkins (1970) offers us a much more complex conceptualisation of joy and laughter. He explores the phenomenon as part of his distinctive concept of emotions where facial expressions and their recognitions are central. For Tomkins (1970), feedback from facial expression is the primary feature of an emotion, which echoes Darwin's (1872/1956) approach to emotions and their expressions in animals and humans. Furthermore, Tomkins (1970) argues that when emotions are activated, they enter a stream of consciousness depending on the density of neural firing or stimulation. He defines three groups of emotions: those that are aroused by a sudden increase in stimulation (startle, fear), those that are triggered by the maintenance of a high level of neural firing (anger, distress), and those that are activated by a reduction of the density of nervous system arousal (laughter and joy). Thus, according to Tomkins (1970), laughter and joy function on the principle of stimulus reduction. In addition, he posits that laughter is a

more primitive and earlier form of joy in evolutionary development and, therefore, is in agreement with Darwin.

Whilst Tomkins' (1970) ideas offer us a much more advanced perspective on the phenomenon than those of his predecessors, further advances in neuroscience enabled Fredrickson (1998) to provide a much more sophisticated view on joy and laughter within her theoretical concept of broaden-and-build, in which she makes a link between positive affect and positive outcomes. She believes that joy, along with other positive emotions, contributes to the development of psychological resources, including resilience, for facing negative challenges in life. She postulates that positive emotions broaden the way people process information and increase the type of and amount of activities they want to follow through (Fredrickson & Branigan, 2005). In turn, these broadened activities enable individuals to build cognitive, social, physical and psychological resources that can be accessed in times of need to promote survival (Fredrickson, 1998, 2001).

Fredrickson (1998, 2001) links joy with play that is considered as inclusive of physical, social, intellectual or imaginative, as well as artistic, play. She defines the urge to play as a source of joy, and asserts that joy is in the same family as other positive emotional states, such as gladness, elation, and happiness. Furthermore, she suggests that joy is aroused by goals that have been satisfied (Fredrickson, 1998, 2001).

Tomkins and Fredrickson advance our understanding of joy and laughter by building a bridge between the psychological and biological factors that explain the phenomenon scientifically. However, Meadows (2014) offers us one of the most contemporary concepts of joy and laughter that shines light on the social aspect of joy and laughter, and the role these experiences play in interpersonal relationships, which is central to my research project.

Meadows (2014) argues that human "joy arises from the grasping of a good or the fulfillment of a desire" (p.78), which is appraised as essential to the individual's own development. When the fulfillment of this desire has a personal meaning which is deep enough, it allows a positive emotion to emerge. Therefore, according to Meadows (2014), joy is "a holistic response of the individual rather than pleasure produced by regional stimulation" (p. 78).

Meadows (2014) argues that positive emotions and positive behaviour are crucial for the process of mother-infant bonding and love relationships, which contribute to the survival of the species,

as well as those cooperative relationships that are 'the end goal' and task-oriented. He believes that joy and laughter play an important role in the human species' ability to function effectively and adapt to its surroundings.

In addition, Meadows (2014) states that smiling is the expression that accompanies joy and, that it is especially important in the facilitation of interpersonal liking, warmth, affection, intimacy, cooperation and interpersonal bonding experience in infancy, as well as adulthood.

3.4 Ontogenesis of joy and laughter

Whilst in the previous sections of this chapter I outlined a number of key theories postulated over the course of the last century that have attempted to explain joy and laughter phenomena, I believe that in order to understand the important role joy and laughter play in human relationships, it is also important to trace how these phenomena evolved in animals and humans. Therefore, in the forthcoming sections, I will provide a brief summary of the ontogenesis of joy and laughter.

Joy and laughter in mammals

Many theorists who studied joy and laughter over the past century have stated that laughter is a universal and innate human behaviour that helps humans to clarify their intentions in social interactions and provides an emotional context to conversations (Provine, 2000). However, whilst many people believe that joy and laughter are human phenomena, a large body of research evidence suggests that these are present in many mammals besides humans (Panskepp, 2012).

Tickling is known to be one of the easiest ways to provoke laughter in animals ranging from all great apes to laboratory rats (Provine, 2000; Panskepp, 2012). Darwin (1872/1956) pointed out that many species of monkeys utter a reiterated sound that resembles human laughter when they are pleased. Ambrose (1960) reviews evidence collected in the work of Darwin and points out the evolution of crying, laughing and smiling in humans. He notes that in monkeys, there are lip smacking, chattering, and barking which can be homologous with laughing. In anthropoid apes, the expression of laughing is more differentiated. In humans, the smile is distinct from laughter.

In his attempt to explain the origins of laughter, Hayworth (1928) notes resemblance between laughter and speech as a physiological by-product of breathing, and states that laughter has been used by humans as means of communication from before man developed speech. Hayworth's theory is that laughter was originally a vocal signal to other members of the group that they may

relax with safety. Anything which disturbs the feeling of social safety or individual triumph has its corresponding effect on laughter. "No one normally laughs unless he and his group are safe" (Hayworth, 1928, p.370). He links safety signalled by laughter with joy and delight through the conditioning process.

Joy and laughter in humans

Laughter, as an audible expression or appearance of excitement, an inward feeling of joy, has often been considered as part of the human play system that is inbuilt into the instinctual action apparatus of the mammalian brain (Fosha *et al.*, 2009). Panskepp (1998) notes that laughter occurs most commonly in children during playful situations. Indeed, children are known to laugh a great deal more than adults. He confirms Darwin's (1872/1956) observational conclusions that laughter is not learnt by imitation, since blind and deaf children laugh readily, thus the ability to laugh precedes one's ability to comprehend the point of a joke. As humans mature, a great deal of human play, including laughter, may come to be focused on verbal interchange (Panskepp, 1998).

In addition, Panskepp (2012) defines 'the dark side of human laughter' which is unique to humans and occurs in response to seeing others hurt, humiliated or embarrassed. He writes that dark laughter recognises a victim and is associated with a feeling of competitiveness. Panskepp (2012) highlights that in children's competitive play, laughter is often exhibited by the apparent victors rather than losers. Similarly, in adults, an executor of a practical joke is more likely to laugh than a recipient. Panskepp (2012) suggests that these patterns of laughter are often elicited by competitive, perhaps even aggressive, urges and may function as a way to inflict emotional pain on a rival. He parallels this side of human laughter with Freud's interpretation of humour as acceptable veil for otherwise unacceptable sexual and aggressive impulses (Freud, 1905a/1960).

Joy and laughter in human infants

In tracing the ontogenesis of human joy and laughter through observations and various scientific experiments, it has been identified that joy is the earliest emotion appearing in the ontogeny of the human infants (Meadows, 2014). Early smiles observed in new born infants occur in the absence of known stimulation, most commonly during sleep and, are more frequent in premature babies. During the first week of life the first smile appears during infants' sleep. The first waking smile happens during second week of life (Sroufe & Waters, 1976).

These first smiles decrease in frequency over the first 3 months of life. The very earliest waking smiles are elicited by low-level tactile and kinaesthetic stimulation usually when the infant is satiated following feeding. The mother's face arouses joy soon after birth. By the third week of life, the first alert smiles occur, especially in response to voices. While awake and with focused attention, the infant smiles more actively, which suggests a steeper gradient of excitation and faster recovery. This progression continues into a more rapid build-up of tension followed by relaxation. As the infant becomes more actively involved in his or her transactions with the environment and caregivers, laughter, as a response to stimuli, emerges at around 3-4 months. Increasingly, during the first year, laughter, promoted by cognitive and affective factors, becomes fundamentally a social behaviour (Sroufe & Waters, 1976).

Whilst human infants appear to laugh initially for the sheer joy of being in the presence or seeing their caregiver, the fact that blind and deaf babies initially laugh like normal children provides further evidence to support the idea that laughter, which begins as an innate motor pattern, becomes involved into performing the essential social function of cementing the parent-child bond (Freedman, 1964; Sroufe & Wunsch, 1972). However, blind infants who initially show the same smiling, laughing, crying, anger, fear, and sadness as normal babies, soon decrease their smiling behavior as a result of the lack of social feedback (Eibl-Eibesfeldt, 1973).

The aforementioned highlights the crucial role that joy and laughter play in facilitating a bond between a mother and her young baby. Reciprocal smiles of joy between the mother and her child convey her deep affection and care for her infant who, in turn, elicits nurturance from the mother through his or her smiles. Without this attachment bond, the baby would not be able to receive nurturing care from the mother and would highly likely be neglected and die (Meadows, 2014).

Joy and laughter in human adults
Tomkins (1970) points out the social nature of human beings, where joy and laughter emerge through interpersonal interactions. He asserts that the first smiling responses between a young infant and its mother who is a source of warmth, affection and nourishment for the baby becomes a foundation of an interpersonal joy experience. These experiences occur when the mother's and child's gazes lock and their faces light up with pleasure and smiles. In later life, this mutual facial enjoyment evolves into non-sexual pleasure and interpersonal and sexual intimacy between adults, and can be often observed when adults attain intimacy through looking into each other's eyes in romantic love (Tomkins, 1970).

Indeed, as noted by Meadows (2014), the smile of joy is imperative when it comes to forming intimate relationships and in the development of love between individuals. People in love smile more frequently, and their experience of joy and affection forms a foundation for the development of a much complex emotional state of love that plays a part in committed pairing, and, subsequently, human procreation. Thus, joy plays a significant role in the attraction of the individuals within a couple to each other, the development of a bond of love and the production of offspring. A sense of joy in an intimate relationship functions as a facilitator of intimate moments as well as sexual relationship. Furthermore, Meadows (2014) states that a loving relationship is characterised by playfulness and excitement about doing things together which, in turn facilitates bonding and smiling. Similarly, to infants and their mothers, romantic partners engage in mutual gazing and cuddling, kissing and skin-to-skin contact. If such bond is sufficiently strong, this may lead to a commitment in a relationship and a subsequent desire to create children (Meadows, 2014).

Aside from romantic relationships, joy and laughter play in important role in reinforcing a sense of cooperation in adult relationships in general through actions, such as experiencing shared interests, leisurely activities, telling enjoyable stories and jokes, sharing a drink, shaking hands, hugging and well-wishing, laughing and smiling together. All of these reciprocal enjoyable experiences tend to reinforce cooperation and bonding in adult relationships (Meadows, 2014).

3.5 Phenomenology of joy and laughter

Having traced joy and laughter from an ontogenetic point of view, in this section I would like to provide a brief summary with regards to the phenomenology of the joy and laughter experiences in humans.

Laughter is described as "a movement (usually involuntary) of the muscles of the face, especially of the lips, usually with a peculiar expression of the eyes, indicating merriment, satisfaction or derision and attended by an interrupted expulsion of air from the lungs…" (Webster's New International Dictionary, 1998). Joy, on the other hand, is one of the discrete emotions with a distinctive facial expression characterised by a smile, raised cheeks, and crinkles around the outside of the eyes (Meadows, 2014).

In his analysis of phenomenology of joy which was grounded within research findings collected over a period of years, Meadows (2014) identifies the specific characteristics of joy experiences. These include feelings of harmony and unity, a sense of vitality, especially in 'excited' joy when an individual experiences a sense of being alive and vigorous, a sense of transcendence of the ordinary dimensions of one's everyday existence, and a strong sense of freedom. Furthermore, Meadows (2014) states that

> *"the experience of joy frequently involves altered perception, involving a heightened sense of touch, an acute sense of depth, clarity of vision, an expanded sense of space, as well as responsiveness to light and colour, and changes in perception of the passage of time"* (p. 139).

The phenomenology of human laughter is equally complex. Keltner (2009) points out its diversity and complexity. He notes that there are many types of laughs, including derisive laughs, flirtatious laughs, embarrassed groans, piercing laughs, laughs of tension, head-lightening laughs of euphoria, laughs that signal absurdity, contemptuous laughs that signal privilege and class, laughs that are little more than grunts or growls, etc. Despite such diversity of laughter, there are two main types of laughter defined. These are known as Duchenne laughter that can be described as an involuntary belly laugh, the type of laughter that is genuine, uncontrolled, involuntary and expresses positive affect; and, non-Duchenne laughter, which is a type of laughter that is more of a conversational insert appearing without conscious forethought, and can represent a number of positive or negative affective states. Both types have been named after the French neurologist who first made the distinction in the 1800s (Nelson, 2012).

Frank, Ekmann & Friesen (1993) produced a range of distinctions between the two types of laughter based on their analysis of types of smiles. They coded physiological difference between the two types of laughter by measuring the action of the zygomatic major muscle and the orbicularis oculi muscles around the eye that are known as 'eye brightness', which can produce an effect that is referred to as 'smiley eyes' (Keltner & Bonanno, 1997). Hudenko, Stone & Bachorowski (2009) point out the acoustic differences in Duchenne and non-Duchenne laughter. They state that Duchenne laughter sounds tonal and song-like, whereas non-Duchenne laughter sounds atonal and noisier.

In this research project, I made the decision not to differentiate between Duchenne and non-Duchenne laughter experiences because, as mentioned earlier, both could represent positive internal affective state.

3.6 Neuroscience of joy and laughter

I believe that the purpose of studying the experience of joy and laughter during the therapeutic hour cannot be fully appreciated without paying fair due to the neuroscientific perspective of the phenomena. Therefore, in this section of the literature overview, I will focus on what neuroscience offers us to date with regards to our understanding of the phenomenon of joy and laughter.

A neurobiological perspective on positive affect

Research studies to date have been invaluable in providing evidence to support the argument that different subjective experiences trigger a feeling of joy in individuals. However, there is still a lack of knowledge with regards to the specifics of joy and how it works. Nevertheless, as joy comes under the rubric of positive affect, there are various ideas that have been proposed to explain the neuroscience behind our experiences of joy (Kirklaand Turowski *et al.*, 2014).

It is a known fact that positive affect can be induced through giving a reward. Existing literature suggests that both humans and animals tend to approach rewards and avoid punishments, thus an approach and avoidance model has been devised to explain this behaviour (Rolls, 2000). According to this model, a behavioural activation system is linked to reward sensitivity and guides approach motivation and behaviour. The behavioural inhibition system is linked to the sensitivity towards threat and guides anxiety, caution and vigilance of threat (Gray, 1991). The fight-flight-freeze system may guide avoidance responses to threat (Gray & McNaughton, 2000).

Individuals differ in their degree of responsiveness to these systems, whereby those who are more biologically sensitive to rewards tend to have a more responsive behaviour activation system, thus they have a tendency toward high positive affect and reward-seeking behaviour. Those individuals with an underactive behaviour activation system have a tendency to be unresponsive to incentives, experience low levels of positive affect and lack engagement with the environment (Depue & Zald, 1993).

Projections from the ventral tegmental area to amygdala within our brain, and from the amygdala to nucleus accumbens, the pleasure centre located in the limbic system, and hippocampus, are

involved in detecting reward. These projections are facilitated by dopamine which is one of the neurotransmitters that is involved in the production of positive emotions (Kirklaand Turowski *et al.*, 2014).

Dopamine plays an important part in reward systems where it intensifies feelings of pleasure and enjoyment and reinforces our motivation to engage in certain rewarding experiences. Dopamine is released in the nucleus accumbens, the pleasure centre, which is located in the limbic system of the brain, and in the prefrontal cortex by rewarding experiences, such as food, sex, and drugs. The same pleasure centre is also involved in more complex positive emotions (Meadows, 2014).

Another neuroscientific model of positive affect has explored the contribution of motivational and enjoyment processes in triggering positive affect. More specifically, the experience of joy has been studied within the model of consummatory behaviour that focuses on the behaviour involved in the pleasurable experience of the reward (Berridge & Kringelbach, 2008; Gard, Gard, Kring & John, 2006). It has been suggested that the pleasure centre plays a key role in triggering positive affect here, once again. More specifically, it is the shell of the nucleus accumbens, that is modulated by dopamine transmission, which is involved in consummatory reactions of pleasure (Berridge & Kringelbach, 2008).

Whilst most of research about pleasure and the brain draws on animals, research on some uniquely human experiences provides a better understanding of consummatory processing. For example, savouring, the process of directing our attention to positive experiences, is a strategy that humans use to regulate positive affect and positive emotions (Bryant, Chadwick & Kluwe, 2011). Another example would be a concept of flow, that is closely associated with experiencing a sense of gratification. According to this concept a sense of pleasure is induced when an individual is intensely engaged into a task and pays little or no attention to passing of time (Csikszentmihalyi, 1990).

The functional neuroscience of laughter
Whilst laughter has been a constituent of humanity for thousands of years, as it was mentioned earlier, it is not unique to humans. The cerebral organisation of laughter has been studied in lower mammals, such as squirrel monkeys and chimpanzees where a 'play face' with associated vocalisation has been noted to accompany actions such as play, tickling or play biting (Jurgens, 1986, 1998; van Hoof, 1972; Preuschoft, 1995). Furthermore, laughter-like reactions were

demonstrated in rats when stimulated by tickling (Panskepp & Burgdorf, 2000). These studies have led neuroscientists to conclude that laughter in humans must be originated in those areas of the brain that we share with other animals.

Indeed, through systematic observations of individuals with brain lesions conducted since the 19th century (Nothnagel, 1889; Brissaud, 1885), as well as more recent experiments that involve non-invasive imaging methods (Ozawa *et al.*, 2000; Goel *et al.*, 2001; Iwase *et al.*, 2002), neuroscientists identified that limbic structures of the human brain that we shared with earlier animals are central for generating laughter. These structures are: the amygdala, the hippocampus and the hypothalamus. They play an important role in generating emotions, mood expression and emotion-laden activities like friendship, love, and affection. The hypothalamus, particularly its median part, has been identified as a key contributor to the production of loud, uncontrollable laughter (Wild, Rodden, Grodd & Ruch, 2003).

Newer studies of the human brain discovered other structures that play a critical role in creating laughter. These are the premotor/frontal opercular that lead through the motor cortex and pyramidal tract to the ventral brainstem. This area of the human brain is responsible for processing emotions related to humorous things: the cognitive part ("getting it"), and the motor part (smiling and laughing), which involves muscles of the face and respiratory system (Wild, *et al.*, 2003).

Existing research evidence suggests that Duchenne and non-Duchenne laughter may have different neurobiological pathways (Wild, *et. al.*, 2003). Duchenne laughter, as an 'involuntary' or 'emotionally driven' type of laughter, triggers a system that involves the amygdala, thalamic/hypo- and subthalamic areas and the dorsal/tegmental brainstem. Non-Duchenne laughter originates in the premotor/frontal opercular areas and leads through the motor cortex and pyramidal tract to the ventral brainstem. Wild *et al.* (2003) produced findings where with some brain injuries or pathologies, only one of these two pathways may work which means individuals may erupt in spontaneous laughter in the absence of the ability to laugh voluntarily and vice versa.

Having examined the neurological correlations between joy, laughter and the human brain, it is clear to me that joy and laughter involve complex brain activity within the 'primitive brain', as well as the higher structures. Joy and laughter are, thus, embedded within our affective experience, and, are entwined with motor and cognitive functioning.

3.7 Joy and laughter and the development of the Self

In order to understand the importance of joy and laughter for the process of psychotherapy, in the subsequent section, I would like to draw our attention to those existing ideas that shed some light on the development of the Self.

Within the concept of intersubjectivity that draws on the fact that humans are social creatures by nature, the interaction between the Self and the Other is crucial and plays an imperative role for the development of the Self. From this perspective, joy and laughter, as an interpersonal experience that represents reciprocal positive affect, play a significant role which can be traced beyond the postnatal period to the prenatal phase of pregnancy when maternal-foetal attachment is formed (Ammaniti & Gallese, 2014).

In their research on maternal attachment, Fleming *et al.* (1997) produced evidence that suggest an increase of maternal positive feelings towards the foetus in the second trimester of pregnancy, when mothers begin to perceive the first foetal movements. Furthermore, Ammaniti & Gallese (2014) note that during pregnancy, neurobiological transformations occur in mammals and humans, which activate the maternal circuit. The latter, in turn, stimulates a sense of maternal love and pleasure in caring for the offspring. They note that these mechanisms overlap with the neurobiological substratum of romantic love.

Mother and infant are intrinsically motivated "to be attracted and seek contact with one another" (Parson *et al.*, 2010, p. 221). From birth, an affective stimulus for maternal care is represented in the baby's face (Ammaniti & Gallese, 2014). Mothers and infants gaze at each other intently, and it is in these gazes that the first smiles of a baby emerge as a greeting, a sign of recognition, connection and interest. These positive interpersonal engagements are crucial for the optimal development of a baby.

Schore (2003) calls these 'right-brain to right-brain' mother-infant connection. These pleasurable smiles and gazes represent the reciprocal flow of affect "between the mother's mature and the infant's immature endocrine and nervous systems" (Schore, 2003, p. 14). The joy of the mother is infectious and, by sharing these positive feelings, her baby learns to recognise and manage their own and others' internal experiences (Schore, 2003).

Nelson (2012) notes that laughter emerging out of the positive interpersonal engagement between a baby and a caregiver is at the core of the human exploration and play behaviours that can only take place when there is no distress, when the baby is feeling not only engaged, but also secure.

> *"Feeling secure is a necessary precondition for positive engagement, smiling, and, later, laughter. Positive affect such as delight, elation, and excitement are the gateway for exploration and play, which expand the baby's experience and learning"* (Nelson, 2012, p. 56).

Schore (2003) argues the importance of moments of joy and laughter in the mother-infant dyadic relationships for the child's emotional and social future. He states that laughter fuels the process of secure attachment formation and is an important indicator of it. Shared social/neurological moments of infants' laughter are directly linked to the affective state "that underlies and motivates attachment behaviour and…motivates attachment bond formation" (Schore, 2003, p. 10). These positive interactions filled with joy become neurological building blocks for the baby's sense of safety, security, and self-esteem. In turn, these reward the caregiver with a sense of pleasure. In addition, these become foundations for regulating affect throughout later life, as well as having a healthy sense of comfort when exploring the unfamiliar (Nelson, 2012). It has been acknowledged that the experience of mutual regulation is translated into a sense of agency for the infant (Rustin, 1997). This sense of self-agency plays an important role in the personal building of the sense of self (Stern, 1985).

Cultural variations
It was mentioned earlier that numerous research provides evidence that confirms joy and laugher as parts of our inborn human systems that are cross-culturally recognised. However, Tronick (2007) points out that "cultural belief systems, ecological factors, caregiver and infant strategies, and the interplay among them" (p.101) create intercultural differences in the way that joy and laughter are expressed.

Tronick (2007) studied mother-infant interactions in Gusii tribe in Kenya. He notes that mother-infant interactions among the Gusii "are characterized by avoidance of eye-to-eye contact and restraint in playful interactions" (Tronick, 2007, p. 173). Gusii infants are usually carried on their mother's back and have very little opportunity for face-to-face engagement. Tronick found that whilst Gusii infants initiate positive interactions, the mothers' response is to diffuse and dampen

it. These findings correlated with Gusii cultural norms amongst adult members of the tribe where adults typically have very little eye-to-eye contact during conversation. In addition, an expression of strong positive interpersonal affect amongst Gusii could result in jealousy or could expose individual vulnerabilities (Tronick, 2007).

3.8 Joy and laughter in the therapy room

Many accounts of joy and laughter during the therapeutic hour have been hampered by ambiguous definitions, often confusing this phenomenon with humour, joking, mirth, and ridicule and focusing primarily on the putative risks and benefits of humour elicited from patients by therapists as well as relying on anecdote or supposition, and poor research design (Marci at al., 2004). Freud (1905/1960) explored humour through jokes and their relationship to the unconscious. Whilst he viewed abstract humour as innocent and positive, he believed that the use of humour by the analyst would never be appropriate or helpful. Several works have been published on the role of humour in psychotherapy during the period of 1970 to 1990. In 1971 Kubie postulated that humour may be destructive during therapy because of its potential to arrest the client's stream of thoughts and feelings, thus he suggested that the use of humour should be limited. Other authors, such as Poland (1971), suggested that humour is associated with a good therapeutic alliance and can be useful for developing insight. Chafe (1987), theorized that humour would be considered a disabling mechanism as the physical act of laughter would render a client helpless. The first analyst who openly wrote about the positive application of humour and who maintained his standing in psychoanalytic circles was Martin Grotjahn (1970). He argued that humour could be an important therapeutic tool for the therapist. He believed that humour can enhance the analyst's tolerance of the patient's traumatic and painful emotions and experiences. A review by Saper (1988) concluded with the balanced theoretical position that when humour is incorporated into therapy sensibly and meaningfully, it can be of a value. Recent theoretical accounts on the use of humour in therapy by Lemma (2000) and Shearer (2016) state that it can be a useful treatment technique.

Whilst humour is pertinent for the moments of joy and laughter to occur during psychotherapy sessions, the latter can happen between a therapist and a client in the absence of humour. Therefore, in the forthcoming section, I provide an overview of the phenomenon beyond humour.

Traditionally, being empathic and able to facilitate clients' communication without interfering are considered as some of the key skills of a psychotherapist during psychotherapy. Consequently, it

is understood that naturally therapists laugh less than clients due to a notion to suppress or withhold their expressions of affect in a therapeutic setting, as a necessity to remaining focused on their client's experiences (Marci *et al.,* 2004). Thus, little has been known and understood about therapists' experience of liberating their affect and allowing their own laughter during therapy sessions. This, once again, highlights the importance of studying therapists' affect experience during psychotherapy sessions and, in particular, how they experience and understand positive interpersonal emotions.

Summary of empirical studies of joy and laughter applicable to psychotherapy
The empirical studies of joy and laughter as a defined intersubjective phenomenon during therapeutic encounter are scarce within the field of counselling psychology and psychotherapy. Most of the studies conducted are of a quantitative nature and focus on laughter.

Laughter, as a communicative signal in social interactions, has been researched with the aim to identify its function by a group of Anglo-American researchers (Szameitat *et al.*, 2009). They employed a number of behavioural experiments in order to investigate laughter as a channel of emotional communication. Their findings provide empirical support to the idea that laughter plays an integrative role in social human interactions, that is relevant for the reinforcement of within-group relations. It can also play a segregative role that serves to reject or exclude individuals and protect group unity against third parties (Szameitat *et al.*, 2009).

Previous research into laughter in the field of counselling psychology and psychotherapy has primarily focused on clients, and the anecdotal or simulated evidence of their responses to different types or uses of humour (Marci *et al.*, 2004). Although strong laughter is acknowledged as a common psychotherapeutic occurrence, only two studies have examined this event, and both supported its therapeutic value. Nichols (1974) and Nichols & Bierenbaum (1978) examined the relationships between a positive therapeutic outcome and the in-therapy expression of strong feelings, with strong laughter as one of the indices of strong feeling. Using actual psychotherapy patients and therapists, both studies reported significant relationships between positive therapeutic outcomes and in-therapy strong feeling-expression, including laughter. The research, although scant, provides some support for strong patient laughter as a welcome and desirable in-therapy event.

Other quantitative research that focuses on laughter conducted by Marci *et al.* (2004) has come to my attention. In this study, the frequency of laughter among patients and therapists as speakers and non-speakers during psychodynamic therapy was examined using video recording of the sessions and simultaneous measures of the skin conductivity of the participants. The findings indicate that patients laugh more than twice as often as their therapists, and that the higher volume of laughter episodes was generated by comments made by the patient as the speaker. However, therapists were more likely to laugh in response to comments from the patients. The results also confirmed that laughter during psychotherapy is consistently arousing for both patients and therapists.

Furthermore, shared laughter episodes recorded in this study produced higher skin conductivity measures in comparison to when the participants laughed on their own. These results, according to Marci *et al.* (2004), support the idea that interpersonal laughter is highly coordinated and, that shared laughter is a co-construction activity in and of itself which may play a role in developing or supporting the therapeutic alliance (Jefferson *et al.*, 1987; Martin *et al.*, 2000).

Shared laughter moments have been a subject of research in the interconnected disciplines. Provine (2000), in his scientific investigation of laughter, draws on his observations of human behaviour in groups. He suggests that our brains have a laugh-generator, a neural circuit that produces laughter behaviour, and a laugh-detector, thus "…laughter has the innate capacity to trigger laughter" (Provine, 2000, p. 149).

Another study conducted by Trust (2006), studied fMRI brain responses of people listening to laughter tracks. It was found that the sound triggered a response in the pre-motor cortical region of the brain that prepares the muscles in the face to respond accordingly. The findings of this research indicate that the brain primes us to smile or laugh and "provides a way of mirroring the behaviour of others, something which helps us interact socially, thus could play an important role in building strong bonds between individuals in a group" (Trust, 2006, para.5).

Intersubjective joy and laughter have been addressed amongst other positive affective experiences within the context of attachment theory that derived from the observational studies of mother and infant interactions, as well as research within the interpersonal neurobiology (Bowlby, 1969; Ainsworth *et al.,* 1978; Schore, 2003; Stern, 1985; Beebe & Lachmann, 2002; Siegel, 2012b). Studies conducted within these grounds produced scientific evidence in support

of the key role that interpersonal affect regulation plays in the development of the self, and demonstrated how positive affective experiences such as joy and laughter are implicated in the process.

For example, studies by Hess (1975) demonstrated that a woman's eyes dilate in response to the image of a baby. This response is linked to the positive emotions of pleasure and interest as well as associated with the activation of a caregiving behaviour. Consequently, an infant will smile in response to enlarged pupils.

Beebe and Lachmann (1988) conducted a frame-by-frame analysis of film that enabled them to observe synchronous rapid movements and fast changes in affective expressions within the mother and baby dyad. These observations revealed that the process of co-regulation is coordinated and ongoing. Furthermore, in order for the mother to actively modulate her baby's affective states, she is required to be psychologically attuned "not so much to the child's overt behaviour as to the reflections of his/her internal state" (Schore, 2003, p.10). It is through these mechanisms of mutual regulatory system of arousal and maternal attunement, the mother is able to comfort her baby in a moment of distress, and aid the transformation of a negative emotion into positive.

Furthermore, the capacity of the child and the parent to transition from positive to negative and back to positive affect enables the child to develop resilience in the face of stress (Demos, 1991). In addition, positive affective states are experienced as rewarding and facilitative of the proximity seeking behaviours that protect an infant from danger (Siegel, 2012b). Therefore, interpersonal states of affect underlie and motivate attachment which, in turn, functions to facilitate and sustain optimal levels of positive states and vitality affects (Schore, 2003).

Secure interpersonal attachments that transmit high level of positive affect are vitally important for the infant's continuing neurobiological development (Trad, 1986). In other words, secure attachments promote healthy growth and development of the baby's brain that undergoes the process of maturation throughout the childhood and, contributes to psychological resilience and health in adulthood. Accordingly, disorganised forms of insecure attachments riddled with sustained negative affective states during childhood may serve as a significant risk factor in the development of psychopathology (Schore, 2003).

The findings of the aforementioned studies applied to psychotherapy suggest that emotionally reach connections with a psychotherapist can alter brain and mind. However, it is the attunement of the therapist to the client, including tone of voice, facial expression, posture, motion, eye gaze, that is key to the process of therapy. Therefore, according to Siegel (2012b), the most important requirement on the part of the therapist is to feel things, not merely understand them conceptually. The latter adds an additional dimension to the process of therapy in which the therapist's whole self resonates like a tuning fork with every tremble in the client's being without, however, losing the basic emotional stability that the client needs to help regulate his or her own runaway emotions.

Whilst the aforementioned studies provide some insight into the role of joy and laughter during psychotherapy, this research project builds on what has been researched so far in order to draw further attention to the importance of the subject matter and to provide necessary empirical evidence to fill an evident gap within the field of counselling psychology and psychotherapy.

Theoretical considerations on joy and laughter in psychotherapy

Whilst joy and laughter, as representatives of a positive affective state, are not the phenomena that have been given distinctive theoretical attention within the field of counselling psychology and psychotherapy over the years, many theoretical schools beginning with Freud's psychoanalysis have alluded to the phenomena in question in their ideas on what constitutes psychological health. These ideas include Freud's (1922/77) notion of the pleasure principle, Jung's (1955) ideas about personal and spiritual wholeness, Adler's (1956) conceptualization of 'healthy' individual strivings as motivated by social interest, Frankl's (1963) work on finding meaning under the most dire human circumstances, Maslow's (1968) concept of the process of individual's self-actualization, and many more.

Whilst the aforementioned theoretical concepts shed some light on the experience of joy and laughter by an individual, it was Kohut (1977) who pointed out the role of joy and laughter from a two-person psychology position. He drew our attention to the experience of joy as central to the child's development of a cohesive sense of self and emphasised the experience of being a "gleam in the mother's eye" (Kohut, 1971, p. 116) as crucial for the emotional growth of an individual.

Winnicott (1971) considered joy and laughter phenomenon in the context of his theory of play. He postulated that "it is play that is universal, and that belongs to health: playing facilitates growth

and, therefore, health; playing leads into group relationships, playing can be a form of communication in psychotherapy" (Winnicott, 1971, p.56). Winnicott (1971) states that play without joy and pleasure is no longer play. He points out that that play is inherently exciting and precarious and, that arousal during play must be pleasurable and regulated otherwise the playing is destroyed. Thus, according to Winnicott (1971), pleasurable affective experiences such as joy and laughter are components of play.

Winnicott (1971) traces play from childhood into adulthood making a distinction that adult playing is implicated by verbal communication and is more difficult to describe. Winnicott (1971) states that

> *"psychotherapy takes place in the overlap of two areas of playing, that of the patient and that of the therapist...where playing is not possible, then the work done by the therapist is directed towards bringing the patient from the state of not being able to play into a state of being able to play"* (p.51).

Therefore, in line with Winnicott's (1971) ideas that argue the importance of pleasure in play, and the role of the latter in psychotherapy, it is important to understand joy and laughter phenomenon in a psychotherapy setting.

Whilst mutual joy and laughter begins in infancy, in adulthood, amongst many other types of laughter, it takes up a form of a healthy, affect-regulating and resilience-building form of human connection. In therapy, joy and laughter as an expression of mutual positive affect can take place too. Such moments of joy and laughter between a therapist and a client can constitute moments of heightened affective engagement that Stern (2004) called 'moments of meeting' or 'now moments'. These moments are often transformative for the previous intersubjective engagement. Beebe and Lachmann (2002) stress the therapeutic action of these moments is that they are jointly constructed between the participants in the dyad. They state that their action is "mediated through state transformations that potentially usher opportunities for an expanded self-regulatory range and altered patterns of interactive regulations, thus new internalizations and therapeutic change" (Beebe & Lachmann, 2002, p. 191).

Considered as heightened affective engagement, simultaneous moments of joy and laughter during the therapeutic encounter occur as part of the process of affect co-regulation between a therapist and a client. Evans and Gilbert (2005) consider affect co-regulation as the ultimate goal

of therapy, where mutual regulation takes place continuously and reciprocally and communication is continuously constructed by both parties in the dyad. Beebe and Lachmann (2002) further define heightened affective engagement as dramatic moments that stand out in time, and happen along the process of ongoing regulation, as well as rupture and repair between the two individuals. They consider these processes as levels of organisation of the self- within an interactive encounter. Therefore, joy and laughter laugher between two individuals can represent a type of heightened positive moments of interaction. Furthermore, positive affective moments can serve to repair disruptions and transform affect states (Beebe & Lachmann, 2002). In addition, a shared sense of joy and laughter can be defined as a moment of genuine meeting between two individuals and, according to Hycner (1993), these lie at the core of the process of therapeutic change.

Panskepp and Biven (2012) consider intersubjective laughter as part of the play network, which is concerned with playful activities in their many forms and shapes, that bring us a sense of great joy. It is the play networks, when activated, which urge us to engage creatively and joyously in the mental world of others. This process is often accompanied by euphoric positive affect and laughter, whereby one feels a sense of secure belonging within the social order. Pankepp and Biven (2012) state that the process of social joy, including laughter, can be modelled into distinct therapeutic interventions with a potential to counteract chronic negative affects like rage, fear and grief. However, this has been underutilised in the field of counselling psychology and psychotherapy.

Buechler (2002), in her paper "Joy within the psychoanalytic encounter", acknowledges the presence of moments of joy during therapeutic hour and differentiates "two fundamental opportunities for joy in the treatment process…the joy of affirming uniqueness and the joy of transcending it…both…fortify the relationship, allowing it to weather its inevitable challenges" (Buechler, 2002, p. 613). In other words, joy moments "aid the dyad in tolerating the interplay of progress and stalemate, of revitalisation and enervation, characteristic of our work" (Canarelli, 2010, p. 337).

By considering joy and laughter as a form of positive affect through the lens of Fredrickson's (2001) broaden-and-build theory, which postulates that positive emotions have a potential to balance negative, it is possible to presume that joy and laughter have direct links with broadening and increasing an individual's reflective functioning, resilience towards stressful events, as well

as the ability to recover from the effect of negative experiences. Fredrickson (2001) researched cardiovascular recovery from negative emotions and concluded that "positive emotions may help people place the events in their lives in broader context, lessening the resonance of any particular negative event" (p. 222). Heisterkamp's (2001) perspective on joy echoes Fredrickson's ideas. Heisterkamp (2001) postulates that

> *"joy can be considered as a basic form of resonance. Psychodynamically, joy is complementary to the feeling of anxiety. Whereas anxiety reflects psychic distress in connection with problems of structuring, joy is the expression of successful re-structuring. It is the feeling of self-discovering, of a new beginning, and of self-renewal"* (p. 839*).*

Such a view polarises the experience anxiety and joy and further emphases a possibility of joy and laughter to have a powerful potential to balance individual's negative affective experiences. In this respect, Buechler (2008), drawing on this idea of different emotions being interconnected, suggests that a change in the intensity of an emotion may impact the intensity of all the other emotions. In other words, the intensity of anger or shame could influence how much one might recognise their joy (Buechler, 2008). These ideas place joy and laughter moments firmly into the process of therapy that is concerned with working through clients' emotional difficulties.

In addition, since the process of psychotherapy serves the purpose of increasing the clients' sense of self-awareness, it is important to note that joy has been considered as a source of self-awareness since the time of stoicism. For example, Seneca (4 BC – AD 65), Roman Stoic philosopher, statesman and dramatist viewed joy as 'born inside', thus the souls of 'solid' joy is brisk and confident (as cited in Nussbaum, 1994). He says "look to the true good and take joy only in that which comes from what is your own. What do you mean by 'from what is your own?' I mean you, yourself and your own best part" (as cited in Nussbaum, 1994, p.401).

In her writing on intersubjective joy, Weisbard (2010) suggests that joy and intersubjectivity are mutually influencing and interrelated phenomena. According to her, joy possesses facilitative properties for the development and deepening of intersubjectivity, and intersubjectivity has the potential for shifting and deepening the experiences of joy. Whilst many individuals struggle to experience joy, life presents us with ample opportunities to embrace joy especially within the complexity of interpersonal relationships. However, for joy to be felt, loss and shame have to be tolerated (Weisbard, 2010).

3.9 Conclusion

What has been said about joy and laughter in the existing literature demonstrates that these are important devices within our repertoire of behaviour that are employed to communicate our positive affective experiences to one another. They play an important role within an ongoing process of organising patterns of our interactions. In my view, the aforesaid outlines a precedent for giving joy and laughter their rightful place within the field of counselling psychology and psychotherapy, where interpersonal relationships are at the forefront and are employed as a vehicle to achieve therapeutic change.

Drawing on what has been outlined in this literature overview, it is also clear that shared joy and laughter have an incredible potency to transform the quality of an interpersonal connection between individuals. Thus, since the ultimate goal of a therapeutic relationship is transformation, it becomes important to explore how therapists understand moments of mutual joy and laughter within the therapeutic encounter.

4. METHODOLOGY

4.1 My philosophical grounds

As an Integrative psychological therapist, I am governed by my belief in the healing power of human relationships. This belief builds on my understanding of humans as highly social and interactive beings, who form complex interpersonal connections embedded within a social and cultural context. The co-created nature of human relationships is of particular value to me as it endorses collaboration between individuals. The latter, in turn, in my opinion, has a powerful potential to eliminate human suffering, thus, I place it at the heart of a therapeutic encounter.

My outlook and understanding of human existence are grounded within the existential philosophical traditions. I value human individuality (Kierkegaard, 1849/1992) and freedom of choice (Sartre, 1943/1958) embedded in the context of existence in the world (Heidegger, 1926/1962). I believe that these constitute human consciousness that separates us from the rest of the animal world. Thus, in line with Rollo May (1967), I consider human life as a continuous process of 'becoming one's self' whilst juggling 'creative possibilities'.

I believe that the process of meaning making lies at the core of human potential for personal growth and development. In line with Kierkegaard (1846), I consider meaning making as a co-created action of participation as opposed to speculation. I hold a belief that "man can become whole not in virtue of a relation to himself but only in virtue of a relation to another self" (Buber, 1996, p.225). Thus, "when we are dealing with human beings, no truth has reality by itself; it is always dependent upon the reality of the immediate relationship" (May, 1958, p. 27).

In my understanding of human relationships and the world surrounding us, I am governed by the idea that each individual constructs his/her own reality, thus, there are multiple interpretations. I believe that knowledge and meaning emerge through interaction between individuals, thus, reality is social, value-laden, and only comes to light through individual interpretation. Drawing on the aforementioned, my philosophical grounds lie within a postmodern philosophical movement that emerged in the late 20th century. Postmodernism questions the existence of the singular version of truth, and favours seeing individuals in the context of their cultural and communal environment, which is dominated by language rather than by an inner self (Holtzman, Moss ed., 2000).

4.2 Research paradigm

In this study, I have tasked myself with the investigation of a phenomenon that occurs within an interpersonal context. My aim is to describe and explain the experience in question, with the purpose of generating a theory from the data collected. Due to the interpersonal context in which I intend to study the experience of joy and laughter in the therapy room, my research is grounded within the social reality and aims to understand human action, as it is interpreted by each individual participant, including myself, and co-constructed into knowledge through interpersonal interaction. Therefore, my research project is embedded within interpretive constructivist paradigm that draws on relativist ontology which posits multiple, equally valid social realities.

Constructivism proposes that each individual mentally constructs their world of experience through cognitive processes. Constructivists view knowledge and truth as created, rather than discovered by the mind (Schwandt, 2003). In my project, I view moments of joy and laughter as co-created, and, subsequently, the understanding of those moments is constructed in the therapist's mind rather than discovered. However, the construction of the understanding does correspond with something real in the world, such as the understanding of the world of lived experience from the perspective of those who lived in it. This is in line with the idea of Berger and Luckmann (1991) and the subtle realism of Hammersley (1992) that consider reality as socially defined, but argue that this reality corresponds with the individual's experiences of the everyday life and how the world is understood, rather than with the objective reality of the natural world (Andrews, 2012).

Drawing on the aforementioned, positioning my research within constructivism only, in my opinion, somewhat denies the fact that the phenomenon which this research is focused on, is of a social nature. As mentioned earlier, this project is focused on the experience that occurs interpersonally, or in other words, is co-created between a therapist and a client during the therapeutic encounter. Furthermore, whilst the interpersonal experience of joy and laughter has physiological beginnings, their interpretation and understanding by individuals is socially and culturally laden. Therefore, it is important to acknowledge that this research project is imbedded within the British culture, and therefore, is immersed within social constructionism.

The social constructionism position urges us to take a critical stance towards our ways of understanding the world and ourselves. It encourages us to challenge the view that knowledge is based on our objective observation and perception of our world. Social constructionism is

essentially an anti-realist, relativist stance (Hammersley, 1992). Constructionism examines the relationship to reality by dealing with constructive processes. Social constructionism highlights the social construction of reality and considers the research setting as a specialized form of social interaction. In this regard, the researcher is not a detached observer, but plays an active part in their research project, as well as in how to make sense out of the phenomenon studied. This means that the process of collecting data, its analysis, and the interpretation of it, involve the process of active construction which highlights the interdependence of the knower and the known (Barker *et al.*, 2002).

4.3 My position as a researcher

In this project, it is important to acknowledge that I, as the researcher, am an Integrative psychotherapist who have had experiences of joy and laughter with clients during therapeutic sessions. Thus, I am a member of the group that I am researching, and share an identity, language, and experiential base with the study participants (Asselin, 2003). This places me firmly inside my research project. On one hand, being an insider may allow me to be more accepted by the participants of my research project which, in turn, may enable me to obtain data that has greater depth. On the other hand, my own experiences as a therapist would inevitably impact on my interpretations of the data collected. In order to reduce the risk of the influence of my own perspective on the data gathered and its analysis, I have maintained a close awareness of my own personal biases and perspectives through disciplined bracketing and detailed reflection on the subjective research process.

Having considered my position within this research project from an insider/outsider perspective, in line with Dwyer and Buckle (2009), I believe that presenting these concepts in a dualistic manner is overly simplistic. I believe that my position in my project is fluid, multi-layered and embedded within the context of human experience. Being a member of a group does not necessitate complete sameness or complete difference within that group. Thus, my experience of the phenomenon in question is not the same or completely different to that of my colleagues who participated in my project. Therefore, my position within my project is in the space between, which allows the position of both insider and outsider. Whilst I belong to the study group, my perspective is shaped by my position as a researcher, which includes reading much literature on the research topic. Furthermore, just as my personhood affects the analysis of the data collected, so the analysis affects my personhood. Within this circle of impact is the space between, which I occupy in my project (Dwyer & Buckle, 2009).

4.4 Qualitative methodology choice

Drawing on the open-ended type of research question that this project was designed to answer, i.e. 'how do therapists understand joy and laughter moments when these occur simultaneously with their clients during the therapeutic encounter?', I chose to employ a qualitative methodology as the most appropriate in order to fulfil the purpose of my project. This is because the question of this study calls for a methodology that would enable exploring and understanding of the phenomenon by the individuals participating in this study. Therefore, I chose to approach the phenomenon in question and my participants by using a qualitative methodology and methods such as semi-structured interviews (Flick, 2014).

Unlike quantitative methodology, that is suitable to test a specific hypothesis, qualitative approaches enable researchers to provide answers to the descriptive type of questions within a discovery-oriented framework. Qualitative research uses language as its raw material and is aimed at studying people's thoughts, experiences, feelings, or language application in depth and detail. As noted by Barker *et al.* (2002), the key advantage of qualitative research is that it enables a rich, deep and complex description of the phenomenon in question, which is on occasion referred to as 'thick description' (Geertz, 1973).

During early stages of this research project, I considered using various qualitative methods of research and, in particular, Interpretative Phenomenological Analysis (IPA). IPA draws on the epistemology that is imbedded in hermeneutics and phenomenology and, focuses on the interpretation of the lived experience of the participants through the contextual organisation of data around connectivity of themes. Therefore, using this method would have resulted in a descriptive interpretation of the therapists' experience of the phenomenon. However, following a careful consideration of this method I concluded that albeit using IPA would have produced "a thematic description of the pre-given essences and structures of lived experience' (Starks & Trinidad, 2007, p.1373), it would not have allowed me to explore the underlying processes of action that lay behind what is being said.

Subsequently, drawing on my philosophical foundation as an Integrative psychotherapist, as well as the researcher in this project, coupled with the type of the research question that I have attempted to answer in this study, I chose Grounded Theory as a method for this study. This is because its principles are aligned with the purpose of my project, in which I have tasked myself with creating a theory of the shared joy and laughter moments during therapeutic sessions from

the therapists' point of view. In addition, it appeared that grounded theory provides a way to conceptualise therapists' understanding of the phenomenon and to discover a theory that not only had a grasp of the phenomenon, but was also grounded in the data, and would work in the real world (Glaser & Strauss, 1967).

4.5 Grounded theory

Grounded theory was developed and established by Glaser and Strauss in 1967 as a method of discovering a theory from data systematically obtained from social research (Glaser & Strauss, 1967). Glaser and Strauss were unhappy about the existing theories dominating sociological research, the pervasiveness of hypothesis-testing, and the application of existing theories to data. They argued that researchers needed a method that would allow them to move from data to theory, so that the new theories could emerge and be specific to the context in which they had been developed. In other words, grounded theory was designed to open up a space for the development of new, contextualised theories (Willig, 2001).

Grounded theory enables the researcher to articulate how qualitative data obtained via interviews, observations, focus groups and other qualitative type of materials, can be used not just to provide descriptions of the phenomenon in question, but also to generate a theory that would describe and explain that the subject of that study (Barker *et al.*, 2002). The main principle that governs the grounded theory approach is that theories should be developed from empirical material and its analysis or, in other words, theories should be 'grounded' in such material. The grounded theory approach prioritises the data and the field under study over theoretical assumptions. In line with this approach, theories should be 'discovered' and formulated through working with the field and the empirical data to be found therein, rather than applied to the subject that is being researched.

One of the useful qualities that grounded theory has to offer to this research project is that the researcher enters the worlds of the participants to observe the environment, interactions and interpretations that people make. Qualitative data is collected and analysed in a systematic and rigorous way, which helps to enhance our understanding of the social or psychological phenomenon that is being studied. The theory that emerges out of the data is a set of relationships that offer a plausible explanation of the phenomenon under study (Strauss & Corbin, 1994). The theory is developed by constructing alternative explanations until the best fit is developed – the

best fit being the simplest model that links as many of the diverse findings as possible in a useful and pragmatic way.

The process of developing a theory by using grounded theory approach involves the progressive identification and iteration of categories of meaning from the data. It is the process of both a category identification, and integration, in terms of the method, as well as its product, which is a theory that emerges from the data. Grounded theory as a method provides guidelines on how to identify categories and make links between them and how to establish relationships between the identified categories. Grounded theory as a theory is the end-product of the process which produces an explanatory framework which can be used in order to understand the phenomenon under investigation.

Glaser and Strauss (1967) designed a number of distinct methodological techniques that are unique to the process of grounded theory research. They stipulated that the data collection and analysis should occur concurrently and, through a number of specific procedures such as theoretical sampling, coding, constant comparison, saturation and memo writing. These techniques were designed to ensure that, as the data is collected, coded, compared and arranged into increasingly abstract categories, a budding theory will begin to emerge which is subsequently edited and refined further by incoming raw data until a reciprocal relationship between the data and theory formation is achieved. This approach ensures that the increasing abstraction of concepts is unambiguously verified and grounded in the research itself (Kenny & Fourie, 2014).

Grounded theory is a popular method amongst researchers within the social sciences as its focus is uncovering social process. It is ideal for studying integral social relationships and the behaviour of the individuals within groups where there has been little exploration of the contextual factors that affect individual's lives (Crooks, 2001). Indeed, the focus of this particular study is the experience of moments of joy and laughter during therapy sessions from the therapist's point of view, an area of counselling psychology and psychotherapy that has received very little attention in the existing research. Glaser (1998) states that the purpose of grounded theory is "to get through and beyond conjecture and preconception to exactly the underlying processes of what is going on, so that professionals can intervene with confidence to help resolve the participant's main concerns" (p.5). This underpins the overall aim of this research project, which is to produce a theory that explains the phenomenon in question from the perspective of the therapists.

4.6 Types, advantages and limitations of grounded theory

Whilst the original grounded theory approach was based on objectivist and positivist foundations, it has undergone many changes under the influence of the move in social science towards postmodernism and post-structuralism. As a result, there are "probably as many versions of grounded theory as there were grounded theorists" (Dey, 1999, p. 2). However, the three prevailing traditions of grounded theory are defined as: Classic, Straussian, and Constructivist Grounded Theory. These three traditions are differentiated by contrasting philosophical frameworks and conflicting methodological directives (Kenny & Fouirie, 2015).

Classical Tradition

Grounded theory in its classical form condemns embarking on engaging with existing literature to gain any knowledge about the phenomenon being studied. This is recommended in order to ensure an open mind that is free of undue influences. This position encapsulates the positivistic concern to remove the researcher from the research (Glaser & Holton, 2004). Moreover, in line with the classical form of grounded theory it is suggested to abstain from exploring relevant academic literature prior to, or during the process of, undertaking a grounded theory research because prior knowledge violates the basic premise of grounded theory and impairs the analyst's ability to recognise a dynamic new concept emerging from the data that has not featured in the aforementioned literature (Glaser & Holton, 2004). To summarise, classical grounded theory stance was inspired by the positivist "concern to not contaminate, be constrained by, inhibit, stifle or otherwise impede" the development of theory from data (Kelle, 2005, p. 31).

Furthermore, grounded theory in its classical form was designed to discover theory from the data which suggests that the role of the researcher is to uncover something that is already there. Equally, the idea of categories or a theory 'emerging' from the data presumes the same. Thus, it has been argued that the process of grounded theory research is heavily influenced by a positivist epistemology and, in turn, undermines the very principle of qualitative methodology as an open-ended, inductive research process that is concerned with the generating of a theory and the exploration of meanings. Willig (2001) emphasises one of the issues of the suggestion that categories and theories can simply 'emerge' from the data. She highlights that it would be impossible for a researcher to avoid the imposition of categories or meaning on the data, because the phenomena cannot create their own representations that are directly perceived by the observers.

Straussian Tradition

The Straussian tradition of grounded theory began in the 1970's and 80's when Glaser and Strauss parted company due to their disagreement on the nature of the method and how it is supposed to be applied. By the 1990's Strauss had forged an academic alliance with Corbin, and together they revised the original grounded theory into a more prescriptive, detailed method that contained step-by-step guides to its process. They included a specific coding paradigm that was meant to ensure that the researcher looks for the manifestation of a particular pattern in the data or, in other words a theory is discovered rather than assisted to emerge from the data, which added a deductive element to the grounded theory method.

Strauss and Corbin (1990) classified four coding strategies: open coding, axial coding, selective coding, and conditional matrix. These coding strategies were "designed to enhance the effectiveness of grounded theory methodology" (Strauss & Corbin, 1994, p. 273). They argued that the complexity of the method reflects the complexity of human life and was designed for the purpose of enhancement and clarity, rather than confusion (Strauss & Corbin, 1990). One of the criticisms of such a prescriptive approach to grounded theory is that its deductive element undermines the original purpose of the grounded theory, where the theory is expected to emerge naturally from the data, without the researcher imposing any defined categories (Willig, 2001).

Furthermore, Strauss and Corbin (1990) challenged the tenet of abstaining from exploring the existing literature prior to embarking on the process of research. They encouraged the appropriate use of literature at every stage of the study, and argued that the analyst's previous experience and exposure to the subject and the wide variety of existing literature should be employed throughout all phases of the research process, from conception to conclusion (Charmaz, 2006; Strauss & Corbin, 1990). By encouraging the researcher to engage and utilise existing knowledge when undertaking research, Strauss and Corbin (1990) highlight the difference between an "open mind" and an "empty mind" (Jones & Alony, 2011, p. 99).

Strauss and Corbin (1990) argued that prior and on-going engagement with existing literature engenders many benefits, such as: revealing gaps in academic literature, becoming a secondary source of the data, being a source of further questions, providing guidance to theoretical sampling, being utilised for supplementary validation, being a source of insight into existing theories and philosophical frameworks. However, whilst Strauss and Corbin (1990) advocated the use of literature at every stage of the research process, they did not encourage an exhaustive and

comprehensive prior review of all relevant knowledge, but advised restraint in order to guard against becoming so blinded by it, as to prevent a new revelation of the studied phenomenon (Kenny & Fourie, 2015).

The Straussian tradition of grounded theory is consistent with the post-positivists' philosophy which accepts that the researcher inevitably influences the research process. Furthermore, Strauss and Corbin's (1990) endorsement of literature use is consistent with the critical-realist concern to strive for the closest representation of reality as possible (Willig, 2001; Kenny & Fourie, 2015).

Constructivist tradition

Constructivist grounded theory is immersed within social constructionism, a framework that encompasses a number of approaches that examine the relationship to reality, drawing on the role of language and dealing with constructive processes that are imbedded within the social context, interpersonal interactions and social institutions (Flick, 2014). A version of grounded theory within the constructivist and social constructionist tradition was introduced by Charmaz (1990) who forged a radical departure from both Classical and Straussian grounded theory, and argued that categories and theories do not emerge from the data, but are constructed by the researcher through the process of interaction with the data. According to Charmaz, "neither the data nor the theories are discovered" and "we construct our grounded theories through our past and present involvements and interactions with people, perspectives and research practices" (Charmaz, 2006, p. 10).

Charmaz's (1995) grounded theory departed significantly from both Classic and Straussian grounded theory, by resisting both Glaser's underlined philosophy and Strauss' prescribed coding process, perceiving the latter to be overly prescriptive. Instead, Charmaz (2008) proposed flexible 'guidelines' which would "raise questions and outline strategies to indicate possible routes to take" (Charmaz, 2006, p. 11). She stressed the principle of flexibility, insisting that the researcher must "learn to tolerate ambiguity and become receptive to creating emergent categories and strategies" (Charmaz, 2008, p.168). She proposed a fluid framework with at least two stages to the process of coding, punctuated by many generic grounded theory techniques, including memo writing, constant comparisons, theoretical sampling, and saturation (Charmaz, 2008).

As noted by Kenney and Fourie (2015), Charmaz's (2008) coding procedure is more interpretative, intuitive, and impressionistic than those espoused by Classic and Straussian grounded theory. Furthermore, she emphasises an in-depth, intensive interviewing to purposely yield an intimate exploration of the meanings that participants attribute to their experiences (Charmaz, 2006; Hallberg, 2006). Whilst the data collected in these interviews is analysed through the constructivist coding procedure, the researcher does not conclude with a prognostic or predicative theory, but with the researcher's interpretative understanding of the social process that is studied within a research project (Hallberg, 2006). As noted by Kenney and Fourie (2015), constructivist grounded theorists insist that such a narrative approach towards grounded theory does not overlook abstraction as it integrates conceptualisation into description, especially as the concluding story includes elements such as: categories, conceptual relationships, conditions and consequences.

Moreover, Charmaz (2006) proposed a more balanced approach to utilising existing knowledge in the process of research. Whilst she endorsed the use of literature, Charmaz (2006) suggested compiling a specific literature review chapter as well as referencing existing academic knowledge throughout the entire research project (Charmaz, 2006). However, in order to prevent the researcher from becoming immersed in literature to the point of losing one's creative abilities, Charmaz (2006) advocates engaging with the specific literature gathering after the data analysis. According to Charmaz (2006), approaching existing knowledge in this manner would facilitate a comprehensive literature review without compromising the researcher's openness and creativity, and would enable the researcher to enter into a dialogue of the pertaining academic field, reinforcing the researcher's credibility, authority and ensuing argument, and justifying and explicating the researcher's rationale in the ensuing chapters of the thesis. Charmaz's (2006) stance with regards to the literature review is consistent with the constructivist philosophy which postulates that research does not take place in a vacuum, but is impacted and informed by the context in which the researcher is operating (Kenney & Fourie, 2015).

In addition, the Constructivist grounded theory approach addresses concerns around the epistemological roots of the Classical and Straussian grounded theory traditions. It has been argued that the latter two draw on positivist epistemology and overlook reflexivity. The Classical and Straussian grounded theories make the researcher's role somewhat redundant from the process of research by placing emphasis on minimising the influence that the researcher's preconception has on the emerging theory. On the other hand, the Constructivist grounded theory

approach acknowledges that, whatever emerges from a field through observation, depends upon the observer's position within it. Furthermore, whatever emerges from the analysis of the data is theoretically informed because all analysis is necessarily guided by the questions asked by the researcher (Willig, 2001). Furthermore, constructionist grounded theory addresses the issue of reflexivity. It recognises that categories do not simply emerge from the data, because they do not exist prior to the process of categorisation, but are constructed by the researcher during research process. Thus, it is advised that grounded theory researchers diarise every stage of the research process in a detailed manner, in order to increase reflexivity throughout the research process and to demonstrate how his or her assumptions, values, sampling decisions, analytic techniques and interpretations of context have shaped the project (Pidgeon & Henwood, 1997).

Whilst the three approaches to grounded theory outlined earlier are clearly distinct and divergent variations of grounded theory, they have retained many points of convergence. For instance, Straussian and Constructivist grounded theorists continue to embrace a number of the original innovative methodological techniques, such as: theoretical sampling, saturation, constant comparison and memo writing, which originate within the Classical grounded theory traditions (Kenney & Fourie, 2014).

4.7 My choice of Constructivist grounded theory for this research project

Based on my ontological and epistemological views of reality, as well as my philosophical values and beliefs, which were outlined in the earlier part of this thesis, I chose to use a constructivist grounded theory method developed by Charmaz (2006) for this project. This type of grounded theory methodology denies the existence of an objective reality and draws from the interaction between the research process, the participants and the researcher's perspective, with all being part of the process. Thus, the researcher is viewed as a co-constructor of meaning with the participants in the generation of the data, and subsequently, in the analysis of the data and the final outcomes of the research process. This strategy, in my opinion, places due priority on the phenomenon being studied, and seeks to identify how and why the participants construct meanings and actions in specific situations. This corresponds well with the aim of this project to generate a theory that explains shared moments of joy and laughter in the therapy room from the therapists' perspective.

In addition, constructivist grounded theory acknowledges that the resulting theory is an interpretation (Bryant, 2002, Charmaz, 2000, 2002a), which depends on the researcher's view

and cannot exist outside it (Charmaz, 2006). It requires the researcher to take a reflexive stance towards the research process and its outcome, and to consider how their theory has evolved. It has been acknowledged earlier in this thesis that I, as an Integrative Psychotherapist, belong to the same group as my research participants. This fact, coupled with my role of a researcher, positions me somewhere between being an insider and an outsider of my research project. Consequently, I inevitably influence the process of research, the participants, the data collected and the outcomes. Therefore, I make transparent references to my assumptions, values, sampling decisions, analytic techniques and interpretations of context that have shaped and unavoidably influenced this project

Constructivist grounded theory requires the researcher to assume that both the data and analysis are social constructions, and are thus situated within a context of time, place, culture and situation. They are, therefore, largely influenced by the researcher's presuppositions and preconceived ideas (Charmaz, 2006). These intricacies of the constructivist grounded theory required me to foster reflexivity and vigilance towards my own interpretations, as well as those of my research participants, in order to produce an autonomous theory of the phenomenon in question.

It is also important to acknowledge that, as mentioned by Willig (2001), grounded theory shares some features with phenomenological research. On one hand, grounded theory focuses on social processes, and, therefore, adopts an objective stance whereby the researcher attempts to identify and map social processes and relationships, and their consequences for the participants. However, if the focus is on the participant's experiences, this demands more of a subjective stance, in that the researcher is concerned with the texture and quality of the participants' perspective, rather than its social context, causes or consequences. The former stance views the phenomena in question "from the outside in", whereas the latter proceeds "from the inside out" (Charmaz, 1995, p. 30-31). In this project, I have conducted a study that represents these perspectives as I have attempted to capture the subjective experience of the participants and its quality, as well as the processes that underpin the phenomenon and, its causes and consequences for the process of psychotherapy.

4.8 Selecting the sample

In recruiting research participants for my project, I was governed by the appropriateness and reliability of (my) data sources (Philips & Pugh, 2000). Therefore, I carefully considered the inclusion criteria for selecting my sample from the substantial population of psychological therapy

practitioners. I believed that these would help me to ensure consistency and richness of the data produced as well as generalizability of the findings. I selected the participants according to the following criteria:

- The participants had to have had experience of the phenomenon and the ability to provide examples of it from their clinical practice.
- The participants had to have sufficient clinical experience in order to be able to reflect on the phenomenon and their subjective experience of it, as well as being able to share their understanding of the phenomenon. In order to fulfil this criterion, I decided that only those participants who had a minimum of five years' post-qualification experience should be selected. A stipulation of a minimum of five years of post-qualification experience was made by me based on the assumption that this length of the experience was sufficient for a practitioner to develop their self-reflective abilities to a level that would enable them to produce sufficient data when reflecting on the phenomenon.
- Because I chose to approach joy and laughter as a phenomenon in this project from an intersubjective perspective, the participants had to have an understanding of the relational nature of the process of therapy and an ability to reflect in-depth on the interpersonal processes during psychotherapy. Therefore, a decision was made to select those participants that are practicing within the Integrative approach.
- The participants had to be registered with the United Kingdom Council for Psychotherapy (UKCP) and/or the British Psychological Society (the BPS) in order to ensure that the participants were sufficiently qualified and, therefore, had the ability to provide an in-depth account of their experience.
- The participants had to be practicing clinicians who were in regular supervision.

4.9 Recruitment procedure

Advert letter

For the purpose of recruitment for this research project, an advert letter was devised (please see Appendix I) with the view for it to be disseminated using various strategies that are outlined in the forthcoming section. The letter introduced the researcher and the project explaining the purpose and the aim of the study. The letter outlined the criteria for participation and what participation would involve.

Those candidates that met the criteria, and were willing to be interviewed, were invited to contact me via email or by phone in order to arrange a mutually convenient time for a one-to-one meeting

in person or via Skype/VSee for a duration of up to 50-60 minutes. It was also made clear that the interviews were going to be recorded and an appropriate written consent (please see Appendix II) was sought from the participants prior to the interviews. Contact details were provided for the researcher, as well as the supervisor of the project.

Recruitment summary

I conducted the recruitment process for this project using three strategies that included placing the advert letter on relevant online forums, placing a hard copy of the advert letter on the research notice board at Metanoia Institute, and reaching out to potential participants via an email campaign. These enabled me to recruit a total of nine participants who took part in this study. The selected participants appeared to be motivated to take part in this project by their interest in the phenomenon of joy and laughter. Moreover, they appeared to recognise that the subject of this project is rarely addressed amongst psychological therapists and is considered in some circles as, somewhat, taboo. The participants were keen to take a risk and share in confidence their reflections and understanding of the phenomenon in order to fill the apparent gaps. Below is a summary table that outlines the recruitment procedure.

Recruitment Method	Numbers Targeted	Responses	Selected
Metanoia Research Board	N/A	0	0
the BPS Counselling Division email updates	N/A	0	0
Counselling Directory	N/A	0	0
BACP research board	N/A	0	0
LinkedIn, UKCP forum group	N/A	2	2
UKCP Register 0-5 mile's radius	52	2	1
Metanoia Supervisors List	126	7	5
UKCP Register 5-20 mile's radius	78	2	0
the BPS Register Psychotherapy specialists	28	2	1
TOTAL:	**284**	**15**	**9**

Online forums strategy

The advert letter was uploaded on the Counselling Directory Board, the British Association for Counselling Psychology and Psychotherapy (BACP) research board, the British Psychological Society (the BPS) research board, and was included in an email update circulated regularly by

the BPS Counselling Psychology. It was also uploaded on the LinkedIn UKCP forum. This produced two responses where the potential participants met the selection criteria and were subsequently interviewed.

Hard copy strategy

A hard copy of the research advert letter was placed on the research board at Metanoia Institute but no practitioners came forward.

Email strategy

Given that the above strategy did not produce sufficient interest, I moved on to an email strategy targeting those practitioners that were on the UKCP, the BPS and the Metanoia Supervisors registers.

The UKCP register was sorted according to the registrants' orientation and practice location. Only those that identified as Integrative practitioners were contacted in two sets:

Set 1 - those whose practice located within 0-5 miles' radius of Eastcote (Middlesex). 52 practitioners were contacted, out of whom two expressed interest, but only one met the selection criteria.

Set 2 - those whose practice located within 5-20 miles' radius of Eastcote (Middlesex). 78 practitioners were contacted, out of whom two expressed interest, but did not meet the selection criteria.

The Metanoia Supervisors register was targeted in search for the potential candidates. 126 practitioners were contacted via email in this campaign. Seven practitioners responded, out of whom five met the criteria. Although these participants were from the Metanoia Supervisors register, only one of them trained at Metanoia. The rest obtained their training elsewhere.

The BPS register of those psychologists that specialise in Psychotherapy was targeted in addition to the aforementioned. 28 practitioners were emailed, which produced two candidates that expressed interest. Out of these, one met the criteria.

In total, 284 potential candidates were reached via an email that contained an advert letter inviting them to participate in this research project. This produced 13 responses. Out of the 13 potential candidates, 7 met the criteria and were subsequently interviewed.

4.10 Participants' demographics

Out of the nine participants that were interviewed, four were males and five were females. Eight of the participants came from a White British cultural background and one of the participants came from a White North American cultural background. The range of their experience in years was from five years to 30 years, which produced an average of 15 years of experience. Seven out of nine participants worked privately only. Whilst one of the nine worked privately, as well as for an Employment Assistance Programme, another worked for an IAPT service within the NHS, as well as privately. Below is a summary table that outlines the participants' demographics.

Participant	Gender	Ethnic Background	Years of experience	Nature of work	Interview method	Number of examples
P1	Female	White North American	20	Private Practice	Face-to-face	3
P2	Female	White British	5	Private Practice	Face-to-face	2
P3	Male	White British	20	Private Practice	Face-to-face	2
P4	Female	White British	12	Private Practice	Face-to-face	2
P5	Male	White British	9	EAP and Private Practice	Face-to-face	3
P6	Female	White British	8	IAPT and Private Practice	VSee	2
P7	Male	White British	20	Private Practice	Face-to-face	1

P8	Female	White British	14	Private Practice	Face-to-face	2
P9	Male	White British	30	Private Practice	Skype	2
Males:	4	AVERAGE:	15.33333333		TOTAL:	19
Females:	5					

4.11 Data collection

All potential participants, who expressed interest, did so via an email. They were responded to via an email that contained a Research Information Sheet (please Appendix III) and a Consent Form to be audio recorded. The potential participants were offered an opportunity to address any questions they may have had regarding their participation in this project. In addition, date and time options for the interviews were discussed at this stage in order to make the most mutually convenient arrangement.

The Research Information Sheet provided the participants with further information regarding the purpose of the study and what their participation would involve. It outlined information regarding the ethics, which guided the research and confidentiality. The participants were provided with the contact details of the researcher and the research supervisor.

The Consent Form requested the participants to confirm that they had read and understood the Research Information Sheet that was supplied to them, and that they had voluntarily agreed to participate in this project. They were given the option to withdraw from the research at any point and were asked to provide their consent to be audio recorded. All participants were asked to sign the consent form prior to being interviewed.

Prior to the interviews, it was made explicit to the participants that the topic of this project has been presented at the Middlesex University Doctorate Conference, the UKCP Conference and the BPS General Conference during the summer of 2015. The topic was presented in order to ascertain an interest that the project could generate. Furthermore, it was made clear that the results of the project will be presented at the relevant conferences during the final stages of the project in order to refine the way it may be best to present the work at the final Viva Examination.

In addition, it was discussed with the participants that the project may be published on completion in relevant media and further presented at the relevant conferences. None of the participants raised any objections with regards to the exposure of the project.

4.12 Interviews

I used intensive semi-structured interviews as the method of data collection in this research. Charmaz (2006) defined this method as the most suitable for conducting grounded theory research, because it addresses individual experience and permits an in-depth exploration of a particular topic with a person who has had the relevant experiences of the phenomenon being studied. It was important for me to conduct this type of interview because intensive interviews are directed and shaped, whilst remaining open-ended and flexible, thus allowing the stories to emerge. Intensive interviews were used in order to elicit each participant's interpretation of their experience of joy and laughter with clients during therapy sessions. In addition, using semi-structured interviews appeared to be the most appropriate way to collect data in order to understand and create a theory of the moments of joy and laughter from the therapists' perspective, when these occur simultaneously with their clients in the therapy room.

Prior to conducting interviews, I devised an interview schedule (please see Appendix IV) that contained a few loosely defined questions on the topic of this study. The process of developing an interview schedule involved getting together with the research peer group to explore how various questions might be understood by the participants and to select those that would help to facilitate the interview process. Using this schedule as a guide, semi-structured interviews were conducted with the participants. I asked them to describe and reflect on their experience of joy and laughter with clients during therapy sessions. In addition, the participants were asked to explain how they understood shared moments of joy and laughter in the therapy room.

The questions during the interviews were open-ended, inviting the participants to have a detailed discussion of the topic with me, and aiming at fostering further reflections by the participants on the phenomenon. The interviews were facilitated in a flexible way, enabling the participants to elaborate on their reflections, as prompted by me. All of the participants were asked to identify their gender, ethnic background, number of years since qualification and the nature of their clinical practice. This information was gathered as a potential secondary source of data that may have had relevance to the phenomenon being studied.

Out of nine interviews, seven were conducted face-to-face and two were conducted by Skype/VSee. I arranged to conduct the two interviews via Skype/VSee due to the time and travelling distance constraints. One of the face-to-face interviews took place at the researcher's consulting room. Six of the face-to-face interviews took place at the participants' consulting rooms, which were located in their homes.

Whilst my decision to conduct two of the interviews via Skype/VSee was informed by the aforementioned practical constrains, I was aware that this method of data collection could present me with potential disadvantages which could include complications with establishing a relationship with my participants, difficulties in body language communication and possible restriction to the experiences of the felt sense between participants and myself during interviews. However, in practice, I did not experience significant differences in conducting interviews via Skype/VSee in comparison to the face to face method. Both methods of interviewing enabled my participants and I to maintain necessary levels of eye contact and express ourselves effectively using the appropriate tone of voice and facial expressions that conveyed a sense of connection between us and sufficient interest in the subject of this project.

The interviews were between 45 and 60 minutes long. All of the interviews were audio recorded using a Sony MP3 recorder. Subsequently, the recordings were transferred onto a PC as audio files and were later transcribed by the researcher. Any information shared in the interviews, such as names or locations, that could potentially identify the participants or their clients were anonymised during transcription.

During the interviews, I was constantly aware of the intersubjective nature of the interviewing process. It was important for me to conduct interviews in a way that was experienced as a non-hierarchical and inter-professional dialogue. Therefore, using my skills as a psychotherapist that I developed during my training, I ensured good rapport and trust was established between my participants and I that enabled them to share with me their experiences and understanding of the phenomenon. Using prompts such as 'What', 'How' and 'When', I facilitated the participants to put into words and clarify their experience and understanding of the phenomenon. In addition, I paid attention to the interpersonal processes unfolding before, during and after the interviews as well as my subjective experience of the participants and the process of interviewing.

4.13 Data analysis

I carried out the analysis of the data collected in line with the Charmaz's (2008) guidelines on coding data when using Constructivist grounded theory. She suggests engaging with the data 'imaginatively' and applying the principle of flexibility to enable the researcher to "learn to tolerate ambiguity" and "become receptive to creating emergent categories and strategies" (Charmaz, 2008, p. 168). I used Microsoft Excel to help me analyse the data, as it allowed me to deal with the data in a structured way. Thus, I was able to trace units of information from the raw data to the fully formed category, through numbering codes and colour-coding the transcripts. I analysed the data in stages:

Stage 1 – Initial or Open Coding

The coding at this stage was conducted from a position of openness towards exploring whatever theoretical possibilities were evident in the data. The data was coded for actions and potential theoretical cues, rather than themes. The coding was done in units of data that made sense in line with the suggestion of Morrow and Smith (2000) that units of meaning may be just one word, or as large as a paragraph. I kept the codes open and simple, and as close as possible to the data (please see Appendix V).

In-vivo codes technique was also used in the process of the data analysis at this stage. This involved identifying common expressions in the language of the participants. The use of in-vivo codes helped to preserve the participants' meaning of their views and actions in the coding itself and to anchor the analysis in the world of the participants. They helped to identify what concepts and interpretations were significant (Charmaz, 2008).

Stage 2 – Focused Coding

At this stage, I used a focused coding strategy (Charmaz, 2006) which enabled me to "sift through the large amounts of data and make decisions about which initial codes made the most analytic sense to categorise more incisively and completely" (p. 57). Following this, those codes that were considered significant were elevated as provisional theoretical categories, and subsequently put through the process of comparing them to the data in order to refine them (please see Appendix VI).

I used memo writing technique to help me scrutinize the codes and categories. Charmaz (2008) states that memos help to identify "gaps in the data" as well as develop conceptual "conjectures"

(Charmaz, 2008, p.166). The memo-writing technique was used in this project to distinguish between major and minor categories, and to establish the relationships between the categories enabling them to be shaped into an emergent theoretical concept about the phenomenon in question.

Stage 3 – Selective Coding

At this stage, I sifted through the one-hundred-and-five focused codes that had emerged to select those that were significant enough to enrich the existing categories, and to eliminate those that appeared insignificant. At this stage, the categories continued to evolve with some having to be split into two or more, in order to reflect the emerging data at its best. As a result, 32 potential properties emerged (Charmaz, 2006). At this stage, I employed a diagramming technique in order to help me to organise the data visually and to understand how the categories related and fitted with each other theoretically. As a result of this creative exercise, I was able to organise the data into five interrelated categories with sub-categories that presented a non-linear, multidimensional model of the phenomenon (please see Appendix VII).

4.14 Theoretical sampling

I was cautious not to begin theoretical sampling too early in order to avoid premature closure of the data analysis (Charmaz, 2006). Therefore, I made a decision to use purposeful sampling during early stages, which is known as a strategy of data collection from the individuals that are especially knowledgeable about or experienced with a phenomenon of interest (Cresswell & Plano Clark, 2011). Using this strategy of data collection and, subsequent analysis of the data collected at this stage, enabled me to produce an initial insight into the phenomenon of joy and laughter during psychotherapy.

Having arrived at some preliminary categories, these were organised into a skeletal framework (Flick, 2014). Following this, I employed the theoretical sampling strategy postulated by Charmaz (2006), and conducted the data collection concurrently to the data analysis. The purpose of this strategy was to elaborate and refine the categories constituting the theory that had begun shaping up following the initial data analysis stage.

The theoretical sampling strategy was used to develop the properties of the categories until no new properties emerged (Charmaz, 2006). I began noticing saturation of the categories following the seventh interview. Whilst seven sources of data are a relatively low number, 15 clinical

examples were produced by this point. However, despite Charmaz's (2006) view that "categories to be saturated when gathering fresh data no longer sparks new theoretical insights or reveals new properties" (p. 113), I made a decision to continue sampling until I was comfortable with the data and reached "theoretical sufficiency" (Dey, 1999, p. 257).

4.15 Constant comparison

I used the constant comparison method to re-interrogate data collected in the earlier stages of the interviewing process against emerging codes and themes throughout the data analysis process (Glaser, 1969; Strauss & Corbin, 1990; Charmaz, 2000, 2006). Whilst I was recognising the emerging themes and categories, I continued revisiting the data to ensure a good level of cohesiveness of the categories and their properties. I compared codes within interviews, and between different interviews, and checked the emerging categories with the grounded data. This method was employed to ensure validity and robustness of the analysis.

4.16 Validity and Trustworthiness

In order to ensure the quality and credibility of the analysis process, I used two peers (both of whom were doctoral candidates on the counselling psychology and psychotherapy course conducting their own grounded theory research) to code two randomly selected transcripts. Whilst the transcripts had been already coded, I supplied an un-coded version of the transcripts and the results were compared with the original coding that I had done. This exercise did not produce new or significantly different codes. In addition, further discussions were conducted within this peer group, focusing on the emerging relationships between the categories and sub-categories in order to ensure that roundedness and credibility of the data (please see Appendix VIII).

In addition, throughout the research process I maintained a journal in which I recorded my reflections, ideas and thoughts with regards to the process of research as it spanned over four years. The relevant content of the journal has been shared in this thesis where applicable.

Conducting qualitative research is by nature a reflective process (Ely *et al.*, 1991). Since I approached this study from a social constructionist perspective, it was very important to acknowledge my position as a researcher and how I impacted on the research process, the data and the outcomes. Therefore, I made my own assumptions, preferences, choices and values known explicitly throughout the process of research, in order to be as transparent as possible, and to allow the reader to understand my relationship with this project.

Whilst I conducted this project without co-researches, I participated in monthly peer group meetings, and met regularly with my supervisor throughout the process of this research. This provided me with opportunities to have critical and knowledgeable debates about the process of research, my role and my sense of direction, my perceptions and interpretations. I employed the reflective abilities that I had developed through my training as a counselling psychologist and psychotherapist in order to immerse myself into the process of research and the data that was emerging without losing sight of the possible preconceptions about the phenomenon that I already held. This helped me to produce a coherent, rich and complex theory of the phenomenon.

4.17 Ethical considerations

As I mentioned before, the participants were asked to reflect on examples of the phenomenon from their clinical work, and the interviews were of a conversational nature, which enabled the participants to share personal information regarding themselves along with their reflections on the phenomenon. It was, thus, important to maintain the confidentiality of the participants and their clients throughout the process of research, as there was potential opportunity for breaking confidentiality by inadvertently disclosing information that could identify the participants or their clients. Therefore, prior to the interviews I requested the participants to ensure that any clients mentioned by them during an interview were unidentifiable in order to preserve the clients' confidentiality.

In addition, during the recruitment process I ensured that any email correspondence was done individually to the participants. Where group emails were sent, I made sure that no email addresses were visible to the recipients. Audio files and any other electronic data were stored on a password-protected PC that was only accessible to the researcher. Any hard copies of the consent forms, where the participants' names and signatures were visible, were stored in a locked cabinet.

Confidentiality matters were outlined in the Research Information Sheet and Consent Form, and reiterated to the participants verbally by me prior to the interview. In addition, I informed the participants that the data collected would be anonymised, treated with full confidentiality and would not be identifiable as theirs. When the data was transcribed I made sure to replace any names or phrases which might identify the participants or their clients with [name]. Anonymising data in this manner helped to maintain confidentiality during the data triangulation exercise with

my peers. Furthermore, the fact that my peers did not practice in the same geographic area as the participants, helped to reduce the risk of the participants or their clients being identified.

In the process of interviews, it became apparent that the participants, in some cases, shared their personal reflections on the phenomenon which they felt did not necessarily fit well with the views by their colleagues, thus, disclosing during interviews was somewhat professionally risky for them. In addition, I noted that the views and ideas the participants shared with me did not always corresponded with those held by me. Therefore, it was important for me to exercise a sufficient level of sensitivity in order to facilitate interviews in a way where I was able to establish productive and trustworthy relationships with the participants, in order to access their subjective experiences of the phenomenon.

5. FINDINGS

5.1 Overall findings

The analysis of the data revealed a non-linear, complex system of categories and sub-categories that explain how therapists experience and understand moments of joy and laughter in the therapy room and how these moments occur simultaneously with their clients. As a result of the data analysis, five major categories were identified. These are: Therapist's Stance, The Therapeutic Space, Triggers, Multifacetedness and The Impact.

The first three categories reflect dimensions that influence one another and appear as necessary pre-conditions to the emergence of the moments of joy and laughter between a therapist and a client in therapy. Therapist's stance is influenced by their overall experience as practitioners, which they bring into the room. It is also influenced by the therapist's experience of their individual clients in the room. Therapist's stance sets the tone for the experience of The Therapeutic Space for both therapist and client in which, subsequently, the Triggers for the phenomenon emerge.

The Therapeutic Space category is influenced by the other four categories as well as the client, and, concurrently, encapsulates the complex system of categories and sub-categories identified. On the other hand, the Trigger category expands what precedes the phenomenon of joy and laughter in the therapy room.

The Multifacetendess category reflects the participants' subjective experiences of the phenomenon. It identifies different facets of the phenomenon as they were experienced by the participants during therapy. In addition, this category provides some understanding of the interpersonal and intrapersonal levels of experience of the phenomenon.

The Impact category sheds light on the influential role of the phenomenon with regards to the therapeutic relationship, space, the therapist and the client in the process of work.

Inevitably, there is an overlap and interweaving between these categories and their sub-categories. Thus, whilst outlining these findings as separate entities, it should be noted that these are all parts of the larger process during the course of therapy.

The aforementioned categories and the way these interact are captured in the Figure 1 below which is provided as an illustration to the forthcoming reading of the results.
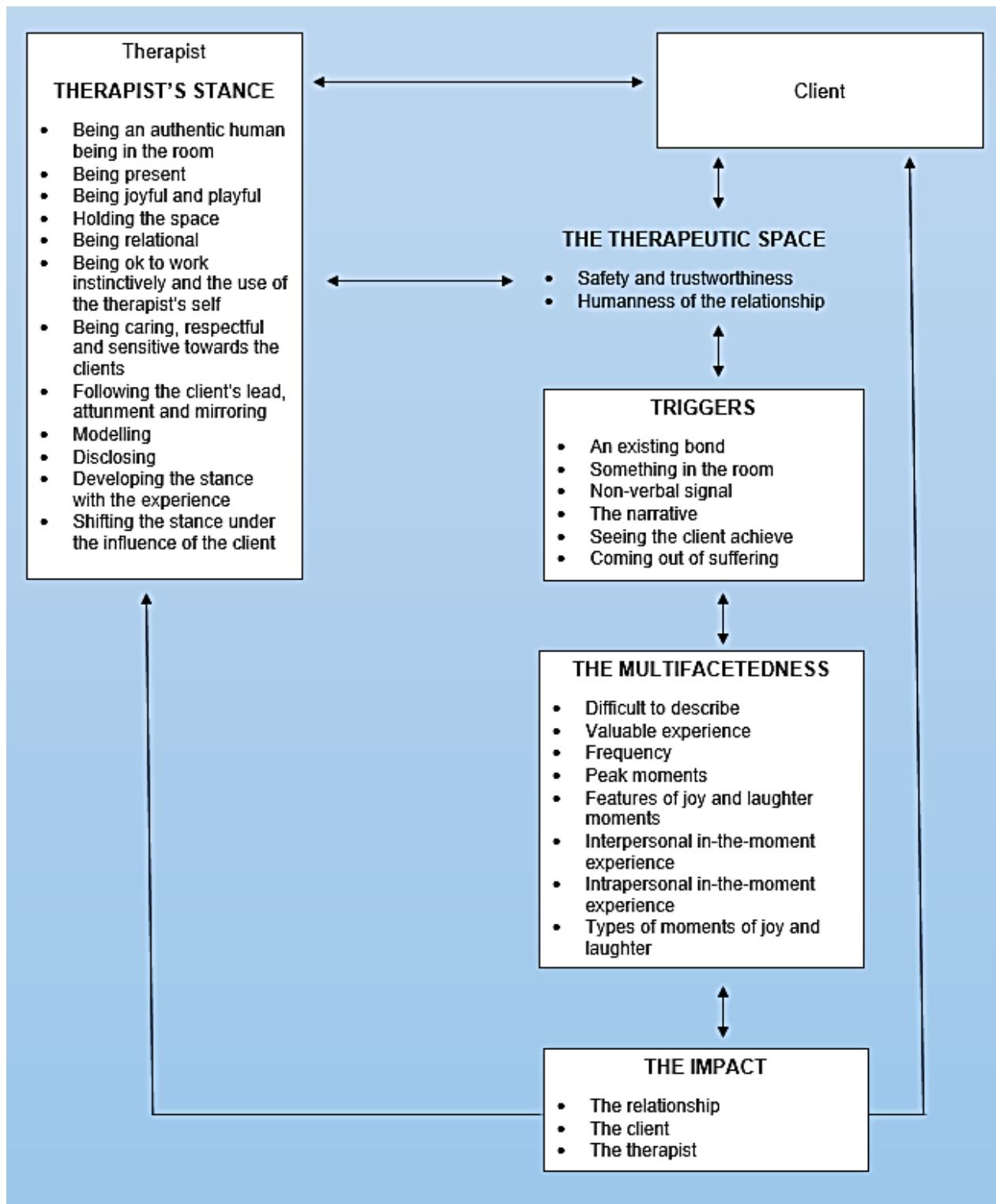
Figure 1

5.2 Therapist's stance

This category describes a particular style that therapists develop over the course of their experience, which is coherent with their individual character and their personal style of relatedness. All of the participants commented on their stance in the room, and noted that they would make adjustments depending on their experience of an individual client in the room, and the point in time in relation to the therapeutic work:

> *"I think you just allow yourself to be what you already are, you know. 'Cos I think it took me a while to realise that it was all right to still be the person who has been in the room doing death and dying and to, you know, that I had quite a lot of skill and knowledge that I acquired through other trainings…" (T4)*

> *"Yes, I think I would put it more as ahmm as me, that's who I am, that's my personality that is how I am with everybody. When I am doing therapy, I moderate myself so I am looking at, do I want, should I be more like this? Or that? I am thinking more about it. So, yeah, I am being more conscious of it but it is not something that I have to consciously to do, if you like". (T6)*

5.2.1 Being an authentic human being in the room

Six participants mentioned the importance of being *"authentic" (T4)*, being in touch with their sense of self and who they are as real people outside the therapy room:

> *"Ahmm…it, it's being real as well as working with the transference, it's being real…"(T2)*

> *"…I wouldn't want to be anything but how I am anyway, you know, myself, pretty fully actually in there…" (T6)*

> *"So, I am very much at the other end of the spectrum from that, though of course, implicit in what I do is a good deal of integrative and psychoanalytic and other kinds of theorisations. But, it's like my endeavour always is to be as raw and real and ordinary in the process as possibly can be". (T7)*

Three out of nine participants highlighted *'humanness'* as an important element of their therapeutic stance:

"…there is such a difference between ahmm…a kind of…ahmm, what's the word I am looking for…a kind of mannered caring and actually being there to be moved, actually being there to be touched…and…which I think conveys love in its best way that…ahmm, there is humanity there, there is a big resonance". (T1)

"That may be it's about sometimes bringing your humanity into the room". (T8)

5.2.2 Being present

Being available to the client is an important element in the therapist's stance for many participants. The results revealed a clear preference towards 'being with the client' as opposed to 'doing therapy' in the stance of the participants, regardless of the type of client they are working with:

"So I am playing and I am letting myself be in, I am responding to the client's cue and…" (T1)

"I don't do very many theoretical interventions…right? I just hang out with them, it's more like a jamming session than a pre-prepared...ahmm session. So, it's not didactic, I am not trying to go somewhere, we are just hanging together, basically". (T3)

"I felt much more comfortable because I wasn't trying to do something, I was just being with people and the impact was that I became more successful, they stayed". (T3)

"I don't think I've nurtured them; I think I have been alongside…" (T4)

5.2.3 Being joyful and playful

Four out of nine participants described their stance as joyful. One of the participants said: *"Ahmm, I am often joyous with clients…my subjective experiences are delight." (T3).* Concurrently, the same participant mentioned that they do not use humour in the process of therapy:

"No, I never use humour, I am amused, but I don't tell jokes. I don't try to get them to smile". (T3)

Whilst the other described their stance as interwoven with humour: *"…ahmm, my whole way of working is saturated with humour" (T7).* The same participant reflected on their stance as *"there slightly burlesque comedy, 'comedy de latte' kind of way of doing things, slightly melodramatic, but also slightly buffoonish, that's very much part of how I do this" (T7),* but at the same time cautiously noted: *"…as I said, not with all clients" (T7).* One of the participants talked about being light-hearted with their client and said the following:

> *"They definitely do, I think I use it with just about, well, I think 'cos of that's part of my personality, I use that with all of my clients. Obviously some people respond better than others, but yeah, so it's definitely part of how I make relationships with somebody. But I think it is very, very successful, 'cos I think a lot of people appreciate that going between the very serious staff and a bit of lightness, lightness of being, really". (T6)*

Most of the participants reflected on being playful with their clients:

> *"…especially if someone has been institutionalised, I do play the eccentric card with clients." (T1)*

> *"So, at the beginning with a new client if they are very, unexpected…very formal, I…I will…I will kind of play this sort of slightly dotty mad and they will look at me and then laugh..." (T1)*

> *"Yeah, I do play with air. Ahmm…that's exactly it…Yeah, and the playfulness is part of that!" (T6)*

5.2.4 Holding the space

Most of the participants see themselves as holding the space for their clients:

> *"… and I guess my sense is that I have to let my laugh almost be an embrace, almost hold the space like". (T1)*

providing them with *"somewhere to come and say how hard it is and what an ordeal they have been through…" (T4).* One of the participants linked this element in their stance to being like a parent to a child:

"So, I think in that way, the parental thing of being able to play with the child is very present that she can feel it from me and can experience me as someone who can hold that and hold all of the other stuff as well." (T6)

5.2.5 Being relational

Six participants noted the relational element in their stance, which is mainly influenced by their training background, and the wealth of experience they gained in practicing psychotherapy over the years. The participants differentiated their relational stance from being like a 'blank screen' as a therapist:

"You know, one of the things that is really important is, as opposed to a psychoanalytic concept of being quite a separate person…ahmm, [name] would sit on the side so he didn't exist for the patient, but a very much an involved, a relational thing. Your therapist is often your champion, they are on your side, they are not neutral." (T3)

"Yes…absolutely, I think because, I think because sometimes there is quite a lot of expectation that you will be a blank screen, that you will be the expert, that you will sit behind your barrier and because I tend not to do that, yeah, and the playfulness is part of that. Yes, I think it does give people more of a feeling that, I am not going to be, well, they know I am not a blank screen, they know I am not going to be like that." (T6)

"Well, it is heavily influenced by this relational approach and so it is very open stance where we are willing to share thoughts and feelings. And a lot of openness, in other words". (T9)

5.2.6 Being comfortable to work instinctively and use the therapist's self

The analysis of the data revealed that the participants experience the process of therapy as *"you are working in the blind, in the dark, most of the time…. you haven't got a clue as to what's going on" (T4).*

"And I think I probably just instinctively look for those sort of things that I can make a connection over…I trust my instincts so I kind of knew, I knew it would be ok". (T6)

The uncertainty of the process of therapy led the participants to use their own sense of 'self' as a radar in navigating the work:

> *"I think it's about just realising that at the end of the day that the only instrument that you really got is yourself and that's what is available in the room. You might be surrounded by the books and other things like dogs (chuckles), but at the end of the day, it is you, you are the instrument, if you like and yeah…ahmm, having…getting rid of any anxiety about it is being enough, you know, that it is enough, it is all you have got, it has to be enough". (T4)*

5.2.7 Being caring, respectful and sensitive towards the clients

A sense of care and respect was noted by the participants as something that all of them experienced towards their clients:

> *"I think it really matters to the clients to know that you care, that you are moved, that you are…" (T1)*

> *"And who I have great regard for, actually…" (referring to the client). (T4)*

Furthermore, the analysis uncovered the participants' belief that it is important to be sensitive towards their clients in the process of therapy:

> *"I've, of course we are professionals with professional skills and emotion is to us what copper piping is to a plumber, but…there is such a difference between ahmm…a kind of…ahmm, what's the word I am looking for…a kind of mannered caring and actually being there to be moved, actually being there to be touched…and…which I think conveys love in its best way that…ahmm, there is humanity there, there is a big resonance." (T1)*

5.2.8 Following the client's lead, attunement and mirroring

The analysis revealed that the participants fine-tuned their stance by following the client's lead, attuning to the client and mirroring:

> *"And taking her lead but then a little bit more, you know…So I am playing and I am letting myself be in, I am responding to the client's cue and…" (T1)*

"Yes, it is a kind of openness, a kind of readiness to go with the client goes…it is a client who is in charge." (T9)

"Yes, 'cos I was kind of mirroring him and we were 'let's get into grips with this' and then we both sat back". (T4)

"And I think I felt something of the same…" (T5)

"If a client is laughing I gonna, at least… in the rhythm of their laughter…" (T1)

"But with someone who is carrying a sense of their crushing difficulty of making relationship, of a constant sense of injustice and assaults on their identity and so on, and this is all very serious and not funny at all, then what I try to do is to connect with them by attuning as accurately as I can to their, their [inaudible], their life world." (T7)

5.2.9 Modelling

The analysis of the data found that modelling forms part of the therapists' stance in the room where therapists may model to clients affect expressions or types of relating:

"And I think that models something to the client about safety and the nature of accepting imperfection and not being in control. Ahmm, and, and being fully present." (T1)

"ahmm…one of the things we really want our clients to go away with is that emotions are not something that needs to be ashamed of or afraid of or in some way distorted. Ahmm...and that it can be held very safely, that. So, I think it is important for us as therapists to demonstrate that we can do that. Ahmm…not to manufacture anything, but equally not to repress. Ahmm…" (T1)

"Because we're models to our clients, we are saying it's safe, we saying come out come out wherever you are, you know. We are playing that game of peak-a-boo with that part that hasn't been touched, that does not want to be seen and, and it's touch and go, touch and go in moments and…and, and so, I think we need to be able to walk our talk." (T1)

"I am finding I am modelling something about different kinds of relating, you know." (T6)

5.2.10 Disclosing

Six participants discussed disclosing their affective experience to their clients as an element of their stance in the room. The data analysis revealed that this sub-category plays a significant role in supporting the elements of the therapists' stance, which were mentioned previously, such as: being an authentic human being in the room, being present, being joyful, holding the space, attuning, mirroring and, in particular, modelling affect:

> *"Ouh yeah, yeah. It was obvious because I was laughing. Yes, there was nothing hidden about that." (T9)*

One of the participants stressed *that "it is important not to hide"*, whilst highlighting that *"it isn't about you must show it, I think it is more about that I think it is harmful to hide it" (T1).* The same participant reflected on what it means for them to disclose their affect to their client linking it to being authentic:

> *"But that's authentic to me, but…it's about letting the client at the most unconscious level, possibly. Just kind of letting that peak-a-boo part 'yeah, I see, I see, its ok, we are here, here, I've got it too', you know." (T1)*

Another participant brought attention to the humanness of their stance that shone through when they admitted to the client that they had lost their train of thought:

> *"All, sort of, like humanness in us all, for her there to be picked on, pointed out, she gets quite paranoid about. And then I made this mistake. I am talking and then I just suddenly stopped and think to myself 'where I was going with that?' So, I stopped and said, I said: "You know, I had what I thought was quite a good point to make, but I've forgotten, I think I've rambled on for so long that I have forgotten what I was talking about". (T2)*

One participant highlighted the conflicting views within the field about disclosing to clients, whilst acknowledging the use of disclosure in their work:

> *"…you can actually be like this, you can show this part of, this side of yourself and I suppose some people, some therapists might feel, ouh no, you are not allowed to do that as opposed to…" (T6)*

5.2.11 Developing the stance with experience

Many participants reflected on what their stance was like at the beginning of their career, and how their relationship with the theories of psychotherapy had evolved over time, and how it had influenced their stance. One participant remembered:

"Because when you just qualified or when you are learning, you are very conscientious of all this stuff in the books, you are very conscious that you are supposed to be doing it how they say, if they say, and I think it's about just realising that at the end of the day that the only instrument that you really got is yourself and that's what is available in the room." (T4)

Another participant equally remembered being *"very, very conscious of trying to follow the rules" (T6)* at the beginning of their career.

The analysis revealed that the participants' stance evolved as they acquired more experience of being a practitioner and, in the process, "*got rid of their anxiety of it being enough" (T4).* This process had a direct influence on their relationship with the existing theories whereby the participants stated:

"…when you have been doing it for a bit and you have forgotten most of what you have learnt." (T4)

"You might be surrounded by books and other things, like dogs…but I think most of the stuff is just in your head. I don't think there is a theory, it is not what it is to be an Integrative, you are your own theory." (T3)

"…and you know, maybe, you know, some people would say it is right for the therapist to do it, but it was just in that moment, you know, it was, I don't care anyone's theories about it." (T1)

"I am the reference for this, I have no other reference, really. There are books or me, and I go with me. So, I go with what I would have liked if I was sitting over there, or what would work for me, ok? Everybody does it in a way". (T3)

5.2.12 Shifting the stance under the influence of the client

The analysis found that whilst therapists' stance is informed by their personality and their experience as practitioners, they moderate their stance depending on how they experience a client in the room, especially during early stages of therapy. One of the participants differentiated their clients in the following way:

> *"I have some clients who like to make you laugh, that actually like to do that, they are sort of paying to do that and some are just ordinarily very, very amusing. Some clients that are not amusing, I find very amusing, they didn't come to amuse me but they are ridiculous and laughter is also a way of saying: 'What's going on in here? That is insane!' You know."* (T3)

Another participant noted paying attention to their client's temperament:

> *"Yes…ahmm…I try to make sense of basic differences in style and way of communicating between us through imaginative empathy, through making sense to myself of why this person is where they are. Now, if ahmm, if they are like my OCD client, quite close to me temperamentally, then it's an easy leap, because the alliance, as it were, just takes life of itself. But with someone who is carrying a sense of their crushing difficulty of making relationship, of a constant sense of injustice and assaults on their identity and so on, and this is all very serious and not funny at all, then what I try to do is, to connect with them by attuning as accurately as I can to their, their [inaudible], their life world. Ahmm, and obviously, especially if there is a kind of ambivalent attachment dimension, that can be very challenging task and I…I can be taken to the cleaners by a client like this just as much as anybody else in this profession and have been (laughs). There nearly always, I have to say, a kind of by hanging on in there long enough, somehow one gets the hang of someone is struggling at this kind of level."* (T7)

Whilst the analysis uncovered that the participants fine-tuned their stance on meeting and assessing their clients, they acknowledged a flowing nature to their stance during the process of therapy, when their stance might shift between playing various roles:

> *"…I always try to; I always want that there. I mean sometimes that's overlaid with a lot of idealisation of me or placing me in the expert role and, I think we are in between those,*

really, but I don't think they are ever lost, this is always going to be that and sometimes I am more expert than others, sometimes I am more that than other times. Ahmm and other times it shifts more to me being more of a human being on a human level with them, but I always want this to be there, really. I think, I always some of that there." (T6)

5.3 The Therapeutic Space

The Therapeutic Space category mediates the interplay of the properties included in the categories of the Therapist's Stance, Triggers, Multifacetedness and The Impact. All processes described by the participants appear to go through this space. They influence it as well as each other, and the space itself has a mutual impact on the processes of the other categories.

Furthermore, the Therapeutic Space category encompasses the formation and unfolding of the therapeutic relationship. The data analysis revealed that properties such as safety and trustworthiness, as well as humanness of the relationship, are the most important pre-conditions to the emergence of the shared joy and laughter in the room.

5.3.1 Safety and trustworthiness

The analysis of the data revealed that a sense of 'safety' in the therapeutic space is considered to be an important pre-condition for moments of joy and laughter to emerge. One of the participants noted the importance of safety for their client by saying *"...that enabled her to be safe and therefore feel that she could be joyful rather than be scared" (T5).*

The participants reflected that building a trustworthy relationship with their clients appears to enable the phenomenon to take place during therapy, as well as having it play a significant role in the process of building trust between therapist and client. One of the participants described the process of forming a relationship as *"making a kind of protective union" (T1)* that would enable the client to experience the therapeutic space as "*holding safely" (T1),* whilst another participant reflected on the trustworthiness in the relationship that is fuelled by the phenomenon:

> *"It is about me being trustworthy, I think...there is something about trustworthy...somehow infuses the trust. So I think they have a huge impact on that." (T6)*

Concurrent to highlighting an element of safety within the therapeutic space as an important ingredient for the emergence of the moments of joy and laughter, most of the participants noted

being particularly careful in the way they work around building safety and trustworthiness with their clients. The participants cautioned about the risk of causing potential damage to their clients if care and sensitivity towards the clients' needs are not applied in the work:

"I think, a little bit of teasing can only happen in absolute loving, loving space and sensitive to ahmm…that surprise or a little bit of confusion about…particularly when people know the therapy game, you know…ahmm, to just create something" (T1)

"I wouldn't usually use humour with people who I don't know very well 'cos, and also, you don't know what their history is and whether they had been ridiculed 'cos that is my history, I was ridiculed a lot when I was little and I know what it can feel like to be humiliated, really" (T4)

"Some clients don't take kindly, the quality of seriousness means that, if you like, the explosive quality of humour does not suit them and they find it disrespectful" (T8)

Two of the participants cautioned about eliciting the phenomenon in the process of therapy deliberately. According to these participants it is important that playfulness is an inherent part of the therapist's personality for the phenomenon to have an organic experience:

"Yeah, I just think like anybody trying to use something like that deliberately would fall flat on their face as it would be like going to a stand-up comedian and trying to make jokes deliberately to lighten the mood and I just think that anybody doing that would just be not true to themselves, to their own self…that would feel all wrong" (T6)

"Have I ever used humour deliberately? No, because it can fall, it can fall flat. When I have, sometimes, I think I have once or twice, I've realised that it was a terrible mistake to do that, you know what I mean, I think sometimes I might, I think of somebody recently but he was a relatively new client and it was far too early for me to say something. I said something like: "Sometimes it could be good to laugh at this part of ourselves?" But he wasn't there." (T8)

5.3.2 Humanness of the relationship

The participants noted that an element of humanness within the therapeutic space is an important precondition for moments of joy and laughter. The data analysis revealed that the participants defined humanness in terms of the fact that in therapy, there are essentially two human beings that come together and create a relationship:

> *"I put it down to the humanness of our relationship, the realness that she could stay that long…" (T2)*

> *"…we didn't do anything except talk, you know, just talk between two humans…" (T3)*

5.4 Triggers

The analysis of the data revealed an array of elements, i.e. triggers, that precede the moments of joy and laughter occurring during therapy. All of the participants agreed that whilst these triggers facilitate the occurrence of the phenomenon, they are not solely responsible for the emergence of moments of joy and laughter in the room. Thus, the category of Triggers captures the elements that are necessary as the pre-conditions to the occurrence of the phenomenon. The triggers were experienced by the participants intra-psychically, interpersonally and non-verbally.

5.4.1 An existing bond

The analysis reveals that the existing bond between a therapist and a client could facilitate the emergence of the phenomenon:

> *"I think it just builds on what's already there and what's already there is what made it possible." (T4)*

> *"…because there is something about just being with somebody that is joyful that those sort of special people that you feel very bonded to, there is something really joyful about just being in their company…" (T5)*

5.4.2 Something in the room

Five out of nine participants mentioned that there was *"some quality in the room" (T5)* that enabled the moments of joy and laughter to happen between a therapist and a client:

"You know, I think they arise out of what is going on between us…" (T6)

"I think yes, I think, he sits there, and I remember it was quite intense and then it went silly…" (T4)

Furthermore, two of the participants mentioned the presence of a 'third party' as a trigger element. In most cases, the participants referred to pets either being present or entering the therapeutic space. In one case, where the participant was working on the issue of infertility, it was the arrival of the baby into the therapeutic space that facilitated an experience of joy between the therapist and the client:

"And before the bump it wasn't clear if there would be a bump at all and we have gone all through and this little person have come, it's wonderful…yes". (T4)

"…he (the participant's cat) frequently came and sat on that chair when she was here… ouh and there is another thing, sometimes he would sit there and then suddenly the chair would start rocking and we would laugh about that as well". (T8)

5.4.3 Non-verbal signal
Non-verbal signals appear to preclude the moments of joy and laughter in some instances. One participant described "*exchanging the looks" (T4)* as a trigger to the phenomenon taking place, whilst the other said: *"Very often when I am laughing, it's because I am sensing a discrepancy between what they are overly expressing and their latent energy" (T7).*

5.4.4 The narrative
Most of the participants described experiencing the phenomenon as a result of *'something being said'* by either a therapist or a client. During the initial stages of the therapeutic relationship, there are more instances where it is the therapist's narrative that sparks the moment of joy and laughter:

"…I noticed one day that her bag that she brings, she had a packet of Jaffa Cakes being at the top and I commented on it as she…as she picked it. I said: 'Ouh, you have got your Jaffa Cakes with you then?' And we laughed about it, just a little sort of giggle, really, together and then, since then, not every time but quite often I will say to her: 'Have you

got your Jaffa Cakes?' As if she is bringing something…something with her, so can we sort of talk about that. We don't talk about that, we laugh about it and it is sort of…" (T6)

"Normally I keep that door shut, but I must have forgotten to shut the door, and he came in and, it was four o'clock, and I said to the cat, it was just automatic, I just said to the cat, he mewed and I said: "It's not dinner time yet, it's only four o'clock." And he walked out again and we both fell about laughing at that moment". (T8)

Whilst some participants talked about triggering the emergence of the phenomenon through their narrative and said: *"It was me, me, I'm afraid" (T4), "…although a lot of it, I suppose, is triggered by me…" (T6),* one of the participants noted that the clients *"are unlikely to come in with this themselves without me giving a permission or triggering these" (T6).* In line with this, the narrative of the client more often becomes the trigger for the emergence of the phenomenon during later stages of therapy:

"And then she broke the silence and said: 'I am not doing basket weaving!'…" (T1)

"…sometimes when they become pregnant, and, they come and say..." (T4)

"…a client of mine ahmm that started to talk about her little dog and how she took it to ahmm the hospital, and used it for helping children as part of their recovery, as part of their treatment at the hospital, and she described some incidents that were really, really funny and that were nice about the…the child really enjoying this dog and would play with and it jumping about with it, and so forth. And, it was really a lovely sort of occasion. And I really enjoyed that." (T9)

5.4.5 Seeing the client achieve

It was revealed that the clients' achievements, that are helped by the work that the clients do with their therapists, can, on occasion, serve as a trigger for moments of joy and laughter to emerge between a therapist and a client:

"Well…it's their achievement…" (T4)

"…but, also, joy in terms of having achieved something and potentially more to, more to go onto…" (T5)

5.4.6 Coming out of suffering

Suffering was mentioned as a pre-condition of the phenomenon in some instances where a person may have experienced some kind of hardship for a prolonged period of time:

"Joy often comes out of suffering and hard, hard experiences…" (T5)

"It was joyful and it was joy out of horrible sadness and loss…" (T5)

"…I am just thinking like with both of those situations…that there is nothing trivial in what these people were working on…these, well, you know, were life threatening issues, certainly in terms of feeling extinguished as a human being…ahmm, that's the level of fear both of them were dealing with. And, there is…there's something about that humour in the face of death, you know, that, I think, is extraordinarily life affirming and powerful and so…" (T1)

5.5 The Multifacetedness

This category reflects the participants' experience of the moments of joy and laughter in their multifaceted nature. The analysis of the data revealed that whilst the participants found it difficult to talk about the phenomenon, they highly value the phenomenon in their work. They are able to clearly define and differentiate the experience of the phenomenon, and describe a number of elements that constitute the phenomenon in general, as well as intrapsychically, and interpersonally. Furthermore, the data revealed that the participants outlined various types of joy and laughter that they have experienced with their clients.

5.5.1 Difficult to describe

More than half of the participants found it difficult to find the right words to define their experience of the moments of joy and laughter with their clients, whilst being seemingly excited about the subject of this project. They considered the phenomenon as important and, as one of the participants reflected, *"important and quite seminal in my work" (T1).* Whilst the participants stated the phenomenon happens quite often in the work, they struggled to recall their experiences, finding it *"really hard remembering, ahmm" (T6).*

One participant explained that the difficulty is due to the experience having *"something of that embodied experience in the room and it's not, again, it is probably more into… (exhales deeply) …how I would describe it…(pause)…" (T5).* Another participant linked the phenomenon with the unspoken happening in the room: *"there is something going on which is beyond words" (T5).* One other participant summarised their difficulty in a way which echoes the aforementioned examples:

> *"…it has this quality about it which is hard to put your finger on but that there are unknown things which we can't speak of or can't name…ahmm...all of that, really…" (T6)*

5.5.2 Valuable experience

All of the participants agreed that the moments of joy and laughter in the room are very important and valuable for their work. All of the participants recognised the moments of joy and laughter in the room and felt that it was important to acknowledge the phenomenon.

Those participants that predominantly worked with trauma and abuse issues considered the phenomenon as having particularly powerful properties for those clients who go through the process of re-integration during their therapeutic encounters:

> *"I think for somebody who is re-associating into being sensate, I think it is very, very important thing…" (T1)*

Two of the participants felt honoured to engage with the moments of joy and laugher with their clients:

> *"…it's a privilege, you know. It is one of the privileges of the work that we do get to witness these things". (T4)*

> *"I think I'm, they are, I think I have said it earlier on, I think they are moments when you are ahmm, it's a privilege and it's, as most therapists would say, it's a privilege to do the work that we do…" (T5)*

In their reflections on how important the phenomenon is for their work, the participants use the following words*: "vital" (T3), "profound and special" (T2), "strong moment, but that is also very*

special" (T5), "felt like a lovely moment" (T8), "ahmm, great" (T3). One of the participants stated that *"I rejoice these moments, yeah…" (T2)*, whilst the other said: *"So, I think it is…ahmm, it had a huge effect…I think they are really, really important…I couldn't do without them". (T6)*

5.5.3 Frequency

There was a range of reflections in terms of how frequently the phenomenon occurred in the participants' work. Three of the participants found that that moments of joy and laughter happen in their work a lot:

> *"There is quite a lot…because I think that's what it is, and I think they happen often". (T4)*

> *"I would say that for me it happens just about every session". (T6)*

> *"Well, it's quite common, I find it quite common". (T3)*

For others, the moments of joy and laughter were not a frequent occurrence, and in some instances, these experiences were a one-off throughout the work with a client.

Similarly, there was a range of responses in terms of when the phenomenon was more likely to occur in relation to the length of the therapeutic relationship. There were reflections on the phenomenon taking place right at the beginning of therapy, throughout the relationship, as well as towards the end:

> *"Very early on, really. I think probably…may be a second or third session". (T6)*

> *"Ahmm…it often happens at the door knob, whichever way it comes from". (T8)*

> *Ahmm, I am pausing because both of the examples I was bringing are at the end of therapy." (T5)*

However, a clear theme emerged that, for those therapists whose personalities were naturally playful, moments of joy and laughter with their clients happen more often and throughout the work. One of these participants stated that the phenomenon happens *"all the time, yeah, yeah" (T6)* after she had reflected on how her personal and professional selves intertwine in her work.

"Yes, I think I would put it more as ahmm as me, that's who I am, that's my personality that is how I am with everybody. When I am doing therapy, I moderate myself so I am looking at, do I want, should I be more like this? Or that? I am thinking more about it. So, yeah, I am being more conscious of it, but it is not something that I have to, consciously to do, if you like". (T6)

5.5.4 Peak moments

The participants were in agreement that the moments of joy and laughter in the room are the peak moments in the dance of the therapist's and the client's affect as it is interwoven in the process of therapy:

"And likewise, I think with these climatic moments in the work, it's like there is a symbolic fusion in the moment like that, which entwines many symphonic themes in what is going on in the therapy process…" (T7)

Two of the participants used interesting metaphors to describe their understanding of the phenomenon:

"…it does seem almost like, the image I have now, of the patched land that the water fills, when the water comes in, then the patchiness finishes, it's like it is re-nourished, replenished and that's what joyful experiences can do…hmmm". (T5)

"…they are like…they're like climatic moments of symphony, they depend upon being built up to and prepared for and the whole thing having space to unfold, so that when they come, they carry with them all the memories, so to speak, of what has gone previously, you know…it kind of leaps out, leaps out into another dimension at you in the sort of way that, a great, great performance of the Ninth…" (T8)

"So ahmm, obviously, the [inaudible] opening notes 'tee dee (high pitch), tee dee (low pitch), phrrr' of the Beethoven's ninth recur at the cosmic climax in the middle of that movement and, because, we are already so familiar with them, they are heard in an utterly different way, but, at the same time, that climax in the hands of someone like Furtwangler is overwhelming. It kind of leaps out, leaps out into another dimension at you in the sort of

way that, you know, a great, great performance of Ninth, you just do get a sense of the total, total cosmic spaciousness in that great climax. Ahmm, but you also get it, in you know, in the second ballad of Schafer". (T8)

5.5.5 Features of joy and laughter moments

The participants reflected on the different features that the moments of joy and laughter might have. These features outline the 'in the moment' experience of the phenomenon. However, they are not necessarily all experienced at the same time in a moment of joy and laughter. Instead, different features come to the fore depending on the type of the phenomenon (see 5.5.8) that is occurring in any given moment. The types of the phenomenon that were identified are outlined later on in this chapter.

"A Spontaneous surprise"

Seven of the participants reported that the moments feature qualities such as spontaneity, improvisation and an element of surprise. These qualities are more likely to be at the fore of the naturally emergent moments of joy and laughter that were not expected in the process of therapy:

"…and that, that, that was kind of a meeting and sort of spontaneity and anything rather than what's expected right now…yeah (giggles)". (T1)

"Ahmm…and that's the first time that I'd seen her face light up and it was spontaneous, and we both laughed at the same…just at the same time". (T2)

"I am not aiming for those moments, but they happen spontaneously". (T3)

"And I don't think we would have both anticipated that…but this was just a completely different type of engagement to the one that we usually have". (T4)

"…Ahmm, it's hard to say because I think there is a hugely improvisatory element to this…" (T7)

"I think it was spontaneity of it that, there was very healing…" (T8)

"So, sort of, it was something new to me and something I thought was lovely. And, it was just surprising, there was a sense of ahmm…ouh my goodness, that's lovely, you know. So, it was just in the novelty of it". (T9)

'Playfulness'

Seven of the participants noted the feature of playfulness in the moments of joy and laughter. For them, these moments compared to the experience of *"just playing together" (T6)* or even *"just being childish" (T1)*.

"Ahmm…and so, we were laughing and literally, tears were coming out of our eyes and we were grabbing at stuff and we were walking around the room and banging on things and…to make sound, basically…and just being childish". (T1)

"It is almost like a play; it is not so much hard work". (T5)

"It is playful, yeah, yeah, yeah…and the way that we play together. All of that kind of stuff. But it runs, they run in parallel us kind of having this play around it, but actually brings, yeah, very serious issues, in a way, for him". (T6)

'Nonsense'

Five of the participants reported noting ridiculousness and absurdity as featuring in the moment of the phenomenon. One of the participants stated that *"we knew we were being ridiculous" (T1)*. Whilst another said *that "we had to have something bonding together and that actual little bit of nonsense" (T3).* Absurdity was mentioned as a feature of the phenomenon as well:

"The absurdity of going from challenging work to basket weaving…" (T2)

"And, we just sitting here with tears streaming down our face…and laughing and I do believe that, that absurdity, the sense of irony was the cognitive let's go". (T1)

"And, and then he suddenly started laughing and I started laughing and he continued laughing and it became really a key to changing the whole mode, the whole situation, just by pushing, pushing, pushing to the point where it became ridiculous". (T9)

'Humanness'

Humanness was reported as a feature of the phenomenon that encompasses elements such as the experience of being natural, genuine, and authentic:

"But I think it is a genuine…human moment, if you like…" (T4)

"…and then laughter comes in, it's more human, it's more real, more rounded…" (T3)

"That's right…that's right, yes, that's sort of thing, authenticity, but that sounds rather pretentious, of course, it's very much a gut…a gut thing". (T7)

Five of the participants noted an element of humanity in the moments of joy and laughter:

"But I think, sometimes that humanity of what we do emerges in those moments and it…the real humanity of what it is to be a human being…" (T4)

"There was all sorts of stuff. So, it was…ahmm…it was a very human moment, I could call it as well" (T5)

"It's like a moment of time out, almost, except it is part of the therapy. But it is also like a moment outside the therapy for the just two people together". (T2)

"An amplified expression"

All of the participants described their experience of moments of joy and laughter as intense physical or sensual experiences. The analysis uncovered a theme running through the data, as most of the participants pointed to the key element of their experience as having experienced matching peak affect *'together'*. The *'together'* element seemed the most significant in terms of moderating the intensity of the experience in the moment:

"You know, these tiny moments when people are laughing together…ahmm, great." (T3)

"And, we just, like I can't convey the atmosphere, but we both fell about laughing". (T7)

"…you know, where previously she'd just shown me this really depressed side, she was very tired and very negative and, suddenly there we were, both laughing together". (T8)

"…and we were just giggling…totally shared giggling…" (T4)

"…there is ahmm...just a huge, shared merriment and joy at the craziness of life that even, as it were, the possibly the greatest novelist who ever wrote is flawed and he is worrying about him being flawed…" (T7)

In some instances, the participants experienced laughing so intensely that crying emerged alongside the laughter:

"Ahmm, and so, we were laughing and literally tears were coming out of our eyes and we were grabbing at stuff and we were walking around the room and banging on things and…to make sound, basically…and, just being childish". (T1)

"It, it's spontaneous like that, there's been strong emotions in the room and tears and then laughter comes, it's more human, it's more real, more rounded…" (T2)

One of the participants noted the non-verbal communication level that takes place in a moment of joy and laughter in the room by saying: *"…a lot of that is going on, non-verbal communication is going on in those moments" (T6).* The same participant explained the moment of joy and laughter in the room as a form of expressing affect interpersonally: *"but actually, one of the things that we are doing is expressing our feelings about each other…" (T6).*

5.5.6 Interpersonal in-the-moment experience
"Togetherness"

A sense of togetherness experienced in a moment of joy and laughter was reflected on by all of the participants in all types of moments of joy and laughter. The participants understood togetherness as a felt sense of being with the other person in a moment where both parties experienced the same affective experience. The participants used a pronoun 'We' in their reports of the in-the-moment experience, and said that, in those moments, they felt like they were together with the clients and 'shared' something with them, and that there was a sense of 'commonality':

"Because they are moments of being together…" (T3)

"We are sharing a joke, it's quite a special thing anyway, when we are both absolutely get it and it means that you are on the same wave length, have the same sense of humour. I feel, yeah". (T2)

"…because we both found the same thing ridiculous…" (T4)

"…and the way we play together…" (T6)

One of the participants noted that these moments are co-created:

"Yeah, and it's co-created". (T1)

And another two of the participants reflected on the sense of equality:

"It is not therapist client in that moment, it's totally equal in that moment". (T2)

"This is two people, this is not therapist and ahmm patient, it's two people discussing [inaudible] of life". (T3)

"I-Thou"

The analysis of the data revealed that the participants experienced the moments of joy and laughter as moments that have properties of "I-Thou" position (Buber, 1953). Four out of nine participants mentioned connecting with the *'real self'* of the client:

"But…ahmm…we cut through all of that to a part of her real self…" (T2)

"It is a real persona and it's as if…yeah, it's a real person". (T4)

"…it's sort of ahmm, yes, it is that real relating on the certain level". (T6)

"So, I saw a different side of her and, in fact, she turned out to be a very reflective person…and intelligent, and ahmm a lot deeper than she first showed me". (T8)

"I knew he would get it immediately"

An implicit understanding of each other was mentioned by the participants as one of the interpersonal elements of the in-the-moment experience of the phenomenon. The participants explained that, in the process of getting to know their clients, they inevitably exchange information about each other's personalities on an implicit level, and create a sense of shared understanding of each other. This resonates with the concept of attunement (Stern, 1985). The moments of joy and laughter appear to serve as moments when this implicit understanding is acknowledged between a therapist and a client in the room:

> *"Ahmm…and for both of us there was just very strong sense in those moments which we share, and the fact that he knows that I do share it, it is part of the…well, it is there, it is there in the field, as they say". (T7)*

> *"So, I could just make this allusion and I knew he would get it immediately and he would understand what I was saying to him". (T7)*

> *"…but the fact that this teacher who she had felt was her life line had said similar thing she knew immediately where I was going…" (T1)*

> *"…and may be it was saying to her on some level that I understood her as well". (T8)*

> *"We both laughed about it when she said: "Ouh, yeah!" And I said: "We can be". We both, we laughed and I said: "I know what it's like when people say you are too sensitive, "and we laughed, so it was…" (T8)*

5.5.7 Intrapersonal in the moment experience

Affective experience

The participants described their intrapersonal experience of the phenomenon in terms of feeling a deep, positive, lightening and playful feeling that was coherent with the atmosphere in the room and with what their clients may have experienced in that moment. As one of the participants described, there was a degree of familiarity in that inner experience: *"It is like meeting an old friend, when you meet somebody who you haven't seen for ages, there is a joy to it…" (T5).* Another participant compared the experience to a lightning flash in the middle of a storm:

"The humour is like a lightning flash of illumination with quite a lot of thunder as well. It's…it's a strike, it's a kind of sudden precipitation of a donning or realisation". (T7)

Two of the participants reported feeling playful and having amusing thoughts going through their mind in the moment of joy and laughter:

"I immediately though of not basket weaving…ahmm in a light hearted way to myself, not basket weaving…" (T2)

"I suppose I felt quite playful that this was sort of something I could…" (T6)

Three of the participants named their inner experience as a feeling of 'love'. One of them said that *"it was very affectionate...there is always a lot of tenderness between he and I" (T7)* and, the other two using the actual word 'love' in their description:

"I really, I suppose a bit of love or, yeah, love…" (T8)

"Sometimes it becomes love, it depends on the client…" (T2)

Whilst the aforementioned participants named their experience as 'love', the other participants described it as a feeling of care and respect towards their clients:

"I think it is about care, affection, care for each other…" (T6)

Two of the participants explained their inner experience in terms of feeling parental love and care towards their clients in a moment of joy and laughter:

"…because I feel I can be fatherly in those moment…" (T5)

"…So, I think in that way, the parental thing of being able to play with the child is very present that she can feel it from me and can experience me as someone who can hold that and hold all of the other stuff as well". (T6)

Somatic experience

The analysis of the data revealed a range of somatic sensations experienced by the participants in the moment of joy and laughter with their clients. The participants talked about experiencing a sense of embodied lightness, *"a feeling of expansion" (T5)* and an uplift which most of the participants located in their chest area. One of the participants described her experience as *"I just feel warmth" (T2).* Whilst the other two reflected on the sensations that is similar to 'fizziness'

> *"…and it was like that effervescent feeling when you sip bubbles, you feel the bubbles rising almost inside you". (T4)*

> *"I suppose there is a lightness in my chest, in my upper chest, sort of lightness and the bubbling up of something…" (T6)*

5.5.8 Types of the moments of joy and laughter

In their reflections on the phenomenon, most of the participants noted that *"there is a different kind of joy and laughter" (T1).* The following range of the phenomenon types were reported by the participants:

Organically emerging moments

Whilst all of the participants agreed that the experience of the phenomenon is usually pre-conditioned by the Triggers outlined earlier, those moments of joy and laughter that emerged spontaneously and without the therapist's deliberate use of humorous interventions have been defined by the participants as organically emergent. Many participants stated that they do not deliberately *"seek to have those moments" (T2).* One participant said: *"I don't think you can fabricate those moments…if it happens, it happens." (T1)*

Deliberate moments

Contrary to the organically emergent moments of joy and laughter, the data analysis revealed that some participants tend to facilitate the emergence of the phenomenon somewhat deliberately through the use of humour, jest and by responding to their client's use of humour and jest. One of the participants reported using unconventional therapeutic techniques with their clients in order to create these moments:

"I remember one time when somebody was saying how depressed they were and how…and I sort of saw something not quite real about that and so I said: "Well, how depressed are you in comparison with other people?". They said: "Ouh, really, I am worse than anybody I know." So, I pushed him and I said: "Are you worse than everybody in [name]". He said: "Yes, I think, I probably am more depressed than everybody in [name]." And then I forwarded: "Do you think you are more depressed than anybody in [name]". "Yeah, I probably am". "How about [name]?" And, and then he suddenly started laughing and I started laughing, and he continued laughing, and it became really a key to changing the whole mode, the whole situation, just by pushing, pushing, pushing to the point where it became ridiculous". (T9)

However, as one other participant noted, these type of moments are:

"…short lived because in a way you are experimenting to see if this is something you can get through. I think if you, sort of, using it in a more deliberate way…ahmm…you will be less light hearted". (T4)

Moments of liberation

The process of data analysis revealed that liberating moments are moments when the participants reported experiencing a sense of freedom or 'loosening up':

"…and that people's movement really having a laugh becomes exaggerated which does to me just demonstrates a kind of a freedom, a looseness ahmm…you know". (T1)

"That's a good word to use, actually, freedom, because this is what she has never been able to feel". (T2)

"It is more like freedom, more like a sense of opening up for a new area or something like that, a sort of opening for something…" (T9)

Life affirming moments

Four out of nine participants reflected on moments of joy and laughter that can be life affirming. All of these participants gave examples of working with clients who had experienced trauma, abuse and other life threatening issues.

One of the participants highlighted the *"joy of being alive"* and described the actual experience as *"to share that two bodies are doing something of life" (T1).* The same participant noted that *"there is joy and there is something about survival…"*

> *"And, there is…there's something about that humour in the face of death, you know, that I think is extraordinarily life affirming and powerful and so…" (T1)*

Furthermore, the same participant noted:

> *"it will be hard for me to find a case of working with trauma that I felt really, you know, really complete where there isn't sometime of encountering a sense of joy, of being back in a moment, being alive, being…ouh (expelled air to express relief), looking, looking now at life that isn't defined by, I think, I think it's an absolutely core part of it…" (T1)*

Another participant connected joy with being alive and stated that *"…joy moments could be when you feel most alive so they wake everything up in you…ahmm…(pause) because of this feeling of being alive, it takes away that sense of deadness, because joy is life affirming". (T4)*

Celebratory moments

Celebratory moments of joy and laughter were defined as those that happen in the face of significant achievements by the client when these are presented to the therapist. These types of moments are more likely to happen towards the end of the therapy. In this respect, one of the participants reflected on a shared moment of joy when a client whose original issue was infertility brought their new-born baby to therapy:

> *"I know, it is…yes…counting everything, yes. So, I think it is a moment of celebration and it does often, they do come with the baby that it is often the marking that the work is ending now." (T4)*

Another participant whose clients conceived a baby, a decision that they had made with the help of therapy after having worked through their issues of addiction and abuse, equally experienced a shared celebratory moment with their clients:

"…and I think, there was joy in that moment between us but of a different kind, of a real acknowledgement of the work that she and her partner had put in, the joys of becoming a mother now was happening. There was certainly a sense of joy that she became pregnant so quickly". (T1)

Three of the participants reported experiencing a sense of satisfaction in relation to the celebratory type of moments of joy and laughter:

"It can be, that can feel really satisfying, actually..." (T4)

"…ahmm, there is a sense of satisfaction in joy". (T5)

Two of the participants reflected on the element of hope that fuels celebratory moments:

"…I think the hope for the future and the hope that this is going to be ok now…" (T4)

"…but also joy in terms of having achieved something and potentially more to, more to go on to". (T5)

"…'cos she, it was like new life was coming…ahmm, there was new life for her but there was a potential new life through the baby". (T5)

Affirming the bond moments

One of the participants described the moments of joy and laughter as affirming the existing bond between the therapist and the client:

"They confirm, they are confirming moments that we are working together, especially if the clients made me laugh". (T3).

Spiritual moments

Two participants defined spiritual moments of joy and laughter that are experienced at a deep level and are more like the experiences of the soul rather than embodied:

"…but also something spiritual, at a deep level between me and another client which are…ahmm. have a spiritual quality". (T5)

"…you meet soul to soul". (T8)

Moments of meeting

Some participants described the moment of joy and laughter in the room as "the moments of real meeting" (T4).

"They are the moments of meeting, you know, they really are. And the moments are also, when they are in therapy, the release of interaction, a try to aim for something they could tell somebody else about, that something great that happens…I think that's important". (T3)

"…but, it's a real human meeting of two people in the room…a meeting of two people, both vulnerable…" (T4)

Quiet joy

The data analysis revealed that a quiet type of joy was identified in moments of comfort where the established therapeutic relationship enables the client to experience their therapist as comforting. In these instances, moments of shared comforting joy could emerge in the work:

"So she was wearing a soft ahmm a scarf…ouh no, it was the soft jumper she had on. And, I think I…I've got the sense that, we were talking about the need for softness and something of the softness of being with me. So, there was something where this is…not necessarily was joyful, but I think it was more a recognition of ahmm the comfort that she drew from being with me. And there was a sort of a quieter joy in that". (T5)

Furthermore, the participants compared the moments of joy and laughter with other phenomena that may overlap the subject of this research project. One participant talked about humour *"I do use humour sometimes as provocation so, and here is a different…which is one element of laughter" (T1).* Another participant expanded on laughter as a defence and said:

"But I do know the difference, I know when it is a defence, I know when they are covering up. I can see it; you can see it in the smile or anything…" (T2)

One of the participants contrasted the moments of joy and laughter with the *"dead moments, the grieving moments and things like that, the depression, both in my own experience and in the client's experiences and other people, people don't feel joy, there is nothing to feel joy about" (T6).* The same participant felt that the moments of joy and laughter are *"more long standing and deeper than happiness" (T6).* In comparison, he felt that *"happiness is potentially more transitory and the happy moments feel more passing and superficial" (T6).*

5.6 The Impact

The Impact category encompasses what the analysis of the data revealed to be the elements of the therapeutic process that are significantly influenced by the moments of joy and laughter between a therapist and a client. The participants reported three main elements where they experienced the moments of joy and laughter as influential for the work. These are namely the relationship, the client and the therapist.

5.6.1 The relationship

Participants said that the phenomenon plays an important part during relationship forming stages of therapy, as it aids the formation of the working alliance and, in particular, the process of establishing an element of trust within the relationship:

"Ouh, I think they had a huge impact on the working alliance, definitely! Ahmm…you know, it has been very tough, it is very tough for her to come. Ahmm, you know, a lot of the work so far is just on building trust, ahmm, so I think they have a huge impact on that." (T6)

"…ahmm, I think maybe she trusted me more…" (T8)

Equally, many participants reported that the phenomenon helps to strengthen the existing therapeutic relationship:

"Yeah, there is more depth to the relationship, it's more rounded". (T2)

"I think it cements it, that's my, hypothetically…" (T6)

"These sort of moments are, it felt like something solidified…that in some way it solidified what we have been doing…it is also, ahmm, sort of bedding in of something." (T5)

One of the participants reflected on the ongoing impact that these moments had on the relationship and said that *"it builds a kind of affectionate relationship, that's what we build over time, yeah, I think so, it's all part of it" (T6).* The same participant reported feeling *"more certain of what I can do in the relationship",* as well as stating that the phenomenon helps to *"hold them (the clients) in a relationship with me (the therapist)" (T6).*

Another participant reflected on the sense of collaboration that emerged as a result of the phenomenon taking place in the room:

"And the juxtaposition of the frame of the work with the out of world frame that he managed with that intervention healed something, and the work changed, and became much more collaborative after that." (T8)

In summary, the phenomenon seems to aid the formation of a sense of connection between a therapist and a client, and strengthens that connection during ongoing stages of the therapeutic relationship. One of the participants summarised this very eloquently by saying: *"It cements it - and what's already there has made it possible" (T5).*

5.6.2 The Client
The findings revealed that the participants experience and understand moments of laughter and joy as influential for their clients and reported noting an impact whereby the clients appeared to experience themselves more at liberty with their own selves. The clients became more accepting of their own humanness and of the humanness of their therapists, and more in touch with themselves. Furthermore, the phenomenon appears to have a healing impact on clients and their therapists.

Liberation
The findings revealed that the participants experienced their clients as more at ease and somewhat freer and more relaxed following moments of joy and laughter in the room. One of the

participants stated that "*it can release things" (T7)*, whilst another said that the client *"seemed lighter" (T8)*.

Accepting humanness

The participants reported that the phenomenon helps their clients to accept their own imperfections, abilities and limitations, as well as the fact that their therapist is also a human being:

> *"What's important is that they accept who they are and start putting on boundaries on their life that work for them". (T3)*

> *"Yes, I think it highlights that's what you really are anyway…". (T4)*

> *"May be, in that moment, she realised that I didn't have the magic wand, that I was just an ordinary human being". (T8)*

> *"…it was…it was ahmm, a shattering of a kind of overly precious perfectionism in the moment…" (T7)*

Integrating parts of the self

The participants reported that the experience of the phenomenon in the room facilitated their clients' integration of conflicting or disjointed parts of their psychic selves:

> *"So, with the woman I was talking about earlier this week that the connecting door is really with her sensate self and her, in this moment, self, and in her body ahmm…and, the pleasure of having a sense of your body. And that's been compartmentalised…and yes, we were breaking through that membrane that separated her from that." (T1)*

> *"I think is does make her in touch with the fact that sometimes she does smile genuinely with me and I think she does that very much". (T6)*

Healing

Closely related to the aforementioned integration of self, six of the participants reported that the process of healing was a result of moments of laughter and joy in the room. One of the participants described the experience of laughter and joy in the room as healing in itself, and as impactful on

the client's journey of *"coming back into your boy and owning the moment, and knowing certain things are past, are over" (T1)*. Another participant reflected on the healing part in terms of permitting a hidden part of the client into the room:

> *"And I think if that's been hidden for a long time, had never been allowed to have freedom to laugh as a child or into adulthood, if that's created in the room, I think it's on the way, part of the healing". (T2)*

Two of the participants who described the experience of the phenomenon as healing for the client also reflected on it as being healing for the therapist:

> *"I guess, given, I do believe that therapists, in some ways, are trying to cure themselves all the time, that I'm…I'm ongoingly having reparative relationships with people for me, rather than for the clients. May be if I have enough of these moments, I wouldn't have to be the therapist anymore (laughing together), I will let you know (still laughing together)." (T5)*

> *"I think, it as a spontaneity of it that, that was very healing…for everybody, in fact really healing for me as well". (T8)*

5.6.3 The Therapist

All of the participants reported being impacted by moments of joy and laughter on both intrapsychic and interpersonal levels. Furthermore, there was an impact on the therapists' ability to perform their job, whereby the phenomenon made it easy to access the client and to work with their painful experiences.

Inter-personal level

On the interpersonal level of relating, the participants reported feeling "*closer" (T2)* to their clients after the phenomenon had happened, experiencing a sense of *"just a shared delight" (T4)*, *"feeling affection towards her (the client)...a deep sense of the relationship…and also like I know her a bit more" (T6)*. One of the participants stated*: "…it gave me, because I was a bit, to see another side of her, it gave me more hope for her, you know…" (T8)*. Another participant used a metaphor to describe their experience and said that it is like *"…you are coming out into the good weather and that being bathed in sunlight…ahmm, it's like a sunny day when, a bit like today" (T5).*

All of the participants reported experiencing a heightened sense of "*an emotional connection*" (T5) with their clients as a result of moments of joy and laughter and, in their interview narratives, they appeared to switch from using 'I' and 'he/she' to 'we' as they went on to report their experiences during and after the phenomenon had occurred:

> "*We are comrades in arms, you know…ahmm. I think this is incredibly intimate. I think it says we are intimate rather than, I don't think you can go there really if you don't have a good rapport…*" (T1)

> "*Ahmm…feel warmth, I feel, yes, usually when I feel, you know when clients are really defended and there is this gap over there and you are over here and then this gap closes. It's when the gap closes, I just feel that warmth*". (T2)

> "*I think: 'Ouh, ok, we are making real contact here'…we started together a twinship…so, you know, the joining of people which happens in laughter or realisation, you know. I think…the…the….point. I think, you can have somebody siting there and you feel chatting for an hour but there is no feeling, there is no connection really…*" (T3)

One of the participants reflected on the emergence of familiarity as a result of the phenomenon occurring on an ongoing basis throughout the relationship:

> "*It does have that sense of what I have with friends, some old friends, of with a partner or a lover. I think of these three categories, really. When you feel like you, there is a deeper bond that clicks in, in some way or another*". (T5)

The same participant expanded on the sense of connection that solidifies as a result of the phenomenon, and reflected on the post-therapy experience whereby even if there is no physical meeting, the sense of interpersonal connection is retained on an intra-psychic level:

> "*So, even if we lose contact in the world, like with my clients, but also in terms of when people die, does that connection remain? Even though it is not seemingly there and I would say rationally it is not there, but a sense of, just, as I think, you retain a sense of somebody who has died, ahmm, you retain a sense of somebody who has gone out of your life, and…I suppose, for both of the clients that I have talked about, I retain a sense*

of joy because on a basic level, it is a good piece of work but there is something deeper in terms of the quality of the relationship I had with them". (T5)

Intra-psychic level

The moments made the participants feel *"good" (T3), "quite lovely" (T4), "happy" (T5), "awake" (T5), "an absolute delight" (T4), "safe" (T5).* One of the participants summarised their affective experience as *"just energised and enlivened and hopeful…" (T8)*

The analysis of the data revealed that the sense of *'intimate connection'* and *'closeness'* that the participants reported takes place on an instinctive level rather than a cognitive one:

> *"And I think, I just find, I think I probably just instinctively look for these sort of things that I can make a connection over, which is, sort of not, they are not very serious things. And that seems to ease, that seems to help the connection and ease the therapy, make it easier, the connection between us". (T6)*

Personal-professional level

More than half of the participants reflected on how the phenomenon helps them in their professional pursuit in the room. They reported that the emergence of moments of joy and laughter helps them to work with the *'painful stuff'* that their clients bring into the relationship. It provides a *"cushioning" (T1)* effect, whereby the phenomenon softens the experience of pain for both the therapist and the client during the process of therapy:

> *"Ahmm…making it easier, you know, laughing about your exposure in response to prevention when you have got OCD is quite helpful, really, when something really difficult to do…" (T6)*

> *"And it works well to, with the pain, I find…it's making, it's putting things into perspective, kind of, that there is joy amongst the pain". (T2)*

> *"And he came in a terrible panic and said: 'I am going to shoot myself!' So, I said: 'Shoot your dad!' He said: 'I can't do that.' I said: 'You can, you shoot yourself, you shoot your dad. If we are shooting anybody, who deserve shooting? All right?' And he was like: 'What the fuck did you say? Shoot your dad? Ouh…wow…I can't even think in these terms.'*

Because the dad was the guy who was hurting him all the time, why can't he get his aggression out, why his aggression is turning inwards. But things like that we have, it's done in a light way, like 'you need now to shoot your father'. You know, it's done in a light way, it's like..." (T3)

"Yes, I suppose it is like this dis-identification, it's ahmm like if you do meditation or mindfulness, it's the idea that there is a separation between you and your thoughts and a separation between you and your super ego. You suddenly see that that's just super ego, it's not me, at the deep level. I do think this dis-identification…. yeah, I think dis-identification could be really healing, and that can often be done through humour." (T8)

"Yes, it enabled us to go into emotional level which could then become, which would then include negative stuff more easily, because we had opened up an emotional space between us, which can then turn in all kinds of directions." (T9)

Entering the client's world

The findings show that the participants found that moments of joy and laughter in the room enabled them to go beyond their clients' defensive boundaries and to access their clients' emotional world.

Most of the participants reflected on how the phenomenon impacts on their ability to go beyond their clients' defensive boundaries:

"Ahmm…that for me, I thought, at that moment, we cut straight through, straight through all her defences, her rigid ways of being". (T2)

"Yes, it is almost like ahmm…what's the word I am looking for. It's like when you laugh in that way, your defences just go". (T8)

"It's…it makes you merge a bit or makes your boundaries go a bit soft". (T5)

This process of melting boundaries is linked to the experience of liberation that the participants observed in their clients, which was described earlier. The melting of the boundaries helped the participants to open a door into the emotional world of their clients. The participants compared

the phenomenon to the *"connecting door between different compartmentalised experiences that is beginning to open" (T1),* whereby laughter is an embodied experience that is out of one's intellectual control: "*the cognitive let's go" (T1).* One of the participants described this experience as a *"movement towards or a loosening up" (T6).* Another participant described how the moment of joy and laughter enabled them to access their client's affective world in which they shared their love of animals.

> *"And, I suppose through that experience, I was able to explore in other sessions with her, you know, when she was really depressed, I was able to ask about her dog, if she was out for a walk with her dog. So, it felt, I suppose, like a tool, almost, in a way that I could access her." (T8)*

6. DISCUSSION

6.1 Introduction

In this chapter of my thesis, I aim to present a theory of the shared joy and laughter experience in the therapy room from the therapists' perspective, as it was developed through my engagement with this study and the analysis of the data collected. In the forthcoming section of the chapter, I will expand and explain the complexity of the shared joy and laughter phenomenon, providing detailed explanations of the various processes involved in the emergence of the phenomenon in the room, as well as how these processes interweave and interact with each other. In addition, I wish to acknowledge that, although the data collected and analysed in this study enabled me to create my theory, I am limited in my attempt to explain the processes, their importance and the possible interactions involved in the experience of the phenomenon by the type of the data collected. Therefore, the theory developed through this research project will be discussed in light of other relevant models that exist within the field of counselling psychology and psychotherapy which could be considered helpful in making sense of the findings of this study. In addition, the results of this project will be discussed in relation to the contribution to clinical practice and theoretical knowledge in the field of counselling psychology and psychotherapy. Furthermore, I will reflect on my personal process as it unfolded throughout this research project and share my thoughts on the strength and limitations of this study, as well as future research ideas.

6.2 A theory of 'crescendo' in relational psychotherapy

The findings appear to indicate that the shared moments of joy and laughter between a therapist and a client during a therapeutic hour are not isolated events that can be extracted from and examined as separate to the overall process of therapy. The data suggests that the phenomenon in question is, in fact, a system of the complex, multidimensional and iterative processes that intertwine and mutually influence each other over a period of time and within a therapeutic space.

These multidimensional and iterative processes that are involved in the birth and fruition of the joy and laughter experiences in the therapy room have a distinctive quality of 'flow' and, are imbedded within the overall process of a therapeutic encounter. Whilst an idea of a 'flow' could potentially presume a steady and consistent movement, I would describe the 'flow' of the processes involved in the emergence of the phenomenon as flowing in waves. In order to imagine how this flow of the processes develops, I would suggest to think of a wave of the sea water that is steadily moving towards the beach. It gradually builds up its size, sound and power and, once at its peak, the water explodes on the sand leaving multitude of traces. The findings of this

research project suggest that shared moments of joy and laughter during therapy emerge similarly to waves. Thus, the 'flow' of the processes involved in the phenomenon goes through a build-up period towards a peak encounter and, the phenomenon leaves lasting impact on the process of therapy and its partakers.

Drawing on the aforementioned complex system of processes involved in the emergence of the phenomenon in the room and the way these processes appear to flow as waves, I propose to use a term 'crescendo' in order to describe shared joy and laughter during therapy. 'Crescendo' is a classical musical theory term that indicates a gradual increase in volume that culminates in a climax in a musical passage. It plays an important role in all kinds of music because the intensity of the volume, in part, defines a musical piece. The emotional quality of the climactic part of a crescendo depends on a continuous process of the harmonic combination of the musical tones that creates a melody during build-up, coupled with the intensity of the volume. Just like in music, moments of joy and laughter are co-created by a performance of two, a therapist and a client, who play many instruments in a harmony that is unique for each therapeutic encounter. Just like in music, these therapeutic 'crescendos' leave lasting effects on many aspects of the therapeutic process and, in part, define the process of therapy.

Stern (2010) introduced an idea about forms of vitality that are defined as dynamics of human experience that are expressed through almost constant movements. Stern (2010) notes that there are many dynamic forms of vitality, such as those grounded in human experiences, as well as those that can be found in art, dance, sport or music. I believe that my theory of shared joy and laugher in the therapy room defined as a theory of 'crescendo' in relational psychotherapy denotes a process of continual flow in waves which is imbedded in the process of psychotherapy, and, which could be understood as one of the forms of human vitality. This is because shared moments of joy and laughter involve various process essential to forms of vitality.

The findings indicated that during the experience of shared joy and laughter in the therapy room, a therapist and a client are engaged in the continual process of interaction on implicit and explicit levels of relating. Their faces, bodies, their tone of voice, and their emotional and cognitive states shift and change, and involve states of arousal, interest and involvement. Thus, there is a continual dynamic movement in which these intricate aspects that include physical dynamics, neuronal dynamics, subjective dynamics and psychological dynamics, such as emotions and perception, interweave and unite with each other into a well-integrated form, which puts 'flesh on

the experience' of shared joy and laughter, so that it is "felt and seen as coming from living persons existing in our real daily world – someone who moves in time and space, and with force and direction" (Stern, 2010, p.30).

The following Figure 2 is provided to illustrate a theory of 'crescendo' in relational therapy.
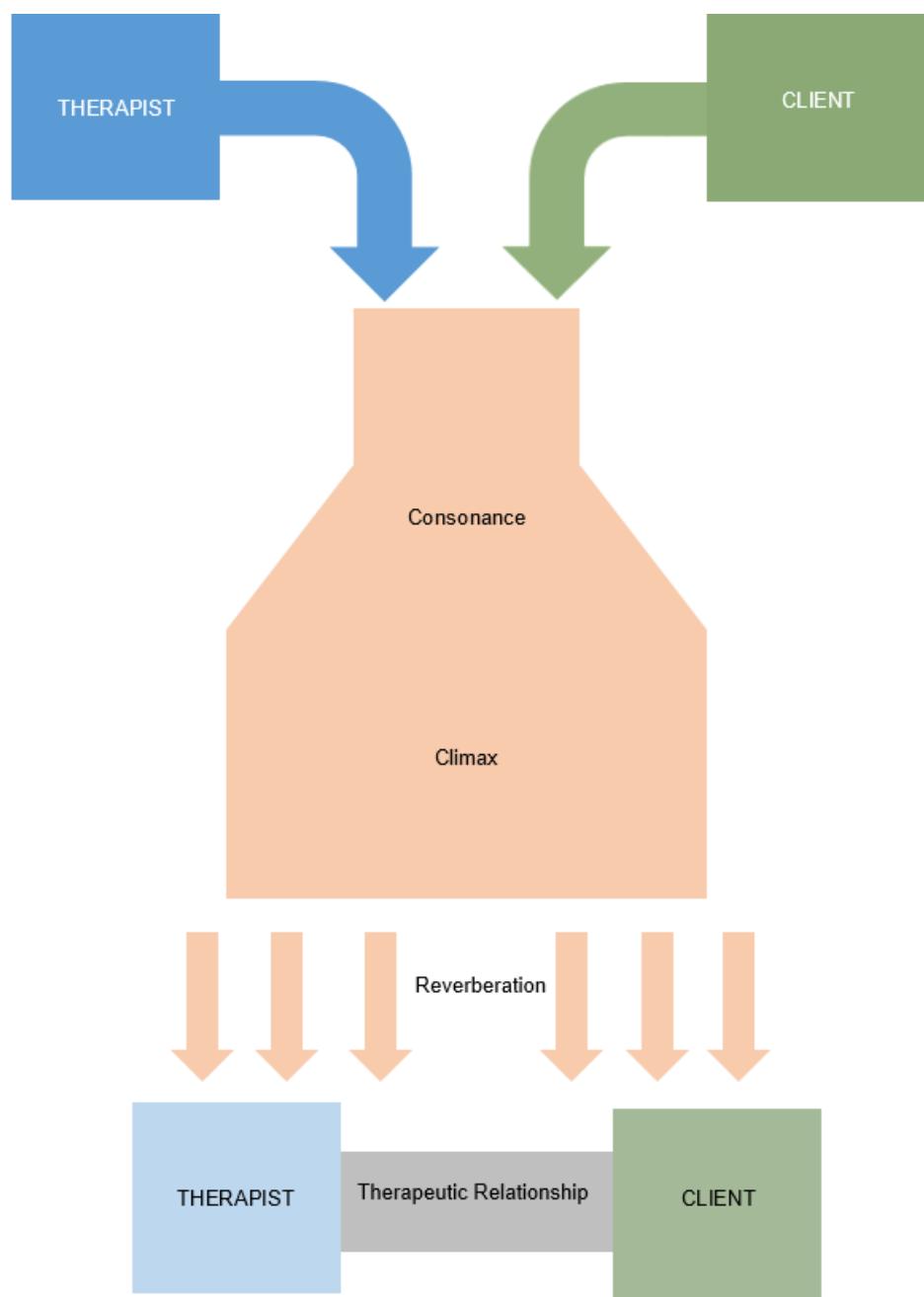

Figure 2

The data analysis revealed that shared joy and laughter moments are co-created between a therapist and a client during therapeutic hour. These experiences occur as a result of the meeting between their respective subjective processes. It is important to acknowledge that this project does not reveal much about those processes on the part of the client, because the phenomenon was studied from the therapists' perspective. However, the data provides an insight into what elements of the therapist's subjectivity the participants considered as instrumental in the process of emergence of the phenomenon, and how these elements contribute to the latter. Furthermore, it appears that as therapy unfolds, the processes involved in the creation of the shared joy and laughter experiences come together and, like various instruments of an orchestra, begin to play in harmony, thus creating a sense of consonance between a therapist and a client (this concept is explained more fully below, in section 6.2.2). The experience of consonance grows in its intensity and results in a climax that, in turn, reverberates onto the client, the therapist and their relationship. In the forthcoming discussion I will expand and elaborate on those elements and processes that I, drawing on the analysis of the data, propose to be the key players in the therapeutic orchestra that creates shared joy and laughter in the room.

6.2.1 Therapists' subjectivity

As mentioned earlier, the findings indicate that joy and laughter 'crescendos' occur within the interpersonal realm of the therapeutic process, and involve verbal and non-verbal communication between a therapist and a client. Nonetheless, the therapist's subjectivity, both personal and professional, is impacted and, in turn, impacts the client. According to the findings, this plays an important part in co-creating the phenomena in the room. Therapists noted many aspects of their stance that they developed over the course of their clinical experience, and described these as instrumental in co-creating moments of joy and laughter with their clients in the room. This finding is consistent with the idea expressed by Stolorow and Atwood (1992) about 'organising principles' that people develop in the course of their histories, which shape and form their perception of events, and which therapists, as well as clients, bring into the therapeutic relationship.

The therapists' reflections on their stance and how it interacts with the characters of their individual clients with whom they experienced joy and laughter during therapy, could be described as an opera experience with an orchestra in the background which is conducted by the therapist. The client would then be like an opera singer. Whilst an opera singer leads the performance, it is the conductor and his orchestra that complement the singing. Altogether, the singer, the conductor and the orchestra, give the experience of the performance its distinctive qualities.

During an orchestra performance, the mastery of the conductor to enable various instruments in his orchestra to play in rhythm and harmony, as well as the variety of the instruments that the conductor has to his disposal, play an imperative part in the quality of music that is produced to accompany the singing. The findings of this research project revealed that the therapists regarded their clinical experience as an important element in developing their integrative style. Their personal self and professional self are integrated to enable them to feel comfortable and at ease when juggling different aspects of their style in the room.

Whilst the therapists reflected on the various aspects of their stance, the latter findings concur with the values held by the Integrative school within the field of counselling psychology and psychotherapy, which is imbedded within the relational paradigm. Evans and Gilbert (2005) outline values such as the therapist's active presence, authenticity, honesty, and ability to provide a holding environment within which growth and healing can take place. These values are consistent with the findings, as the therapists reflected on being authentic, present and genuine with their clients, and being able to hold the space for the clients. Evans and Gilbert (2005) emphasise honouring the client's world as the primary responsibility of an integrative psychotherapist. This is consistent with the finding in which the participants emphasised the importance of following the client's lead in the work, as well as being respectful, sensitive and caring towards the client.

'Being relational' was noted by the participants as one of the key aspects of their psychotherapeutic stance. The participants understood the concept of 'being relational' as possessing an ability to recognise the interplay of the two subjectivities in the room, their own and their client's, which are locked in a continually evolving process of reciprocal impact and interaction. This key finding is consistent with the integrative literature within the relational domain that observes a 'two-person' view of the therapeutic process and emphasises the importance of "a shared relationship in delicate dance of mutual interaction and influence" (Evans & Gilbert, 2005, p. 2) in the process of therapy.

The Relational Integrative framework places significant value on the therapist's use of self. This greatly hinges on therapists' reflective abilities with regards to their own material and responses, as these become interwoven with the client's stories and presenting issues during the process of therapy (Gilbert & Orlans, 2011). This idea is consistent with the findings of this research, as the therapists noted the importance of 'being comfortable to work instinctively and use their self' in

the process of therapy. Furthermore, working instinctively is consistent with the idea of embracing the uncertainty and insecurity in the face of existential concerns (Watts, 1979).

Whilst therapists noted many aspects of their stance as being important in the process of co-creation of the phenomenon, they made a link between developing their stance over the course of their experience through the continual process of integration between their personal and professional selves. Therapists reflected on *'working by the book'* at the beginning of their careers, and how this prevented them from connecting with their clients in an authentic relational way. A critical finding showed therapists growing and developing their awareness of their innate personal characteristics, in particular their ability to be playful, joyful and witty with other people, and how these are expressed in the process of working with their clients. This continual increased awareness enables therapists to be comfortable with who they are in the room with their clients, thus, contributing to the therapists' development of their Integrative stance which, according to the findings of this research project, mediates the emergence of the phenomenon.

This process of development of the 'self' that integrates the personal and professional aspects of the therapist's personality echoes one of the key ideas that run through a relational-developmental approach to integration. As outlined by Evans and Gilbert (2005), the 'self' of a person is engaged in a process of continual development from the moment of conception until death. The 'self' develops through the person's exposure and engagement with new relationships and new challenges as these emerge throughout one's life experience. Consistent with this idea of continual self-development, the participants emphasised the importance of developing their Integrative stance throughout their career. They were able to trace the differences between their professional style at the beginning of their career, and at the point of being interviewed for this research project. Furthermore, the key finding in this respect is that the increased complexity of the therapists' stance is what they believed contributed to the emergence of 'crescendo' experiences in their work with their clients.

In their reflections on the role their stance played in the experience of 'crescendo', therapists compared being Integrative to other therapeutic models, such as psychoanalytic and person-centred. The therapists believed that the emergence of the phenomenon was unlikely in those therapeutic relationships where therapists adopt a Rogerian or psychoanalytic stance. They attributed this to the rather 'prescriptive' nature of these approaches with respect to the stance of a therapist, as the therapist is somewhat refrained from enabling their personal self to intertwine

with their professional self in the room. Thus, the findings of this research project suggest that working Integratively is one of the key ingredients for the development of the joy and laughter 'crescendos' in relational psychotherapy.

Whilst the participants highlighted the use of the various therapeutic techniques such as attunement, mirroring, modelling and disclosing, these are known as the techniques and strategies that are employed by the Integrative psychotherapist (Evans & Gilbert, 2005). However, attunement, mirroring, modelling and disclosing are not Integrative modality-specific techniques, but they are instruments that are used by psychotherapists within many modalities. Nevertheless, the significant element in attunement, mirroring, modelling and disclosing is that all of these presume a 'two-person' interaction. They are, thus, employed within the context of a relationship, and this is central to the relational paradigm.

Another interesting finding in relation to the participants' reflections on their stance was the therapists' ability to shift their stance under the influence of the client. The therapists indicated that, for example, when they were working with clients who, either did not appear to share their sense of humour, or seemed too fragile with regards to their intra-psychic presentation, the therapists would shift their stance and exercise high levels of sensitivity towards their clients' psychological needs. Whilst in these circumstances, the therapists indicated that moments of joy and laughter were less likely to emerge, in those cases where the phenomenon was still experienced in the work, it was suggested that the therapists' flexibility with regards to their stance and awareness of the client's psychological needs was the contributing factor to the emergence of the phenomenon. This is consistent with the findings of Gabbard's (2005) research, which suggest that those therapists who are able to really engage in the subjective uniqueness of their clients, and their presenting issues, are able to empathically understand and communicate this to the client. This is important for the establishment of a therapeutic bond.

An ability to be playful and joyful is one of the key findings with respect to the therapists' stance. The participants considered it to be a significant contributing factor to the creation of the joy and laughter 'crescendo' experiences during therapy. The therapists understood 'being playful and joyful' as their ability to improvise, be spontaneous, creative, humorous, witty, and experience joy intrapsychically in the context of an interpersonal relationship.

It was suggested that this particular aspect of the therapists' stance has direct links with their personal characteristics. The therapists noted that they were able to be playful and joyful with their clients because the phenomenon of joy and laughter was integrated into their personal relationships outside therapy. These were the qualities that they developed through their personal life experiences and found beneficial for their relationships with other people. Thus, drawing on the benefits of these qualities outside the therapy room, the therapists integrated these qualities into their professional selves and enabled these to emerge when they felt it was appropriate.

Although the therapists linked being playful and joyful with possessing this ability as a personal quality, the findings suggest that the decision to present this side of themselves in therapy did not just depend on their possession of these qualities, but was also greatly influenced by the client. The findings indicate that the therapists would allow themselves to be playful and joyful with clients at times when they either sensed implicitly or explored explicitly that their clients were positively receptive towards this experience. Furthermore, therapists reflected that those clients that appeared to be non-receptive towards playfulness throughout most of the therapeutic work, were nevertheless able to, and could eventually engage in playful exchange or the experience of interpersonal joy.

This important finding in relation to the therapist's stance concurs with literature that observes playfulness and improvisation as the essential elements of the process of therapy. The idea of play in psychotherapeutic relationship was theorised by Winnicott (1971) who linked psychotherapy to two people playing together. He stated that where playing is not possible, the process of psychotherapy leads towards enabling the client to play with their therapist. He links play to health, and states that play happens within the intimacy of a reliable relationship. The aforementioned findings of this research in relation to the therapist's ability to be playful and joyful, appear to be consistent with Winnicott's (1971) ideas and of his successors, such as Ringstrom (2001) who developed these ideas further. Ringstrom (2001) linked mutual playfulness and curiosity with the idea of improvisation in the process of therapy, and the experience of mutually playful interaction as an experience in which 'subject to object' relating becomes 'subject to subject' relating (Benjamin, 2004).

The findings indicate that the therapists view their Integrative stance as having many elements, which include values, interplay of a personal and professional selves, and the use of techniques and strategies. They view these as the contributing factors to the emergence of the shared

moments of joy and laughter in their work. Nevertheless, it must be noted that the participants were practitioners that practiced psychotherapy from an Integrative perspective. Therefore, it remains unknown if those practitioners who work within other modalities of psychotherapy would also consider their stance in the same light with regards to the phenomenon in question for this study. However, I will elaborate on this aspect further in the subsequent chapter of this thesis when discussing strengths, limitations and further research ideas.

6.2.2 Consonance

Consonance in music refers to a combination of notes that are in harmony with each other due to the relationship between their frequencies. This term is mainly used to describe the quality of sound of an interval that is pleasant and agreeable to the ear. An interval is a sound structure formed by two simultaneous or consecutive tones. The concept of 'consonance' is highly context-related. The way the quality of sound of an interval is perceived depends on several music-psychological factors. These include temperament, genre, the extent of the interval, the harmonic environments before and after the interval, and so forth.

Figure 3 is provided as an illustration of the process of consonance.
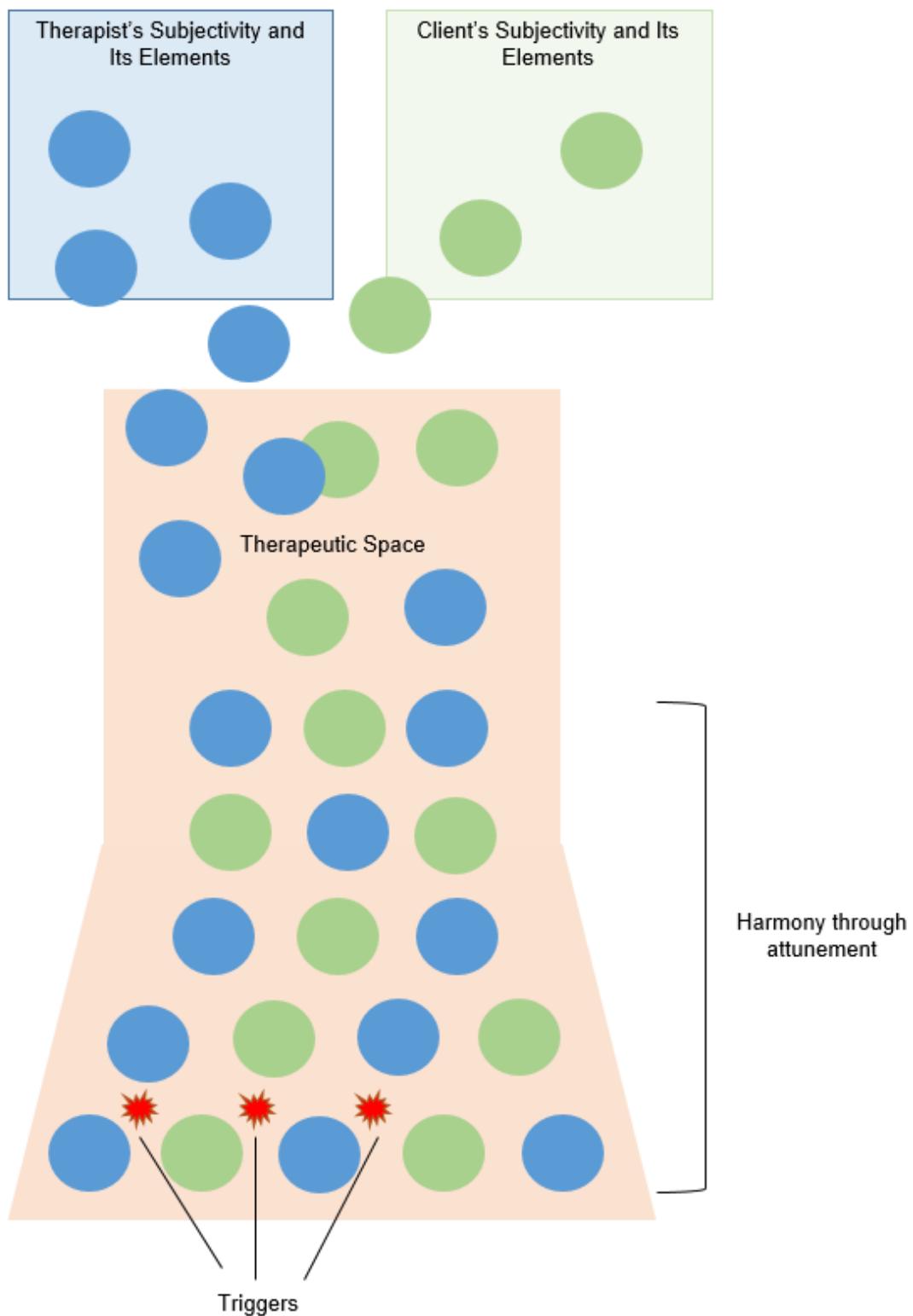
Figure 3

A significant finding of this project suggests that joy and laughter 'crescendos' emerge in the process of a therapeutic dance between a therapist and a client, in the context of the therapeutic space. The coming together, either simultaneously or consecutively, of a therapist and a client during the build-up part of a 'crescendo' is similar to the structure of an interval in music and, is consistent with the idea of intersubjectivity of a psychotherapeutic relationship. Stolorow and Atwood (1992) write about this intersubjective aspect of a therapeutic relationship where a therapist and a client are engaged in a constant interflow of their shared experiences which, in turn continually impact and influence each party in the dyad.

The findings show that the ongoing relational process between a therapist and a client does not occur in a vacuum, but is imbedded within the therapeutic space that holds the process of therapy. The participants understood the idea of a therapeutic space as an environment that is created by the processes unfolding between a therapist and a client, as well as the space that, in turn, influences the therapeutic relationship in the room. The therapeutic space envelops the relationship and provides a stage for the joy and laughter 'crescendo' to emerge in the process of therapy. This finding concurs with literature that speaks of the 'analytic third'. Ogden (1994) writes about the unconscious intersubjective space that emerges from the interplay between subjectivity and intersubjectivity, which leads to a third presence in the room. Furthermore, Gerson's (2004) idea of the relational unconscious echoes Ogden's (1994) concept of the analytic third. He defined it as "the unrecognized bond that wraps each relationship, infusing the expression and constriction of each partner's subjectivity and individual unconscious within that particular relationship" (Gerson, 2004, p. 72).

Unfortunately, the findings of this research project do not provide an in-depth insight into the therapists' awareness and understanding of the role that the therapeutic space plays in co-creating the phenomenon of joy and laughter between a therapist and a client. However, the findings indicate that a sense of safety and trustworthiness is experienced by both therapist and client, within the space. This is an important ingredient that contributes towards emergence of the phenomenon of joy and laughter. This echoes Winnicott's (1965) notion of 'the holding environment'. This, together with trust, is a prerequisite to playing.

Furthermore, the findings show humanness as a concept that the therapists hold in high regard in relation to the therapeutic space. I would like to note that humanness is an interesting finding in this project because it seems to traverse right across all aspects of the 'crescendo' theory of

joy and laugher. It appears to be an important quality that defines therapist's stance, the relationship that unfolds between a therapist and a client, the therapeutic space and the experience of shared joy and laughter in the room. Furthermore, as a result of the phenomenon, humanness as an intrapsychic and interpersonal quality of the therapeutic dyad appears to intensify itself. Whilst this research does not provide an in-depth understanding of the quality of humanness and how it interacts with the phenomenon, there is a scope for further research.

The participants appeared to understand humanness in line with the existential humanistic traditions. They noted aspects of humanness, such as authenticity, imperfections, individuality, interconnectedness. The therapists also considered themselves and their clients as individuals that are equally struggling for self-knowledge and self-actualisation. Furthermore, the findings indicate that the therapists valued and promoted individual growth and acceptance in their work. These findings concur with the views expressed by various existential philosophers that were concerned with the subject of human existence, including Buber's (1923/1996) ideas about the relational nature of being a human, Kierkegaard's (1846/1992) notion of individuality, Heidegger's (1926/1962) concept of context in which our existence is imbedded in this world, Sartre's (1943/1958) notion of freedom of choice, and many others.

One of the key findings of this research project is related to the quality of the interpersonal flow coupled with the experience of the therapeutic space. Therapists reflected on the development of consonance in their interactions with their clients that led towards the climax experience, in which shared positive affect was experienced at its most intense. They described their interactions with the clients prior to the climax experience as becoming in harmony with one another. This, in turn, created a pleasant resonance for the therapists on an intrapsychic level. The participants reflected on experiencing a growing sense of subjective connection with their clients, and described seeing their clients progressively on a much deeper, 'very human' level.

Siegel's (2012a) concept of attunement, which is grounded in the neuropsychological understanding of attachment and intersubjectivity, provides a way in which the consonance of joy and laughter phenomenon may be understood. Siegel (2012a) defines attunement as a way in which intersubjective experiences that are fuelled with the sense of respect and care become shared and create an interpersonal resonance. Drawing on the infant-parent interactions research, Siegel (2010) notes that, from the very beginning, the caregiver's ability to tune into the external expression of the internal states of a baby has been found to provide grounds for the

development of secure attachment between a child and a parent. Furthermore, he elaborates on the importance of an interpersonal attunement for the individual's sense of wellbeing and growth towards resilience.

Triggers were reported as being experiences that amplified consonance and led towards experiencing the phenomenon of joy and laughter at its most intense. The participants described experiencing triggers subjectively as well as interpersonally. A range of triggers were identified by the participants. These included emotive cognitive concepts, such as coming out of suffering or seeing the client achieve, verbal interactions containing, for example, humour or being accompanied by the notion of absurdity, and non-verbal signals such as 'the look in their eyes', a facial expression, bodily posture. An interpersonal sense of bond was noted as a potential to trigger an amplified experience of the phenomenon, as well as the experience of the therapeutic space. However, with reference to the latter, the participants could not identify a specific feature of the therapeutic environment as a trigger.

It must be noted that the participants experienced triggers as tipping points that amplified the experience of harmony that has already been building up between them and their clients in the process of joy and laughter 'crescendos', rather than as cues to begin experiencing joy and laughter. One of the important findings suggests that triggers are interwoven in the process of intersubjective exchange imbedded within the therapeutic space and were not experienced as separate entities. This suggests that interpersonal mutuality and reciprocity may be significant factors that play a part in the emergence of the experiences of shared joy and laughter.

The concept of the mutuality of a psychotherapeutic relationship draws on research about experiences of relational depth, which can be defined as a sense of deep connection between a therapist and a client (Cooper, 2005; Mearns & Cooper, 2005). Relational depth research findings indicate that the participants experienced others as very genuine: real, human and present - coming from the 'core' of their being (Connelly, 2009; Cooper, 2005; Knox, 2008, 2011; Macleod, 2009; McMillan & McLeod, 2006; Morris, 2009; Wiggins, 2007). Furthermore, the results of these studies indicate that the participants described powerful feelings of connection, closeness and intimacy with the other at these moments of deep connection. A deep sense of trust was experienced, with some participants also describing feelings of love (Connelly, 2009; Cooper, 2005; Knox, 2008, 2011; Macleod, 2009; Morris, 2009; Wiggins, 2007). This empirical evidence is consistent with the findings of this research project.

Mearns and Cooper (2005) state that relational depth is not something that therapists can make happen, but that there are ways in which the likelihood of such depth of encounter can be enhanced. However, evidence on facilitative factors or the inhibiting ones, is still in its infancy (Knox, 2011; Knox & Cooper, 2010, 2011; Macleod, 2009). Whilst this argument resonates with the findings of this project, where therapists were not seeking triggers proactively in order to generate moments of joy and laughter, I would argue that this project was able to identify triggers as the facilitative factors for the experience of relational depth in the form of interpersonal joy and laughter in the therapy room.

6.2.3 Climax

The findings indicate that an interplay between the therapist's and the client's subjectivities with the therapeutic space facilitated by the triggers led the participants to experience the phenomenon of joy and laughter with their clients at its most intense level. Thus, I suggest to define this part of the process as the climax.

During climax, the participants noted experiencing pleasurable feelings on the spectrum from feeling a '*nice feeling'* to exploding with uncontrollable laughter. The degree to which this pleasurable feeling was amplified during climax dependent on the type of the joy and laughter phenomenon that occurred in the room. Furthermore, these amplified affective experiences were accompanied by the physical sensation of lightness in the body and an implicit sense of understanding of the client, as well as a sense of being understood by the client. These findings indicate that the processes that are implicated in the experience of joy and laughter climax could be routed within the bio-social and neurological systems that play a significant role in the process of interpersonal relating. Stern (1985), drawing on the mother-infant interactions, talks about experiencing a feeling of vitality which confirms a personal integration of the self. This pleasurable feeling is a result of the satisfactory social interaction between a mother and an infant. Furthermore, he focuses on the process of implicit relational knowing as a non-conscious and nonverbal knowing that is specific of the first year of life. Thus, it is likely that the origins of the shared moments of joy and laughter have their beginnings in the early stages of individuals' lives and are closely related to the social interactions with the caregivers.

The participants described the tapestry of the climatic experience as multidimensional rather than a linear, one-dimensional experience. The findings suggest that although the therapists experienced the climatic part of the joy and laughter 'crescendos' subjectively, this experience is

imbedded in the interpersonal realm of the therapeutic process and was characterised by the increased intensity of the interpersonal affect levels that reached their peak. The participants reported interpersonal qualities of their experience, such as a sense of togetherness that was fuelled by the implicit knowledge that they and their clients were able to understand each other not just cognitively, but also affectively, and that the experience was shared and mutual rather than separated. This finding concurs with the idea of the 'I-Thou' relationship as the real or core relationship in which two people meet and encounter each other as the two human beings with mutuality being at the core of this meeting (Buber, 1923/1996). A notion of togetherness could be understood in terms of the concept of the bond as being a necessary ingredient for the establishment of a therapeutic alliance (Bordin, 1979). Furthermore, drawing on attachment theories, I would propose that a feeling of togetherness coupled with a sense of implicit interpersonal understanding during the experience of joy and laughter is consistent with the ideas of attunement that leads to a secure attachment style (Bowlby, 1965; Ainsworth *et.al.*, 1978; Siegel, 2010).

Within the intrapsychic aspect, the participants reported experiencing the phenomenon in terms of amplification of their affect, as well as physiologically. Whilst these findings do not provide an in-depth understanding of exactly how these levels of experience are implicated in the process of joy and laughter 'crescendos', it may be possible to explain these processes in terms of affect regulation theories that define affective processes as psychobiological phenomena that lay at the core of organisation of the self. Beebe and Lachmann (2002) talk about an ongoing process of affect regulation during which interpersonal flow of affect evolves into heightened affective moments. During these moments a person experiences an intense affect, accompanied by a facial or vocal pattern and heightened bodily arousal, thus providing a unique dimension in the flow of affect. Schore (2001) equally highlights the importance of affect regulation not just in terms of the caregiver dampening negative emotion of an infant, but also in term of amplification and intensification of positive emotion as a condition necessary for more complex self-organisation. He elaborates on the idea of attachment as not only a platform of security, but as a realm within which positive affective states, like joy and laughter, could be amplified as in play states (Schore, 2001).

Furthermore, the participants reported experiencing the phenomenon physiologically. Most of the participants noted a range of somatic sensations located in their chest. These embodied sensations were consistently described as an expansion of the chest that resulted in a feeling of

physical lightness. These findings are consistent with the physiology of joy and laughter that involves an increase in respiratory activity and oxygen exchange coupled with an increased activation of the cardiovascular system followed by relaxation, vasodilatation and overall decrease in muscle tension. The somatic experiences described by the participants in this research project can be explained in terms of the psychobiological nature of human affect and the self as a bodily based phenomenon (Schore, 2003).

Considering the findings of this project through a neuroscientific lens, it is possible to explain how the interpersonal and intersubjective realms interact and coordinate the experience of joy and laughter 'crescendos'. The discovery of mirror neurons based on the studies in monkeys and humans have demonstrated that during the observation of facial emotions, a mirror mechanism is activated that involves the premotor cortex as well as anterior cingulate cortex and anterior insula (Ammaniti & Ferrari, 2013). Thus, through this mirror mechanism we have the ability to stimulate the same emotional and somatosensory experiences that we observe in others. This interpersonal mechanism allows us to resonate in synchrony with others and makes it possible to share implicit and explicit affective states (Ammaniti & Ferrari, 2013).

Furthermore, Schore (2003), who draws on neuroscientific research, speaks of right brain to right brain activation that is involved in the non-conscious communication of affect. He explains that this would, in turn, impact the central nervous system and the autonomic nervous system, resulting in physiological arousal. This right hemisphere processing of the phenomenon of joy and laughter could also explain why the participants experienced the phenomenon subjectively, as well as why they found it difficult to explain their experience in rational terms.

The findings indicate that experiences of joy and laughter are characterised by an amplified sense of spontaneity, surprise, playfulness and authenticity. These findings are consistent with the literature that provides an overview of social joy and laughter. Panskepp and Biven (2012) note that play is the most enjoyable experience for human children and young mammals. In adulthood, human playfulness extends to higher mental capacities, as we become able to experience joy and laughter which is induced by humour that involves cognitive abilities. Furthermore, Burghardt (2005) talks about play as being a spontaneous activity, done for its own sake because it is pleasurable and, on a neurological level, linked to obtaining dopaminergic rewards.

6.2.4 Types of joy and laughter 'crescendos'

The data indicates that the therapists identify different types of joy and laughter 'crescendos'. The type of the experience is linked, in part, to the way that the therapists negotiate their stance in relation to their clients' characters and presenting issues. For example, in those dyads where the therapists enabled humoristic exchanges, deliberate moments of joy and laughter emerged. However, when no humour or wit was used by either party in the dyad, this gave way to those moments of joy and laughter that emerged in a way that could be defined as organic. Furthermore, the participants reflected on the types of joy and laughter experiences that carried a sense of vitality (Stern, 2010). These include life affirming moments, celebratory moments, moments of liberation.

Bond affirming moments were reported as unique joy and laughter experiences. Therapists described these as attachment reaffirming moments that could be understood in terms of Stern's (2004) intersubjective motives that drive the process of 'moving along'. Stern (2004) talks about the need to define and redefine one's self, using the reflection of self from the other's eyes, which enables one's own identity to be reformed and integrated in this process. The therapists described 'moments of meeting' in terms of the amplified depth of relating that accompanied the climactic experience of joy and laughter.

The findings of this research suggest that spiritual and quiet moments of joy and laughter appear to fall into the transpersonal category of interpersonal experiences. Whilst the findings of this research project provide us with limited information about the experiences of spiritual and quiet joy and laughter, these could be understood through the lens of Hycner's (1993) reflections on the idea of 'in between'. He writes that "those moments of deep interpersonal meeting take us to the edge of the sacred" (Hycner, 1993, p. 91). Furthermore, the findings suggest that the spiritual and quiet types of joy and laughter experiences might be linked to the therapists' and, possibly the clients', existing relationship with spirituality outside the therapy room.

Although the findings of this research project indicate a number of different types of joy and laughter experiences, I would like to note that the list is not definitive but is limited by the scope of this research project. I believe that the tapestry of the joy and laughter experiences in the therapy room is rich and colourful. However, this in itself could form the basis of a separate research project. I will elaborate on this point further in my discussions on limitations of this research project.

6.2.5 Reverberation

Reverberation is one of the most important phenomena in music, as it defines the way that the performed piece makes an impact. A reverberation has to do with the persistence of a sound after it was produced as it becomes absorbed within the space. For example, during a concert in a concert hall, the sound of the performance would be absorbed by the people, the walls, the furniture and the air. A reverberation is most noticeable when the sound source stops but the reflections continue.

A reverberation on an emotional level occurs when we are listening to a piece of music that one finds emotionally moving. As a result, one might become nostalgic about their past or longing for a loved one. Similarly, to the reverberation effect in music, the findings of this research indicate that the phenomenon of joy and laughter between a therapist and a client during therapy hour leaves lasting effects, which can be grouped into three sub-categories: the relationship, the client and the therapist. Please refer to Figure 2 for illustration.

The data suggests that the phenomenon can impact the therapeutic relationship in many ways. In the initial stages of the process of therapy, joy and laughter crescendo experiences help to form a relationship between the therapist and the client. The participants described how, at the beginning, they would carefully test their clients' sense of humour, for example, or their reactions towards 'acting funny', or grasping absurd ideas. In those cases, where shared understanding was possible, the phenomenon of shared joy and laugher would occur, and would result in the establishment of a relational bond between the therapist and the client.

This finding is consistent with Stern's (2004) idea of intersubjective orienting, which involves the moment-by-moment testing of the state of a therapeutic relationship and its direction. This testing is mostly done out of awareness. For Stern (2004), this process of intersubjective orienting is a precondition of working together, and is followed by the increase of the intersubjective field through shared experience. Furthermore, this finding is also consistent with Bodin's (1979) concept of forming a working alliance, as the shared understanding that occurs during the process of joy and laughter 'crescendo' facilitates an establishment of a bond between the therapist and the client.

In addition, the participants described the experience of a sense of trust within the relationship as a result of the joy and laughter 'crescendo' experiences, regardless whether these occur during

the beginning or later stages of therapy. This indicates that the phenomenon plays a significant role in the process of forming a secure attachment between the therapist and the client. Bowlby (1969) and his successors defined attachment as a special emotional relationship that involves an exchange of comfort, care, and pleasure through the process of contingent communication. The findings indicate that the experiences of joy and laughter 'crescendos' contribute to the sense of trust in the relationship, thus creating a mental model of security that forges "ways to be able to regulate emotions well so that life is full and in equilibrium" (Siegel, 2012a, section 20, p. 3)

The participants appeared to believe that, as a result of the joy and laughter 'crescendo' experiences during therapy, their clients were able to acquire a sense of liberation, appeared to be more accepting of their human selves, and were able to integrate different parts of their selves, thus, experiencing psychotherapeutic healing. It must be noted that this finding is somewhat anecdotal at this stage because this research project was limited by its focus on the experience of the therapist. Thus, at this stage this claim is unsupported by an account from the clients, as no clients were interviewed to cross-check the findings. Nevertheless, a sense of healing, integration and acceptance of the self are the most desirable outcomes of any therapeutic encounter across all modalities, as these signify being free from psychological distress (Jacobson & Truax, 1991). Furthermore, Mearns and Cooper's (2005) writing about relational depth suggest that when non-threatening inter-affective states such as joy and laughter 'crescendos' are co-created within the therapeutic relationship, the therapeutic relationship provides an opportunity for healing and growth. I believe that further research into the impact the phenomenon has on clients is required in order to support the claims made by the participants of this project.

Whilst it is impossible to evidence if clients experienced the aforementioned sense of healing as a result of the joy and laughter 'crescendo' experiences, the participants shared their reflections on how the phenomenon impacted on them. The participants noted an increase in their sense of connection with their clients, feeling more affectionate and closer, and more familiar. These findings once again highlight that the phenomenon fosters an emotional bonding within the therapeutic relationship, where therapists develop a sense of attachment towards their clients. Furthermore, an intersubjective perspective on the nature of the psychotherapeutic relationship by Stolorow and Atwood (1992) provides a context for these findings that highlights the impact that the phenomenon has on the therapists who are part of the dyad.

Therapists described that, as a result of the joy and laughter 'crescendos', they experienced a sense of boundary melting that led them to enter their clients' emotional world and connect with them on that level. This finding indicates that the phenomenon is facilitative of what Mearns and Cooper (2005) described as relational depth, which involves increasingly congruent communication and the surpassing of transference, where the relationship is characterised as "each person is fully real with the Other, and able to understand and value the Other's experience at a high level" (Mearns & Cooper, 2005, p. 12).

An interesting finding suggests that the experiences of the joy and laughter 'crescendos' enable the therapists to be more available to their clients during the process of therapy, thus impacting on their stance. Buechler (2008) talks about the importance of being able to sustain curiosity and joy in the face of the pain and difficulties that clients bring to their therapists. This ability lies at the foundations of the therapists' strengths to deliver treatment. Her idea provides context to the aforementioned findings. Moreover, drawing on the concept of a secure attachment as it is applied to adult relationships, I would suggest that given the finding that indicates that joy and laugher 'crescendo' experiences are contributing factors towards an establishment of a secure attachment between a therapist and a client, it is possible that the phenomenon nurtures therapists' desire to support their clients. This finding is consistent with Simpson *et al.*'s (1992) research outcomes on adult attachment, which indicate that secure adults are more likely to provide support to their distressed partners and vice versa, than insecure adults.

7. REFLECTIONS ON THE RESEARCH PROCESS

Reflecting on my journey as a researcher undertaking this project I became aware that it was a continually evolving process for both the subject matter of this study, as well as myself as a researcher and practitioner. At the beginning, I wrestled with trying to define my idea, which on the surface appeared simple, and hone it down. However, as the project unfolded, so did the complexity of the subject of joy and laughter in the therapy room, my understanding of it, my role within this project, and the theory constructed out of the data that emerged.

As I mentioned in the Methodology chapter of this thesis, I arrived at the conclusion that my position within this project is neither that of an outsider, nor that of an insider. Instead, it has been fluid and multi-layered. Indeed, despite being guided during the interviews by a set of open-ended questions, I was faced with the process of juggling multiple priorities simultaneously. It was important to establish a relationship with each of my participants in which they would be able to share their experience and understanding of the phenomenon. In doing so, the fact that my participants and I had shared the experiences of being Integrative psychotherapists who had experienced the phenomenon was helpful. Yet, at the same time, it was important to allow the participants to lead the discussions and to enable the data to emerge freely, thus bracketing my own preconceptions and ideas and, remaining open minded. Concurrently, I had to pay attention to making sense of the experiences described, which was done within the context of the interpersonal nature of the process of meaning-making, i.e. meaning was co-constructed between the participants and myself, in line with the constructivist position of this project.

As I progressed through the processes of interviewing and analysing the data, which were conducted simultaneously, I was continually amazed by the richness and density of the theory that I was building. On one hand, I experienced moments of being enthused by the sense of importance that the phenomenon clearly played in the process of therapy. During those times, I was excited and somewhat 'in love' with my project and its subject matter, musing happily over and playing with the material in my mind and on paper. On the other hand, I experienced periods of being overwhelmed and confused by the complexity of the phenomenon that I was studying. The latter experiences led me to needing breaks from being immersed in the process of research, during which I experienced a loss of my sense of direction. During these times, I procrastinated painfully, and searched for inspiration.

During my reflections on this personal response to the process of research, I realised that my relationship with the project somewhat resembled the experiences that my participants described, where they experienced moments of joy and laughter with their clients as the peak moments in the process of an interpersonal affect flow during therapy. These moments are pivotal and equally important as those when the participants shared an affective experience with their clients from a negative range of emotions, like, for example, moments of sadness or sorrow.

Furthermore, reflecting on the process of interviewing I recalled that the interviews were peppered with moments of interpersonal joy and laughter between my participants and I. Those moments were pleasurable, memorable and, made each interview a unique event. I experienced different types of joy and laughter moments with my participants. For example, those that happened at the beginning of an interview were, perhaps, brought on by the sense of excitement about the forthcoming story on my part and an opportunity to talk about the phenomenon on the part of my participants. These helped to establish good rapport and trust between us. In turn, the latter appeared to be a pre-condition for the phenomenon to occur during later stages of the interview process. The way these moments unfolded during the interviews and the impact these moments made on the relationship between my participants and I appeared to be parallel to the participants' reflections on the phenomenon in their clinical practice, thus highlighting the potency that the phenomenon has when it comes to interpersonal relationships.

One of the interesting aspects that I noted as I was progressing with interviewing my participants, was that most of my participants deviated into talking about their personal experiences of joy and laughter outside the therapy room without any prompts from me as their interviewer. The participants' reflections included stories from their previous professional lives, personal relationships with their own family members, and their experiences as trainees or supervisors. These diversions during interviews required me to refocus the participants and the interview process on their experience with their clients. However, I realised that this is likely to reflect the fact that therapists' experiences of moments of joy and laughter with their clients can be construed as moments of meeting of the two human beings. Thus, in those moments of joy and laughter, the therapists' personal 'selves' that they reflected on during the interviews entered the room. When I think about this in terms of my own experience of the phenomenon, I see that the way the therapists understand what is happening in those moments is through their own lens, informed by their own relationships with joy and laughter in their personal lives.

As mentioned in the Literature Review chapter of my thesis, the subject matter of this project has not been widely discussed within the mainstream psychological literature and research. However, during the process of this research, it emerged that psychotherapists begin placing value on the phenomenon in the process of building their professional experience and understanding of the process of therapy as a whole, through years of practice. Furthermore, the participants demonstrated not just willingness to participate in my project, but also displayed a passionate need to express their complex views on the subject matter. I understood their desire as being coherent with an overall change in the field of counselling psychology and psychotherapy where until few decades ago, various elements of the process of therapy were considered as either desired components of therapy, or as hindrances.

I decided to use musical terminology to illustrate and explain the theory of joy and laughter 'crescendos' that I proposed in this project drawing on my early childhood experiences as an aspiring pianist. This was because of the striking similarities between the joy and laughter phenomenon and music in terms of what is involved in the process of experiencing these phenomena. Playing piano when growing up required me to engage with music on multiple intrapersonal levels. Allowing myself to experience music physically and affectively linked to my ability to play piano in a way that conveyed my internal psychosomatic states interpersonally, to the audience. Similarly, the findings of this research project highlight the importance of affective and physical levels of experience of joy and laughter 'crescendos'.

Given that, in comparison to my participants whose average experience as practitioners was 15 years, I was only one year post my qualification as an Integrative Psychotherapist, undertaking this research project provided me with a solid platform for further learning and development. This research project yielded a much richer and complex model than I expected when I first engaged with the project. As a result, I was able to deepen my relationship with the phenomenon in my professional practice. Furthermore, it has impacted on the way I integrate my personal and professional selves in the room by enabling me to experience a greater degree of flexibility and reflexivity.

8. CONTRIBUTION AND APPLICABILITY

I believe that one of the most important contributions of this research project is the fact that it draws attention to the role of positive, non-threatening intersubjective affect states in the process of psychotherapy. As noted in the Literature Overview chapter of this thesis, the sheer volume of the empirical and theoretical data that focuses on the negative affective states and their implications in terms of the psychological wellbeing is overwhelming. Conversely, the role of positive interpersonal experiences that occur during the psychotherapeutic hour did not receive much attention, which makes this research project one of the rare attempts to fill this gap in the field of counselling psychology and psychotherapy.

The results of this study highlight the important role that joy and laughter play in the process of psychotherapy, as it was understood from the psychotherapists' point of view. The results of this study deepen our understanding of the intersubjective nature of the therapeutic dyad by providing an overview and understanding of how attunement and secure attachment, that are expressed in the form of joy and laughter 'crescendos', aid the process of therapy. Many theorists, drawing on mother and infant research, advocate attunement as one of the key psychotherapeutic techniques that enables positive outcomes from a therapeutic encounter. On the other hand, this research project provides empirical evidence of how Integrative psychotherapists might facilitate the process of attunement that leads to moments of meeting (Stern, 2004) in the form of amplified interpersonal affect experience of joy and laughter and, how these impact on the various elements of a therapeutic process.

In considering a theory of 'crescendos' in relational psychotherapy, one might pose a question as to whether it is possible to teach trainees to enable experiences of joy and laughter with their clients during the therapeutic encounter. Whilst joy and laughter are innate human phenomena that are universal across many cultures, the data produced in this research project indicates that the phenomenon emerged organically in the work of the participants, as they were in the process of gaining clinical experience and forming identities as Integrative psychotherapists. Therefore, I would refrain from teaching trainee counselling psychologists and psychotherapists techniques of how to facilitate interpersonal joy and laughter in the therapy room, and instead advocate the importance of understanding of how the conditions necessary for the phenomenon to occur can be cultivated organically and naturally in the process of therapy.

In addition, given the fact that the experience of joy and laughter 'crescendos' involve right brain to right brain communication, mirror neurons, and affect regulation processes (Schore, 2003), it makes it impossible to teach the trainees a technique that would help them to engage with interpersonal joy and laughter experience during therapy. Rather, it makes a strong case in support of educating trainees about the role of a secure attachment, attunement and the intersubjectivity of relationships, and their implication for the process of psychotherapy. By doing so, I hope that students would feel encouraged to experience and understand the role that positive interpersonal affect plays in their personal, as well as their professional, lives. Furthermore, I would advocate personal therapy during training and supervision as essential platforms where positive interpersonal affective experiences can be experimented with and worked through, along with those that contribute towards emotional distress.

Moreover, given the primacy of the attachment processes that are implicated in the experience of joy and laughter 'crescendos', I would strongly encourage training providers to design training programmes that enable trainees to become aware of their attachment styles through experiential learning. Increasing trainee's awareness with regards to their own subjectivity and relational style could significantly improve their ability to reflect on and make use of the various interpersonal processes that occur in clinical practice, including joy and laughter 'crescendos'.

This research project provides an insight into how psychotherapists understand moments of shared joy and laughter in the room, therefore the participants reflected on those moments when they disclosed their affective experience to their clients during therapy. Traditionally, therapists' disclosure has been a hot issue that is still widely debated today and is a focus of theoretical and methodological controversies. Whilst psychoanalytically orientated schools of thought caution against a psychotherapist's disclosure due to its potential to harm to the patient's feeble sense of self unable to tolerate the separateness (Bolongini & Sechaud, 2000), many relationally oriented schools view the therapist's openness and disclosure as an integral part of the psychotherapeutic work. The therapist is exhorted to be active, engaged, empathic and genuine in expressing his or her feelings regarding the process and the content of what is unfolding in the room (Farber, 2006). In addition, Bridges (2001) highlights an argument made within an intersubjective school of thought about the inevitability of disclosure during the psychotherapeutic process that is resultant of the centrality of the therapist's subjectivity in the therapeutic relationship. However, it must be noted, that the literature argues for certain safeguards to ensure that disclosure is continually scrutinized and monitored by the therapist in terms of its effect on the treatment (Bridges, 2001).

Drawing on the findings of this research project that indicate the potency of interpersonal joy and laughter 'crescendos' during therapy when it comes to establishing emotional connections with clients, I would encourage trainees and practitioners to pay particular attention to their emotional responses towards their clients. Moreover, I would advocate the importance of proactively exploring clinicians' personal emotional responses to clients, especially those that have been openly expressed in session, like interpersonal joy and laughter, during training and in supervision.

The findings of this research project indicate that when joy and laughter 'crescendo' experiences are facilitated responsibly and organically, they offer practitioners an opportunity to bypass clients' defensive boundaries and enter their world of emotions, making deep meaningful relational connections, which are not possible to facilitate at a cognitive level. In addition, the findings of this research indicate that each participant in the dyad affects and gets affected by the other in a positive, non-threatening way, thus, determining interactive efficacy characterised by positive affective resonance. The fact that therapeutic healing and growth occur at a relational depth and outside our awareness (Schore, 2003; Mearns & Cooper, 2005), makes joy and laughter 'crescendos' significant phenomenon in the process of relational psychotherapy.

Moreover, the ability of a therapist to access the client's world of emotions through right brain to right brain communication channel becomes even more significant when working with clients that have experienced trauma, abuse and neglect in their early histories. This was particularly evident by the fact that six out of nine participants reflected on those encounters where they worked with clients who had experienced trauma. These participants stated that the experiences of joy and laughter 'crescendos' were essential for the efficacy of the work that they did with those clients. The significance of this finding is coherent with the neuroscientific explanation of the effect of early trauma on attachment style and right hemisphere development, reflective functioning and the dysregulation of the self (Schore, 2003).

Historically, the role of positive affect during therapeutic hour was predominantly limited to the use of humour, and the fact that some schools of thought cautioned against it and others were in support of therapists fostering laughter during the therapeutic hour (Mahrer & Gervaize, 1984). Conversely, this research projects offers a new multidimensional and complex perspective that encompasses not only the use of humour by the therapist during therapeutic encounter, but also the complexity of the positive interpersonal affect experience as it emerges between a therapist

and a client as part of the process of therapy. Moreover, therapists' willingness to participate in this project where they openly discussed and reflected on those moments when they disclosed their affect as it was experienced concurrently with their clients indicates that there is a movement amongst clinicians away from focusing on the client's process into acknowledging and working with the intersubjectivity of the therapeutic relationship in the room as a vehicle of a therapeutic change. In addition, the findings of this research demand further theoretical and empirical attention towards positive affect and the role it plays during interpersonal interactions.

9. STRENGTH, LIMITATIONS AND FUTURE RESEARCH

One of the strengths of this research is that it provides an insight into the complexities of the phenomenon of shared moments of joy and laughter during therapeutic hour as it is understood by the therapists. Due to its design, this project offers a multidimensional view of the phenomenon as it is imbedded in the process of therapy. Furthermore, the theory of 'crescendo' in relational psychotherapy presented in this project defines unique qualities of the shared moments of joy and laughter and provides an understanding of how this phenomenon emerges in the process of therapy and what impact it has on the therapeutic encounter. Thus, providing a comprehensive concept that is easily applicable to clinical practice and is grounded within the latter. Equally, there are areas within this research project that could benefit from further studies.

Albeit this project provides an insight into the phenomenon from the therapists' perspective, expanding on the sample to include the clients' perspective could significantly improve our understanding of the phenomenon of joy and laughter during therapy hour. This is particularly so since the contribution of the client in the process of co-creation of the shared moments of joy and laughter during therapeutic encounter has been identified in this project.

Furthermore, redefining the design of the study to include other methods could produce a more in-depth exploration of the phenomenon. For example, a single case study that is inclusive of the therapist's and the client's perspectives on the phenomenon may allow for a more holistic exploration of the shared moments of joy and laughter. Alternatively, paying more attention to the non-verbal communication during interview process by way of video recording could provide a greater insight into the non-conscious aspects that play a part in the emergence of the phenomenon.

The sample of participants in this project comprises of an all-White group of eight British-born and bred psychotherapists and one North American, with myself being a representative of a white Eastern European minority. Whilst on one hand, this indicates that the findings may represent a particularly Western influenced subjectivity, on the other hand differences between the cultural backgrounds of the participants and I may have contributed to the participants being more open and forthcoming in sharing their views and beliefs during interviews. Equally, my own non-British cultural background may have served as a possible limitation to my understanding and interpretation of the results, but, at the same time, may have offered a unique perspective of the results. Further research targeting a more culturally diverse group of the participants might

potentially produce a variation to the results presented in this project. Whilst joy and laughter are universal human experiences as has been outlined in the Literature Review chapter of this project, there are cultural differences in terms of how the phenomenon could be understood by the therapist from different cultural backgrounds (Provine, 2000; Tronick, 2007).

A decision to interview those counselling psychologists and psychotherapists that practice within the Integrative approach was made in order to produce consistent data. However, as a result, the data produced does not provide an understanding of how therapists who work within other modalities in the field of counselling psychology and psychotherapy, experience and understand the phenomenon. Therefore, further research studying shared moments of joy and laughter from the perspective of the therapists that practice within other modalities might advance our understanding of the phenomenon.

Whilst this study produced data that enabled me to formulate a theory of joy and laughter 'crescendos', and to identify a number of elements that intertwine and interact with each other in the process of shaping the phenomenon, the theory presented in this research project could benefit from a deeper understanding of each process identified. This could be achieved through conducing separate projects that would focus on various elements and processes of the phenomenon. Furthermore, a study focusing on different types of the shared moments of joy and laughter that could occur during therapy might greatly complement a theory of joy and laughter 'crescendo' presented in this research project.

10. CONCLUSION

This research project has enabled me to produce a complex theory that defines the experience of joy and laughter during the therapeutic hour as a continually evolving and changing system of various elements that come together in an interactive and mutually impactful way. Five main elements were identified, as being involved in the emergence of the phenomenon. These are: Therapist's Stance, The Therapeutic Space, Triggers, the Multifacetedness and The Impact. All five were traversed by a number of characteristics that shaped and defined the quality of the phenomenon as the whole. These include: a sense of humanness where the experience occurs between two human beings who are more than just therapist and client, a sense of togetherness that creates and reaffirms the interpersonal bond between the parties in a dyad, and a sense of a continual flow.

This research project was primarily concerned with the therapists' experience and understanding of joy and laughter experiences when these occur simultaneously between a therapist and a client in the therapy room. However, it also highlighted the important roles that attunement, affect regulation, secure attachment, intersubjectivity, and working at a relational depth play in the process of psychotherapeutic encounter, and their efficacy in terms of therapeutic change as being a desirable outcome for the process of therapy. I hope that the contribution of this study to the field of counselling psychology and psychotherapy is significant and that this study adds to the existing theoretical and empirical evidence that give positive affect its due attention and prominence, beyond being considered in terms of being a welcomed or unwelcomed therapeutic phenomenon.

Engaging with this research project from the moment of conception of the idea, through to writing up and presenting a research proposal, recruiting and selecting the participants, interviewing, analysing data and writing up, has helped me to grow professionally and personally. This developmental process, that I consider as continual throughout my professional lifespan, has enhanced my clinical thinking, reflective abilities and subjective capacity to navigate in my clinical practice when working with clients that come from a variety of backgrounds and who present with a wide range of issues. Conducting this research project over the last few years has been an eye-opening experience in terms of the process of integration between my clinical self and my sense of self as a researcher. Whilst this project symbolises the culmination point in my training as a Counselling Psychologist and Psychotherapist, I consider completing this project as the first step in what I hope to be a long-lasting and fruitful career as a practitioner and a researcher.

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12. APPENDICES
Appendix I – Advert Letter

PARTICIPANTS NEEDED FOR A RESEARCH PROJECT

"***Joy and laughter in the therapy room: a grounded theory study***"

- *Have you experienced moments of joy and laughter simultaneously with your clients during therapy sessions?*

- *Are you a UKCP Registered Integrative Psychotherapist that has been qualified for at least 5 years?*

- *Are you currently practicing therapy and in regular supervision?*

IF YOU ANSWERED **'YES'** TO THE ABOVE QUESITONS, PLEASE READ ON…

My name is Elena Arora and I am currently completing a Professional Doctorate in Counselling Psychology and Psychotherapy at Metanoia Institute/Middlesex University. I am researching moments of joy and laughter during psychotherapy sessions when these moments are experienced simultaneously with the clients. The aim of my research project is to create a theory of the phenomenon as it is experienced by the therapists.

If you are interested in contributing to my study, you will be invited to attend a face to face confidential interview with me at a place and time that is convenient for you. The interview will last for up to 50-60 minutes and will be audio recorded. You will be given an information sheet to keep and be asked to sign a consent form. If you decide to take part, you will be still free to withdraw at any time and without giving a reason.

For more information about this study, or to take part, please contact:

Elena Arora, Counselling Psychologist & Psychotherapist (in training)

Email: info@elenaarora.co.uk
Tel.: 07850264155

This research is supervised by

Dr Lucia Swanepoel, Counselling Psychologist and Psychotherapist, Metanoia Institute/Middlesex University

Tel.: **07986723724**

Email: Lucia.Swanepoel@metanoia.ac.uk

This study has been reviewed by, and received ethics clearance through the Metanoia Institute Research Ethics Committee.

Appendix II- Consent Form

<div align="center">

CONSENT FORM

</div>

Participant Identification Number:

Title of Project: Joy and laughter in the therapy room: a grounded theory study.

Name of Researcher: **Elena Arora**

<div align="right">

Please initial box

</div>

1. I confirm that I have read and understand the information sheet dated ....…………………for the above study and have had the opportunity to ask questions.   ☐

2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. If I choose to withdraw, I can decide what happens to any data I have provided.   ☐

3. I understand that my interview will be taped and subsequently transcribed   ☐

4. I agree to take part in the above study.   ☐

5. I agree that this form that bears my name and signature may be seen by a

   designated auditor.

_____   _____   _____

Name of participant   Date   Signature

_____   _____   _____

Name of person taking consent   Date   Signature

(if different from researcher)

_____   _____   _____

Researcher   Date   Signature

1 copy for participant; 1 copy for researcher

Appendix III – Research Information Sheet

METANOIA INSTITUTE & MIDDLESEX UNIVERSITY

1. Study title

Joy and laughter in the therapy room: a grounded theory study.

2. Invitation paragraph

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or, if you would like more information. Take time to decide, whether or not you wish to take part.

Thank you for reading this.

3. What is the purpose of the study?

The purpose of this research project is to study joy and laughter moments during therapy sessions when these experiences happen simultaneously with clients from the therapist's perspective. In the context of this study moments of joy and laughter are defined as heightened positive affective moments. When these moments occur in therapy, many theorists describe them as non-linear, surprising and, often, transformative. Furthermore, these moments are considered to be at the core of the process of therapeutic change. The aim of this research project is to describe and explain shared joy and laughter moments during therapeutic hour as these moments are understood by the therapists.

4. Why have I been chosen?

You have been invited to participate in this study because you meet the participation criteria outlined below

Criteria
- Integrative psychotherapists.
- Practitioners who are 5 years post qualified and UKCP registered.
- Practitioners who have experienced moments of joy and laughter jointly with their clients during therapy.
- Practitioners who are actively practicing within a clinical setting and are in regular supervision.

5. Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part, you are still free to withdraw at any time and without giving a reason.

6.   What do I have to do?

You will participate in a semi-structured interview that will last approximately 50-60 minutes and will be audio recorded.

7.   Will my taking part in this study be kept confidential?

All information that is collected about you during the course of the research will be kept strictly confidential. Any information about you which is used will have your name and address removed so that you cannot be recognised from it. Any identifying elements, including clients' names or other information will be also anonymised.

All data will be stored, analysed and reported in compliance with the UK Data Protection legislation.

8.   What will happen to the results of the research study?

This research may be presented at the relevant professional conferences and published as part of a doctorate dissertation in relevant media.

9.   Who has reviewed the study?

Metanoia/Middlesex University Research Ethics Committee.

10.   Contact for further information

Researcher:

Elena Arora – 07850264155; **info@elenaarora.co.uk**

Supervisor:

Dr Lucia Swanepoel – 07986723724;

Lucia.Swanepoel@metanoia.ac.uk

Thank you for your interest in taking part in this study!

APPENDIX IV – Interview Schedule

Interview length: 50-60 minutes

Date:

Time:

Participant's details

    Gender:
    Ethnic background:
    Therapeutic setting:
    Time since qualification:

Introduction

Thank you for willing to participate in an interview in this project.

First of all, I would like to assure you that your participation will remain completely anonymous and no records of the interview will be kept with your name on them. Any identifying elements, including names or other information will be also anonymised.

Also, I would like to ask you for permission to audio record this interview. The main reason behind this recording is to have the set of accurate data – your responses and opinions. And it will facilitate the analysis of the data I have collected during the course of the project.

If you don't have any further questions I would like briefly to introduce you to the subject of this interview.

This research is concerned with joy and laughter moments during therapeutic sessions. More precisely, I am interested in those moments of joy and laughter in the therapy room that happened between you and your clients simultaneously. I would like to hear about what your reflections are on those moments.

Q1. Please could you describe what happened?

Q2. What do you think had prompted you and your client to experience joy and laughter?

Q3. What was your subjective experience during this moment?

Q3. What is your understanding of the experience?

Q4. How did this experience impact on you?

Q5. How do you think this experience may have impacted on your work with this client?

<u>Closure</u>

We seem to have covered a great deal of ground and you have been very open with me. Do you think there is anything we may have missed out?

Do you have any other comments about what we have discussed, or about the research as a whole?

Do you want to see a transcript of the interview?

Would you like to receive a summary of the research findings?

Thank you.

Elena Arora

P7	Ahmm, and I would say probably the situations that feel the most profound and important and quite seminal in my work.	The moments are pivotal for the process of psychotherapy
	In fact, if I take myself back to say Tuesday…ahmm, so I…I work with a lot of people who have experienced trauma and who are manifesting PTSD to the point where its impacting how well they can function.	Working with trauma
	And, this client was…raped in every possible way by her father from the age of five to eleven and then later by somebody	Working with childhood sexual abuse victim
	this has been repressed as memory	The trauma experience is repressed
	…ahmm…and…aaah…one of the manifestations was, which I often, is skin, skin flares, eczema, acne or just really red at times when there is a sense of tension…	Physical manifestations of trauma
	and, which gives a warning to me about…about treading carefully in terms re-associating, coming back into their body.	Working with fragile structures of the self
	And…which I see as the journey, I see the journey as coming back into your body and owning the moment and knowing certain things are past, are over.	The process of healing trauma
	And with this client we have been doing, we have a great rapport,	Established working alliance
		Using humour and laughter
	we have great joke, we have a really good sense of humour which is…which is one element of laughter but	Differentiating the types of joy and laughter
	the really healing laughter and, and that sense of joy…ahmm and we got it just by	Healing laughter and joy
	…I was saying: 'so, the next week I want you every day to just think of one sense that you going to focus on and see detail or hear detail or…or feel sensation, different sensation' and…	Reconnecting with sensual experiences
	and she got tears in her eyes	Experiencing strong affect
	…cos I just have been saying, cos the road works have been going around and I've been saying that you can enjoy hearing road works if you are really listening and stuff.	Encouraging to focus on sensual experience that can be enjoyed
	And she got tears in her eyes	Experiencing strong affect
	and…then she just said: 'Ouh…I remember when I was teenager doing art and there was a teacher who used to say: 'Listen to the sound of a book, isn't it a wonderful sound!'	Evoking positive and enjoyable childhood memory
	and I used to love art and I just used to get lost in art and we were just	Creativity of art to lose yourself in
	…and I said, ouh well, you know, and I spoke to her, yeah! (giggles)…and we, we just, she just started crying and laughing and I was crying and laughing	Crying and laughing
	and cos it was road works, you know, so it was isn't, it's a relief, we were right here and she was crying and laughing about this teacher and me and, you know, and ouh yeah,	The here and now collides with the past positive moment.
		Experiencing strong affect

	Relief
	Crying and laughing

	Sense of connection
	Safe union
obviously, we have been watching and we were having a little laugh about, making a kind of protective union but in our imagination.	Safe union
	In-vivo: ridiculous
We knew we were being ridiculous	Being aware of each other
	Recognising the other's intentions without words
	Unspoken connection
but the fact that this teacher who she had felt was her life line had said similar thing she knew immediately where I was going	**In-vivo code: Life line**
	Being taken to a place within yourself where one can experience joy
with about enjoying senses and that felt immediately like a place she could ahmm enjoy, actually, ENJOY	**In-vivo code: ENJOY**
and the joy of being sensate, the joy of being alive	Joy is sensual and alive
	Joy is being alive
and I think also her having us recall to…her teenage memory that was a space in this art class that was a safe room for	Joy is safe
was beginning to reclaim some of her history that was not contaminated by the abuse	Developmental history free from the trauma
So part of, it was safer to be who she really is	Safe to be yourself
and we have been working on this separation between who she really is and what happened to her.	Separating experiences from the self
Ahmm…and so, we were laughing and literally, tears were coming out of our eyes and we were grabbing at stuff and we were walking around the room and banging on things and…to make sound, basically…and just being childish.	Making noses
	Being childish
	Experiencing strong affect
So…that's one kind of thing…ahmm…there, there is also, I think it is also about movement…	Movement
and I think laughter is…is medicine to the body	**In-vivo code: Laughter is medicine to the body**

		Allowing yourself to be spontaneous
	particularly when somebody is working on the kind of chemistry of trauma and that they are actually trusting their body to do something convulsive that's uncontrollable	**In-vivo code: Chemistry of trauma**
		Trusting yourself
	For somebody who has lost trust in their body, I think it is very big step	Making progress in spite of the earlier trauma
	You know that laughter is, you know, like a sneeze or, or, or like going to the loo.	Laughter is a natural bodily function.
	It is something your body does that your intellect can't control and so	Laughter makes a person lose cognitive control
	actually to kind of do it with somebody else and share that, I think it's…ahmm…does this make sense?	Shared moment makes it special
R8	R8: …yeah…	
P8		Sharing
	To share that two bodies are doing something of life	Being alive
	and it's not intellectually controlled and, we are doing it together and it is safe.	Being out of control
		Feeling safe
	I think for somebody who is re-associating into to being sensate, I think it is a very, very important thing and,	The moments are pivotal for the process of psychotherapy
		In-vivo code: Sensate
	and that people's movement really having a laugh becomes exaggerated which does to me just demonstrates a kind of a freedom a looseness ahmm…you know.	Emotional liberation
R9	Its sounds like there is an element of creativity and playfulness when you described how you walked around and you banged things and, and you were looking at the books and making all sorts of noises. There was this playfulness, as well, there was childishness, there was this element of improvisation and spontaneity.	
P9		**In-vivo code: Spontaneity**
	Spontaneity…definitely! And, and edginess, you know, like	**In-vivo code: Edginess**
	…cos at one point, I can't remember what it was like, but…yeah, it was a pen, I went like (bangs the pen on metal), yeah! Like that! And then she grabbed something and threw it and it was also about this disobedience, naughtiness	**In-vivo code: Disobedience**
		In-vivo code: naughtiness
		Being childish
	not what you normally do and I think, particularly because of the age we were working with	Unexpected response
	and that, that, that was kind of meeting and sort of spontaneity and anything rather than what's expected right	A meeting of unexpected

R10	Very interesting. It also sounds when you were describing how that experience was provoked. It sounds like what you tapped in, in your interventions was something that was already joy laden, there already joy in there, in that experience that happened to the client when she was a teenaged and that's what was brought up for her.	
P10	Yes, I think this is a very good point and I suggested the homework, I didn't anticipate her response.	Unexpected reaction to homework
	Her response was from something within her and so it was about responding to that as you say in an improvisational way and how far would this go.	An authentic improvisational response
		An authentic improvisational response
		Authentic reaction
		In-vivo code: **Improvisational**
	And taking her lead but then a little bit more, you know.	Trusting the client's lead
	And yes, yes, you are absolutely right, it was about something I did tapped into something I hadn't expected and …	Unexpected response
R11	so, it was unexpected…	
P11	…it was unexpected,	In-vivo code: Unexpected
	it was new. I don't think you can fabricate those moments	Naturally emergent
	, you have to let yourself be taken by surprise and ahmm, and also	Allowing for a surprise
	I think you have to let yourself be ridiculous, you know.	Allowing ridiculousness
		Safe to be yourself
		Setting an example
		In-vivo code: **being fully present.**
		In-vivo code: **accepting imperfection**
	And I think that models something to the client about safety and the nature of accepting imperfection and not being in control. Ahmm, and, and being fully present.	Being natural
R12	And, [names] what was your subjective experience throughout those moments with the client?	
P12	Hmm, I have to say I know when my voice chokes up and, …on the one hand I am very, very somatic so	Therapist's awareness of own somatic responses
	if a client is laughing I gonna at least in the rhythm of their laughter (giggles)	Joining with the client
		Attunement

and eventually your own body takes over and laughs with and I think my body is saying: 'Yes, yes, you can!'. It gives you permission to laugh by me laughing. Ahmm.	Therapist permitting herself to experience strong affect with the client
	Letting go/emotionally relaxing
..and I know I have the pictures, I had pictures of her in the art class. I could see what she was saying	Therapist imagining the client's past positive experience
and she was saying that that teacher's nick name was 'danger mouse man' come danger mouse signals and ouh yes, I can	Understanding play of words

		Being playful
So I am playing and I am letting myself be in, I am responding to the client's cue and…	Allowing self to be
		Reacting by impact
I do, because the thing is, I do use humour sometimes as provocation so, and here is a different…	Differentiating humour from moments of joy and laughter
		Using humour as a provocation
this is the difference, sometimes, there are different things that lead to this, that's one kind of things. And I have to say for me that's the most moving context in working with trauma	These moments impacting the therapist
		The moments are pivotal for the process of psychotherapy
and it will be hard for me to find a case of working with trauma that I felt really, you know, really complete where there isn't sometime of encountering a sense of joy, of being back in a moment, being alive, being…ouh (expelled air to express relief), looking, looking now at life that isn't defined by, I think, I think it's an absolutely core part of it	Expressing joy as a representation of life
		Joy is a core part of being alive
		Relief is important
It might not always be laughter but certainly relief, joy, aaah.	Joy is important.
R13	How would you describe the sense of joy from your subjective experiences of it?	
P13	Yeah, so…it's, it's very its very core…	Experiencing joy at the very core
R14	It's in your stomach…	
P14		Experiencing joy as muscle tension
	…Yeah, it's in the stomach and I think it's also, there is muscles that you can feel the pain that the clients hold to hold back tears when they are crying	Joy sensed in the same place as holding back
R15	…the tension…	
P15	…yeah, the tension and that loosens and I think the kind of convulsion of laughter through the heart	Hearty laughter
	and through this area	In the body
	where you can often kind of really sense the clients are holding themselves in, holding back	Locating in the same place where emotions are held back

	in and also, I think, I mean, I have got, when I laugh, my laugh is quite loud, you know. If I am going to be natural, my laugh	Allowing natural laughter
	and, and its unconstricted so, I think that not having to control and let go of the constriction for the client	Being free from constriction
		Letting go/emotionally relaxing
	who has been traumatised is quite an important thing…	Experiencing emotional freedom is important for traumatised client
	and, and I guess my sense is that I have to let my laugh almost be an embrace, almost hold the space like.	Using laughter as a space container
R16	So almost one of the things we supposed to do as therapist is contain the space for the client and it's the sense of joy and laughter that you then employ to do that, that's what you are saying.	

P16		
	It's like that, but I think that with joy and laughter, it's also saying right, let's hold this space and then do you want to step over those limits, do you want to step over that space?	Holding the space
		Stepping over the boundaries.
		Being playful
	It's about. This is this unrestraint, let something happen that just feels unexpected, going beyond, like throwing a pen across the room, going over some boundaries, lets break some rules, something in, and still be safe in that, you know, and still be safe in that.	Stepping over the boundaries.
		Allowing the unexpected
		Being safe
	So, there is a holding safely, so that there is the risk, so that there is spontaneity lie you say. And also the client lets themselves take up more space in that, ahmm…	Allowing the client to take up the space.
		Being safe
		Allowing the unexpected
	and then there is other kinds of laughter and humour which especially if someone has been institutionalised, I do play the eccentric card with clients.	Differentiating the types of joy and laughter
		Using humour as interventions
		Being playful
	So, at the beginning with a new client if they are very, unexpected…very formal, I…I will…I will kind of play this sort of slightly dotty mad and they will look at me and then laugh	Using laughter to connect with a new client.
		Using laughter to connect with a new client.
		Being playful
	: 'Ouh…this isn't like I thought it was going to be…and I…so, so, for me lightness and laughter as a…as an option in the room, you know, is…is something…I…I guess, fairly characteristic.	Laughter as an intervention.

APPENDIX VI – Examples of Focused Codes

Focused Code (10) - Valuing the Phenomenon	Transcript Colour Code
I will let you know (still laughing together). Ahmm…but yeah, I think you used the word in the, when you wrote to me in an email about it, transformation, and I guess given what I was saying about, there is something that when you felt joy with somebody, it stays and it stays in you, me, as an experience which is in me	
but I have never forgotten that and you don't forget those sort of moments.	T1
I rejoice those moment, yeah.	T2
So, there was the, there was there, we have done this with one another,	T3
P82: Yeah…it is.	T4
but it was just one of these lovely moments.	T5
I think I'm, they are, I think I have said it earlier on, I think they are moments when you are ahmm it's a privilege and its, as most therapists would say, it's a privilege to do the work that we do	T6
And I find it quite profound and they, they are special…yeah.	T7
You know, these tiny moments. When people are laughing together…ahmm, great.	T8
So I think it is ahmm, it had a huge effect.	T9
I couldn't do without them,	
And, it just, it just felt like a very lovely moment.	
It felt really, really important.	
so it was a powerful moment.	
Yeah, yeah, it was very special and it was so funny that he came in here when she was here. Normally he runs a mile when people are around.	
cos it's just a lovely moment when,	
It's just lovely.	
Yeah! And it was a really special moment. That those moments for me are especial as those other moments as when you	
And I find it quite profound and they, they are special…yeah.	
But there is this, and, I don't want it to end. It's, it's special.	
I think that was quite…ahmm…that was part of the specialness of that moment.	
So, so, it, the, the, it sort of a strong moment,	
Ouh, they are vital, I think they are vital,	
They are vital…	
For both of those people, I think, that's a step forward in that, yeah…	
It might not always be laughter but certainly relief, joy, aaah.	
ahmm, and that I can manage that. So, I think less so on that respect, I think more so, more so to do with the therapeutic	
And I suppose I felt this is what, partly this is what I am in the job for ahmm.	
I think they are really important,	
but I think they are really, really important,	
Ahmm, and I would say probably the situations that feel the most profound and important and quite seminal in my work.	
I think for somebody who is re-associating into to being sensate, I think it is a very, very important thing and,	
this is the difference, sometimes, there are different things that lead to this, that's one kind of things. And I have to say for me that's the most moving context in working with trauma	
extraordinary power the moments which are like the symphonic climaxes or ahmm…extreme moments in Wagner or whatever.	
So, that joy moments are really important to recognise	
and is important to experience joy in therapy, basically.	

but that it is also very special
to have that experience was important. I think, I wouldn't say it felt as solid as the experience with the man…
Yes, yes. And it did feel ahmm important, I think.
and it was really, really helpful because for her, she is the only one that's different.
adulthood, if that's created in the room, I think it's on the way, part of the healing. So, yeah, it is really important to me but again, I don't seek it.
and I, given this discussion, think joy is one of the, something of the sense of what we have been talking about is really
It was very important,
Yes, I mean, I think. I might be making more of it
But there is this, and, I don't want it to end. It's, it's special.
We are sharing a joke, it's quite a special thing anyway, when we are both absolutely get it and it means that you are on the same wave length, have the same sense of humour. I feel. Yeah.
But there is this, and, I don't want it to end. It's, it's special.
it's a privilege, you know. It is one of the privileges of the work that we do get to witness these things.

Focused Code (24) - Life Line
and then I started to see how beautiful life is, there is a sort of, life is to be lived, there is a sort of, like
To share that two bodies are doing something of life
really, where you are just glad to be alive.
So, the purpose of psychotherapy is life, it's not sanity, it's to unstuck so life can through somebody
Yeah…and I did really feel 'Lucky baby!' you know that two people had worked through their imperfections and were really thinking about the impact of that if they became parents and that I just really was so confident in these two people's intention to love and do right by a baby and I just thought how wonderful is that and I was overcome with joy, and, you know, it could not show in my face. And, it was just ouh (expels air to show relief) very quietly, very palpable in the room because I think she wanted to celebrate and she was a bit afraid.
and it will be hard for me to find a case of working with trauma that I felt really, you know, really complete where there isn't sometime of encountering a sense of joy, of being back in a moment, being alive, being…ouh (expelled air to express relief), looking, looking now at life that isn't defined by, I think, I think it's an absolutely core part of it
And there other thing, I suppose I can say that I feel alive, I felt alive…
ahmm…it's what completes
Ahmm…(pause)…because of this feeling of being alive, it takes away that sense of deadness…
And, there is…there's something about that humour in the face of death, you know, that I think is extraordinarily life affirming and powerful and so, when you look at people like [name],
sometimes it is important to remember that life does not have to be quite so hard and
but the fact that this teacher who she had felt was her life line had said similar thing she knew immediately where I was going
Yes, this sense of aliveness, if you like…
But, I think there is something in exchange that makes it alive, that this is life…
to use your metaphor of a child on the carpet so that's the client and therapist but also, that's the client and their pain that they are putting their carpet out so that the pain can start to wiggle and change and become something else and sort of reclaim its life force, really.
I talked about being alive, there is something very joyful about being alive and
so, I don't know how to quite to connect that back to what I was just saying, but there is a sort of joy…ahmm…in having known those two people.

Transcript Colour Code	
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and it will be hard for me to find a case of working with trauma that I felt really, you know, really complete where there isn't sometime of encountering a sense of joy, of being back in a moment, being alive, being…ouh (expelled air to express relief), looking, looking now at life that isn't defined by, I think, I think it's an absolutely core part of it

Yeah, there is joy and there is something about survival.

and the joy of being sensate, the joy of being alive

because joy is life affirming

a life affirming experience and I guess, it is nice again,

and the joy of being sensate, the joy of being alive

so they wake everything up in you

how much is joy connected to being alive…ahmm…as I said earlier on, joy moments could be when you feel most alive,

Life is…it's your existential place first, which I probably am, you know, it's tricky…ahmm, and anxiety is pretty natural when something is going to die and people are going to leave you and all those things are happen, they are part of life, that is life. And it confirms life for me and for the client.

Life is…it's your existential place first, which I probably am, you know, it's tricky…ahmm, and anxiety is pretty natural when something is going to die and people are going to leave you and all those things are happen, they are part of life, that is life. And it confirms life for me and for the client.

Yes, because I am looking for the energy flow within the life of my clients. Is there energy? Is there an old fashion life force growing or diminishing?

Focused Code (30) - Therapist being present

So I am playing and I am letting myself be in, I am responding to the client's cue and…

I don't think I've nurtured them, I think I have been alongside…

and I just have been alongside them…

Well, I just think that that just keeps on changing…yeah, I don't, I see that that carries on changing in me as I work more and more, really, I become more available. I don't think that there is an end point to that. That just continue developing with time…

And she would ask me a question and I would answer them, as honestly as I could if they weren't too intrusive, you know, basically.

No. If I am working properly, I am present and not thinking much.

Very few therapists work in transference in the now because you wouldn't be present, you are too busy thinking as oppose to being with somebody, I think that's…

I think that's more it. Yeah, I am not terribly active…yeah,

And you know what category the definitions are we suggesting will end up in his thesis but there was a lot of thinking going on on both parts, I was very engaged with hmm…how you do…

Something to take away because the client seldom…I don't think the client ever sees the curative element of the relationships, they look for tricks, they look for cleaver words or great interventions.

I am not reflecting, I am present. To reflect is not to be present.

or just being there. I am not thinking very much, I am with them. I can't say, I did this, there is no…I don't do very many theoretical interventions…right? I just hang out with them, it's more like a jamming session than a pre-prepared…ahmm session. So, it's not didactic, I am not trying to go somewhere, we are just hanging together, basically.

And I think that models something to the client about safety and the nature of accepting imperfection and not being in control. Ahmm, and, and being fully present.

I felt much more comfortable because I wasn't trying to do something,

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Focused Code (55) - Humanity of the moment	
But I think it is a genuine…human moment, if you like…	
but it's a real human meeting of two people in the room.	
it doesn't matter that Dostoyevsky has faults.	
we were like two human beings together in the room.	
So, at some level there was a connecting up between the idealising perfectionistic element of him and the part of him that just knows that this life is very raw and Dostoyevsky is really about the rawness of life and not about being perfect and,	
Yeah…that…(pause), life isn't like a pretty spring day…it's savage, it's a jungle, it's a stormy sea, there is no guarantee that we won't go down, any of us. Ahmm, with very little security, that, that's his sense of life.	
There was all that sort of stuff. So, it was…ahmm…it was a very human moment, I could call it as well.	
I think and almost something human	
but I think sometimes the humanity of what we do emerges in those moments and it's	
If its spontaneous like that, there's been strong emotions in the room and tears and then laughter comes in, its more human, its more real, more rounded	
It's like a moment of time out, almost, except it is part of the therapy. But it is also like a moment outside the therapy for the just two people together.	
which was two human beings on a journey together.	
Two human beings on a journey together in the world, you know	
and very human	
or something in that moment, you know, that, you just two,	
the real humanity of what it is to be a human being	
and ahmm because we both knew that in that instant there was a collision between his perfectionism and even his idealise great author who he thought was the wisest man who had ever lived, so to speak, had flaws… (laughing).	

Transcript Colour Code

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APPENDIX VII – List of Categories and Sub-categories

Category 1: THERAPIST'S STANCE

- Being an authentic human being in the room
- Being present
- Being joyful and playful
- Holding the space
- Being relational
- Being ok to work instinctively and the use the therapist's self
- Being caring, respectful and sensitive towards the clients
- Following the client's lead, attunement and mirroring.
- Modelling
- Disclosing
- Developing the stance with experience
- Shifting the stance under the influence of the client

Category 2: THE THERAPEUTIC SPACE

- Safety and trustworthiness
- Humanness of the relationship

Category 3: TRIGGERS

- An existing bond
- Something in the room
- Non-verbal signal
- The narrative
- Seeing the client achieve
- Coming out of suffering

Category 4: THE MULTIFACETEDNESS

- Difficult to describe
- Valuable experience
- Frequency
- Peak moments

- **Features of joy and laughter moments**
  "A Spontaneous surprise"
  'Playfulness'
  'Nonsense'
  'Humanness'
  "An amplified expression"

- **Interpersonal in-the-moment experience**
  "Togetherness"
  "I-Thou"

"I knew he would get it immediately"

- **Intrapersonal in the moment experience**
  Affective experience
  Somatic experience

- **Types of the moments of joy and laughter**
  Organically emerging moments
  Deliberate moments
  Moments of liberation
  Life affirming moments
  Celebratory moments
  Affirming the bond moments
  Spiritual moments
  Moments of meeting
  Quiet joy

Category 5: THE IMPACT

- The relationship
- The Client
  - Liberation
  - Accepting humanness
  - Integrating parts of the self
  - Healing
- The Therapist
  - Inter-personal level
  - Intra-psychic level
  - Personal-professional level
  - Entering the client's world

Peer Audit – Example 1

P3: Very much so, yes, and I would see, I would see laughter, merriment as very much utterly interwoven with the process and ahmm, recognising that processes is the way this works and humour is very much about that...

R4: Earlier you mentioned the word 'connection'. Are you able to expand a little bit on that?

P4: Right...yes, ahmm...ahmm...this is an example I've actually quoted in one of my writings. Ahmm...I have a client who is now in the north of England but was here for a long, who had a very strong obsessional compulsive pattern but also a very brilliant man and largely self-taught but extremely intelligent and very quickly able to master the fundamentals of very difficult pieces of literature and ahmm his, the author that he felt was the most, the one from whom he had learnt the most, the most identified with, was Dostoyevsky. And one day we were rambling on and he reflectively ahmm said something like ahmm: "But even in Dostoyevsky there are some flaws", you see. And I said something like: "Well...nobody is perfect". And, we just, like I can't convey the atmosphere but we both fell about laughing and ahmm because we both knew that in that instant there was a collision between his perfectionism and even his idealise great author who he thought was the wisest man who had ever lived, so to speak, had flaws... (laughing). Then that was, that was then of course the moment I made my remark, I can't remember exactly what it was. It...it released that...and he was very quick and he could see all and of course we both, we both shared in the laughter. So, at some level there was a connecting up between the idealising perfectionistic element of him and the part of him that just knows that this life is very raw and Dostoyevsky is really about the rawness of life and not about being perfect and, it doesn't matter that Dostoyevsky has faults. Of course he has massive faults but that's not what he is about, so to speak. Jane Austin, you might have...another matter, but because she does set out to have a certain perfection of form but Dostoyevsky certainly doesn't.

[handwritten margin note: shared laughter recognising a collision between a client's ideals & reality]

R5: No, his writing is certainly very human, very real, very in the gut. But I am wondering about the connection in that moment between you and him.

P5: Well, ahmm...we were both laughing at each other and it was very affectionate and playful but it was, it was more than that. It was kind of a creative explosion, it was...it was ahmm, a shattering of a kind of overly precious perfectionism in the moment and the release into the sense of wholeness so it was a powerful moment.

R6: It sounds like it.

[handwritten margin note: shared laughter empathy human condition laughter as an epiphany a moment of enlightenment and connecting w/ common humanity shared humanity]

P6: And, of course, it builds upon the fact that we endlessly teased one another and…ahmm, one moment when, as occasionally happens with very powerfully obsessive compulsive people, he went into a grandiose semi psychotic mode and then we both admire not only Dostoyevsky but Nietzsche and of course the pre-occupation with God is very substantial in both writers and…so, I said to him, I just said to him: "Are you going to come down off this cloud, Mr God?" And he deflated, which was necessary to do because he was momentarily ahmm as the Freud's Wolf Man, ahmm…went psychotic for a while when he was seeing Ruth Mark Brunswick, not totally psychotic but enough psychotic for there to be on the edge and the same with my client. So I was able to, because I have that kind of rock honesty with him, I could say those things to him and if I, he would very commonly, if I really got under the radar with some comment and he thought 'ahmm' and he would say: "You, bastard! Fuck off!!" (both laughing) So he, you know, that was his way of recognising that I somehow got past his defences and it was very…very collaborative but in this slightly competitive, jesting, mutually teasing kind of way.

teasing as a way to humanise

humour as competitive jousting showing off?

R7: It is almost you tackled for a period of time and then you get to him and his defences collapse and the moment happens and in there, there is some kind of recognition of humanness, realness and imperfection…

P7: That's right…that's right…yes, that's sort of thing, authenticity, but that sounds rather pretentious, of course, it's very much a gut…a gut thing. I mean, he…he is a very good actor, for example. He…he can, he engages with people like Samuel Beckett. So, he is very much a kind of slightly musical…ahmm…

humour getting around the intellectual defenses

R8: Quite creative, artistic?

P8: Yeah, but raw, back street humour, he has got that element to it ahmm. His family makes ahmm…brothers Karamazov's look like a well organised (laughing) family.

R9: So, [name], could you reflect on the what was happening to you, your subjective experience in that moment?

P9: Ahmm…(pause)…well, on one level I am doing my work, just getting on with it and dealing with whatever comes up and in that sense it is very, very much in the process. And I work very much in process. Ahmm…(pause), there was an ego gratification having made a remark that we both found very funny. Ahmm…there was a therapeutic gratification in the sense that I knew this was right in the heart of his difficulties…ahmm, this kind of perfectionism. Ahmm…there was a lot, there is always a lot of tenderness between he and I and that comes out in those moments where the mutual aggression and affection is utterly interwoven. Ahmm…and for both of us there was just very strong sense in those moments which we

admitting his pleasure in making client laugh

humour as tenderness, kindness, as an acceptable form of affection

humour as attunement

share and the fact that he knows that I do share it, it is part of the...there is a dreadful phase in Yalom 'the gift of therapy'. In other words, he would very much need to work with somebody who could get him at that level. There is ahmm...just a huge, shared merriment and joy at the craziness of life that even, as it were, the possibly the greatest novelist who ever wrote is flawed and he is worrying about him being flawed and there is suddenly that collapse in the moment because, obviously, at that kind of level it does not matter that he is flawed but it was important to him to articulate for him right then Dostoyevsky, even Dostoyevsky was flawed.

R10: And...ahmm, it is interesting that he articulated it to you.

P10: Yes, he knows I will understand, but part of the understanding is in the humour. The humour is like a lightening flash of illumination with quite a lot of thunder as well. It's...it's a strike, it's a kind of sudden precipitation of a donning of a realisation.

R11: So, there is something in that 'getting him'...

P11: Yes...

R12: ...that you said earlier. He knows, that you get him.

P12: Yes. Good deal of the time.

R13: And it feels like those moments punctuate that sense of being gotten if that's the right use of English.

P13: Indeed so. Yes. And they deepen it. Ahmm...you very likely have come across Ringstrom's work in this connection and...

R14: Improvisational?

P14: Yes, I.I recognise quite a lot of affinity between what Ringstrom does which is often politically incorrect, as you are aware, ahmm, like you know, ahmm...him and his squirrel. The squirrel saying to him: "Your work with nuts and I work with nuts as well, you see". (both laughing) Which is you, of course, rather naughty but ahmm...part of the...so, that explosive, improvisatory quality was at the heart of it and of course, it is interesting that Ringstrom is working with another very perfectionistic bright man in that piece of work. Ahmm...that I think my client has more grasp of the kind of raw elemental chaos of life than Ringstrom's client had. And, sharing in the raw element of chaos of life is part of what is going on in those moments.

R15: So it is sharing of the moments of rawness of the kind of regular life?

P15: Yeah…that…(pause), life isn't like a pretty spring day…it's savage, it's a jungle, it's a stormy sea, there is no guarantee that we won't go down, any of us. Ahmm, with very little security, that, that's his sense of life.

R16: So, it's almost in those moments you share each other's vulnerability.

P16: Yes.

R17: And…you kind of point at his and he is…he is not really pointing at yours, but there is some kind of sharing…

P17: Well, it is there, it is there in the field, as they say.

R18: Yeah, yeah. Ok. And how long you have worked with this client before this type of moments began to emerge?

P18: Well, I first saw him around 2003, I think.

R19: So, it is a very long client term, very long term client…

P19: Very long established relationship…and his, he managed to get work and ceased to be unemployed, he managed to leave his family, he managed to get married. His marriage is a mess but he has two fine children now and so on and so forth. And you think like is a nightmare in many ways but nevertheless, he is become able to be functional in the world which he wasn't when he first was seeing me.

R20: So, it is a very, very long term client.

P20: The first meeting that we had, he said he…he had a diagnosis of depression. So, we talked for a while and I said to him: "You are not depressed, you are in despair". And that struck him that he…he felt understood by that and we went from there and we always worked in a very existential kind of way. I never took the responsibility for removing his symptoms or anything like that. I always pointed out to him that whatever I might do to remove his symptoms he would come back with a bigger and better one very shortly afterwards. So, that was always his problem. Ahmm…but again, there you get the playfulness of.

R21: So, the playfulness began back then.

P21: Very much at the start.

R22: From the very beginning.

P22: We hit it off and felt ourselves to be... have in certain respects to have an overlapping view of the world and that's why he felt he was able to work with me, because he didn't, he didn't feel isolated.

R23: Mhmm...ok. How do you think these moments impacted on the relationship as it evolved over the years?

P23: Well...there is a kind of Stern's kind of way, the graph of vitality affect and these, as it were, the peak elements of what is going on all the time...ahmm. But, the...the capacity to get in touch with peak affect is very much part of the relationship and sometimes it happens in the work. But, sometimes it is also about experiencing peak affects in other contexts such as, particularly music or ahmm...reading, reading Shakespeare or watching a film of Shakespeare or....

R24: Moments of creativity where you engage with creativity...

P24: One of his predicaments is, he above, all other things, wants to write. And, of course, the internal system, above all, prevents him from writing (laughing) so, ahmm that...that's where it's at.

R25: So, how did those moments impacted on the therapeutic relationship between you and him.

P25: Well, the fact that they can always happen strengthens and deepens it. Ahmm and obviously alters...they're like...they're like climatic moments of a symphony, after that has happen, your whole physiology as you listening to the music has changed and these peak moments, I think, change ones energetic ahmm modes of being. But I don't think you can isolate them from the total weave or dance of the total graph of the up and down intermediate affect of the vitality affect graph. Ahmm...any more, you can't have peak moments all the time in the symphony, they depend upon being built up to and prepared for and the whole thing having space to unfold so that when they come, they carry with them all the memories, so to speak, of what has gone previously, you know. I don't know how much symphonic music you know...

R26: Very much so, I am a classical pianist in the previous life

P26: Ahmm, so.

R27: Right ok, so.

P27: Very familiar with Dostoyevsky, come from Russia, you are speaking my language...

R28: Yes...quite. So ahmm, obviously, the [inaudible] opening notes: "Tee dee (high pitch), tee dee (low pitch), phrrr" of the Beethoven's ninth recur at the cosmic climax in the middle of that

Peer Audit – Example 2

R3: Solidifying…

P3: So, so, it, the, the, it sort of a <u>strong moment</u>, it was an <u>emotional connection</u> that I suppose I, what I ended up talking to him about it is moving out of London he needs to find an older men, sort of father figures to help him to work forward. And I talked to him about if he was still in London that I would offer him a chance to come and see me privately. There was all that sort of stuff. So, it was…ahmm…it was a very human moment, I could call it as well.

[handwritten margin notes:] Strong moment. Emotional connection – feeling strong. Contact – wanting to keep connection – Human moment – meeting each other.

R4: There is also something about parental care, the kind of the quality of the feelings that you have described like father and son. Like father being really proud of the son's achievement of being sort of elated by seeing his son flourishing.

P4: Yeah, yeah!

R5: Hmm…
P5: And I suppose it, in that, it's…it's feeling like a father. I am not a father so I suppose in those moments, may be they have even greater resonance for me because I feel I can be fatherly in those moments, they bring out my fatherliness. Yeah…

[handwritten margin note:] – Feeling paternal.

R6: And also you said it was a really important moment, it was pivotal, quite a significant moment.

P6: Yes, I mean, I think. I might be making more of it than there is because it has this sense of expansion, I think and almost something human but also something spiritual that there is a stronger connection than. I think I am, I think I feel that in those moments love of understanding sometimes, a deep level between me and another client which are ahmm have a spiritual quality, something about finding a shared experience or there almost there something going on which is beyond words. Ahmm…yeah.

[handwritten margin notes:] Significant moment. Moment of meeting. Real – human + spiritual. Shared experience – both moved – beyond words.

R7: Sharing of the implicit sense, almost…

P7: Yes, yes, ahmm and I think I would call it love. I think there is an element of ahmm, and, and in love there is a joy of being in love, not in love but in love if that makes sense.

[handwritten margin notes:] Feelings of love for client. Joy in that real connection. Love + joy

R8: Yes, not in love, but in the feeling of love, there is that.

P8: And there other thing, I suppose I can say that I feel alive, I felt alive…

[handwritten margin note:] Feeling alive in the moment.

R9: Alive…can you say a little bit more about this please?

P9: I think in those moments, there are, I suppose this physical, this is back to this feeling of expansion, but, I don't know, I can't know for sure what's going on physically but I guess my heart is pumping quite strongly and I feel awake, so I feel ahmm, you know the idea of flow? I don't know if you have heard of this

[handwritten margin notes:] Embodied experience. Internal experience – aware of bodily sensations. Alive. Aware of experience – connected.

concept but you are performing at a high level that that it has got the same sort of sense that everything is ok, ahmm, and it's like a sunny day when, a bit like today really, where you are just glad to be alive. But, I think there is something in exchange that makes it alive, that this is life…

[margin note: Sunshine]

[margin note: Secure things are OK. Glad to be alive. Connection with experience]

R10: Yes, this is life and this is a lively moment, lively kind of sensation and makes you feel alive.

[margin note: Awake + Alive!! Heightened moment/ experience]

P10: Mhmm…mhmm.

R11: When you kind of reflect back on these experiences how important do you think they are in the process of work?

P11: Ahmm, ahmm, I'm posing because both of the examples I was bringing are at the end of therapy and ahmm, I am thinking the one that I have been talking about, I have already talked about the sense of this solidity, that in some ways it solidifies what we have been doing…

[margin note: Happening at end of therapy. Things feeling more solid / secure]

R12: You mentioned celebration and that sounded like an important description of that pivotal moment. That it is a celebration of something that you have arrived at in the end.

P12: I think it is a celebration but it is also ahmm sort of bedding in of something. So, it's like ok, this is where, this is us, sort of. Ahmm, ahmm, yeah.

[margin note: Celebration. consolidation - solidifying.]

R13: So this is us. It's almost, so a kind of, integration of the two, of the unit, of the union?

P13: I don't know, I don't know, I don't know. I…I don't know (chuckles).

R14: Ok…so, just a sense of celebration.

P14: And the sense of something solid. —

R15: Something solid…

[margin note: consolidation phases of therapy of work. Solidity]

P15: What I am trying to get to is memories of this phenomenon in, in a middle of a therapy or in another situation, and I can't, at the moment (pause) and may be that does reflect on something that joy reflect the hard work, that there is something that has gone on which has set the aim, set the conditions for the joy then to emerge because the joy often comes out of suffering and hard, hard experiences and it is a long process. So, it is almost like coming out of a rain storm and you are coming out into the good weather and that being bathed in sunlight.

[margin note: Sense of achievement/ pride. Have come through something really hard. Really covered in joy. Light sunshine.]

[margin note: 'light at the end of the tunnel']

R16: So…so in these particular instances it was triggered by all the hard work and the realisation that you have worked hard….

P16: I think there is an element of that, but I think there was also something of the joy of being together. It felt like…like I say it

[margin note: Joy in being together.]

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was a good relationship and we were enjoying being with one another. So, there was the, there was there, we have done this with one another, that's...that's enjoyable but there is also something about just enjoying being there together...

R17: Are you talking about a bond? Is that type of?

P17: Yes, yes, yes.

R18: So, perhaps when you mentioned the solidifying. The solidifying of the bond like cementing the bond that you have developed through working together and being on that journey.

P18: It does have that sense of what I have with friends, some old friends, or with a partner or a lover. I think of these three categories, really. When you feel like you, there is a deeper bond that clicks in, in some way or another.

R19: I am wondering if there is a quality of intimacy in that bond. That it is a kind of an intimate bond where you obviously, in the process of therapy, it's quite an intimate process, and that's what gets solidified, the intimacy.

P19: Mhmm, mhmm. The person I thought of earlier on before you came. Again, it was not, it was towards the end of the therapy, was a fairly young woman who I saw for about a year and a half, whose mother had died and when she first came to see me. Her mother had recently died, very suddenly, she was in her forties, her mother. Ahmm, so she was young, her mother, she was really very connected to her and she had no idea of how to carry forward. She didn't know how she was gonna live, basically. She thought about killing herself, etcetera, etcetera, etcetera. And over that year and a half I went through the sort of anniversaries of her mother's birthday, her anniversary of her death ahmm and at the end of that she, a bit similar to this guy, actually, she left her job, she was moving somewhere else with her then husband, they were planning to have a baby ahmm and she, it's funny since I am talking about it now I start, it's...it's very sad but it is also very joyful cos she, it was like new life was coming...ahmm, there was new life for her but there was a potential new life through the baby. It was joyful and it was joy out of horrible sadness and loss. So, there is ahmm...there was...hmmm...I don't know if you have read this person, but there is a woman called [name] who is a relational, American relational psychoanalyst who writes about joy and she says that joy is the emotion that can heal all the others, basically. So, that joy moments are really important to recognise and is important to experience joy in therapy, basically. And, there was something again about, I think, I think there was something about her relationship with me that had helped her to have a relationship other than with her mother. Almost like I was a replacement mother for a while. But again, there was this sense in the end of her enjoying being together and that was in the room as we finished. Can I talk about the other clients?

R20: Yes, of course.

P20: I don't know…there was another woman whom I have seen for about a year. She came because, she basically experienced herself as two different people. Herself as a young child and a self as an adult. And she changed her name in her late teens because she felt that her younger self was so inadequate and sort of beaten down that she wanted to have a new persona, so she called herself a different name and this is what she came with. She is now in her thirties, she had lived under this name and had found that her younger self was increasing undermining her older self. So, her younger self particularly she said would be emotional so she would be breaking down in meetings and things like that and she came wanting, basically, to talk about this thing. And what's happened in the year that I had been seeing her that she now actually calls herself by her old name and she has gone back to her original identity. In her original identity she was in many ways abused and ahmm now, what she says, she can…ahmm… what's the word, embody her childness, child likeness of her child self in the world. So, she…she speaks of her abuse and she is not pushed down by it and will talk about it. Her plan is eventually to write a book about her experiences. Again, in the room there was a real feeling of father daughter, but with her, I would say there was also an erotic energy. So, I think the joy in that, and this is, this is difficult to ahmm put into words, but I suppose I was at times aroused and that was part of the joy, the joyous experience. Obviously, I have my boundaries in that, and I am aware of that but there was something in that, the laughter with her sometimes that had an erotic energy to it. But I would say it was joyful, it's like when you love someone and you make love to them and it is joyful and it is a joyful experience. It had something of that embodied experience in the room and it's not, again, it is probably more into….(exhales deeply)…how would I describe it…(pause)…it bordered on the spiritual rather than embodied but a sense of two people being together, yeah.

R21: Are you able to say a little bit more about that experience? May be with a particular example, with a snippet from a session where you had that sense?

P21: Ahmm…she was talking about ahmm when she was a child, she used to have, she used to chew string and the string, by pulling on the string she felt, it was a sort of self harm, she felt stronger, it was something in the act of doing it. But then she started to have soft toys and things like that, she would hold onto the soft toy, it was the softness of that and she started talking about now, she continues to do that, but she has no soft toys but has soft clothes. So she was wearing a soft ahmm a scarf…ouh no, it was the soft jumper she had on. And, I think I…I've got the sense that, we were talking about the need for softness and something of the softness of being with me. So, there was something where this is…not necessarily was joyful, but I think it was more a recognition of ahmm the comfort that

Handwritten margin notes (left): Arousal. Mutual.

Handwritten margin notes (right): Split. / Abused / Integrating different parts. / – Child / Feeling potensl Erotic energy / transference. / Heightened arousal / Laughter – erotic energy / Love – Making love. / Embodied experience / Togetherness. / Real connection – both impacted by the other / Comfort / warmth of being together

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she drew from being with me. That was enabled her to be safe and therefore feel that she could be joyful rather than be scared.

Feeling safe + then could be joyful.

R22: So…almost like a sense of safety, the comfortness as a precondition to experiencing joy as when there is no comfort and no safety, the joy wouldn't…

P22: Yes, yes, but this is was joy with another person, because her experiences of feeling safe were largely on her own, you know, holding something or chewing on something. And this was her experience with somebody else which, to be honest, mirrored largely her experience with her husband and that is what she was talking about as well. But there was some quality in the room of the conditions that then enabled her to feel joy. Almost like because of her abuse history, abusive history, she couldn't feel joy, like she wasn't allowed to, she didn't know what it was, but there was a…she smiled and she was able to, she breathed more, more calmly, more deeply. And I think I felt something of the same. It felt like it was ok, it felt safe. And there was a sort of a quitter joy in that. It wasn't a flamboyant, if you like, in the one with the guy. It was sort of, this is ok moment, if that makes sense?

Being with another person. Mutuality. Safe space to feel Joy. Conditions of therapy. Calmer joy. Sense of it - smiling/ breathing - not flamboyant.

R23: You know, when you speak about it I have an image of just you know when you rock a baby to sleep and a mother rocks a baby to sleep, its calm and comfortable. There is this calm joy in that unit, in that union, that's what comes to my mind.

P23: Yes, yes, yes, yes, yes and I think in the transference, I have talked about the erotic, but there was a maternal possibly, maternal and paternal thing going on…

Paternal - transference

R24: Parental…

P24: Parental…but in some ways it is the how old was she. Well, she was different ages at different times so…it changed and also, given her experience of both, her mother and her father as not being safe containers ahmm to have that experience was important. I think, I wouldn't say it felt as solid as the experience with the man…

Safety. Holding Feeling parental. Different types of joy. Calmer - not as solid.

R25: It feels like a different quality, isn't it?

P25: Yeah, yeah…

R26: It is different type of joy although it is still parental, has a parental quality to it, but very different…

P26: Yes, like a quiet joy…

Quiet joy

R27: Hmm…and how early, at what point in the work you arrived at that place?

P27: Again, this was at the end…

Again at end.

R28: At the end.

P28: It may be that this was the last session as with the man, this was the last session. So, there was something about where we, I think actually, I felt freer, in that it was the end of the work. Almost like free up to say things you wouldn't normally say to one another.

Feeling freer at end of the work.

R29: Do you know [name], what comes to mind, what just came into my mind is separation, because as you end the work you separate but you can have a healthy separation or a painful separation and it's there is something about the healthy separation. The culmination and the celebration that would follow by a healthy separation yet the connection would be still there.

P29: Yeah, I agree with you, I agree with you. I think I…ahmm…yeah…(pause)…it's funny, my father died a couple of years ago and since then I have been much more aware of death and mortality and ahmm I find myself thinking more and talking more about the spiritual and ahmm both of sense that there is the person that we see the person in front of us but there are layers and that there are deeper layers and I think more increasingly that some of those are spirit layers and we don't know what connections we continue to have with each other. So, even if we lose contact in the world, like with my clients, but also in terms of when people die, does that connection remain? Even though it is not seemingly there and I would say rationally it is not there, but a sense of just as I think you retain a sense of somebody who has died, ahmm, you retain a sense of somebody who has gone out of your life and….I suppose, for both of the clients that I have talked about, I retain a sense of joy because on a basic level, it is a good piece of work but there is something deeper in terms of the quality of the relationship I had with them and of the life that has come back into them. I think this is the joyful part of it. That…that just as I know after my father died with the significant loss everything goes grey and then I started to see how beautiful life is, there is a sort of, life is to be lived, there is a sort of, like I talked about being alive, there is something very joyful about being alive and so, I don't know how to quite to connect that back to what I was just saying, but there is a sort of joy…ahmm…in having known those two people.

Connections that continue after ending.
Impact on exchange

Hold onto connection Retain sense of Joy Feeling alive.
After loss/struggles feel more connected to being alive.

R30: It's almost as if you have got a continuum of death, not necessarily in its full sense, but deadness, perhaps and then you move, work through it and you come out on the other end and its joy on the other end.

P30: Yes, this sense of aliveness, if you like…

Sense of aliveness

R31: Aliveness…

P31: If we contrast deadness with aliveness…how much is joy connected to being alive…ahmm…as I said earlier on, joy

-Joy is connected with being alive.

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Appendix IX – Ethics Approval Letter

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Elena Arora
DCPsych programme
Metanoia Institute

14th January 2015

Dear Elena

RE: *Joy and laughter in the therapy room (ref: 5/14-15)*

I am pleased to let you know that the above project has been granted ethical approval by
Metanoia Research Ethics Committee. If in the course of carrying out the project there are
any new developments that may have ethical implications, please inform me as DCPsych
representative for the Metanoia Research Ethics Committee.

Yours sincerely,

Dr Patricia Moran
Research Subject Specialist
DCPsych Programme
Metanoia Research Ethics Committee