

Medical Clowning: A Training and Evaluation Model

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Abstract

The purpose of the current study is to propose a training and evaluation model for the medical clown. Although the fundamentals and aims of the healing performance never change, guidelines and standards are necessary to regularize medical clowning as a recognized paramedical profession in the modern medical center. Medical clowning is deeply rooted in clowns of the past who appeared in street theatre, royal palaces, theatre and circuses, as well as being linked to shamans, folk healers and witchdoctors. The clown doctor is a liminal figure who uses the power of his or her performance to empower patients in hospitals and disaster zones. The healing performance of the clown doctor is constantly moving and changing. The clown doctor expands the concept of the healing performance with humor and fantasy. Duality and ambiguity are structured in the nature of the performance, forming the source of its strength. This article describes and analyzes each of the six basic elements of the medical clown's performance, and presents recommendations for professional training and evaluation of the medical clown as a staff member in the modern medical center.

Keywords: Medical Clowning, Healing performance, Humor, Pleasure, Empathy, Active listening, Rapport, Clown's interaction.

Introduction

I consider myself fortunate to have been working over the past decade as a partner helping to shape medical clowning as a therapeutic performing discipline, and am privileged to be teaching the subject on the university level. Since 2006, I have been an instructor in a pioneering track at the University of Haifa, Israel, the first and possibly the only academic program in the world to grant a B.A. in Medical Clowning. Based on my teaching experience and my work as an active member of the Dream Doctors Project,¹ I

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saw the professional need to set out an orderly description of a model for the training and evaluation of medical clowns.

Medical clowning: The "youngest member of the family" of expressive therapies

Medical clowning is the "baby" of the family of creative arts therapies, since only in recent years has it been solidifying its experience, rationale and pathways into a formal framework. In my work with trauma victims (Raviv, 2012), I expanded on the essential work of the medical clown and the ancient sources of this new profession. On one hand it is deeply rooted in clowns of the past (who appeared in street theatre, royal palaces, theatre and circuses), while on the other hand, it is linked to shamans, folk healers and witch doctors. In many cultures, fools, clowns and tricksters possess magical powers that allow them to engage in acts of healing. (Citron, 2011).

Beyond the clowns' performative talents and abilities to create an "other" reality through the power of suggestion, arises to a great extent from their position of being "outsiders" to society. The medical clown, like the shaman, is a liminal figure, thus is able to expand and intensify what Schechner (2002) has called "the actual and conceptual space". He further explained its meaning and function, as a threshold or sill, the thin space of the limen is to expand into a wide space both actually and conceptually. The "out of place" character of the medical clown (who does not belong to the hospital landscape, is not part of the medical hierarchy, medical culture or the medical staff, according to accepted norms) is what makes it possible for the clown to empower the patient. Citron (2011) emphasizes that not only does the clown "not belong" to the medical center, but he or she is its "opposition," its mirror image and reverse of accepted norms and behaviors. The clown's very existence as such is the place from where the clown draws healing powers. Shamans are actually the ancestors of all expressive arts therapists. The power of suggestion, the creation of an alternative reality through the imagination and the employment of various performative disciplines are shared by shamans and by healers using the creative arts.

In our joint article, Pendzik and I (Pendzik & Raviv, 2011) described the "family resemblance" between the medial clown and the drama therapist, emphasizing the essential nature of the work and the way in which both create an imaginary world,

dramatic reality, aesthetic distance, and make use of other dramatic tools in their toolbox. The most outstanding difference between the two is that throughout the entire process of interaction with the patient (from the moment the patient sees the clown until they say goodbye) the patient perceives the clown as a performing artist. This is why it is actually an "invisible" encounter and therapeutic process, not a conscious one (from the aspect of the patient), since "the clown is seen, not as a therapist, but as a character from the imaginary realm" (Pendzik & Raviv, 2011). On the surface, the encounter between clown and patient is "only" a clowning performance of playing, but it is a game that does not declare its intentions openly. Schechner defined this as a creative, destabilizing action that frequently does not declare its existence, even less its intentions (Schechner 1993). This kind of encounter enables the clown to create the interaction and motivate a therapeutic process different from a process generated by other types of creative arts therapists. The medical clown is not perceived as a therapist or as part of the healthcare system. Instead, as a non-belonging, liminal figure, the clown sweeps the patient along into realms of fantasy and humor. Because the encounter is not a conscious process for the patient it is not loaded with content which sometimes presents difficulties for patients, especially children, i.e., the encounter with authority (authority and the establishment in general, and the medical establishment and the healthcare system in particular) as well as difficulties associated with negative self-image due to the need for care.

Terner, Lev-Wiesel, Franco & Ofir have studied the function of the medical clown during examinations of child patients at the Poriyah Medical Center's Sexual Assault Victims Treatment Unit and observed that the clowns form an alliance with the children against authority, officials and the world of adults. This connection is impossible for the therapeutic and medical staff of the medical center. The children feel like the clown's allies facing the medical establishment, since the medical clown responds to the need for peer group identification and rebellion against authority. (Terner, Lev-Wiesel, Franco & Ofir, 2010).

The medical clown introduces a carnival spirit into the hospital, a spirit which turns everything topsy-turvy, is very challenging, and embodies the primeval healing power of life. Mikhail Bakhtin described the origin of carnival laughter as having a link to the most

ancient forms of laughter in ritual, which was directed in protest towards the gods (Bakhtin, 1978). He describes the carnival world as having restorative power, creating life and tremendous vitality. Carnival is an upside-down world that cancels out hierarchy, negates terror and nullifies distances between people.

This carnival performance is what the medical clown brings into the specific site, which is why the clown is, to a certain extent, a site-specific artist. The clown's work takes place mostly in open spaces, in areas full of rooms and long corridors, an arena of action organized into rooms and beds. From the aspect of the audience and the space, it may be called a site-specific performance art. Miwon Kwon (2004) has described site specific art as surrendering to the environmental context, since it is formulated or staged in the shadow of a specific site, as a blend, disruption or contrast with the site. This is an apt description of the work of the medical clown, which by its very nature cannot exist without the site (the medical center), and the "audience" which populates the site. The medical clown's work is not a disruption or contrast to the hospital, but a transformation of the site. In a dualistic manner, the hospital becomes an "other" place of fantasy shared by clown and patient. International artist Christo's work concretizes the issues of transformation of locale. For example, his installation, *Wrapped Reichstag* (1995), in which he wrapped the Reichstag building with white cloth, created "an 'other' place" which was a combination of the parliament building and a fairy-tale castle. The medical clown also creates "an 'other' place" for the patient, within the hospital, through a fantasy shared by the clown and the clown's audience, not through concrete materials. Nick Kaye (2000) has described site specific performance art as an examination of relationships and borders and the constant changes taking place on the borderlines between performer, site and audience. These are open relations in terms of flow, borders, stances and changes. This description also fits the work of the medical clown, since the work is open, enables a flowing dialogue which changes with varying audiences and sites, and constantly tests limits. The site-specific artist selects the site based on inspiration and free choice, which results in the art experience, while the medical clown's choice is dictated by medical necessity. In the case of hospitalized patients, the link to the site is physical, as for example, an IV line or bed rest, and the need to have an official release letter before leaving the premises. Actor and acted upon in the

clown/audience/site relationship are born out of medical necessity rather than aesthetic experience.

The fundamental difference between the interaction of the site-specific artist and the audience, or the circus clown and the audience, and between the medical clown and the audience lies in the goal, mode of work and selection of the site. While the performance artist or circus clown (or any other clown) strives to create an aesthetic experience or entertainment, the goal of the medical clown is to assist in the healing process by lessening the patient's anxieties (Linge 2011; Pendzik & Raviv 2011; Grinberg et. al. 2012; Plester, & Orams 2008; Hanson et al 2011; Tener et al 2010; Golan et al 2009; Vagnoli et al 2005; Raviv 2012).

The Six-Elements Model for training and evaluation of the medical clown

From the very first lesson, medical clowning students embark on an interior journey to discover their inner clown. This amusing, difficult and necessary journey to becoming a medical clown takes a long time, and holds up a mirror to the clown to reflect back to the student the different aspects of one's personality. Beyond the clowning, it changes the way the students look upon life. This journey does not end with the course, or upon graduation, but is only a beginning. The journey continues through work as a medical clown over years in pediatrics, with PTSD patients, oncology wards, adult dialysis and hospices for terminal patients. This is a journey that provides insights to those working in the field while readjusting the proportions in how they look at life.

The first step in the course is to search for one's inner clown. Students are not supposed to imitate any other clown they saw, no matter how successful, and they may not create their clown through patchwork, taking some aspects from here and others from there. They have to work it through since there is no clown archetype or role model. Each individual's clown is distinctly different and unique to them.

The first element in discovering one's inner clown is the authentic, free connection to pleasure and joie de vivre. The second is the authentic connection to empathy and basic curiosity about other people. I would like now to describe the six elements of medical clowning through the following model which provides a concrete illustration of the

relationship between the six elements of medical clowning: *pleasure, empathy, active listening, "diag-red-nosis", rapport and the clown interaction.*

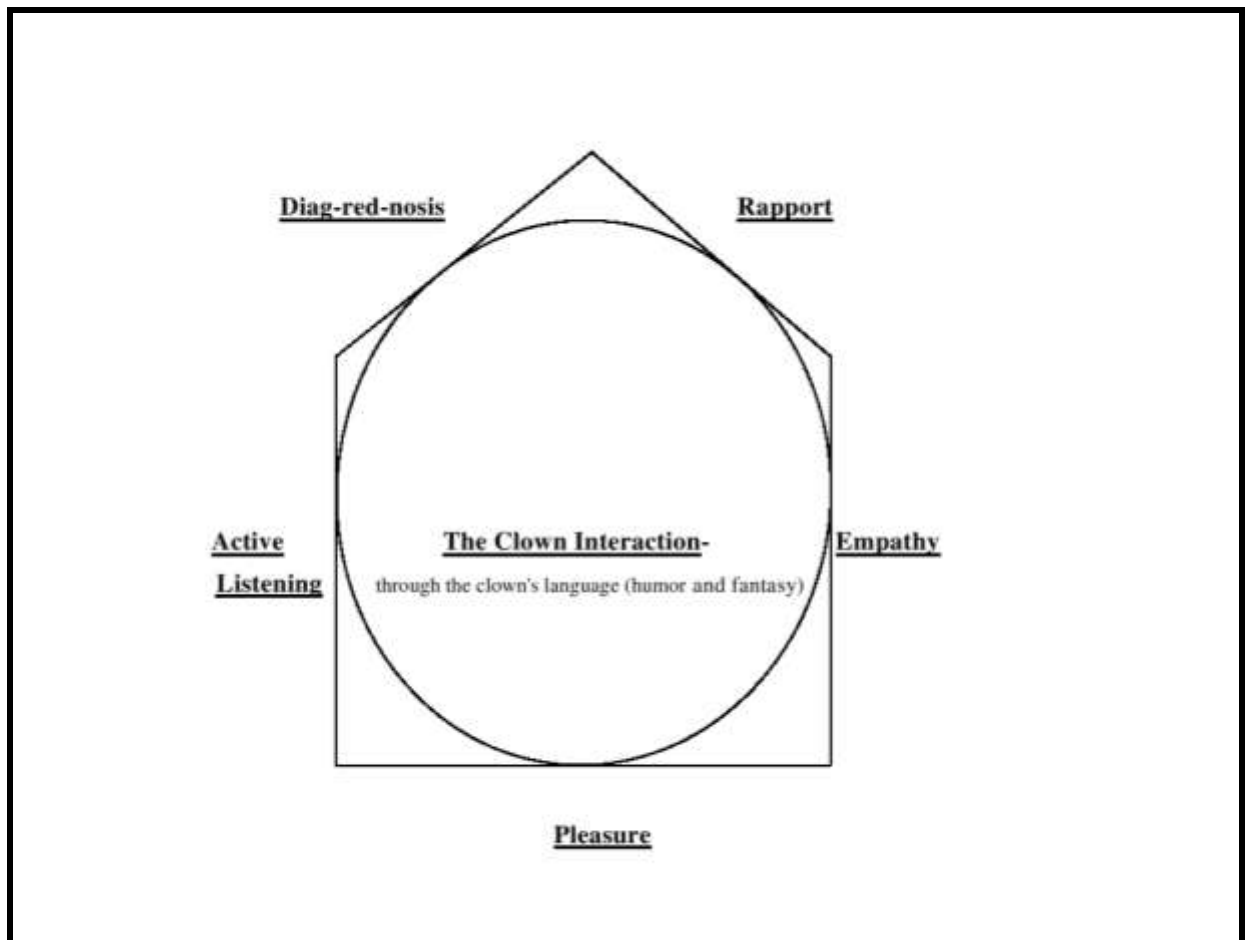


Fig. 1. The Six Elements Model for evaluation and training of the medical clown

The work of the medical clown is the *clown interaction* between the clown and the patient. In other words, medical clowning takes place when there is an interaction between the medical clown and the hospitalized patient based on clowning language and tools (humor and fantasy). This *interaction* can take place optimally only when the other five elements support it: *pleasure, empathy, active listening, diag-red-nosis* (the diagnosis obtained from the clown's red nose) and *rapport*. Any flaw in any of the supportive "beams" damage the interaction (to a greater or lesser degree) between the medical clown and the patient/audience.

The training and evaluation of the medical clown must take place using these parameters: the quality of the interaction using clowning language (tools of humor and

fantasy) and through pleasure, empathy, active listening, diagnosis and rapport. I would like to describe each element in greater detail below.

Pleasure

Genuine pleasure is the first element. The clown's connection to *joie de vivre*, pleasure and release forms the "generator" for the interaction with the patient. Unlike the circus clown who performs for a large audience, the medical clown works on a one-to-one basis with the individual patient. The relationship they form is the essence of therapeutic clowning. However, this bond will not be meaningful or provide the patient with strength if the clown is not connected to pleasure and release, no matter how skilled in clowning. If the patient senses any lack of genuine pleasure on the clown's part, there will never be a significant bond created.

The first step in training the medical clown is restoring or maintaining the connection to pleasure, freedom and *joie de vivre*. The medical clown must resist the weight of life's burdens, social pressure and social consensus that often restrain us, make us serious, self-critical and prone to social criticism that "freeze" people. They must overcome the fear of seeming ridiculous which blocks spontaneity and a sense of play. Clowns learn to resist the fear of failure and social expectations which cause us to close ourselves off and minimize our connection to pleasure. Most of the exercises at this stage are various clowning and play exercises for release and creating a supportive atmosphere free of any self-criticism or group criticism, which enables the candidates/students to feel secure enough to be free, ridiculous and playful, to be what is called in theatre in the "here and now" in pleasure without the critical gaze.

The pleasure connection is not confined to the training period only, but is a constant accompaniment to the medical clown. Routine is the enemy of pleasure. The clown must renew oneself and be renewed in order to "recharge one's batteries". But pleasure's big enemy is mental distress from the difficult cases the medical clown witnesses: suffering patients, patients who die from serious illnesses (some after years of battling the illness and years of friendship with the clown). In such cases, "renewal" is not enough to recharge. The clown may need therapy (therapist as client/ the healer in need of healing)

and the chance to ventilate feelings in the same way that other types of therapists must discharge their distress to another therapist to avoid burnout. Many medical clowns, after years of working in the profession, report periods of lack of energy, lack of desire, and a lessening of pleasure caused by the above reasons. Some may even leave the profession. As Russell stated, "Pleasure is actually an important part of how we live...pleasure helps us do things and do them well" (Russell 2005). This is true especially for the medical clown, since pleasure is a critical component of the work.

Empathy

Kats (1963) has written about the importance of empathy in any healer/client relationship. Therapist and patient seek to establish empathic relationship which are marked by unusual rapport and understanding. The medical clown must be empathic to people in general and patients in particular. However, to avoid confusion, it is clear that over-identification with the patient to the extent that it paralyzes the clown and elicits tears at the sight of the patient is surely not desirable. The medical clown must have basic empathy for the patient, conveying a nonverbal message, "I'm here with you and I'm here for you," beyond the humor and fantasy in the interaction.

People sometimes ask me why patients need clowns. After all, they can just watch comedies on their bedside televisions in their hospital room. The answer is that the medical clown is needed because the fundamental nature of the bond is a living bond of humor and fantasy based on empathy. The clown transmits a personal message to the patient: I "see" you, and I'm there for you. The great need for medical clowns in medical centers arises from the lack of an interpersonal empathic bond between the medical staff and the patients.

Traditional medical training inculcates medical skills involved in the processes of disease and pathology of illnesses, but seems to neglect training and development in interpersonal skills, which are no less important. Although qualitative attributes such as inter-personal and communication skills, professionalism and the ability to display and provide empathic and compassionate care are less tactile than the skills used to diagnose and treat, they are equally important (Stough, Saklofske, & Parker 2009).

McGhee made a brilliant distinction arising from numerous studies pointing to humor as assisting mental and physical health, and stated that Simply having a well-developed sense of humor is not enough to obtain the mental health and resilience-boosting benefits humor offers, since a well-developed negative sense of humor can actually interfere with good psychological health and effectiveness in social interaction (McGhee, 2010). This distinction is important and should be emphasized because humor is usually perceived as a positive sense or quality. But actually there are two types of humor: positive humor which reinforces, empowers and connects people, whose motive is empathy, and negative humor, which humiliates, mocks and divides people, whose motive is aggressiveness/dominance. (Humor is also to be found under the most benighted regimes where people witness evil and humiliation and laugh at it).

This is why it is so important to emphasize empathy in the interaction through the medical clown's humor used with the patient. The ability to empathize with another person is associated with personality structure, education and emotional intelligence but can be intensified through practice exercises.

Active listening

Active listening is vital to the medical clown to map the emotional state of the patient and the patient's family, to understand the situation in the hospital room, and to gather information on the level of text and subtext of what is going on right before one's eyes. Active listening is the sine qua non of creating rapport and good interaction between the medical clown and the patient. There are various and simultaneous levels of listening, which encompasses much more than hearing. It involves a combination of several processes, including attention, hearing, understanding, and remembering (Barker, 1971). The concept of active listening refers to the data gathering from all senses not only hearing. Active listening is in-depth contemplation of the people and the situation with the goal of understanding, not describing. The difference between merely receiving an oral message and listening actively is similar to the difference between scanning a textbook and reading it for comprehension and retention (Barker, 1971). Barker made the important discovery that ego tends to reduce listening; in other words, the more the

clown represses or neutralizes the ego, the higher the quality of the clown's listening. The clown's training works on taking the ego out of the equation and encouraging students to develop their abilities to make themselves ridiculous and helps in the active listening. The medical clown must remain constantly in the mode of active listening, surely upon entering a hospital room and before the rapport and interaction is created with the patient/audience, but also obviously during the interaction itself. Active listening is what constantly directs the clown's activities throughout the entire time they are maintaining the interaction.

The "Diag-red-nosis"

The "Diag-red-nosis" is the diagnosis made by the medical clown's red nose. This is the information received through active listening to the patient and the patient's situation, comprising the data processed by the medical clown and through to the action. The most important parameters for the medical clown's diagnosis ("Diag-red-nosis") is the patient's age, physical state and energy level, mood, energies and nature of interpersonal interactions (with family, friends, other patients and their environment), the medical staff involved, and other personal details on hobbies and interests, and of the patient's visitors. (This information comes from the patient or those around the patient and from items around the hospital bed such as books, games, clothing, and the like). It is important to emphasize that the medical clown's active listening and diagnosis are **not** a stage which ends followed by the interaction, but are a structured and extremely important part that take place constantly in the interaction between the medical clown and the patient and those surrounding the patient (family and medical staff).

The goal of the medical clown's active listening and diagnosis is to facilitate the creation of a connection based on rapport (sharing) and an interaction built on the rapport with the patient and those around the patient. In other words, rapport cannot be created without active listening and diag-red-nosis.

Rapport

The Oxford Dictionary defined the word as "a friendly relationship in which people understand each other very well" and provides an example very relevant to the issue under discussion: honesty is essential if there is to be good rapport between patient and therapist.

Rapport is the good relationship the medical clown creates with the patient, the empathic and genuine bond. Rapport leads the patient to feel that the medical clown is with the patient, "sees" the patient and has a personal, human, authentic and unique relationship with the patient. It is this bond that is the major factor infusing the patient with strength. Rapport is what makes the interaction possible (using clown language) which assists in the patient's recovery process. Rapport takes place when all of the other elements are present – the genuine pleasure in the relationship; the empathy the clown conveys; the active listening to the patient; and the processing of the information through the clown's "diag-red-nosis".

The clown-patient interaction must grow out of the rapport. Klein (1989) has described the healing power of humor and refers to the importance of rapport in the context of laughter. To encourage laughing with people, not at them, we need to establish a rapport with them. It is an error to perceive the essential work of the medical clown as making the audience laugh. The fundamental nature of the work lies in the relationship the clown creates with the audience of patients. Laughter and fantasy the clown creates depend on the relationship built up through the rapport.

The clown interaction

The medical clown's interaction with the patient leans, of course, on all of the elements described above. It is based on the clowning language and tools, which are humor and fantasy, organized within the framework of the creative improvisations and gags. The medical clown uses all of the classical forms of humor (incongruity, opposites, exaggeration, minimization, the absurd) as a tool and a language that communicates with the patient. But the humor that the medical clown shares with the patient is broader than its classical components. The function and the significance of humor for

the patient are greater than among the healthy. Klein (1998) has clarified the significance of humor and its use in the context of humor among the ill. He uses the word humor in its broadest sense, as a metaphor for a full range of positive emotions: hope, joy, pleasure, fun, happiness, celebration, optimism, and the will to live. McGhee (2010) describes humor as hope among cancer patients; many cancer patients told him that keeping the ability to laugh in the midst of their cancer helps sustain a sense of hope that they can beat the disease. He also cited the many research studies on the importance of humor as a significant factor in the fight against cancer. He claims that several studies have now demonstrated that humor does boost the activity of natural killer cells (which seek out and destroy tumor cells) However, the most amazing study he mentions was conducted in Norway over a seven year period, in which the correlation between humor and recovery was studied among dozens of cancer patients. Immediately following diagnosis, a test was administered to the patients on their sense of humor. Those scoring higher on a sense of humor test at the beginning of the study had a 70% higher survival rate than those with a poorer sense of humor. The results were unambiguous.

Humor enables the patient (in all ages) to hold onto life with a stronger grasp (Saunders, 1998; Stevens, 2012; Buckwalter, 1995; McFadden, 2004; Buffum & Brod, 1998). In addition to the hope it brings, humor enables the patient to look closely at his or her own situation in a different, less threatening way (Raviv 2012). The fantasy that the clown creates in his interaction with the patient enables the patient to experience "an 'other' place," as the fantasy takes the patient out of his or her anxieties. Imagination has the power to distract the mind from what is threatening, relax and fill the patient with new strength (Lahad1992).

The nature of the interaction between the medical clown and patient is flowing and creative improvisation, a connection that comes into being out of the rapport, the attentive listening and the other elements of clowning I described in detail. This is a live and unexpected connection through the clowning language of humor and fantasy which are often embedded in gags (a gag can be anything that contains the element of "I have it in my bag of tricks" such as a joke, magic trick, finger puppet, song, and the like).

Conclusion

Most of the current training for medical clowns focuses on courses on clowning language and the tools of humor and fantasy, practicing improvisation exercises and gags. The most correct training would be thorough work on all foundational areas of medical clowning. In addition to the basic elements, an additional important built-in element in the work of the medical clown is the need to work with the medical staff. As a partner in an increasing number of medical procedures, it is vital for the medical clown to be trained to work with the medical staff.

Looking at a wider envelope, acquiring knowledge of the psychology of the mental/emotional processes undergone by the patient and the patient's family, work and hygiene in the hospital and similar courses, will expand the medical clown's understanding and contribute to the clown's work. The medical clown must refresh oneself against burnout, and keep knowledge current through courses, seminars and independent work. Due to the frequent encounters with hospice patients, end-of-life issues, death and suffering, inherent in the nature of the work and the unique bond created with patients there is a high burnout rate despite the clowns' connection to pleasure. The medical clown must seek therapy to restore the self after the pain from these farewells, from suffering and from the simple routine of work in a medical center.

Notes

The unique **Dream Doctors** project integrates professional medical clowning into the medical services provided at Israeli hospitals. Established in 2002. <http://www.dreamdoctors.org.il/>

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