

*Major Project – Final Thesis*  
*Area of Concentration – Artistic Imagination*

## **Laughter, Improvisation and Death**

The artist in a therapeutic setting

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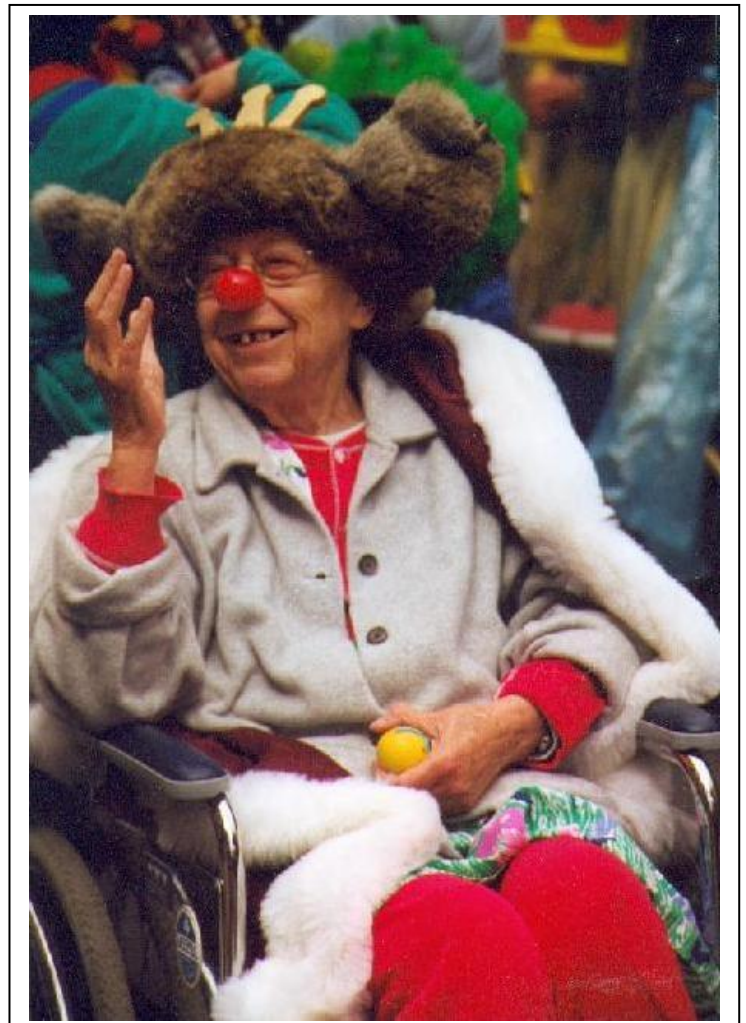
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Queen Mum of the Clowns  
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## Introduction

*"What I want to do is make people laugh,  
so they'll see things seriously."  
(William R. Zinsser)<sup>(1)</sup>*

"*Laughter is a smile that engages the entire body*" says Patty Wooten – clown, nurse and author of the book: Compassionate Laughter.<sup>(2)</sup>

"*Laughter is a form of agreement....it is surprise and recognition happening simultaneously*" according to the late Carlo Mazzone-Clementi – renowned commedia dell'arte player from Padua Italy and master teacher of improvisation.<sup>(3)</sup>

"*Laughter is the shortest distance between two people.*" in the words of Victor Borge.<sup>(4)</sup>

In an old Yiddish proverb, laughter is even attributed with palliative powers, cleansing enough to be considered a balsam to the spirit: "*What soap is to the body, Laughter is to the soul.*"<sup>(5)</sup>

There is something about laughter that inspires a legend of its being one of life's best medicines. As Norman Cousins explains in his hallmark book on the healing powers of laughter, both Albert Schweitzer and Pablo Casals placed a good sense of humor among the three most contributing factors to longevity and continued robust productivity. The other two they mentioned were creativity and having purpose.<sup>(6)</sup>

As one of life's most infectious affirmations, laughter is a powerful social lubricant. Laughter connects. Laughter heals. Laughter is survival. Laughter is release and hope. Laughter is the body saying yes to life—with all its foibles and idiosyncrasies.

### **Project Description**

In this paper I wish to explore the phenomenon of laughter and humor, their merit as coping mechanisms in facing crisis, their parallels with the artistic creative process of improvisation, and how the presence of artists in hospitals is conducive to the processes

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<sup>1</sup> source: Comedy Writing Step by Step, by Gene Perret, forwarded by Carol Burnett (pp. 1)

<sup>2</sup> source: Compassionate Laughter, by Patty Wooten (pp. 3)

<sup>3</sup> Carlo Mazzone-Clementi was founder of Dell'Arte School of Mime and Comedy in Blue Lake Ca. He also taught at Carnegie Mellon University in the late 60's. Previous to that he was a renowned commedia dell'arte performer and early colleague of Marcel Marceau, Jean Louis-Barault and Jacques Lecoq. See also Background Data on Cited Projects at end of Paper.

<sup>4</sup> source: The Laughter Remedy, by Paul McGhee (pp. 86)

<sup>5</sup> source: The Laughter Remedy, by Paul McGhee (pp. 123)

<sup>6</sup> source: Anatomy of an Illness as Perceived by the Patient, by Norman Cousins, Bantam Books, N.Y. 1979. chapter on creativity and longevity. pp. 71-87

of healing as well as dying. It is my hope that within this context, guidelines might be found for bettering communication between health professionals and artists, thus finding a common well of understanding for what it is that performers do to help patients survive being patients.

### **Background and Rationale**

Entertainment professions which have long been considered "Life-enriching" rather than "Illness-curing" or "patient-caring" are finding a new definition and workplace within our health system in a 'science-meets-art' type of confluence. Even if there is little more than anecdotal evidence as to why and how this works, a new emerging spirit of fun in our hospitals seems intuitively right. It is a framework for people-connections among an ever growing complex of machines.

As technological allopathic medicine continues to advance life expectancy in its fight "against" disease, the necessity has arisen to address "quality of life" issues within that span of extended life which may be spent within the context of severely diminished cognitive and/or physical capacities. New challenges loom in respect to managing the choices of patients to not intervene against the course of death, while new mandates for preventative and holistic medicine arise. This goes beyond the focus of merely "fixing" what is broken. There remains a need to nurture that part of the patient which is intrinsically healthy and still alive, embracing the possibility of life within disease, and re-thinking longstanding viewpoints of patients being only the sum of their deficiencies.

It would appear that our traditional scientific based approach to health and healing is experiencing a humor-revolution. In a plea for more humane medicine, for example, Berlin's former president of the local medical association, Ellis Huber, spoke in 1995 of clowns in hospitals being "*exemplary of what will be needed most in medicine for the 21st Century.*"<sup>(7)</sup> Recently during a press conference for a Hospital-Clown-Program in Berlin-Spandau, the director of the hospital, Professor Dr. Schachinger stated that a clown was "*worth as much to him as another resident doctor.*"

This emerging emphasis on humor in our care system implies a magical, sometimes uncontrollable, even chaotic element of play which supercedes the mere tally of wins and losses in a battle against the inevitable consequence of physical demise—ultimately illness and even death. The ability of spirit to rise above all limitations of body and mind and celebrate that aspect of life which is purely creative and imaginary is as essential to survival as it is to general health. When we face serious existential challenges, it is completely fitting to re-discover how to play.

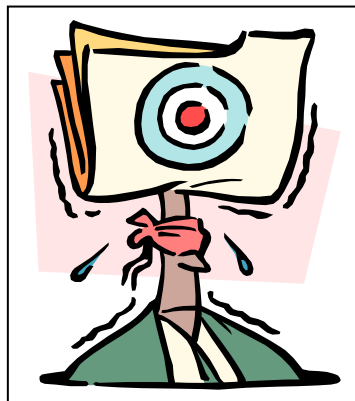
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<sup>7</sup> Ellis Huber spoke at a fundraising function in Sept. 1995 for the Berlin hospital clown project CLiK e.V. Clowns in Hospitals.

The clown is hope, failure, acceptance, invention and release. S/he <sup>(8)</sup> is a role-model for the acceptance of limits, and even failure, in an environment where traditionally everyone except the patient is stuck in a role of unwavering competence. In accepting the fall that is inevitable to life, the clown is a moment of comic relief from the obsession of perfection. S/he is an archetype for playfulness, and thus ultimately a symbol for re-invention and creation of self. This is a powerful reminder of how much life and comfort there is to be found even in the midst of terrible limits. In just about any frightening situation....humor helps.

As Charlie Brown from the popular comic strip "Peanuts" so aptly put it...:

*"I've developed a new philosophy.  
I only dread one day at a time."* <sup>(9)</sup>



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<sup>8</sup> personal pronouns pose a gender problem in English. The contraction s/he is meant to include both she/he in a less cumbersome form for the reader. Similarly his/her will be represented by h/er.

<sup>9</sup> source: *Health, Healing and the Amuse System*, Paul E. McGhee (pp. 223)

## Laughter—a phenomenon

*"There ain't much fun in medicine,  
but there's a heck of a lot of medicine in fun."  
(Josh Billings)<sup>1</sup>*

A frog is a wonderful thing. Kids love 'em and find them frightening at the same time. No one would want to open their lunch pail, and have a frog leap out! They're supposed to give you warts, and if you have warts, they'll take them away. Princes turn out of them if you kiss them, yet no one wants to kiss one. They make us giggle, squish up our noses, shriek with excitement, think of fairytales, and make us pause at the edge of ponds to marvel at the sounds of nature hick-upping away in uninhibited delight. Frogs have great big eyes and goofy suction-cup fingers. Frogs are delightful. They are mysterious and gooey. They can jump over 7 times their own length. And in the short and long of it, they are simply amazing.

Is it any wonder, that the first thing we dissect when wanting to figure out the gooey mysteries of life—is a frog? Warning! You can dissect a frog and you can dissect humor, but they both tend to die in the process.

**Laughter is universal:** Anyone can do it. The silliest things can cause it. Everyone recognizes it when it's happening. No body asks why, when its over. And even if they do... all you have to say is: "Well....it seemed like a good idea at the time."

**Laughter is simple:** Squat like a grasshopper, jump and go "Rrrribbitt" and any kid in the world will tell you right off: "That's a frog." Ask them what kind of dog you're doing, while you squat and say "rrribbit," and they will invariably smile and tell you "that's not a dog, it's a frog." "Okay" you reply. "How about a hog?" "Tell me what kind of hog this is..." then do your best impression of a dog going woof, and we all know how they will respond. I guarantee you that most kids by this time are going to laugh.

It's that elementary. Step 1) get their interest. Step 2) develop a context that involves their level of knowledge. Step 3) tickle the connections in their brain till something goes pop. The delightful result is laughter. And once you get one going, more are sure to follow. You soon discover laughter is not only a phenomenon, it's an infectious condition. If it gets really out of hand...they might even start "laughing to death." Oh my!

Remedy: get serious! They'll laugh even harder.

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<sup>1</sup> source: *Health, Healing & the Amuse System*, by Paul E. McGhee (pg. 46)



**Laughter is a complex physiological event!** Essentially laughter is an automatic, spontaneous response to some physical or mental stimulus. Because we are so accustomed to experiencing it, we seldom ask what it really entails. Webster's dictionary simply defines a laugh as "making the sounds and facial movements that express mirth, ridicule, etc." The following account highlights, however, just how complicated it really can get if you let those people of science who dissect frogs begin filling in the blanks inside that little 'etc'.

*"There occur in laughter and more or less in smiling, clonic spasms of the diaphragm in number ordinarily about eighteen perhaps, and contraction of most of the muscles of the face. The upper side of the mouth and its corners are drawn upward. The upper eyelid is elevated, so are also, to some extent, the brows, the skin over the glabella, and the upper lip, while the skin at the outer canthi of the eyes is characteristically puckered. The nostrils are moderately dilated and drawn upward, the tongue slightly extended, and the cheeks distended and drawn somewhat upward, in persons with the pinnal muscles largely developed, the pinnae tend to incline forwards. The lower jaw vibrates or is somewhat withdrawn (doubtless to afford all possible air to the distending lungs), and the head, in extreme laughter, is thrown backward; the trunk is straightened even to the beginning of bending backward, until (and this usually happens soon), fatigue-pain in the diaphragm and accessory abdominal muscles causes a marked proper flexion of the trunk for its relief. The whole arterial vascular system is dilated, with consequent blushing from the effect on the dermal capillaries of the face and neck, and at times of the scalp and hands. From this same cause in the main the eyes often slightly bulge forwards and the lachrymal gland becomes active, ordinarily to a degree only to cause a "brightening" of the eyes, but often to such an extent that the tears overflow entirely their proper channels.<sup>(2)</sup>*

This could sound like an alarming condition if you didn't know the context in which it was meant. You might even think it was a medical emergency. If you were a comedian you could make a joke of it.

**Attention! Here comes a JOKE:** A patient is wheeled into an emergency room. The ambulance driver anxiously gives the above description to an intern pertaining to the patient being admitted. A lot of people are standing around listening intently to the alarming compendium of events this poor person is having to endure. As the ambulance driver finishes, there is a hush of anticipation, awaiting the doctor's reaction.

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<sup>2</sup> From the chapter "A Doctor Looks at Laughter" by R.A.Moody, *Laugh After Laugh* pg.1-2. Original source: Dr. G.V.N. Dearborn, "The Nature of the Smile and Laugh" *Science*, 11, 283, June 1, 1900, 853-854

The physician casually replies: "Oh...she's just laughing to death. Not to worry. The consequence will certainly cure the cause."

(or) "Oh....she's just laughing to death. Give her a job in administration and tell her to call me in the morning."

**Danger: Dissection at Work / Slippery When Wet:** In my attempt at humor, the seriousness of the patient's illness is sarcastically likened to the contradictoriness of life in general, implying death would be an appropriate cure for any discomfort; or it is whimsically alluded that working in hospital administration would be a sure remedy for any siege of mirth, or in this case, even terminal laughter. Both plausible enough for me to be serious about. And as we all know....comedy is a serious business!

Laugh if you like or not, my point is, we laugh at different things for many reasons. Incongruity, odd-ball connections, recognition of things we know put together in different ways, the freedom to say things we normally wouldn't be allowed to say; all of these play a role in what we find funny. Even tragic situations that we would normally shroud in silence and respect, give rise to a special kind of coping humor which may seem callous, inappropriate, irreverent or even macabre out of context, but in the context of the moment are completely fitting and actually as normal and healthy as life itself is unpredictable or irreconcilable. Emergency room humor, gallows humor, catastrophe humor, dark humor are just a few examples. They all are typical reactions to situations that seem to be otherwise emotionally unsolvable.

**Attention! Another irreverent JOKE:** (Q) What was the last thing that went through the driver's head as his car crashed into the wall? (A) The steering wheel.

Humor is contextual. Perhaps for doctors and nurses the concept of "laughing to death" in itself could be humorous. Either of the above jokes might come over brilliantly at the operating table. Yet the families of the patients being operated on would likely be aghast to hear them. Perhaps the patients themselves would even laugh the hardest at such cynical notions. It all depends on the magic of the moment, and the extent of engagement or detachment each person is experiencing with the crisis at hand.

Laughing at imminent tragedy is really a step towards accepting the intrinsic horror while at the same time dispelling fear. It is a step towards releasing and relaxing about the fact that one is still alive and essentially still vulnerable.

### ***A Clinical Approach to Laughter***

In recent years, there has been a lot of attention given to investigating and applying the healing aspects of humor and laughter. Researchers have begun probing into the why

and how of laughter. Hospitals have begun installing "**humor rooms**"<sup>(3)</sup> filled with literature, videos, games and ridiculous paraphernalia in a concerted effort to give their patients "something to laugh about" on the mere assumption that if the patients are laughing they are happier, and if they are happier they are getting better quicker. In this vein, there are also clown programs popping up in therapeutic settings across the globe, in settings ranging from nursing-care centers for the elderly to cancer wards for chronically ill children. So-called humor-care-givers are entering crisis environments in war zones and visiting emergency rooms of hospitals to help brighten the first steps back into life. Managers and other high-profile business people are taking courses for developing their humor as a coping tool for stress and to improve their communication skills. **Laughter Meditation** is being practiced in clubs and mass gatherings all over the world as a tonic for the soul and body. Psychologists are even using **humor intervention** to address chronic compulsive disorders such as phobia, paranoia, even schizophrenia. In fact humor is the basis for a whole new school of clinical psychology called **provocative therapy**, which dares to jibe and jolt people with ironic humor, prodding them into getting off their problem and getting on with life through the lightness of laughter.

Dr. Paul E. McGhee, noted humor researcher, public speaker and prolific author thoroughly summarizes in his book Health, Healing and the Amuse System, Humor as Survival Training, the varied tonic effects of humor and laughter on one's physical and mental state. Here are just a few of the measurable physical benefits he mentions that can be directly associated with laughing:

- Muscle relaxation,
- pain relief,
- cardiac exercise,
- improved respiration,
- lowered blood pressure,
- reduction of stress hormones.

But also, humor goes hand in hand with our emotions and mental state, both of which play a key role in how we heal and stay healthy according to Dr. Paul McGhee.<sup>(4)</sup> Enjoying humor and being jolly—even just from watching humorous videos—can have a

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<sup>3</sup> For a description of BOLD-CASE terms, see Glossary of Inspiring Terms at end of paper.

<sup>4</sup> (ref. McGhee pp. 50, Footnote 2:28) Stone, A.A., et al. Evidence that secretory IgA is associated with daily mood. *Journal of Personality and Social psychology*, 1987, 52, 988-993. / Valdimarsdottir, H.B. & Bovbjerg, D.H. Positive and negative mood: Association with natural killer cell activity. *Psychology and Health*, 1997, 12, 319-327 / see also footnotes: 29-34

remarkably uplifting effect on mood and thus positively influence the placebo effect of self-actualized, or so-called **spontaneous healing**. Even just the mechanical act of smiling will trigger mood change, as if signaling to the brain that something pleasant is going on which can be enjoyed. Body-Spirit-Mind connection.

In short, it seems that people who enjoy more humor have stronger immune systems, suffer less from pain,<sup>(5)</sup> have a better overall sense of perceived health,<sup>(6)</sup> and when they get sick, heal quicker. Humor helps. It releases tension, and is a natural un-inhibitor in the social process of communication and integration.

### ***The Norman Cousins Story***

One of the most powerful testimonies to this health/humor connection is the story of Norman Cousins who made a remarkable recovery from a crippling degenerative **collagen** disease. He did it by apparently laughing himself back to health. In 1964 when he contracted the presumably irreversible ailment which was destroying the connective tissue in his body, the specialists gave him a 1-in-500 chance of recovery. As the test-results got worse, and the specialists kept taking more and more blood to do tests that Cousins felt could have been done from previous specimens, Cousins "*decided that a hospital is no place for a person who is seriously ill.*"

So he withdrew himself from the hospital, and in close consultation with his private physician moved into a hotel room with all the funny videos he could get his hands on. He also began reviewing all the literature he could find relating to his disease. Being a medical journalist, he was well versed in current and cutting-edge trains of thought on the subject. He closely monitored what he ate, emphasizing good nutritious foods. He exercised. And all the while he considered what might have been the causes of his disease. Among all the possibilities, the key factor appeared to him to be a case of adrenal exhaustion experienced under a period of extreme prolonged stress which had probably lowered his resistance to infection and weakened his immune system.

Two books in particular were inspiring to him at the time: The Wisdom of the Body, by Walter B. Cannon, and Hans Selye's classic, The Stress of Life. Both books brought attention to the role emotions can play in affecting health. As Cousins explains:

*"The inevitable question arose in my mind: what about the positive emotions? If negative emotions produce negative chemical changes in the body, wouldn't the*

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<sup>5</sup> (ref. McGhee pp. 51, Footnote 2:37) Adams, E.R. & McGuire, F.A. *Is laughter the best medicine? A study of the effects of humor on perceived pain and affect. Activities, Adaptation, and Aging*, 1986, 8, 157-175 / see also Footnotes 38-49.

<sup>6</sup> (ref. McGhee pp. 56, Footnotes 56-58) McGhee cites 3 studies showing empirical links between humor and people's perceived state of their own health.

*positive emotions produce positive chemical changes? Is it possible that love, hope, faith, laughter, confidence, and the will to live have therapeutic value?"*<sup>(7)</sup>

In reviewing the medicines he had been given in the hospital, he also became aware that at least some of them could in themselves be more toxic than helpful. One of these was aspirin, which they had been giving him in massive amounts (26 tablets a day) to counteract pain. Another was phenylbutazone. Besides the aspirin causing hives and making his skin feel like it was being eaten up by "*millions of red ants*," it occurred to him that both medications were anti-coagulants, and as he knew from related literature on other collagen illnesses, such as arthritis, anti-coagulants were actually counteractive to the treatment of connective tissue disorders.

The thought of cutting them off left him with the problem of the pain. Often one's first reaction to pain is panic, sending the afflicted looking for the nearest analgesic that can relieve it. But Cousins knew pain to be a necessary and positive impulse from the body's own warning system, so important in fact, that as with the long misunderstood ailment of leprosy, the inability to feel it could be even more serious than the disease itself.<sup>(8)</sup> Cousins also knew that pain could be strongly affected by attitudes.

Another intended aspect of the aspirin had been to combat inflammation. What he discovered was, that Vitamin C would also combat inflammation as well as give a boost start to the endocrine system—in particular the adrenal glands. Ascorbic acid also helps to oxygenate the blood. If inadequate oxygenation was a factor in collagen breakdown, he reasoned, Vitamin C could just be the magic combination. Some reports had shown in fact, that Vitamin C deficiency was common in people suffering from collagen diseases. This could have meant, that the body used up huge amounts of it in combating collagen breakdown.

Cousins decided to live with the pain while initiating a process that would regenerate his vital systems. His Doctor shared his enthusiasm and underlined the importance of affirmative emotions as a factor in enhancing body chemistry. Hope, love and faith, Cousins reports, were easy enough to achieve by sheer will, but what about mirth? Nothing was less funny than "*being flat on your back with all the bones in your spine and joints hurting*." He resolved to saturate himself funny video clips and started with Marx Brothers Films and Candid Camera classics sent to him by his TV producer friend Allen Funt. And it worked. He made a joyous discovery that "*10 minutes of genuine belly*

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<sup>7</sup> *Anatomy of an Illness as Perceived by the Patient*, Norman Cousins, Bantam Books, N.Y. 1979 (pp. 35)

<sup>8</sup> In Norman Cousins' book, he gives a long account on Dr. Albert Schweitzer and his work with Leprous patients. Schweitzer discovered that the loss of limbs and body members was less attributable to the disease of Leprosy, as it was to the fact that the afflicted felt no pain and thus caused themselves mutilating injuries without notice. The inability to feel pain, he found, was the most serious aspect of the ailment.

laughter (gave) at least 2 hours of pain free sleep." When the effects wore off, he would turn on another film and give himself another dose.

As Paul McGhee notes in referring to the Cousins story: <sup>(9)</sup>

*"One of the most interesting observations made by Norman Cousins' doctor following Cousins' use of humor and other positive emotions to fight his disease was that laughter reduced his **sedimentation rate**—an index of the degree of infection or inflammation in the body. Since Cousins' illness involved severe inflammation of the spine, his sedimentation rate was very high. His physician, Dr. William Hitzig, measured his sedimentation rate before and after rounds of hearty belly laughter while watching comedy films. He found that 'just a few moments of robust laughter...knocked a significant number of units off the sedimentation rate. What to him was most interesting of all was that the reduction held and was cumulative.' Cousins noted that this reduced sedimentation rate was followed by increased mobility and reduced pain."*

Norman Cousins was elated to discover that there was a physiological basis for the age old theory that laughter is good medicine. In a matter of days the tables had been turned and his sedimentary-rate was sinking dramatically. The ascorbic acid and the laughter were working. He was completely off drugs and that blessed rejuvenator, undisturbed sleep, was becoming increasingly prolonged without the need of pills. After 8 days he could move his thumbs without pain. Progressively the illness receded and he regained full mobility and returned to a normal active life which even included being able to play music again.

### **Placebo Effect**

Normal Cousins admits himself that just perhaps his recovery had nothing to do with Vitamin C or laughter, and instead that he may have simply been the beneficiary of a "mammoth venture in self-administered placebos." He continues.....:

*"So what? Such a hypothesis bothers me not at all. Respectable names in the history of medicine, like Paracelsus, Holmes, and Osler, have suggested that the history of medication is far more the history of the placebo effect than of intrinsically valuable and relevant drugs. Such modalities as bleeding (in a single year, 1827, France imported 33 million leeches after its domestic supplies had been depleted); purging through emetics; physical contact with unicorn horns, bezoar stones, mandrakes, or powdered mummies—all such treatments were no doubt regarded by*

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<sup>9</sup> McGhee (p.126) quotes here from N. Cousins' book *Head First, The Biology of Hope*, New York, Dutton, 1989 which addresses much of the research that followed his recovery and was inspired by his story.

*physicians at the time as specifics with empirical sanction. But today's medical science recognizes that whatever efficacy these treatments may have had—and the records indicate that the results were often surprisingly in line with expectations—was probably related to the power of the placebo." (pp. 46)*

Faith healers, medicine men, old wives tales, voodoo, farmer's remedies, exorcists, the laying on of hands, all of these ancient methods for treating illness have seemed to work for one reason or another over long periods of history, or they never would have become so established and accepted in the first place, one might reason.

Just how far reaching are the powers of the mind and spirit? Phenomenon such as spontaneous healing and the notorious placebo effect have gained ever more clinical interest in recent decades. At the Neuropsychiatric Institute, University of California, Los Angeles such noted researchers as Arthur Shapiro, Stewart Wolf, Henry Beecher and Louis Lasagna are among the many probing these mysteries.

Especially in the field of modern clinical psychology, as well as the fast growing popular human potential movement, positive attitude creating and seeing the mind as a creative center for **self-actualization** have been central ideas among many seminal thinkers of our time. Some of these were practitioners in furthering and repairing the powers of human awareness and interaction, such as: (Norman Vincent Peal, The Power of Positive Thinking), (Dale Carnegie, How to Win Friends and Influence People), (Adelaide Bry, Directing the Movies of your Mind), (Alexander Lowen, Bioenergetics), (Werner Erhard, founder of EST), (M. Scott Peck, M.D., The Road Less Traveled, A New Psychology of Love, Traditional Values and Spiritual Growth); others were theoreticians delving into speculative theory that bridges the purely scientific and the metaphysical approaching the very questions of existence, such as; (Fritjof Capra, The Tao of Physics), (Gary Zukav, The Dancing Wu Li Masters), (Lyll Watson, Supernature), (Timothy Leary, Design for Dying), (Ram Dass, Be Here Now).

Mind over matter. Respecting the powers of thought as a creative and vital force is integral to how we perceive our illnesses and how we propose to live and die with them. The mind-body connection is illusive, yet central to understanding the widely accepted practices of meditation, reciting affirmations, prayer, visualization, auto suggestion, Neuro Linguistic Programming, and Bio-Feedback—to name a few.

Norman Cousins' was not a master of some esoteric cult. He was a highly educated, critical and rational thinking lay person, and his initial reaction to his diagnosis was just as anyone's might have been: he felt "*trapped in the cycle of fear, depression, and panic that frequently accompanies a supposedly incurable illness.*" But he didn't give up at the sounding of such a verdict. He set out a plan for himself for recovery while claiming the

soothing effects of that simple palliative—humor and laughter. He laughed himself into a new perspective. He had the courage to believe in himself, and the wisdom to listen to what his body was telling him, enough so that he was able to bridge the gap of uncertainty between what "experts" were telling him they knew, and what his intuition was telling him was possible. He tapped into the powers of mind-body-spirit, garnering some of the magic potential of self-induced re-incarnation. He believed in and confirmed how humor helps.

The humor/health research over the last 20 years owes a lot of credit to Norman Cousins' experience which is described in his book: Anatomy of an Illness, as Perceived by the Patient. In it he talks about the placebo effect, and how studies show that "90% of patients who reach out for medical help are suffering from self-limiting disorders well within the range of the body's own healing powers." (pp. 55) He talks about the "chemistry of the will to live," and how one of Romania's leading endocrinologists, Ana Aslan, was convinced that the healing and life affirming power of "creativity—one aspect of the will to live—produces the vital brain impulses that stimulate the pituitary gland, triggering effects on the pineal gland and the whole of the endocrine system." (pp. 47). He also tells how both Pablo Casals and Albert Schweitzer used their humor and creative energy to overcome great obstacles.

Cousins' story is a touchstone for anyone seeking confirmation of the inner resources at play in the process of healing and regeneration. It is a hymn to the importance of trust, communication, compassion and humor in the doctor/patient relationship. And it is a sententious plea for trusting inner knowledge while navigating the mysterious and unexplainable:

*"It is doubtful whether the placebo—or any drug, for that matter—would get very far without a patient's robust will to live. For the will to live is a window on the future. It opens the individual to such help as the outside world has to offer, and it connects that help to the body's own capability for fighting disease... What we see ultimately is that the placebo isn't really necessary and that the mind can carry out its difficult and wondrous missions unprompted by little pills. The placebo is only a tangible object made essential in an age that feels uncomfortable with intangibles, an age that prefers to think that every inner effect must have an outer cause.... But the placebo dissolves on scrutiny, telling us that it cannot relieve us of the need to think deeply about ourselves." (Anatomy of an Illness, pp. 66)*

### **Summary 1:**

☞ Evidence confirms that humor helps. Clowns are just one example of how this realization is changing the way we view our health and healing. Laughter is a



tonic for the body and the soul. It is a bridge between what we know and what we intuit. It is also inclusive of what makes us fail and what makes us tick. Humor puts the patient back into the center of their own story and thus helps re-connect them to the inner powers of mind, spirit and the magic of positive thoughts. Love, hope and joy are creative healing inner forces. Humor helps regain perspective in the balance between failure and winning.

### ***Some of the Studies***

In her book, Compassionate Laughter, Patty Wooten (R.N.) devotes credit to several pioneers of the humor-health research movement. According to her, they included: Dr. Vera Robinson (nurse and Professor Emeritus of the School of Nursing at California State University at Fullerton, as well as author of Humor and the Health Professions); Dr. William F. Fry Jr. (psychiatrist and Professor Emeritus at Stanford University, one of the first researchers to explore humor as a communication tool in family therapy, and develop psychological studies that measure the effects of laughter on the cardiovascular and respiratory system); and of course Norman Cousins who's remarkable story inspired medical professionals as well as lay people to seriously examine the healing powers of humor.

Dr. Paul McGhee notes in his compendium on the topic of Health, Healing and the Amuse System, that ongoing research confirms that there are notable immune system enhancement benefits to enjoying humor and laughter, such as: increased production of B-Cells (produced in the bone marrow and responsible for creating immunoglobulins), natural "killer cells" (which seek and destroy tumor cells in the body), helper-T-Cells (a kind of immune cell produced in the thymus gland and especially important in the fight against AIDS), and Gamma interferon (a complex substance that plays an important role in the maturation of B-Cells, the growth of cytotoxic T-Cells, and the activation of NK-Cells, as well as telling different components of the immune system when to become more active).<sup>(10)</sup>

As an effective pain reliever, laughter may work for various reasons. as Paul McGhee notes, simply the distraction from a source of discomfort can be one very effective contributing factor.<sup>(11)</sup> Most certainly the ensuing reduction of muscle tension resulting from the exercising and relaxing of extensive muscle groups during laughter plays a big

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<sup>10</sup> Paul E. McGhee is one of the modern pioneers of humor research, as well as widely cited author and highly celebrated speaker on the subject of laughter and health. His book Health, Healing and the Amuse System is a thorough and humorous treatment on the subject. He covers the history of the research, the breadth of the topic, and gives impulse on how to bring more humor into one's life, preventing what he terms "terminal seriousness." References in this paragraph are summarized from pages 46-56 of his book.

<sup>11</sup> Source: Health, Healing and the Amuse System, by Paul McGhee (pg. 53).

role. The benefits of even brief moments of relaxation have been extensively confirmed in laboratory as well as clinical settings. <sup>(12)</sup> The most commonly cited explanation for pain relief is the assumption that "*laughter causes the production of endorphins, one of the body's natural pain killers.*" Though still unproven clinically, this simple explanation of the blood and brain being flooded with the body's own natural pain killer seems to make sense, even though researches have as yet been unable to confirm the humor & happy-hormone connection through actual data. <sup>(13)</sup>

Here are just a few of the hallmark findings on stress and immunology, which Patty Wooten cites in her book Jest for Laughs:

*"Excessive, unrelenting stress can lead to illness (Selye, 1956; Dohrenwend & Dohrenwend, 1974; Selye, 1974; Dohrenwend & Dohrenwend 1981). Stress can weaken the immune system (Solomon, 1981; Palmblad, 1981; Irwin et al., 1987), and predispose one to infection or even cancer (Temoshok, 1992; Solomon, 1985; Solomon, 1987). Humor and laughter can mitigate the effects of stress and aid in our recovery from illness (Berk & Tan, 1989; Berk & Tan, 1993; Kiecolt-Glaser, et al, 1987; Kiecolt-Glaser, et al, 1991), which Norman Cousins demonstrated successfully in his own healing (Cousins, 1979)." (P. Wooten pg. 69)*

These are just some of the studies documenting effects that can relatively easily be measured. <sup>(14)</sup> Even the brain can be mapped today to show us where it gets 'hot' in our heads when someone is tickling our feet, and where it's not when we are gloomy. But we still are far from understanding exactly where our thoughts and moods come from and how they effect us. Here are some important questions to ask in the Humor-Healing relationship.

- What inspires happiness in us?
- Where do emotions come from?
- What causes us to appreciate an aesthetic or funny event?
- What causes us to gain hope?
- Where does the soul reside?

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<sup>12</sup> Source: *ibid.* McGhee cites findings of Kogan & Kluthe published in the *Journal of Psychosomatic Research*, 1981, 25, 535-539. As well as French & Turpin in *Journal of Psychotherapy*, 1974, 28, 282-287.

<sup>13</sup> Source: *ibid.*, McGhee cites studies from L.S. Berk 1989 & Yoshino 1996

<sup>14</sup> Other important sources of research include: W.F. Fry & W.A. Salameh (Eds.), *Handbook of Humor and Psychotherapy*. Sarasota, FL. Professional Resource exchange, 1987 / Paskind, H.A., Effects of laughter on muscle tone. *Archives of Neurology and Psychiatry*, 1932, 28, 23-628. / Prerost & Ruma, Exposure to humorous stimuli as an adjunct to muscle relaxation training. *Psychology: A Quarterly Journal of Human Behavior*, 1987, 24, 70-74. (Source: McGhee, *Health, Healing & the Amuse System*)

- What is spirit?
- How does one measure love?
- How extensively can the mental and emotional effect the physical?

As yet these questions loom ponderously but have not been defined concretely enough in scientific terms to enable adequate research. Take love, for example. Psychologist and physicians agree on its vital importance for the development and maintenance of our mental and physical well-being. It is common knowledge that babies vitally need human contact following their birth in order to thrive. But when it comes to defining what love actually is, medical science takes refuge in its right to remain vague or even silent on issues that border on the spiritual, intuitive or otherwise seemingly unknowable.

Without delving too deeply into the speculative, existential equation of inner mind-body-spirit-connectedness, let me expand a bit on how humor research has tried to define the groundwork for its approach to these daunting questions.

### ***A Lexical Approach to Humor-Research***

Agreeing on tangible definitions for meta-concepts like 'soul' or 'happiness' poses a dilemma of galactic proportions for researchers because such concepts defy the specific, and address highly individual belief systems that are essentially irrefutable and belayed with subjective values like 'good' and 'bad.' Subsequently, examining the phenomenon of humor and laughter objectively as a science poses from the very start a problem of nomenclature.

While lay people have been leaping ahead, applying whatever methods they believe to be appropriate, science lags way behind in a remedial stage of definition and categorization. Even trying to define what humor is, has lead to confusion as humor researcher Prof. Willibald Ruch notes: "*The work of practitioners in the field is way ahead of the research. Despite extensive factor analysis, there still is no consistent terminology.*"<sup>(15)</sup>

According to Prof. Ruch, humor belongs historically to the study of aesthetics, which was originally a domain of philosophy. Together with wit, fun, nonsense, sarcasm, ridicule, satire, and irony, humor was categorized under the broader field of comic / funny among the other subjective emotive cognitive responses including beauty, tragedy and harmony. Under this classical model humor is generally described as a "smiling" attitude toward life and its imperfections: an understanding of the incongruities of existence.<sup>(16)</sup>

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<sup>15</sup> W. Ruch lectured during the Humor Convention in Basil in 2000.

<sup>16</sup> W. Ruch, paraphrased from lecture notes Univ. of Belfast Summer School on Humor Research in 2002

Freud pursued the subject from the point of view that laughter is a coping mechanism, in which the brain economizes psychic energy by releasing unnecessary stress. Freud differentiated even further in his extensive studies of the comic with relation to inhibitory behavior. Here he differentiated between non-tendentious humor including the effects of [displacement, condensation, unification], and tendentious humor related to the subliminal sexual energy, aggressiveness and the skeptical.

Darwin pondered over the functions of laughter and smiling among various species with regards to anthropological origins and their **phylogenetic** development.

In modern everyday usage, the word 'humor' is indiscriminately used as a catch-all term for all sort of "*ridicula*," as Professor Ruch puts it, including: humor creation, humor appreciation, coping humor, nonsense humor, aggressive humor, uplifting humor, dark humor, as well as a general description of mood, such as in being good humored or ill humored. The broad and reigning implication is, that humor is a desirable attribute, even a necessary survival skill which bears witness to a successful and positive outlook on life. Because of this "positive" association, the term is hardly neutral enough for the sake of scientific definition, according to Prof. Ruch.

### **Etymology of the Word Humor**

The word humor stems from the Latin *umor*: meaning liquid or fluid. In other words, humor is being in the flow.

As a medical term dating all the way back to Hypocrites, *Humores*: came to signify the four basic bodily fluids: blood (sanguine), phlegm (phlegmatic), black bile (choleric), & yellow bile (melancholic). The balance of these fluids determined theoretically the (*I. temperare*) or temperament of a person. Respectively, a predominance of one or the other was thought to bring forth exaggerated behavioral characteristics typical of that element.

As the modern comedic form of drama developed, its characters could be seen and described as exaggerated or parodied forms of these character types. In the commedia dell'arte, for example, Arlecchino typified the *sanguine* hot-blooded characteristic of the clown, thus the color red also being typical of the drinker and a ruddy impulsive and emotionally unstable character. Moliere's Imaginary Invalid typifies the *phlegmatic*, sickly, lazy, sluggish. Groucho Marx might be seen as a bilious *choleric* with a raving temperament and nearly manic energy. Pierrot on the other hand, or Gomer Pile could be seen as incarnations of the dreamy, shy, ephemeral *melancholic*.

Initially these traits were only used to describe the physiognomy of a person and perhaps a proneness to diseases. Later the study of these basic character types and their various manifestations developed into its own field of pathology, thus entering Middle

English via French (thus the ou in 'Humour') primarily as a technical term: as in Humoural Pathology.

With the early development of modern chemistry, the pathological significance of the humours waned. What remained of the idea was the simple correlation to a certain predisposition of mood. Thus the emotionally descriptive connotations of the words sanguine, phlegmatic, choleric and bilious persisted to this day. Furthermore, we still understand someone to be positively balanced when they are good humored, or poorly balanced when ill humored.

Around 1600 the word Humor first became associated with the comical as an object of laughter. Ben Jonson's "Everyman in his humour" is one of the earliest records of this usage, meaning an odd, uncommon, eccentric character whose peculiarities most certainly emerged from an imbalance of body fluids. Oscar G. Brockett's History of the Theater underlines this point.

*"Jonson is also credited with popularizing the "comedy of humours." Since classical times it had been assumed that there were four bodily "humours" and that health depended upon a proper balance among them. In Elizabethan times, this medical concept was extended to human psychology. Johnson in particular attributed eccentricities of behavior to an imbalance of humours and created a wide range of character types based upon this scheme."(pg. 141)*

Initially a humorist was an involuntarily funny, odd or quaint person, while a *<man of humour>* (Corbin Morris, 1710-1779) was one who took pleasure in exposing and imitating the peculiarities of the humorist. Thereafter humor and wit came to be recognized as a skill of parody and the ability to make others laugh. By the end of the 17<sup>th</sup> century, with the rise of humanism and the tendency to portray human weaknesses benevolently, a differentiation evolved between the *<talents of humour and the virtue of a sense of humour>*. Being good humoured came to mean having a magnanimous attitude towards the criticism or mockery of others, taking it with a grain of salt, being able to laugh at one's self and one's own misfortunes, and generally standing above one's troubles.

By the mid 19<sup>th</sup> century this 'good sense of humor' had come to be considered a cardinal virtue. It implicated common sense, tolerance, a knack for compromise and maintaining a philosophical outlook on life with all its vagaries. In good English style,

someone without it was considered base and incomplete. With the spread of the British Empire this outlook became firmly established throughout the new world. <sup>(17)</sup>

### ***Evolution of Smiling and Laughing***

Charles Darwin (1809 to 1882) was actually one of the first pioneers of laughter research. He did extensive study on facial expression in the course of pursuing his work On the Origin of Species by Means of Natural Selection. This book was published in 1859 and sold out the first day of publication (all 1.250 copies). In 1872 he published The Expression of the Emotions in Man and Animals which provided further evidence for his theories of evolution. His rationale was: if human beings had descended from a common progenitor, the expressions of emotions must be 1) universal, to be found in all cultures, and 2) not unique to humans, thus shared with other animals.

Darwin's work, though sometimes criticized for what today would be considered methodological flaws, is widely regarded as groundbreaking for the questions it raised. Researchers and anthropologists who followed, such as Mead, Birdwhistell, Bateson, deliberated over whether facial expression is innate or learned, and whether one can understand its meanings without knowing the culture—for example interpreting accurately the menacing smile as meaning "Now I am going to eat you, oh Boy!" This raised the question of 'expression' vs. 'communication' and whether the face is an involuntary read-out device for inner states (i.e. emotions)? and/or a manageable device for communication and misdirection.

With the development of modern clinical psychology, research began to look at links between the face, brain and inner states of emotion. Paul Ekman from the Human Interaction Laboratory in San Francisco, for example, was one researcher who initially set out to prove that Darwin was wrong, but in the process actually became one of his staunchest supporters. In 1997 he published the 3<sup>rd</sup> and the most complete edition of Darwin's The expression of the Emotions in Man and Animals. In the course of his work, Ekman codified all the muscles in the face and developed a system for identifying their interaction with response to given impulses. He called these 'Action-Units' and his system came to be known as the Facial Action Coding System. Just one impact of this research was its significance for studying paralysis of the facial muscles in stroke patients which shed quite some new light on the presumption that smiling could be both voluntary and involuntary. This further confirmed the differentiation between: the "masking smile," and "ritualized expressions."

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<sup>17</sup> This etymology of humor is essentially summarized from Willibald Ruch's lecture during the 1<sup>st</sup> International Summer School Colloquium on Humor and Laughter at the School of Psychology Queen's University of Belfast, June 25-30 2001.

What Ekman did was visit primitive tribes in Papua New Guinea that had been isolated from outside cultures. They were still using stone implements, and had no written language or access to film or print media from other cultures. He showed them photographs of expressions of we would identify as fear, happiness and anger. A translator read stories to the indigenous people, asking them to associate the contents of the tales with the expressions in the pictures. The result was, that these "*stone-age people who could not have learned (these) expressions from the media, chose the same expressions for each emotion as had the people in the 21 literate cultures in prior studies.*" It seemed expressions were innate and universal as Darwin had postulated.

In another study, Ekman examined "posing expressions" which were produced out of volition rather than response to an exciter. The results meshed with those of the New Guinea study. Expressions could be masked and recognized to mean what they were intended to mean. Ekman examined the "display rules" for masking expressions, explaining why we don't always see the face we expect. For varied reasons, he surmised, it may be socially advantageous to mask unwanted, too intimate, or threatening emotions, especially in the presence of an authority or other listener who is not meant to be privy to certain knowledge. As Ekman examined, these display rules varied from culture to culture. For example the Japanese had differing responses to authority than Americans. Result: Display rules are also culturally influenced, thus facial expression is a learned as well as innate trait.

### **Facial Authenticity**

In an interesting application of Ekman's facial-unit analysis, brain researchers working with stroke patients were able to address the question of why even when a patient's face was lamed, the patient still could blink their eyes? It was discovered that lower facial muscles are hemispherically controlled, meaning left-side brain for right side face, resulting in a lateral paralysis following partial injury to the brain. Around the eyes, however, the muscles are controlled by bilateral brain impulses, meaning that there is more interactive brain activity governing facial expression around the eyes and thus a much higher degree of "authenticity" in expression in the eye area due to higher differentiation of brain-impulse-analysis involvement. To fake the eye area, you have to have both hemispheres under control. This could explain how the masking smile of politicians, salesmen and models can be very convincing around the mouth but phony looking around the eyes where more extensive cerebral control is required.

Another implication here is the adaptive and cooperative adaptability of the brain to compensate for lost functions in one region, by simulating appropriate interpretation and responses elsewhere in the brain. Thus it seems in genuine laughter there is intrinsic

hope of survival and regeneration as well as validation of the powers of integration and cooperation. Is the face in fact signaling hope when we see a genuine smile in someone's eyes, even though their lower face may be stony and set in a mode of disappointment or disbelief? Is it not an amazing keenness of awareness, that we are able at great distances to judge the authenticity of only smiling eyes? Perhaps as the saying goes—the eyes really are the windows to the soul. The meticulous efforts of Paul Ekman and his Facial-Action-Coding-System have brought neurologists one step closer to understanding just how that may be true.

### **The Phylogenetic Development of Smiling**

Smiling and laughing, or the impression of it, can be witnessed in many creatures besides just humans. Notably dogs, primates, marsupials, horses and camels, just to name a few, all have supple lips and lower facial muscles capable of displaying facial expression. But even ostriches, with their fixed beaks, can seem to be smiling just through virtue of their quizzical eyes. This observation might be explained by man's propensity towards projecting human attributes to objects around them. Similarly, we may be recognizing our own innate animal nature when we look at other species and recognize how they are "just like us."

In either case, the saying seems to fit: "smiling is the friendliest way of baring one's teeth." Quite in fact, it does appear that "smiling" has evolved out of simulation play in which fighting is enacted as a form of game with "teeth bearing" as a subtle signal telling that the enacted threats are not really serious. This behavior becomes "ritualized" with time, gaining "signal value" which continues to confirm that the game is still at hand. Thus laughter in part may be an acculturated signal for play and identifying comrades in a form of roughhousing where the outcome is not intended to be serious. Here again, laughter is really a form of agreement and validation.

Eibl-Eibesfeld (1975) expanded this theory by postulating another social function of laughter, namely its serving as a definer of group identity through its ability:

*"...to correct/repel deviant or nonconforming individuals. The effect is a binding function on companions who are laughing together (mobbing effect). Laughter brings outsiders in line and reinforces group solidarity and homogeneity."*

In short, the researchers are telling us in a rather complicated way, something fairly simple. After having traced the phylogenetic development of smiling and laughing in mammals all the way from rats (teeth bearing vocalized "kch") to the Lemur (fear "grin") to the Macaque (Fear "grimace") to the Ape (Fear, reassurance and affection-3 types of silent bared-teeth) to Man (happiness), they have come to the conclusion that smiling and laughter stem from separate roots.



As van Hooff describes in a film by Joost de Haas for the Kwintessens Open University, the one is based in ritual play and survival skills, exemplified by the vocalized gnaw-biting common to apes and accompanied by coughing sounds or bursts of laughter. Whereas smiling comes from "fearful screaming ritualized into a submissive 'silent bared teeth face' that finally adopts in some species the meaning of friendliness."

*"Laughter can be regarded as a ritualized intention movement of the gnawing which is a characteristic part of the play of many mammals, and may function as a meta-communicative signal that the ongoing behavior is not meant seriously, but is to be interpreted instead as 'mock-fighting'. In the chimpanzee the relaxed open-mouth display can easily be elicited by tickling, and many authors were struck by its resemblance both in form and context with our laughter. The data suggest that both displays are phylogenetically closely related."* (W. Ruch)

*"The evolutionary emancipation of silent bared-teeth display from its originally fearful motivation, and the extension of the relaxed open-mouth display from its original motivation of frolicsome playfulness toward affiliative and even polite smoothing of social tension, may have occurred by virtue of a deduction of power asymmetry and an increased overlap of interests among interactants."* (Preuschoft & van Hoof (1997))

### **Rats Get the Last Laugh**

Are we happier now for knowing that in our laughter and smiling we are related to rats? Maybe...when we stop to think that rats are one of the most survivable species of mammals, and that science fiction writers have not been giving the human species very good chances for circumventing self-annihilation. Perhaps in laughter there is hope for us all to develop even better survival skills through ritualized play, while further understand the poignancy of that "fearful scream" that subsides into a "silent bared teeth face" (or smile) which signifies submission, acceptance and friendship.

### **Summary 2:**

☞ Laughter is submission, acceptance, friendship and release. Laughter is safety and relaxation. Laughter is the realization that a potential threat has been dissipated. It is a kind of social bonding which validates structures that are the basis of conflict resolution and finding agreement. It is facing challenges with a cohort, overcoming fear and accepting limits.

### **Science Approaches the Fabulous:**

Despite an impressive store of data defining smiling and laughing, as well as much empirical support for the assumption that humor and laughter are just plain good for us,

researchers are quick to point out that there are many more supposed psychological and subconscious aspects of the process which have not at all been approached by traditional science. Perhaps the healing magic of humor can best be explained within that elusive matrix of inner knowledge which includes instinct, intuition, hope and will, and is sometimes simply referred to as the mind-body-spirit connection.

Related research has had significance for numerous fields of medicine, including neurology, immunology, as well as clinical and behavioral psychology. Yet, trying to map and record the connections between our inner and outer well-being, and an aesthetic phenomenon such as humor or hope, is a tricky undertaking. Along with the above mentioned instances of spontaneous healing and the well documented placebo effect, the whole arena of psychosomatic phenomena points up that there are wide areas of the unknown in medicine which deem respect and attention, mandating science to confirm and bring into the cognitive what we seemingly already know and master on a subconscious level.

Even Hippocrates was a strong believer in the inner wisdom of self and the body's own ability to heal spontaneously. He warned that curing was less a process of intervention, but rather one of integrating and helping the body understand its own messages. Healing then, is actually the regaining of balance and making whole again. Appropriately the verb 'heal' comes from the Latin *Haelen*—meaning to make whole. He even warned that the art of healing should pause at the intervention that may do more harm to the patient than the malady itself would cause if left unattended.<sup>(18)</sup>

Similarly it was Voltaire who said: "*The art of medicine consist of keeping the patient amused while nature heals the disease itself.*"<sup>(19)</sup> This almost sounds like a direct plea for more emphasis on entertainment arts in the doctor patient relationship. And in fact, much of a doctor's effectiveness is due to the simple trust s/he is capable of inspiring through that ever important bedside manor.

Although this might seem obvious, the history of our medical practice is full of inhumane procedures inspired by a hubristic notion that we must save, prolong or even create life at all costs. In the late 70s Samuel Shem, a medical doctor and professor of psychiatry at Harvard Medical School, wrote a scathing satire on modern technical medicine which debunked the notion of doctors as Gods and put to task the very idea that hospitals were helping people get well at all.<sup>(20)</sup>

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<sup>18</sup> Raymond A. Moody, M.D., *Laugh After Laugh, The Healing Power of Humor*, (pg. 78) Hippocrates stated as the first principle in his code of medical ethics: "Above all, do no harm."

<sup>19</sup> source: Dr. Paul McGhee, *Health, Healing and the Amuse System* (pg. 49)

<sup>20</sup> *The House of God*, by Samuel Shem, M.D., Dell Publishing, div. of Bantam Doubleday, NY. 1978. Forward by John Updike

Sharply criticizing the over-active administering of "medicine," Shem's tome is a plea for having the wisdom and courage to "do nothing" while caring for patients. The medicines he prescribes are attendance, patience and simple **Comfort-Care**—all the while letting the patient's inherent self-healing, or even dying powers, work at their own pace as is appropriate. Living wills, and patient DNR<sup>(21)</sup> directives to not be resuscitated or kept alive by machines in cases of impending death, are strong witnesses to the emerging realization that death can be an acceptable consequence.

Inherent in this idea of respecting someone's wish to not have their life prolonged by artificial means, not to be resuscitated in case of a cardiac arrest, or even their wish to determine their own point of cessation of life, is the notion that the patient is really the one who governs their own recovery. This recovery may mean stopping the denial of death that pervades our fears of failure and makes us victims of guilt over being ill. It may mean the acceptance of a an ultimate fate in full consciousness of the implications, meanwhile preferring to spend whatever time is remaining in the comforting space of friends and loved ones instead of in the midst of machines. Inherent in this acceptance of death is the idea that death is not wrong and is not a failure. On the contrary, as Stephan Levine describes in his book, Healing Into Life and Death:

*On examining the last ten years of work with those in crises, what arises is a recognition that our intention is not to keep people alive or help them die either. Our work seems to be an encouragement to focus on the moment. To heal into the present and to allow the future to arise naturally out of that opening. If the moment holds pain, awareness is brought to pain. If the moment holds grief, then grief is the focus. If the moment holds illness, then illness is the teaching to which awareness is directed.* <sup>(22)</sup>

This is quite remindful of Baba Ram Dass' famous directive: "Be here now!" And in fact in the mid to late 70s Stephen Levine worked with both Ram Dass and Elisabeth Kübler-Ross, partaking in the groundbreaking work that was being done at that time in counseling and abiding the terminally ill. Levine's ongoing counseling work with the dying<sup>(23)</sup> gave rise to further highly recognized books on the spiritual and healing processes related to dealing with terminal illness. Repeatedly, he describes how the spiritual, physical and mental are closely interwoven, and how central to the healing process just caring is.

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<sup>21</sup> DNR stands for Do Not Resuscitate. See Glossary under Comfort Care for further description.

<sup>22</sup> source: Healing Into Life and Death, by Stephan Levine, Anchor/Doubleday, NY. 1987 (pp. 4)

<sup>23</sup> Stephen Levine also served for seven years as co-director of the Hanuman Dying Project, part of the Hanuman Foundation founded by Ram Dass in the mid 70s with the purpose of furthering the practice of conscious dying. [www.hanumanfoundation.com](http://www.hanumanfoundation.com) & [www.ramdastapes.org](http://www.ramdastapes.org) (bibliography).

*Over the years it has become evident how simple and natural a truth is inherent in the process of sending love and awareness into a place of mental or physical discomfort. Indeed, when injured, our hand naturally moves to touch the wound or bruise, an unconscious act which reflects the deep conscious attempt to activate healing and the relief of pain by touching with softness an area hardened in the mind or body.<sup>(24)</sup>*

Bridging the scientific and esoteric, Levine goes on to give a plausible medical explanation for this healing power of simple touch.

*This deep knowing of the body is conceptualized in the Gate Theory of pain. The observation that soft touch in an area of hard injury can confuse the pain's signal through the "neural gate," a phenomenon by which lesser sensations are able to displace the more intense by gently occupying the same message pathway to the pain receptors in the brain. This instinctual response to touch that which is in discomfort with a gentler sensation gives some indication of the fundamental healing quality of mercy and awareness.*

### **No Substitute for TLC**

In a sense, this is also what a clown or nurse does in hospitals. They bring focus to the moment and gently touch places that hurt with a soothing and disarming wand of humor and play and friendship. Guidelines for helping can be as simple as applying common sense, relying on instinct and responding in a caring way to the patient.

Some years ago I read a report that concluded that nursing care in hospitals, as opposed to the interventions of doctors, was primarily responsible for the healing and well being of patients. I remember this because it so keenly contradicted a basic assumption and at the same time underscored something I intuitively felt was right. Naturally an operation or the appropriate antibiotic can be critical for staving off certain death, but actual recovery from not only the impending illness, but also from the intervention itself depends largely on a highly individual human response. Given the same pre-conditions, some patients will recover and others not, and in both cases there still remain the challenges of facing all the time spent within the illness, discomfort, embarrassment, and uncertainty. Through all of this, it is nurses, family, friends and of course doctors who are also friends, who spend the most time with a patient and have the best opportunity to administer that tried and true palliative: **T**ender **L**oving **C**are.

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<sup>24</sup> source: *ibid.* (pp. 65)

The Namaste **Comfort Care**-Website is a patient and care-giver advocacy resource in the internet serving as a counseling tool for those confronting terminal illnesses. Their motto and foremost recommendation is: "*Do small things with great love.*" <sup>(25)</sup>

### **Bridging the Secular and Spiritual**

Just how "far out" is the unknown? Existential questions regarding the true nature of self, our psyche and the inter-connectedness of our thoughts and bodies with the expansive world around us, are as germane to humor as they are to the study of metaphysics, philosophy and the musings of mysticism.

Why? Perhaps because, as Monty Python so brilliantly showed us in their universally acclaimed film "The Meaning of Life," that big unanswerable question (*Why Life?*) is a theme we all are destined to care about and are equally incapable of answering. Thus we are united in an awkward ridiculous state of hopeful sublime helplessness. Life is necessarily a commitment to facing the implications of death. Irreconcilable contradiction? Perfect spring-board for comedy.

At the cutting edge of scientific research in fields as widely varied as medicine, anthropology and astrophysics, the 'why of life' question also gives birth to fanciful hypotheses that verge on the metaphysical as well as comical.

Just one such idea proposes that mind and spirit may be capable of re-directing the physio-neurological messages of the body, thus being a real source for manifesting inner images into the outer physical world. In other words, a species of fish could collectively decide to will themselves a new fin in order to swim better in tidal currents. Leaps in evolutionary development have been hypothesized to have resulted from just such a process, activating so-called **morphogenic fields**, into which a species literally projects itself mentally into a new form.<sup>(26)</sup> This would explain how the mind can self-direct the adaptation of organisms to new environmental challenges more consequentially than would be expected by the pell-mell chance deviation and success modus of Darwinist evolutionary process.

Plausible or fantastical? If this were true, it might imply a kind of telepathic dialog among organisms which is capable of facilitating self-reflection, vision and collective creative design. Completely plausible for a science-fiction premise. And in fact, research on the effects of directed thought have shown that willful intention indeed can influence the physical universe. According to James Redfield in his chapter on THE RESPONSIVE UNIVERSE in his book The Celestine Vision:

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<sup>25</sup> [www.comfortnow.org](http://www.comfortnow.org)

<sup>26</sup> (ref pp. 63, James Redfield's Celestine Vision) Rupert Sheldrake theorizes that biological forms are created and sustained through morphogenic fields. See Glossary for description.

*"Some of the first findings in this regard occurred in the area of biofeedback. Through hundreds of studies, it has been shown that we can influence many of our bodily functions formerly thought to be totally controlled by the autonomic nervous system, including heart rate, blood pressure, immune system, and brain waves. Almost any process we can monitor showed some susceptibility to our will.*

*"No one has contributed more to the popularization of this new understanding than Dr. Larry Dossey, who has written a series of books focusing on our powers of intention and prayer. By surveying past and present research from F.W.H.Meyers to Lawrence LeShan, from J.B.Rhine to the Princeton Engineering Anomalies Research Laboratory, Dossey has presented a provocative summary of evidence that we can reach across space, and sometimes time, to affect the world." (pp. 65) <sup>(27)</sup>*

Invariably when we start speaking about concepts of hope, will, love, destiny, and inner creative forces, we impinge on belief systems that are highly individual and in a sense, as irrefutable as they are seemingly un-provable. Traditionally the secular and the spiritual, despite proclaimed distance from one another, have always claimed overlapping interests in the big questions of life—flirting tenuously with the idea of a marriage—for both attempt to define the greater mechanics of our existence. The thought constructs that each produce, be it religion or science, form the imagery we use to define ourselves, interpret dreams and rationalize superstitions. Playing with this imagery and directing its language toward productive mind-sets is central to the study of psychology as well as the practices of NLP and Biofeedback.

In ancient times it was the seers, sages, priests and mystics who governed such belief systems and rituals which defined the deeper meanings of existence as well as notions of spirit, health, disease and healing. Their interpretations gave logic to the confounding riddles of life and death. Today it is our entertainment industry that models the mythology that governs what we think plausible. Movies like Matrix, Blade Runner, Terminator, Men In Black and Sixth Sense all contribute to reconfirming and extending the horizons of what we see as fiction or as faith.

The messages that '**sensitives**' and creatives channel have always been considered valuable enough to earn them revered positions in society. At times their knowledge has been deemed so threatening that it gave cause for persecution and even expulsion from society. Exorcism was a possible penalty for indulging in magical arts considered too powerful to be sanctioned. Witches were burnt at the stake. Even the Roman Catholic Church, as it spread throughout the new world, gave great heed to the power of

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<sup>27</sup> (ref. from pg. 65, J. Redfield *Celestine Vision*) he cites *Biofeedback: A Source Guide*, New York, Gordon Press 1991 / and *Healing Words* by L. Dossey, New York: HarperCollins, 1993.

preceding pagan cultures by building their cathedrals on precisely the old sacred sites of worship. Superstition, intuition, perdition, fear and beliefs—all very strong stuff.

With the onset of rationalism—in the west Aristotle, in the east Confucius—there came a split between science and religion. A mechanist view of the universe evolved, which gradually superseded **animistic** models based on beliefs that all things had souls. As James Redfield describes in his summarizing work on the human potential movement, The Celestine Vision:

*Cartesian dualism and Newtonian physics established a philosophical position that was quickly embraced as the reigning worldview for the modern age. This view further advocated an empirical skepticism in which nothing about the universe should be believed unless it was shown by quantitative experiment to exist without question.*  
(pp. 40)

Under this "reign of science," the universe became a great "cosmic machine" that was rationally graspable, predictable and even controllable. But none the less, **atavistic** beliefs persisted where existential questions of life and death eclipsed the purely rational and explainable. Phenomena such as spontaneous healing, mental telepathy, or the simultaneous appearance of great leaps of evolution across vast distances on the earth where no link between them could be fathomed, all could be addressed within an animistic universe with souls transmigrating and re-incarnating, and spirits around us could impart to us valuable knowledge if only we were attuned to their messages.

Some intrepid futuristic thinkers dare to scoff at the classical limits of science, and tread the murky waters of the deeply intuitive, leaping past the boundaries of the definable, boldly postulating fantastic theories, sometimes even giving rise to science fiction type ideas that later became the basis of serious engineering. Cloning, bionics, artificial intelligence are just a few such notions which existed in peoples minds long before they became a scientific reality. In one highly theoretical interdisciplinary field of study called **psycho-cybernetics**, concepts as diverse as the transmigration of souls, **cell-memory**, astral traveling, and even **cryonics** are as commonplace as toast and tea.

For science, such ideas may pose galactic challenges of validation. But for an artist, clown, or child pondering fairy tales and tadpoles, they are as conceivable as ET, Tinker Bell or Winnie The Pooh. When things get this fantastical, one could begin to speak of the art of science, just as one speaks of the art of medicine. Since artists and visionaries are not accountable for giving iron-clad answers or holding up truths, embracing fantastic ideas has never posed a problem. Literature bears witness to this melding of two worlds. Goethe's Faust, for example, is clearly the story of a struggle between the secular pragmatism of science (Dr. Faust) and the mythical spiritual idea of a life beyond death,

even a karmic responsibility for one's deeds within and beyond this world (represented by Mephisto). Goethe was a great student of mysticism, alchemy, and astrology as well as being versed in all the scientific thinking of his day. Shakespeare often used ghosts to propel the drama of his character's inner conflicts. *Mid-Summer Night's Dream* is full of forest spirits, *Macbeth* is plagued by a soothsayer's riddle foretelling that Birnam Wood will march against him. And in Shakespeare's perhaps most philosophical play, the protagonist Hamlet says to his good friend:

*"There is more in heaven and earth, Horatio, than in your philosophy."*

The point of all this exposition on the fantastical is to highlight just how strongly our beliefs impact our perceptions of life and death, and thus define what we call existence, health and well-being. What role does humor play in all of this? Here is what Paul McGhee has to say about humor as an emerging new field of medical research:

*....exciting new work (is) being done on humor and health (as) part of a broader research movement in the health sciences focusing on the impact of the mind on the body. In fact, an entirely new area of medical research has developed in the past decade, with the unwieldy name of "psychoneuroimmunology." Every year, more and more studies demonstrate that your thoughts, moods, emotions, and belief system have a fundamental impact on some of the body's basic health and healing mechanisms....*

*The body's healing system responds favorably to positive attitudes, thoughts, moods, and emotions (e.g., to love, hope, optimism, caring, intimacy, joy, laughter, and humor), and negatively to negative ones ( hate, hopelessness, pessimism, indifference, anxiety, depression, loneliness, etc.).....*

*This doesn't mean you should avoid negative emotions. You need to find ways to express whatever emotions you feel. Candace Pert, (former Chief of Brain Biochemistry at the Clinical Neuroscience Branch of the National Institute of Mental Health)...noted that "repressing emotions can only be causative of disease." Failure to find effective ways to express negative emotions causes you to "stew in your own juices" day after day, and this chronic immersion in negativity is what appears to produce harmful influences on health.<sup>(28)</sup>*

### **Summary 3:**

☞ Creative expression, as both Casals and Schweitzer indicated, has therapeutic effects on mind, body and spirit. It seems that creative expression forms a kind of playful transparency between knowledge, intuition, philosophy, spirituality,

<sup>28</sup> Paul McGhee, *Humor and the Amuse System*, psychoneuroimmunology and humor, (pg. 56-57)



fact and fantasy. While creative expression is highly subjective endeavor, it gives birth to a widely universal result: it validates both the uniqueness of the individual and one's commonness with others. In this way it lays a groundwork for dialog as well as self-criticism and self-definition.

- ☞ Laughter is a leveling non-threatening common ground on which partners can meet to address, confirm, dispel and play with any and all permutations of one's belief systems, free of stigmatization or dogma. Humor is a kind of a playground for thoughts and emotions—a sorcerer's caldron of speculation, collation, fun, lightness, deep beliefs, doubts, suspicions and fears. Humor integrates, dissects and makes whole again.
- ☞ Healing, according to Hippocrates, is integration and making whole. Thus humor and healing have a lot in common.

### ***Negativism and Humor***

With all the above emphasis on positive emotions, it is only fair to mention the tonic effects of negative emotions. As I will review again in the discussion on **provocative therapy**, in proper doses, negative emotions can be very therapeutic. In the short-term, even hate and aggression can be important for venting steam and confronting the things that "eat" one from the inside. Repressing these so-called negative emotions can actually cause self-destructive states of mood which foster serious diseases such as ulcers or chronic skin ailments. Crying is just one example of a cathartic negative emotion with enormous healing power. It relieves the pain of sorrow immediately while tiring the body into a palliative state of release and acceptance.

There is no real hard-fast agreement among scientist or care-givers as to how best to investigate this. As Paul McGhee describes,<sup>(29)</sup> the humor/emotion connection is still vague. The Zeitgeist of modern research into laughter and smiling is still quite focused on measurable cognitive and physiological aspects of humor and laughter: including content, structure & complexity of the stimulus; cognitive processing; psycho-dynamic and physiological changes in the recipient as a response, such as heart rate increase, perspiration, hormonal glandular activity. But the emotional impact of humor is still a quite neglected area due to the ambiguous nature of defining such terms as hope, love or trust. His point is actually that there is still little agreement about how to define emotional states and examine them objectively in this context. Though research in this

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<sup>29</sup> (ref. Lecture Notes from W. Ruch 6/2001) Paul McGhee, Ph.D., (1979 p.9): A model of qualities accounted for in psychological theories of humor.

area is still very limited, he emphasizes there is a general awareness that "*certainly humor includes emotions and is not only a cognitive process.*"<sup>(30)</sup>

### **Dark Humor**

Dark humor accompanies us in our bleakest moments. It is a bit like the good last meal precluding an execution during which the spirit rests in a short suspension of disbelief. Concentration camp humor, war humor, disaster humor, hospital humor all attest to this. Survivors of atrocities often relate that the only thing that saved them was their humor. Humor helps cope.

Both Paul McGhee and Patty Wooten devote chapters of their books to the subject of catastrophe humor, and how people rally optimistic forces in their weakest moments. When people hit a deep spot of realization that all is not so rosy as they wanted to believe, humor is like a desperate hand reaching out and asking for even the smallest consolation, that one indeed is not alone. The readiness to laugh is like saying "laugh with me, tell me you are also here, this is too ugly for me to face alone."

Operating room humor in hospitals is a prime example of this; people faced daily with the horrors of illness and despair attempt through the reflex response of humor to win objective distance.

Gallows humor also addresses helplessness by taking refuge from despair in a valorous ideal of humility, even martyrdom. Again, acceptance is ultimately the only comforting response to a basic condition of life where an ungraspable infinite, such as death, is both a sublime and ridiculous, none the less irrefutable fact.

Even the viciously caustic humor that is meant to hurt, destroy, or stigmatize an opponent into an undesirable role—humor that is wielded like a weapon by a group against a common enemy—sadistic, ridiculing, chiding, misanthropic types of humor; all of these say a lot about how groups and individuals deal with disquieting socio-phobic tendencies. It has a lot to do with the dynamics of fear.

In the case of derisive humor directed at ethnic groups, for example, this fear can have a lot to do with validating identity of one's own ethnic tradition and re-affirming one's own sense of superiority. It may spring from an irrational fear of strangers, fear of superiors, fear of inferiority, fear of being left out, etc.

In the wake of the Clinic-Clown-Movement and the benevolent effects of humor there has been a lot of emphasis on positive emotions. But as Prof. Ruch points out, in the interest of science and for the sake of research, it is necessary to disassociate the term

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<sup>30</sup> Paul McGhee, lecture during the Belfast Summer School Colloquium on Humor Research during the summer of 2001.

humor from its Middle-English connotations of being a desirable trait, and to look objectively at both 'positive' and 'negative' emotions in trying to understand their function. As he points out: happiness, anger, sadness, fear, anxiety, disgust, contempt are all germane to the subject and we should not preemptively assume what value they might have.<sup>(31)</sup>

As Lily Tomlin put it: "*We are all in this together—by ourselves.*"

Sarcasm and irony, along with other forms of "aggressive" humor can have desirable effects. Like the sparing of lion cubs, when practiced among friends, aggressive humor can serve as a codified system for mobilizing healthy survival responses and validating basic moral tenets. Caustic humor is often intended to invoke "authenticity" within groups where a minimum of trust and common ground is a-priori. As an exaggeration of the truth, derisive humor can also test the limits of what is socially acceptable behavior. In the case of provocative therapy, it can lead to discovery of powerful inner resources for coping, self-assessment, finding hope and activating affirmative self-actualization by prodding one into self-reflection, or perhaps even helping them during moments of instability to reaffirm their own value system while building resistance to overly threatening modes of criticism.

### **Provocative Therapy**

Frank Farrelly, inventor of this drastic form of helping, is an intensely authentic and keenly cutting humorist. His sharp wit cuts relentlessly to the heart of all the paradoxes which encapsulate the rationale his clients use to cling to their problems. With them, he explores the ridiculousness of their predicaments, and sorts out with them what is really useful, and which strategies have holes in them. The speed with which this happens is breath-taking. If psycho-therapy could be compared to an ambling bumble bee flight from flower to flower through the entire forest of emotions and response, Frank's method could be seen as the bee-line straight for the hive.

In the following excerpts from his book, Frank describes how the self-affirming responses to ridicule, sarcasm and provocation are brought into relation to a basic therapeutic intention. That intention is to effect changes in destructive habits:

#### **Clients can change if they choose** (pg. 37)

*"We assume that clients have not changed because they will not, and that clients can change if they choose. Individuals are responsible for their own feelings and behaviors and can at least change behavior (reorganized perceptions and feeling will follow) by an act of choice or "will"—if they want to....."*

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<sup>31</sup> W. Ruch, lectures on Humor Research, Belfast Summer School Colloquium in June 2001

**Clients change and grow in response to a challenge** (pg. 36)

*"There are a variety of ways people can adapt, learn, or change. One important mode is for a person to be faced with a challenge with which he is forced to cope and unable to avoid. When constructive anger at himself is added, changes can be rapid indeed. In a context of high expectation (even if implicit or denied by the provocative therapist) constructive anger at one's self (or the therapist's portrayal of the client's self) is a powerful motivator for change. The therapist's task is to challenge the client sufficiently but not overwhelmingly .... in order to provoke him to use new coping behavior. "Fight" reactions to problems are almost invariably preferable to "flight" reactions. One of the unique features of provocative therapy is the degree to which the therapist will not tolerate the client's avoidance, even from the initial contact.*

In a mesmerizing demonstration by Frank Farrelly at a Therapeutic Humor Convention in Stuttgart in the spring of 2002, he demonstrated his techniques by taking volunteers from the audience who had problems they were willing to have addressed in a public forum. One was a depressive young man who was too shy to speak. Frank kept making amusing entreats to open the conversation, but little or nothing came back. Frank was being quite funny about how many ways there are to start to talk to somebody, and the audience was laughing along, but the young man was still quite stone-faced. Then Frank said....

(paraphrasing) *"You know, if you don't want to talk to me, that's okay. In fact I kind of prefer to just talk to myself sometimes. In fact...quite often. You know, sometimes I even think I am the single best person there is to talk to....for two reasons: 1) I like talking to interesting people. And 2) I like talking to funny people."* (this audacious remark got a huge laugh from the audience)

(pause, then asking the patient) *"Do you ever talk to yourself?"*

(in a kind of stupor, the patient nodded 'no', Frank went on)

*"I can believe that. I mean, frankly, you're not very funny, and you haven't said anything too interesting yet. If I were you, I could imagine not wanting to talk to myself either."* (pause) *"But then some people like talking with boring slow thoughtful (Frank's speech began slowing to a methodical plodding pace, as if pondering) folks.... with.... lots.... of... time.... to... think.... about.... what.... they're.... saying. (Pause) Not me! I just blurt out whatever I'm thinking. But....maybe you're one of those meditative types that like to sit in Japanese rock gardens and count stones. That sound like fun?"*

The audience cringed a bit at this direct attack, but the patient's response was surprising. He changed his position, turning towards Frank in a very soft and trusting

way. His open questioning look seemed to say—maybe yes, maybe no, I'm not sure. Frank had his full attention, and he continued:

*"You can think about it. There's no hurry."* (then he looked at his watch. laughter)  
*"Oops. Cancel that. Time's almost up."* (more laughter) *"But, tell me, just out of curiosity, who's the most interesting, funniest person you know?"*

(patient) *"I don't know."*

(Frank) *"Not yourself, I take it."*

(patient) *"No."*

(Frank) *"How about your friends? Do you have Friends?"*

(patient) *"Yeah."*

(Frank) *"Are some of them funny and interesting?"*

(patient) *"I guess so."*

(Frank) *"You guess so! You don't know? I mean, aren't you there when you meet your friends?"*

(patient) *"Yeah, I'm there."* (the patient laughed)

(Frank) *"Well, are they funny?"*

(patient) *"Sometimes."* (he laughed)

(Frank) *"Well there you go. (Pause) You know what I just realized?"*

(patient looked at Frank)

(Frank) *"We got a pretty good little conversation going on here! (laughter, the patient laughed as well) I mean you're talkin' now. I'm talkin'. We got quite a patter goin'. We're gettin' some information out, people are laughin', havin' fun. This is kind of like a party. This talking thing can be quite a ball, don't you think? You having fun?"*

(the patient shrugged, seemed uncertain)

(Frank) *"Not too shure, huh?"*

(the patient shrugged, uncertain)

(Frank, sincerely) *"Did you notice we were talking...? I mean you were here while we were talking, weren't you?"*

(the patient affirmed and laughed)

(Frank) *"Who do you think was more here, me or you?"*

(after thinking a while) "*Same, I guess.*"

The implication of this person identifying themselves with Frank on equal footing had obvious merit. Frank got him to talk, and established a strong ground of trust in a very short span of time. As he went on talking with the patient they came to a satisfying conclusion that the issue of low-self-esteem that was inhibiting this person and contributing to his chronic depression would take more time to conquer than the limits of this one talk could afford. In the round of questioning from the audience that followed, the patient confirmed, he did not feel ridiculed by Frank's cutting wit. He felt on the contrary a deep sense of understanding, compassion, honesty, identification.

It was a very "real" communication that went on between the two of them, way beyond the cushioned politeness of social convention. And it seemed it was reassuring for the patient to be talking with someone who would care enough to tell it to him the way he really saw it. Usually we only get that kind of sincerity from family or the closest of friends.

Frank's humor is amazingly relentless. At the same time you feel how deeply he cares. Frank was the middle child of a 14 head Irish family from Madison Wisconsin. He claims that was an environment where one had to learn about humor and coping and it came in the form of "tough love."

### **Humor and Crisis**

Following tragedy, it is often the laughter of children that heralds new hope and is one of the first signs of a return to some kind of normalcy. Children, because it seems they do not do doom like adults do. Children are incredibly resilient and pro-life. In the wake of great loss, such as with war or the aftermath of an earth quake that has destroyed an entire region, it is often the children who are the first to re-discover play and begin to laugh again. Survival means facing what is left. Finding humor and being able to laugh at such a time is quite a lot more than just making light of the situation. It is actually giving light to the darkness of fear and paralysis.

I think it was Beach-Clown, Patch Adam's trusted and true friend, who related to me an incident from the refugee camps in Bosnia which she experienced while there as a clown in 1997, helping with the recovery efforts after the war. She said that occasionally adults were aghast that clowns should show up at such a critical time when what everybody desperately needed was food and water and medical aid. Shell-shocked from the losses they had suffered, the very thought of being able to enjoy something at such a time seemed inappropriate to some. But the children flocked to the clowns and began to have fun. As the children laughed, " you could feel the relief spreading around" Beach explained. The children easily accepted the clowns offer to play. And adults who

witnessed this, finding joy and relief in the pro-life response of the children, started laughing along. The children were their release valve. That helped the adults allow themselves to accept happiness even in the midst of mourning. It helped them cope.

I can relate to this scenario from my experience on cancer wards. Although the patients are the ones who are supposedly suffering, it is often the parents who are in the worst state of crisis. In fact, not infrequently, I see patients taking on responsibility for comforting their care-givers who are wrought with fear over what will happen to their suffering loved ones. In seeing their own dreams tumble and life-plans scratched to a naught, the helplessness of being a bystander can be agonizing. Without a focus for hope, this helplessness can be emotionally paralyzing.

The patient, on the other hand, is anything but helpless. Knowing on at least an instinctive level what is really going on inside their bodies, they are intrinsically involved in a program of meeting themselves on the most essential terms. Recovery and adjustment become very concrete undertakings. The ability to "own it" and "crack" the paralysis of fear in a crisis is often only a question of two things: acceptance of fact and having a focus for concrete activity.

Like when survivors of an earthquake just go in with whatever tools they have and start cleaning up, life begins to reawaken when pro-life-forces are activated. Just seeing a smile and hearing a laugh can do that instantly. I have even seen parents burst into tears of joy, just to see their child laugh. This is one of the most confirming attestations to the positive strength of emotional bonds I have ever witnessed.

#### **Summary 4:**

- ☞ As a coping mechanism, humor is a god-send. It levels things out for a moment so that all the gauges can be reset to zero and a new assessment of the situation can be taken. It makes room for the pro-life creative survival response. It is a pressure and stress release valve.
- ☞ Emotions play a strong role in our ability to function, cope, survive or recover. Humor and laughter are direct avenues to the emotions and outlets for expressing them.
- ☞ From TLC to tough-love, humor crosses all boundaries of taboo and convention. It incorporates the good, the bad and the ugly while also being a gauge for authenticity and **emotional intelligence**. It affirms who we are, short circuiting the moral barriers installed in our value system and social programming.

## ***A Comic's Approach to Laughter***

The question that really interest practitioners is: Are they laughing, or are they not? Are they cold, or are they hot? Clowns and Comedians are usually very instinct oriented pragmatic people when it comes to their work. They need results more than theories. How to tell a joke, how to make a balloon animal, how to make your assistant disappear. These are the kind of do-it, fix-it approaches that really appeal to people who have to get up on stage and perform. So someone tell me what's funny.....please!

Delton T. Horn says in his book Comedy Improvisation:<sup>(32)</sup>

*"Comedy grows out of an ambiguous entity we can call the 'comic spirit.' This isn't metaphysics, just a convenient label for whatever quality makes something funny. The comic spirit incorporates many things, including point of view and tone. Most theories of comedy focus on one or more of the following elements:*

- *surprise,*
- *recognition,*
- *superiority and rebellion,*
- *aggression,*
- *playfulness."*

Gene Perret says in his book, Comedy Writing Step by Step (pg. 18):

*"In general, a joke comprises of two distinct ideas that come together to form one... Sometimes these thoughts are strikingly similar, sometimes they are totally nonsensical and other times simply ironic. But 99% of all jokes are two ideas tied together in a funny way."*

Patty Wooten, R.N. gives the following rules for finding and creating humor in her book, Compassionate Laughter:<sup>(33)</sup>

- *exaggerate and overstate the problem*
- *look for the irony*
- *recognize the incongruity and nonsense of difficult situations*

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<sup>32</sup> Comedy Improvisation, Exercises & Techniques for Young Actors; by Delton T. Horn, Meriwether Publishing Ltd. Colorado Springs, Colorado. pp. 5

<sup>33</sup> Compassionate Laughter; by Patty Wooten, R.N., Commune-A-Key Publishing, Salt Lake City Utah, 1996



- *learn to play with words*
- *learn to appreciate surprise.*

Paul McGhee goes a lot further in training people to develop their sense of humor and humor practicing skills. As a researcher he has some interesting insights as to just what makes people laugh, and how this develops from Day 1 on.<sup>(34)</sup> McGhee tells us the reigning theory on humor identifies basically two sources: Incongruity (meaning absurdity, nonsense, irony) and the Tendentious (term coined by Freud). McGhee says:

*"Humor is intellectual play. It is the experience of deriving pleasure from playfully...*

- *creating / appreciating distortions of the world as you understand it,*
- *expressing / reacting to taboo or emotionally sensitive ideas or actions.*

He goes on to explain how our sense of humor develops parallel to our emotional and intellectual development. It is an "*aid to mastery*" of the issues we are dealing with at any given time, and can—but must not necessarily—lead to laughter. It begins on day one when our mothers and fathers play with our toes and smile, when they tickle and "*threaten*" us while laughing. As our minds grow, so also our humor. It should be noted, however, that laughter is not always the result of humor. It can also follow vigorous play or simply be an expression of "*group glee*" as McGhee says.

#### **Developmental Stages of Humor in Children**

- *Toddler & early preschool (potty / toilet humor)*
- *Early elementary school (being stupid / clever, having the answer)*
- *Junior high & adolescence (sexuality)*
- *All ages (any of the above and relationship with parents)*

Differentiating even further, Mr. McGhee explains:

- *Stage 0 (0 – 6 months) smile of recognition, smallest deviance in presented objects, development of interests and interpretations.*
- *Stage 1 (6 – 12/15 mo.) laughing at the attachment figure*
- *Stage 2 (12/15mo – 3 to 5 yr.) object displacement – giving a known thing an untypical function such as pacifier being a rocket ship.*

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<sup>34</sup> following summary of humor theory and the development of humor in children is taken from lecture notes from Paul McGhee's lectures at the 1<sup>st</sup> International Summer School and Colloquium on Humor and Laughter.

- *Stage 3 (2 – 3 or 4 yr., the so-called "chimp-age") misnaming objects or actions*
- *Stage 4 (3 – 5 yr.) playing with word sounds—not meanings*
- *Stage 4b (same age) nonsense real-word combinations*
- *Stage 4c (same age) distortion of features of objects, people or animals*
- *Stage 4c (same age) gender reversal, new form of stage-3 humor.*
- *pre-Stage 5 (5 – 6 yr.) pre-riddle stage—transitional*
- *Stage 5 (6/7 – 10/11 yr.) riddles and jokes. In this stage the developmental research is still under development. There are interesting studies to see what degree of challenge effects the ultimate funniness.*

Here are some of the examples McGhee gives for humor at the various stages. Good section for clowns, parents and teachers to read if they aren't already doing this automatically.

**Stage-1**, Laughter at the attachment figure: this earliest stage is non-created, emotionally derived and learned. It includes: Peek-a-boo, mother sucking on bottle, father waddling like a penguin, unusual behavior of attachment person, vigorous physical play like throwing the baby in the air or tickling.

**Stage-2**, Treating an object as a different object: earliest self-created humor, but also funny if the attachment person does it. This includes using a bowl, diaper or wash-cloth as a hat; a finger as a toothbrush; a shoe as a telephone; any incongruous action with an object. McGhee notes: *The child's frame of mind determines whether it's humor or not.*

**Stage-3**, Misonaming objects or actions: "show me your nose" game; calling a cat a dog, a shoe a sock, etc.

**Stage-4a**, Playing with word sounds—not meanings. This includes silly rhyming; altering funny words (Dr. Seuss); creating nonsense words.

**Stage-4b**, Nonsense real-word combinations. McGhee notes there is still no focus on the meaning of the word, any word combination will do: "I want more potato juice." (bread juice, corn juice, chair soup, apple shoes, butter hats, etc).

**Stage-4c**, Distortion of features of objects, people and animals: such as adding or taking away features that don't belong (a potato with toothpick arms and raisin eyes); changing shape, size, location, color, length or familiar things (coloring a fire engine blue); incongruous or impossible behavior (as in Far Side cartoons).

**Stage-4d**, Gender reversal, reflecting struggle with gender identity and what it means to be a boy or girl. This includes kids calling each other the other sex, or identifying what behavioral qualities belong to boys and girls.

**Pre-Riddle Stage**, Transitional period. Most characteristics of stage 4 are still present, but there is a new interest in riddles. It is key to note, they don't understand the riddles and jokes they tell. Example: *Why does the chicken cross the road? There were ducks in his way. Why did the man tip-toe past the ambulance? He didn't want to wake the sleeping pills.*

**Stage-5**, Riddles & Jokes. Here concrete operational thinking is at hand, and the exciting discovery that one word can have different meanings. (Why do bottle openers eavesdrop? Because they love to pry.) McGhee explains how kids love to trick up adults and practice knowing something others don't know. It is a joy in exercising a newly developed skill. There is such a premium placed on being right in school, by telling jokes they can turn the tables on authority by making their teachers, parents, peers look stupid. McGhee also notes that the degree of cognitive challenge is a question of proper matching experience with curiosity. Jokes and riddles are funniest to children when they're neither too easy or too difficult. At this stage children also learn about the 'joke facade' as an excuse when they have injured somebody verbally (I was only kidding) or as a social tactic for softening criticism by camouflaging it with humor (you're as slow as a two toned turtle in a tulip patch today), or as a method of mitigating a negative reaction (..what's the matter, can't you take a joke?)

In summarizing, McGhee reinforces that play is a major source of learning. Humor aids child-development in myriad ways, including:

- *sustaining joy and happiness*
- *strengthening bonds with parents, care givers, peers*
- *building interpersonal skills*
- *helping manage anger, anxiety and aggression*
- *building self-esteem*
- *promoting intellectual development*
- *stimulating creativity*
- *contributing to physical health*

One can nurture this development by:

- *respecting each child's unique humor style*

- *supporting play behavior*
- *reinforcing children's attempts at humor*
- *modeling positive humor yourself, including self-effacing humor*
- *providing humor at the child's cognitive level*
- *explaining the harm in destructive humor while understanding that children's aggressiveness is often an expression of their inability to understand other people's perspectives.*

### **That's Humor! Anybody Still Laughing?**

Question: What does it mean if you find an attorney up to his waist in cement?

Answer: Somebody ran out of cement!

I forgot to warn you...., that was a joke! So there you have it in a nutshell. Laughter and humor bring everyone's attention to the moment! It gets them into the here and now and gets them off their problems from the past or future! It is a dialog of minds and hearts. It makes people connections, fosters camaraderie, lightens up differences and conflicts, eases tension. It is a tonic for the body and salve for the soul. It crosses boundaries of race, culture, and helps confirm identity. And it does all this with the speed of a cracking whip—about as long as it takes for two ideas to collide.

In the following section on improvisation, I will try and show how humor and improvisation are related, and how both are healthy survival responses to crisis, thus completely fitting to therapeutic environment and facing illness.

## Improvisation

*"How do you make God laugh? Make plans!"*  
(Anonymous)

Clowns in hospitals bring laughter and mirth to a clinical environment long considered crisis and tragedy oriented.<sup>(1)</sup> Jazz musicians, performing as music therapists for coma patients, are able to reach in a profound and orienting way deep into the void of unconsciousness and accompany injured individuals back into life.<sup>(2)</sup> Painters and dancers who have been integrated into occupational therapy programs help address deep seated aesthetic issues of self and the inner congruency of mind-body-spirit awareness.<sup>(3)</sup>

Intrinsic to all of these "performances" is the art of improvisation and a sense for dialoging with the patient. To achieve this, artists must be proficient communicators as well as facilitators of their own art. With the patient as a partner, the artist enters an abstract world of cooperative play and make-believe in which discovering self, pursuing purpose, and resolving conflict together is what winning the game is all about.

Prof. Dr. David Aldridge from the Witten University in Germany explains this process extensively in his book Kairos II, Articles on Music Therapy in Medicine. In his chapter on post-comatose-syndrome, for example, he highlights how "*music as a form of communication is analog to language*" (Morley 1981) and how "*timing, phrasing, intonation, rhythm and melodic contours*"<sup>(4)</sup> play essential roles in both disciplines. Even when a patient's verbal and non-verbal ability to communicate is severely impaired, the music therapist can address vital cognitive functions, such as:

Intention: simply by guiding and being sensitive to the patient's choice of instrument and what they want to play,

Memory: by using repetition of musical phrases and rhythms and noting the patient's ability to recognize and repeat them, either within the current session or in subsequent sessions,

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<sup>1</sup> Hospital clown projects exist in many countries. Of special note in the U.S. is The Big Apple Circus "Clown Care Unit" based in New York City and operating in various cities in the U.S. For description and list of more projects see note in bibliography.

<sup>2</sup> One noted project of this sort is run in conjunction with the University in Witten Germany under the direction of noted music therapy researcher and professor, David Aldridge. Web-Address: [www.musictherapyworld.net](http://www.musictherapyworld.net).

<sup>3</sup> One noted project of this sort is "Kultur im Krankenhaus" at the University Hospital in Münster Germany. See project description in bibliography.

<sup>4</sup> Kairos II, Articles on Music Therapy in Medicine, edited by Prof. Dr. David Aldridge. Hans Huber Verlag. Bern 1998. pg 41-44. Post-Comatose-Syndrome

Concentration and attention span: by noting variations during playing, in the patient's precision and the musical relevance of their playing to the existing context.

Even with comatose patients, a music therapist can enter into an intimate dialog of call and answer simply by being attuned to sub-cognitive responses in the patient while playing and responding accordingly. Breathing rate, rapid eye movement, changes of pulse, body temperature or even increased transpiration all give clues as to how the patient might be dealing with the sensory input they are getting from the artist. Prof. Aldridge calls this a "*A fugue for two hearts.*" <sup>(5)</sup>

It is important to understand that the patient's limits set the framework for dialog, not the artist's mastery of repertoire. Whatever specific skill the artist brings to this encounter, be it music or story telling, painting or magic or clowning, the skill itself is not the major focus, it is a premise for contact. In this sense, the music therapist or hospital clown is not only an entertainer, s/he is also a teacher and mentor. While "entertaining" in itself can be of great value, rather than demonstrating mere proficiency or dominance, the artist's purpose in a therapeutic setting goes beyond the traditional role of performing, and includes a response-oriented attitude towards seeking synergy, equanimity and complicity with its audience. The artist is first and foremost an explorer, sounding out where interests and limits may lie, then testing and coaxing extensions of coherent exposition. Simultaneously, both artist and patient become leaders and followers of a creative process.

In this section, I want to look at what it is in the creative process of improvisation and playing together that is so healing, comforting and intrinsically wise; and how this parallels with what we have learned about humor and laughter.

### ***The Creative Process***

The painter and his proverbial empty canvas, the writer and the unwritten page, the teacher and a classroom of eager faces..., the musician and a 12 bar solo, the house wife and a fridge full of leftovers and no open shops to go to for milk and butter—all of these people are about to engage in an act of invention and self-discovery. The processes they use to tap into their creative energies can be as varied as the calls to summon them—one may go for a walk seeking relaxation and inspiration, another may chain themselves to the spot they believe inspiration will eventually incarnate, another may just leap in head first with action while trusting that the solution will present itself along the way.

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<sup>5</sup> *ibid.* pp. 33, original text: *Zusammenspiel zweier Herzen*. Chapter on synchronizing music and heart rhythm.

Common to all these conditions, however, is a never completely resolved feeling of "standing at the edge of an abyss" where *anything* is possible and *nothing* is certain.

Not really knowing where inspiration will come from, if at all, the experience of having to risk creating can be anything from thrilling to confounding to frightening, even for an experienced creator. Depending on just why one has arrived at this point (desire to create, the need to create, desperation to create), this "empty room" of opportunity can easily inspire panic, anxiousness, fear, even a kind of mental and physical paralysis, especially when one is conscious of what is at stake in "leaping off the cliff and trying to fly." At stake is discovery, mastery, genius, pride, fun, satisfaction. Also failure, embarrassment, shame, depression, rejection, loss.

This naked moment for soul, body and mind is a moment of truth in which one faces essential messages deep inside one's self about whether one really can "fly" or not. If yes, can one do it repeatedly? To use the dream imagery analysis of C.G. Jung and Edgar Cayce, this naked-flying association might be seen as one of multiple anxieties having to do with existential crisis, competence, inner beauty, self-worth, pride and confidence.<sup>(6)</sup> These moments of uncertainty in the creative process, and moving forward towards creation, completion and closure are closely analogous with the process of facing illness and death.

Failure or opportunity? Exactly this question is posed by the best selling authors, Thorwald Detlefsen and Rüdiger Dahlke in their joint philosophical esoteric thesis, *Healing Power of Illness: Understanding What Your Symptoms Are Telling You*.<sup>(7)</sup> In their book they address how we can understand illness, not as failure, but as signals for corrective action and an opportunity for growth.

*"Symptoms manifest in our body as visible expressions of an invisible process, signaling that something is out of balance. Essentially they alert us to the consequences of our thoughts and actions, begging us to interrogate our path." (pp.21)*

In the context of improvisation I also prefer to refer to mistakes as fiascoes instead of failures. In the context of play, unexpected moments of confusion, intrusion or disorientation have a quality of discovery and adventure. They are even fun. For clowns and comedians, the **'flop'** is what comedy is all about. Even in music, mastery at improvising is more than just the ability to extemporaneously compose, it is also the

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<sup>6</sup> Both Jung and Freud worked extensively on dream interpretation. For an introduction to their ideas, *How To Interpret Your Dreams, Practical Techniques Based on the Edgar Cayce Readings*, by Mark A. Thurston, Ph.D. is a good primer on dream work. On page 35 he summarizes their respective approaches to dream interpretation and how Jung saw "the possibility of profound wisdom and insight coming from the unconscious" portrayed through symbols.

<sup>7</sup> English title for *Krankheit als Weg; Deutung und Be-deutung der Krankheitsbilder*, by Thorwald Dethlefsen and Rüdiger Dahlke, Bertelsmannverlag, München 1983

ability to integrate the unexpected with the intended, making all that transpires be right. It is a living dialog—a protocol of life transpiring.

As John Lennon put it: "*Life is what happens, while you're making other plans.*"

### **Fear of Flying**

There is a peculiar group dynamic regarding success, and particularly the process of improvisation, that used to seem paradox to me, but now only underlines how much is really at stake when we begin to tempt our excellence, even when we think we are only playing. Oddly enough, it often occurs that the better a creative act turns out, the more resistance people develop towards trying it again. It is as if one would rather leave the achieved on a shelf as a trophy, than to try and top or match it. It is as if in having glimpsed a peak experience, an innate fear of discovering it was only a fluke, or worse an illusion, gets activated, and in tempting to go there again one might risk bursting the memory of brilliance, perhaps even confirming that mediocrity is the set condition one really lives in.

- Success—and the fear of not living up to it—can become an inhibitor.

As both a trainer and theater director I have often found my role in facilitating group creative processes to be one of comforting people for having been brilliant, as well as trying to give them coherency and cognition as to where it came from and how it can be re-accessed. People are often surprised and even embarrassed to experience, not only how bad, but also how good they can be. Improvisational play is a good tool for helping people learn to cope with their fears of going to the core of what makes them tick. These are some of the things ones experiences during improvisation.

- dynamic collective decision making,
- group supportiveness,
- cooperation and flexibility,
- imagination and affirmation,
- playing so that the others looks good,
- saying yes to the unexpected
- saying yes to your partner,
- accepting failure,
- finding humility.

Improvisation gives one a sense of freedom and opens doors for creative imagination. It inspires "flying high" and at the same time incorporates "crashes" as new beginnings.



Humor softens the blows of disappointment along the way. Improvisation progresses in cyclical phases of rising and falling themes. It teaches one to recognize when things are getting better and worthy of holding the tension, when things are at their peak and worthy of celebration, and when it is time to relax and let go. Improvisation helps build confidence in risking creativity through experiencing how beginnings flow naturally into endings and how endings become new beginnings. One learns to respect the fear, go through it, ride the ensuing development to a crescendo, then release at the top and relax on the way back down. Cycles of highs and lows. This is one of the paramount lessons of improvisation

Improvisation is a good way to practice breaking through that wall of performance anxiety that accompanies our fears of failing. It trains one's psyche to be accepting of the fall and master humility. These cycles of crisis, survival, discovery, transformation, cognizance, resolution, release, re-discovery can all be practiced in a manageable window of risk with less at stake than real life conflicts. It happens within the collective support of a group and can be as short as a 3-word association, variations on a 5-note motif, or as extensive as an evening long exposition with many intertwining themes and connecting avenues.

The professional improviser (clown, musician, comedian, etc.) goes to this proverbial blank page undauntedly, doing it as a game or exhibition. S/he engages a process where creation transpires out of sharing with others, making it easy for everyone to participate. This kind of engagement of a patient in a therapeutic setting is an invitation for them to rally inner creative forces. It fosters social skills and the will to connect with others. It gives them back some leadership and mastery at a time when they are primarily at the mercy of others. It lets them practice generosity, pride, decision making and self-assessment. It also validates the importance of garnering enjoyment from the simplest, and at the same time most frightening of tasks—the facing of terrible limits. At the very least, it is an exercise in winning humility and grace.

### **Case in Point - Ronnie**

We had a young patient on the cancer ward whose lower leg had to be amputated due to a malignant bone tumor that could not longer be operated on. The procedure that was used was a completely new concept for us as clowns, so when we arrived at the hospital several days after the operation, it got explained to us in depth before we went onto the ward. It had been determined that the child's ankle joint was still healthy enough to be saved, and in order for him to have a functioning knee joint for better managing of a prosthetic, his leg was to be amputated just above the knee, and respectively his foot and ankle joint would then be grafted onto his lower shin bone with the foot pointing

backwards, thus serving as a functioning knee joint. The foot and ankle would hopefully grow and develop along with the rest of the leg naturally, and instead of just a stump, he would have a whole foot, with all its muscles and accompanying sensory input, as contact surface for operating the prosthetic. This made sense to us, even though it sounded a bit fantastic.

Armed with this new knowledge we got changed into clown and went out to play with our friends. When we arrived at the door of our friend with the leg operation, I wasn't prepared for what I saw. Ronnie<sup>(8)</sup> sat on his bed with his legs crossed, the operated one on top, shortened by a half a length and the foot pointing back at his stomach. It looked as if someone had taken mannequin leg pieces and just thrown them pell-mell into his lap. It was so obscure, that I couldn't help but be surprised as a clown. Without hesitating, I noted my astonishment and said:

*"Hey, Ronnie ! You put your foot on backwards this morning! "*

Everyone was suddenly frozen in shocked silence. My partner looked at me like I had just told the queen I wanted to see her underwear. I waited for Ronnie's reply and slowly began considering how I had perhaps just said the most stupid thing of my career. Ronnie was very straight forward with his answer:

*"No Willi (my name is Willi as a clown). The doctors did that."*

*"Oh....., I replied. Does that happen to you often?"*

Ronnie laughed in exasperation over how dumb clowns can be. He explained:

*"Willi, you're so silly. It's supposed to be like that. They made me a new knee."*

*"Out of a foot?" I replied. "Where'd they get the foot from?"*

*"It's my foot."*

*"Really....?"*

*"Yeah. They put my foot on my knee and turned it around so it bends in the right direction."*

*"Wow! Be great for walking up stairs, huh? You can go 4 steps at a time with that leg. Hey Ronnie.....what do you call it now when your foot gets swollen?"*

*"I don't know....what?"*

*"Coming down with a case of the knee-sles." (groan, laugh, sigh!)*

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<sup>8</sup> Name has been changed.

Everyone was laughing after that, and following the repartee between Ronnie and me. What ensued was a long intensive session together. I stayed extra long in his room that day while Ronnie explained to me everything he knew about his operation, and I asked him all kinds of questions. The ice was finally broken and everyone could speak about the weird looking thing that had resulted from Ronnie's operation. Above all, Ronnie could speak about himself and affirm his understanding about what his new condition meant for him. Up to that point no one had dared to touch this anomaly of physiology, either verbally or physically, except of course the doctors in due clinical seriousness, and Ronnie's parents with much fear and repression. For the rest of the world, it just sat in that room like a big blue elephant that no one knew how to talk to. Then suddenly we were just a bunch of kids again, sitting there doing tickling games, testing Ronnie's reflexes, laughing and playing balloon soccer with that weird looking turned around foot.

Together we had conquered some taboos that day. We conquered saying out loud "I am different, I am deformed." We confronted the helplessness that accompanies illness, and put in its place some humor and constructive physical action towards recovery.

Our session ended with our traditional clowns-high-five greeting, and Ronnie of course, slapped my hand with his newly re-mounted foot. In an article I wrote for our book, Laughter is Life, Clowns Visit Chronically Ill Children, I reflected on this experience:

*Naturally I could have reacted differently that day, more politely or respectful of etiquette. But that's not me as a clown. Instead I took the risk, blurting out the obvious, like a child at a formal dinner party who asks: "Why isn't the 'elephant' there wearing a tie?"*

*Normally one bridges such delicate issues in a round about way, something like: "Why is that ....mmm, Guest.... in the 4<sup>th</sup> chair to the left of the lady wearing blue..." for example. To which any clown or child would immediately ask: "You mean the ELEPHANT?" And all could gasp and dispel their embarrassment, and begin talking normally with their guest.*

*And that's what I did. I said what is, and I didn't mean it as a provocation or attack. My surprise was genuine. The formulation of my astonishment, from a clown's point of view, was completely logical, so that it couldn't be misunderstood as anything other than what it was: an offer to play with something we all were looking at and were dying to talk about, but were afraid to start. I blew away the embarrassment*

*and invited the 'elephant' that was among us, to sit with us at the table. We all got on to laughing together and found a bit of resilience in that.*<sup>(9)</sup>

Ronnie and I remained close friends and it seemed to me he was less isolated in his predicament after our episode together with his foot being "put on backwards." To what extent I helped cure his leg, no one can ever know. But I know he respected me for blasting away inhibiting barriers and joining him to "take a fall." We faced a fiasco and survived. We found laughter and relief in honesty while facing a terrible existential crisis together. Overcoming defeat connected us.

### ***The Fall From Grace***

Improvisation inevitably involves taking risks, and when we take risk, we are right at the point of discovering what it means to take a fall. As a simple example, take the game of musical chairs. For 8 players there are only 7 chairs, so someone is going to lose straight off. One might ask: is this game about seeing who gets thrown out first (malicious fun)? about seeing who is the last one standing (competitive fun)? or about the fun of trying to stay in the game and being completely awake and involved (the path is the goal)?

Whatever one's strategy or philosophy in approaching this game, there is risk involved as soon as one starts to play.

- There is risk in losing. It can be painful to get thrown out. It can also be painful or disappointing to discover in the course of play that one doesn't know for which of the above reasons they are playing.
- There is risk in winning. The last one standing can also become the object of spite, jealousy or hate. It can be painful to find you've done your best and when you've won, you haven't any friends left.

The game is riddled with risks.

As a training for what risk in play is about, I do the musical chair game and change the rules. When the music stops, everyone freezes, and only when I clap my hands do they get to sit. In the freeze there is an incredible amount of tension. Usually there is laughter, because the situation is obvious, and yet the final decision has not been reached. It is as if time gets frozen just before a guillotine cuts off someone's head. It is a very fun moment of suspension of disbelief. At the peak of this tension, or at the first lull in concentration, I clap. After a short burst of activity, one person remains standing. We

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<sup>9</sup> source: *ClowsVisitaion, Laughter is Life*; edited by Dr. Joachim Meincke, Hans Huber Pub. Bern Switzerland 2000. Excerpt translated from German by the author.

have a loser. But in my game this person is not really a loser yet, they are in fact now in major focus.

Philippe Gaulier, famed clown teacher from the Lecoq School of theater in Paris, calls this principle "Major-Minor" and he uses it to bring awareness to the dynamic of leading and following in improvisation.<sup>(10)</sup> Applied to slap-stick the idea is synonymous with the concept of White Clown and Red Clown, or the so-called Number 1 and Number-2 Clown. Someone is always carrying the responsibility for initiating an impulse. The other must respond.

In my game the person left standing has a chance to "save" themselves. Their place in the spotlight is truly a kind of fiasco, for which they must now create a solution. What to do? ...Confronting the blank page? ....Standing at the abyss? To continue in the game, all they have to do is win approval and they can do it in one of two ways: either they can ask someone from the group for a kiss, or they can try and do something that makes us laugh. If we laugh the music starts again and the game resumes. Similarly, if the person asked to give a kiss obliges, the music starts just the same. If, however, the chosen course of action turns out badly (no one laughs, or the kiss is denied), the "loser" leaves the game and becomes the coach. The coach at this point rotates into the group, and the "loser" starts the music.

In this way the game becomes self-perpetuating, and everyone remains involved for as long as the game continues. Losing is still an element of the game, but it is not fatal. Rather, the moments of fiasco stand in an intensified focus of importance, requiring wit and risk and acceptance of the reactions to one's actions. Several things are compelling about how one experiences losing in this context:

- losing initiates a creative moment of assessment and taking risk: will someone kiss me? can I be funny? Instead of the punishment of boredom and un-involvement for the rest of the game for not having gotten a chair, one is propelled into new responsibility and continued involvement.
- one discovers that being the odd one out immediately wins one sympathy. One has to face several risks in a short course of time, but each of these critical moments is encompassed by a kind of benevolent expectation from the whole group. Everyone is eager to see what will come next. Winning and Losing get set on equal terms as far as the fun-factor is concerned.

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<sup>10</sup> Philippe Gaulier was a long time teacher of clown and physical comedy at the Lecoq School in Paris, École Internationale de Théâtre. In the early 90's Philippe established his own school in London and traveled extensively around the world giving workshops. His work together with Monica Pondeau during the Lecoq years was crucial to forming a curriculum that has influenced physical and comedic theater in Europe from the 60's on. Today the influences of this school can be felt in all corners of the world, ranging from circus to off-theater to traditional stages.

- one discovers that honesty is the key for not losing sympathy. Owning up, coming clean on what is really transpiring, being responsible and response-able in one's actions. In Improv and comedy, honesty is always the best policy. A malicious character, if genuinely motivated, will be more loved and accepted than a phony attitude that is intended for getting favorable responses. People are responsive to authenticity.

**Facing Crisis:**

We invest a lot in life towards forging structures of security that are meant to hold us up at our peaks and prevent us from falling. Perennial health, eternal youth, constant productivity, continued success; these are just some of the things we learn to enjoy in life and then learn to fear losing. The question is, what came first: fear of taking risk and wanting safety, or the curiosity that pulls us into creativity and risk, thus leading inevitably to loss and disappointment?

The result of "flying high in the game" is often a kind of "clamping down on security" in an attempt to build a network of rules, techniques and safety that will guarantee success. We begin to devise strategies for being and staying a winner. Unfortunately the very attempt to systematize the thrills of life and buffer them in safety, contradicts the basic premise of life and thrill itself. The natural consequence of development is entropy. And out of the status quo, sprout shoots toward a renewed development.

Creation is going back to that blank page over and over, breaking the rules of conformity and breaking through fears of possible failure. It means disengaging from the memories of past successes, and re-discovering the humility that makes us naive and curious and life bound. I often think in this respect of a painter friend of mine who says she spent 20 years as an artist trying to achieve the simplicity that was evident in the drawings of her 7 year old son.

To be reborn, one only needs to accept the fall from grace, and at the bottom start over again from a basis of wonder and curiosity. The painter and his proverbial empty canvas, the writer and the unwritten page, the teacher and a classroom of eager faces, the musician and a 12 bar solo, the house wife and a fridge full of leftovers..., in just this dynamic of fear and hope and insecurity we find the patient. With health being threatened, both mind and body are in crisis.

The idea of disease appears at first to be a failure. The diagnosis of a serious disease can loom a like fatal sentence. But beyond that moment of deflation is generally a new life within newly defined parameters. Challenged, immobilized, dependent on others for guidance and survival, helpless, confused, standing before that abyss of a new empty

page and no shops open to go buy milk or butter; what could be more appropriate than practicing the lessons of release, humility, humor and rebirth!

Improvisation is facing fiascoes with a commitment to being "in the moment" and finding for each particular moment an appropriate response. Going back to the Norman Cousins story, it is important to remember that he too said his initial reaction was one of fear. Health was something he had taken for granted as a constant of daily life. Suddenly it was gone. Preliminary to finding courage, however, was the fall from grace that led him to realizing just how precious life was to him. His fall put him in the major focus of the most crucial issue of his life—life itself.

In denial of such a fall, one's first reaction is often to ask "science" or anyone else in charge, to make it be gone. It is as if one would like to close their eyes and wish to wake up well—as if it all had only been a bad dream—to wish someone else could take the responsibility and play the role of Major. But one day a person wakes up in the reality of the illness and it is theirs! And that fact is irrevocable. This is the moment that one has to "own it." This is the moment one faces the questions: "How do I start to build on the basis of what I have left? How do I make each day in life be a day worth living?"

Acceptance is the beginning of assessment and recovery. The creative process that follows is an improvisation. From that point on, one invariably begins to "Live each day as if it were the last" Especially when aware, that one day it really will be!

### **Acceptance**

Strangely enough, what appears to come as a prophecy of defeat and isolation, is in fact a crucial moment of being intensively connected with others. In the cyclical version of musical chairs described above, each new fiasco focuses everyone involved on one crucial issue: live and stay in the game, or die and become the coach. Illness focuses people in a similar way. It rivets everyone to the issues of central critical importance. Death's presence actually puts one very intensively into life and in touch with others. During the final moments of caring and being together, it often connects people spiritually and emotionally even beyond death. Thus, it would appear mortality is the most isolating thing we know in life, but in fact it is a common denominator for all of life, connecting us to all living things in a most principal way. Is it possible then, to relax about death, and when it comes, engage it as a friend and universal experience?

It appears to me that it is fear of the unknown (what comes after I die, what comes after my failure) that isolates us in loneliness, not death. Overcoming that fear is a matter of finding trust in accepting one's principal state of essential vulnerability and stepping through the fiasco. From that point on, no one is alone or without help.

The game dynamics of this have to do with breath. The tension one holds in fear, expectation or suspension of disbelief, is a state of held breath. Acceptance of the fall (moving when the coach claps h/er hands) pokes a hole in that suspension and allows a renewed flow of breath. It brings things back into flow. Exhalation and relaxation are the natural reflex of release and laughter.

As a clown and comedian, I described this in our book as "*building bridges of relief over the puddles of defeat*." Going back to the story of Ronnie, the moment of exhalation and relief following my precipitous remark about his foot created a bond of survival between us and is illustrative of how closely laughter and tragedy are related. The only thing separating them seems to be attitude: holding the suspension of disbelief, or poking a hole in it and letting the gas out. Laughter is release. It is an affirmation of being connected in vulnerability, acceptance and hope.

Essentially letting go of the things that trouble us, is as easy as releasing breath and falling to the floor. "*The ground is your friend...*" said Carlo Mazzone-Clementi, famed Commedia dell'arte player, teacher of improvisation and founder of the Dell'Arte School for theater and improvisation in Blue Lake CA.

### **Case in Point - Paul**

The most visceral validation of this I ever had came while being a bus driver just after my divorce in 1979. The failure of my marriage devastated me. I thought life was over at 24. But since I didn't die from the pain in my heart, I had to pursue something that would keep my world intact while time took its course in healing me. I had stopped performing, and took a job driving school bus. The task of caring for a bus load of kids superceded my self-pity for an interim, and I was miraculously able to perform in a nearly normal mode of action. But before and after that I mostly sank to my bed and cried a lot. Falling into tears and the release of crying felt good for my heart and eased the scripts of failure going around and around in my brain. I realized that this was my time to feel a deep and significant pain, and I decided to relish it.

The Pacific North Coast of California is actually a rain forest. This means it is perennially cloudy or rainy for a part of nearly every day. For a long time this depressed me and following my divorce it nearly drove me crazy. Then a miraculous thing happened with my bus. At 6:15 am I would drive empty to the top of a mountain road where my route began. This was an elevation of no more than 800 feet, but at 800 feet above sea level one got the chance of poking through the cloud cover and up there the sun was shining unashamedly. At 6:45 in the morning the sun glistens brilliantly through the moist morning air above a tropical rain forest, and in the distance beyond the coastal clouds one could see the Pacific Ocean stretching out to meet the sky. This was more



than just a poetic picture. It literally took my breath away, and what I often did was inhale, hold my breath in amazement, then exhale and feel exhilarated and re-born.

One day I took the opportunity to park the bus and lie down in a clearing among the conifers. I realized I was deliriously happy and peaceful. The sun was shining just above the clouds over my head, and I resolved on that day to accept that I was in pain, and dealing with that below, and that whenever I needed, I could remember that the sun was shining above the clouds. I also vowed to find the courage to risk life and loving again. To this day, all I have to do to be there again is lie down next to a tree and look up into the sky. Instantly I remember the validity of pain and the joy of my sunshine just above the gloom. Tragedy and Comedy can share the same circumstances. The difference is only about 800 feet.

Comedians accomplish this shift of altitude by risking a radical shift of attitude:

*Question: What is the difference between Humor and Smell?*

*Answer: Humor is a shift of whit, and smell is a whiff of.....?"<sup>(11)</sup>*

A clown does it by accepting the flop and setting out with a new remarkable idea:

*A person says: "That will be difficult, it can't be done, it's impossible."*

*A clown says: "That's impossible, it can't be done, it's going to be difficult."*

In improvisation it is saying yes to the fiasco, saying yes to whatever idea comes along, saying yes to life's infinite possibilities for invention.

### **Summary 5:**

- ☞ The essence of transformation is acceptance: it is the moment when attitude shifts from holding breath in suspension of disbelief to releasing into the fall.
- ☞ The fall from eminence is not really a fall from grace. On the contrary, at the bottom of the fall is transformation and rebirth. In the moment of death, one expires (same word means to die and to exhale). There one finds release and humility. This acceptance of humility is the essence of grace.
- ☞ Comedy is about falling down and how we get back up. Illness is about falling down and how we get back up. Improvisation is about falling down and how we get back up.
- ☞ Facing illness is essentially a creative moment, like standing at the abyss of an empty page and finding the courage to risk life.

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<sup>11</sup> source: *Health, Healing and the Amuse System*; by Paul McGhee, Ph.D.

### ***Anatomy of an Improvisation***

In the rest of this section, I want to summarize the so-called "golden rules" of Improvisation, relating how salient aspects are relevant to the therapeutic intention. Without attempting here to form a textbook on how to improvise, I feel it could be useful to both artists and non-artists reading this paper to check the basic assumptions I have proposed above on hand from a few illustrative examples.

Here are two classic setups for simple improvisations:

- 2 people and only one Chair. Both would like to sit. Who sits first? How long can one person sit before the other will try and get the chair for themselves? What relationship will develop between the two people? Who is in charge, the person sitting, or the person standing? How does their status develop in the course of the game? How does the audience know when the Improv is ended?
- 2 people at a bus stop, one is eating the most delicious banana of their life, the other has nothing to eat. How interested, hungry, or disgusted will the one without the banana get? Will the person with the banana relinquish their treat? Share? Horde? Who are the two characters, and what is the relationship between them? What tactics do they develop to develop their standpoint?

Improvisation is a process of collective awareness and focusing. It is chaos finding form. It begins with discovering a simple question or premise and proceeds in little steps of positive construction that move the game forward. Steering towards a climax, it strives to incorporate and explore all the most relevant questions arising out of the issue at hand. It is a whirlwind of ideas, expectations, coincidences, responses, impressions, choices..., all being processed within a strong social context of agreement, or better said, commitment to finding agreement in something resembling a game.

#### **Yes...and**

Agreement is the first law of Improvisation. In the example with the banana above, the very acceptance of the banana as the central object of interest is already an agreement. If the second player has no interest, there is nothing to play about. The players would have to keep looking for another issue until both could agree, then the game could start. So, why not right from the beginning? The window of time we call an improvisation begins with the first agreement and continues as long as this agreement can be held in flow. To do this a persons must learn to think constructively in type of "yes...and" conditional, or : "if THAT, then I would I like THIS."

Two aspects are especially important here:

- 1) ...the accepting of what is an irrefutable reality without trying to reverse it or deny it. This involves adjusting one's perspective instantly and possibly letting go of an intended position in favor of going with the development at hand.
- 2) The second part of the conditional is an assertion of one's own most desirable development of the situation. One does what they love and believe in. The game is about seeing what can be discovered in a world where negation of reality is not an option, but desire a paramount objective.

Agreement doesn't mean that one has to like everything their partner does and says, literally responding with the word 'yes' all the time. "No!" can be a strong positive response while at the same time being an affirmative yes to the game at hand. Example:

One player enters, sees a porcelain figurine, picks it up, drops it, then quickly sweeps all the pieces together and for lack of a better hiding place, puts them in h/er pocket. Player 2 enters looking for the figurine, which is a treasured object they were taking care of for a friend. A bit in panic, they ask Player 1, if s/he has seen the object. Nervously, Player-1 answers emphatically "No." The audience knows immediately what this scene is going to be about. Player-1's "no" is actually an affirmation of what we all see and expect. It is an appropriate yes to the game.

If Player 1 had answered, "Yes, I broke it and put it in my pocket. Here it is, what are you going to do about it....?" all the fun of misdirection and ambiguity of status would be lost. The fun gets killed by a confrontational bullying of the other player into confronting a conflict prematurely. Player-2 would probably be put back a bit and have to explain some back-story of intention and circumstance in order to find a new start to the game. The audience would sense a conflict over maturity issues and begin to ask why what looked like it could be fun so quickly became a confrontation.

What is important in understanding saying "yes" to the game, is recognizing and acknowledging what is going on, and building on that with a sense for supporting the flow of events. Similarly, argument between two players in conflict can be a strong agreement. In the case of the banana Improvisation again, disgust could be as strong a motive to play as hunger.

Here is a possible dialog, based on a conflict oriented interaction:

**Player-1 eating:** "Mmm....., That's good."

Reaction Player 2: Disgust

**P-1 licking and sucking:** "Mmmmmmmmm....., that's really good!"

Reaction: More disgust.

**P-1 slurping and snorting:** "Mmmmmmmmmmmmm....., delicious!!

Reaction: Exasperation and disgust.

**P-1 orgiastic:** "Ah...., ah...., mmmm...., mmmmmmmmm...., Unbelievable !

Reaction: Embarrassed exasperated disgust.

**P-1 ecstatic:** "Ah! Ah! Ah! Ah! Ah! AH! AH! AH.....(heading toward an orgasm)

Reaction: p2 places a finger under p1's nose, like stopping a sneeze.

**P-1 pauses, relaxes, says:** "Thanks. I needed that."

The players themselves are not in conflict just because their characters are play-fighting over an issue. On the contrary, the players can be thoroughly in agreement about acting out the biggest argument of the century. The evolving fantasy (the world of the argument) is just a parody of some quintessential conflict. In this case it juxtaposes the orgiastic pleasure of eating with the non-voluntary act of sneezing and plays with how one reacts to an embarrassing public display of pleasure. In the end no one is hurt. The finger under the nose, instead of the slap one associates with the verbal answer to "thanks, I needed that" short-circuits two images in our minds, telling us there is often another solution to conflict than abuse.

This self-righting mechanism of keeping agreement going and having to invent options that one can love, this is the conspiracy of fun in Improv that makes the difference between real conflict and playing.

Staying in agreement includes taking risks. Risk raises the stakes, and in play one is always checking how far the limits can be pushed. For just this reason it is fun to test behavioral extremes that might otherwise be socially unacceptable (like having an orgasm in a public place), or even life threatening in the context of a real-life conflict (like eating so many bananas that one explodes like a suicide bomber).

Thus boundaries of social convention get tested in improvisation, and even those shrouded in fear and repression may become momentarily defused or demystified.

Living these kind of extremes in the safety of play can be cathartic as well as tutorial, much the way tiger cubs learn the strategies and limits of wrestling without the consequence of really being hurt. The thrill of such a game lies not in winning the argument or killing an opponent. The fun lies in the freedom of having fun with the dynamics of any prototypical situation.

### **Negation is Destruction**

In improvisation one can't go back and un-do what has already been said and done and one can't step out of their own character to tell others what they should do. Each individual is an independent idea generator and every assertion that gets achieved becomes an irrefutable reality demanding the next consequential reaction. To negate an idea that has been presented, is to kill the potential of many brains working together. Negation is destruction. It is mass murder. It stops the flow of the game. Here is an example:

**Player-1:** "I like that bike you came on."

**Player-2:** "I didn't come by bike, I came by car."

It may seem unbelievably obvious, how disappointing this kind of response would be, but it is confounding to experience how often people negate each other, or avoid making decisions that further develop the story by throwing back empty questions to the initiator. Example 2:

**Player-1:** "I like that bike you came on."

**Player-2:** "Oh....really?"

**Player-1:** "Yeah.....ah, where did you get it?"

**Player-2:** "I don't remember."

Letting the other person do all the work is a kind of negation. Responses don't need to be brilliant, but they should be as specific as possible. The more specific, the better they help define the direction of the story and inspire further associations. Example 3:

**Player-1:** "I like that bike you came on."

**Player-2:** "Yeah? It's a great bike. You want to buy it?"

**Player-1:** "Well, I might if it were just a bit.....bigger."

**Player-2:** "Bigger? If it were bigger, you couldn't fit it in your back-pack."

**Player-1:** "It fits in a back-pack?"

**Player-2:** "Sure! You can even carry it on your belt."

**Player-1:** "Wow! How come you wanna sell it?"

**Player-2:** "I need a bigger bike...."

With Player-2's "*yes...and*" s/he is acknowledging what Player-1 has proposed as a beginning for dialog: i.e. The bike exists. With the offer to sell it s/he manages to develop the story. After just 2 sentences, the audience begins constructing a picture of the bike

in their heads, and with each new bit of information everyone is adjusting this picture until it is clear just what kind of bike it is.

This collective imaginative process is a little miracle of cognitive agreement. If one of the players destroys that agreement by negating the image, they not only force everyone to reverse their thought process and start over again, they also sabotage the trust and readiness of everyone to continue playing along. The game becomes subjected to the bullying ego of one player who is putting their own ideas or lack of ideas above the principle of continuing the game. Instead of building, this kind of friction in improvisation only serves to confirm that conflict is much easier to find than agreement.

It has been my observation that agreement is so rare a commodity in life, that just being in the presence of it can be awe inspiring. Consider a mobile—objects of differing weights and sizes, all hanging in relation to one another so perfectly in balance, that regardless of disturbances to any part, the whole of it reacts and remains in a kind of tranquil harmony. Consider a complex structure of dissonant and resolving harmonies: a thrilling symphony, a rock concert, or even a stage performance of a great tragedy. Consider how much agreement must be reached in the honing and matching of various artistic visions to achieve that one unified statement which is projected to an audience. I have often thought, that what an audience is really honoring when they applaud, is not the pageantry per se of a successful reflection of life, or the performance skills of particular artists, but the magic of such a large exhibition of agreement. Applause is a magical spontaneous form of honoring this agreement with further agreement.

### **The Magical 'What If..?'**

All types of wonder and invention begin with a simple question: What if...? What if the world were round? ...the moon were made out of cheese? ...you could catch a falling star and put it in you pocket? What if a horse could talk? What if Gotham city had a crime fighter with supernatural powers from the planet Krypton? What if a fossil from the Jurassic era could be brought back to life? What if you had a rocket capable of returning to earth and making multiple journeys into space? This kind of supposition is what think-tank creatives do to drum up TV series or ad campaigns; what scientists do when probing into new research; what writers do when they put pen to paper to start a new story; what musicians do when they play jazz; what psychologist do when searching for alternatives to destructive behavioral patterns.

The game of reinventing the world is what creation is all about. Freed from the physical limits of time, space and reality as we know them, improvisation provides a framework for re-assembling bits of what we know and experience and intuit, into a

living picture, thus giving a graspable expressive form to something that is both sublime and ridiculous, the re-creation of life.

I can remember a game that was introduced to us at the Dell'Arte School in Blue Lake CA in the early 70's by Carlo Mazzone-Clemente.<sup>(12)</sup> To this day it remains in my mind the quintessential Improv-exercise in a nutshell. It is short, self-perpetuating, fun and frightening. You are bound to fail sometimes and be brilliant at the same time. And... the longer you do it, the more humble you become. In this sense it is truly a kind of Zen Improv experience. The game is called "carousel" and it goes like this.

Essentially it is for 3 people, but an entire group can also rotate through this exercise. **Player-1** enters and starts an action without words. **Player-2** enters and picks up the action, in some way confirming it, continuing it or extending it. Most important is the implicit supportive "yes" to what is going on, not trying to comment or be funny by drawing attention to one's self. At this moment the impression of what the action really is, gets further defined, and it often undergoes some form of transformation, causing surprise, depending on what people saw in the first person's action. **Player-3** enters with a simple statement that intercedes the action. It should create a picture of where the person is coming from and give concrete information which could motivate an exit. Example:

*"Your mother's house is burning!"*

**Player-1** now responds to **Player-3** with a one line answer that motivates an exit while also telling where s/he is headed and what s/he intends to do about the situation. Possibly ("It burnt last week too.") could be funny, but doesn't motivate an exit. Better would be

*"Oh no! I forgot to water the plants."*

This might not be hilarious, but it contains both congruity and incongruity while at the same it furthers our picture of where the person is going after their exit. The off-stage event gets put into perspective. The congruity (fire alarm is analogous with remembering a task which has been forgotten) confirms one's expectations of being in a world of logic where things make sense and one can master their situation. Incongruity (the plants won't need watering if the house is burnt down) confirms the experience that the world is chaos, anything can happen, and one is always at risk.

How Player-1 exits physically tells the audience a lot about how s/he feels about being responsible for the plants, and whether s/he really grasped the gravity of the

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<sup>12</sup> Dell Arte School, see reference in biographical notes at end of paper.

situation. If s/he leaves very nonchalantly, the audience might think s/he misunderstood the situation, and that could be fun. If s/he leaves in a hurry, the audience might think s/he is keen on saving the plants but doesn't care about the house or mother, and that could be fun.

In the cycle of just 3 events we have a story with a beginning, a developing middle, a crisis with a climax and a resolving end. The end is now the beginning of the ensuing cycle—which may or may not relate to the previous one. What goes around, comes around. One of the truths about improvising and being honest with an audience and your partners is, you get back what you put in. If you make honest input, you get honest feedback. If you put fun in, you get fun back.

### **The Good, Bad and Ugly**

Improvising is not about virtues in a ideal world; it is about playing out what really is on our minds. Allowing this freedom means sometimes things develop in a less than pretty way. Take the above carousel example and consider the following associations:

Player-3 is now Player-2, and Player-2 is Player-1. Player-1 starts a new action. In this case s/he might be thinking about mother's house, baking cake, and starts making a rolling dough movement. Player-2 confirms the action of the rolling pin movement by stooping underneath it, so that h/er back is the counter surface being worked on. A new player enters (could be the player who just exited) and intercedes as the new Player-3. This player takes the rolling pin away from Player-1 saying:

*"That's not the way to teach someone a lesson. You do it like this!"*

Then whacks player two in the butt with the imaginary instrument, upon which Player-2 starts crying like a baby. Player-1 now has to respond and exit. There are many fitting choices.

Player-1 could respond as a parent: *"Well if the shoe fits wear it."* and then whack papa back over the head and exit.

Or as a worried parent: *"Oh my! S/he'll never sit at the piano again! Dooctor!"*

Or as a drill sergeant: *"Yes sir! Thank you, sir! I'll keep that in mind, sir! A whack in the butt, sir! No ifs, ands or butts, sir! A pain in time saves nine, sir! "If you can't hack it, don't whack it, sir!"*

Or as a customs official: *"I was trying to get it out! Not push it in further! Damn, now I'll have get the rubber gloves."*



The moment aggression comes into an Improv we are in a world where aggression is an option, thus the ensuing choices must first go there with a confirming "yes" to the premise before that self-righting "...but what if?" can make us smile again and release our tension in laughter. There are many not-nice things in this imperfect world. Improv and comedy embrace those, giving an option of finding perspectives that are less critical, unifying, sense-making, tending toward lightness and balance.

Any of the above could be funny resolutions to an unfunny situation. Audiences love seeing a comical twist of perception tie things together quickly, doing justice to both the horror and humor of a situation. The quicker and more completely this happens, the more the audience revels in recognition of the topsy-turvy nature of life. Their "*laughter is Recognition*" as Carlo Mazzone-Clementi put it. In other words, laughter is the mind and body saying yes together.

### **Trusting the Intuitive**

According to many psychics, psychiatrist, philosophers and poets, dreams are analog to this creative process of cognition, association, transformation and incarnation. The mind is "*essentially creative in nature*" Edgar Cayce suggests, creating images for what we know and experience on intuitive levels. By integrating and transcending the physical and metaphysical worlds, our minds work like a projector. In this analogy of his, the light of the projector is our inner "*spiritual life force*," the slides through which this light is projected are our personal habitual patterns of thought (*frame of mind*), and the "*images projected onto the screen of our consciousness correspond to the physical results of our actions in the world.*"<sup>(13)</sup>

Both C.G. Jung and Cayce gave a lot of attention to how thoughts have substance and can manifest into the material world. Reciprocally both dealt extensively the irrational and largely transpersonal aspects of intuitive functioning. In trying to explain this "*universal*" (meaning accessible by all, not omniscient) plane of consciousness Cayce invokes what he calls the "*divine mind within us all, or superconscious.*" Jung used the term "*collective unconscious*," or simply "*subconscious*" mind.<sup>(14)</sup>

To prove all this is really the topic of another study, and without going into an extensive discourse on transcendental metaphysics, suffice it to say that for performers, the concept of spirit and relying on their extra sensory perception (or so-called sixth sense) to guide them through action on stage, is as normal as it is for a fireman to use a

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<sup>13</sup> source: *How To Interpret Your Dreams*; by Mark A. Thurston, Ph.D., A.R.E. Press, Virginia Beach VA 1978. pp. 2-5

<sup>14</sup> source: *How To Interpret Your Dreams*, pp. 4. Collective Unconscious is a Jungian term. Cayce expanded this idea to differentiate between interpersonal aspects of subconscious mind and the so-called superconscious mind. Improv people often refer simply to this phenomenon as Group Mind.

ladder to go into a burning building. Personal coaches, trainers, even nursing schools talk about thinking with one's heart. This intuitive wisdom of feelings, often referred to today as emotional intelligence, is really just good common sense. In theater, dance and improvisation training all over the world, exercises for accessing sub and super-conscious levels of sensitivity and communication are commonplace. It is normal to tell actors to think with their "guts" (in French le bide) or to see with the "backs of their heads." For improvisers, the concept of **Group Mind**<sup>(15)</sup> is simply "picking up" whatever ideas seem to be floating in the air and bringing them into form by naming them, miming them, reacting to them, starting a story with them, risking that a hunch is not just humbug, but true clairvoyance.

I presume it is obvious how this subject, verging rakishly on the spiritual and supernatural, can give birth to skepticism, differences of belief and of course even comedy. But in a hospital setting, where the issues of death, what makes us live, and what makes us be us, all hang in the balance, giving wings to the ideas of the spirit (in whatever form one wants to conceptualize that) takes on a special significance. Clowns can do this in a much more uninhibited way than doctors and nurses, who are mandated to representing only things that can be proven to be "true."

Being battered psychically by the sheer existential implications of a breaking down system, and dependent on the purely rational technology of science, the inner forces of fantasy and self-actualization can get quite trampled. Thus the performing artist, with their games of improvisation, are companions of spirit and support the playful regeneration of inner light. This is not only valid for the healing process. It applies as well to the scenarios where patients are moving towards leaving this world.

Inner light is something that seems to shine from within a person, irregardless of outer physical demise. When it is activated, in fact, it seems even to glow stronger as one gets closer to death. Consider the following example:

A clown colleague of mine uses a little decorated cache she calls her dream box. When a child is especially troubled, she gives them the box and lets them whisper their worries into it. She is there while this is happening, but not intent on hearing what they say. It is meant to be a secret between the child and the magic of that little empty box. When they've filled it with ideas, she places it gently on the child's table and leaves it with them until her next visit, explaining that the problems will

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<sup>15</sup> Group Mind was a concept, according to Charna Halpern, that especially fascinated Del Close. It suggests that there is a supernatural level of communication going on in groups. A similar phenomenon is also sometimes referred to by group-dynamic people as collective intelligence. For Improv work, tapping into the intuitive is a key to finding the magic of surprising people by saying just what they are thinking before they can even formulate it themselves.

work themselves out in the box and by the time she comes again, the answers will have come to the child in the form of a dream.

A lot of magical things happen with that box; Things that can't be given in a pill or tincture. First off, imagination and something close to a belief in miracles is activated by this little conspiracy of clown and child. Second, the child begins to verbalize h/er own problem, and sets h/er mind to the idea of receiving an inner personal answer to the problem. Third, a treasure of fragility inside the child has been given a metaphysical form of thought and is held in a mystical magical container at the side of their bed, which they become the custodian of. They are guardian of their own vulnerability. Fourthly, a bond of friendship has been deepened and the presence of the clown stays in the room even during the week while they are not there. Fifthly, when the miracle happens, and dreams come, one sees the inner light of the child glow when they remember how the clown did real magic.

I have seen children dying who wanted to see their clown before they left, and one of their last gestures in life being a "high-five" greeting like we do whenever we go. With hardly a breath to spare, I have seen the glowing light of spirit smile in the comfort of knowing the clown is there to say goodbye.

### **One Step At A Time**

We learn to walk by taking little steps...."Baby Steps," as Bill Murray discovered in the wonderful comedy film "What about Bob." Each step is a mixture of trust won from previous steps and courage moving us forward into future steps. The idea of "Baby Steps" respects the lessons of failure as well as hope. It accepts the present as the valid context of life in which we actually hold the elements of self-actualization in our own hands. The basic message behind "Baby Steps" is being in the moment and letting each new moment grow out of what came immediately before it. It is living in the humble naiveté of a child learning to walk, without projecting too far ahead a scenario of where things should lead to. It is practicing trust in the rightness of life to transpire in ways that are perhaps mysterious to us, none-the-less valid and acceptable.

The consequence of this is a continual process of adjustment and positive affirmation. In an imaginative world, almost any reality is possible, regardless of how absurd it may seem. Example:

**Player-1** "Who are you taking to the dance?"

**Player-2** "Judy's gorilla."

**Player-1** "Oh...! ....HMMMMM.... I didn't know you were seeing each other?"

**Player-2** "Till now we've been keeping it just between the two of us."

In just 4 sentences a world of possibilities has been established. This improvisation could turn out to be about dating, school dances, evolution, sodomy, man's best friend, zoo keepers....etc. Themes could include jealousy, animal husbandry, marriage or what the kids will look like. Already there is a story and a setting. The rest is a matter of the players making choices and trying to tie all possibilities together into some kind of concluding cohesion. No one can know beforehand where the associations will come from or lead to. No matter what gets stated, the only appropriate response is to think "yes, and..." think forward.

Improvisation demands open-mindedness and flexibility. Each beginning is a blank new page where anything is possible, and ends with the page swept clean, ready for a new beginning. There is no history or "baggage" hanging over from one improvisation to another, committing one from the beginning to a heavy fate or the cumbersome need to repress, rationalize or deny the past. Improvisation is born out of nothing and ends in nothing. It lives as a magical closed world of invention. The lesson of this is being able to practice living in the present. As the spiritual leader John Rogers put it:

"What is....is. And what ain't.....ain't." <sup>(16)</sup>

### **Keep 'em Guessing**

Keeping an audience "in dialog" with the process of dismantling and re-structuring the theme at hand involves creating and resolving tensions in order to hold and pique the listener's interest. One has to keep them guessing to keep them interested, and at least some of the time, the listener has to win. If the audience loses all relationship to what is going on, they will get tired and turn off. If they are never surprised, they will get bored and turn off. If they are always fooled they will get frustrated and turn off.

Improv involves the audience actively in a process of projecting and guessing together what will come next. The juxtaposition of the unstated—all that is generally understood as sub-text within a scene—with what is getting played out before our eyes, all this creates a fertile bed of expectation in everyone following the logic of the scene. Holding this tension is a matter of sensing the expectations that are in the air, and playing with them by either validating them and naming them, or tricking them by going somewhere else.

The simplest example of this is to play any simple 4 note musical phrase and repeat the phrase three times. If on the third repetition, the phrase is altered in a minor way, several amazing things happen. The musical idea preceding the mutation becomes

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<sup>16</sup> John Rogers is the founder of a Los Angeles based non-denominational church called Movement for Spiritual Inner Awareness, or MSIA. His teachings are much in line with those of Werner Erhard, M. Scott Peck and other recent leaders of the modern human potential movement.

established as a recognizable motif. By the third repetition, the listener knows it. It has become a friend moving into a dynamic moment of transformation. The listener begins to care about what happens to that motif.

Simply repeating the phrase establishes its structure and focuses everyone's attention on specific characteristics of tonality, rhythm, perhaps emotionality etc. This prepares the listener for partaking in defining the criteria for how radical a mutation will be acceptable. The slight variation initiates transformation and creation. Repetition and change. One is exciting and risk loving. The other is comforting and reassuring. One is searching and free. The other is orienting and stabilizing.

To keep the audience, one has to play with gratifying and not gratifying expectations. This means improvisation is both a process of breaking rules and respecting them. Inviting chaos and risking lawlessness, while initiating divine moments of transformation and creating. This is the quintessential dilemma between total individualism and collective social behavior. What follows is a kind of stream of consciousness being driven by the desire to fly and create, while at the same time needing to incorporate and connect ideas in order to understand where one is.

Cognition and collation. This is exactly what our brains do all the time, but improvisation incorporates the imaginative potential of many brains simultaneously while playing out the consequences before our eyes. Jazz musicians excel at this and do it spontaneously, instinctively. Composers use the same principle of establishing a motif and developing it through phases of transformation and repetition. The distance one can stretch this rubber band of interest and desire is more than just a question of the artist's skill; it is also a question of the audience's agreement on what is relevant. Once again, Improv is finding agreement.

### **Sticking Close to the Truth**

The question is not so much what truth is, as it is how you deal with the things you find along the way. Andy Goldberg mentions this right off in the introduction to his excellent book: Improv Comedy.<sup>(17)</sup>

*"Ultimately, the subject matter is not nearly as important as how you choose to deal with it. Landing on the moon or buying a soda have equal potential when it comes to humor. By handling a mundane subject in a very serious fashion, you make it funny. / Humor comes from specifics." (Andy Goldberg)*

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<sup>17</sup> source: Improv Comedy, by Andy Goldberg, Samuel French Trade, Hollywood CA 1991 (pp. 5-6)

For the purpose of the stage, truth is whatever people can believe in. In Improv this means finding the things that keep heads nodding in agreement in the audience. There are no absolute truths. They are relative to each moment and each person.

If one tries too hard to proclaim truth, something tilts and listeners get skeptical. Just like a salesman, improvisers have to win their audience before they go too hard into their pitch. If a performer starts out with a wild claim, such as:

"This, ladies and gentlemen, is the very last vacuum cleaner you will ever need..."

the audience will invariably think: "show me." If a performer cannot deliver on their promise, it is better they start out with a humbler claim:

"I bought this vacuum cleaner. The salesman said THIS WILL BE THE LAST VACUUM CLEANER OF YOUR LIFE. Little did I know, he was nearly right."

In the second lead-in, the performer is not committed to having to pay off on an impossible presumption. Instead s/he starts by sharing an experience which only demands the audience listen and empathize. The audience may already be guessing that the vacuum cleaner nearly killed h/er. This is a fantasy nearly anyone can relate to: Over-ambitious salesperson, gullible customer, fiasco, narrow survival.

To avoid losing trust and authenticity, it is advisable to start with humility while showing bits of one's own experience (this is my little truth), then wait to see if the audience is willing to go there. If they are, the audience will show their agreement through laughter or keen attention. Step-by-step as the story evolves in this atmosphere of mutually acceptable fantasy, ever higher constructions of improbability can get built until in the end the listeners are ready to believe the impossible. Surprise, magic, astonishment. The audience's laughter along the way is their way of saying: "yes, yes, it's just like that!"

Take the movie "Men In Black." The story begins with a simple presumption: illegal aliens trying to cross the border get busted by a covert special security force. Everyone can relate to this, and the authenticity of the officers is convincing. The first jump of fantasy: it turns out the aliens are from outer space! This too is a universally accepted theme for popular culture fantasy. From that point on we are catapulted into a magical blend of invention and plausibility. Suddenly it is fun to believe the whole presumption and follow the logic of this fantastic world. In the end we discover that the National Enquirer is an alien newspaper and Michael Jackson is from outer space. By the end of the story these are plausible explanations for just how crazy the truth can be. It would

appear, in fact, that normalcy and craziness are only separated by a thin, almost indiscernible line. This is a satisfying common truth we all can believe in.

The process of discerning truths and detecting the phony, is as essential to how we cope, learn, and manage in our daily lives, as it is to comedy and improvisation. In this sense nearly everyone is a practiced expert. When a performer goes on stage, the quickest way to be alone, is to stop listening to how all the "experts" around them are responding. Listening and being in dialog are the corner-stone-truths of Improvisation.

Improvisation and comedy is less about showing, and more about revealing. It is less about invention and more about responding. It is about the process of play, cooperation and honesty while discovering who we are in face of the "truths" that come up in the process. It is about participating, supporting, contributing, going to the limits and then "owning up" to the flops.

### ***Tying things together***

Here are some of the things that Truth in Comedy<sup>(18)</sup> has to say about finding truth in comedy. In their view, truth lies in finding structure, trust, and honesty:

**Structure:** *"Strangely enough, many of the Laws of Physics and the Laws of Improvisation are similar (including such principles as order out of chaos, anything can happen, the cycles and patterns that naturally occur). Understanding these laws makes life a bit easier to understand. We learn lessons from the patterns in our lives, and start to believe that there are no coincidences. (pg. 146)*

**Trust:** *"Giving up control may be disastrous for a stand-up comic, but an improviser has to put his trust into the hands of the ensemble, and be prepared for those inevitable, frightening mystery laughs—no matter how embarrassing they may be. As Steve Martin says, "Comedy is not pretty." Just let it happen. When an improviser lets go and trusts his fellow performers, it's a wonderful, liberating experience that stems from group support. A truly funny scene is not the result of someone trying to steal laughs at the expense of his partner, but of generosity—of trying to make the other person (and his ideas) look as good as possible. (pg. 16)*

**Honesty:** *"Real humor does not come from sacrificing the reality of a moment in order to crack a cheap joke, but in finding the joke in the reality of the moment. Simply put, in comedy, honesty is the best policy. (pg. 16)*

*"The truth is funny. Honest discovery, observation, and reaction is better than contrived invention. After all, we're funniest when we're just being ourselves. Sitting*

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<sup>18</sup> Truth in Comedy by Charna Halpern, Del Close and Kim Johnson, Meriwether Pub., Colorado Springs CO 1952

*around relaxing with friends usually inspires far more laughter than a TV sit-com or someone trying to tell jokes. / Odds are that most of your recent belly laughs were the results of talking with friends." (pg. 15)*

### **The Process of Humor**

Endings and Beginnings. Cycles of repetition. Logic and order out of chaos. Seeking form and at the same time freedom. Having insights and risking putting them in the open. These are issues that apply to the creative process per-say, whether it be writing music, story telling, painting a picture, teaching a class, raising a family, building a relationship, and yes....even doing life.

- If we stop to analyze what we do when we are enjoying an aesthetic experience, we will discover that we are really measuring what we see against the 'truths' we have synthesized for ourselves out of our own lives.

Sometimes this is a slow and meditative experience, and sometimes it hits like a bolt of lightening. All a comedian really does is try to jump inside this process and bend perception while playing with how connections get made. They test the stretch-ability of our perceptions of truth.

- Comedians enter a dialog of what-ifs with their audience and make the chaos seem like fun. They enter the frightening unknown of "anything-could-be-true" and teach us about the lightness of being.....able to bounce.

### **More To It Than Humor**

Improvisation is about more than just the comedy. It is also about doing the communication that lays a groundwork for humor; it's about dialoging with your partners and your audience, listening, remembering, respecting, challenging, going out on limbs of fantasy, but keeping your feet on the ground at the same time. It's really about sharing the creative process as a game with others. If you do this with honesty and commitment, the comedy will come by itself.

*"Improvisation is an activity requiring performers to think." Says Brie Jones in his workbook on improving one's improvisational skills. "Improv is about life. It is about human behavior, conflicts and inner relationships." <sup>(19)</sup>*

*"Mastering Improv makes all other forms of acting easier" says Director Mike Nichols in a cover note to Brie Jones' book.*

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<sup>19</sup> *Improve With Improv, A guide to Improvisation and Character Development* by Brie Jones. (pg. 1). A workshop type manual for practicing and improving improvisation skills. Its themes include Ensemble work, Sustaining the audience's interest, Physicalization, Vocal Technique, Pantomime, Props, Imagination, Entrances and exits, Gibberish, Animals, Fantasy, Conflict, Ideas for further self-training.



*"The great benefit of improvisation is that it not just allows you, but requires you, to take chances. The acceptance of taking such chances or risks is the first step in creativity."* (Ken Levine, Emmy-winning Writer/Producer of "Cheers" & "M\*A\*S\*H")  
(20)

*"Improv is the greatest form of therapy, and is so much more fun than lying on the couch."* (Robin Williams, Actor and former member of Off The Wall) <sup>(2)</sup>

It could be contended that play is the basis for learning and teaches us how to master life. It is also the basis of comedy and improvisation. Whatever one's lofty aspirations, life will invariably bring up limits. Play allows both. It allows for the sublime and the ridiculous to co-exist. Inspiration, intention, dedication, affectation....all the permutations of human weirdness intertwining and re-assembling themselves in new and fantastic combinations. It unifies the possible and the fantastic with the very specific and ridiculous. It demystifies contradiction and helplessness.

When the Monty Python group set out to solve The Meaning of Life, they most likely had a lot more material than could fit into the 90 minute format of a popular movie. What they came out with was a 7-episode panorama of the ridiculously specific, ending with death and all other unsolvable mysteries. This catch-all closing was a wonderful "wild-card" for tying up loose ends and getting out—without having to go on and on for ever and ever. It pretended to neatly categorize the impossible, a presumption resonating with the profound and mystical: the book with 7 seals, 7 deadly sins, 7 stages of man, 7 days in a week, 7 years for the body to entirely regenerate itself, and now.....7 shorts from the makers of The Life of Brian confirming that they would dauntlessly go anywhere and take on any theme—no matter how large or small. The ridiculousness of the imperfect answers they came up with to the greatest question of all questions was obviously a perfect comedy. We laugh and rest assured that at least life will go on until we are blessed again with the next Monty Python.

It bears witness to our insufficiency in facing the vastness of all that is, the necessity to ground ourselves in the specific, and the saneness of knowing that sometimes the only solution is to have no solution—so you play the wild-card and get off stage while everyone is still laughing. In doing that we celebrate the lightness of being.....always bouncing between the sublime and the ridiculous.

### **Summary 6:**

☞ Improvisation is constructive play. Its purpose lies not in achieving perfection, but rather in exercising being in the flow of process.

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<sup>20</sup> Cover-note from Andy Goldberg's invaluable compendium on Improv comedy.

- ☞ Improvisation incorporates all the elements we attribute to humor, the basic tenets of aesthetic appreciation as well as the principle dynamics of composition and good story telling. These include: creating context, exploring limits, breaking rules, resolving tension, listening, being selective, being constructive, respecting form, using elements of surprise and confirmation to hold and build the listener's interest, finding collation and cohesion toward a satisfying end, dissecting, extrapolating, exaggerating, imitating, interpreting.
- ☞ Above all, improvisation is accepting the input from others as a gift, saying yes to the moment and recognizing each impending fiasco as an opportunity for invention and discovery.

As Lily Tomlin said:

*"...and that's the truth! Puuuh."*

## Death — Acceptance and Release

*"Life does not cease to be funny when people die  
any more than it ceases to be serious  
when people laugh."  
(George Bernard Shaw) <sup>(1)</sup>*

As the story goes, while Oscar Wilde was lying on his death bed, a friend visited him. Anticipating the proverbial inquiry as to his well- or ill-being, Oscar Wilde pre-empted his visitor by commenting:

*"Just look at this room. The wall paper is awful. One of us has to go!"*

### ***From Cradle to Grave — Humor Is Hope***

Humor, fun, mirth, play...these accompany us from our very first breath to the last moments of life. As they are good companions in our best moments, they also remain our truest friends in the worst of times.

The capacity to enjoy humor doesn't end with old age, sickness, tragedy or even death. In fact laughter is sometimes the only possible response to an unmanageable situation as disastrous as loss of life. As Patty Wooten says in her description of disaster humor in her book Compassionate Laughter:

*"Our ability to laugh provides us with a momentary release from the intensity of what might otherwise be overwhelming." <sup>(2)</sup>*

Patty goes on to explain how even in the death camps of W.W.II, humor was synonymous with hope, and how hope was essential to surviving the horror.

Psychiatrist, Viktor Frankl, was a survivor of the concentration camp at Auschwitz. In his book, Man's Search for Meaning, Frankl tells about the importance of humor in coping with the degrading and frightening conditions of the camps. He notes that humor was such an essential factor in the prognosis for survival, that he encouraged others in the camp to invent at least one amusing story each day about an incident that might happen some time after their liberation. <sup>(3)</sup>

Patty Wooten calls this "Coping and Hoping Humor." She comments that...

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<sup>1</sup> source: Health, Healing & the Amuse System, by Paul E. McGhee (pp. 76)

<sup>2</sup> source: Compassionate Laughter, by Patty Wooten (pp. 19)

<sup>3</sup> source: Compassionate Laughter, by Patty Wooten (pp. 17)

*"Disasters, traumas, and illness create stress not only for the victims and patients, but also for their family and caregivers. Stress disrupts our ability to function smoothly. Coping is the word we use to describe what we do to minimize this disruption. In any illness, patients must cope with the fear of pain and suffering, lack of privacy, loss of choice and control over very simple parts of their lives. Families must cope with the burden of finding enough time and energy to provide care." (pp. 18)*

In referring to a research study by (Lipman, 1991), P. Wooten explains:

*"The ability to hope for something enables human beings to cope with difficult situations such as disaster, deprivation, failure, loneliness, and suffering. During the Holocaust, many called humor the "currency of hope." Prisoners in the concentration camps used humor as both a psychological tool and a defense mechanism. Humor was a bond among trusted friends, a protective shield and a mere booster." (pp. 17)*

### **Case in Point - Ted**

One of the most vivid examples of this I ever had was my brother's death. Teddy Bear, as they always said, "was large and in charge," but on the 1st of July, 1997, just 6 weeks after going to the doctor with the first indications of pains in his stomach, pancreatic cancer had nearly eaten him to nothingness from the inside. As I arrived in his hospital room in Atlanta Georgia, he was a mere 160-lb. shell of his former 240-lb hulk. Although emaciated, he looked in some way angelic. The impression I had was that of an innocent baby housed in the body of a 95 year old man. It seemed he had aged 10 years for each week that had been sick. He was only 48 years old but his face was deeply wrinkled and drawn. Everything about him seemed frail except for his still powerful hands—and a stomach that looked like it had a basketball in it. The first thing I asked him when I arrived was in reference to his overblown abdomen:

*"Hey, I know they say you are what you eat, but you're not going to get back into sports by swallowing basket balls."*

He laughed and groaned and countered immediately:

*"Let me introduce you all to my little dick-head brother. This little twerp's been messing with me all my life."*

Being 6 years his junior, Ted always confirmed his respect for me by highlighting his seniority. This was his 'tough-love' way of saying: it's good to have you here. And so we picked right up where we had left of the last time we were together, jocular and ribbing our way through the day. Despite his dying, Ted was jovial and still keeping everybody else's spirits up. Especially visitors who came, and didn't know what to say, would get a

dose of Ted's good humor. It was impossible to be prepared for seeing what the illness had done to him in just 6 weeks.

My brother's best friend had warned me on the way from the airport that most were shocked to see him, reduced as he was from his former self to a mere skeleton. And so it was, that often Ted would be the one to initiate humor and break the ice for people who couldn't help but stare in disbelief. Everyone who knew my brother had always been enthralled with his great sense of humor and love for kidding. Seeing him wrecked by cancer and still cracking people up was absolutely inspiring. In this sense Ted was still in very large and quite in charge.

Despite the daunting fate we all were facing, the atmosphere in that room was like a party, almost to the very end. Friends and family came to visit, students of his, and also doctors and nurses who seemed to just want to bathe in the powerfully positive vibes that lived in that space where a lot of caring people were attending to a dying monolith.

Around the clock, either a friend or someone from the family was there to keep the vigil and fiddle around with little comforting things that would bring a smile to Ted's spirit: cold packs, hot packs, ice cubes on his forehead, combing his hair, brushing his teeth, doing his nails, changing the Garrison Keillor tapes, checking if the morphine was doing its magic, massaging his feet, or just plain making sure the chemo bags got changed and his fluids didn't run down. Day and night we rotated shifts. And for those of us who were regularly at the hospital, other people cooked and set up meals so that when we came home, we were cared for too. It was an impressive band of caring that pulled people together in those weeks.

The day I arrived, a pretty bad kidney test came back. Kidney failure was going to be the ultimate end of where the illness was heading. It was devastating news for my brother's wife. It sounded like a death-knell. The doctors increased Ted's IV-fluids, adjusted his chemo, and fine-tuned his morphine. They also said they would bring a specialist in the next day, so what I did as a clown was go straight out to the Dairy Queen and get my brother the biggest chocolate Sunday in the state of Georgia. Ted loved ice cream and although he couldn't really digest anything any more, it tasted good and was very soothing in his mouth as it cooled the abscesses that were rampant there.

He beamed. But because the tumor had closed off his digestive tract, everything that went down had to be pumped back out through an NG-Tube that went in his nose and down his gullet. So when we saw that dairy queen coming back up the tubes again we all reacted with undisguised amazement and disgust. "Wow!" Nancy commented. "Sure looked better going down than it does coming up!" Nancy was Ted's personal set of magic hands. She was a healer and massage therapist and Ted's wife's sister. I told him that if

we wrapped the tubes around his "big thick head" we might just get it to act as a refrigerating unit to cool his fever. By the time we all were laughing so hard that Ted couldn't stand the pain, we turned off the pump to spare him for a while, buzzed for more morphine and went back to listening to Garrison Keillor's Prairie Home Companion. Ted soon fell off mercifully into sleep. As we left him that evening, he looked very peaceful in spite of the fact that he knew he was dying. The laughter we shared had definitely helped forge some kind of truce with pain—a relieving plateau of acceptance.

The next day was just a day in practicing care...and the day following that the specialist came. He looked at the tests and took one short glance at my brother and said very simply, "He's dying, I probably won't see him again." That was that. The specialist had done his work and clarified the parameters. He wasn't really part of the care team anyway, so there was no reason to expect more from him than just the truth. On my brother's wife's face you could see hope crashing to the floor, but also a release followed which was something like relief for what had now been given words that otherwise had just been hanging around like a bit of bad air that wouldn't go away. We all got back to rubbing Ted's feet, stroking his hair, playing his favorite tapes, watching him sleep, sharing moments of being a family.

That night I had night duty and when the morphine wasn't enough to still his pains, I would rock him in my arms and sing to him. At one point about 4.00a.m. a black nurse came in who looked to me just like Aunt Jemima. Here we were, Ted and I, two white boys from the north, brothers, rocking ourselves to the soothing sway of an old black gospel song, and it was her song we were singing. The sight of us must have moved her. She stood for a moment at the doorway regarding us, and then she came over to the bed, put down whatever she had come in to do, took my brother's other hand in hers and sang with me—amazing grace. Time stood still. I was sure that angels were visiting us. This will ever stay on my mind, as one of those great moments in life that seem to bridge all boundaries of love, laughter and spirituality.

On July the 4<sup>th</sup> Ted wanted beer and ice cream, so we decided to have a party. I was still fascinated with the tubes that gave an instant replay of everything my brother ingested, so I decided to get red, white and blue Popsicle's in honor of the day. We smuggled the beer and soda pop into the room in plastic plants we had requisitioned from the hospital lobby. It was a real slapstick number. Ted was thrilled with our covert activities, having always loved a good conspiracy, bordering on the criminal, but just lame or lunatic enough to be ridiculously fun. We decorated the room with streamers and balloons in traditional patriotic colors, broke open the bottles and chips, and Ted started working down the Popsicle's. Nancy and I immediately rounded up the nurses and doctors on duty to come and watch the show that followed. As the red-white-blue slurp

started coming back up the tubes, we all chimed in with a rousing chorus of the Star Spangled Banner. This little number moved everyone to spasms laughter and tears. It was an amazing event. Even flat on his back, Ted was still very large and in charge.

Just three days after that, Ted's kidney values were up to 5,2. He had a lot of visitors that day, which seemed to bother him and tire him out. The following day the **creatin** reading was at 5,6 and he seemed to be suffering a lot of pain mixed with delirium. The morphine he was getting now in regular injections seemed to help him sleep, but when he was awake he was dazed and frustrated and angry. His NG-Tube kept blocking up with thick yellow mucus laced with blood. We put a 'Quiet-Please no Visitors' sign on the door that day to let him sleep. By the end of the week his BTU's were up to 160 and the creatin was at 6,2. The critical level was 7 the doctor said, and in 48 hours he could be in deep sleep and near the end. The plus side of the creatin getting so high was that it acts as a powerful sedative, meaning the body begins to anesthetize itself and there is no more pain.

In the afternoon we went home to swim and eat and I took a nap so I could do the night shift with Ted. It was a restless night. I did a lot of singing and holding and meditating, in-between monitoring and clearing the NG-Tube. The gospel-nurse came in, and Ted fought with fitful sleep, bouts of vomiting, sedatives. From 5:30 to about 11:00 a.m. he finally slept peacefully and Friday he received a lot of guests again. By Saturday the creatin was at 7,6 and he was nearly comatose. I mostly meditated that day in his room. For a while the TV was on without sound. The pictures from the television (professional wrestling, anomalies of the animal world, the Giligan's Island episode where they get rescued) were a strange contrast to the secluded peacefulness of the room and the ethereal visions out of my meditation (Ted leaving his body and kicking it like a football over the goal posts—he had been a quarterback in college—then him flying away with the football into our dad's arms, re-entering mom's womb, coming back out as her breath, taking her in his arms and throwing her in the air, calling in a psychic for knowledge and guidance, the psychic giving him thunder bolts for strength).

Sunday the creatin reached 8,6 and blood pressure down to 60/38. Again many visitors, but Ted was unconscious and near death. Time for good-byes. The following morning we were all together in his room as he died. His wife, her sister, our mom, my brother, my brother's son and one nurse who sat with us for a long time that morning as a kind of angel of death.

There was a wonderful feeling of closure and relief in the way this transpired. No one felt that they had witnessed a disaster. On the contrary, Ted had shown us bravely how to die, and we had made his passing the very best death of our lives. It was July 14<sup>th</sup>, the

French national holiday of the storming of the Bastille—independence day—and my brother Ted had been a French Teacher. What magical little bit of **synchronicity**<sup>(4)</sup> there was in that! And then there was this, too...:

His mascot throughout the illness had been a stuffed Teddy-Bear that would talk when you squeezed it: "Hey I'm smart" it would say when you touched its head, and "ouch that hurts" when you touched its stomach. As we were leaving Ted's room some hours after he had expired, I tried to activate the bear...but it said no more. Its batteries had run out synchronically with Ted's. The bear was gone and it was time for us to say good-by. Time for acceptance and release.

There were still 4 Popsicle's left in the fridge. One for John (my other brother), one for Jake (his son), one for me and one for.....Ted! As I put the last Popsicle in Ted's hand like a rose, I had to smile, thinking I might hear him say, "*you're still messin' with me Paul, you little dick-head.*" But his pain was over and I didn't hear any complaints. His wife's pain, on the other hand, was just beginning. Release, End, a new Beginning.

For 3 years I returned to Atlanta regularly to be with my sister-in-law and share her recovery. For a long time all she wanted to do was die or sleep. Recovery can be a slow and delicate process. But in that time we shared a lot of humor remembering Ted, and when I think about what it was that bound us so closely together, it was certainly the caring for one another that did it, as well as sharing the spirit of Ted's humor. Laughing bonded us while confirming we were still in life. At the same time it helped us forget and cope with that.

### **Disaster Recovery Phases**

In a study done by the National Institute for Mental Health, researchers identified emotional phases that survivors experience following a disaster (Farberow & Frederick, 1978). Patty Wooten refers in her book to a related doctorate study done by Sandy Ritz, R.N.M.S. on the use of humor by people who have encountered shocking tragedy or large scale disaster (e.g., earthquakes, hurricanes, tragic accidents). In her study she documents the types of humor that are used or avoided in each of the phases mentioned in the NIMH study. Understanding these recovery phases and the way humor is used as a coping strategy can be a help to both disaster workers and survivors. Here are the results of that comparative study as presented by Patty: (p.15)

**The Heroic Phase.** This phase occurs at the time of impact and immediately afterward when energy is expended helping others survive. If there is any humor, it is spontaneous and is used to relieve tension and overcome fear.

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<sup>4</sup> Synchronicity is a term used by C.G. Jung to denote the phenomenon of seemingly magical coincidences appearing to have special meaning. See Glossary entry for further definition.



**The Honeymoon Phase.** This period may last from one week to six months and embraces 'recovery optimism.' Survivors experience great joy in just being alive and feel the support and caring of relief efforts. Their losses, difficulties ahead, and negative emotions are denied. The humor used in this phase is positive, upbeat, and it laughs at the absurdity of the situation without a lot of anger. After the hurricane hit Kauai, people wore T-shirts emblazoned with, "Landscaped by Iniki."

**Disillusionment Phase.** This stage can last from two months to two years. This is a time of grieving, with feelings of disappointment, anger and resentment as relief programs are withdrawn and victims must concentrate on rebuilding their own lives. Survivors may feel isolated, angry and pessimistic, and can easily take offense at attempts of humor from outsiders. Aggressive humor (satire, ridicule, and irony) is typical among disaster victims as an expression of their sense of powerlessness. The target of their humor is often disaster workers and others in power. Joking from anyone perceived as an outsider, even disaster workers, can be easily resented or misinterpreted.

**The reconstruction Phase.** This final phase may last for several years, and is a time of rebuilding and recovery. Humor returns slowly and reflects a sense of community. It acknowledges the community's collective fears, goals, problems, and includes acceptance and adaptation to change. Survivors share a common bond and along with that, a 'shared humor' about their circumstances. For example: after two years of disasters in the Los Angeles area, residents began to assert, "*Los Angeles has 4 distinct seasons: Earthquake, Flood, Fire-storm and Mud Slide!*"

Just think back to September 11<sup>th</sup> or the Exxon-Valdez catastrophe. In both cases "survivor" humor surfaced in waves following the events. Black humor, even so-called Gallows humor is normal. Even healthy. Just the shock of having been spared from a major misfortune (the sole survivor of a train crash, for example) can present an insolvable challenge for one's belief system. At such moments, humor helps jolt the response systems back into gear.

**Joke:** A doctor, a scholar, and a businessman are on a safari and have been captured by head hunters. They are about to be cooked alive. The head hunters give them to understand that each of them has one last wish before they are killed and eaten. The doctor asks for an elegant dinner of wild goose with orange sauce, a fine red wine, truffles, chocolate moose and brandy with a twist of mint. Despite the difficulties in communicating this, the captors seem willing to accommodate the wish. The scholar is much more humble in his desires. He asks for a 12 inch cigar and the opportunity to give a lecture on hedonism in native cultures. The head

hunters agree to this as well. The businessman immediately intervenes, asking to be shot immediately...before having to listen to the scholar give his talk.

### **Facing Terminal Illness**

Testimonies abound, of people facing cancer with the help of support groups. Humor is almost always cited as a central aspect of what was most uplifting and bonding within these groups. Most certainly the caring, listening, understanding and empathizing all create a background of trust for this humor to surface, but it is the humor that gets remembered as crystal moments of rising to and above the situation.

One example cited by Patty Wooten involves Gilda Radner from Saturday Night Live fame who contracted ovarian cancer just as her career was flying high. She had just married fellow comedian Gene Wilder when the devastating news hit her. A total fiasco. As Patty Wooten reports, Gilda kept a journal of her 3 year battle with the disease before she died. It is laced with the same wit and goofiness that she was famous for as a comedian. Gilda was also a member of the 'Wellness Community' patient support group in Santa Monica (CA). Each week they would have a "joke-festival" with awards for the best comments on cancer.

One week the winner was this:

Q: *What do you call a person with recurrent lymphoma?*

A: *A lymphomaniac!* (P.Wooten, pp. 22)

Venting frustration and anger through humor can be cathartic. It can help to get focused on what it is we want to go on living for. Just the names of some of the support groups indicate how closely the comic and tragic lie. One group of mastectomy patients gave themselves the motto: "Reach for Recovery." Obviously recovering mastectomy patients have trouble lifting their arms. A larynx group called themselves: "Lost Chord." And the heart surgery patients: "Mended Hearts." How about "Out on a Limb" for amputees?

### **What Disaster Cannot Do**

As Patty Wooten notes: "*We have the power to choose how we look at our circumstances.*" While I was in the hospital with my brother, there was a book of inspiring stories by people who had been through cancer. It was about their discovering they weren't helpless or defeated, even in the face of losing their life to disease.

The following anonymous poem impressed me:

Cancer is so limited:

- it cannot cripple love,

- it cannot shatter hope,
- it cannot corrode faith,
- it cannot destroy peace,
- it cannot kill friendship
- it cannot suppress memories,
- it cannot silence courage,
- it cannot invade the soul,
- it cannot steal eternal life,
- it cannot conquer the spirit.

My brother's death for me was exemplary for how disaster cannot destroy spirit when the survival reaction of humor is activated. Dying is not always that easy. I am sure that much of the easiness had to do with the level of our collective agreement on what was worth holding onto and what was lost. Naturally we also had our tired, painful, and reflective moments, as is natural to the process of loving, losing, and being passionate about life. But perhaps because I am a clown and Ted was too, there was an uncommonly strong potential for accepting the flops while dispelling their graveness with humor and laughter.

How easy it is to become hopeless when things get serious. But Ted had that magical ability to not take things too seriously, when they got hopeless.

### ***Another Sort of Death***

In May of 2001 my mother came to Berlin to live with my wife and me instead of going to a nursing home. She had just turned 90 and had never been outside the US before that. The 9 months that followed included four seasons, the ending of Spring, Summer, Fall and the beginning of Winter. When I look back now I realize how those 9 months were like a life together including new birth, infancy, youth, middle- and old-age, culminating in her first close brush with death. It was a very short time together looking back, and yet while we were living it, it seemed like it would go on for ever. That was the beauty of her being here, the sense of eternity and immediacy we experienced in making that year together be one of the best of our lives. It was a year filled with constant re-affirmation of our relationship, our symbiosis and independence, our love for one another as a family. It was a time of commitment and activity and adventure and challenge and growth. It was a year in which she took in the breadth of our adult lives, met our friends and colleagues, shared our home and even fell so deeply in love with two young men

(each about half her age) that she would blush whenever their names were mentioned. It was a year in which I was able to become her parent and guide while accompanying her out of life, back into the arms of those who brought her into life and had gone before her. Her presence here, and the changes it brought with it, graced our lives in immeasurable ways.

I distinctly remember the first time her pulse sank to 35, how she became frail and lost her appetite, decided to stop taking her pills that had been keeping her going for decades, and how she said it was time to be going and that all she wanted was to get off the carousel. Weary and spent, needing help with going to the toilet or even getting into a sitting position on the bed, she would sit next to me and exhale deeply while completely letting herself fall against my side and into my arms. It seemed very natural to hold her and guide her back to sleep, hoping with her for an easy death. But that didn't happen.

She bounded back miraculously. She got so well, in fact, that as spring rolled around she even asked for a ride on my motorcycle. She had just turned 91! And even though she had always been mortally afraid of motorcycles, there we were on the 1<sup>st</sup> of May like Harold and Maude cruising around the block on a beautiful sunny day. When we got home she was as proud and happy about that as she had been about climbing the 85 steps to our apartment the whole previous year. I said to her, as I often did...."You haven't seen your last happy day yet, mom!" She beamed and it seemed my cool mom could live forever, just as she mortally feared that exactly that was going to happen.

Just two weeks after our trip, however, she had a mild stroke followed by a series of T.I.As. (transient ischemic attacks) that left her nearly immobilized, speechless for some days and mentally in a fog. For nearly three weeks she needed help around the clock.

After two months she had recovered physically to about the place she had been just before the first time she thought she would die. She could get out of bed, walk, eat and toilet herself, but her will to live sufficed only as a motor for telling whoever came to her aid, how badly she was doing. She became despondent and fixated on what I came to call her deficit paradigm. Her proverbial glass was perennially empty, and in her eyes, getting even worse by the minute. Although she saw well enough to tell us where everything should go on the table, she was blind. Although she could follow every conversation without a hearing aid and without us speaking loudly, she was deaf. The isolation these restrictions caused her became her agony and a rationale for constantly needing company. It seemed if her life had taught her how relax or how to find solace in the peace and certainty of her own inner knowledge, she had lost it. She wanted someone to hold onto. She was afraid and in the dark. She was in mortal fear of dying.

A year earlier, as dying was still a more remote possibility, she faced the idea of it with charming humor: "*Wake me when I'm dead*," she would say at night before going to sleep. But after recovering from her stroke, every night became a trial of self-pity and affirming the certainty that this would be the night she would die. With heart wrenching pathos she insisted that she was in desperate need of help and could not be alone at all. For months she hovered in this state of suspended panic, her only gesture the raised lifeless hand of an invalid, a picture she nurtured of herself that slowly became a reality. Her mother and father had both been invalids. There were a lot of tie-ins there.

After her second brush with death, she came back frightened. In a tragic sort of way, she became intent with every ounce of strength to cling to life....but there was hardly any life in her left to be worth clinging to. Following that second crisis, she suffered a kind of psychic anguish that was a contradiction in itself. She was in constant fear of what was going to happen next. She was in fear of how much harder it could get as she lost more and more of her faculties. She was in fear of burdening us so severely that she might lose our love and help. She was in fear that she might never die and just go on and on in this misery. And yet she wanted to go. Her only 2 remaining wishes were:

- 1) to be gone
- 2) for someone to stay with her until she got there—stroking her, rubbing her, scratching her, holding her and above all not leaving her alone.

She was afraid to die, and more than anything else, she said she wanted to "*wake up dead*" without having to die to get there. Fear of pain, fear of the unknown, fear of loss of control, loss of freedom, loss of love, loss of hope.

Fear can make the time we have to live a living hell. This seems to be part of the process of dying. In my mother's case, much of what she experienced as anguish was a battle between her self-negating wish to die and her own involuntary body-response to live. She would eat with vigor but not enjoy it. She would sleep for long stretches of time but not relax or be rested. She would pace the halls but not take pride in being mobile. She would make it though the night alone, even going to the toilet, but refuse to believe in her own strength and independence. She wanted to die and couldn't. Of all the things we tried, the only tools we found that really help her were TLC and humor.

On the geriatric ward where I work as a clown it is much the same...the nurses are very busy doing things, but in most cases the thing the patients desire most is just a friend having time to be with them. This "*time*" seems to be the most precious and most difficult thing we have to give. Isn't that ironic? Shouldn't it seem that there is nothing easier we could do than just being with somebody? Or.....? Is perhaps our own fear of

losing time from life, and dying ourselves, the thing that keeps us running and *doing* instead of just *being*?

### **Fear of Death**

It has been my experience that resonating deeply with someone in the nearness of death challenges subtly one's own grip on life. It seems the caregiver vicariously lives a process mirroring that of the dying person; they live the hope, the comfort, the nearness to spiritual realms, the memories of life, the sentimentality and longing, the strong bonds of love, the fears of separation and loneliness, the torture of being limited, the frustration and anger, the helplessness and confusion.

Is it fear of seeing our own fragility played out before our eyes, confronting us undeniably with our own inevitable demise and suffering, that haunts us? Is it existential fear of ending without meaning? Maybe these are reasons that it is hard for care givers to give up "*doing*" for the option of just "*being*." For in doing, we have a pretense of being in control, while in just being we are accommodating the inevitability of releasing to death and accepting the ultimate necessity for humility and not knowing. Maybe "*doing*" is like humming loudly when we are in a dark place. It asserts certainty. Perhaps we try to action away our fear. Perhaps helpers become helpers as a strategy for practicing how to "do in" their fears.

As Sam Keen summarizes in his forward to Pulitzer Prize winner, Ernest Becker's landmark book, The Denial of Death, the driving motivation for all human behavior lies in our "*biological need to control our basic anxiety, to deny the terror of death. Human beings are naturally anxious because we are ultimately helpless and abandoned in a world where we are fated to die.*"<sup>(5)</sup>(pg. xii)

(Becker) "*This is the terror: to have emerged from nothing, to have a name, consciousness of self, deep inner feelings, an excruciating inner yearning for life and self-expression—and with all this yet to die.*"

### **Ernest Becker**

As Sam Keen<sup>(6)</sup> points out, Becker's book pursues 4 strands of thought. The first being that the world is a terrifying and threatening place. Mother Nature is a brutal beast who destroys what she creates "*tearing others apart with teeth of all types..., pushing the pulp greedily down the gullet with delight, incorporating its essence into one's own organization,*

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<sup>5</sup> source: The Denial of Death, by Ernest Becker, Free Press Paperback, New York 1973

<sup>6</sup> Sam Keen, author of *Fire in the Belly*, was editor of the periodical Psychology Today in 1973 as Ernest Becker's book appeared. Keen immediately arranged to interview Becker, who was already in the hospital dying. Keen was so impressed by Becker's work, that he refers to him as "one of the great spiritual cartographers of our age." (pg. xi)

*and then excreting with foul stench and gasses the residue.*" Herein the basic anality of our existence, base and resolutely biological. The second strand expounds on consciousness, the ensuing terror of death as existential negation, and out of this the formation of anxieties and survival mechanisms. The third pursues how we conspire in keeping the overwhelming terror of death unconscious and thus embark on the "*the vital lie of character*" which serves as a "*first line of defense*" in protecting us from the painful awareness of our helplessness. Here Becker explains how we imbue ourselves with the importance of being Gods, emulate God-like characteristics of creation and control, and within the defense mechanisms of our personality embrace our purpose of being (*causa sui*) by trying to extend ourselves beyond death through deeds of immortal scope.

(Sam Keen) *Society provides the second line of defense against our natural impotence by creating a hero system that allows us to believe that we transcend death by participating in something of lasting worth. We achieve ersatz immortality by sacrificing ourselves to conquer an empire, to build a temple, to write a book, to establish a family, to accumulate a fortune, to further progress and prosperity, to create an information society and global free market. Since the main task of human life is to become heroic and transcend death, every culture must provide its members with an intricate symbolic system that is covertly religious. This means that ideological conflicts between cultures are essentially battles between immortality projects, holy wars.*

In the words of Wilhelm Reich, this "*Character Armor*" provides the context in which we are able to pretend the world is manageable.

(Sam Keen) "*We repress our bodies to purchase a soul that time cannot destroy; we sacrifice pleasure to buy immortality; we encapsulate ourselves to avoid death.*"

The fourth strand of Becker's book examines our heroic projects and how paradoxically in our pursuit of destroying evil, bring more evil into being by pitting one immortality project against another, my Gods against your Gods. As Keen points out:

*"Perhaps Becker's greatest achievement has been to create a science of evil. He has given us a new way to understand how we create surplus evil—warfare, ethnic cleansing, genocide. (pg.XIII) / He has helped us understand the relationship between the denial of death and the dominion of evil." (pg. XV)*

*"The root of humanly caused evil is not man's animal nature, not territorial aggression, or innate selfishness, but our need to gain self-esteem, deny our mortality, and achieve a heroic self image. Our desire for the best is the cause of the worst." (pg. XIII)*

Apply this logic for a moment to the conflicts in Afghanistan and Iraq. Following September 11<sup>th</sup>, President Bush and the American government declared a war against an invisible enemy, terrorism, asking for "unlimited powers" to pursue a "ghost" to the furthest corners of the globe. It seems Mr. Bush and Co. are fanatically determined to strike out anywhere they believe to have found it, even prepared to do this against the advice of not only their allies abroad, but even their own domestic intelligence services. They even are prepared to do it at the cost of causing more hate and more terrorism as a reaction to the terror they are subjecting the rest of the world to. Being at the spearhead of a nation in fear, it seems Bush and Co. are adopting a very heavy character armor of self-righteousness.

Jimmy Carter, on the other hand, has since his presidency been promoting peace and mediation between nations in a way he never could have done while still in office. What he has been able to do outside of the public forum of the presidency, is create a Center For Peace in Atlanta GA. where world leaders can engage in dialog behind closed doors. The magical element of this project is its isolation from public view. Here giants can seek compromise, understanding, vent anger, test tenets of belief and strategies of bargaining while leaving their "character armor" at the door. Here they can talk as vulnerable individuals carrying enormous responsibilities in a wide sweeping conflict of interests. For this patient work of mediation Jimmy Carter received the Nobel Peace Prize in 2002. In an interview for the BBC addressing the Iraq issue, Mr. Carter said he believed in the cause of curtailing Iraq's weapons of mass destruction and their ability to deploy them, but that all action should transpire through the instruments of the United Nations, and not through unilateral aggression on the part of the U.S. <sup>(7)</sup>

This was a clear plea for the process of reflection, hesitation, patience, humility, and finding agreement. Is it possible that the US reaction to "terrorism," spiting reason and the council of its major allies, is pure fear, mutating into a hero project of paranoid psychotic proportions? Isn't it quite likely that America's nearly single handed war against Iraq could cause even more destruction than the ill it purported to curtail?

The parallels between fighting war and fighting disease are manifold. Even the process of how we define our enemy is a similar matrix of choosing and constructing the psychograms of good and evil we want to believe in, thus creating moral righteousness for our course reacting to fear and helplessness. In disease we declare the symptoms our body is manifesting (signals for unhealthy choices in life) as the enemy, and set out to conquer and kill the disease by stemming ourselves against the symptoms. The vicious

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<sup>7</sup> BBC interview (viewed 12 Oct. 2002) with Jimmy Carter on his peace work and plans for the 1-Million Dollar Nobel Peace Prize he was granted in 2002.



cycle of fear and aggression driving religious and political fanaticism is similar, fear turned into zealous ambition which in turn creates more of the destruction it purports to be reacting to, thus perpetuating its own justification for more aggression. This is the same abusive cycle of perpetrator-victim-perpetrator common to families, and it is central to the militant self-perpetuation of aggression so pathetically visible in the seemingly unsolvable military conflict over issues of ethnicity and religion in the middle east.

Becker provides us with a pathological model for the psychology of evil. He defines our actions in life in terms of the devices and strategies we use for evading our basic condition. Decay, disease, entropy, insignificance are inevitable. Life is death. The male model of denying this is lancing forward with great deeds of destruction and creation (Freudian). The female model of response is one of acceptance, reconciliation and nurturing (Jungian).

In fact both are intertwined. What the humanist holistic new-age movement of the past century has tried to do is integrate the opposing sides of an old biblical dualistic battle between good and evil, between the rational and the intuitive, between the mechanistic and mystical, between the deterministic and spiritual, embracing the Taoist understanding of change and transformation as the basic dynamic inclusive law of our existence. Acceptance is release into rebirth. Healing is making whole while accepting the cyclical and inherently contradictory nature of life.

Both prolonging life and pursuing war can be the most merciless thing we render upon ourselves. As Keen points out: Becker, like Socrates tells us to practice dying, practice helplessness, practice yielding. He tells us that cultivating awareness of our death helps break through the illusions, and dismantles the character armor, making way for a conscious choice to "*abide in the face of death.*"

This is how Keen sums this up:

*Instead of hiding within the illusions of character, (the existential hero) sees his importance and vulnerability. (He) rejects the standardized heroics of mass culture in favor of cosmic heroism in which there is real joy in throwing off the chains of uncritical, self-defeating dependency and discovering new possibilities of choice and action and new forms of courage and endurance. Living with the voluntary consciousness of death, the heroic individual can choose to despair or to make a Kierkegaardian leap and trust in the "sacrosanct vitality of the cosmos," in the unknown god of life whose mysterious purpose is expressed in the overwhelming drama of cosmic evolution.(pg. XV)*

The human potential movement sees in this new consciousness an awakening of the individual as an integral part of a whole, in a process of evolution out of the "dark night of tribalism and nationalism" toward what Tillich called a "*transmoral conscience, an ethic that is universal rather than ethnic.*"

### **The Seduction of Death**

Is it possible that our wariness of death's presence is a fear of simply being seduced into its grip? Death the suitor—luring us to into sleep with him in eternal peace, tricking us into self-negation, thus activating our skepticism and survival instincts which are as primal as life itself? Dilemma.

I can remember the first dying process I accompanied as an adult. It was both hauntingly soothing and frighteningly abhorrent. It seemed to pull me out of life and draw me toward a state of profoundness which felt detached from world yet bathed in significance. Death loomed as the ultimate integrating experience. What helped bring me back, was doing things that brought me into body, like swimming, or even walking briskly.

As the caring for my mother got under way, I obviously had to sacrifice a lot of time from my own life agenda. But even more threatening to me was the shift of priorities that took place in my own energy field. Anything I didn't want to do in the world I could subjugate to the priority of helping mother get out of the world. I even considered if I might be using her care as an excuse to validate my own dwindling ambitions of career, (a kind of anti-causa-sui) or if it could serve as a divine excuse for personal failures. It made me ask myself why people subjugate themselves so thoroughly to the service of others, and up to what limits is helping healthy. It made me look at the various manifestations of **helper-syndrome** that I had witnessed just in the hospital clown movement, and ask myself, at what point do I as a care giver start needing help myself? At what point does helping become a narcissistic hero drama of its own? And when is it necessary to perhaps not cure and do, but to yield and be?

Is it in fact difficult during the process of assisting the dying to hold the line between accepting death, and at the same time staying in life with one's own ambitions? Is the pull of death like a seductive call from a melancholic lover, as the Roman God Thanatos is pictured, forever youthful and passively awaiting our arrival. Think of all the instances where lovers have followed their deceased spouses voluntarily into death in the hope of eternal union beyond this world. Think of all the elderly couples who's life ceases shortly after losing their mate. Think of all the morbid rituals for worshiping the remains of the dead, as in Isabel Allende's House of Spirits or in Patrick Süßkind's Das Parfüm. Think of

the popular cult of "Gothic" where all the symbolism of the grave becomes a haunting high aesthetic of beauty. Think of the Phantom of the Opera!

Is love in fact more closely related to death than would appear at first glance? We say: "love someone to death," and "until death do we part." We conceive the notion of eternal love, and even entertain morbid fantasies of physical love beyond the limits of the grave. Roots of necrophilia meander through our ancient myths. The Roman God of sleep, Hypnos, did the bidding for his twin brother Thanatos, and in our language has become synonymous with an irresistible power of seduction, as in Hypnotic beauty. In Homer's Odyssey sirens seduced wayfaring seamen to crash upon the rocks and join them in death. And especially in love lost, it seems the wish for death is ever present. In fact the notion of love and death are quite married in our poetic language:

[Romeo] *How oft when men are at the point of death have they been merry! Which their keepers call a lightning before death. O, how may I call this a lightning? O, my love, my wife! Death, that hath sucked the honey of thy breath, hath had no power yet upon thy beauty. Thou art not conquered. Beauty's ensign yet is crimson in thy lips and in thy cheeks, and death's pale flag is not advanced there. / Ah, dear Juliet, why art thou yet so fair? Shall I believe that unsubstantial Death is amorous, and that the lean and abhorred monster keeps thee here in dark to be his paramour? For fear of that I still will stay with thee and never from this pallet of dim night depart again. Here, here will I remain with worms that are thy chambermaids. O, here will I set up my everlasting rest and shake the yoke of inauspicious stars from this world-wearied flesh. Eyes, look your last! Arms, take your last embrace! And, lips, O you the doors of breath, seal with a righteous kiss a dateless bargain to engrossing death! Come bitter conduct; come, unsavory guide! Thou desperate pilot, now at once run on the dashing rocks thy seasick weary bark! Here's to my love! [Romeo drinks the poison] O true apothecary! Thy drugs are quick. Thus with a kiss I die.*

### **Denial of Death**

What I did to galvanize my commitment to my own life and activate my inner hero after taking on the care of my mom was buy a motorcycle. The psychology of this was obvious to me, and I still believe it was a good strategy.

A friend of mine said straight off: "Classic mid-life crisis reaction, don't you think?" In fact the machine was a symbol of my youthfulness. Its ageless vigor could be realized with the turn of a hand, which seemed an appropriate aid for a guy losing some of his former strength but still picturing himself as virile. My 75 horse powered wheel chair offered the sensation of flying, skiing, horse back riding and sailing all in one, and that in just the few minutes I had between being home with an invalid and getting to

appointments in town at double the speed of traffic. Above all, it was dangerous. If you don't keep your wits about you, you get messed up. Living with a motorcycle is 90% being there with mind and body. It is a delicate dance of using the agility to side-step harms way and leap ahead, while at the same time always yielding to the natural laws of force. It made me fully aware of my powers of response and action, my responsibilities to my wife and mom for being there, my love of life. The motorcycle commanded me to be fully committed to living. It was my reward for being a helper, and a great coping tool when I couldn't take the tedium of mom's tortured dance with death.

### ***"Acceptance Is the First Law of Spirit"***

John Rogers was my mother's guru for some time, and as I mentioned above, founder of the Movement for Spiritual Awareness, a new-age non-Christian religious cult based in Los Angeles. "Acceptance" was his message of spirit and that had become my mother's central truth ever since she had first heard J.R.'s lectures. Although she preached this principle daily, and practiced it diligently in the course of daily affairs, in her process of dying, it became her most difficult lesson. Prior to her first two bouts with dying, she had slept 14 hours a day very peacefully. All she had to do was lie down and she was asleep. She contended that, short of death, sleep was the next best thing. Until coming face to face with her own fears of ending, it seemed she was looking forward to *"putting her body to rest and getting on with letting her spirit find another form"* as I would often put it to her. But after she actually faced death for the second time she became insomniac and resisted every effort that could help relax her into sleep.

As if something in her had revolted against letting go of life, she got up one morning and started pacing with her walker like a tiger in a cage. She started eating and drinking voraciously and going to the toilet every 20 to 40 minutes. She became anxious and restless and would awake from short bouts of sleep with a panicked look in her eyes calling with her first breath "help, help." From this point on she contended she couldn't be alone any more, requiring almost constant companionship. She regained her strength and started reporting that she was afraid. It no longer was easy for her to sleep or be in the dark. She stopped wearing her dentures, her glasses and her hearing aid. She didn't want to accept that there was anything to be happy about or anything she could be self-sufficient with. In fact trying to exercise positive affirmations with her harvested vehement protest. She would complain that nobody could understand how bad it was. It became impossible for her to enjoy even the things she used to love like eating or being held. She began to turn everything into a negative thought and it got harder and harder to keep investing positive energy into her comfort care, because it all just disappeared into the bottomless pit of her depression.

Although desiring companionship, all she was able to offer back was her agony over a basically miserable condition. She was losing her sight to macular degeneration, losing her hearing, losing her teeth, her strength, her mind, her will to live. And in same proportion she was becoming more afraid.

### **Stages of Dying**

Elizabeth Kübler-Ross is a widely acclaimed clinical psychiatrist who spent most of her life working with people who were dying. In her groundbreaking book, On Death and Dying, she describes this frustrating process described above very well. She also analyses the psychological states and needs of those in grief, sorting them into five "stages" of emotional involvement that typically accompany the dying process for the patient, and in part those accompanying the dying.

Kübler-Ross' model is a widely accepted description of the grief process. In recognizing the needs of the dying and their care-givers, it is a tool for understanding, acknowledging and assessing appropriate responses. These stages are not inevitably sequential, nor are they to be seen as necessary "levels" to be mastered in order to move forward. Similarly, acceptance is not necessarily something which can be reached by conquering the other steps. *"While patients may tend to go through a series of stages, they may go back and forth, skip about or have periods where the stages seem to overlap, all according to their particular needs."* <sup>(8)</sup>

**DENIAL** is often a first response because the afflicted are unable to admit to themselves that they might die and/or have to suffer the loss death represents. Its first characterization is usually shock at the point of initial disclosure of a serious illness. Typically responses might be: It can't be true. You must be mistaken. How can you be sure? I need another opinion!

If the disclosure is too shocking to admit, disbelief is the most immediate defense. Reactions might range from loud verbal protests to inappropriate lack of concern or even cheerfulness. The important point to remember is that in denial, the patient is saying to h/erself and others, "No, it can't be me! It isn't possible that I should die!" Denial is a way of cushioning the shock of the disclosure of probable death. For a few, it is needed until death. For most, it provides needed time for understanding the implications and beginning to marshal more lasting coping mechanisms.

**ANGER** and rage enable the pain of loss to be projected onto others. In this phase, patients can become quite irritable and start blaming their care givers,

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<sup>8</sup> source <http://imc.gsm.com/demos/dddemo/consult/kubloss.htm> / Authors: Backer, B., Hannon, R., & Russell, N. (1994). Death and Dying: Understanding and Care, 2nd ed. Albany, NY: Delmar Pub.

other health professionals, or even God for allowing or making this happen. When one has begun to admit to themselves that they might die, and denial is no longer an effective way of coping, the patients and their loved ones become occupied with the question: "Why me?" Unfortunately in this phase, patients may seem "ungrateful" and frequently receive angry reactions from those who try to care for them for their being so difficult. It is good to remember that rage and anger provide a cathartic means of expression and for accepting the significance of probable death. At this stage, the most troubling issues of death and loss come close to home: who is to blame and what does it mean. By externalizing these questions, and putting the blame on God or doctors, these questions are more easily dealt with.

**BARGAINING** represents a last effort at overcoming death by "earning" longer life through conciliatory behavior. At the stage of bargaining, patients are no longer angry and difficult. They become cooperative. They begin to "make deals" with themselves, their helpers, or even God; reasoning that if they act "good" they will get well. This partial acceptance of impending consequences is like a ("Yes me, but ...")-conditional, hoping that in exchange for ultimate life, any partial prolongation could win them an opportunity to clean things up, finish things off, or reconcile feelings of guilt over whatever insufficiency in the eyes of God has brought them to this state of conflict.

**DEPRESSION** is when the full impact of imminent death strikes. Once the patient and others admit that there is no cure, the statement "Yes me, but ..." becomes "Yes me." It is most important to realize that this depression is not inappropriate. It is a normal response to the overwhelming sense of loss death represents. It provides a means by which those in grief can admit the full impact of their loss with appropriate seriousness, providing a release for frustration and loss through expressions of grief. Depression is very difficult for care givers to handle. The patient frequently cries and sighs, or otherwise expresses great sorrow, frequently wanting to be alone and not be bothered.

**ACCEPTANCE** is when the afflicted come to grips with the fact of death and begin to make preparation for it. A patient will frequently settle business affairs, make a will, and call in friends and family for the last time. This is not the same as resignation, which might be considered a bitter giving up. It is a feeling of peace, of having finished all unfinished business and being ready to go. The afflicted person is not happy over the impending loss, but neither is s/he extremely sad as in depression. Patient often rests quietly, demand little and want only one or two closest friends to care for them. Acceptance describes how

someone may peacefully deal with loss by fully admitting it and preparing for it. It helps them fulfill important responsibilities to others as a friend, lover, parent, employee, etc., thus providing a sense of completion and satisfaction and ease.

Naturally this model is not without some criticism. As E. Schneidman<sup>(9)</sup> notes that Kübler-Ross' stages of dying may tend to make the process of dying seem to be something like a course of accomplishments, thus

*"putting pressure on patients to resolve their more 'primitive' responses and move toward a so-called 'healthy' death, comfortable in the final stage of acceptance."*

*"Additionally, this model may not be applicable to the majority who die in old age, where a terminal diagnosis may be more acceptable to the individual. Many of the aged have experienced a gradual diminution of health and abilities which predates any knowledge of impending death. Such a diagnosis may be better accepted by the elderly both because of gradual infirmity and because approaching death is not viewed as a "surprise", but rather as part of a long and total life experience."*

### **Case in Point – Mom**

Five days before my mother died, we celebrated her 92nd birthday. It was spring again, and most of her friends were there, including the people who had been her major care givers since her stroke and the friend of mine she had fallen totally in love with. That day was a positive affirmation of how much life and love and caring the previous two years had been filled with. It was also a reminder of the challenges we had faced together and conquered. We ate soup and salads and cake, drank milkshakes, laughed and played games together and had fun. Mom was happy to be in the middle of all this commotion and at about 3.30 in the afternoon she went to bed and slept peacefully through the night.

Monday her sitter noted that Susan was very alert, that she ate well, enjoyed her foot-bath and spoke often about how nice the party had been. Contented and a bit tuckered out from the events of the previous day, she went to bed early that afternoon and slept quite a bit during the rest of the day and through the night. Tuesday and Wednesday she spent most of the day in bed and was in a fog whenever she awoke from her naps. When I came home Wednesday night, there was no night-light on in her room and she was sleeping peacefully with sound deep breaths. For some reason I left her like that in the dark without turning on a light. The following morning she never woke up. Whenever I looked in on her, she was snoring so soundly that it seemed she would sleep for ever, but by the early afternoon I became suspicious. When I looked in on her at 3:00 p.m. I could

<sup>9</sup> Schneidman, E. author of *Deaths of man*. New York: Jason Aronson, Inc. (1983), source <http://imc.gsm.com/demos/dddemo/consult/kublcr.htm>

see that she had had a stroke and suspected she would not be regaining consciousness. Her breathing was labored, her face looked limp and fallen with dull eyes that were only half closed. She was running a fever and there was quite a pool of saliva on her pillow. She had wet the bed and had a bowel movement. I knew immediately we were back at the door of death we had visited 14 months earlier.

We got right to changing her bed and cleaning her up. During all of this she hardly responded. But when we were finished she noticeably relaxed, close her eyes and seemed to fall back into sleep. Instead of rushing her to a hospital, we called her party guests again and people started coming over to be with her, hold her hands, rub her feet, stroke her head and abide her spirit. Meanwhile we attend to the routines of cleaning and caring for her as she began to let go and "*shuffle off that mortal coil.*" That night I put my mattress next to her bed and kept the night-light burning. I sat up with her till early morning while slowly, ever so slowly, the life trickled out of her.

Throughout the next day people came and went, and there was always someone at her side. At seven p.m. I had to go and do my show...thinking she would be there when I got back, thinking we had at least another day together in this way. The last thing I told her was, "*You can go whenever you want. Just let go and let your spirit be free.*" At 9:15 that evening she exhaled her final breath while I was gone. After a fitful final hour of struggling with the fluid that had built up in her lungs, spent and peaceful she expired alone in the arms of my wife who had so competently been her chief guardian and nurse ever since she had arrived two years earlier.

Along the way we often thought it would never end. Suddenly it was over and we were all aware of how incredibly short it had been. Mother had often asked me how to do it, and I would tell her just let go, and let your spirit fly. I know we could have rushed her to the hospital and put her on machines that would have kept her body living until perhaps her mind returned to consciousness, forcing her to pick up the battle she had faced so bravely from the day she packed her bag in Minneapolis to come to Berlin. But we had all agreed that what she wanted was to go, and now it seemed she had found the courage to face the fall from grace back into the empty page. Like soldiers of vigilance we stood there and honored her going. We said good-bye with love and acceptance while letting the body that had housed her life, expire. It had served its purpose, and none of us were feeling we had witnessed a disaster. On the contrary, mom was free and we were left at a new beginning... facing the rest of our lives.

### **Death — A Lesson In Life:**

The model for disaster-recovery-phases mentioned above, and the five phases of dying described by Kübler-Ross, both resound with what I have experienced in accompanying



the dying. Confronting disease, as well as facing life after loss, can be a very humbling processes of diminishing returns and accepting failures. Death seldom develops in one straight line. It tends to intertwine itself with life, mixing hopes with disappointment, courage with despair, acceptance with anger and denial, frustration and fear and confusion with sublime joy and clarity. The not knowing what will come next, how long the whole process of suffering might take, how much worse the suffering could get, wondering if not sooner death would be preferable to a prolonged life in agony, feelings of utter helplessness, all this can paralyze one with fear.

Dying and caring for the dying are drawn out processes of disaster and disaster recovery—leading to subsequent disasters and eventually to an ultimate disaster, which in itself may not be a disaster at all, but instead a kind of victory and re-birth. The lesson of death for me is not finality. The lesson of death for me is facing the blank page of not knowing what comes next. It hangs in-between that which one has already infused with meaning and definition, and some vague potential future that is no more than a hope. In this sense dying is analog with Improvising and the process of creativity. Learning to pass through that crucial gate of uncertainty is for me the essence of humor. This includes: cognition, integration, release, letting one's self fall into the consequence of humility, and at the bottom of the fall re-discovering the naiveté of wonder and curiosity...the beginning of life.

### **Summary 7:**

- ☞ Death is a total focus on the most essentially critical moment of failure imaginable. It is finding release into the abyss of not know what comes next. It is a creative moment. It spans both the physical and the spiritual worlds.
- ☞ Humor is a coping tool for people facing death. It helps practice release and acceptance. It eases the tensions and fears that are inevitable in facing failure. It creates bonds of trust and courage in the relationship between caregiver and patient, and is one of the strongest sounding boards there is for confirming trust and camaraderie. It brings us into the flow of the moment while putting the gravity of the situation into a new perspective. It is a balancing mechanism. It reminds us that we are not alone. It exercises guiding one's psyche through fear to a plateau of acceptance.

## The Artist in a Therapeutic Setting

*"If you want others to be happy, practice compassion.  
If you want to be happy, practice compassion."  
(Dalai Lama) <sup>(1)</sup>*

Terms like "laughing to death" take on a new profundity when the option of somebody literally expiring in the midst of a performance becomes a daily ingredient of your work. Curiously enough, quite a number of stage cliches point directly to a lexical affinity between the process of performing and dying. Raymond A. Moody, Jr., medical doctor and author of *Laugh After Laugh, The Healing Power of Humor*, even devotes a chapter of his book to the pathology of laughter, in which he examines occupational hazards of humor. Especially comedians, he explains, are prone to a kind of "flop sweat" or performance anxiety nearly simulating a **psychogenic death**.

Consider the metaphors comedians use: "Poor guy, he's dying out there." "The audience is live tonight" "Well that joke killed 'em." "Go out and knock 'em dead." "He bombed." "Save it for the grave." "Feels like a morgue out there." "Nothing but a bunch of stiffies in the audience." "I'm dead serious about this." "Break a leg!"

Comedians and clowns are basically survivors. They challenge the thin ice of convention by going out where others don't dare to tread, and then "take a fall." Their "flop" is our delight. They indulge in falling and getting back up. Clowns and comedians are masters at failing and re-inventing opportunity. They rebound from disaster. What better companion to have for helping re-discover optimism when you are sick or are facing a terrible crisis?

One very unique comedian who is also a medical doctor, lecturer, traveler, teacher, performer, and builder of minds and hearts has dedicated his career to administering humane medicine in mirth and free of charge. In all his varied efforts he has done a great bit to revolutionize the way people think about being healthy and getting through sickness. He wrote to me as I set out to do this paper:

*"Our purpose is to bring love close to the patient and their family."*

This doctor's name is Patch Adams. His story is a fascinating tribute to the power of humor and caring. Patch was a scholar who activated his inner clown to become his guide for how to practice the arts of touching people in a healing way. In his dream of creating a free hospital that would be a community center for health, healing and

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<sup>1</sup> source: *Jest for Your Health*, by P.Wooten (pg. 158)

celebration, he envisioned it including residency for artists who would work with people towards sharing and living their creative powers.<sup>(2)</sup> Over the gates to his hospital he wanted to place a sign:

*"Please live a healthy life—Medicine is an imperfect science."<sup>(3)</sup>*

What a good perspective for a clown-doctor. Patch respectively traded in his white doctor's smock for a big red nose and a ridiculous rubber fish, and thus commenced making patient visits as a caring clown. The more I thought about Patch's description of our purpose in hospitals as artists and pirates of mirth assisting in the care-giving process, the more I agreed that it was very good advice not only for performers, but for just about anyone working in a help-profession. A good clown can be an even a better clown if s/he knows how to let love flow. A young clown can become a better clown, a good doctor, nurse, therapist or other caring helper can be an even better helper, if they know how to let love flow. Perhaps we really should give more thought to what love is.

During a one week seminar on Humor Research which I visited in Belfast in the summer of 2001, they covered all the science that is being done on humor and laughter in respect to healing. But one of the most poignant questions left unanswered at the end of the week was: "How do you measure love?" It seems this simple incalculable and yet invaluable ingredient of the life-equation still baffles researchers because it defies definition or even physiological location.

Metaphorically love is positioned in the heart, but it never spilled out during an operation, making a little puddle on the floor saying: "hello, I am love, examine me." It never descended like a cloud from heaven on two lovers who's discovery of each other just made life seem like a miracle of joy. It can't be put in a bottle and saved. No one has found a way to give infusions of it for someone who is lacking it. It doesn't come in pills. It can't even be administered in a placebo. And yet it is so crucial, that when babies don't get any of it at the beginning of life, they can die. When grown people lose it, they want to die. When the ability to feel it, risk it, give it, has gone out of life, life can become a living death. Love can hurt. When you lose someone you love, it literally hurts. One feels it like a gaping pit right in the middle of the chest.

What is love? What did John Coltrane mean when he dedicated one of his greatest works to "Love Supreme?" What magical quality is required to have the capacity to bring that to others? What does it mean to be "in it heart and soul?" Is love simply the whole-heartedness' one brings to the things they care the most about? Certainly it includes

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<sup>2</sup> For a description of Patch's Adams' dream, read his book: *Gesundheit*, Healing Arts Press, Rochester VT. 1993

<sup>3</sup> *Gesundheit*, by Patch Adams, Healing Arts Press, Rochester Vt. 1993 (pg. 45)

empathy, caring, risking, giving, knowing joy as well as pain and loss. Perhaps it is THE crucial measure of importance in our lives, explaining why when the French don't care for something they say: Je n'aime pas. (I don' love it).

Is love the central creative force; a power with which we imbue life with meaning and passion? How could one better describe the uniqueness that is common to Louis Armstrong, Ray Charles, Fats Waller, Dizzy Gillespie, Screaming Jay Hawkins, Ray Bolger, Red Skelton, Lisa Minelli, Bette Middler, Barbara Streisand, and thousands of other artist who move us, than with the statement: One can really feel their heart?

### **Love Supreme**

My brother was for me a prime example of what love is. He was a great athlete, a monolith of physical strength, he had a brilliant mind and was about 98.6 % a kid at heart. At his wake, people told stories about how he had inspired them. The high school director, where Ted taught French, said that whenever he needed a laugh, he would go to Ted's classroom because there was always something unexpected going on there. One day he came in and the kids were lined up against the wall. My brother was at the other end of the room with a little grass mat, plastic golf balls and a number 3 iron. He was doing a lesson that day on "fear." He would pose questions (in French of course) to the class, and if the answer came too slowly, he would start whacking those plastic golf balls in the direction of his class until they got an answer out. They would shriek with fear and laughter, and garbled French exclamations of Fear.

My brother loved teaching and golfing and kidding around. He loved his strength and his brilliance and his natural Alfa-male energy. He loved to give! And he knew how to share his love of life with other people in such a way that they felt as big as he was. Everyone who came out of his French class was stronger and happier for the experience. And of course they never forgot what "Fear" is in French.

Love is more than insipid greeting card bromides. Love is a force. Love includes understanding failure, regaining mastery and conquering feelings of inferiority. Love makes us humble, awe struck, fearful, inspired, passionate, respectful. Love turns soldiers into fathers. Love makes us pause to think whether maybe there could be other solutions to conflict than destruction. Love gives courage and allows imperfection. Love is inclusive and fluid and adaptive.

This is also what clowns are really about...little kids in awkward bodies, being eager, hitting limits, experiencing ineptitude, "going all the way" in reaching for what they can't possibly achieve, failing with good intention, recovering, showing their heart, surviving. How analogous to the process of becoming ill and getting better again!

In this section on the artist I want to look at what it is that Clowns in hospitals do. Using this as a role model I will suggest some guidelines for bettering communication between health professionals and artists. While tying in the themes that have laced this paper, I want to address not only the professional performer who may be intending to work in a therapeutic setting, but also administrators, fundraisers, support groups, nursing staff, literally anyone considering involvement in this type of integrating of the healing and performing arts. In other words I want to speak to the artist in us all who is capable of listening with their heart, thinking with their eyes and being open to knowing and seeing the messages that come from within, around and beyond us. The healing artist works from a basis of love and emotional intelligence.

### ***Clowns in Hospitals***

One of the first established on-going hospital programs for clowns in a therapeutic setting in the U.S. grew under the auspices of the Big Apple Circus in New York City. As a spin-off of their tent show, they decided in 1986 to start visiting children's hospitals in New York City as a public service so that the young people who couldn't come to the circus could have the circus come to see them. They called themselves the Clown Care Unit®, and what happened was that a lot of people started doing just that, really caring that the clowns were there in this otherwise very earnest environment.

The clowns did silly things like offering a variety of filleted rubber chickens for lunch, they did red-nose-transplants and kitty "cat" scans, chocolate milk transfusions, and platelet spinning tests which were fun for the patients and entertaining for the hospital personnel. They took the "Mickey" out of the situation and brought lightness and relief. Immediately the children loved the clowns and the clowns loved working in the hospital.

In the beginning, not everyone was keen on their being there. Director and founder of the Clown Care Unit®, Michael Christensen, tells a story of how one head doctor told him: "*seriously, a hospital is no place for clowns.*" Michael's answer to him was: "*Sir. With all due respect...a serious hospital is no place for children.*" <sup>(4)</sup>

A wonderful thing happened. The logic of happiness won and a long wonderful story of commitment ensued. Not only for the children was this a unique opportunity, for the hospital personnel it meant validating an element of chaos and fun in an environment that was dedicated to control and seriousness. Life got a symbol, a kind of mascot, in an environment where life stood threatened. And for the artists it afforded a new challenge with special rewards. In the circus ring clowns hear the laughter and do their numbers, but one doesn't really get to see the lights go on in each individual person as he or she

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<sup>4</sup> Michael Christensen told this story during the Humorkongress in Basil in October of 2000.

begins to touch hope and mirth. In hospitals this dynamic between performer and audience becomes very tangible and intimate and dramatic. The artist lives the entire creative process with the patients from start to finish in every room. One becomes aware of how the simplest gesture can trigger unimaginable responses of thankfulness.

The idea was so good, that it grew into an institution and even became a world wide movement. But it should be remembered that in this mix of 2 so intrinsically different cultures, certain apprehensions are inevitable. Overcoming the barriers is largely a matter of respect, communication and building trust. Here are some important guidelines for achieving this:

- Respect each other. Understand that two cultures are colliding which are opposites. This catalyst can bring about changes that are both desired and unexpected. Talk about shared values, rules, fears, borders. Set up a liaison between the hospital and the clowns who can facilitate ongoing communication and deal with conflicts that might arise. It is best if this liaison is a member of the medical staff with some affinity for the work that clowns do. This could well be a psychologist, or occupational therapist, or even one of the chief nurses. Leave plenty of lead time for planning and discussion in the beginning before leaping into practice. Try to involve everyone in the planning process, who will be involved in the project.

### **Home Base**

A good relationship between clowns and hospital staff is paramount to the healthy functioning of any program. The nursing staff is especially important as the clown's first line of support. They have the most intimate contact with the patients and will have the most contact with the clowns on a day to day basis. Each Clown-Visit begins with a visit to the nurses to get a briefing on the condition of every patient, and possibly a meeting with the liaison person to talk in depth about general issues that come up in the course of the project. It is important for the clowns to be informed about any medical situations or procedures that have bearing on where they will play that day. Also if special sanitary precautions are called for. Getting this information from several sources keeps everyone involved in the flow of information and gives different people the opportunity to direct their special expertise into the project. The clowns are receptors as well as senders of joy. Finding the magic mix of showing respect and bringing the humor the clown-role prescribes is a key to fostering a good basis of exchange. Nurses have very tough schedules and responsibilities. They are not always in the mood for fun and can be put off by too much glibness, even though they generally love the presence of the clowns and welcome the opportunity to get goofy with them. Here are a few things to remember:

- Clowns have a right to be informed and should be briefed before each visit. They are bound to the same rules of discretion and confidentiality as the rest of the hospital staff. The clowns should be sensitive to the workplace they are in and supportive of other hospital staff. Acknowledge each other's importance. Give the respect you would want for yourself and trust will invariably grow.

### **The Clown Visit**

Generally the clown's visit begins with permission to enter each room. They don't just burst in and start playing. They actually ask permission to enter. The importance of this basic respect for the patient and the sovereignty of the patient's space cannot be overstated. By venturing an entreating "knock-knock," and waiting to hear if the others says: "who's there" the clowns give the patient back a very small bit of choice and control over their situation. This is a rare luxury in a hospital, where doctors and nurses come and go at will and patients have nearly no sphere of privacy. This little bit of respect and humility is a precious trust builder. In the few seconds it takes to give the patients the choice of accepting a visit or not, the clowns go from being a disturbance to being an ally,

The central idea of each visit is improvisational play. Even if the clowns have brought something along to present, like a prepared number or show, it is paramount that they be responsive to the situation and to the levels of interest in the room. Interruptions are unavoidable in a hospital. Unexpected factors can include the presence of visiting parents and friends, visiting doctors and nurses, or even an embarrassing moment of medical crisis. At any moment the clowns must be ready to drop their idea and respond appropriately, such as standing to the side and waiting patiently while a blood test is taken, or when family members arrive unexpectedly, instigating a spontaneous group game that includes everyone. Clowns will often also be greeted in the hallways by patients long before they get to any rooms. Being responsive in the moment is what clown care is about. Try to include everyone in the fun. Clowns are not there to show, but to resonate with everyone's humor. This brings up a delicate subject of role distribution:

- Consider carefully the role models of each participant in the hospital and give care not to pigeon-hole the clowns as the "ones in white hats who are flexible, funny and fun." Expecting the unexpected, being flexible, having a sense of humor—these are not only clown themes, and fun is not their sole sanction. The mere invitation of the clowns (both from patient as well as from the hospital) is a signal that humor is already at hand in everyone just looking for an outlet. The clowns are lightning rods as well as catalysts for sparks of humor everywhere. Including everyone in an attitude of agreement and improvisation does a lot to prevent the

role-envy that can come up if the care-personnel begins to feel the clowns do all the fun stuff while they have to handle the shitty-gritty.

**Closure.** Knowing when to get off the stage is one of the most valuable things an improviser can learn. Beginnings happen all by themselves, and anyone with a little fantasy can find appropriate exposition. But recognizing endings, and getting there so convincingly that an audience is moved to applaud you, this is the real art of improvisation. In a hospital this "applause" is better referred to as closure. It can take the form of someone finding sleep out of restlessness, contentment after long anticipation of the clown's visit, trust toward a doctor won previous to an operation, momentary agreement with one's own illness and clarity over some possible role in addressing it. Sometimes closings are very quiet reflective moments of parting, especially with terminally ill patients with whom the artist has a long standing relationship. Sometimes a gratifying visit can be just a few funny minutes, and sometimes it is a party that goes on for half an hour. The important thing is to leave them with the golden mix of satisfaction and renewed hope.

- leave them satisfied
- leave them wanting more
- leave them knowing you'll be back.

In this vein it is valuable to give some thought to establishing a parting ritual in the rooms that is like a sign-off. We use various ones. One of my favorites is a kind of vaudeville song and dance to the melody of Ain't Misbehavin'. The text goes like this:

*"The time has come to tell ya..., we gotta go. But if you think it's over, you never know. We might be back to tell ya..., we're here to stay. It could be next November, or even today. Yeah we're leaving, we're on our way. But we'll be back, so don't dismay." (It keeps repeating, getting quieter and quieter as we disappear)*

**Documentation.** Taking time together at the end of a day is a valuable piece of internal closure for the artists themselves. So many things happen in 4 hours of improvisation, especially in such a close environment with life's biggest issues at stake. The breadth of themes this offers for reflection is absolutely staggering. It is very good to have a forum for sharing stories with one another after the work. For us this includes making some short notes on major events of the day in a special book we have for protocols of our visits. Sometimes these may just be jotted on paper we are given from the nurses for our briefing. Subsequently we usually go out to dinner together and exchange in an informal manner about the day. We find that lots of the details take time to filter back up in our memories. Immediately following our visitation, we are often so



empty and spent that we can't even remember the last thing we did. It is a feeling of having just been on a roller-coaster. You know generally how well it went, but you can't remember the individual curves. The effort of making notes is a discipline that brings the emotional precipitate of the day back into cognizance and helps form and guard the guidelines that govern the quality of the work. Quality control is a big issue for institutions. Giving thought to Clown-Quality-Control is an important aspect of bilateral cooperation. Sharing values and striving for excellence are central points in the ongoing bilateral effort, and should be kept in the flow of communication.

- Clowning in hospitals is teamwork including players from many segments of the community. The clown is only one part of a whole matrix of people working together to make a difficult situation be as positive and supportive as it can be. Reporting back to the nurses and doctors about special events of the day is an appropriate thanks for all their support. Sharing the stories with the community and especially those who cannot be involved first hand, but sponsor the work financially is an important public service that can be one of the most rewarding parts of the work. Telling the stories and spreading the thanks keeps the whole community of care givers connected and involved.
- Quality Control includes creative growth. There is much support work to be done in addition to the clowns visiting patients. Selection and training of artist, as well as designing instruments of constructive criticism and introspection all keep the work growing and healthy and are vital aspects of long term quality insurance. Having a trainer who can observe and coach the clowns is one good way to keep the creative juices running. It is also advisable for clowns to practice **intervision** as part of a regular training process, and partake in exchange programs with other groups doing similar work.

**Inner Voice.** I also recommend that each artist keep a private diary of h/er work. Some things that run around inside our minds are not immediately ripe to be discussed or even productive for the process of the group. Whether the time for this discussion comes or not, it is good for the artist to exercise an open dialog with themselves and prepare a basis for their own reflection. Working in close proximity with disease can bring up profound inner questions of being, such as faith, fear, purpose, power, integrity (to name a few). Bringing these from heart and mind to paper first can be a valuable step toward understanding, discovering and designing new development.

A personal diary may not be everyone's way, but for me it has been a help, especially in times of conflict. Paper is patient, and sometimes in crisis situations it is more appropriate to seek insight and analysis first before trying to impact a situation with

action. I mention this again because I find it germane to the process of improvisation, as well as to the work with groups in general, to learn how to approach crisis productively. As with improvisation, in crisis it is important to practice damage control by standing still, doing less, listening more, being responsible for one's own cognizance first, insight and lightness giving way to constructive response rather than control and pressure.

In this same vein it is valuable for clowns in therapeutic settings to remember, they are not there to fix lives or carry the burdens of other people's fate. Being there without a therapeutic mandate means the role of the clown is simply to resonate with the play/survival response in patients and celebrate life where ever possible by amplify the enjoyment of these moments.<sup>(5)</sup>

- Crisis is a central issue of illness. It is not at all surprising then, that crisis will eventually become an issue for the clowns. Some form of regular **supervision** is an important safety net for protecting the psychological hygiene of the clowns.

### **Helping the helpers**

Performing in hospitals is primarily about helping. For what ever reasons one decides to do this, it is good to be aware that if one doesn't care for one's own mental and physical balance, one can take on the illnesses they are continually confronted with. The term "burn-out" has gotten a lot of attention in recent years, but a particular form of burn-out in care oriented professions is not often talked about, although its dynamics are quite well known. The so-called **helper syndrome** has to do with why we help and how we sometimes go beyond our own ambitions to become the very thing we set out to conquer. Here a simple example:

Out of a natural impulse, one stops to help a weak person cross the road. The focus on one's own agenda yields momentarily to that of another. This helping makes the helper feel good. The helper experiences perhaps a sense of mastery and benevolence. This may include a feeling of deep thankfulness for life itself and strength rendering a new awareness of self and triggering a reflex response close to that of nurturing. This may feel so good that one begins helping more and more in order to stay in that feeling—even seeking ways to help to the point where the helper is carrying such a heavy load, that they themselves become tired and in need of help. They may become so intent on helping, that they begin imposing their help on others who don't even need it, thus experiencing resistance and ultimately frustration, leading also to tiredness and disillusionment and need of help. In its

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<sup>5</sup> The question of therapeutic mandate for clowns is still largely undefined. They operate under the auspices of common sense. Music therapist, on the other hand have legitimate parameters for curative objectives. For a mission definition applying to Music Therapy, see glossary of terms: Music Therapy.

most extreme form people might even instigate crisis or cause situations where their help is needed.<sup>(6)</sup>

The constant proximity to suffering, to existential questions of life and death, depression, and even psychic disorders, all can be heavy burdens to bear even for the professional caregiver or professionally happy person. For the uninitiated helper this challenge may pose unforeseen emotional precipices.

Valid questions to ask along the way are: Why am I helping? Who am I helping? How am I helping or hurting myself by helping others? Do I need help myself?

Traditional health care professions have quite a lot of structure around them to help buffet these kinds of conflicts. When artists, however, enter the therapeutic arena, they are in many cases neither trained to deal with the psychological stress of the situation that awaits them, nor are they automatically integrated into a larger system of conflict management. Often their only tool for facing such "sticky" topics is good common sense. Thus it behooves the artist to remember that staying healthy and balanced is a prerequisite to being a reliable helper. To do this one sometimes needs to help themselves. This could include:

- ongoing artistic training,
- finding parameters for keeping the work challenging,
- building structures for constructive self-criticism and introspection,
- trading responsibilities for evaluation and direction with partners in the group,
- applying tools for solving group conflicts, such as supervisory interventions by experienced qualified coaches,
- pursuing artistic projects outside of the hospital environment. The hospital might not be an adequate field for fulfilling all artistic ambitions. Respect that and don't subject the hospital workplace to your own needs.

Helping is a cycle. In helping others, you help yourself. In helping yourself, you maintain strength to be able to go on helping. Giving and taking are reciprocal arts. Break-downs and imperfections are part of the process. Be gentle with yourself and forgiving of others.

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<sup>6</sup> This is not a qualified description of the 'helper syndrome'. It is a synthesis of my own observations and reflections from many dialogs with psychologists and counselors about this problem. Aspects of this dynamic are quite prevalent in the hospital clowning movement, but as yet the topic is somewhat taboo, especially where this work is being done on a nearly volunteer basis.

## ***The Inner Child***

Awakening the inner child is as important to the artist and their core relationship to self and inner voice, as it is to the therapist trying to unravel the mysteries of character. Our inner child is the vessel of our most private and defining subjective truths. It is the center of what we hold to be most worthy of protecting in ourselves. It is what we nurture in our pursuit of growth and challenge, and would most like to project into our next life, if there is one. It is that which is most vulnerable to being hurt in the process of life, and with which we bargain when we venture to risk revelation. It is our last line of defense, beyond which we will die before we compromise.

### **Case in Point – Truddi Chase**

In November of 1995 I took part in a supervision for a crisis center for women in Berlin where one of the patients was dealing with Multiple-Personality-Disorder. In fact, I facilitated and translated a series of meetings between the patient's therapist at the center and a visiting American woman who was an MPS survivor. These meetings underlined for me what survival of the inner child is all about, and how principally misunderstood abuse victims still are today.

Contrary to schizophrenia, which is considered a neurological disorder and can be treated with psychoactive drugs, MPS is a psychically created radical splitting of personality which actually manifest not only uniquely differing mental lives with completely individual biographies, it creates actual differing physical bodies for each of the respective characters. Medical states or conditions as severe as burn wounds, skin allergies, tumors, severe head aches, even signs of pregnancy and internal hemorrhaging following an accident, have been know to surface in one character and disappear instantaneously with the sudden swing to another personality. Most often MPS is a survival response in victims of severe sexual and physical abuse over significant periods of time, such as in cases of ritual cult practices with children.<sup>(7)</sup>

This anomaly of medical science has long been documented, and yet remained shrouded in controversy since the early 18<sup>th</sup> century. Only in recent times has it come to be recognized for what it is, enabling successful treatment with therapy. One very well know description of this phenomenon is the story of Truddi Chase. Her therapist, Robert A. Phillips, Jr., Ph.D. explains in the book When Rabbit Howls how it is actually not a disorder at all, but rather an incredibly creative survival mechanism in which the inner child buries itself behind many walls of protection, likened to that of a "medieval fortress":

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<sup>7</sup> for a description of MPS by Robert A. Phillips, Jr. Ph.D. see When Rabbit Howls (pg. vii to xxiv)

*"Thus multiple personality becomes a very functional means to survive. Instead of committing suicide or becoming psychotic, Truddi Chase survived by being able to "go away in her mind," to create others to cope with the trauma; and, in effect, she became many persons housed in one body. Multiple personality, as complicated and frightening as it is to many, ...is the response of a creative mind seeking to escape the saturation of childhood terror and pain."*<sup>(8)</sup>

Psychosis can be a very creative process. 92 Voices lived within Truddi Chase. Her "inner child" created "troops" to go into battle for herself, each designed to face specific threats and deflect them from her inner surviving self. What tremendous creative resources of self-actualization this complex strategy of changing personalities entailed for her. With it she survived in an otherwise wholly abusive and dysfunctional environment.

### **Surviving**

In an extreme way, and out of extreme circumstances, Truddi's example typifies the honoring of self. Her story demonstrates dramatically the self-affirming nature of the soul to survive, protecting at all lengths its individuality, identity and freedom. Just possibility what pathology sees as psychic disorders and limits, are in fact elaborate creative healthy coping mechanisms for a basically threatened inner child.

Creative expression is an assertion of self. Whether manifesting in aesthetic or abject forms, it is a process of assimilation, integration, transformation and catharsis. It is analogous with surviving and healing and what C.G. Jung called "The Process of Individualization," in which the conscious and the unconscious "learn to know, respect, and accommodate one another." Creativity is cognition and intuition finding form. As Jung put it: ""

*" The creation of something new, is not accomplished by the intellect, but by the play instinct acting from inner necessity. The creative mind plays with the objects it loves."*<sup>(9)</sup>

As play is the natural element of our inner child, and the essence of creation and survival, it should be as familiar to us all as our own childhood. The seriousness of life can put us right out of our propensity for play. It can separate us from our inner child by threatening the validity of our identity and causing us to build impenetrable tiers of defense. Learning to navigate back through these barriers back to innocence and naivete

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<sup>8</sup> *When Rabbit Howls, The Troops for Truddi Chase*; by Truddi Chase with an introduction and Epilogue by her therapist, Robert A. Phillips, Jr. Ph.D., Jove Non Fiction, New York 1987 (pg. xi)

<sup>9</sup> source: *The Artists Way*, (pg. 19)

is what Julia Cameron<sup>(10)</sup> teaches in her creativity workshops. Her book, The Artist's Way, A Course in Discovering & Recovering Your Creative Self, outlines her process for connecting back to the sources of strength, identity, and meaning that are essential to activating the inner child and rediscovering creativity. Her themes include:

- recovering a sense of safety
- recovering a sense of power
- recovering a sense of integrity
- recovering a sense of possibility
- recovering a sense of abundance
- recovering a sense of connection
- recovering a sense of compassion
- recovering a sense of self-protection
- recovering a sense of autonomy
- recovering a sense of faith

A compelling aspect of her writing is her willingness to address such central issues of self as: faith, spirituality and God. Her point is not to proselytize about what these are, but rather to invite people back to the freedom and courage of posing the questions to themselves. As she puts it:

*"As you work with the tools in this book, ...many changes will be set in motion. Chief among these changes will be the triggering of 'synchronicity': we change and the universe furthers and expands that change. ....Leap and the net will appear.*

*"It is like opening the gate at the top of a field irrigation system. Once we remove the blocks, the flow moves in.*

*"I do not ask you to believe this. In order for this creative emergence to happen, you don't have to believe in God. I simply ask you to observe and note this process as it unfolds. In effect, you will be midwiving and witnessing your own creative progression."*

Topics that cut this close to identity and the meaning of life have become almost taboo under the secularism of modern frames of thinking. We have pigeon-holed our most

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<sup>10</sup> Julia Cameron is an award winning journalist who has written for the New York Times and The Washington Post. She is also a poet, essayist, writer for the stage, television and film, as well as director/producer of independent features and documentaries. In addition to that, she travels extensively giving workshops on creativity. Her highly acclaimed book, The Artist's Way outlines her work as a teacher of the creative process.

precious paths to self, giving doctors reign over body, mystics reign over spirit, ministers reign over soul. We have invested heavily in fragmentizing the meaning of our existence and established rules of etiquette for tip-toeing past these hedges in our vernacular. And yet there seems to be a great yearning for making whole again; for integrating our bodies, minds, and souls and finding reason and inspiration for life. Artists have always treaded here, bridging gaps, following instinct, re-inventing expression for the liberating and celebrating of soul.

We tend to conceptualize creativity as an act of powerful will, yet the testimony of artists seeing their process as that of being a channel, a receptor, a medium, yielding to inner voices, responding to inspiration... is overwhelming. Central to the experience of being inspired...is the capacity to be in awe and wonder. Standing before a thing of such beauty, dimension, or distinguishable quality that one is stricken to silence, reflection, respect, humility, thankfulness... and compelled to respond, this is pretty much the essence of what we are when we are artists.

Standing together with someone in the face of death, armed with no more than a bundle of insufficient arts and yet finding laughter together, is just such a compelling experience.

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**Summing it up again:**

Laughter, Improvisation and Death – The Artist in a Therapeutic Setting, this is a magical combination of both vague and specific issues. I hope in this paper to at least have shown how the creative process itself is essential to life and pertinent to how we confront the crisis we face when we become ill. I hope also to have drawn some light on what these four themes have in common: how the integrative nature of improvisation, the cognitive aspects of humor and laughter as well as the existential experience of illness and death all are similar in that they confront the fiasco of failing and not knowing what will come next. The artist in this context is each and every one of us, confronting that fall from grace, finding humility and accepting at the bottom of the fall a transformation that leads to the creation of a new beginning.

The healing aspect of humor and improvisation in the therapeutic setting has to do with its power to help cope with failure while practicing acceptance, release and creativity.

In parting I would like to summarize again these points:

- Creation is a response as much as it is a gesture.
- Do it with love, patience, humility.
- Give care....not to harm.
- Practice yielding.
- Accept the fall.
- Take risks.
- Trust and listen.
- Laughter is recognition and release.
- Improvisation is acceptance integration and release.
- Death is acceptance and release.



## Closure

"*God is dead!*" Nietzsche, 1981

"*Nietzsche is dead!*" God, 1900

(anonymous)<sup>1</sup>

As a clown, working regularly since 1996 in hospitals for children, elderly and the psychically ill, I have marveled at the freedom institutions have granted us to goof around—as if there were an innate trust in the kind of emotional intelligence and lightness we bring to a very dramatic and critical setting.

The clown arrives on the scene without particular knowledge of medical procedure or therapeutic mandate, acting as a spark for creative playfulness. Perhaps it is enough for them to entertain and help patients just forget their pain, yet beyond that it seems they are also a kind of free-agent, mediating between knowledge and innocence, between fear and courage, between failure and hope. Clowns are the quintessential "bumblers" of life. Faced with the impossible, they only become more intent on trying, and mostly in trying so intently, they fail again. We laugh in recognition of their obvious insufficiencies and yet undefeatable lightness-of-being.

Perhaps our enjoyment of their failure is our own victory over tragedy. When we can laugh at the inevitable, accepting the imminent with hopes for even the smallest of possible futures, vicariously we learn that every defeat is the seed of a new beginning. The clown's fall is our confrontation with illusions of what is possible and what is not. Clowns are acceptance, transformation, invention and release. They are the ultimate inventors of self.

For the artist, hospitals are a tremendous laboratory for delving into the mysteries of what we are and what it means to be here—or as Lily Tomlin said—in it together, all by ourselves. I know of no other place where one can work so freely and at the same time be involved in such a rewarding and uplifting task. Four hours a day of improvising in "life's repair station" is like a shower for the soul. It is fulfilling, inspiring, educating and humbling. For the hospital personnel and the patients, the artist's presence is a tribute to the best in all of us. It is a tribute to the things that make life worth living.

Perhaps the questions that arise out of this new confluence will in time re-define the borders of what we call medicine and art.

For the journey hospital clowning has lead me on, I would like to thank the clowns who have played with me; I would like to thank the co-initiator of our project and editor

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<sup>1</sup> source: *Health, Healing and the Amuse System*, by Paul E. McGhee. (pg. 131)

of our book about the first 5 years on the cancer ward, Dr. Joachim Meincke; and I would like to thank my most loyal supporter and invaluable critic through all the ups and downs, especially for picking up the brunt of my responsibilities for caring for my mom while I worked on this paper...my most loved one Susanne. I would also like to acknowledge Patch for showing how everyone can be an artist; and thank Michael Christensen for showing clowns how to get organized. Hats off to clowns and artists everywhere who take some time out from the spotlight of their careers and dedicate it to helping others. Hats off to all the lay-people who found a path to becoming an artist through being a clown in a hospital. Thanks to the hospitals who facilitate this meeting of creative and healing arts.

Fearful that I've said too much, and painfully aware that I haven't said it all, I could go on telling stories, but somewhere there has to be an end....at least until we meet again. Until that be the case, I beg my readers to remember those delightfully inspiring hopeful words of some now forgotten British vaudevillian master of ceremonies:

*"It ain't over till the fat lady sings."*

That being the case, I especially want to thank my 92 year old mom who displayed tremendous patience with all my absences while working on this paper, and who now is cheerfully singing with the fat lady "you ain't seen your last happy day yet." For her I fondly recall the poetic words of Ralph Waldo Emerson:

*"What lies before us and what lies behind us are tiny matters, compared with what lies within us."* <sup>(2)</sup>

And in my own defense I simply cite that mad dashing hero of mine, Groucho Marx, who said: *"Hello.....I must be going...."*

*I gotta go....  
But if you think it's over,  
you never know.  
I might be back to tell ya...,  
I'm here to stay.  
It could be next November,  
or even today.  
Yeah I'm leavin', I'm on our way.  
But I'll be back, so don't dismay.....  
Da di da do da, do di da day.....etc. etc. etc.*

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<sup>2</sup> source: *The Artist's Way* (pg. 6)

### **A Smile is Worth a Thousand Words**

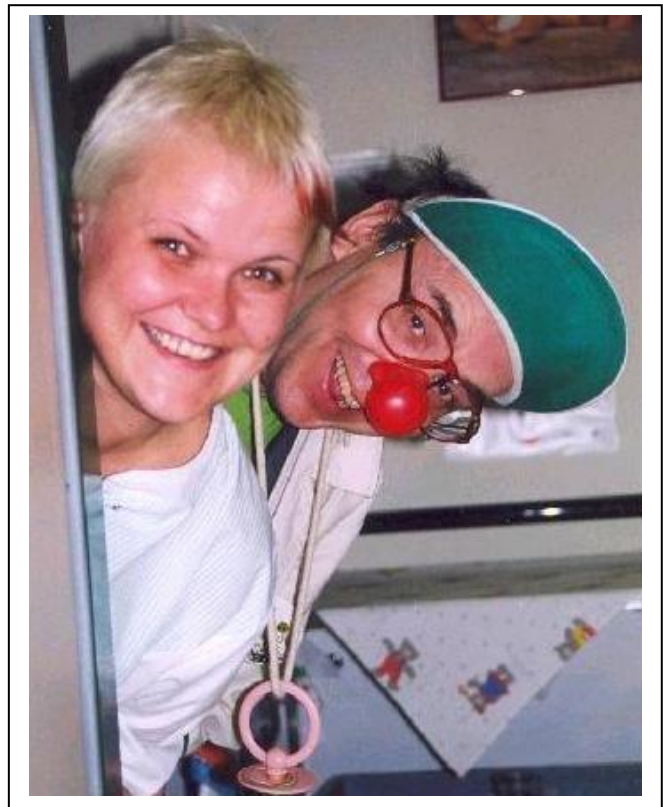
Clowns in Hospitals  
bring laughter  
and lightness  
to a situation  
generally  
considered  
crisis oriented.

### **Looking for a cause?**

Support your local clowns.

It just might be  
the best chance  
you get to have  
that proverbial  
"last laugh."

**Photo Credit:**  
Nurse Jaqueline  
and Clown Willi  
Pediatric station  
Wald Krankenhaus Berlin



## **List of Resources and recommended Reading**

### ***Theater Games and Improvisational Process:***

- Action Theater, The Improvisation of Presence; by Ruth Zaporah, North Atlantic Books, Berkeley, CA. 1995
- Improvisation for the Theater, 3<sup>rd</sup> Edition; by Viola Spolin, Northwestern University Press, Evanston, Illinois 1963
- Kairos I & Kairos II, (Essays on Music Therapy in medicine); by David Aldridge, Hans Huber Verlag, Bern Switzerland, 1998
- Spielbibliografie 2 (bibliography of German-Language literature on games, movement theater and animation between 1995 and 1998); by Josef Broich, Landesarbeitsgemeinschaft Spiel und Theater, Cologne 1998.
- The Artist's Way, A Course in Discovering & Recovering Your Creative Self; by Julia Cameron, Pan Books, 1995
- The New Games Book; Vol. 1 & 2; Headlands Press, Inc., San Francisco, CA 1976
- The Student Actor's Handbook; by Louis John Dezseran, Mayfield Publishing Company, Palo Alto, CA 1975.
- Theater Games for Rehearsal, A Director's Handbook; by Viola Spolin, Northwestern University Press, Evanston, Illinois 1985

### ***Comedy and Comedy Improvisation:***

- Comedy Improvisation, Exercises & Techniques for Young Actors; by Delton T. Horn, Meriwether Publishing Ltd. Colorado Springs, Colorado
- Comedy Writing Step by Step; by Gene Perret and forwarded by Carol Burnett, Samuel French, Hollywood, CA 1990.
- Improv Comedy; by Andy Goldberg w. forward by John Ritter, Samuel French, Hollywood, CA 1991.
- Improve with Improv, A Guide to Improvisation and Character Development; by Brie Jones, Meriwether Publishing Ltd. Colorado Springs, Colorado
- Truth in Comedy, The manual of improvisation; by Charna Halpern, Del Close & Kim "Howard" Johnson, Meriwether Publishing Ltd. Colorado Springs, Colorado

### ***Comedy and Healing, Therapeutic Humor:***

- "Clowns im Krankenhaus" (Development of a Medi-Clown concept for the state of Thüringen); by Vanessa Theichmann, Graduation thesis for sociology degree at the Vocational University Erfürth, Germany, 2000
- "Lachen ist gesund" Clowns im Krankenhaus; by Dorina Behmler, Evaluator: Professor Dr. Reinhart Wolff. Graduation thesis for sociology degree at the vocational university for Social Studies and Education (*Fachhochschule für Sozialarbeit und Sozialpädagogik*) "Alice Salomon" in Germany.
- ClownSprechstunde, Lachen ist Leben (Clowns visit chronically ill children); by Joachim Meincke, Hans Huber Verlag, Bern, Switzerland, 2000
- Compassionate Laughter, Jest for Your Health; by Patty Wooten, R.N., Commune-A-Key Publishing, Salt Lake City, Ut.

Das Kann Ja Heiter werden, Humor und Lachen in der Pflege; editor Iren Bischofberger, Hans Huber Verlag, Bern, Switzerland, 2002

Gesundheit!; by Patch Adams & Mureen Mylander, Healing Arts Press, Rochester, Vermont 1993

Health, Healing and the Amuse System, Humor as Survival Training, 3<sup>rd</sup> Edition; by Paul E. McGhee, Kendall/Hunt Publishing Company, Dubuque, Iowa 1999

Laugh After Laugh, The Healing Power of Humor; by Raaymond A. Moody, Jr., M.D., Headwaters Press, Jacksonville Fl, 1978.

### ***Humor Research and Humor Therapy:***

Heiterkeit und Humor im Alter, Schriftenreihe der Deutschen Gesellschaft für Gerontopsychiatrie und –psychotherapie; by Rolf D. Hirsch, Jens Bruder & Hartmut Radebold, Die Deutsche Bibliothek—CIP, Bonn Hamburg & Kassel Germany 2001

Humor Research 3, The Sense of Humor, Explorations of a Personality Characteristic; by Willibald Ruch, Mouton de Gruyter, Berlin Germany 1998

Humor, International Journal of Humor Research, 2000-Volume 13-1; Editor-in-chief Lawrence E. Mintz, Mouton de Gruyter, Berlin-New York 2000

Identität und Humor, Eine Studie über den Clown; by Annette M. Fried & Joachim Keller, Haag & Herchen Verlag, Frankfurt am Main Germany 1991

Laughter Therapy, How to Laugh About Everything in Your Life That Isn't Really Funny; by Annette Goodheart, Ph.D., Less Stress Press, Santa Barbara CA 1994

Provocative Therapy; by Frank Farrelly and Jeff Brandsma, Meta Publications, Capitola CA 1974

Therapeutischer Humor, Grundlagen und Anwendungen; by Michael Titze & Christof Eschenröder, Fischer Verlag, Frankfurt am Main Germany 1998

### ***Masters on Directing and The Creative Process:***

Augusto Boal, Theater der Unterdrückten; by Augusto Boal, translated by Marina Spinu & Henry Thorau, Suhrkamp Verlag, Frankfurt am Main 1979

Building a Character; by Constantin Stanislavski & translated b E.R. Hapgood, Theatre Arts Books, New York 1975 (13<sup>th</sup> printing)

Das arme Theater des Jerzy Grotowski; by Jerzy Grotowski, copy without cover. no pub. info.

Der poetische Körper, (Lessons in creating theater); Jacques Lecoq, Alexander Verlag Berlin Germany 2000

Directors on Directing, A Source Book of the Modern Theater; Edited by Toby Cole & Helen Krich Chinoy, Bobbs Merrill Company, Inc., New York 1963

History of the Theatre; by Oscar G. Brockett (second edition), Allyn and Bacon, Inc. Boston 1974

Improvisation und Theater; by Keith Johnstone with forward by Irving Wardle and Closing by George Tabori, Alexanderl Verlag Berlin 1998

Jazz Masters in Transition 1957 – 1969; by Martin Williams, Da Capo paperback, New York 1970

Miles, The Autobiography; by Miles Davis with Quincy Troupe, Picador Pan Books, New York 1989

Mime Spoken Here, The Performer's Portable Workshop; by Toni Montanaro, Tillbury House, Publishers, Gardiner, Maine 1995

Regie im Theater, George Tabori; by Gundula Ohngemach, Fischer Verlag, Frankfurt am Main Germany 1989

Regie im Theater, Peter Brook; by Olivier Ortolani, Fischer Verlag, Frankfurt am Main Germany 1988

Strasberg, At The Actors Studio (Tape-recorded sessions); Edited by Robert Hethmon, Preface by Burgess Meredith, Theater Communications Group, New York 1965

The Empty Space; by Peter Brook, MacGibbon & Kee Ltd, London 1968

The San Francisco Mime Troupe, The First Ten Years; by R.G. Davis, Ramparts Press, Palo Alto CA 1975

Theatermacher, (Discussions with 9 famous German directors); by Jörg W. Gronius & Wend Kässens, athenäums taschenbuch, Frankfurt am Main Germany 1990

Zeitfäden (orig. American Titel: Threads of Time); by Peter Brook, Fischer Verlag, Frankfurt am Main Germany 1999

### ***On Clowns and Clowning:***

Clowns; by John H. Townsen, Hawthorn Books, Inc. New York 1976

Faszination Clown; by Annette Fried and Joachim Keller, Patmos Verlag Düsseldorf 1996

Mimes on Miming; Edited by Bari Rolfe, Panjandrum Books, Los Angeles and San Francisco CA ISBN: 0-915572-31-1

### ***Esoteric, Popular and Clinical Psychology:***

Be Here Now, by The Lama Foundation, edited by Ram Dass (no publisher info, book not available to me at present. Recommended reading.)

Bioenergetics, The Language of the Body to Heal the Problems of the Mind; by Alexander Lowen MD, Conventure Ltd., London 1975

Care of the Soul, A guide for cultivation depth and sacredness in everyday life; by Thomas Moore, HarperCollins New York 1994

Directing the Movies of Your Mind, Visualization for Health and Insight; by Adelaide Bry (author of EST) with Marjorie Bair, Harper & Row Publishers, New York 1978

Das starke Selbst, (Handbook for Spontaneity); by Moshé Feldenkrais, suhrkamp taschenbuch 1957

How To Interpret Your Dreams, Practical Techniques Based on the Edgar Cayce Readings; by Mark A. Thurston, Ph.D., A.R.E. Press, Virginia Beach Virginia 1978

Illness as Metaphor; by Susan Sontag, McGraw Hill, New York 1978

Krankheit als Weg, (interpretations and meanings of sickness); by Thorwald Dethlefsen & Rüdiger Dahlke, Bertelsmannverlag, München 1983

Man and His Symbols; Edited by C.G. Jung, Dell Books, New York 1977 (16<sup>th</sup> edition)

Schicksal als Chance, (Ancient wisdom on the perfection of man); by Thorwald Dethlefsen, Goldmann 1979

Still Here: Embracing Aging, Changing, and Dying, by Ram Dass (no publisher info, book not available to me at present. Recommended reading.)

The Basic Writings of C.G. Jung; Edited by Violet S. de Laszlo, The Modern Library, New York 1959

The Celestine Vision, Living the New Spiritual Awareness; by James Redfield (author of *The Celestine Prophecy* and *The Tenth Insight*), Bantam Books, New York 2000

The Denial of Death (Pulitzer Prize); by Ernest Becker with Forward by Sam Keen, Free Press Paperbacks, New York 1973

The Mind Parasites; by Colin Wilson, Oneiric Press, Berkeley CA, 1967

The Road Less Traveled, A new psychology of love, traditional values and spiritual growth; by M. Scott Peck, M.D., Touchstone Books New York 1978

The Social Meanings of Suicide; Edited by Jack D. Douglas, Princeton University Press, Princeton, New Jersey 1973

Todesbilder in der modernen Gesellschaft; by Werner Fuchs, suhrkamp taschenbuch, Frankfurt am Main, 1969

Werner Erhard, The Transformation of a Man, The Founding of EST; by William Warren Bartley, III, Clarkson N. Potter, Inc./Publishers, New York 1978

When Rabbit Howls, (a story of multi-personality-disorder); by Truddi Chase with a Forward and Epilogue by her therapist, Robert A. Phillips, Jr., Ph.D., Jove Books New York 1987

### **Death Experience:**

A Very Easy Death; by Simone de Beauvoir, Pantheon Books, New York 1965

Anatomy of an Illness as Perceived by the Patient, Reflections on Healing and Regeneration; by Norman Cousins, Bantam Trade Paperback, New York 1981

Das Leben vollenden, (How we help the dying, how we can prepare for our own death); by Robert Sachs (author of *The Man Who Confused His Wife With a Hat*), Zweitausendeins, Frankfurt am M. 1999

Death and Dignity, Making Choices and Taking Charge; by Timothy E. Quill, M.D., Norton & Company, New York 1994

Design for Dying; by Timothy Leary with R.U. Sirius, HarperEdge, San Francisco CA 1997

Die Sucht unsterblich zu sein, (Why people fear death and thereby waste life); Angelika Aliti, Kruz Verlag, Stuttgart Germany 1991

Healing into Life and Death; by Stephen Levine (Author of *Who Dies?*), Anchor Books, New York 1987

Meetings At The Edge, Dialogues with the Grieving and the Dying, the Healing and the Healed; by Stephen Levine, Anchor Press Doubleday, New York 1984

Mut und Gnade, (English title: Grace and Grit. How love outlasts a deadly illness); by Ken Wilber, Goldman Verlag, Bern Switzerland 1996

On Death and Dying; by Elizabeth Kübler-Ross, Macmillan, New York 1969, ISBN 002089130-x

### **Background data on cited projects:**

Big Apple Circus "Clown Care Unit"®: is based in New York City and was founded in 1986 by its artistic director Michael Christensen and colleagues from the circus to bring laughter and joy to chronically ill children. Today they have programs operating nationwide, (including Atlanta, Baltimore, Boston, Chicago, Miami, New Haven, Seattle and Washington, D.C.) CCU "clown doctors" are specially selected

professional performers who are trained to work in the sensitive hospital environment. Their rounds include: intensive care units, bone marrow transplant centers, burn treatment centers, pediatric AIDS units, emergency rooms, acute care clinics, in-patient wards, physical therapy units and out-patient wards. The clown doctors use parody to help demystify and simplify complicated medical procedures by performing their own, "highly technical" clown medicine including red-nose transplants, kitty "cat" scans, chocolate milk transfusions, and "platelet" spinning tests. Their website: [www.bigapplecircus.org](http://www.bigapplecircus.org)

CLiK e.V. – Clowns im Krankenhaus: Berlin Germany since 1995. This project began on a ward for chronically ill children—especially cancer and rheumatism. Co-Founder and Director of the project is Dr. Joachim Meincke, child psychologist and editor of our book: *ClownSprechstunde, Lachen ist Leben*. As of Jan 2003 CLiK e.V had 12 to 18 clowns working in 6 projects in Berlin. Visit the Website at: [www.clowns-in-hospitals.com](http://www.clowns-in-hospitals.com) / or [www.clik-berlin.de](http://www.clik-berlin.de)

Dell'Arte School of Mime & Comedy: Blue Lake, CA. was founded in 1975 by Master-teacher Carlo Mazzone-Clementi together with current artistic director Joan Shirley. Today it is an internally renowned school for physical theater. I attended from 1976 to 1977. At that time our teachers included Jean-Paul & Audrey Cooke & Donny Osman from the 2-Penny Circus in Vermont. Courses included at that time mask performance and mask making, improvisation, pantomime, dance, clown ala Le Coq, circus skills, Alexander Technique, commedia dell arte, sketch building. [www.dellarte.com](http://www.dellarte.com)

1<sup>st</sup> International Summer School Colloquium on Humor and Laughter: Theory, Research and Applications at the School of Psychology Queen's University of Belfast, June 25-30 2001. I attended as a guest speaker representing clowns working in hospitals. The colloquium was lead by Prof. Willibald Ruch and Paul E. McGhee, Ph.D. It was geared toward humor researchers and practitioners using humor as an intervention tool. Also presenting were Frank Rodden and Barbara Wild from the University of Tübingen on Brain Mapping.

Humorkongress in Stuttgart: In May of 2002 I took part in the three day convention on therapeutic humor, as a speaker on humor and death, accompanying the old and the dying as a clown. At that conference Frank Farrelly also held a one-day demonstration of his therapy techniques. Director of this annual convention Dr. Michael Tietze, Psychologist and noted author. Humorkongress Website: <http://okr.elk-wue.de/hospitalhof/kongress.htm>

Kit-n-Kaboodle Clown Theater: 1977 to 1983, recipient of California Arts Council Grant 1979, was an initiative of 5 clowns from the Dell Arte School of Mime and Comedy. We traveled extensively on the West Coast, performing shows and giving workshops geared to all ages. In conjunction with our touring, we sporadically visited hospitals in towns we visited. At home in Eureka CA, we were regularly involved with programs for the handicapped and made regular visits to a local psychiatric ward.

KiK – Kultur im Krankenhaus: Christian Heeck initiated and directs this program dedicated to bringing artists of all sorts into the university hospital in Münster Germany. Heeck is a noted expert on subjects of initiating and funding special projects in hospitals. Internet: [www.uni-muenster.de](http://www.uni-muenster.de) (Kunst & Kultur) / Contact: [Heeck@uni-muenster.de](mailto:Heeck@uni-muenster.de) (perm. requested)

## Resource Contact List

**Patch Adams & Gesundheit Institute:** [www.patchadams.org](http://www.patchadams.org)

**Moshe Cohen's Clowns Without Borders USA:** [www.yoowho.org/cwb.html](http://www.yoowho.org/cwb.html)



**Hospital Clown Projects:** (*Germany*)CLiK e.V. Clowns im Krankenhaus: [www.clik-berlin.de](http://www.clik-berlin.de)Clown Doktoren e.V.: [www.clown-doktoren.de](http://www.clown-doktoren.de)Klinik-Clowns e.V.: [www.klinikclowns.de](http://www.klinikclowns.de)(*Austria*) RoteNasen: [www.rotenasen.at](http://www.rotenasen.at)(*Switzerland*) Theodora Foundation: [www.theodora.org](http://www.theodora.org)(*Holland*) Cliniclowns: [www.cliniclowns.nl](http://www.cliniclowns.nl)(*USA*) Big Apple Circus Clown Care Unit: [www.bigapplecircus.org](http://www.bigapplecircus.org)**Clown Training:** Dell Arte School in Blue Lake CA: [www.dellarte.com](http://www.dellarte.com)Philippe Gaulier: [www.ecolephilippegaulier.com](http://www.ecolephilippegaulier.com)Jacques Lecoq School in Paris: [www.lecoq.com/ecole.html](http://www.lecoq.com/ecole.html)Clown School in Mainz: [www.clownschule.de](http://www.clownschule.de)**Music Therapy Research:** [www.MusicTherapyWorld.net](http://www.MusicTherapyWorld.net)**Humor Research:** Paul McGhee: [www.laughterRemedy.com](http://www.laughterRemedy.com) /Willibald Ruch: [www.uni-duesseldorf.de/WWW/MathNat/Ruch/humor.html](http://www.uni-duesseldorf.de/WWW/MathNat/Ruch/humor.html) /Humor Reference Site: [www.humor.ch](http://www.humor.ch)**Human Resources:**[www.comfortnow.org](http://www.comfortnow.org), (Namaste Comfort Care Website)[www.state.ma.us/dph/oems/ccare.htm](http://www.state.ma.us/dph/oems/ccare.htm), (Massachusetts State Health)[www.ramdasstapes.org](http://www.ramdasstapes.org) (official Ram Dass site)

## Glossary of Inspiring Terms

**Akashik Record:** is thought to be the great well and record of all human knowledge, upon which ones deeds in life are duly recorded for all time. This concept harmonizes with the Hindu notion of karma, the judaic concept of a last reckoning, as well as new-age ideas of universal mind.

**Animism:** < *L. Anima = soul*, the belief that all things in the universe are connected spiritually, and that all things have souls.

**Atavism:** < *L. Atavus = ancestor*, is the resemblance or reversion to remotely ancestral characteristics. i.e. if someone decides to live in a tree, this could be called an atavistic quirk.

**Brain Mapping:** the clinical process of tracking and recording what areas of the brain are active or inactive given any particular receptor impulse from the body. This might include activating the senses of touch, smell, sight or hearing. Or it might include auto-suggestive impulses like giving a patient a logic quiz to solve, having them count or translate a list of words. Or it might include tracking a creative process like having a patient try to invent an object that no one has ever seen before.

**Brain—left and right:** In Adelaide Bry's book, *Directing the Movies of Your Mind*, she refers to Robert E. Ornstein's *The Psychology of Consciousness* in relating some of the processes associated with Left- & Right-Brain hemispheres. Here are just a few of the functions:

**LEFT-BRAIN****RIGHT-BRAIN**

- right side body motor coordination, right side of each eye's vision	- left side body motor coordination, left side of each eye's vision.
- deals with inputs one at a time	- demands ready integration of many inputs at once.
- processes information in a linear manner, has a sequential mode of operation.	- processes information more diffusely, has a simultaneous mode of operation.
- deals with time, is responsible for the faculty of verbal expression, language and mathematical functions.	- deals with space, is responsible for gestures, facial and body movements, tone of voice, etc.

Cell-Memory: is a term used in clinical medicine and esoteric healing to refer to a cell's presumed ability to store primary information (such as DNA, or immune response ability) necessary for progeny, development and adaptation. This is especially significant in understanding immunological deficiencies, as with the HIV virus and the functioning of Killer-T cells in cancer research. Further information at: [www.aegis.com/news/ap/1998/AP980720.html](http://www.aegis.com/news/ap/1998/AP980720.html)

In esoteric healing practices, addressing cell memory springs from the assumption that even at a cellular level matter is just energy, thus the hypothesis that a cell could be just a capable of thought and memory as the collective organ we call brain. Cell memory work and auto-suggestion are extensively used in Reiki-Therapy. Here is an exemplary description from the Website: [www.danacatalano.com/cell\\_memory.htm](http://www.danacatalano.com/cell_memory.htm)

*Cell Memory is based on the premise that we are energy and everything, including our thoughts, is energy which can not be destroyed. Thoughts are everywhere, questions and answers occur simultaneously. While most people have not developed the capacity to comprehend simultaneous thoughts, they do have the ability to perceive concurrent events through linear interpretation defined as the past, present and future. The task of the energy healer is to extract the component answer from the universal intelligence found within the client. Dana recommends that Cell Memory be introduced during the third session or an intensive session allowing cumulative effects of energy healing to open "blocked" channels and free "trapped" messages.*

For other references to cell memory and esoteric healing see: [www.body-wisdom.com/cell.htm](http://www.body-wisdom.com/cell.htm); [www.aplaceforhealing.com/serv04.htm](http://www.aplaceforhealing.com/serv04.htm) /

Collagen: is the fibrous substance that binds the cells together. All arthritic and rheumatic disorders are in this category. As Norman Cousins says of his degenerating connective tissue: "In a sense, then, I was coming un-stuck."

Collective Intelligence: simply stated, more minds are better than one. Co-In has become a buzz-word in modern business management theories, describing how synergy works in groups and corporations. The human nervous system is often used as an analogy for complex systems of delegated specialized functions, all feeding input toward finding meaning and direction. The measure of intelligence is how effectively this works. In best-case scenarios, the sum is hoped to be more than the total of the individual parts. Co-In theory has played a strong role in the development of electronic systems and so-called "artificial intelligence," especially in the computer sciences and efforts to simulate complex systems such as global weather models, analyzing ecosystems or predicting economies. For more info, see the NASA site: <http://ic.arc.nasa.gov/projects/COIN/>

Comfort Care: is the primary dictate an medical personal implicit in a DNR (do not resuscitate) order, or a so-called "living will" of any patient faced with a critical illness or medical situation and wishing no efforts be undertaken to re-animate or sustain life. Comfort care is meant to include measures that manage pain and emotional stress. Its aim is to garner and maintain whatever possible comfort might be possible during the process of illness and dying.

Creatin: is a waste substance stored in muscle tissue which gets filtered out of the blood by the kidneys and is passed with the urine. Due to continual muscle decay and regeneration, it is normally present in the blood in trace amounts. If the creatin level, however, begins to increase abnormally, it is a quick indication that either the kidney is under-functioning or the body is suffering from an abnormal condition of muscle degeneration. Creatin is a simply measured marker for Kidney function and detecting muscle disease. Kidney failure is the end station of many illnesses, including pancreatic cancer. It is also the major cause for dialysis due to over taxation of insulin in diabetes patients. When the kidneys stop functioning, the poisons that would normally be dispelled begin to poison the blood and within a short time leads to loss of consciousness. (source: Dr. T. Broeckers)

Cryonics: *"is an experimental process whereby patients who can no longer be kept alive by today's medical capabilities are preserved at low temperatures for medical treatment in the future. Although this procedure is not yet reversible, it is based on the expectation that future advances in medical technology and science will be able to cure today's diseases, reverse the effects of aging, and repair any additional injury caused by the suspension process."* (source: [www.alcor.org](http://www.alcor.org), The Alcor Life Extension Foundation.)

Emotional Intelligence: *"EI has its roots in the concept of 'social intelligence,' first identified by E.L. Thorndike in 1920. Psychologists have been uncovering other intelligences for some time now, and grouping them mainly into three clusters: abstract intelligence (the ability to understand and manipulate with verbal and mathematical symbols), concrete intelligence (the ability to understand and manipulate with objects), and social intelligence (the ability to understand and relate to people) (Ruisel, 1992)."* (source: <http://trochim.human.cornell.edu/gallery/young/emotion.htm>)

Thorndike's theories on social intelligence imply the integration of multiple intelligences, encompassing both inter- and interpersonal sensibilities.

*Emotional intelligence "is a type of social intelligence that involves the ability to monitor one's own and others' emotions, to discriminate among them, and to use the information to guide one's thinking and actions" (Mayer & Salovey, 1993: 433). According to Salovey & Mayer (1990), EI subsumes Gardner's inter- and intrapersonal intelligences, and involves abilities that may be categorized into five domains: self awareness, managing emotions, motivating one's self, empathy, handling relationships.*

Flop: the term used by clowns and comedians for failure. Notably it is not as final a term as failure. On the contrary, it rather draws up pictures of pancakes hitting the griddle or perhaps a beached fish. The flop is a fall from grace, but not the end. For a comedian it is an utterly important reality check, requiring adjustment and renewed onset.

Group-Mind: an idea that fascinated Del Close and assumes there is a collective consciousness connecting the minds of people in a group. He believed more brains are better than one, so if an Improv-team can potentiate their abilities, on top of tapping-in on all the brains of the audience, you begin to access something like a super-brain. This concept of psychic interconnectedness is quite common to the field of para-psychology. It would explain a lot of how telepathy works, and the phenomenon of how even in pre-historic times, similar ideas were born

simultaneously in different parts of the world. Obviously there was no travel or physical communication. Darwin pondered this phenomenon. Von Däniken has curious theories about it. And Victor Hugo said: "...there is no stopping an idea whose time has come."

Helper Syndrome: The word syndrome actually means "a set of symptoms characterizing a disease or condition."<sup>(1)</sup> In conjunction with "Helping" the term implies that there may be typical aspects of the human dynamics surrounding "being a helper" that can develop pathological patterns. Stress and conflict in the helper-relationship, either for the helper themselves, or for the one being helped, can be very paradoxical in nature, thus understanding the helper syndrome has to do with understanding why one helps, and how one protects their psychological hygiene.

Humor in Rats: a film shown at the International Humor Seminar at the Univ. of Belfast in the summer of 2001, SCIENTIST showed that even rats laugh when they are tickled (get references from course summaries or email Willibald)

Humor Intervention: A term used by psychotherapists and humor researchers for the conscious application of any kind of humor, intended to bring about a desired change or effect, much as one would introduce a catalyst to a chemical solution.

Humor Rooms: As a result of the humor-health movement, hospitals have begun installing humor resource rooms. These are for adults, what play rooms are in the pediatrics ward. They could include videos, inspirational reading, joke books, games, tapes, toys.....or just about anything one can conceive of that might help people amuse themselves back to health.

Intervision/Supervision: A group supervision usually involves having an outside trainer or other qualified person come to observe group dynamic processes and facilitate improving how communication and conflict management function. An intervision is basically the same process, being facilitate, however by someone from within the group being observed.

Laughter meditations: some years ago the Indian Dr. Madan Kataria began developing his now famous Laughing Meditations as a form of mirthful yoga. His conviction was that laughing in itself was a powerful palliative for the modern ills of stress and worry. His insight was, that this laughter could be induced by simple means of physical silliness. His laugh-clubs grew and the idea spread all over the world. His website is: [www.laughteryoga.org](http://www.laughteryoga.org)

Morphogenic Fields: A life-theory, proposed by Ruper Sheldrake in 1968, (former Cambridge University theoretical biologist who has become a metaphysics and fringe science specialist) contending that biological forms create an invisible non-local field which defines the structure that molecules and cells shall follow as they differentiate and specialize to create particular life forms. In his theory living organisms contribute their experience to a collective "memory pool." As challenges arise in the environment, demanding adaptation, new forms of being can be willed into existence through a kind of collective amendment to the field. As Redfield describes (pg. 63) "*For example, a fish, in order to thrive in its biological niche, might need to evolve new fins in order to swim faster. In Sheldrake's system, the will of the fish would initiate a change in the morphogenic field of that species that would result in her progeny growing those exact fins.*" Sheldrake explains various phenomenon through this: Supposedly so-called evolutionary leaps might be explained this way; also the sensitivity of pets to their owners sharing a communication which seems almost psychic. Sheldrake's website is: [www.sheldrake.org/](http://www.sheldrake.org/)

Music Therapy: "*...is the use of music and/or its musical elements (sound, rhythm, melody and harmony) by a qualified music therapist, with a client or group, in a process*

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<sup>1</sup> Websters New World Dictionary of the American Language, World Pub. Co. 1973.

*designed to facilitate and promote communication, relationships, learning, mobilization, expression, organization and other relevant therapeutic objectives in order to meet physical, emotional, mental, social and cognitive needs. Music Therapy aims to develop potentials and/or restore functions of the individual so that he or she can achieve better intra and/or interpersonal integration and, consequently, a better quality of life, through prevention, rehabilitation or treatment."* This mission statement is from (World Federation for Music Therapy, 1996). For more information on music therapy visit: ([www.musictherapyworld.net](http://www.musictherapyworld.net)).

Narrative Medicine: is framework for describing the doctor-patient relationship based on the importance of listening to the patient's "stories." It uses "narrative" criteria as diagnostic tools, incorporating textual and interpretive skills into the practice of clinical medicine. *"When doctors can recognize, absorb, interpret, and be moved to action by the narratives of their patients, they can practice a medicine marked by empathy, accuracy, and effectiveness. / ...doctors can learn to attend accurately to what their patients tell them (in words, silences, gestures, and physical findings), can reconcile the multiple contradictory versions of any given clinical story, can interpret their own emotional responses to patients, can imagine robustly each patient's plight, can adopt the patient's or family's perspective on the events of illness and-as a result of all these-can offer singularly fitting care."* (source: [www.narativemedicine.org](http://www.narativemedicine.org)) One of the founding rationale behind this practice is the assumption that no one knows better than the patient themselves, what is ailing them and what they need. The intention of narrative medicine to endeavor in dialog with the patient towards uncovering and re-discovering inner knowledge.

Para-normal psychic phenomenon: are occurrences that seem to operate at "6<sup>th</sup> sense" levels of consciousness, such as telepathy, déjà vu, seeing ghosts, automatic writing, or even "spontaneous healing." See also below 'spontaneous healing'.

Phylogeny: the origin and development of a group or race of animals or plants.

Provocative Therapy: Frank Farrelly is an Irish psychotherapist who grew up as the middle child of a 14 head family. He contends that this was his basis for developing such strong humor and coping skills, along with an instinct for the provocative and at the same time a strong sense of "tough" love. The therapy form he developed challenges people into laughing at their own situation, and thus gaining distance and perspective enough to be able to choose to "get off" their problem or not. Rather than coddle people into "healthy" character modes, he challenges them to defend their already tried-and-wrong defenses, until they see and can laugh at the fallibility of their own strategies.

Psycho-Cybernetics: As cybernetics is the comparative study of electronics, computers and the human nervous system; psycho-cybernetics embraces the non-tangible concepts of mind and psyche, to include those regions of perception and thought projection which are usually associated with para-psychological phenomenon or even pure fantasy: s.a. universal mind, karma, or the Akashik records.

Psychogenic death: belongs to the realm of psychosomatic pathology and according to Moody (pg. 94) is *"due to emotional causes such as grief, social rejection, 'giving up,' in short, loss of the will to live. / It is not too surprising to learn that in at least one recorded instance, a comedian's figurative 'dying' resulted in a literal one."* Moody goes on to tell the story of an early 18<sup>th</sup> century French actor who died of Grief over the rejection by his audience. As Moody points out, not uncommonly comedians may be subjected to *"banishment, harassment, persecution, and eve execution or assassination."* Good grounds for performance anxiety and fear of failing.

Sedimentation Rate: is the speed with which red blood cells settle in a test tube measured in millimeters per hour. This is generally proportionate to the severity of an inflammation or infection in the body. A normal illness, such as a flu, might produce a reading of 30-40. When the rate goes beyond 60 or 70 the situation is becoming

severe. Norman Cousins was hospitalized with a sed-rate of 88, within the course of the following week it rose to 115, which is critical.

Self-actualization: a concept inferring that by discovering and releasing psychic blocks, man can free himself of limits that are keeping himself from realizing his own highest potential, which is sometimes glimpsed or anticipated in ecstatic moments psychologist Abraham Maslow referred to as "peak experiences." Arising out of the post-Freudian humanist movement in psychology, a whole school of thinking developed along these lines and came to be called the human potential movement. Maslow wrote convincingly of concepts like "actualizing one's potential" and "full humanness." According to Ernest Becker (pp. 48) Maslow "saw these as natural developmental urges and wondered what holds them up, what blocks them. He answered the question in existential language, using terms like the "fear of one's own greatness" and the "evasion of one's destiny."

Sensitives: people with special gifts for extra sensory perception. These may be people who experience frequent insights or visions verging on clairvoyance or the prophetic, s.a. Edgar Casey; or those who seem to be intimately connected with another living person to the extent of knowing what that person is thinking, s.a. is often reported by twins; or it may be people who claim to be "in-touch" with souls from the other world—s.a. in the case with automatic writing.

Spontaneous healing: is a well documented and little understood phenomenon in which a sudden change of condition, or even cure, occurs without explainable physiological causes. This falls under the psychosomatic category of medicine. Occasionally such occurrences seem to have been induced by the power of auto-suggestion, or powerful acts of faith, such as in the case of faith healers. At other times there may have been no conscious involvement of the patient in the process.

Survival Workshops: have become popular tools of coaches and personal trainers, especially in personnel development circles, for team building and getting people in touch with their primal inner resources. The assumption is that confronting death and extinction activates life responses and creativity. Surviving together is a "peak experience" of self and interconnectedness.

Synchronicity: A term coined by C.G. Jung acknowledging the occurrence of significant coincidences, verging on the miraculous—like the proverbial book you are looking for falling off the shelf and hitting you on the head. One possible implication is that mystical laws of order, operating beyond our perception, may well be responsive to our thoughts and actions.

## Good Quotes on Humor

Here is a summary again of other people's pithy comments on humor, laughter mirth and other incongruities of life. Unless otherwise noted, the source for the following quotes was Paul McGhee's book: Health, Healing and the Amuse System.

**Abraham Lincoln** (*during the civil war*)

"Gentlemen, why don't you laugh? With the fearful strain that is upon me day and night, if I did not laugh I should die, and you need this medicine as much as I do."

**Bernie Siegel, M.D.:** "The simple truth is, that happy people generally don't get sick."

**Bertram Russel:** "Laughter is the most inexpensive and the most effective wonder drug. Laughter is a universal medicine."

**Charlie Chaplin:** "A day without laughter is a lost day."

- Dalai Lama:** <sup>(2)</sup> "If you want others to be happy, practice compassion. If you want to be happy, practice compassion."
- Dr. Seuss:** "From there to here and here to there, funny things are everywhere."
- Ernest Hemingway:** "The world breaks all of us. But some of us become stronger in the broken places."
- Frank Moor Colby:** "A person will confess to treason, murder, arson, false teeth, or a wig. How many of them will own up to a lack of humor?"
- Fred Allen:** "An egg is funny. An orange is not."
- G. C. Lichtenberg:** "A person reveals his character by nothing so clearly as the joke he resents."
- George Bernard Shaw** "If you're going to tell people the truth, you'd better make them laugh. Otherwise they'll kill you."
- Gertrude Stein:** "There is no answer. There never has been an answer. There never will be an answer. And that's the answer." (*source: P.Wooten, Jest for Your Health*)
- Goethe:** "You show your character in nothing more clearly than by what you think laughable."
- Groucho Marx** "A clown is like an aspirin, only he works twice as fast."
- Japanese saying:** "Time spent laughing is time spent with the gods."
- Lily Tomlin** "We're all in this together—by ourselves."
- Lily Tomlin as Ernestine** "Have I reached the person I am speaking to?"
- Lily Tomlin:** "The trouble with the rat race, is that even if you win, you're still a rat."
- Mark Twain:** "Wit is the sudden marriage of ideas which, before their marriage, were not perceived to have any relationship."
- Max Eastman** "Humor is the instinct for taking pain playfully."
- Oscar Wilde:** "Life is too serious to be taken seriously."
- Paul McGhee** – or anyone's mother.... "It's only funny, until somebody gets hurt."
- Proverbs 17:22:** "A merry heart doeth good like a medicine: but a broken spirit dries the bones." (*also cited in Moody's book pg.28*)
- Psalms 2:4:** "He that sitteth in heaven, shall laugh."
- Raymond A. Moody, M.D.** "Over the years, I have encountered a surprising number of instances in which, to all appearances, patients have laughed themselves back to health, or at least have used their sense of humor as a very positive and adaptive response to their illness."
- Robin Williams** "Creativity is like having sex in a wind tunnel."
- Roger Rabbit:** "A laugh can be very powerful. In fact, sometimes in life it's the only weapon we have."
- Tom Lehrer:** "Anything worth taking seriously, is worth making fun of."
- Victor Borge** "Laughter is the shortest distance between two people."
- Voltaire** "The art of medicine consist of keeping the patient amused while nature heals the disease."
- Voltaire:** "God is a comedian playing to an audience that is afraid to laugh."

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<sup>2</sup> source: *Jest for Your Health*, by P.Wooten (pg. 158)

**Will Rogers:** "I don't make jokes. I just watch the government and report the facts."

**William R. Zinsser:** "What I want to do is make people laugh, so they'll see things seriously." <sup>(3)</sup>

**Woody Allen:** "Life is full of misery, loneliness, and unhappiness, and it's all over much too quickly."

**Woody Allen:** "Most of the time I don't have much fun. The rest of the time I don't have any fun at all."

**Yiddish proverb:** "What soap is to the body, laughter is to the soul."

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<sup>3</sup> source: *Comedy Writing Step by Step*, by Gene Perret, forwarded by Carol Burnett (pg. 1)