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Clowns and Jokers can heal us. Comedy and medicine

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BOOK REVIEW

Clowns and jokers can heal us. Comedy and medicine, by Albert Howard Carter III, San Francisco, University of California Press, 2011, 250 pp., US\$24.30 (paperback), ISBN 978-0-9834639-1-7

Smiles are everywhere. Integrating clown play into health care practice, by Bernie Warren and Peter Spitzer, New York, Routledge, 2014, 125 pp., US\$40.95 (paperback), ISBN 978-0-415-50515-4

These books are about human play and playfulness and not only highlight the dynamic interconnection between play and humor but also stretch the concept and possibilities of humorous play as a therapeutic tool within healthcare settings, for those who work and/or volunteer with patients. Whereas Carter's book is primarily about uses of comedy (especially verbal humor) with one chapter on hospital clowning, Warren and Spitzer's book is more about the visual and physical play of hospital clowning with some inclusion of verbal play. Both of these books are based on each author's wealth of experiences over more than 10 years. We could, therefore, imagine how difficult it must have been to condense and select, from their vast repertoire of material, only enough to keep their books within a reasonable length. These two books include collections of materials that are useful resources. Both books appear to target a wide audience of readers who have an interest in humor and healthcare settings, from the general public to professionals from a variety of disciplines. Another similarity is that Carter's book is based on an insider perspective as a volunteer in medical settings, but as an outsider and observer only, of hospital clowning. Warren and Spitzer's book is written from the perspective of insiders to hospital clowning, but as observers of many other hospital clowns. The books are welcome additions to the literature already available on humor and on hospital clowning. Each provides useful resources and references.

There has been a surge of interest in the past five years on humor as verbal and physical play, and increased clinical and research evidence on the impact of this type of play in healthcare, rehabilitation, and nursing home settings, especially in medical clowning (Doosje, 2011; Linge, 2013). This evidence is available from multiple studies and supported and shared by organizations such as The Dream Doctors Project (www.dreamdoctors.org.il), the Association for Applied and Therapeutic Humor (<http://www.aath.org/>), International Society of Humor Studies (www.humorstudies.org), and the Humor Foundation (<http://www.clowndoctors.org.au/>). It is exciting to find that two world famous hospital clowns have published a joint book, and that an academic in medical humanities has provided a detailed perspective on hospital clowning in the context of other play-forms of medical humor.

What makes these books additionally appealing is the authors' willingness to share with the reader some fascinating personal information on their life journeys to their current involvement in playful humor. Carter's life experiences included expertise in the medical humanities as a comparative literature scholar, with two degrees in literature and many years as a college professor. He is also a massage therapist for cancer patients, an emergency room volunteer, and has been a cancer patient himself. Warren and Spitzer, the two authors of the second book, have different but overlapping backgrounds and interests. Warren (Dr Haven't a Clue) teaches Qigong and Tai Chi to cardiac rehabilitation patients and seniors, is a professor of drama in education and community in the School of Dramatic Art, University of Windsor, Ontario, has conducted many

research studies in hospital clowning, and founded Fools for Health (a clown doctor program in Windsor, Ontario). Spitzer (Dr Fruit Loop) studied medicine but also nontraditional areas such as acupuncture, psychotherapy, and hypnosis, developed the 'LaughterBoss' program for healthcare professionals in nursing homes in Australia, and created the Humor Foundation charity. In their book Warren and Spitzer discuss how they met and became friends and co-writers.

It is the contrast in the authors' backgrounds that contributes to the ways in which these books dramatically differ. The content of Carter's book reflects his attempts to be as broad and comprehensive as the title suggests. Carter, perhaps over-ambitiously, spans many interrelated areas of interest with much detail including a scattering of references to sources from literature such as Shakespeare, a discussion on what we know about impact of humor on health, and exploration of humor characters and why they are funny. Not all readers may be familiar with the literature references, but those who are not can certainly explore these sources. The main title 'Clowns and jokers can heal us' I argue is unfortunate as a statement rather than a question. Certainly Carter, who agrees the title may be too simple, does not use the word 'cure': we do have considerable research and clinical data about the positive effects of humor to support health and healing. Yet we do not have enough evidence to claim humor's power to completely heal a person.

The main collections and examples from Carter concern what are termed 'narrative jokes' (Tsonka, 2003). As Carter collected these from medical personnel, and medicine is concerned with body parts and bodily functions, it is not surprising that many of these narrative jokes might be considered 'raunchy' by some readers; the author does point this out in his discussions on taboo. He distinguishes between the gray area of grief and illness in medical settings and the green area of wit, joking, and playfulness (metaphors for health and joy). Many medical professionals, especially doctors and nurses, need to move in and out of this green space partly as a coping strategy in order to endure the stress from pain and suffering they observe on a daily basis. What I think needs to be emphasized with these types of in-group humor is the impact of gender, power, solidarity, politeness, and identity (especially cultural identity) that Norrick (2010) has described as crucial to the listener or participant's interpretation of humor as funny and non-offensive. This book would have benefited from more information on theories of humor, as much of the book is joke-based. Theories of humor would include script theory (Attardo & Raskin, 1991) and especially BVT theory (benign violation theory) (McGraw & Warren, 2010); the latter was published just before Carter's book was in press. Script theory describes how the text of the joke is compatible with two scripts while the punchline triggers the shift from one script to the other. BVT emphasizes how three conditions are necessary for humor: (1) what is said or seen must threaten one's belief and expectation of how the world 'ought to be', (2) the threatening situation has to seem benign, and (3) the person must recognize both interpretations at the same time. A small shift in words or events can trigger the experience of humor, nuances particularly relevant to the many examples of humor in Carter's book.

Carter's chapter on hospital clowning reflects an astute observer, following the clown around for a day. Unfortunately the chapter appears limited to clowning with adults.

The main collections and examples from Warren and Spitzer involve 'clown plays' and I was pleasantly surprised by their use of the term 'clown-plays' having not heard this most appropriately coined term. Humor in hospital settings is all about play, whether verbal play or play that involves exaggerated, incongruous, and ridiculous actions, with communication through gestures and facial expressions rather than words. Many of the observations made by Carter, and suggestions made by Warren and Spitzer, resonate with my experiences, as a volunteer pediatric hospital clown and a caring clown for organizations for children with special needs. As Warren and Spitzer's book has suggestions for those entering this magical world of humor, pretense, and silliness, I wish they had also included reminders and suggestions about universal precautions and hygienic

practices. Although medical settings should provide this training, not all may do so. There are many hints and pieces of advice in their book, but one omission that is crucial is how to ask permission to enter a hospital or nursing home room, as described in several hospital clowning publications such as the writings of Wheeler (2006) and Snowberg (1992). Not everyone is willing to engage in play at a given point in time. Warren and Spitzer do describe props, but I would have liked to see mention of additional simple hospital props and how they can be used, such as: the classic stethoscope with a plunger on the end to locate a child's funny bone in the top of his/her head; a toy camera that produces silly 'pictures' (or smile stickers) of a child; and the eye chart that says U R A Q T. Having observed novice hospital clowns myself, I realize that the authors should have emphasized the huge benefit in pediatrics of having some knowledge of child development and delay, disability and illness whether through formal training, self-taught, or experience, in order to have an idea of what are age-appropriate interactions and activities. Hospital clowns need to understand and experiment with the art of play and clowning, and a caution the authors also might have included is that the *primary* role of a hospital clown is the use of play to connect with patients, to distract from emotional and physical discomfort, and to trigger positive emotions through very short encounters – rather than a provider of gifts, stickers, toys, or candy. Only a small reminder token of the visit on leaving is common and appropriate practice.

Although many of the 'clown plays' provided by Warren and Spitzer are for groups (and they include family as persons who may also be present), ideas on how to include siblings, parents, and relatives in 'clown play' in a children's hospital room would be useful, such as having an older sibling select and read a joke, or help with magic. Often clowns in pairs play off each other; although much of this is spontaneous and involves witticisms, multiple ideas for shared clown mini skits or plays also would have been a welcome inclusion. (Perhaps they will have a follow-up book in the works!) Another minor issue is that they could have indicated that not all hospital clowns would agree with their use of the term 'clown doctor', to avoid implications of being a medical doctor if they are not. Similarly, nor would all agree with wearing white or yellow coats. As an added point, a humor cart or the laugh mobile described by Carter could take multiple forms, even a decorated child's stroller or pushchair. Finally, note that the authors are Canadian and Australian; although they provide a variety of international resources, one omission is the hospital clown newsletter (www.hospitalclown.com).

In summary, these books offer new and expanded perspectives on the use of humor-play in medical settings. Both show how much the humor is about communication and relationships, or what Doosje (2013) refers to as important 'genuine contact' and shared understanding. The books are an invaluable addition to any scholars and practitioners of humor and/or medical clowning.

Notes on contributor

Eva Nwokah has a background in child language and allied health as a pediatric speech language pathologist, is Chair of the Department of Communication and Learning Disorders, and the Carrow-Woolfolk Endowed Chair in Child Language, Our Lady of the Lake University, San Antonio, Texas. Her research is in the area of play, language, and humor in typical and atypical populations. Her initial clown training was at University of Wisconsin, LaCrosse in 2005, and she currently volunteers as a hospital clown with the TLC (Tender Loving Clowns) Unit at a children's hospital in San Antonio and is a caring clown member of Jolly Joeys Clown Alley, San Antonio. Recent publications include 'The use of play materials in early intervention: The dilemma of poverty' in *American Journal of Play*, 2013, 5(2), 187–218, and 'Joke telling, humor creation and humor recall in children with and without hearing loss' in *Humor: Internal Journal of Humor Studies*, 2013, 26(1), 69–96.

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