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The Art of Healing with Laughter: The Transformative Potential of Humorous Interactions

Sztuka leczenia śmiechem. Transformacyjny
potencjał humorystycznych interakcji

ABSTRACT

The article analyzes humorous interactions in hospitals as a deliberate psychosocial intervention that extends beyond the function of “entertainment” or momentary “distraction.” The starting point is the recognition of a gap between the widely described benefits of such practices and their marginal status in clinical contexts. The aim is to explain how humor initiates change in the experience of hospitalization and what tools are employed to activate it. A qualitative analysis of the subject literature and practice-based accounts was conducted, embedding concepts within health psychology, drama therapy, and humor theories, while taking into account the specific characteristics of hospital-based interactional work.

The analysis demonstrated that humorous encounters modify the course of hospitalization in several dimensions: emotion regulation through legitimization and transformation; restoration of agency; bodily and behavioral activation; reinterpretation of hospital space; strengthening of child–parent–staff relationships; and facilitation of medical procedures. Importantly, the effects of humorous interactions

KEYWORDS

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are long-term: visits are anticipated, remembered, and incorporated into coping strategies, creating a narrative “trace” in the patient’s experience. The article proposes a conceptual framework for the transformative function of humor in hospitals, along with practical implications: integrating these interventions into standards of care, training medical staff in basic humorous communication, and granting systemic recognition to their role in emotional and relational support.

ABSTRAKT

Artykuł analizuje interakcje humorystyczne w szpitalu jako celową interwencję psychospołeczną, wykraczającą poza funkcję „rozrywki” czy doraźnego „odwrócenia uwagi”. Punktem wyjścia jest rozpoznanie luki między szeroko opisywanymi korzyściami a marginalnym traktowaniem tego rodzaju działań w praktyce klinicznej. Celem jest wyjaśnienie, jak humor inicjuje zmianę w doświadczeniu hospitalizacji oraz jakimi narzędziami jest ona uruchamiana. Jako metodę badań przyjęto jakościową analizę literatury przedmiotu i opisów praktyk, z osadzeniem pojęć w psychologii zdrowia, dramaterapii i teoriach humoru oraz z uwzględnieniem specyfiki szpitalnej pracy interakcyjnej.

Przeprowadzona analiza pokazała, że humorystyczne spotkania modyfikują przebieg hospitalizacji w kilku wymiarach: regulacji emocji poprzez uprawomocnianie i przekształcanie, odzyskiwania podmiotowości, aktywizacji cielesno-behawioralnej, reinterpretacji przestrzeni szpitalnej, wzmocnienia relacji dziecko–rodzic–personel oraz ułatwiania procedur. Co istotne, efekty interakcji humorystycznych mają charakter długofalowy: wizyty są antycypowane, pamiętane i włączane do strategii radzenia sobie, tworząc narracyjny „ślad” w doświadczeniu pacjenta. Efektem opracowania jest propozycja ramowego ujęcia transformacyjnego działania humoru w szpitalu oraz implikacje dla praktyki: włączanie tych interwencji w standard opieki, szkolenie personelu w podstawach komunikacji humorystycznej i systemowe uznanie ich roli we wsparciu emocjonalnym i relacyjnym.

Introduction

Humor has accompanied humanity for centuries as a natural way of coping with illness, suffering, and stress. In health psychology and medicine, laughter is recognized as having therapeutic properties: it strengthens adaptive resources and opens space for deeper emotional

and cognitive transformations (Ford et al. 2011; Gelkopf 2011; Dionigi et al. 2012; Lalantika, Yuvaraj 2020; Wojtaszak 2014). As early as the mid-20th century, the scientific foundations of these observations were established by the pioneers of gelotology—Norman Cousins (1979) and William F. Fry (1992)—who described the psychophysiological mechanisms of laughter and its therapeutic potential.

In clinical practice, humor-based activities take multiple forms—from subtle wordplay, to playful exchanges, to performative interactions—and may be initiated by artists, therapists, volunteers, or medical staff. Since the early development of such practices, two traditions have emerged that continue to coexist and intersect: one associated with the work of professional clowns or volunteers (Finlay et al. 2013; Raviv 2014), and the other inspired by Hunter “Patch” Adams, in which doctors and nurses incorporated humor into everyday practice (Adams 2002; Leef, Hallas 2013).

The hospital clowning tradition remains the most extensively documented. By creating situations that evoke laughter and joy, hospital clowns carry out interventions that empower patients and their families while reshaping perceptions of the hospital environment (Koller, Gryski 2008; Linge 2008, 2013; Ford et al. 2014; Dionigi, Canestrari 2016; Sato et al. 2016; Karnieli-Miller et al. 2023). Research shows that such practices support patients across diverse contexts—from pediatrics, oncology, and psychiatry to palliative care and field hospitals (Sato et al. 2016; Ofer, Keisari 2022; Savage et al. 2017). The presence of performers and volunteers is evident not only in hospital rooms but also in emergency wards, waiting areas, rehabilitation units, invasive examinations, and surgical procedures (Dionigi, Canestrari 2016).

Despite abundant empirical evidence of their positive outcomes (Dionigi, Canestrari 2016; Xin et al. 2024), humor-based interventions are still frequently treated as an “addition” to care—enjoyable, yet secondary to “real” medical work (Gray et al. 2021; Savage et al. 2017). Scholarly and clinical discourse has long highlighted the lack of full recognition for these forms of support. Although the impact of clowns on patients is well documented, they often operate at the margins of healthcare structures—perceived as guests, entertainers, or a colorful presence on the ward, rather than legitimate members of the therapeutic system (Glasper et al. 2007; Langemeijer 2012;

Ford et al. 2014). As many as 38.9% of clowns have reported a low level of professional recognition (Barkmann et al. 2013), while some medical staff remain skeptical, prejudiced, or insufficiently informed about the role of clowning as an intervention (Ford et al. 2014; van Venrooij, Barnhoorn 2017; Karnieli-Miller et al. 2023).

In the Polish context, this lack of recognition is particularly evident. As Przemysław Grzybowski (2012: 13) notes, laughter therapy is often reduced to an ephemeral “fashion” following the film *Patch Adams* and has not secured a lasting place in academic reflection. Hospital clowns are sometimes perceived as “a group of enthusiasts” acting intuitively, without solid theoretical foundations—a perception that, in the eyes of some medical professionals, undermines the legitimacy of such work. At the same time, the author’s own experiences highlight the profound meaning of these practices: encounters with patients and staff reveal the scale of emotional burden and the effort undertaken by clowns, showing that humor can become a vital resource in confronting suffering (Grzybowski 2012).

This ambivalence—between well-documented outcomes and insufficient recognition—reveals an important research gap. Previous studies have primarily examined whether clowning produces benefits beyond momentary amusement. Much less attention has been devoted to how the process of change unfolds and what mechanisms enable humorous interactions to transform the patient’s experience. Their transformative qualities remain underexplored—often eluding traditional medical measurement tools, yet proving essential for patients’ well-being, communication, and sense-making during hospitalization (Koller, Gryski 2008; Pendzik, Raviv 2011).

The purpose of this article is to examine the dynamics and richness of the experiences generated by humorous interactions in hospitals. The focus is not solely on outcomes but on the mechanisms and tools of change—the ways in which even brief and ephemeral moments of laughter can initiate profound transformations in the emotional, cognitive, and relational dimensions of illness. The article proposes an approach that goes beyond describing the phenomenon of clowning, concentrating instead on the transformative processes taking place within these unique humor-based interactions.

Humorous interactions in hospitals as a form of intervention

Before addressing the transformative potential of humor, it is important to examine humorous interactions themselves—their definitions, theoretical foundations, and the hospital context in which they occur. Such grounding enables a more nuanced understanding of this form of activity and its embeddedness within broader interactional practices.

In the literature, humorous interactions in hospitals are defined as planned yet flexible activities in which humor—expressed through jokes, wordplay, physical play, or symbolic role enactment—serves as a tool for supporting patients in the context of hospitalization (Koller, Gryski 2008; Linge 2011; Dionigi et al. 2012). These interactions are most often described under the concept of “medical clowning,” a specific psychosocial intervention conducted in healthcare institutions worldwide and regarded as a paramedical practice (Raviv 2012, 2014; Finlay et al. 2014; Dionigi, Canestrari 2016). Contrary to popular assumptions that reduce the clown’s role to “entertaining patients” (Strollo et al. 2015), the literature indicates that these are complex practices that combine humor and laughter with empathy, sensitivity, and co-presence within medical spaces (Koller, Gryski 2008; Linge 2011; Pendzik, Raviv 2011).

Clowning involves creating an alternative format of encounter, based on the logic of play, absurdity, improvisation, and minimal verbal communication (Linge 2008; Pendzik, Raviv 2011; Dionigi et al. 2012; Gray et al. 2021). Unlike traditional acting, the clown does not perform a predetermined role but develops the character in dialogue with the environment, drawing inspiration from the physical and psychological nuances of the situation (Dionigi et al. 2012; Lange-meijer 2012). In this sense, clowning is more a form of communication than of performance—a co-created action with the patient and their surroundings, engaging spontaneity, a childlike perspective, and exaggerated responses to stimuli (Sato et al. 2016). As researchers emphasize, the clown “is able to establish a different quality of interaction, in which human aspects hidden during hospitalization are revealed” (Sato et al. 2016: 133).

The theoretical foundations of humorous interactions are interdisciplinary. They stem from gelotology—the study of laughter and

its health functions (Fry 1992; Cousins 1979); positive psychology, which emphasizes the role of positive emotions in adapting to stress (Grzybowski 2012); art therapy (Blain et al. 2011); drama therapy, which employs improvisation, symbolic roles, and bodily expression (Pendzik 2008; Pendzik, Raviv 2011; Grinberg et al. 2012; Gordon et al. 2017); brief crisis intervention (Karnieli-Miller et al. 2023); and humor theories analyzing its social and cognitive functions (Gelkopf 2011).

Thus, humorous interactions in medicine combine psychological, pedagogical, medical, and artistic perspectives, while philosophy, anthropology, and aesthetics further contribute to understanding the phenomenon (Grzybowski 2012; Sato et al. 2016; Savage et al. 2017; Wojtaszak 2014). Humor also appears in numerous studies concerning nursing practice and everyday interactions with patients (Allen 2014; Macdonald 2004; Streaan 2009; Woodbury-Fariña, Antongiorgi 2014). The inclusion of references to art therapy and drama therapy allows clown therapy to be situated within a broader group of creative therapies which—similarly to the work of clowns—offer an alternative and safe means of supporting patients in crisis or emotionally challenging situations (Pendzik 2008; Pendzik, Raviv 2011).

What makes clown-initiated humorous interactions distinctive is their unique context—the hospital, saturated with suffering and uncertainty (Dionigi et al. 2012). Hospitalization entails frustration, isolation, and subordination to institutional norms and hierarchies for both patients and families (Ford et al. 2011; Kingsnorth et al. 2011; Barkmann et al. 2013; Finlay et al. 2014; Sato et al. 2016; Kristensen et al. 2019; Gray et al. 2021). Children must cope with pain and fear while also learning the rules of ward life, where they have minimal control over their bodies and circumstances (Ford et al. 2011; Gray et al. 2021). Hospital admission often involves painful procedures and surgeries, the specter of health or life loss, and operations that alter appearance and identity (Ofer, Keisari 2022). The complexity of this environment is further intensified by triadic interactions—typical in pediatrics—engaging the child, parent, and medical staff, which complicates communication and limits the child’s expression (Gray et al. 2021; Ofer, Keisari 2022; Karnieli-Miller et al. 2023). Within such conditions, humorous interactions create an alternative space for freer communication and different relational experiences.

The transformative potential of humor: processes of change and tools of healing

Existing research indicates that humorous interactions in hospitals generate consequences that extend beyond momentary amusement or distraction. Humor, presence, and symbolic play may serve as catalysts for transforming the experience of hospitalization—although the nature of these processes remains difficult to fully capture. The literature emphasizes their ambiguous and multidimensional character, encompassing emotional as well as relational and existential dimensions (Langemeijer 2012; Sato et al. 2016; Ofer, Keisari 2022).

In this section, I attempt to describe this transformative potential. The analysis considers both the processes of change initiated by humorous interactions and the tools through which they are activated.

1. From sadness to joy: The release of emotions

One of the most recognizable effects of an encounter between a patient and a clown is a shift in mood—from sadness, tension, or fear toward relief, relaxation, and often even joy and laughter. Studies show that such transformations can be sudden, striking, and surprising, standing in sharp contrast to the emotional weight of illness (Koller, Gryski 2008; Langemeijer 2012). Yet this is not merely a fleeting humorous reaction; rather, a deeper process of emotional regulation and the symbolic transformation of suffering into hope (Linge 2008).

The clown does not dismiss difficult emotions but acknowledges and validates them (Linge 2008, 2013). Instead of neutralizing them, the clown amplifies them theatrically—crying louder than the child, exaggerating fear, or acting out clumsiness (Sato et al. 2016). As Lotte Linge (2008, 2013) notes, the clown becomes a mirror of the patient's emotions, embodying their intensity in a visible and symbolic form, thereby creating space for recognition and transformation. A similar mechanism was described by Orit Karnieli-Miller et al. (2023: 29), who observed clowns reenacting patients' words, gestures, and postures—such as the slow movements of a child in pain or an expression of disgust toward a procedure—exaggerating

them humorously (“It’s torture!”—“Absolute torture!”). In this way, patients’ emotions were not only noticed but also acknowledged and named.

This mechanism operates not only on a symbolic level but also on a physiological one. Patients show reduced muscle tension, more stable breathing, and decreased perceived pain (Barkmann et al. 2013). Accounts describe situations in which a child who had been crying and refusing contact suddenly began to engage in dialogue or play with a clown. Humor acts as an emotional reset—disrupting a state of distress or withdrawal and enabling a transition into active interaction (Linge 2008; Langemeijer 2012).

A case study by Sigalit Ofer and Shoshi Keisari (2022) demonstrates that this effect also extends to emotions related to loss and helplessness. A five-year-old girl undergoing rehabilitation, through regular encounters with a clown, was able to express fear and sadness through repeated rituals, songs, and symbolic play. Predictable forms provided a sense of safety while simultaneously allowing her to explore difficult emotions and gradually restore emotional resources through symbolic processing in a dramatherapeutic space.

Mechanisms of emotional release in hospital clowning suggest that humor serves as a means of symbolically and bodily processing experiences—often those that cannot be directly verbalized. The clown enacts pain or tension through symbolic action, gag structures, ritual, or embodied empathy (Strollo et al. 2015; Karnieli-Miller et al. 2023). In this way, the patient is no longer confined to the role of a suffering individual but gains the opportunity to work through emotions in a safe, symbolic form.

2. From passivity to engagement: Regaining agency

Hospitalization often entails a loss of control: the patient becomes subject to the ward’s rules, the schedule of procedures, and the decisions of medical staff. As scholars point out, this context often positions the patient as a passive recipient of others’ actions (Karnieli-Miller et al. 2023). Humorous interventions create opportunities to reverse this logic and challenge the hierarchy: the patient becomes a partner in play, a co-creator of the encounter, an initiator, and even

a leader of the interaction (Raviv 2012; Ford et al. 2014; Gray et al. 2021; Xin et al. 2024).

Studies show that patients particularly value situations in which they can decide whether the clown enters the room, approaches the bed, determines the course of the meeting, or ends the interaction (Dionigi et al. 2012; Langemeijer 2012; Karnieli-Miller et al. 2023). This transfer of decision-making restores a sense of agency in an environment where choices are typically made by others. The phrase “the child is the boss” is used in the literature to describe this reversal of hierarchy, through which the patient regains a voice that is often silenced in the institutional logic of illness (Langemeijer 2012: 34).

By embracing “clumsiness” and deliberately positioning themselves as less competent, prone to mistakes, and open to ridicule, clowns symbolically invert hierarchies and empower the patient to step into the role of the stronger, more influential participant in the interaction (Grinberg et al. 2012; Langemeijer 2012; Raviv 2012; Sato et al. 2016; Gordon et al. 2017; Karnieli-Miller et al. 2023). Observing the clown’s failure or tumble has a cathartic effect—helping patients reframe their own experiences of humiliation or loss of control as amusing episodes, thereby reducing tension and restoring balance (Sato et al. 2016; Gordon et al. 2017). The “power of foolishness”—the willingness to appear weaker, imperfect, and ridiculous—transforms humor into a space for patient empowerment (Sato et al. 2016; Gray et al. 2021).

Humor also enables playful role reversals. When the patient assumes the role of doctor and the clown plays the patient, the hierarchical relationship between patient and institution is rebalanced. This opens a pathway toward a more agentic identity, in which the patient can act, make decisions, and experience competence (Linge 2008, 2012; Ofer, Keisari 2022). Such shifts between passive and active roles broaden the patient’s repertoire of identities, allowing the expression of traits associated with activity, control, and strength. Ultimately, this facilitates the integration of helplessness and agency, contributing to the restoration of safety and self-trust (Ofer, Keisari 2022).

3. Bodily and behavioral transformation

Humorous hospital interactions rarely follow a fixed script—they arise from observation, attentive listening, and sensitive responses to the patient’s current condition. Encounters may begin with silence, a gesture, or a single sound, gradually leading to change: from passivity to initiative, from withdrawal to openness (Langemeijer 2012). This process—initiated through music, singing, movement, or playful touch—stimulates interaction, sparks the desire for movement, and fosters participation (Linge 2012; Sato et al. 2016).

Research indicates that humor and laughter also influence physiological processes—breathing rhythm, muscle tension, and body posture—thereby reducing pain and enhancing mobility (Kristensen et al. 2019). Studies also show that laughter activates mechanisms that support physical health: it reduces the level of stress hormones (such as cortisol), helps the body restore balance after intense tension, and strengthens the immune system by increasing the activity of cells that combat viruses and pathologically altered cells (the body’s natural “defense” cells), as well as by raising antibody levels (Berk et al. 2001; MacDonald 2004; Wojtaszak 2014).

In a context where the body is often treated primarily as an object of medical procedures, humorous interactions reclaim it as a medium of expression and social contact. Children begin to gesture, dance, and sing—their bodies regain their role as instruments of play and communication (Linge 2012; Sato et al. 2016). Laughter and muscle relaxation further contribute to reduced tension, improved well-being, and enhanced physical functioning (Barkmann et al. 2013). These effects are consistent with findings in psychoneuroimmunology, which demonstrate that the physiological responses associated with laughter may support the healing process at both hormonal and immunological levels, adding another dimension to bodily transformation (Berk et al. 2001; Provine 1996).

Charlotte Langemeijer (2012: 35) describes cases in which minimal stimuli—soap bubbles, a gesture, or a fragment of melody—triggered transitions from withdrawal to curiosity and openness. The example of a girl who, after a coma, began singing along with clowns illustrates the process of regaining selfhood through bodily and vocal expression. Similarly, patients who had previously resisted activity

became more likely to initiate contact, engage in play, and participate in interactions after clown visits (Linge 2012). In these encounters, music and rhythm act as triggers for movement, emotional expression, and readiness to interact with others (Sato et al. 2016).

Humorous interventions have also been shown to improve eye contact, increase emotional and communicative responsiveness, and enhance willingness to participate in rehabilitation, even among patients with severe limitations (Kingsnorth et al. 2011). Humor directs attention to the “healthy part” of the patient, functioning as an activating stimulus that expands the repertoire of behaviors and supports the healing process (Dionigi et al. 2012: 217). Bodily and behavioral transformation initiated by the clown thus involves a shift in focus—from the sick, painful, passive body to an active one capable of movement, expression, and co-creation. In doing so, it opens space for reclaiming energy, agency, and relational engagement.

4. From formality to familiarity: Transforming space

Hospital spaces—dominated by silence, sterility, and strict order—can overwhelm patients, amplifying feelings of strangeness and fear. Humorous interventions introduce an entirely different order—one of color, absurdity, sound, and movement (Linge 2008, 2013; Dionigi et al. 2012; de Camargo Catapan et al. 2019). Such disruptions of routine create room for relief and breathing space, while simultaneously domesticating an otherwise alien environment (Pendzik, Raviv 2011; Langemeijer 2012).

The clown, rooted in a tradition of disrupting social order, confronts the logic of medicine—serious, rational, and rule-bound—with the logic of carnival, characterized by spontaneity, laughter, play, and connection (Raviv 2014). Humorous interactions parody the language as well as the logic of medicine, allowing patients to distance themselves from procedures and medical jargon (Dionigi et al. 2012). Any element of hospital equipment—from a stethoscope to a syringe—may become a prop in play, and the entire space can be transformed into a stage. By subverting conventional roles tied to adult authority and challenging hospital hierarchies, the clown makes the environment feel more familiar and less intimidating.

In this way, the patient acquires a new interpretation of place: not solely as a space of illness and procedures, but also as one of encounter and play (Langemeijer 2012; Sato et al. 2016). This revaluation extends to parents and staff as well—the previously anonymous and oppressive space, through the clown’s presence, takes on qualities of humanity, warmth, and vitality (Sato et al. 2016).

5. From resignation to mobilization: Restoring meaning

Prolonged hospitalization often leads to a loss of purpose and resignation. Humorous interactions introduce into this stagnation an element of anticipation and narrative that extends beyond the present moment, constructing an alternative story of life beyond the “here and now” of illness. As Mariana Sato et al. (2016) note, the expectation of the clown’s next visit, the recollection of past encounters, or the planning of future interactions serve as impulses for action, forms of future orientation, and ways of restoring meaning.

Humor and play become tools of mobilization—providing rhythm and purpose to daily life, which might otherwise be perceived exclusively through the lens of suffering and limitation. The patient gains something to look forward to, something to share, and something that becomes part of their personal narrative of illness. Humor thus builds a bridge between present and future, between helplessness and the possibility of action. The patient regains a sense of having plans, dreams, and hopes ahead (Sato et al. 2016: 132).

6. From silence and isolation to dialogue: Relational transformation

Perhaps the most significant dimension of humorous interactions is their ability to create and strengthen bonds. These are not therapeutic relationships in the classical sense—with clearly defined frames, contracts, and hierarchies—but affective, reciprocal, responsive, and authentic encounters. They are relationships that, as Sato et al. (2016: 131) stress, “transform both parties.” The clown neither diagnoses nor evaluates; instead, they bring honesty, spontaneity, and imperfection, allowing individuals to meet as people rather than as roles—patient, doctor, or parent.

Research (e.g., Barkmann et al. 2013; Ford et al. 2014) shows that the clown's presence restores and reinforces a sense of community within families as well as in patient-staff interactions. Shared laughter, jokes, and participation in moments of absurdity are not merely entertainment but also group-binding acts that ease tensions and facilitate cooperation. The experience of "being together" emerges in a space that usually divides—staff from patients, children from adults, and health from illness. Helle Kristensen et al. (2019) describe this phenomenon as the "WE-experience"—an affective sense of "we-ness" that transcends a single act of joking. Even brief humorous interactions, when repeated, can initiate a micro-community—transforming not only the patient's mood but also the ward's dynamics, the family atmosphere, and staff-patient relationships.

In this space, the patient regains identity—no longer solely "the sick child," but also a child, pupil, play partner, or initiator of jokes (Dionigi et al. 2012; Langemeijer 2012; Sato et al. 2016). Humor reorganizes the emotional landscape of the ward, reshaping roles: the child-patient and mother-guardian become co-participants in play, reducing stress and tension (Dionigi et al. 2012). Parents may step out of the role of vigilant overseer, trusting that their child is safe and joyful (Barkmann et al. 2013). In this way, children become more open and parents calmer, reclaiming the experience of their child not merely as "ill," but as "a child who was sick and suddenly becomes a playing child who happens to be ill" (Langemeijer 2012: 38).

Relational transformation also extends to staff. Clown interventions positively affect staff well-being, the workplace atmosphere, and the course of procedures (Blain et al. 2011; Barkmann et al. 2013). Remaining outside the institutional hierarchy while being strongly present in everyday ward life, the clown introduces elements of normalization and absurdity—a form of emotional release that facilitates cooperation and offers distance from routine stressors.

7. The "magical space" as a transcendent experience

One of the key dimensions of humorous interactions is the creation of a "magical space": a transitional area suspended between reality and imagination, in which the transformation of the hospitalization experience becomes possible (Linge 2008, 2012; Langemeijer

2012). Play and imagination generate a safe field where new modes of functioning and meaning-making can emerge. The experience of illness can thus be creatively reinterpreted, opening a pathway to deeper existential transformation (Sato et al. 2016; de Camargo Catapan et al. 2019; Ofer, Keisari 2022).

The “magical room” described by Linge (2008, 2013) can be understood as a form of liminality—a “world in-between” where contradictions coexist. It is a space of transcendence, where individuals experience the tension between inner and outer worlds, the encounter of conscious and unconscious, private and social, bodily and symbolic dimensions (Gordon et al. 2017). In this space, patients gain access to imagination and symbolic processing, transitioning from the role of the ill person to that of a child, play partner, or creator of situations. This flexibility suspends institutional routines and opens room for experiencing the self in entirely new configurations. By playing with roles, shifting between identities, and introducing paradox, the clown acts as a catalyst for this process (Pendzik, Raviv 2011).

This is not, however, an escape from reality. Clowning does not detach patients from their “here and now,” but enables them to view their situation from a different perspective, allowing for new interpretations (Linge 2008; Sato et al. 2016). Transcendence occurs through the suspension of opposites and the reconstruction of meanings, enabling symbolic integration and transformation of experience (Gordon et al. 2017).

Dramatherapy scholars describe a similar process through the concept of “dramatic reality”—embodied imagination in action, allowing inner content to take form through gesture, ritual, or improvisation (Pendzik 2008; Pendzik, Raviv 2011; Grinberg et al. 2012). Imagination here becomes a healthy psychological force, capable of shaping one’s experience of the world. Through dramatic reality, it is concretized in physical space and thus legitimized, becoming an area for exploration and transformation. The clown activates these resources in ways that allow them to remain accessible even after the interaction ends (Pendzik, Raviv 2011).

Humorous play and improvisation thus evoke dramatic reality, opening a field in which patients can experience themselves in new and fuller ways. The clown, as an archetype, embodies paradoxes—child and adult, coward and brave, vulnerable and confident (Gordon

et al. 2017). They become a guide through this “in-between world,” introducing elements of transgression and paradox and enabling patients to experiment with alternative identities and transcend the limitations of institutional everyday life.

8. From non-compliance to engagement in treatment

Humorous interventions prove particularly effective in situations where patients resist medical procedures. Expressions of anger, crying, or refusal to take medication can be transformed into active participation through the introduction of play and competition (Dionigi et al. 2012). As shown in the study by Karnieli-Miller et al. (2023: 30), clowns create an “environment of success,” strengthening patients’ motivation to adhere to treatment plans. They use cheering, applause, or exaggerated gestures of approval, and in more challenging situations initiate playful competitions in which the child can symbolically “win”—for instance, by taking the medication faster than the clown. By reframing the situation, coercion is transformed into an experience of triumph and a sense of competence.

In rehabilitative contexts, clowns also serve as mediators—they repeat the therapist’s instructions while framing them as part of a game (“just two more times”), simultaneously reducing tension through jokes or playful movement. In this way, patients undertake tasks voluntarily, with a sense of choice and control. Clowns are also able to negotiate therapeutic conditions by combining distraction with imagined rewards, which fosters cooperation and reduces tension.

Conclusion

The analysis demonstrates that humorous interactions within the hospital setting constitute a complex interactional practice that extends well beyond momentary amusement and fundamentally transforms the experience of hospitalization. Empirical studies indicate that encounters with clowns alleviate pain and fear while leaving a lasting imprint on patients’ experiences—becoming part of their personal narratives, an emotional and symbolic resource, and at times

a coping strategy (Linge 2012; Langemeijer 2012; Lalantika, Yuvaraj 2022). The regularity and repetition of clown visits generate expectations and memories that reconfigure hospitalization with a new temporal and emotional structure (Sato et al. 2016).

The mechanisms underlying this transformation are multifaceted; it is not achieved through a single “magical gag,” but rather through a combination of tools and techniques: relational presence, affective responsiveness, mirroring, improvisation, symbolic language, and the use of the body, music, and props (Linge 2008, 2013; Strollo et al. 2015; Kristensen et al. 2019; Karnieli-Miller et al. 2023). Through spontaneous, co-created presence, transformation becomes possible on multiple levels—emotional (from tension to relief), bodily (from inhibition to expression), relational (from isolation to community), and existential (from resignation to meaning-making) (Pendzik, Raviv 2011; Ofer, Keisari 2022).

The clown, as an interactional figure, thus becomes a mediator of change. Through comic clumsiness, a readiness to fail, and authentic presence, the clown disrupts the logic of the medical institution—the logic of control, procedures, and the objectification of the body—and restores the patient’s subjectivity (Dionigi et al. 2012). Humorous interactions may therefore be understood as a form of interactional work within the hospital, whose transformative potential lies in reshaping the experience of illness and hospitalization—from passivity to agency, from helplessness to empowerment, and from the role of patient to the role of child. The transformative power of humor renders this form of intervention a unique and undervalued component of healthcare.

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