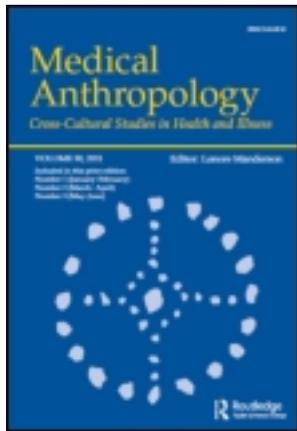


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### Tackling Indifference—Clowning, Dementia, and the Articulation of a Sensitive Body

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## Tackling Indifference—Clowning, Dementia, and the Articulation of a Sensitive Body

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In this auto-ethnographic study, I focus on a special form of clowning for people at an advanced stage of dementia. The miMakkus clown is presented as a specialist in contact with people with whom communication is no longer possible by the usual (linguistic, cognitive) means. I illustrate how the miMakkus clown tries to reach people with dementia, focusing specifically on the role of the sensitive body as an instrument for attunement. As I demonstrate, in their contact, the clown and the person with dementia are involved in a process of mutual articulation.

**Keywords** *auto-ethnography, dementia, disability studies, elder-clowning, embodiment*

Rivierstate residential home, July 20, 2010, 9:30 a.m.

Here she is! With her heart-shaped mouth and cute spiky hair, red cheeks, and big blue eyes full of wonder, Pip is a mixture of curious overconfidence and touching naivety. She's wearing a tulle skirt, her long legs are encased in greenish yellow leggings and she has red boots with orange laces—Pippi Longstocking style. Her body seems slightly out of control, like a puppet that has just come to life, a body that's still in a permanent state of discovery. So that's how you take a step, gosh, just look at that leg go! She still has everything to learn. All over again, every time. Hence her tentative tread, this 'walking' by trial and error.<sup>1</sup>

As a researcher I have always had a weakness for clowns. What clowns want to do, more than anyone else, is to get rid of familiar meanings and put themselves at the mercy of the situation. In the way they approach the unknown—as curious, naive outsiders—clowns are akin to anthropologists carrying out an investigation in the field. Above all, clowning is an interesting empirical site for ethnographic research into social worlds that do not permit representation in familiar terms. I did not need to think for long about the direction of my research when I came across

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*miMakkus* (my pal)—a special form of clowning developed in the Netherlands for people in an advanced phase of dementia ([www.mimakkus.nl](http://www.mimakkus.nl)).

I know what you are thinking. A clown in the psycho geriatric department of a nursing home? Laughter is the last thing that comes to mind when you are dealing with people with dementia! “People with dementia,” observed Anne Davis Basting (2009:103), “are sewn into figurative straightjackets by institutions . . . that tell them they are diseased, inappropriate, challenging, passive objects in need of care—‘the living dead’” (cf. Goffman 1961).

Over the past decade, clowns have made their entrance into nursing homes, with other creative approaches that seek to enrich the lives of people with dementia (Basting 2009; Lee and Adams 2011) and help them to resist identity loss (cf. McColgan 2005). Like hospital clowns, ‘elder clowns’ may be considered present-day equivalents of the medieval court jester (Spitzer 2011). They are a “blend” of the specially trained artist and health care worker (Warren and Spitzer 2011:562). Using music, improvised play, and humor, they try to engage residents in “activities that help rejuvenate creative, expressive and communication skills,” as one of the pioneers in the field, Bernie Warren (2008:223) explained. Their aims range from helping to “stimulate memory and improve cognitive functioning” and “increase the quality of life for seniors, their families, and the healthcare staff,” to returning a sense of “power to people who have very little control over their lives” (223).

Clowning as an art form and cultural phenomenon has been widely studied in the humanities (Robb 2007). In research on clowning in health and aged care, however, medical and psychological perspectives prevail. Matching the evidence-based paradigm of these disciplines, the *efficacy* of what is typically referred to as ‘humor and laughter therapy’ has become the focus of investigation.<sup>2</sup> Although not uncontested (Martin 2001; cf. McCreddie and Wiggins 2007), the physiological effects of humor listed, for instance, by Peter Spitzer (2011) to validate his innovative Laughter Boss program, include respiratory and cardiovascular effects, improved blood circulation, enhanced immune system functioning, and triggering of the brain’s reward center. Psychological evidence reported by Spitzer includes positive effects on stress, anxiety, and mood (notably depression).

Although little research has been undertaken on clowning in residential aged care facilities, an efficacy-oriented research-agenda prevails here as well. Clowning is suggested to help to improve the quality of life of residents, alleviate their mood, help people to connect to their social surroundings, diminish challenging behavior, and decrease staff burnout (Rösner 2010; Spitzer 2011; Warren 2008; Warren and Spitzer 2011). The Australian SMILE project is the first to test the effects of ‘humor therapy applied by clowns’ in a large scale, randomized controlled trial.<sup>3</sup>

My aim here is to contribute to the ongoing debate about innovative approaches in dementia care by reflecting on the *miMakkus* clown’s practice. The key point here is not to evaluate the *effects* of *miMakkus*, as a health-oriented perspective might do, but to arrive at a better understanding of the *point* of clowning in dementia care. The *miMakkus* clown (*miMakker* for short) is usually presented as a specialist in contact with people with whom common (cognitive, linguistic) means of mutual rapport can no longer be used. “The clown, however, is often able to establish contact with them [people with serious dementia] because he can handle unconventional means and dares to use them” (Rauh, Introductory lesson, March 10, 2008). This raises intriguing questions, which I try to answer here. What daring and skills does a clown need in order to get close to people with dementia? And, what can be learned from the ‘unconventional’ means that the *miMakker* employs about the nature of the relationship the clown and a person

with dementia may establish together? In my analysis, I will seek to extend our understanding of elder clowning in dementia care primarily by addressing the use of the *body* as an instrument in the contact between clown and resident—a relation that, at least in the case of miMakkus, relies less on making people laugh than the term ‘humor therapy’ might suggest.

In what follows, I will first contextualize my approach by arguing that both the relational and the embodied aspect of clowning hold a special significance in thinking about personhood in dementia. I follow this with a note on method and a brief introduction to miMakkus. In the first empirical section, I will look into how miMakkers prepare themselves by way of their body and how they firmly anchor the body to its physical environs. Next, I will show how physical presence is always subject to competition from cognitively charged means to situate oneself. Better conditions to reach people with dementia, I will subsequently show, are created by ‘adopting the stance’ of the other. Becoming an attuned clown is then conceptualized as ‘acquiring a body,’ that is, ‘learning to be affected.’ Finally, I will explore how the clown and the person with dementia may be engaged in a process of *mutual* articulation.

## RELATIONAL AND EMBODIED IDENTITIES

A relational perspective on clowning in dementia care is especially relevant. People living with dementia are “an extreme example of a ‘self’ that is relational, that is formed through interactions with others,” Basting argued (2001:79). These relations thus better be supportive. A relational approach takes inspiration from Tom Kitwood’s (1990, 1997) work that responds to tendencies in science and society to depersonalize people with dementia. This trend is fuelled by a symptom-oriented approach of dementia and its exclusive focus on failing cognitive capacities, while Western thought at the same time overemphasizes the importance of rational capacities for a concept of self. Rather than focusing on their failing cognition, Kitwood (1997) shifts attention to the quality of psychosocial relations in which people with dementia are embedded.

According to Kitwood (1997), the experience of personal failure and powerlessness that accompanies an approach to the person with dementia, which renders them infantile, patronizes them, or inflicts other forms of ‘malignant social psychology’ to them, is just as damaging to their psychosocial functioning as the cognitive limitations that were the primary reason for such an approach. Environmental factors therefore make a significant contribution to the cause and development of dementia (Downs, Clare, and Mackenzie 2006). Yet at the same time this model implies that an environment that supports people in their attempts to maintain a relationship with the world in which they live, strengthens the cognitive condition, and helps to sustain the person’s self (Hughes, Louw, and Sabat 2006; Sabat and Harré 1992).

Kitwood (1990) emphasized the role of (inter)subjective processes in the experience of having Alzheimer disease and their dialectical interplay with neurological processes. What biomedical and social models of dementia have in common, however, Pia Kontos (2003) has argued, is their treatment of the ‘self’ as a function of the mind: “As a consequence, the lived materiality of the body is rendered silent and inconsequential” (167). Kontos adds to the personhood-debate by reclaiming the body as a privileged site for performances of the self. Her notion of embodied selfhood, while covering both primordial and sociocultural characteristics, values the body as a “fundamental *source* of selfhood that does not derive its agency from cognition” (Kontos 2005:559).

In this article, I extend relational and embodied notions of the self, by employing the concept of the body of the philosopher and psychologist Vinciane Despret (2004). I argue that this perspective provides a fruitful way to connect discussions about embodiment and relational identity to clowning in dementia care.

### METHODOLOGICAL NOTE

This article is based on ethnographic fieldwork, for which purpose I was trained to become a miMakkus clown. The training, provided by the miMakkus Trust, comprised 22 lesson days (March–December 2008), three sessions of shadowing senior clowns, and seven on-the-job training sessions (September 2008–March 2009). Field notes were taken on the basis of participatory observations during the training, complemented by sound and video recordings. In addition, the empirical basis of this article consists of a first week of fieldwork (July 2010), when I followed two miMakkers at work in two psycho geriatric departments of a residential care institution in the Netherlands.<sup>4</sup> In order to get a good picture of their work, research was done in various contexts (private rooms, busy living rooms, etc.). During this period, I alternated between being a marginal native and being more participative.

My writing is auto-ethnographic in the sense of turning my own experiences in the field into a focus of enquiry, alongside the accounts and behavior of others. Auto-ethnographic research gives analytical and/or epistemological priority to the emotional experiences of the ethnographer, who is actively engaged in the field under scrutiny (Anderson and Austin 2011). Such active involvement allows one to fully employ the strengths of one's human senses as a "recording device," as Stefan Hirschauer (2006:426) put it: "Activating lower senses and inner experiences of the body opens up a heightened form of receptivity, directed towards the object by means of what one's own body is undergoing."

My purpose in sharing my experiences is not to evoke an emotional response in the reader. My personal experiences are primarily of analytical interest.<sup>5</sup> I use these self-observations to the methodological advantage of what Hirschauer (2006:413) saw as the ethnographer's core business, that is, the "verbalization" of what "did not exist in language before"—the "silent" dimensions of the social world he or she is studying. Analyzing how I became moved when becoming a miMakkus clown is thus a way to put into words what is usually largely passed over in silence between clown and resident, and between them and their surroundings. Auto-ethnography, then, is also a way to articulate the voice of people with dementia.<sup>6</sup>

### SEND IN THE CLOWNS!

The goal of miMakkus is to make contact with people who are no longer able to respond in the usual, cognitive way. To use the Trust's own words, miMakkers bring "pleasure and peace" inside the care institution.<sup>7</sup> The miMakker is not an entertainer who comes to give a show, who rehearses an act beforehand, or tries to make people laugh. As elder clowns visit people in an intimate, personal sphere, they have to play in much "softer, subtler ways" (Warren and Spitzer 2011:563) than the circus clown does. A miMakker always focuses her attention on one person and, improvising with what crops up there and then, tries consciously to join in with the way the other person experiences the situation. As far as the clown is concerned,

nothing is strange or inappropriate. The clown and the resident have no life history in common, with all the emotional baggage that such a history inevitably entails. However, they share something else—the capacity to establish emotional contact and communication outside the scope of ordinary language and meanings.

The miMakker uses a whole range of resources to establish contact in a quiet, nontheatrical way. The clown has learned to approach the other person respectfully and enquiringly, to pick up the weakest signals and to process them in a creative fashion. She tries to stimulate the senses subtly, using clear body language, movement, facial expression, singing, or speaking voice and music. Every miMakker has her personal clown kit, which often contains a glove puppet. It can have everyday objects, such as a camera, mirror, or umbrella, accessories that may also appeal to the memory, for example, jewelry, clothes, and make-up, and pieces of cloth and other materials that can stimulate touch, taste, smell, sight, or hearing.

As I write, there are more than 150 certified miMakkers. They have successfully completed the miMakkus Trust's training and have mastered all the competences that the Trust has formulated as final attainment levels. Most miMakkers work in the psycho geriatric departments of Dutch care institutions, and their target group is people in an advanced stage of dementia. (Some miMakkers work with a second target group—people with serious learning difficulties.)

MiMakkus clowns come in all shapes and sizes. They can be fat or thin, old or young, female or male (c. 9:1).<sup>8</sup> Their appearance is very varied, although with colorful clothing, minimal greasepaint to support facial expression, and a clown's red nose as constants. MiMakkers put a lot of themselves into their individual clown; clown characters therefore differ just as much as their outward appearance. You have chic clowns and clowns with a common streak. Some are a bit cheeky, while others are bashful. One can be cheerful and lighthearted, another primarily melancholy.

### ON STAGE—APPEARING

A miMakker who wants to get as close as possible to people with dementia has to embrace the “confusion that appears on the borders of our communicative order.”<sup>9</sup> Take Pip, the alter ego of Patricia Houtman, who is doing her very best to fall through the thin ice of our interpretations.

Rivierstate, July 20, 2010, 10:10 a.m.

Pip peers into the corridor. There are people sitting at the other end. She waves to them, but she does not appear to know whether or how she can get there. She bends over, with legs wide apart. This floor has to be safe, strong enough to support her here and when she moves down the corridor. It's covered with lino in a crazy multicolored geometric pattern. This pattern is a huge obstacle for Pip—blocks, joins and apparent height differences that she doesn't dare to cross. “Just keep walking,” a woman at Pip's end of the corridor encourages her. Thanks to the woman's encouragement, she chances it. “Just keep walking, they'll see it.” She continues to look carefully after Pip for a long time.

Pip's a daredevil, but she is not prepared to trust this floor without good reason. She shares her sensitivity to the shaky ground with some of the residents who, according to Patricia, also do not dare to cross certain transitions, who sound out the floor, tread very carefully, and so on. Despite her dementia, or rather because of it, the lady in the corridor understands Pip's confusion. They

see or know something *together*—about the floor and each other—that remains hidden from most of us. To me, for example, the floor looks perfectly all right. Together they work it out, together they are strong.

Before she came out of her dressing room as Pip, she was just Patricia. When she showed me around the department that morning, Patricia did not appear to have any concerns whatsoever about the floor. This brings up the question of what it takes to turn a solid floor into a precarious surface and make the transition from a normal existence to the defenseless state of the clown.

Before you can get into your clown character, you first have to slow down and “make yourself ‘empty’.” After all, you’re entering a different world,” says Arno Huibers, the originator of *miMakkus* and a clown trainer. You come “from outside” from “the hustle and bustle,” with your body full of tension and your head full of thoughts. According to Huibers, you have to begin by getting rid of them “because you’re coming into a world where there are people to whom all this is now of no concern and who are living at a completely different pace.” You practice this during the training through various exercises, all of which shift your attention from a “fast and cerebral life” (Pols 1992:814) to much slower, physical processes and properties. As well as focusing on breathing (which has to be brought under control) and tension in the muscles (which have to be relaxed), the experience of the effect of gravity on the human body—by concentrating on how it weighs on the floor that is ‘supporting’ it—is often a constant in this.

Making yourself empty turns out, paradoxically, to be closely associated with something called “earthing” or “grounding,” which is essential to prevent you from floating around in space. By making yourself empty and earthing yourself, the clown teachers say, you create a physical basis that is strong enough to enable you to be convincingly present here and now. According to Jan Rauh, a long-standing clown trainer at *miMakkus*, the “actual presence of the body” is very valuable when dealing with people with dementia, for it is precisely when other sensory impressions have faded away that their “sense that the other person *is* really there remains intact for a very long time.”

Lesson 1, ‘Presence,’ March 12, 2008

JR: If you’re not earthed, you get no connection with the ground, nor any relationship with the people on that ground—and then everything floats. People with dementia may not recognize you anymore or no longer see or hear you, but they can sense that something is [present or] floating.

Patricia takes grounding literally. Thanks to the ground under her feet she can make the switch—from her head into her body, the floor helps her to transform into Pip. And during clowning, stamping on the floor as though testing its solidity, lifting her legs high and discovering a particular gait, helps her to continue feeling that she’s Pip. Feeling and testing the floor helps Patricia to anchor her clown physically in the here and now, rather than as Patricia who understands the floor is safe (and in that respect already floats above reality). The fact *that* the floor *is* helps her to forget *what* a floor is. The floor provides Patricia with a safe basis, so that as Pip she can still fall through it (or rather stop just short of doing so). After the floor has helped Patricia to get into her clown, it helps Pip to get closer to the resident (Figure 1).



FIGURE 1 Patricia Houtman as Pip (color figure available online).

### JUMPING OFF THE CLOWN CLIFF

It takes good preparation to fall through a nursing home floor with one leg—and do it credibly. It also takes guts. It is true that as a *miMakker* you are taught to get over your fear of the meaningless and that you decide for yourself to “jump off the clown cliff” (Simonds and Warren 2004:30). However, during my on-the-job training (an essential part of the *miMakkus* clown training), when as Joop—my *miMakkus* clown alter ego—I first visited a psycho geriatric department, I had to pull out all the stops to prevent myself from continually clinging onto something, anything, to keep me from a free fall. Not without hesitation—my helplessness is palpable—I quote from the notes I made in the field at the time.

Op de Berg, September 11, 2008, 11:30 a.m.

I look around. Now, what shall I? I pull a chair over to sit next to Mrs. Akker. . . . I’m undecided. If I just sit here, nothing at all’s going to happen. . . . I’ve got to *do* something, but what? My case of clown’s stuff is on the other table. But there’s a cup of tea in front of Mrs. Akker. I lean forward slightly so I can smell the cup of tea. She seems to be surprised and now she looks at me for the first time. I look at her and say something about a nice cup of tea. Her gaze wanders slowly away from me. Help! What do I do now? I whistle a little tune. No response. The cup of tea remains untouched. My hand leaves a large patch of sweat on the table.

As Jan Rauh noted later on, my helplessness as Ruud was entangled with the contrived helplessness of Joop. During the feedback session that followed my baptism of fire, Trudy Schambergen—training coordinator and miMakkus clown teacher—pitilessly put her finger on my weak spot.

Feedback, September 11, 2008

TS: These are actually all very common human interpretations of how we do such things. We find a cup and sniff it or drink from it. We do it in a way that suggests, yes, I have nothing else to do either. . . . You're really into the meaning, but she's probably not at all concerned about that. She just stares at that cup, but the question is whether she's actually thinking about it. . . . This is why it's so important for you to let go of the meaning.

Although I knew in theory about the obtrusiveness of meaning functions, in practice I walked into it with open eyes and got caught out. I mumbled something like "Hmm, this is very pleasant, a nice cup of tea." I saw an old woman and a familiar object, and relied on agreement about a meaning, but it was questionable whether it was shared.

When you follow in the footsteps of Pip and her colleagues, as a clown-under-construction, you find out just how difficult it is to take nothing for granted and to put yourself at the mercy of the situation, and only then do you realize how very attached we usually are to the meaningful everyday routine (cf. Geertz 1973). What also did not help was that, lighting up like a "lifebuoy" in the dark (Bernlef 1989b:60), familiar words continually tried to compete with cognitively less charged ways of reassurance.

TS: You pick up your case and put it on the table. . . . If you wouldn't say anything and would very slowly start to lift. . . . But no, you just throw it open and say, "Let's have a look." Now, what you should have done is go along with her because you don't know what's in the case either. To a clown everything is always new. You're surprised too! That gives her time to get into it, and for you to get into it with her. . . . That's the place you'll find all the play moments you didn't see because you gave them meaning. Case: something in it. No, the case is a mystery, too.

Ideas and other cognitively charged activities were creeping in where they are not allowed. Perhaps my physical basis was not yet strong enough and consequently thoughts repeatedly sneaked in. Throughout my on-the-job training, every time that I, as Joop, entered a living room where there were people with dementia, I had to silence that nagging voice that was almost begging for a hint from an invisible director ("Try this!", "Look over there!"). I kept looking for something that could give my presence purpose and meaning, at least to myself, as I realized in mild panic that nothing of the kind could be expected from the residents in the room. Take it easy, I had to comfort myself. Nothing *has* to happen; just wait.

That was three years ago. In the interim, many residents have seen the meanings that were left to them slip away still further. And while I was trying to put my ideas about clowning and dementia into words, Patricia was learning to resist the lure of language even better and express her feeling of disorientation physically. Her clown, meanwhile, has learned to cope without reassuring words. She dares to let go of her lifeline and jump in at the deep end. Pip has confidence that someone will catch her.

Pip *is* being looked after. She radiates this characteristic vulnerable clumsiness that elicits the concern of others, like the woman in the corridor who, according to a disease-oriented model of dementia, would not be able to do so anymore (Taylor 2010). Yet, in her contact with Pip she

emerges as someone who takes care of another person, can speak to her encouragingly, who understands and can help.

### ADOPTING THE STANCE

My own jump into the deep end may have been daring and well prepared, but according to my trainers I was still going “much too quickly” on all fronts. Let us go back to the early spring of 2008, when I took my first steps on the clown’s path as a student on the miMakkus training course. One of the most important things I learned then was that a clown has to be completely *attuned* to the other. The way this is put is that the miMakker “always sets off from where the other person is, wherever that may be.” Where someone is and can be reached is not just a matter of locating where the other person is in the room, although it turns out that physical rapport does play an important part in this. Gauging where someone is, on the other hand, should not be interpreted psychologically, as a question of empathizing with what is going on in the other’s mind either. Yet, psychology does play its part, when the clown has to focus her attention deliberately.

Starting with the focusing of attention, as trainee clowns we did exercises that included switching between an inward-looking consciousness that kept out every external stimulus, and a form of attention that was expressly focused on the outside world. The interest in the outside world extended to a single specific stimulus, a piece of fluff on the floor, for example, or a wider awareness of the surroundings. It was always about “experiencing the difference,” so that we could learn to observe subtle changes in direction, intensity, and range of attention in the residents too. In this context Rauh refers to “a sort of intermediate phase between being there again and not being there at all.” Residents, too, may be found in a state where their attention is half outward and half inward, but is not focused on anything specific. According to Rauh, we can do the same thing “on purpose” by un-focusing our gaze, so that the picture becomes blurred and “you still sense things” but “people become smudges. This is how I can still remain a bit open, without absorbing information.”

In order to feel “where the other person is,” a miMakker tries to “get in tune” with the sphere of attention that she observes in the other person, and be sensitive to changes in it. According to our trainer, “getting on the same wavelength” as the resident’s attentive orientation is “fundamentally different” from a superficial imitation, and it is certainly not mimicry. Tuning in, on the other hand, represents a form of inquisitive awareness of the unknown way in which that person may experience things. Rauh: “I’m not going to copy or mimic anyone. Instead I go with them into the inside world” and experience what this “could be like” for the other person.

Attuning is more than directing conscious attention; above all, it is a question of rapport between one another’s bodies. “The body is absolutely essential,” Rauh asserts. Learning to differentiate between subtle changes in and differences between the ways somebody is present again serves to answer the question of whether you, as a clown, can go along with the rhythm, intensity, emotional mood, and specific form of their physical presence.

The closest you could get to people is their own breathing. If you want to observe the other person breathing, you have to take time, but you also have to get close.

Feedback, October 22, 2008

TS: I see that you’re keeping at too great a physical distance. . . . There are a lot of times when I think go on, go on, go closer! . . . What you tried with that man was very good. You hummed along

with sounds he was producing. . . . But you went counter to his breathing rhythm, and then you were no longer with him. If you begin by observing his breathing and adopting it, and then start humming, you're attuned. If that succeeds . . . you're not put out either, because then it'll start to flow in you too.

When it comes to getting into step with someone's physical presence, again it is not so much about the outside but about the experience that goes with it. By going with—and being carried along by—someone's breathing, you could, for instance, perceive their tension or relaxation. Rauh: "Can you feel the difference? If I stand close to you, you don't even need to see or hear—you can almost feel it. And that has a huge impact."

According to our trainer, there's also an experience associated with how someone is or moves in space.

Lesson 1, 'Presence,' March 12, 2008

JR: As soon as you start walking like that, as a clown I can too. It's not that I have to copy your steps, but I adopt the same *stance*. [Rauh walks along with one of us.] This lets you feel what it could be like for me, and then you can tune in, and then perhaps we can find something in common.

The miMakkus clown is someone who can take on the other person's *stance* or *attitude*. Adopting the stance is a matter of "continuing to search," which is actually facilitated by "abandoning thinking." It is a question of "investigating: what are you doing? And what's your language? Where is this person, what's the atmosphere he is in?" And above all by asking yourself, "can I get in step with this, can I add to it without taking over [the lead from you]?" Ideally, you are swept along with it spontaneously, and you can do something together.

If there was something that I did too quickly, it was searching for this starting point: "Harmonizing takes time."

## NOSES OFF—INTERMISSION

Before he gets to the stage of searching where the *other person* is, the future miMakker has to find out "where his clown is." During one of my first lessons, I was told that the clown, "unlike an actor," may not be "in several different layers." He has "no deeper layers or hidden agenda." A clown does not keep up appearances: "The whole point is that we have to reveal ourselves." A clown is "not a different person you pick up and put on for a while [like a hat or a coat]. . . . You are the starting point." A clown, explains Schambergen (Hiu 2009:3), "peels everything off down to the core of his authenticity. Until he's standing there in his pure innocence. A clown is not a role. It's you."

There is a misunderstanding lurking here. Because who or what *are you*? I will clarify the idea behind this quest for one's 'real clown' not empirically, but via a brief theoretical detour. We look once again to the body in order to understand what it means to discover an 'authentic clown' in 'yourself.' The view of the body developed by Vinciane Despret (2004) that owes much to William James's theory of emotions, gives us something to go on.

Despret's view of the body is relational. It is defined in terms of the capacity to be touched, affected, or moved by *other* elements. The body moreover has to be conceived of dynamically. Bruno Latour (2004), whose interpretation I adopt here, saw the body as an interface that is inscribed more densely "*as it learns to be affected by more and more elements*" (206).<sup>10</sup> To clarify this, Latour referred to the work of Geneviève Teil on the perfume industry, pointing

to the week-long training involved in developing a ‘fine nose’ for subtle differences between all sorts of scents. Initially, one’s “dumb nose” is not able to differentiate much, but a trainee “ends up rather quickly becoming a ‘nose’ (*un nez*), that is, someone able to discriminate more and more subtle differences and able to tell them apart from one another, even when they are masked by or mixed with others” (206–207).

Obviously, the perfume industry and nursing homes are very different, as the average psychogeriatric ward may be rather dull, homogenizing, and uninspiring to anybody. But from a theoretical point of view this relational concept of the body provides good leads for analyzing what happens to somebody when they transform into a clown. The *miMakker* is, of course, not especially concerned with smells (although they may be involved), but with developing a ‘fine nose’ in a metaphorical sense for diverse, unnoticed, hidden, or masked differences in the person with dementia and their environment. The fact that the clown’s *nose* is the part of the body that is best known for differentiating clowns from ordinary people is a happy coincidence. Indeed, the red nose can also serve in a physical sense as a sign of the transition that the wearer of this ‘smallest mask in the world’ has experienced.

Viewed from this perspective, finding the clown “in yourself” is not so much a matter of psychological self-examination but a dynamic process where the trainee learns “to be receptive to external stimuli.” Becoming a clown, I argue, means *acquiring a body* that is learning to become *sensitive to the other*—a body with which you learn to distinguish with increasing subtlety between differences in how the other person relates to the world, attentively, physically, and sensorily.

A technical term for obtaining a sensitive body is “articulation.” This concept refers to the refinement of one’s consciousness and capacity to talk about different impressions, but also allows for divergent stimuli leading to different behavior (Latour 2004:210). We find both aspects in the case of the *miMakker* clown, who actively tries to see new nuances in residents that have not previously been recognized and in many cases they are also able to name them. However, a *miMakker* also learns how to turn her back on thinking and let herself *be affected* by what she experiences, as a result of which, in the *miMakker*’s strangely apt vernacular, “it starts to flow in her too.” Besides consciously registering, an articulated clown is also entranced—moved, touched, and stirred to specific reactions—“*to learn to be affected*, meaning ‘effectuated,’ moved, put into motion by other entities, humans or non-humans” (Latour 2004:205).

As we have seen, practice is essential in order to articulate the clown who can appreciate these differences. ‘By nature’ bodies remain unmoved under the bombardment of external stimuli. The diversity of smells, for instance, is lost on anyone who has not had their sense of smell intensively trained. People have to create suitable conditions in order to lose themselves and let themselves be taken over by external forces, as Gomart and Hennion (1999:227) argued in their study of various forms of passion: “Active work must be done to be moved.”

Because the *miMakker* will be asked to appreciate new, subtle, and normally unnoticed differences and changes in residents and their environment, no less specific learning conditions must be created in her training. Lurking behind the *miMakker*’s red nose are years of trainers’ experience, innumerable stretching exercises, theatrical techniques, and other skills. Like the perfume laboratory, “[a]ll those artificial set-ups are simultaneously *layered* to make my nose sensitive to differences, namely to be moved into action by the contrast between two entities” (Latour 2004:209).

Finding your own clown takes a long time. However, during this process, the trainee clown is not thrown back on herself, or on what we could erroneously take for a ‘pure core,’ an ‘unspoiled state’ that is hiding somewhere deep ‘inside.’ A multifaceted clown is articulated in relation to an equally differentiated outside world, like two sides of the same coin. Finding the clown in *yourself* means learning to be carried away by elements *other* than yourself.

An articulate subject is someone who learns to be affected by others—not by itself . . . —a subject only becomes interesting, deep, profound, worthwhile when it resonates with others, is effected, moved, put into motion by new entities whose differences are registered in new and unexpected ways. Articulation [means] . . . being affected by differences. (Latour 2004:210)

There is nothing hidden in the miMakker’s play. Her character is on the surface. Under the sensitive surface, however, where the world of the other person knows how to touch the clown, there’s a *layered* body.

### MOVING EXISTENCE

The clown’s body is a precision tool that is slowly acquired and in need of continuous calibration—by emptying and grounding oneself, warding off cognitively charged ways of being, adopting the stance of the other. Yet, one might counter, aren’t we focusing too exclusively on the clown and what she assembles in her clown kit, rather than on how her articulation might benefit the residents? Surely, the point of clowning in dementia care cannot be discovering oneself as a clown!?

To better appreciate our focus on the making of the clown, it is essential to see that a clown’s body is both an instrument and itself a (relational) effect. The clown’s body is prepared to become susceptible *to* others and articulated *by* others. It is inviting residents to occupy it and leave their traces as well as the provisional result of *being* affected by them. Applying Despret’s (2004:116) phrasing to clowning, miMakkers learn to abandon their old habits and adopt the ways of the other, because the other “has made them move otherwise, he changed the habits of their bodies and made them talk another language. He taught them how to be affected differently in order to affect differently.”

Although one would expect it to be the clown’s role to support the person with dementia, the latter teaches the clown to become sensitive and respond to the resident’s body, as much as the other way around. Watching the articulation of a miMakker is tantamount to watching the performance of others who make a difference to the clown, and vice versa. That is, if they manage to establish mutual rapport.

We should not be overly optimistic in this regard. Quite often neither clown nor resident seem to be able to make a move. People with advanced dementia, in particular, are sometimes very still, deeply submerged. Their body is still there, but its dull presence contrasts hugely with the sensitized body of the clown, which is fully equipped to receive new ‘tingles.’ This resident’s body seems inaccessible, unchanging and remains—even though it may be restless and continually moving in a mechanic sense—apparently unmoved by the world around, as much as it is leaving its surroundings indifferent. What can the clown mean to someone like this? Let us return to practice for an answer. Time to put the noses back on.

Take Mrs. Janssen, whom I met during my on-the-job training, although ‘meet’ overstates how we interacted initially. A massive wall of incomprehensible, repetitive language had been built around her. “First white then grey then yes white grey yes, white grey yes yes” penetrated the room. What was she trying to say? Wrong, I had learned in the meantime. I should try to go along with the cadence or the emotion of her voice, which can be experienced in the layer of feeling that is not connected to the content of what she says (cf. Pols 1992; Taylor 2010). “That’s the secret,” my teachers had taught me. “Feel together with her where she is and where you are too. From there something will happen.”

In this case absolutely nothing happened. Mrs. Janssen seemed to be utterly unaware of my presence and remained seemingly indifferent to my attempts to adopt her attitude, let alone my efforts to try to understand what she was talking about. To “get a reaction” of someone like her harmonizing is not enough. In order to appeal to this person’s latent capacity to acquire a sensitive body and to affect others herself, the clown has to find a new balance, as the miMakkus clown and trainer Titia Brassé explains, “between keeping it very small and daring to make it bigger.” For, while it is true that the miMakker has to start by going *along* with the other, she must also give the other person the opportunity to *differ* from the clown. The clown has to create contrasts, says Rauh, who is tough in his appraisal of his somewhat pallid trainees:

Lesson 13, ‘Dilemmas,’ June 25, 2008

JR: A clown must be anything but grey. . . . Grey is nothing. Then [as a resident] I turn off. The big differences are important. It’s too grey, too virtuous; you’re really nice but . . . it’s not exciting. Be bolder!

With Mrs. Janssen, I could perhaps have started crying or, if I would had the nerve, displayed another hugely exaggerated clown emotion. It is impossible to predict which mediation would generate the most lively impressions in her and which, on the other hand, would give her a chance to *surprise* the clown. Finding out which conditions are the most “*generous*” for the articulation of the person with dementia is always (again) a matter of tuning in to the specifics of what’s happening, of *this* clown searching for what interests *this* resident in *this* situation (cf. Gomart 1999:267).

My halfhearted attempts to breathe new life into my contact with Mrs. Janssen got nowhere initially. Was she then really what we imagine when we think of people with dementia as the ‘living dead’ (Aquilina and Hughes 2006)? It was not that Mrs. Janssen had no voice. She most certainly did, and it was loud and clear. But her body was beyond reach, so it appeared, and it remained unmoved after any and every external stimulus. She kept on repeating no matter what I tried. As a subject, she remained *unarticulated*—“someone who whatever the other says or acts always feels, acts and says the same thing” (Latour 2004:210).

The fact that Mrs. Janssen remained unreachable was of course connected to her deep state of dementia. Yet a relational perspective on identity also calls for environmental factors to be looked at. The fact that she remained fixed and unmoving was not solely because of her limitations. It was because of mine, too. If nothing happens that *interests* the other person, all you can expect is withdrawal and a dull repetition of moves. One of the reasons she stayed unaffected was that *I* was too wooden and grey.

Until the last day of my on-the-job training. Spurred on by the look on my coach’s face and a fellow miMakker, I dared to go further than all the previous times. I came much closer to

Mrs. Janssen than I had done before. (Until then, I must admit, her massive, wall-like presence had been somewhat frightening). Finally my face was about eight inches from hers.

Op de Berg, March 18, 2009

I was fully focused. Nevertheless I was taken completely by surprise by her kiss on my cheek. And again. And again. Her voice quieted, the talking stopped. Everything about her seems to be in attentive expectation of what's going to happen next. I answered her by getting even closer to her and stroking her arm. I was given lots more kisses, but what moved me more than anything was the complete tranquility that came over her.

In order to be able to make a difference for Mrs. Janssen, to give all the chances to *her* (perhaps for the first time in days, weeks or even longer) to acquire a sensitive body like anybody else, I needed to use the solution, as my coach had it, that was “there for the taking.” I had to get closer, stick my neck out, become vulnerable, thus giving her an opportunity to surprise. Mrs. Janssen saw a nice young man within kissing distance, and acted. That simple event was the seal on a process of reciprocal articulation, in which the clown and the person with dementia support *each other's* sensitivity to and connection with the world and each other.

## CONCLUSION

The miMakkus clown may be seen as a visitor who, in her own words, brings pleasure and peace to the ward by making ‘contact from heart to heart,’ which is also where miMakkers themselves trust their work to be meaningful. From a health care perspective, she may be deemed to apply ‘humor and laughter therapy,’ of which the beneficial effects on residents’ health and well-being may be evaluated in qualitative and/or quantitative research. Cast in the subversive role of the court jester, miMakkers may be believed to parody the mind—or rather *body*-numbing logic of institutional routines—and expose patterns of social exclusion and stigmatization of people with dementia.

The point of miMakkus clowning, however, may also be framed in a context of discussions about personhood and dementia. It is at a crossroads of their embodied and relational identities, I argue, that the contact between the miMakkus clown and the resident can fruitfully be conceptualized, as *that* is what the survival of the self of the person living with dementia depends on.

Elder clowning, as conceptualized here, extends current thinking on embodiment and relational identity in dementia. The potential of the body to become engaged in sensory conversations with other entities, as proposed by Vinciane Despret, brings to mind Merleau-Ponty’s notion of the body that is itself intentional by being directed at the world, without requiring reflective understanding. Pia Kontos (2004) used the latter as an alternative to accounts that while reducing the self to mind posit a “fundamental *passivity* of the body” (830). Corporeality, she countered, is an “active foundation of the meaning that sustains selfhood” (837). Her understanding of the body as a “source of agency” (Kontos 2003:159), however, tends to overlook the creativity that goes into allowing the body to be receptive and sensitive rather than expressive and active. Articulation of the person with dementia, I suggest, relies for a significant part on (triggering) a person’s latent capacity to *be moved*, to acquire a body that learns to *be affected*.

Drawing on Bourdieu's concept of habitus, Kontos added a crucial socio-cultural dimension to the concept of embodiment. Selfhood "emanates from the body's power of natural expression," she argued, but it must also be located in "socially and culturally acquired behavioural propensities" (Kontos 2004:837). Selfhood, both of natural and social origin, then, is supposed to reside in the body of a *person herself*. Accordingly, practitioners in person-centered care are called to attend and respond to a person's bodily expressions of selfhood (Kontos 2005:564). I suggest that we look for the self not only in the individual, however, but also in the bodies of those around her, whom the person with dementia helped to articulate, by *making a difference* to them.

Kontos' keen eye for acquired dispositions, although allowing for spontaneity and innovation, in the first place urges care workers to respect the body of a person with dementia as a stock of *previous* socialization and to sustain the socio-cultural *memory* of the embodied self. My analysis primarily attends to sensory conversations in the here and now. A clown's layered body, in particular, is prone to the other's way of being. Her body is an interface inscribed by those it comes across, who leave their imprint on its sensitive surface. In that sense, the miMakker's body is not only an instrument but also a repository of mostly silent conversations with people with dementia, that in order to be voiced and made heard, is worth careful reading and description.

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### NOTES

1. This observation stems from fieldwork for the interdisciplinary research-project 'Beyond Autonomy and Language.' The names of residents, clowns, and institutions have been changed for privacy reasons; the names of the teachers are authentic.
2. But see: Miller Van Blerkom (1995), Simonds and Warren (2004), and Dean and Gregory (2004) for some interesting exceptions.
3. See <http://www.dementia.unsw.edu.au/DCRCweb.nsf/page/SMILE+STUDY>.
4. The full research project includes fieldwork with five miMakkers and a series of observations during on-the-job training sessions. Prior permissions were obtained for this research from the care homes' institutional boards, the miMakkus Trust, the teachers, and miMakkers involved.

5. As Anderson and Austin (2011:2–3) remarked, however, “The distinction between ‘evocative’ and ‘analytical’ auto-ethnographies is often blurred and can easily deflect attention from what both forms of auto-ethnography share in common: a methodological and representational commitment to reflexively engaging the researcher’s self as integral to the ethnographical enterprise.” This blurring is also apparent in the combination of more analytical and colloquial tones of voice in my writing.

6. Asking someone with advanced dementia about their experience is not really possible. Mindful of the politics of knowledge of disability studies (Davis 1997; Kool 2008), it is essential that a researcher is part of the relations in which the voice of people with dementia may come to expression (Pols 2004).

7. See [www.mimakkus.nl](http://www.mimakkus.nl) and various internal Trust memos.

8. In view of the gender ratio I use the feminine form to refer to miMakkers; I have used he/his/him where it is more appropriate (e.g., where it concerns my own experiences).

9. The quote and ice metaphor are from Anthony Mertens (1994:27) reflecting on work of the writer and essayist J. Bernlef (1989a and 1989b).

10. Unless stated otherwise, italics in quotes are in the original.

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