



## Drama therapy role theory as a context for understanding medical clowning

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### ABSTRACT

Most research in the field of medical clowning looks at humor as the main explanation of the beneficial impact that medical clowns have on hospitalized patients. The present paper attempts to challenge this idea by applying drama therapy role theory to the work of medical clowns. First, both ‘clown’ and ‘patient’ are defined and comprehended from a role perspective. Then, using primarily Landy’s role method and ideas, the authors analyze clinical examples from the actual work of “Sancho” (a medical clown from the Dream Doctor’s Project) by means of role theory. The paper illustrates that besides the typical clown tools and techniques, the medical clown uses role strategies as therapeutic interventions in the interaction with patients. Thus an innovative context for conceptualizing medical clowning is provided, which expands the scope of therapeutic clowning and the use of drama therapy role theory as well.

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In the last three decades, medical clowning was introduced into hospitals around the world as a tool to help to “promote wellness and improve physical and mental health and quality of life of patients, their families and the healthcare staff who interacts with them” (Warren, 2002, p. 244). Medical clowns are seen touring the hospital’s wards, bringing joy and humor to hospitalized people, and sometimes also escorting patients during frightening medical procedures. Consistent with the perception of the hospital as a place where pain and sadness prevail, the medical clown is often seen as the one in charge of introducing some laughter into an otherwise unhappy setting (Adams, 2002). On the one hand the clowns help distract patients and their families, even if only momentarily, from the unpleasant situation in which they find themselves (Koller & Gryski, 2008; Tener, Lev-Wiesel, Franco, & Ofir, 2010); on the other, they try to improve the quality of life of the hospital and its staff through the introduction of humor and comic relief (Nuttman-Shwartz, Scheyer, & Tzioni, 2010; Simonds, 2001).

Most studies on medical clowning focus on the positive effects that humor and laughter have been found to produce upon people. Quantitative research examined the clowns’ contribution to the improvement of the patients’ condition, connecting it with the presence of laughter, which causes the secretion of adrenaline and other substances that increase the blood flow and the level of endorphins in the brain, appease pains, decrease infections and accelerate the recovery processes (Glasner, Zaken, Biton, &

Leibowitz, 2009; Golan, Tighe, Dobija, Perel, & Keidan, 2009; Miller Van Blerkom, 1995; Rotton, 2004; Vagnoli, Caprilli, Robiglio, & Messeri, 2005). Research suggests that humor and laughter help to alleviate stress and stress-related symptoms, foster the patient’s general sense of wellbeing, and improve people’s immune system (Bennett, Zeller, Rosenberg, & McCann, 2003). Moreover, psychological sources indicate that the use of humor brings about pleasure, forms a relaxed atmosphere, and enables the patient to cope with the fears and anxieties caused by hospitalization (Bernstein, 2003; Linge, 2008).

However, is the clown’s beneficial influence on health only connected to humor and laughter? As medical (or therapeutic) clowning becomes further consolidated as a profession, some scholars have begun to argue that there might be other elements at play in the clown’s contribution to health improvement. Recent studies also pointed to the use of imagination as a vital tool in the work of medical clowns (Elroy, 2006; Nuttman-Shwartz et al., 2010; Schayer, Nutman-Schwartz, & Zioni, 2008). Others have referred to the liminal status of the clown, who, through role-reversing and challenging the established hierarchies, may contribute to restore the patients’ sense of control, and enable them to take a new perspective on reality (Citron, 2011; Doude van Troostwijk, 2006). Researchers have mentioned the clown’s ability to generate empathy, express affects, and build a supportive relationship, as additional factors that may explain the clown’s healing impact (Koller & Gryski, 2008).

The present paper contextualizes the work of the medical clown from a drama therapy theory. This line of thought has been recently pursued by the authors (Grinberg, 2009; Pendzik & Raviv, 2011),

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and has served to sharpen our understanding of the tools and processes that medical clowns implement in their work – other than the use of humor and laughter. As a related field, drama therapy (and the arts therapies in general) may provide a solid ground in which the new and expanding field of medical clowning may search for insights and tools of analysis. In this article, we will look in particular at the therapeutic aspects of medical clowning through the lens of the role theory articulated by Landy (1993, 1994, 1996, 1997, 2001, 2008, 2009) and Landy and Butler (2011). We will examine the concept of role, look at the role of the ‘clown’ in its archetypal dimension, discuss the role of the ‘patient,’ and try to establish their connection with Landy’s notions of role, counterrole, and guide. We will use clinical examples from the work of Sancho – a medical clown from the Dream Doctors’ Project in Israel.

### Landy’s on roles: role theory and role method

Landy (1993) developed the role theory and the role method as a framework for drama therapy, following Moreno’s (1987) view of the role as “the unit of culture” whose function is “to enter the unconscious from the social world and bring shape and order to it” (p. 63). Like Moreno, who claimed that individuals aspire to expand their repertoire of roles, Landy’s perspective assumes that human beings naturally play a variety of roles in their daily life, and that through the interaction between these inner parts, and their contact with others from the social world, each individual comes to develop his or her own *role system*. The human personality is thus defined as a *construct* that is conceived as a dynamic system of roles, in which each single role represents one of its aspects (Landy, 2009; Landy & Butler, 2011). Although an absolute balance in the role system can never be fully achieved, Landy (2009) claims that the person’s ability to experience and express more roles leads to a dynamic form of balance, which can be seen as a healthy management of the construct.

According to Landy (2008), life is essentially dramatic, and dramatic action is a central feature of human existence. Therefore engagement in dramatic play may enhance an individual’s ability to support and maintain a healthy and flexible role system – the kind which is required in order to cope with the complex and paradoxical nature of the human condition (1993, 2001, 2008, 2009; Landy & Butler, 2011). In this model, a healthy person is someone who can accept contradictions to the point of “being effectively able to live a double life” (Landy, 2001, p. 38). Dramatic play offers a platform to practice the tolerance needed in order to accept life’s ambivalence, and the courage to see other aspects of ourselves. This is the core of the healing potential inherent in drama.

As the person matures, the layout of the role system becomes progressively intricate. Because roles are interconnected, any changes effected in a given role inevitably influence the rest of the system. Although individuals are usually motivated by a need to find balance, roles are not always harmonized. When roles reach a conflict peak, individuals may feel pressure – which could escalate to the point of being experienced as a profound sense of anxiety. In critical circumstances, extreme roles may appear which were dormant and undiagnosed; by the same token, roles which are necessary for growth may become activated, either through life crises or therapeutic interventions (Landy, 1993).

The ability to expand our role repertoire is not simple, as each person learns a specific spectrum of roles within the interactions in which s/he grew up. However, Landy’s model poses that no role exists in isolation from the others: The essential interconnectedness of roles implies that each role has complementary, contrasted, expanding or diminishing aspects. Moreno (1987) pointed out that just as every person “has at all times a set of friends and a set of enemies – [he] has a range of roles in which he sees himself and faces a set of counterroles in which he sees others around him” (p.

63). Thus, like the antagonist in psychodrama, Landy’s counterrole (CR) is the opposite pole of the role. In Landy’s (2008) view, roles adhere to their counterroles, thus creating dynamic dyads. Yet the counterrole

is not necessarily the opposition to the role as evil is to good, but rather other sides of the role that may be denied or avoided or ignored in the ongoing attempt to discover effective ways to play a single role. CR is not necessarily a dark or negative figure (2009, p. 68).

In contrast to the role, which is perceived as an independent entity, the CR does not possess an autonomous existence, and is usually the depositary of those qualities that are banned by society, the family, etc. Once the CR is expressed, then other forbidden aspects generally come out into the open as well: feelings, thoughts, experiences, beliefs, and so on.

The third character in the triangle is the Guide (G), which acts as the bridge that connects between R and CR. Its main function is to integrate between the two by facilitating the client’s finding his or her unique road. The guide is “a transitional figure that holds together the role and counterrole” (Landy, 2008, p. 106). It is the navigator that brings the person to the right track and helps him/her to overcome the obstacles that get in the way. In the initial stages, the drama therapist often undertakes the role of the G; in the course of therapeutic process, the client is helped to develop a strong and positive inner G. In this way, his/her repertoire of roles is also expanded.

### The role of the clown

A clown can be succinctly defined as a performer whose art is to amuse people. Although closely associated with the entertainer, the circus, and the street performer, the clown has a lot in common with *the fool*, as both of them “lack an understanding of or respect for social norms and decorum” (Carp, 1998, p. 246). In many languages, the word *clown* is synonymous to *fool* – and is also used pejoratively to imply an outcast. Indeed, when performing, the clown pretends to be a fool, and clearly, in many instances, their act borders the unlawful or the immoral (Bouissac, 1990; Campbell, 1976).

The clown and the fool can be seen as complementary aspects of the same archetype (Nichols, 1980). “The fool is unaware of society, while the clown is unable to understand the world in general and therefore operates under idiosyncratic ideas” (Carp, 1998, p. 246). In this capacity, the role of the clown is not limited to entertainment: In many cultures and civilizations the clown, court jester or fool also acted as a critic of the regime, a true social rebel who, in spite of his/her seeming stupidity (or precisely by virtue of it) was able to voice the truth sharply and cleverly (Green, 1997; Welsford, 1968). In Landy’s (1993) taxonomy of roles, the fool belongs to the *cognitive domain* and presents two *subtypes*: the trickster and the existential clown. These subtypes constitute some of the variations of the archetype – although not the only ones that exist:

The function of the fool is to charm the master (and the audience) on the one hand, while offering up a critique of his foibles on the other. (...) There is a certain safety in his barbs and insights, in that he never has to be taken seriously because of his low social status. He establishes an empathetic bond with members of the audience, who, sharing in his privileged knowledge, desire to remain like him – superior in their own wisdom, though often at the expense of another (Landy, 1993, p. 183).

Handelman (1990) poses that rather than a normal role, the clown constitutes a *symbolic type* – a category that is distinguished from the *social role type*. While the latter is highly defined through interaction and context, symbolic types are self-referential: “consistently and wholly true to the logic of its own

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