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J Holist Nurs published online 4 December 2013
DOI: 10.1177/0898010113513511

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jhn
Journal of Holistic Nursing
American Holistic Nurses Association
Volume XX Number X
Month XXXX xx-xx
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10.1177/0898010113513511
http://jhn.sagepub.com

Humor in the "Twilight Zone"

My Work as a Medical Clown With Patients With Dementia

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Medical clowning has been primarily identified with working with children in pediatrics wards in hospitals. Over the past decade, more and more medical clowns have been working with adults and with patients with dementia as part of holistic care. Along with traditional medical care by hospital staff, the medical clown treats the patient's emotional side. Furthermore, medical clowning has unique advantages in working with patients with dementia. Several studies have shown that humor assists in improving the quality of life of patients with dementia. The clown, as the ultimate comic figure, creates interactions with patients based on humor, which empowers, calms, and strengthens the patient while reinforcing the patient's connection with the surroundings. Medical clowning is an interdisciplinary therapeutic art, and the medical clown has a "kit" of multiple skills (including humor, drama, music, and dance), all of which have a beneficial, therapeutic impact on patients. The current article presents and analyzes case studies from my work as a medical clown with patients with dementia.

Keywords: *dementia; medical clowning; humor; agitation; music; dance; interdisciplinary expressive therapies*

Introduction

The film *Patch Adams* (1999) brought the relatively young therapeutic field of medical clowning to the attention of the public. Robin Williams portrays Adams as a young medical student coming into direct conflict with his teachers over his desire to form a personal connection and humorous interaction with patients of all ages. In actual practice, the first program of medical clowning in a public hospital began in 1986 in the Babies and Children's Hospital of New York (Citron, 2011).

Nearly three decades have passed since that time, but the vast majority of medical clowns still work with children in the pediatric wards. Medical clowns assist in reducing anxieties among hospitalized children, both in their rooms on the ward and during medical procedures taking place in the treatment rooms (Golan, Tighe, Dobija, Perel, & Keidan, 2009; Hanson, Kibaek, Martinussen, Kraght, & Hejl, 2011; Raviv, 2012; Tener, Lev-Wiesel, Franco, & Ofir, 2010; Vagnoli, Caprilli, Robiglio, & Messeri, 2005).

In recent years, the number of medical clowns working with adults in the various hospital wards has increased. In the oncology and dialysis wards, clowns are succeeding in lessening anxieties and empowering patients through their humoristic interactions with the patients and ward staff (Nuttman-Shwartz, Scheyer, & Tzioni, 2010).

Clowns reduce fears, concerns, and anxieties in the departments for treatment of fertility problems, thus assisting a greater number of women in becoming pregnant (Friedler et al., 2011). More clowns

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have been working with patients with dementia, most of them elderly, with considerable success (Hendriks, 2012).

Medical clowning with older patients with dementia differs from any other type of clowning because dementia attacks the human consciousness. What does the patient with dementia feel, and how is it possible to alleviate the emotional aspects of the situation? Jacques and Jackson (2000) have stated that it is an error to think about the experience of dementia as the patient feeling imprisoned inside one's own head without the capacities of memory or proper self-expression. It is incorrect to think of dementia as regression to a state of infancy; it is rather an experience of a fragmented world. Sometimes the visions and sensations the patient feels lack meaning for him or her. The authors claim that patients who are not seriously cognitively challenged can often express their feelings, as compared to those in a serious state of dementia who have no awareness of the environs or of their condition.

Taking the opposite view, Violets (2000) states that the experience of the patient with dementia is the feeling of being imprisoned inside one's head, longing for the freedom that lies in clarity of thought. Perhaps both are correct regarding different people who experience the illness differently, since the experience is individual and dependent on the patient's personality and the severity of the illness (Kitwood, 1997).

Although the experience of dementia is not clear, its name clearly illustrates the way in which the society referred to those with the illness in the past. The source of the English word *dementia* is from the Latin *de*, meaning without, outside of, or negation of *mens*, or the mind, that is, someone "out of his or her mind," or a "mindless" person. The carnival clown has similarly been called "mindless" (Fiske, 1989).

Patients see the medical clown as not being part of the hospital "system" and do not consider the medical clown as a member of the medical staff. Consequently, patients feel that the clown is their ally vis-à-vis the medical "establishment" (Pendzik & Raviv, 2011; Tener et al., 2010). This characteristic enables a unique interaction with older patients with dementia. Because the medical clown is not perceived by the patients as part of the caregiving staff, a unique humorous interaction is possible with the clown, which makes the patient feel better. Patients are helped by humor to form a connection with others, and the very fact of having a bond affects positively on their quality of life (Basting, 2001).

Many patients with dementia (in the early stages) understand that their condition will deteriorate in the future, and they strive to preserve their identity (Harman, 2006). Losing one's cognitive capacities causes fear, anxiety, disappointment, and lack of security. The interaction with the clown is free of any cognitive effort and improves the patient's feeling, since shared humor preserves the patient's sensation of quality of life (Buffum & Brod, 1998). The medical clown adapts himself or herself to the patient's fragmented world; for clown and patient, the dementia is not an obstacle to interaction but an opportunity to communicate. The medical clown connects to the imaginary or imagined world of the patient, who often experiences imagination as reality.

Following are four case studies from my work as a medical clown with patients with dementia in which I describe the advantages of the unique clown–patient interaction in improving the feeling and quality of life of patients with dementia.

The Line

One morning as I entered the ward where I worked as a medical clown (Harzfeld Hospital, Gedera, Israel), one of the older women patients named Dina (a pseudonym, as are all of the names in this article) was sitting in the lobby, crying. She complained that she had lost her number for the line. Of course, this had no connection with reality, since there was no queue on the ward except in her imagination. The nurses scolded her for complaining, which seemed to me to add to her distress. I was very interested and extremely curious to know what the line was for (her answer was unclear). I then drew the number "1" on a sheet of paper and gave it to her. Dina stopped crying and thanked me, smiling. From this opening point, an interaction began that took place on the "line" waiting for something unclear, but the lack of clarity did not prevent the gift from being very "realistic" for both of us. I invented a story that I peopled with improvised characters who conducted a conversation with me and with Dina.

For patients with dementia, storytelling facilitates a release from "correct" or "incorrect" answers. The stories between imagination and memory created together with patients are therapeutic, reflecting their longing for freedom and for acceptance

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from those surrounding them (Basting, 2001). The characters that arose in the story created in collaboration with Dina included her brother and his daughter, who seldom visit her. Dina expressed her yearning for the relatives who appeared in her story. The plot moved between Dina's need to wait on line for members of the medical staff and her longing for her family. For Dina, the story facilitated the expression of emotions and provided an emotional release.

The Dance Party

Daphne, age 85, greets me with a huge smile nearly every time I visit. Most of the time, she sits on her wheelchair in the ward lobby, speaking aloud—but it is hard to tell whether she is speaking to herself or to an elderly man sitting nearby. She tells me, "It's so good you arrived, because they're all here already." "Where is 'there'?" I ask her, ready and willing to jump into her imaginary world. It seems that the question surprised her, and she has to attempt to remember. She scrabbled around in her memory, and said that they all went out dancing (while looking at me with a lack of confidence about her response). "Of course," I responded, "but we must practice our waltz so that we'll be the best dancers at the party." I began to waltz with Daphne while counting our steps out loud—"One, two, three, one, two, three." She looked at me with an amused look and said, "Lovely, very good." "Am I doing OK?" I asked her. "Yes, of course," she responded, "but let's go."

I took out my little tape recorder from my pocket and turned it on. The sounds of the *Libertango* by Astor Piazzolla filled the space of the lobby, while in grotesque, overexaggerated movements, I invited Daphne to dance with me. "All right," she said, and turned to the elderly man near her (who was sunken into his own world), while turning to me as if unfolding a deep dark secret, "He's courting me," staring directly into my eyes with a smile. I gently grasped her hand while with my other hand grabbed the wheelchair's attached tray, and thus we danced in the lobby. I counted out our steps, and drew the wheelchair after me according to the beat, while Daphne was laughing and humming the *Libertango*.

In the right kind of interaction, the medical clown seeks the pathway to connect to the world of feelings of the patient with dementia instead of bringing a preconceived "work plan" to their encounter. One of the medical clown's advantages in working with patients is the varied range of artistic skills (Pendzik & Raviv, 2011). The clown does not come to work as a specific therapist specializing in a specific art field to employ under any and all circumstances, even when the encounter with the patient offers additional and other possibilities. The clown is an interdisciplinary artist. The traditional circus clown is a performer with various skills (acrobatics, horseback riding, juggling, and more) that the clown uses in a silly way and who usually succeeds, "by a miracle," to audience applause.

The subject of dance was brought up in this case by the patient herself, and so it required a "clownish" response. Dancing with patients (even in this case when the patient was in a wheelchair and her participation mainly involved hand movements) has a positive impact. Dance and movement in the space calm down patients' stormy emotions (Duigman, Hedley, & Milverton, 2009; Sung, Chang, Lee, & Lee, 2006). Dance creates a positive arousal of the emotions among patients with dementia, with positive social significance (Palo-Bengtsson & Ekman, 2000). Daphne felt "courted" and also expressed this when she turned to other patients. The dance created a feeling of happiness and overall interest among the patients who looked on, and I quickly danced in the same way with patients and others who watched our goings-on.

The Singer

Diana had been on the ward for several long months. Like Daphne, most of the time she did not know exactly where she was, and her blindness, coupled with her dementia, intensified her distress. Her typical location was in a wheelchair in the ward lobby, sometimes quietly staring but at most other times crying, yelling, and calling for the nurse. I habitually sat down next to her, and although she was blind, she would identify me by my voice and immediately calm down and smile. We had a regular ritual: I would make a loud announcement to all those sitting in the lobby, "Ladies and gentlemen! Welcome the famous singer from Spring Street in Kiryat, Shmona," and Diana would shyly smile. Diana, who was born in India, loved to sing songs from her birthplace. Despite her memory playing deceiving her, and often not being able to remember the names of all of her children and grandchildren, she remembered many songs, and loved to sing them.

Our ritual solidified during the weeks and months she was hospitalized. After my announcement about

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the “renowned singer who arrived from the north,” Diana would always ask me what to sing, and I would always suggest the famous Indian song, “Ichikedana bichikedana.” She would begin to sing in a beautiful, clear voice with a big smile on her face. When she finished singing, I would applause enthusiastically and signal the nurses who were around to clap. Several other patients would join the applause, and Diana seemed happy. The patter between the songs included imaginary stories about the famous singer Diana who arrived from Hollywood today and next week would perform in London and Mumbai. A few days before she died, I arrived at the ward and found her in her chair. “I have no strength to sing today,” she stated, “I have no air.” “No worries,” I responded, “just sing in a whisper.” Diana sang in a whisper with her huge smile . . . and that’s how I remember her.

Clair (2000) states that singing facilitates solace for patients with dementia, a consolation in a world that is impossible to understand. Song provides emotional consolation without the need for complicated cognitive processes, and alleviates distress, without any connection to vocal quality. Singing also enables the practice of breathing, which is beneficial to the patient; lifts the mood; and creates an experience of normality and better self-image. Song creates human contact with others, which is the contact of emotional intimacy.

Diana was comforted by her singing. While singing, she looked calmer, and the agitation that gripped her during most of her waking hours subsided. Many cases point out that music has a beneficial effect on the emotional storms of patients with dementia (Ballard, O’Brien, James, & Swann, 2001; Clark, Lipe, & Bilbrey, 1998; Kroger, Chapin, & Brotons, 1999; Sung et al., 2006; Vink, 2000; Wall & Duffy, 2010). Singing was Diana’s refuge as a normal experience, and she very much enjoyed the attention she received when I announced her as the “famous singer,” and when the audience around her (nurses and sometimes other patients) applauded, this contributed to her positive feeling and self-image. Several other patients joined in her song, and their singing together reinforced the social bond and feeling of sharing.

Mixed-Up Michael

Michael, 88 years old, had been hospitalized for several months on the ward, and his cognitive state was deteriorating. He never remembered which room or which bed was his, and most of the time he would simply slowly walk into the nearest room and lie down in someone else’s bed, often putting on eyeglasses that did not belong to him. Each time I saw him, I would call out to him loudly asking him how he was, and Michael would answer me in a loud voice saying that his health was excellent. In his youth, he served as Deputy Mayor of his city, could speak seven languages, and was an accountant by profession.

In the early days of our acquaintance, we would dance together to the sounds of Turkish songs he loved. He also loved jokes, so I would tell him joke after joke, one leading to another, and he would always ask for “just one more.” But when his condition began to deteriorate, he no longer remembered the jokes I told him in the past. Now I had no need to think up new jokes, since he would laugh at jokes he had heard in the past as if he were hearing them for the first time. He would sit on a chair, staring ahead and looking confused, but when he saw me he would gesture weakly with his hand, as if to say that everything in this world is transient and we are guests here for a short time only. I would mirror his gesture in response, and we would exchange smiles. Later, he would make a sign to me to come closer and tell him some jokes.

Due to the deterioration in cognitive function, humor, laughter, and smiles are important elements in communication with patients with dementia, helping them connect with their environment and improve their overall feeling (Takeda et al., 2010). For Michael, the jokes were a kind of bridge over the abyss opened up by his illness. Our interaction was based mainly on the jokes I told him. The more time passed, and his condition deteriorated, the fewer jokes he remembered of the ones I told him in the past, and perhaps he no longer understood them. Nevertheless, Michael held on to the format of interpersonal communication called “jokes,” as if they were a life preserver. The jokes were a means to communicate with the world through me, and this connection improved his mood. The jokes themselves at this stage of his mental deterioration had no meaning; the meaning lay in the connection we formed through them—the human connection between the medical clown and the patient with dementia in an isolated state due to his illness.

Discussion

The positive impact of medical clowning on patients with dementia is known (Hendriks, 2012;

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Spitzer, 2006, 2011; Warren, 2009), but it is still not recognized widely. Medical clowning has been associated in the past mainly as work with hospitalized children and much less frequently as working with older people with dementia. Medical clowning can be an important addition to the care protocol for patients with dementia within a holistic approach whose stated goal is caring for the patient's physical and emotional aspects.

Medical clowning is an effective therapy in working with patients with dementia because it is an interdisciplinary expressive therapy by its very nature, integrating several skills such as drama, music, and dance, while conducting a humorous interaction. Each of these arts has a beneficial therapeutic effect on patients with dementia. The medical clown is a skilled improviser with the capacity to respond to the authentic, immediate need arising from any patient in any given situation.

The clown's capabilities and skills, together with the humor and fantasy that are integral to the clownish image and language, are what enable the unique interaction with so many possibilities and that is so beneficial in working with patients with dementia. The use of humor improves the quality of life for patients with dementia, dissipates tensions and calms down agitated emotions, and improves patients' social bonds (Buckwalter et al., 1995; Buffum & Brod, 1998; McFadden, 2004; Saunders, 1998; Stevens, 2012).

The clown is the ultimate comic figure, the archetypical figure of the world of imagination and humor; as an archetype, the medical clown expresses the energetic polarities of seriousness and lack of seriousness, order and disorder (Bala, 2010), thus reflecting the internal tensions of the patient with dementia and assisting the patient, with the help of humor, self-expression, and therapy. Working with adults and with patients with dementia should be medical clowning's future mission. Realization of the full potential of medical clowning will bring about improved quality of life of many patients.

References

Bala, M. (2010). The clown: An archetypal self-journey. *Jung Journal: Culture & Psyche, 4*, 50-71.

Ballard, C. G., O'Brien, J., James, I., & Swann, A. (2001). *Dementia: Management of behavioral and psychological symptoms*. Oxford, England: Oxford University Press.

Basting, A. D. (2001). "God is a talking horse": Dementia and the performance of self. *The Drama Review, 45*(3), 78-94.

Buckwalter, K. C., Gerdner, L. A., Hall, G. R., Stolley, J. M., Kudart, P., & Ridgeway, S. (1995). Shining through: The humor and individuality of persons with Alzheimer's disease. *Journal of Gerontological Nursing, 21*(3), 11-6.

Buffum, M. D., & Brod, M. (1998). Humor and well-being in spouse caregivers of patients with Alzheimer's disease. *Applied Nursing Research, 11*, 12-18.

Citron, A. (2011). Medical clowning and performance theory. In J. Harding & C. Rosenthal (Eds.), *The rise of performance studies: Rethinking Richard Schechner's broad spectrum* (pp. 248-263). London, England: Palgrave Macmillan.

Clair, A. A. (2000). The importance of singing with elderly patients. In D. Aldridge (Ed.), *Music therapy in dementia care* (pp. 81-101). London, England: Jessica Kingsley.

Clark, M. E., Lipe, A. W., & Bilbrey, M. (1998). Use of music to decrease aggressive behaviors in people with dementia. *Journal of Gerontological Nursing, 27*(7), 10-17.

Duigman, D., Hedley, L., & Milverton, R. (2009). Exploring dance as a therapy for symptoms and social interaction in dementia. *Nursing Times, 105*(30), 19-22.

Fiske, J. (1989). *Offensive bodies and carnival pleasures*. London, England: Routledge.

Friedler, S., Glasser, S., Azani, L., Freedman, L. S., Raziel, A., Strassburger, D., . . . Lerner-Geva, L. (2011). The effect of medical clowning on pregnancy rates after in vitro fertilization and embryo transfer (IVF-ET). *Fertility and Sterility, 95*, 2127-2130. doi:10.1016/j.fertnstert.2010.12.016

Golan, G., Tighe, P., Dobija, N., Perel, A., & Keidan, I. (2009) Clowns for the prevention of preoperative anxiety in children: A randomized controlled trial. *Pediatric Anesthesia, 19*, 262-266.

Hanson L. K., Kibaek, M., Martinussen, T., Kraght, L., & Hejl, M. (2011). Effect of a clown's presence at botulinum toxin injections in children: A randomized prospective study. *Journal of Pain Research, 4*, 297-300.

Harman, G. (2006). Illness representations and lived experience in early-stage dementia. *Qualitative Health Research, 16*, 484-502.

Hendriks, R. (2012). Tackling indifference—Clowning, dementia, and the articulation of a sensitive body. *Medical Anthropology: Cross-Cultural Studies in Health and Illness, 31*, 459-476.

Jacques, A., & Jackson, G. (2000). *Understanding dementia*. New York, NY: Churchill Livingstone.

Kitwood, T. (1997). The experience of dementia. *Aging & Mental Health, 1*, 13-22.

Kroger, S. M., Chapin, K., & Brotons, M. (1999). Is music therapy an effective intervention for dementia? A meta-analytic review of literature. *Journal of Music Therapy, 36*, 2-15.

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McFadden, S. H. (2004). The paradoxes of humor and the burdens of despair. *Journal of Religious Gerontology, 16*(3-4), 13-27.

Nuttman-Shwartz, O., Scheyer, R., & Tzioni, H. (2010). Medical clowning: Even adults deserve a dream. *Social Work in Health Care, 49*, 581-598.

Palo-Bengtsson, L., & Ekman, S. L. (2000). Dance events as a caregiver intervention for people with dementia. *Nursing Inquiry, 7*, 156-165.

Pendzik, S., & Raviv, A. (2011). Therapeutic clowning and drama therapy: A family resemblance. *The Arts in Psychotherapy,* 38, 267-275.

Raviv, A. (2012). Still the best medicine even in a war zone: My work as a medical clown. *The Drama Review,* 56(4), 169-177.

Saunders, P. (1998). "You're out of your mind!" Humor as a face-saving strategy during neuropsychological examinations. *Health Communication, 10*, 357-372.

Spitzer, P. (2006). LaughterBoss: The court jest. In A. D. Litvack (Ed.), *Making sense of stress, humor and healing* (pp. 83-85). Oxford, England: Inter-Disciplinary Press.

Spitzer, P. (2011). The LaughterBoss. In L. Hilary & T. Adams (Eds.), *Creative approaches in dementia care* (pp. 32-53). New York, NY: Palgrave Macmillan.

Stevens, J. (2012). Stand up for dementia: Performance, improvisation and stand up comedy as therapy for people with dementia—A qualitative study. *Dementia, 11*, 61-73.

Sung, H. C., Chang, S., Lee, W., & Lee, M. (2006). The effects of group music with movement intervention on agitated behaviors of institutionalized elders with dementia in Taiwan. *Complementary Therapies in Medicine, 14*, 113-119.

Takeda, M., Hashimoto, R., Kudo, T., Okochi, M., Tagami, S., Morihara, T., & Sadick, G. (2010). Laughter and humor as complementary and alternative medicines for dementia patients. *BMC Complementary and Alternative Medicine, 2010*(10), 28. Retrieved from http://www.biomedcentral.com/1472-6882/10/28

Tener, D., Lev-Wiesel, R., Franco, N. L., & Ofir, S. (2010) Laughing through this pain: Medical clowning during examination of sexually abused children—An innovative approach. *Journal of Child Sexual Abuse, 19*, 128-140.

Vagnoli, L., Caprilli, S., Robiglio, A., & Messeri, A. (2005). Clown doctors as a treatment for preoperative anxiety in children: A randomized, prospective study. *Pediatrics, 116*, 563-567.

Vink, A. (2000). The problem of agitation in elderly people and the potential benefit of music therapy. In D. Aldridge (Ed.), Music therapy in dementia care: More new voices (pp. 102-118). London, England: Jessica Kingsley.

Violets, M. (2000). "We'll survive": An experiential view of dance movement therapy for people with dementia. In D. Aldridge (Ed.), Music therapy in dementia care: More new voices (pp. 212-228). London, England: Jessica Kingsley.

Wall, M., & Duffy, A. (2010). The effects of music therapy for older people with dementia: A literature review. *British Journal of Nursing, 19*(9), 108-113.

Warren, B. (2009). Spreading sunshine down memory lane: How clowns working in healthcare help promote recovery and rekindle memories. In N. T. Baum (Ed.), *Come to your senses: Creating supportive environments to nurture the sensory capital within* (pp. 37-44). Toronto, Ontario, Canada: MukiBaum.

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