

# Still the Best Medicine, Even in a War Zone

My Work As a Medical Clown

*Amnon Raviv*



Who and what is a clown doctor? Is he or she an artist of the emotions, or some sort of performer/therapist? Medical clowning has developed increasing prominence over the past two decades and, over the past 10 years, has been especially used in treating people suffering from post-traumatic stress disorder (PTSD) in war zones and in the wake of natural disasters.

The modern medical clown can be traced to roots from two sources. The first links the medical clown to clowns of all types throughout history, from street performers, to court jesters and kings' fools, to theatrical and circus clowns. The second link is to healers, shamans, and witch doctors. Indeed, medical clowns have been called "the shaman healers of Western medicine" (Miller Van Blerkom 1995:462).

Throughout history clowns have been used to convey messages of social significance through humor and laughter. Sometimes clowns have expressed criticism of society or the political order that only a clown could get away with in public. But the task of the medical clown is different. Her or his goal is to assist in the healing process of those hospitalized in medical centers and convalescent homes. The medical clown employs humor and fantasy to create an alternative world radically different from the reality of the hospital or medical home. She creates awareness and encourages the experience of a real and vital life force within the patient. Medical clowns significantly reduce anxiety among the institutionalized, and especially trauma victims, thus speeding the healing process.

My own work has been with shock victims in the Barzilai Medical Center in Ashkelon, a city in southern Israel, as part of the Dream Doctors Project founded by the Philnor Foundation.<sup>1</sup> When I started to work as a medical clown, I was already an experienced theatre practitioner, and a teacher in the Theatre Department at Haifa University. Here I will concentrate on my work as a medical clown during the three weeks of the war in Gaza—“Operation Cast Lead”—that took place from late December 2008 to January 2009.

Of course, humor and laughter are the tools of the medical clown. But how do these help patients recover? Many researchers have studied this phenomenon. Vera M. Robinson (1991) describes laughter as a weapon to cope with existence. In Freudian terms, reality tends to repress the ego, while humor releases the ego. Robinson considers the physiological research on the effects of humor, its biochemical impact, and the association of humor with the cognitive emotional system and unique psychophysical phenomena. Humor stimulates laughter, actually a forceful series of bursts of breath and sound that increase the heartbeat and oxygen flow to the brain, releasing endorphins and strengthening the immune system. Hearty laughing also results in muscle relaxation and emotional release. Raymond A. Moody, Jr. (1978) proposes that

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1. The Dream Doctors project integrates professional medical clowning into the medical services provided at Israeli hospitals. Established in 2002, the Dream Doctors Project is now operating at 18 hospitals throughout the country, with 72 medical clowns working in various pediatric wards and clinics. The project aims to develop clowning therapy by promoting academic research in this field and establishing a professional community. Towards this aim, a unique BA program in clowning therapy has been created at Haifa University. The program is currently expanding into an MA.

Dream Doctors operate in internal care, surgery, intensive care, operating rooms, outpatient clinics, diabetes clinics, HIV/AIDS clinics, external care, rehabilitation, dialysis, daycare centers for autistic children, oncology units, premature baby wards, centers for child victims of sexual abuse, and psychiatric wards.

Dream Doctors play a unique role in facilitating cross-cultural liaisons mediating across religious, ethnic, and national lines. Their expressive abilities enable them to bridge between opposites, calm fears, and inspire trust in the medical team and the treatment process. It is quite often impossible to treat certain children without the presence of a Dream Doctor who mediates between the patients and the “white jackets.” The Dream Doctors Project was established and operates under the sponsorship of the Philnor Foundation (a registered nonprofit association). For more information, visit <http://dreamdoctors.org.il/eng/>

*Figure 1. (previous page) Amnon Raviv sometimes checks the doctor the same way the doctor checks the patient. Tel Hashomer Medical Center, Tel Aviv, 2011. Photos have been altered to protect patient privacy. (Photo courtesy of Amnon Raviv)*

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a sense of humor requires the ability to look at oneself and the entire world from a disconnected viewpoint, gazing on existence from an alternate perspective. This position makes laughter possible, yet also allows for positive emotional involvement with people and events.<sup>2</sup> The medical clown offers the patient a different perspective and ways to cope with stress and promote relaxation. In a film created by the Philnor Foundation, Dr. Ron Lobel, Deputy Director of the Barzilai Medical Center, states, “Laughter and humor have a very important function in the stages of healing of all internal disease. We know that they assist in the secretion of endorphins, the hormones with a positive impact on the healing processes for most illnesses” (Philnor Foundation 2009). In the same film, Professor Francis Maimoni, Director of the Pediatrics Unit at the Shaare Zedek Medical Center, Jerusalem, states, “The clown doctor comes over to the patient to heal as I attempt to heal, but we each use different tools. The medical clown captures the patient’s attention, bringing him into another world which does not exist within the hospital walls.”

Importantly, the clown uses his sense of humor to strike a blow at the intimidating hierarchy and anxiety-producing routine of the hospital. The hospitalized patient can feel as if he is on the lowest rung of an alienating social structure, with physicians at the top, followed by the nurses, then other personnel. The overwhelming layout of a hospital or nursing home with its many rooms and corridors, as well as its intimidating equipment, can increase the patient’s trepidation.

I have recorded in my diary impressions of working with Professor Menahem Shlezinger, the former head of the pediatrics in Barzilai Medical Center.

We used to duel with my sponge swords along the corridors and in the rooms, taking some doctors and nurses “hostage” and trying to recruit young patients in the hospital to our side. The kids (who went wild with laughter) were empowered to name the winner. The honorable professor was as enthusiastic as a kid. He was a great collaborator and inspiration to the other medical staff. By introducing a carnival spirit and bursts of derisive laughter, the clown turns the hospital’s rigid social structure on its head. This restores a sense of control to the patient and also helps the staff release their own stress. The catharsis generated by the medical clown differs from the catharsis of classical theatre. Aristotelian catharsis is possible when events do not directly affect the observer. In contrast, the catharsis of a patient interacting with a medical clown happens intimately, using a different kind of distance from that which Aristotle theorizes. The patient cannot distance the threat within her own body, but, helped by the medical clown, she can create a different viewpoint, using her laughter to stimulate the life force, the will to help her to survive life-threatening situations. Paul McGhee cites research on cancer patients



*Figure 2. Amnon Raviv with Dr. Ron Lobel, Deputy Director of Barzilai Medical Center, Ashkelon, 2009. (Photo courtesy of Amnon Raviv)*

2. Some key texts on medical clowning include Gelkopf (2011); Friedler, et al. (2011); Nuttman-Shwartz, et al. (2010); Tener, et al. (2010); Golan, et al. (2009); Koller, et al. (2008); Plester, et al. (2008); Gervais, et al. (2006); Vagnoli, et al. (2005); and Carp (1998).

that took place over seven years in Norway. “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” (2010:213). Chaya Ostrower, in her research on humor in the Holocaust, quotes survivors discussing their terrible experiences: “If not for humor we would have committed suicide”; “Humor is one of the ingredients of the mental strength and the will to live”; “Humor is an inner command to survive” (2009:69, 57, 73; translations from Hebrew are my own).

One day at the hospital I entered a room in which all four beds were hidden behind closed curtains. I made some funny sounds and asked for permission to open the curtains. The kids were of different ages; family members sat next to their beds. They all looked quite gray under the neon light. The kid in the left corner bed looked pale and his mother looked very tense. “Hello everybody, welcome to our hotel, breakfast will be served soon. Here is our Jacuzzi” (I pointed at the sink). “You can see through the window the famous Mont Blanc Mountain and the beautiful Alps” (I pointed to the window in the corridor). “Also, you can breathe the fresh and healthy air here.”

I started a sequence of absurd mumbling in a French accent, showing some tricks and dancing and singing in front of the beds. I started to sing, in Russian, a song about the famous cosmonaut Yuri Gagarin. The mother on the left side—the one who looked so tense—burst into uncontrolled laughter. She couldn’t help it and couldn’t stop. It was a laughter that released tension and there was no way she could stop it. I was very “angry” with her and tried to make her stop. But the more I tried, the more she laughed. I even sprinkled water on her to make her stop, but it only made it worse.

Laughter is contagious. Everyone in the room was soon holding their stomachs exploding with laughter. Some people came from the next room to see what was going on. I began to “worry” about the mother and I started to shout to the nurse to come over quickly. Dalia, the nurse, rushed in. “What happened?!” she asked. When I explained to her she said, “Don’t do that, I was really alarmed.” But she relaxed when I told her that I was in love with her. I got down on my knees and gave her a plastic flower. The mother gradually stopped laughing but was left with a smile, like everyone else, as they waved farewell, throwing kisses to me as I moved on to the next room.

The medical clown’s presence and the playfulness he brings to the hospital can create social connections that transcend the constricted space and the lack of privacy. The clown helps patients and their families shatter emotional barriers, making it possible for them to share their feelings and empathize with one another. With comic theatrical strategies such as the turn-around, exaggeration, minimization, ridiculous language, playful derision, absurdity, and fantasy the clown “transports” the patient outside of the medical center, outside of everyday concerns and worries, into an alternative “site.” This new viewpoint can help the patient experience events with a more positive outlook. For example, in the center of the pediatric unit in Barzilai Medical Center there is a little hall. It was never meant to be a space for patients, but space was in short supply. One morning I decided that this space could be a ballroom. I gave the kids small musical instruments to accompany my singing. I invited a nurse, Iris, into the ballroom to dance with me. Before dancing I exaggeratedly confessed that I loved her. The kids were giggling and started to play. We danced while I was singing well-known tunes in gibberish. Soon enough I made all the parents join in and dance in couples with other parents. For a few minutes we were all in a ballroom, not in a hospital.

The medical clown’s job is to disrupt the seriousness of the medical routine, which paradoxically enhances the effectiveness of treatment. Here are two examples of this constructive disruption: When I take part in a medical procedure, I sometimes check the doctor the same way she checks the patient. From the child’s point of view, the procedure becomes a sort of game. Once the seriousness of the medical routine is diminished, the child is more relaxed and the treatment is more effective. I also work with adult patients in the dialysis ward in Harzfeld hospital in the city of Gedera. A second example: One morning I was told by the nurse that, a few min-

utes before I arrived, an elderly patient with both legs amputated was raging. He cursed and tried to hit the nurse. She said that the police had been called. I looked at him; I had never seen him before. I made a quick diagnosis: I saw noticed the big *kippab* (yarmulke) on his head, so I took up my guitar and began to sing a well-known song from the Psalms. He started to sing with me and smile. From the corner of my eye I saw three big policemen talking to the nurse... and then leave. In this extreme incident I disrupted the situation and made the medical routine possible.



Figure 3. The clown transports the patient outside of the medical center, sometimes by making her part of the show. Barzilai Medical Center, Ashkelon, 2008. (Photo courtesy of Amnon Raviv)

The work of medical clowning is a site-specific performance that transforms the space in which it takes place. The hospital is no longer a formidable locus of equipment and uniformed staff but a place of fantasy created and shared by clown and patient. In this example, the transformation took place in Room Five of the pediatrics unit in Barzilai, the room for children who suffer from contagious illnesses. Transparent dividers separate the beds. For me, once I get into the room—and this happens gradually for the kids—it becomes a big aquarium. I blow soap bubbles as if they are underwater air bubbles; I imitate many sea creatures, getting closer to the transparent dividers and looking at the kids the way fish in an aquarium look through the tank glass. In another fantasy world I sometimes transform the long corridors of the pediatric ward of the Tel Hashomer Medical Center into ski lanes. I hold my sponge swords as if they are ski poles, put my sunglasses on, and ski with the kids on our imaginary ski shoes.<sup>3</sup>

The medical clown works with three circles of audiences. At the center are the hospitalized; next, the patient's family and friends. Sometimes alleviating the parents' tension, eliciting a smile from them, has an immediate impact on a child's condition. At other times work with the parents is a tactic to reach the child. The third circle is the staff. The clown is an integral member of the staff, working with them but also providing them with much needed comic relief.

Like the shaman, the medical clown transports his patients. Linda Miller Van Blerkom (1995:462–75) notes that both the shaman and the medical clown develop alternative, believed-in realities. Michael Harner (1990:20) describes the shaman as entering an alternate state of consciousness bringing others along with him with the intention of healing. This is what the medical clown does. Milton Erickson (1980) discusses the perception of another reality generated by the power of suggestion, and proposes that both ways of understanding reality (with and without suggestion) can exist simultaneously. In such a case, a person chooses the alternative reality in order to meet the needs created by circumstances. Erickson says that physical pain can be reduced by separating the person from her immediate situation. John Shea (1991) describes pain reduction through both auto- and external suggestion, stating that the placebo effect is evidence of human beings' inborn capacity for self-healing through suggestion. Shea cites research studies that found organic changes in the bloodstream and brain cells induced through suggestion. One such experience I had was reported in newspapers (so I can reveal the

3. See [www.youtube.com/watch?v=qYdwGnFHSYA](http://www.youtube.com/watch?v=qYdwGnFHSYA).

patient's real name).<sup>4</sup> Omer was a nine-year-old girl with a chronic disease that required regular, painful treatments. She would make her appointment on a day she knew I would be working in the Pediatric Outpatient Clinic. She refused to have anyone but me accompany her into the treatment room, not even her mother. Each time, on our way to the treatment room we would perform a song and wild dance. It was a rap that we wrote together about all the characters involved in the medical procedures: Omer, the clown (me), Omer's mother, and Riva, the nurse. The repeated leitmotif was the sentence "there will be no pain." This ritual song-and-dance imbued Omer with the strength to withstand a painful procedure.

Young children especially believe in the medical clown's powers and remedies: invisible magic powders, spells, and rituals conjured by the clown. I have lessened pain with an invisible powder I sprinkle on many a young patient. One kind of invisible powder is in the sunflower on my head and the other is in the sunflower on my vest. Before I show a child the right way to mix them, I need to check his magic abilities. This I do with my magic book. The pages of the magic book are blank and turn into pictures only if the person who touches them has magic powers. How happy I am to find out that, from all the people around, this child has the magic powers! We mix together the invisible powder and then, whispering gibberish spells, I sprinkle the powder on the pain. The interesting thing about this ritual is that, according to the kids, it helps, though some of them know that it is not "real."

## Treating PTSD

From my first day as a medical clown, 8 July 2004, I encountered traumatized patients. I worked with them during the nightmarish years of 2004 through the end of 2008,<sup>5</sup> until the onset of Operation Cast Lead. The residents of the southern Israeli town of Sderot and the Gaza "envelope" communities were under constant attack from the Gaza Strip. Thousands of mortar shells and Qassam rockets landed on Israeli communities, destroying homes and injuring and killing residents. Just as damaging as the mayhem was the trauma the barrage caused.

On Monday, 3 September 2007, at 7:38 AM, a Qassam rocket fell on Sderot, narrowly missing a school bus carrying 35 elementary school children. The children were rushed to Barzilai in shock and taken into the dining room of the hospital, the only room large enough to hold them all in one group. There the children met a professional team of psychologists, psychiatrists, social workers, physicians, and nurses. I was at the hospital that morning and heard by chance what had happened. As I rushed toward the dining room one of the psychologists gave me a hand sign implying, "Don't butt in. It's not a good time now." But I felt that this was exactly the right time for a clown.

I went in and, as is proper for a clown (an undisciplined creature knowing no boundaries), I sat down among the children who were on chairs in a circle. The children were pale and withdrawn. The psychologist who didn't want me in there was talking, but were the children listening? As I sat down among them, my bag "accidentally" opened, and all my clowning stuff fell out. I apologized, made faces, gathered everything up and checked all my clowning gadgets to make sure they still worked. The children began to laugh. Within a few minutes the children's pale faces brightened and some of their stress and tension began to dissipate.

I accompanied the children as they were examined by the staff. We pretended we were in an imaginary forest as we went from station to station, hand in hand. Lunchtime arrived and we all sat down to eat. The meal quickly became a French-fries food fight and the children were over-

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4. See [www.my-scoop.co.il/katava.asp?id=4756](http://www.my-scoop.co.il/katava.asp?id=4756).

5. During this time the Hamas organization launched thousands of missiles and rockets into southern Israel. In retaliation, Israel invaded Gaza in an operation called Operation Cast Lead. As a medical clown I encountered dozens of children and adults (Israelis and Palestinians) hospitalized with acute stress disorder (ASD) and post-traumatic stress disorder (PTSD).

come with laughter. It seemed as if they were getting back to feeling like themselves. Drs. Ron Lobel and Emile Hay, the deputy directors of the hospital, entered the lunchroom. They told us that our work made a deep impression on them.

After this incident, the three medical clowns working in Barzilai (Hagar Hofesh, Jerome Harosh, and I) began to receive more encouragement from the hospital administration. All of us were part of the Dream Doctors Project. We worked separately, each for three hours every morning on different days, but in emergencies we worked much longer. At 6:00 PM on 14 May 2008, a Katyusha Grad rocket launched from the northern Gaza Strip near Beit Lahiya landed in the crowded Hutzot Mall in Ashkelon. Fifteen people were injured, four seriously and eleven moderately. Sixty-two traumatized people were immediately evacuated to Barzilai, and during the day the numbers of those with shock trauma continued to rise.

The hospital administrators summoned the clowns at once. Over the next few days we made many calls to the various departments working with the traumatized patients. When called, I packed up my Stress Treatment Kit—a collection of tools and strange objects I had gathered to help me “disperse” stress and “exorcise” fears: Saran Wrap to protect against missiles, kitchen utensils to massage with, a flashlight to use as a microphone, a safety pin to hold positive thoughts in place, a flyswatter for stimulating circulation, etc. When I discovered that some of the injured wanted to talk about their experience, I “interviewed” them by becoming an imaginary reporter from a TV station in India, with a lead-in of Bollywood dancers and, as a break in the interview, a traditional Indian song. Some of the interviewees laughed, while others told me about what had happened to them in a very serious tone.

I attempted to “sell” my special “Personal Protective Security Kit,” the Saran Wrap stretched out toward the Gaza Strip to hold back the Katyusha rockets. The absurdity of the flimsy barrier made people laugh, but no less importantly it let off steam. Criticism and juicy curses lambasted the government for failing to provide enough security shelters for the residents of the communities near Gaza.

During the War in Gaza (“Operation Cast Lead”), which lasted from 29 December 2008 to 15 January 2009, we three Dream Doctors divided up the shifts, each of us working alone. I put in long shifts in the emergency room of the Barzilai Medical Center, which was partially security reinforced. A barrage of Qassam rockets fell on the town, some raining down on the hospital grounds and others on the street where I live. My trip to the hospital, which usually takes only a few minutes, became a long journey interrupted by several red alerts. I’d stop my car and lay down on the ground until the rocket hit. When I finally arrived at the hospital, I found an emergency room full of shock victims. Dozens and dozens came in during the three weeks of the war. In one case—the most difficult I encountered—a trauma victim was trembling all over her body. She couldn’t even hear me. After she received a sedative injection, I was able to work with her. She was a young woman, around 25 years old, accompanied by her fiancé and her parents. I heard from her



*Figure 4. Physical pain can be reduced by separating the person from her immediate situation. Tel Hashomer Medical Center, Tel Aviv, 2011. (Photo courtesy of Amnon Raviv)*

fiancé that they planned to get married in two months. So I said to all of them, “Listen, I am going to illustrate the wedding, all you have to do is to put names to the characters I’ll show you.” I started to mime in a very grotesque manner different characters eating, walking, dancing with virtual partners, talking, etc. They were delighted. “This one walks like Uncle Simon, and this one eats like Aunty Freda...” and so on. The fiancé and parents were laughing, but not the patient. Then I announced that the time had come for the newly married couple to dance. I started to dance with the fiancé as if I was the bride. I did it so awfully grotesquely that a big smile soon spread across her face. I knew she was “back.”

The psychologist and nurse who had asked me to work with the young woman collapsed with laughter. This clowning also helped them. The staff was tense, fatigued, and anxious about their families back home. After each rocket fell, they phoned home to check that everyone was all right. We worked very closely with the staff, who sometimes laughed even more than the patients, and I never heard any complaints that we were disrupting their work.

I spent New Year’s Day 2009 in the emergency room of the Barzilai Medical Center in Ashkelon. Rockets fell every few minutes. Many of those streaming into the E.R. were injured, but the majority were trauma victims. I was appointed to admit those in shock for “primary care” and took time between patients to treat the staff. Shortly after one of the Qassam rockets fell in a heavily populated area of town, a family stumbled in. A rocket had exploded only a few meters away from them. They were all traumatized: a girl of about 10 years was screaming in fear, her mother and grandmother were crying, and her father was pale but silent.

I led them to a quiet corner and began treating them all simultaneously. I demonstrated some magic tricks to the girl (I will call her Dana), and introduced her to Madame Esther, my finger puppet. Madame Esther is a former world and Olympic champion in gymnastics and swimming. She was willing to show Dana some of her amazing abilities: standing on one hand, standing on her nose, jumping into the pool and swimming. I gave an anti-worry massage to the grandmother, using my kitchen implements and flyswatter. I pampered the father with a hairstyle and haircut, pretending to trim the hair from his nostrils and ears. I also made sure to provide a soapy anti-dandruff shampoo complete with a “straightening treatment” using a “hair-dryer” I improvised by asking a passing security guard to blow air on the father’s nostrils. This was enough to make little Dana laugh. She began to help me style her father’s nose hair. By this time the mother had calmed down and a wide smile spread across her face the moment Dana began to laugh. By the time I finished, the family was feeling a lot more secure. I wrote a hospital discharge letter for the family, including a prescription for a rich and varied menu of delicacies with all sorts of special desserts, and Viagra for the father because stress is known to destroy performance. The father laughed good-naturedly, the mother nodded her approval, and the grandmother didn’t understand what it was all about. Dana, who had been hysterical when she arrived at the hospital, waved goodbye and blew me a kiss.

As they left, I pulled myself together and geared up for the next group of trauma victims. But first I phoned my kids to make sure everything was OK with them. “Yes, Dad, we’re fine. A rocket fell on our street, not far from the house. Sure we heard the big explosion, unbelievable! But we’re fine, don’t worry...”

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