

Book review

Raviv, Amnon. (2018). *Medical Clowning. The Healing Performance*. Seagull Books: London, New York, Calcutta; Maple Press: York, Pennsylvania, USA.

The book is dedicated to a relatively new, quickly developing practice of medical or hospital clowning all over the world. In modern science and culture, interdisciplinary approaches have been intensified in all spheres. Nonetheless, it is easier to claim interdisciplinarity than to apply it, because there are obviously many contradictions between science and practice, as well as among different disciplines. The book by Amnon Raviv is a wonderful example of such a synthesis. It presents a harmonious combination of strict argumentation with a strong scientific basis, common sense, sincere feelings, wisdom, personal reflection on inner, professional and autobiographic experience, and a lovely piece of art. Such a multiple identity fully reflects the nature of the hospital clown figure, who, as is well explained in the book, should not have a strictly defined identity in terms of gender, age, religion, nationality, etc. It is also not accidental that most of the chapters have double titles, a more artistic and a more academic one, which reflect the very dual, borderline essence of medical clowning.

The book contains 13 chapters, plus the most poetic parts – prologue and epilogue. It begins with “The Manifesto of the Order of the Red Nose,” written in an ironical form of political statement, which at the same time contains brief review of the main messages of the book. As claimed in the Order, the goal of medical clowning is to create a more human world and not to allow seriousness kill the life. Defining a medical clown, Raviv gives an endless list of characteristics showing its vivid, flexible, fragile, ambiguous nature: being at the lowest level of hierarchy, a clown always strives to achieve the position of the General Director of Medical Center. Working with the terminally ill and hard diseases, s/he denies all illnesses and pain, thus being rude, still s/he is very sensitive and needs patients’ attention and love.

Based on historical and ethnographic literature, Raviv traces the roots of medical clowning in the development of clowning, on the one hand, and in ancient healing practices, on the other, such as shamanism or witch doctor activity. Throughout the book, he compares the three from different perspectives. The task of the medical clown is not to amuse, but to assist in the healing process. By means of humour and fantasy, a clown creates an alternative world for the suffering person. Using illustrations from his work with shock victims at Barzilai Medical Center, Ashkelon, Southern Israel, within a Dream Doctors Project, Raviv shows how medical clowning helps to reduce anxiety and stress even in situations where humour is usually taken as inappropriate, such as in war zones. The cathartic effect of humour in this case differs from the theatrical one, he argues, because the patient suffers him/herself. Patients cannot push away the threat within their body (physical illness), but they can do it outside of it, in an imagery and a playful world construed with the help of the clown.

Raviv describes the hierarchically organised, pressing and stressful atmosphere in a hospital. Hospital clowns help to shatter emotional barriers, to create social connections that transcend the constricted space and the lack of privacy. A clown “transfers” a person in grief,

depression, isolation outside the hospital. For example, once he transformed a hall of paediatric unit into a ballroom, where he was dancing with a nurse. Another example is from a ward for children with contagious illnesses who were placed in a room with transparent dividers between the beds. The clown pretended the room to be a big aquarium. He blew soap bubbles as if they were underwater air bubbles, and approached to children as if he were a fish. In another case, he transformed a ward corridor into skiing lanes and skied there together with the children.

Through the book, the author focuses on a paradox: a clown disrupts the seriousness of the medical regimen and, at the same time, by enhancing the effectiveness of the treatment, s/he neglects or ignores the hospital culture, while at the same time supporting it. Raviv presents an example of an amputee who had lost both his legs and who at some point got in a terrible rage, behaved violently and tried to hit the nurses, so that they called police. Amnon noticed a big kippah (yarmulke) on his head and began to sing a famous song from the Psalms playing guitar. The patient began to sing with him and calmed down, so that the police officers, who had already come, left the hospital.

A hospital clown works with three circles of audiences: first, patients, then their family and, finally, with the hospital staff. The impact is often not straightforward, but through one to another.

Given that a hospital clown has a paradoxical task, s/he has an ambiguous place in a hospital: on the one hand, s/he is an integral member of the staff and, on the other, s/he is from an alternative world, the world of play and humour. Like a shaman, s/he has magic objects and performs rituals.

Raviv investigates hospital clowning in different situations, such as clowning with children and adults, the chronically ill, traumatized, or terminally ill people, people with dementia, clowning in war zones, etc. He also questions the boundaries of hospital clowning: In what situations should a clown stop and leave, or still can be appropriate and useful? To what extent can a clown's personal life cross the borderline with his professional activity? Raviv worked with children with PTSD during the War in Gaza, when Israeli residents were under constant attack. One day a rocket fell on Sderot narrowly missing a school bus with 35 elementary school children. The stunned children were delivered to Barzilai Medical Center, where they were met with a professional team of psychologists, psychiatrists, social workers, physicians, and nurses. Amnon entered the room where they were sitting in a circle, all pale and withdrawn, while a psychologist was talking to them. The psychologist suggested that it was not the right time for a clown, but he could not stop "an undisciplined creature with no sense of boundaries" (p. 15), who came in, "accidentally" dropped down all his funny stuff and began to gather it back into his bag, apologising and making faces. The children began to laugh and their faces immediately brightened up. Raviv regards smile and laughter as a sign that a shocked person is "back."

Raviv analyses hospital clowning with terminally ill people using six case studies. He explains how a clown, like a shaman, mediates between the patient and the world of fantasy, carnival spirit and humour, helping the terminally ill to cope with their fears and uncertainties. He points out that the needs of patients and hence the interactions with them are always unique; each show is unique. Humour helps to look at oneself and the world in a detached, distanced manner. However, despite dealing with play and fantasy, humour promotes a more realistic view of the situation, which is more objective than the immediate frightening one.

The clown should be flexible and sensitive to the patients, so that they can design the performance in according to the latter's needs. Raviv pays a lot of attention to patients' own humour and creativity, which they express spontaneously. It is not a competition of jokes, but rather a cooperation, where the patient's own abilities and resources are valuable and supported by the clown. Each of his cases is special, but one is the most interesting with regard to the boundaries of hospital clowning. A patient died in the dialysis room in front of the other patients

right at the time of the clown's performance. One man began to cry and the nurse could not calm him down. Amnon felt like he must stop the show and leave, but the nurse asked him to continue, so he presented some jokes on death and going to Heaven until the crying patient finally smiled. Raviv discusses whether his clowning was appropriate or not in that situation. Usually in such cases, clowns tend to give people privacy, but in this case, the death happened in a public space, so people were shocked. Because of it, he concludes, the show was indeed invaluable.

Another story discussed in the book illustrates that, like a shaman, a medical clown is expected to perform rituals. Two adult daughters invited Amnon to their father's room, who had just died, asking him to "do something." They were weeping at the dead body and Amnon was not sure what exactly he was supposed to do. Finally, he began to sing quietly a song dedicated to the dead person. Analysing the case, he concludes that the daughters wanted him to help them to move between two realities: to mediate for them and their new reality of bereavement which they felt inaccessible to them – namely, to accomplish some kind of farewell ritual. The clown is a liminal figure, s/he belongs and does not belong to hospital paradigm, is and is not a part of medical team. So, s/he is the best one to expand and empower a "conceptual space" (in the sense of Schechner 2002).

A hospital clown's job runs a high risk of overlapping with his personal life. Thus, working with children after a rocket attack, Amnon could not be sure about his own children's safeness. Moreover, Amnon bravely experiments with the boundaries, working with his acquaintances and maintaining friendships with the patients. His decisions may be debatable, but the very cases Raviv presents are invaluable and raise further discussion.

Thus, he tells us how he visited his friend's son, who was terminally ill, on the child's birthday. He succeeded to maintain a good connection, the child was very happy, as well as his mother, who was so thankful. The child died soon after that and Amnon decided to call the mother to express his condolences. This dialogue and the situation became so hard for him that he could not stop thinking of the family. After a long period of reflection he decided to write a funny dialogue about the dead boy for himself, which helped him overcome the stress.

Following van Blerkom (1995), who regarded hospital clowns as modern shamans, Raviv compares medical clowning to different healing practices, which use the healing performance to facilitate access to inner healing powers. Thus, he compares medical clowning to drama therapy and witch doctor practice. He concludes that, unlike a drama therapist, a clown is perceived by clients as belonging to the world of fantasy rather than the world of ordinary reality. Compared to a shaman or a witch doctor, who begin here and move to the world of spirits, a clown is always the one who comes from a different world, namely the world of fantasy and play. A shaman goes there alone, while for the clown doctor, like the drama therapist, it is a joint journey with the patient. The essence of hospital clowning differs from other healing practices: the clown mediates between mental resources, which already exist in everyone. Illness and negative emotions block these capacities and a medical clown helps to experience reality without being intimidated by it. Raviv pays attention to the effects of suggestion and placebo in hospital clowning.

Raviv gives the example of a child with whom he worked for many years. The child liked dancing, but because of a severe infection his arms and legs had to be amputated at the age of 2.5 years. So, together they invented an "eyebrow dance" which amused the patient a lot. They practiced the dance during the painful procedures the child had to go through, and it helped him overcome them. Sometimes, when the pain got too intense, the child screamed, but then continued dancing and laughing. So, Raviv concludes, hospital clowning, like shamanism, deals with a unique state of consciousness but, on the other hand, clowning is not entirely out of reality.

Raviv presents a semiotic analysis of the hospital clowning performance. Based on Bakhtin's carnival theory (Bakhtin 1984), he describes the clown as a figure of protest against

order and discipline, and the clown's body as opposed to the aesthetics of perfection. Following more recent studies, he assumes three aspects of medical clowning: the laughter the clown arouses to reduce anxiety; the healing power of carnival laughter through therapeutic laughter and imagination; the carnivalesque opposition to repression, as the clown supports the patient's opposition to the alienated state and depression brought by illness and hospital hierarchy.

Based on the works of Klein (1998) and McGee (2010), Raviv assumes, that the function and significance of humour and laughter for ill people are much greater than for healthy ones – for example, they significantly increase the survival rate under cancer.

The medical clown is a liminal figure who arrives from “another place” “in a built-in real-life paradox” (p. 52). S/he creates a fantasy-like reality within the hospital realm. Patients are coping with loss of territory and identity, which can be regarded as their external space opposed to their internal space; the latter may be enhanced and transformed with the help of a medical clown. Raviv presents three case studies as illustrations. He argues that the medical clown does not just create an alternative carnival world opposed to the serious one, but rather constructs a synthesis between them.

Amnon Raviv is involved in the first academic programme in the world on medical clowning as a paramedical profession, which takes place at the University of Haifa since 2006. Based on his teaching experience, he elaborates on the Six Elements Model for training and evaluating the medical clown. The basic elements essential to the practice are: 1) discovering one's inner clown, which is an authentic and free connection to pleasure and *joie de vivre*; 2) empathy – the main message to the patient would be “I see you” and “I'm here for you;” 3) active listening, which is vital to mapping the emotional state of the patient and to understand his/her current situation; 4) “diag-red-nosis” – information about the patient's age, physical state and energy levels, the mood and nature of his/her interactions with family, friends, other patients, details about his/her hobbies and interests, types of visitors; 5) rapport – empathetic and genuine bond between the clown and the patient, which provides laughter “with” the patient rather than “at” him/her. The sixth element – clown interaction – rests on all the other five elements, on the clown's language, humour and fantasy, all his tools, creative improvisations and gags. Raviv also provides a number of practical training exercises for medical clowns.

The author underlines the importance of the support coming from staff members, who are able to adopt or at least to allow for hospital clowning. He also presents his model of teamwork involving a nurse, a physician and a medical clown. Nowadays, medical clowns in Israel are getting involved in more and more complicated medical procedures in order to reduce patients' anxiety and pain and to make the work of medical staff less stressful and more effective. Thus, medical clowns take part in such procedures as injecting botulinum toxin in children with cerebral palsy, with patients opting for in-vitro fertilisation, during examinations for victims of sexual abuse, PTSD, radio-nuclide scanning, etc. The effectiveness of such assistance has been proved in a number of empirical studies (see among others Vagnoli et al. 2005, 2010; Dionigi & Canestrari 2016). The manner and extent of the medical clown's involvement in a particular procedure depends on the clown's capacity to assist, on the one hand, and on the cooperation within the triad of nurse-physician-medical clown, on the other. Nowadays, officially medical clowns are mostly paid by an outsourced service provider and do not belong to the team. Raviv claims that medical clowns should have closer cooperation with hospitals and attend medical staff meetings as far as they have the same goal: efficient and effective care of the patients. The problem is that medical doctors and nurses often perceive medical clown's work as “mixing up” or “disrupting” their work, while in fact s/he empowers the patient and helps the team by easing his/her fears. The clown's task is to set the boundaries of this “mixing up” and not to interfere with the medical routine. Working in the interdisciplinary team needs clarification of the roles of each member. Since the work of the

medical clown often includes unexpected actions, good communication with medical professionals is needed.

Following Cooke et al.'s (2004) model of cooperation within an interdisciplinary team, Raviv describes three stages of such cooperation: 1) Gathering data for the task – the clown should learn all the details of the medical procedure s/he assists in; on the other hand, it is desirable for the medical staff to familiarise themselves with the basic elements of hospital clowning. 2) Processing of the data to generate holistic knowledge for the team – elaboration on the unique verbal or nonverbal communication, consensual sign language between the clown and the team. 3) Creating a holistic model for any given situation to lead to the better execution of the task, which could involve the clown's creativity and flexibility without being a threat for the team's effectiveness, but through facilitating the work done by the medical staff. Raviv illustrates this part by many cases of such productive cooperation.

The book contains a chapter dedicated to remarkable stories told by medical clowns in their interviews with Raviv. These ten stories, along with the four by Amnon himself, illustrate all his assumptions very well and show the significance of medical clowning in the modern society.

Besides clowns, Raviv has also interviewed 63 physicians, nurses and paramedical professionals at Chaim Sheba Medical Center and Barzilai Medical Center exploring the work of medical clowns of the Dream Doctors Project who have been working together with them over the past decade. Through the analysis of these semi-structured interviews, Raviv presents cases of both successful and unsuccessful cooperation.

The author also presents medical clowning from the patients' eyes. Hospital clowning is usually perceived as being helpful mostly for children. Raviv argues that clowning for adults in hospitals, especially in oncology and palliative care, is no less important. He describes one of the first experiences of this work in Israel and tells a story of a patients' protest against the dismissal of "their" medical clown due to the budget cuts in one of the largest medical centres in Israel in 2014.

Medical clowning nowadays crosses the boundaries of hospitals and is being more and more applied in humanitarian missions in natural disasters and conflict zones. Raviv describes cases from the Dream Doctors Project experience, when medical clowns were involved into the missions to Haiti after the earthquake in 2010, and to Thailand after the tsunami in 2004. He also writes about the *Clowns without Borders*, an international organisation established in Barcelona in 1993, which specialises in performing in disaster zones. They started to perform for children in a refugee camp in Croatia during the civil war after the separation from Yugoslavia. In analysing these cases, Raviv distinguishes 3 types of clowning performances in trauma zones: the first one is close to ordinary medical clowning in hospitals; it is a performance in makeshift field hospitals in the disaster zone, under the scarcity of basic medicine or sometimes clean water, etc., where a clown works mostly individually, going from one to another person. The second one is a street theatre or circus clowning in front of an audience in a makeshift arena; rooted in traumatic reality, a clown creates an alternative reality in order to ease suffering and let people express and share their stories. This type of clowning is mostly oriented to working with the traumatised community rather than individuals. The third one is an activity performance, similar to a birthday-party clowning, when the audience actively participates in amusing tasks proposed by the clown for therapeutic effect.

Based on his own work in Barzilai Medical Centre during the conflict in Gaza, Raviv describes how Jewish and Arab doctors treated Jews and Arabs in the hospital. As far as the medical clown is a universal archetype and does not have a national or religious identity, the clown doctor could "skip over" such cultural markers and build a bridge for both sides in the hospital.

Raviv tells a story of little Mochi, a small child from Gaza, who had a rare infection and had to undergo prolonged treatment in the medical centre accompanied by his grandfather. After being in-between life and death for a long time, he lost all his four limbs, his parents rejected him, so he finally stayed in Israel with his grandfather. Amnon analyses the way he went beyond his professional boundaries working with this boy at the time of the Israeli-Gaza conflict, eventually developing friendship with him and his grandfather. His professional work as a clown was mixed with his personal life to a great extent, which, he says, on the other hand, was quite in the spirit of a clown.

Raviv then discusses the problems of compassion fatigue or burnout for medical clowns, who face so much pain, grief and death. Unlike medical staff, the essence of medical clowning is to maintain deep emotional connections with patients, which makes the danger even higher. Exploring this problem, Raviv analyses the interviews he conducted with medical clowns and psychologists who used to work with them in the Dream Doctors Project in order to prevent compassion fatigue. “Behind the red nose” there is a “safe area” (p. 147), but working on the border between the clown persona and the real self, which is often the case, is threatening for inner emotional balance. He reveals that medical clowns are usually concerned with their identity: “Who am I, what am I?” (p. 147). Since the very profession is new, the medical community does not always welcome them, so this may also affect burning out.

The author explores the signs of developing compassion fatigue as well as the ways to cope with it or prevent it. Thus, compared to beginners, experienced medical clowns do not experience lack of emotion or imperviousness, but rather a different sense of understanding and tolerance to death. If a clown feels “low,” the best thing to do is to channel the mood into comedy.

Based on Prof. Lev-Wiesel’s hypothesis made in an interview, he states that medical clowns are in need of dissociative characteristics, a certain emotional alienation from the painful situations they witness. They develop a mild dissociative disorder that enables them to shift their state of ego, like actors do. Both an actor and a medical clown are “located” in different time and place, and accompany the audience there. But an actor invites the audience into the world of the play-writer, while a medical clown invites patients to go from the world of pain and suffering to the world of humour and fantasy, which requires much higher levels of energy, so it may be more exhausting.

Among the empowering resources, which help to prevent burning out, he names rewarding when medical clowns see recovery and/or gratitude from their patients, and also what he calls “compassion inspiration,” that is, the strength the patients sometimes reveal under severe conditions, which may be empowering for a clown. Raviv gives some recommendations for the beginners in medical clowning in order to avoid burning out: find your own path to achieve mental and physical balance, try to strike a balance between your personal and professional lives; join a support group and/or a supervision with professional facilitator; find your personal “best match” to a specific department or medical procedure; start working with patients suffering from less severe ailments.

Raviv investigates medical clowning for patients with dementia. Because of severe cognitive deficit they experience, they become isolated and are in need of communication. Through humour and fantasy a clown helps to improve patients’ quality of life. As far as a clown does not belong to the medical “establishment,” he can more easily maintain connections with these patients, understanding that clownery does not seem to demand much cognitive effort, so it is less stressful. A clown adapts him/herself to the fragmented world of these patients. S/he connects with the imagined reality of a patient, thus making a bond with him/her. Raviv presents four cases from his working with this kind of patients. He tells us about a man who used to tell him jokes. His state deteriorated with time, the jokes may even lose their meaning, but their importance was in the very connection they created between the patient and the clown.

In the last chapter, Raviv discusses the future of hospital clowning. He believes that medical clowning should be established all over the world as a recognisable paramedical profession, hospital clowns should have official positions in hospitals, supporting the development of holistic medicine. He highlights the importance of medical clowning for adults in oncology and palliative wards.

As an epilogue Raviv presents the “Prof. Doctor’s Story” – a story of his own medical clown persona, which is based on some elements of his real life, work and fantasy.

The book may be of interest for humour scholars from different disciplines, as well as for a wide range of practitioners, not only medical clowns, but also medical doctors, clinical psychologists, social workers, etc. Some scholars may find this book not academic enough, and see a weakness in the fact that the scholar and the clown are the same person, which restricts the view to a certain extent. However, it is natural that the most involved researchers of a new field are those who realise it through practice. The style of the book is a mixture of academic, autobiographical and artistic ones, which makes reading it a pleasure.

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