Over the past 30 years, there has been a plentitude of research into the health benefits of humor and laughter for healthy, sick, or depressed adults and children as well as for senior citizens. Medical research supports our human instinct that people who smile and laugh are happy, whereas those who are inexpressive are usually not happy. Research shows that humor stimulus results in mirth, which elicits a primarily emotional response with psychological effects, and laughter, which elicits a physical response with physiological effects. The many physiological benefits of laughter in older adults have been clearly demonstrated. Yet much of the medical research is based on experiments using funny videos and cartoons for humor sessions. I argue that "clowning around" with elderly people brings greater benefits than laughter alone. These benefits are clearly evident, though they may not be scientifically measurable: When the game is rooted in the patient's own imagination, thereby giving agency to a powerless individual, it is many times more personal and transformative. In this article, I focus on my experiences with older adults while working with Clowns Without Borders and Risaterapia as well as on my own relationship with my grandfather. I provide a framework for why humanitarian clowning and the principles behind it can be incredibly well suited for working with the elderly.

Keywords: humanitarian clowning; hospital clowning; psychological effects of laughter; physiological effects of laughter; Parkinson's disease

Infinite Possibility: Clowning With Elderly People

Selena Clare McMahan, AB

One day, only 2 months after my grandmother had died, my grandfather fell down the stairs and fractured his hip. He was hospitalized and given a partial hip replacement. During his time in the hospital, as a response to his painkillers and the sterile and disorienting environment around him, he became delusional. He flirted with the nurses, had fantastical hallucinations of children walking around his room, and made hilarious non sequitur jokes. My mother and I would visit him together. We tried hard to ground him to reality, but it was difficult for the two of us not to get swept away into his fantastical world: Sometimes we couldn't help laughing and making a joke of our own; other times we simply couldn't stop our intrigue and asked him questions about his fantasies, thereby fleshing them out further; and occasionally we ourselves started to wonder if some of the fantasy might not be the reality.

When my grandfather came out of the hospital, he very quickly returned to the steady, dry-witted mensch we all knew. My grandfather was an overly reasonable man who felt he had underachieved in his own life. As his only grandchild, I was his great hope, and he wanted me to go to Yale University to study law or medicine. He read *Consumer Reports* religiously and hoped I would have a financial mind. When, in high school, I started putting my energy into theater and dance instead of history and math, he was sorely disappointed. When I decided to go to Bowdoin College and sabotaged my Yale application, he was devastated. Although we never lost sight of the love between us, we had some very heated conversations.

Three years after his hip replacement and brief delusional episode, my grandfather developed Parkinson's disease. As his short-term memory began to fail, he became increasingly paranoid and lost track of his own surroundings. My entire family struggled to make sense of his dementia. Some days he was his same old self, but other days he was an innocent and totally lost old man struggling to hold on to his life. When he was lost, he would lose sight completely of what he was trying to say; conversation threads wandered all over the place, and he often thought that he had moved apartments and that the new apartment was made to look deceptively similar to his old one, only it was all a trick. He thought that when my uncle came to help with his finances, he was stealing money. While my uncle focused on managing my grandfather's finances and health, my mother and I focused on his spirit, trying to keep him interested in his life. We told him about what was happening in our lives and encouraged him to read and listen to music. In some ways the most disconcerting thing for me was that I could have a totally normal conversation with him, he would be completely with it and involved, but by the next day he wouldn't remember any of it. He adored our visits but quickly forgot that we had come at all.

As my grandfather's Parkinson's developed, I began to study clowning. I studied theatrical clowning (as opposed to circus clowning), focusing on the clown as an honest, absurd, and open manifestation of myself. Clown theater is like drama only there is no fourth wall; clowns always maintain contact and conversation with their audience. Although clowns may have some kind of script that they follow, their performance is always open to improvisation. Clowns need to be listening, watching, aware, and in the moment so that they can respond to their audience and all the surprises that unfold during the show (Figure 1).

I studied with John Turner, a Canadian clown who teaches Pochinko Technique, a mix of European and Native American clown creation where your clown, like yourself, is a sphere of infinite

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Figure 1. "Curtain call." Project Njabulo with Clowns Without Borders, Kwa-Zulu Natal, South Africa, September 2005. Photograph by Ellen van den Bouwhuysen.

possibility. In Pochinko technique, you explore your clown by making six masks that represent six different directions of your sphere of possibility: north, south, west, east, up, and down. The mask creation process is totally improvisational; you follow what first comes to your mind and heart. You create and explore these six very different masks of your clown, finding their bodies, movement, and voice—their characters. You create life experiences for each mask in ages of both innocence and experience (i.e., young and old). Finding six very distinct character reference points is the first step to finding the infinite possibilities that exist between them.

My masks all have very different personas and life experiences, not all of them silly. Two examples are: A young girl who for the first time finds a classmate who wants to play with her, and, delighted, they hold hands; the same girl as an old 90-year-old woman who has been left on top of a cliff by herself and is totally at peace with her life while she waits for howling wolves to come and eat her under a beautiful night sky; A young scared boy walking down the hallway to find that his mother has committed suicide in the bathtub; the same small boy is now grown up, ugly, and awkwardly ecstatic as he catches a fish in the river. Some of these masks have serious, even sad scenarios; a clown is not always silly. A clown can be sad or serious while maintaining contact and a shared experience with his or her audience. If a clown brings that sadness to an absurd level, it can be both poignant and hilarious.

Not only did my clown training give me a deep sense of the endless possibilities for my clown, but it also gave me a deep sense of the endless possibilities in my own everyday self. I knew about an organization called Clowns Without Borders, which brings joy and laughter to children in areas of crisis around the world. When I heard about the Thomas J. Watson Fellowship, a grant to do a year of practical research on a topic you are passionate about, I immediately knew that I would apply to delve into humanitarian clowning. I won the fellowship and began an intense exploration of hospital clowning, social circus, and humanitarian clowning around the world. I visited seven different hospital clowning organizations; visited and/or worked with eight different social circus organizations in southern Africa, Europe, and South and Central America; and spent 3 months with Clowns Without Borders in southern Africa. Since the end of my Watson Fellowship, I have continued to volunteer with Clowns Without Borders. I have learned so much from my work in humanitarian clowning that I can hardly begin to express it. I have worked mostly with children but also with parents, community members, hospital doctors and staff, and, on some occasions, elderly people. In this article, I focus on my experiences working with older adults and provide a framework for why humanitarian clowning and the principles behind it can be incredibly well suited for working with the elderly.

FICKSBURG, SOUTH AFRICA—CLOWNS WITHOUT BORDERS

In October 2006, I participated in the Clowns Without Borders—Project Njabulo expedition to Lesotho. We stayed in Ficksburg, a South African town very close to the Lesotho border, for 3 days. We were there to perform and teach workshops at orphanages and schools. Our contact did not have enough space to put us up and

Figure 2. "The soft shoe routine." Project Njabulo with Clowns Without Borders, Kwa-Zulu Natal, South Africa, September 2005. Photograph by Ellen van den Bouwhuysen.

arranged for us to stay at an old-age home where he himself volunteered. We arrived after dinner in time to do a performance for our new "housemates" (Figure 2).

Our performance at this old-age home was one of the most poignant I've ever done. We had gotten used to performing outdoors for large crowds of young, vibrant, black South African children; these children are the future of South Africa, and they exploded with laughter. Here we found ourselves in a low-ceilinged cafeteria performing for old Afrikaaners who would be living in this old-age home until they died; in so many ways, they represented the past of South Africa. For this performance, we had to tone down our energy: Our audience was smaller, closer to us, and frail. But the intimacy of the space and our heightened attention to our audience made our interchange incredibly alive. Our show had a housekeeping theme and included slapstick with cleaning instruments, a classic newspaper routine, a magic rag routine with a volunteer where the rag keeps disappearing and reappearing, a balloon routine that results in our accidentally popping the balloon and doing an absurdist funeral for it, and more.

The laughs were slow to come and less explosive, but they had a kind of a depth that the children's laughter never reached. Instead of a pure childish delight, it was a deep appreciation of all the jokes we were making. Clowns comment on human nature and an audience of 80-, 90-, and 100-year-olds certainly has had a lot of experience with human nature. When we had moments of audience interaction or brought audience members up on stage, they were some of our funniest volunteers, making their own oddball jokes on us (Figure 3).

We were stunned by how appreciated we felt. It seemed that in the old-age home, the patients were usually treated as though they were in decline, they were just killing time until they died, and they were almost invisible. When the four of us clowns arrived, we expected them to enjoy our show just like children would. We addressed them directly and paid attention to them. We also did slapstick in the hallways and played with our food at breakfast. Unlike most of the staff, we didn't expect them to be passive and unresponsive; we expected them to laugh. The entire home was filled with the threat of a looming death, but we paid attention to the life that was even more present. When the heavy atmosphere got to us, we were able to make jokes among ourselves about how we were sleeping in beds where people had recently died.

We also expected them to learn. Most of the individuals in the elderly home were White Afrikaaners, raised in an incredibly racist South Africa. We were en route to Lesotho, a very poor country entirely landlocked by South Africa. We were warned repeatedly by various patients at the old-age home not to go to Lesotho because it was dangerous. They were also concerned that we were working in poor Ficksburg townships. We responded with accounts of how welcomed we felt in the townships and with evidence that Lesotho is actually safer than South Africa because there is less racial tension and economic disparity. We expected them to continue learning in their old age from the examples we set forth with both our clowning and our progressive humanitarian views.

MEXICO CITY, MEXICO—RISATERAPIA

All the hospital clowning programs that I've visited and volunteered with focus on working with children. All the programs recognize

Figure 3. "Setting up for the show." Project Njabulo with Clowns Without Borders, Kwa-Zulu Natal, South Africa, September 2005. Photograph by Ellen van den Bouwhuysen.

that working with hospitalized children also means working with the world around them—their family members, their doctors, and the entire hospital staff—but the focus remains on the child.

There are many different styles of hospital clowning. The style that resounds most with me focuses on the improvisational game between the clowns and the hospitalized patient. The clowns are characters who jump into fantasy, dress silly, and have a different perception of the hospital world than the other staff members. The clowns' job is to share their perception of the hospital with those around them. Improvisational games are shaped to the needs and dreams of each individual child. Although they often bring puppets, jokes, music, toys, or tricks with them, clowns needs nothing more than their imagination to create a meaningful game with a child. Almost all the organizations I worked with stressed the fact that the hospital staff is there to treat the part of the patient that is sick; the clowns are the only workers in the hospital there to connect with the part of the patient that is healthy—their spirit and imagination. Even someone on the verge of death can still smile and make a joke. The clown speaks to that part of each person in the hospital setting.

When I was in Mexico City, I volunteered with Risaterapia, an incredible hospital clowning organization with more than 300 volunteers. Risaterapia's mission is to "increase happiness in people who find themselves in a vulnerable state, thereby improving their quality of life and helping them recover their health. Through this work we create conditions for societal wellbeing" (Risaterapia, 2008). Risaterapia works primarily in hospitals but also stages actions in the street, teaches workshops in communities, stages clown shows, and works in old-age homes. During my 2 months with Risaterapia, I had two experiences of clowning with elderly people, and I found both of them to be more difficult than any of my work with children.

Although my Spanish is quite good, I am a foreigner in Mexico. I have blond hair and blue eyes, and I dress differently. In the hospital, children usually ignored my differences. One boy still assumed I was Mexican even after my fellow clowns had made fun of my accent. What mattered to the kids was that I was different not because I was a foreigner but because I was a *clown.*

One day after visiting the children's wards in the hospital with a group of Risaterapia clowns, we realized that we had extra time and went (with hospital permission) to an adult ward. On our way in, we were greeted by visiting spouses who were very excited to see us and told us what bed their husband or wife was in to make sure we would go there; they had seen us in the hallways visiting the kids and were so excited to have their turn with us.

As one would say in Spanish, working with older adults in a hospital setting "cost me a lot of work." Children are eager to jump into the world of fantasy. Adults, on the other hand, often want to keep to reality and social norms. I was immediately struck by how many of the elderly people we visited wanted simply to chat, at which point they immediately wanted to know about my eyes, my accent, New York City, and so on. I found it difficult to stay in the world of clown when the focus was on *me.* However, a clown comes to a hospital to provide what the patient needs, and a clown has infinite possibilities. So there is no problem for a hospital clown to simply chitchat, talk about hospital food, sing a song, and maybe

do a little dance with a patient's visitor. During this visit, we did all of that and more. And though the rooms were not all filled with explosive laughter, we were clearly greatly appreciated and asked to come back many times over.

Through my experiences of hospital clowning with different groups, I've come to believe that one of the very most important benefits of hospital clowning is the control it gives to the patient. A sick child in a hospital is someone with no power—she is small, she is sick, people are doing things to her body, and she cannot leave or tell them to stop. A clown arrives, and suddenly there is someone in the hospital who will do what the child asks. The clown will leave if she tells it to. The clown responds to everything that she says and does. Often the child is given the high status in the interaction, and the clown magnifies that power relationship. A beautiful game I have seen a number of times is that of a child manipulating a clown by blowing it around the space or by slightly moving her fingers to indicate where the clown should go. The clown gets sent around the room, banging into walls, and flopping into people or floating like a feathered ballerina. This game is so simple and so effective: It immediately gives the child power while creating a very funny game.

An elderly person in a hospital or an old-age home is in an almost identical situation to that of a child in a hospital bed: He is physically trapped in an unfamiliar environment where other people are in control of his body, his schedule, and his future. He is without power and often even more ignored than a child would be. The clown arrives in this environment, addresses his healthy spirit, and gives him control of the interaction.

The game that the clown improvises revolves around the patient's desires and fantasies. In my personal experience, my games with children can get very elaborate with magic transformation into different animals, smelly feet that make everyone faint, or duels between two clowns where a child's stuffed animal has the power to make one clown fall asleep instantaneously. My games with older adults have been much simpler.

While in Mexico City, I went on a visit to an old-age home with a group of Risaterapia volunteers. During the visit, I played with a number of different people, but my most poignant game was with a wheelchair-bound woman who couldn't speak very well. There was music playing, and the two of us started dancing. I spun her a little bit in her wheelchair, but mostly we held hands, and she directed me. I magnified her power so that a slight movement of her hand to the right sent my whole body rippling or turning in that direction. I gave her a very clear physical power over me, responding to her every direction. For someone who is constantly being physically manipulated, this role reversal is incredibly powerful. At the end of our visit, when I went to say good-bye to her, she thanked me profusely, shaking my hand and kissing my cheek. She had tears in her eyes and didn't want to let me go. That visit to the old-age home was really intense for me. I hadn't spoken to my grandfather on the phone for ages and felt guilty to have given so much of myself to complete strangers when I didn't even call my own grandfather.

CHIAPAS, MEXICO— CLOWNS WITHOUT BORDERS

In November 2006, I went to Chiapas, Mexico, with Clowns Without Borders. We were hosted by a community organization that focuses on women's rights but that also does human rights work, environmental education, and general community organizing. One of the performances they organized for us was at a day center for elderly persons who could walk to the center each day to eat a meal, chat, and play games. We did a small show for about 30 people. A few of the elderly brought their grandchildren with them.

It was a lovely little show. We brought the few children onstage as our volunteers, and it was great to experience the elderly laughing at young children. I remember there was one woman in particular who had a beautiful, radiant smile the entire show—the smile of an adult being reminded of childhood. At the end of the show, my clown partner and I showed our respect for our audience by going around and shaking hands with everyone. We tried to leave but (purposefully) kept going out the wrong exit that looped us back to the courtyard where we were performing. One of the audience members stopped me. She told me to wait while, slowly, she drew something out of her handbag—an orange. She handed it to me with both hands. A stunning gift of thanks, that orange represented very clearly to me the mature value and appreciation that an elderly person could find in our clowning. I shared it with my clown partner and our two hosts as if it were sacred.

RESEARCH ON THE HEALTH BENEFITS OF HUMOR AND LAUGHTER

Over the past 30 years, there has been a plentitude of research into the health benefits of humor and laughter for healthy, sick, or depressed adults and children as well as senior citizens. Medical research supports our human instinct that people who smile and laugh are happy, whereas those who are inexpressive are usually not happy. Behavior markers for depression include social inactivity, nonspecific gaze, no mouth- or eye-region movements, and withdrawal. Behavior markers for recovery of depression include social smiles, raised or wrinkled eyebrows, social laughter, gesticulation, pointing, help, and social interest (Williams & Wilkins, 1998).

Research shows that humor stimulus results in mirth, which elicits a primarily emotional response with psychological effects, and laughter, which elicits a physical response with physiological effects. There are eight different psychological benefits of humor based on quantitative and qualitative data: Humor reduces anxiety, tension, stress, depression, and loneliness; improves self-esteem; restores hope and energy; and provides a sense of empowerment and control. Findings demonstrate that the physiological effects of laughter include increased oxygen levels in blood; enhanced immune system; eased muscle tension; reduced vascular stasis; the release of endorphins; the countering of depression, anxiety, and psychosomatic problems; and improved quality of sleep (Berk, 2001).

The physiological benefits of laughter in older adults have been clearly demonstrated. Laughter improves overall mental functioning

and increases interpersonal responsiveness, alertness, and memory. Laughter creates a total body response that tones muscles and is especially important for bedridden and wheelchair-bound individuals; digestion rate is improved because the muscles of the gastrointestinal system are affected. Laughter conditions the lungs, improves respiration, and enhances blood oxygen levels. Laughter stimulates circulation, producing an increase in heart rate, followed by a decrease in pulse rate. Studies have found that laughter gives a short-term boost to the immune system and that people with a strong sense of humor have higher immunoglobulin A levels than those with less sense of humor. Laughter decreases pain and provides a sense of euphoria, attributed to the release of endorphins (Berk, 2001).

Research compares the effects of humor to those derived from aerobic exercise and has shown statistically significant decreases in states of anxiety in response to humor sessions. The calculated decreases after humor sessions were larger than those after either aerobic exercise or music sessions (Szabo, Ainsworth, & Danks, 2005). James Thorson, a gerontologist at the University of Nebraska, studied the relationship between a sense of humor and death anxiety and found modest results, showing that individuals who used coping humor more scored lower on death anxiety levels (Capps, 2006).

Parrish and Quinn (1999) argue that, as well as helping individuals cope with death, pain, anxiety, anger, and depression, humor mitigates caregiver stress: "There are caregivers who cope effectively with the relentless drama and emotionally taxing lifestyle of providing care, despite the heavy day-to-day burdens and the inevitable moments of extreme exasperation. These individuals survive by using levity in the face of darkness. They step outside themselves, for just a moment, to witness irony, silliness, and the downright absurd in themselves and their situations. They let go and they laugh" (pp. 203–204). A humor response to threatening situations reduces the impact of negative emotional responses because it provides a sense of objectivity (Berk, 2001).

The medical data overwhelmingly support the benefits of humor and laughter in older adults. However, much of the research is based on experiments using funny videos and cartoons for humor sessions. I argue that "clowning around" with elderly people brings more benefits than laughter alone. These benefits are clearly and undeniably evident, though they may not be scientifically measurable: a compassionate communicative connection that gives agency to a powerless individual does wonders to that person's emotional state. An interaction that is shaped entirely around specific individuals changes their entire reality. When the game is rooted in the patient's own imagination, it is many times more personal and powerful.

CONCLUSION

When I arrived home to my grandfather after my year of traveling and clowning, his health had declined drastically. His vision was really bad, and he could see only a few feet in front of him. On occasion, he didn't recognize even the people closest to him. He had lost a lot of weight. The biggest change of all was that he could no longer have a conversation—he was permanently confused and completely out of touch.

Despite all this, he recognized me when I went to see him. He was able to tell me that he was relieved and happy to have me home. When my parents and I brought over treats for him to eat, he tried to please us by eating as much of them as he could. After my experiences with clowning throughout the year, I found that I had a greater ability to connect with him through the gap in our realities. I sang him songs that I had learned, touched his hands and back much more than I ever had, and made silly jokes with my mom and him. We had a great time together, and I enjoyed being with him. When my mom asked him what song she should sing for him, he asked for "Was ist Sylvia," a Schübert piece that she sang at an audition when she was 13. He sang along with her. During the last month of his life, I was able to connect with my grandfather's still-healthy spirit. I came to appreciate how much my family had learned throughout his battle with Parkinson's disease and to recognize how much he himself had learned. His Parkinson's had allowed him to share parts of himself with us that he had avoided before. He forgot about his aspirations for me to be a lawyer or doctor and told me many times over that he was very proud of my clowning work. He seemed to become generally more accepting and toward the end of his life related more easily to my mother and me with our artistic minds than to my uncle with his more analytical approach. He was able to cry in front of us, sing with us, laugh with us, and make hilarious subtle jokes. I found that both my mother and I had learned to cope with his illness.

A month after I arrived home, my grandfather stopped eating and slowly slipped into a coma. He was in the hospital for 2 days, curled up and looking like a sleeping baby. During those 2 days, my mother and I continued to sing to him, to caress him, and to joke about the flies in his hospital room. When he passed away, it was a gentle relief for him and our entire family.

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