

**Amnon Raviv. 2018. *Medical clowning: The healing performance.*
[Il clowning medico: la performance che cura.]**

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Book Review

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Amnon Raviv begins his book with the Manifesto of the Red Noses, which sounds silly and serious at the same time and makes the reader really curious about the book. The curious reader is served very well. First, Raviv raises the issue of how to define the medical clown. Is he a clown or a healer? If humor is healthy, the clown might be a healer or even a doctor. Although this idea is briefly explored, Raviv sees the clown more as a constructive disruptor of situations. He gives some great examples of this, where he turns hospital rooms into hotel or ball rooms, filling them with banter and laughter. Here Raviv describes his work in the Gaza war zone with traumatized children and adults. But that is not all. In the next chapter he describes six cases of clowning with terminally ill patients, mostly adults. He introduces a paradox here. On the one hand medical clowning can be rewarding for patients and their relatives. On the other hand, however, the clown himself experiences sadness and loss, feelings he has to deal with in a professional way, too.

In Chapter Three Raviv explores therapeutic properties that the medical clown has, but now shamans are used as a metaphor. Is the clown a shaman? Can he be a shaman? Both of them create what he calls liminality, meaning the disorientation and ambiguity right before a threshold is reached. There is a difference, however, in the sense that witchdoctors and shamans use a reality that is not there yet and which they can summon. The clown does not do that, he uses that which is there and adds humor and imagination to the situation. Unlike shamans, the clown is not cut off from reality (e.g. by a trance). To demonstrate this, Raviv describes a boy who is in a lot of pain. The medical clown leads him into a world of laughter that distracts the boy from his pain momentarily. Both pain and laughter are there.

In the next chapter Raviv compares the medical clown with the carnival clown. Although he concludes that the medical clown uses carnival clowning techniques, he not only brings joy, but also empowerment and comfort. In the situations where the medical clown operates, there is not one trick that does it all. Everything needs to be tailored to the individual patient and the specific

situation. How should this type of clown be trained, then? This is the subject of the next chapter. Amnon Raviv describes a six-element training and evaluation model. The clown interaction is the central element, and the other five (pleasure, empathy, active listening, diag-red-nosis and rapport) contribute to it. Routine and burnout are the enemies of clown interaction, which can come about when one sees sick, traumatized and dying people for many years. Therefore, sometimes the clown needs therapy himself. The chapter also contains some practical training exercises supporting the six elements: warming up and developing one's own unique clown persona. In an ideal program the medical clown should also learn about illness, medical procedures and hospital routines.

Chapter Six describes the nurse-doctor-medical clown triangle and how cooperation between these partners can be improved. Again, Raviv presents a convincing example that makes reading this book such a pleasure. The clown helps a 9-year old overcome her anxiety during a foot operation, which was necessary because of a deep cut. The medical clown does not only calm the child, but also her mother. Although the medical clown is a specialist in constructive disruption, the clown should not go too far. On the one hand the clown is the supporter of the patient, on the other hand the medical team should still be able to do its job. This is complicated, but the author shows that good verbal and non-verbal communication avoids conflicts and overcomes obstacles. Thus, Raviv makes a strong case for adding the medical clown to multidisciplinary teams. Over the years, the work of the medical clown is not limited to ward rooms. His work extends to supporting the patient during medical procedures. This makes it all the more important that cooperation exists between the medical staff and the medical clown.

In Chapter Seven the narratives of several medical clowns come to life. There are success stories, but clowns can also make mistakes. There is a story about a clown entering the ER for adults, where he was not allowed to be. On the other hand, Raviv also describes the touching story of a medical clown who prepares a 12-year old girl for surgery. He told her that whichever dream she wanted to have during the operation, it would be administered through her veins. The girl smiled, calmed down and was prepared successfully for surgery.

In Chapter Eight medical staff recount their experiences with medical clowns. Raviv talks about the staff's admiration and encouragement, but also their indifference or even annoyance about the clowns. Raviv shows here that he is a true *Mensch*. He is interested in the honest story, not in medical clowning as an ideology.

In Chapter Nine Raviv describes the perspective of the patients. It is largely devoted to a patient protest against firing a medical clown working in their cancer clinic. Hospital management said that this was necessary because of budgetary reasons. Here we see that adult patients (and staff) appreciate medical clowns, too, and that the clowns' work should not be limited to children and demented people.

The next chapter returns to the topic addressed in Chapter One. The chapter discusses clowning in trauma zones. The aim of this type of clowning is to create conflict-free zones and give a voice to experiences of trauma and tension. Here Raviv gives examples of clowning in Thailand after the tsunami, Haiti after the earthquake and Croatia during the civil war. Throughout the book, Raviv presents the work of many of his colleagues, but he also shares many personal experiences. In this specific chapter he describes the hospital in Gaza where he worked as a clown. The staff of that hospital is part Arab, part Israeli, which is also true for the victims of the conflict. Raviv states that

the clown is a universal archetype without a clear (national) identity - therefore, he is well suited for work in war zones. Raviv shares the development of a special friendship with an Arab man and his grandson. They came to the clinic because the toddler was very sick and could not be helped in the Arab part of Gaza. Despite medical attention there, he lost all of his limbs, due to an infection. Being unable to express himself through his arms and legs, Raviv taught him the Dance of the Eyebrows. Here the book turns to issues of personal versus professional boundaries, which are sometimes difficult to draw.

The next chapter discusses an important and often overlooked issue in medical clowning: compassion fatigue. Medical clowns are especially vulnerable to this, because they personally bond with people in difficult conditions, who will sometimes not even survive. This chapter presents issues like the doubts clowns have about their professional identity, their isolated position and their dealings with sick or traumatized people. Compassion fatigue can then take place. Group support is a great way to overcome these issues. Also, a mild form of dissociation is sometimes needed to cope with the realities of the work. But Raviv also introduces the concept of compassion inspiration, the counterpart of compassion fatigue.

Chapter Twelve describes the author's work as a clown for the demented. To have dementia implies being out of one's mind, and clowns are also out of their minds. This makes a clown the ideal persona to communicate and play with the demented person. Raviv presents cases where clowns tell stories to move demented people away from the issue of giving correct or incorrect answers. Clowns also sing and dance with patients suffering from dementia. The final chapter is about the future of medical clowning. Raviv states that there is definitely a future for it, because it is firmly rooted in (ancient) history. It also helps people and it makes healthcare more personal. It is difficult to describe the work of a medical clown, since he is involved in 'magical' attachment (in Lotta Linge's words).

The book is eloquently written, and the author refers to sociological, anthropological and psychological approaches of the phenomenon. The concepts used do not always seem to 'work', e.g. I could not really grasp the concept of liminality in the book. What can be learned from the book is that the 'medical' in medical clowning should probably not be taken literally. It is more about the magic of clowns entering healthcare settings. Medical clowns create personal bonds that bring joy and fun in situations that are basically serious and threatening. Not only that, Raviv's book reveals that it is a deep and spiritual journey for medical clowns, staff, patients and their loved ones.

Biografia

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Sibe Doosje is senior lecturer at the department of Clinical Psychology of Utrecht University, The Netherlands. He is specialized in humor, positive psychology and healthcare clowning studies. He got his Ph.D. on the subject of humor, its assessment and its relationships to health. He is a reviewer of articles and books in the humor psychology area and a loyal member of the International Society for Humor Studies.