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[Home](#) > [Archives](#) > **Vol 10, No 3 (2015)**

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## VOL 10, NO 3 (2015)

### TABLE OF CONTENTS

#### DIDACTICS: THEORIES, ENVIRONMENTS, AND TOOLS

Le dimensioni "deeply" e "broadly" nella ricerca educativa. Lezioni apprese da una ricerca su valutazione e governance nelle scuole

*Katia Montalbetti, Emanuele Rapetti*

[PDF \(ITALIANO\)](#) 1-16

---

#### HISTORY, STORIES AND NARRATIVE IN EDUCATION

La alquimia de la Geografía escolar. Acercamientos a la configuración de un campo disciplina en México (1825-1898 ca.)

*Georgina M. E. Aguirre Lora*

[PDF \(ESPAÑOL\)](#) 17-31

---

Microstorie magistrali: Emma Tettoni fra carduccianesimo e reti emancipative

*Loredana Magazzeni*

[PDF \(ITALIANO\)](#) 33-44

---

#### SOCIETY AND CULTURES IN EDUCATION

Social commitment of volunteering in clown-therapy: an empowering empirical research

*Maria Rosaria Strollo, Alessandra Romano, Gabriella Rea*

PDF (ENGLISH) 45-79

---

Emotions and representations of "the city" after the 2009 earthquake in L'Aquila: children, education and social re-construction in a post-catastrophe context

*Alessandro Vaccarelli*

PDF (ENGLISH) 81-118

---

## THEORIES, MODELS AND CONTEXTS IN EDUCATION

L'India degli ultimi. Un'analisi della marginalità indiana nella prospettiva pedagogica problematicista

*Marta Salinaro*

PDF (ITALIANO) 119-137

---

## BOOK REVIEWS

Anna Antoniazzi, *Dai Puffi a Peppa Pig: media e modelli educativi*, Roma, Carocci, 2015  
*Maria Lucenti*

PDF (ITALIANO) 139-141

---

Antonella Cagnolati, Franca Pinto Minerva, Simonetta Ulivieri (a cura di), *Le frontiere del corpo. Mutamenti e metamorfosi*, Pisa, ETS, 2013.

*Luisa Miniati*

PDF (ITALIANO) 143-145

---

Elena Marescotti (a cura di) (2015), *Ai confini dell'educazione degli adulti. I limiti, le possibilità, le sfide*, Milano: Mimesis

*Claudia Secci*

PDF (ITALIANO) 147-153

---

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## **Social commitment of volunteering in clown-therapy: an empowering empirical research<sup>1</sup>**

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### **Abstract**

This paper describes a quantitative empirical research on the factors influencing volunteers in clown-therapy. The field of the volunteering has social relevance particularly for its positive aspects on social community and on prosocial behavior. However, after a broad literature review on the topic of volunteering, the researcher aims to investigate the specific issue of volunteering in clown-therapy, exploring similarities and differences with voluntary activities in other settings, and analysing motivations and reasons for the choice to become a volunteer.

A comparative and statistical approach is the real innovative aspect of this research in that it carried out factor analysis, comparative analysis and overcame the limits of the prior research on volunteering, which had dealt just with some dimensions of the complex phenomenon of volunteering.

Finally, the research results confirm the hypothesis that volunteering in general, and volunteering in clown-therapy in particular, is an activity empowering both for the individual and for the entire community.

Il saggio descrive una ricerca empirica a carattere quantitativo sui fattori che influenzano i volontari impegnati nella clown-terapia. Il campo del volontariato è socialmente rilevante sia per i suoi aspetti positivi sulla comunità sociale sia sul comportamento prosociale. In seguito ad una ampia review della letteratura sulla tematica del volontariato, la ricerca si propone di indagare il campo specifico del volontariato in clown-terapia, esplorando similarità e differenze con le attività volontarie in altri contesti, e analizzando motivazioni e ragioni per la scelta di essere un volontario.

È stato adoperato un approccio comparativo e statistico, aspetto realmente innovativo della nostra ricerca: sono state compiute analisi fattoriali, analisi comparative, superando i limiti delle precedenti ricerche sul tema, che hanno trattato solo alcune dimensioni del fenomeno complesso del volontariato. I risultati emersi confermano che il volontariato in generale, e il volontariato in clown-terapia nel particolare, è un'attività empowering sia per l'individuo sia per l'intera comunità.

**Keywords:** volunteering, clown-therapy, social influence, personality factors, research mixed approach

**Parole chiave:** volontariato, clown-terapia, influenza sociale, fattori di personalità, approcci di ricerca misti

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The common idea of volunteering is that of an activity that is now deeply rooted in society in ways more or less structured and institutionalized. Volunteering is defined as a planned, long-term, and nonobligatory prosocial commitment, typically within an organizational setting and directed at unknown others.

Very often there is an idealized image, based on the idea that it is the implementation of moral principles considered positive. However, for this idealization of voluntary activity, one cannot see the social and political level involved in volunteering.

Volunteering is a social, civic and cultural phenomenon and the figure of a volunteer cannot at all be compared to that of worker (Caselli, 2009). One of the essential characteristics of the phenomenon is, in fact, its generosity and spontaneity. This gratuity does not exclude the fact that the volunteer can reap benefits from his personal activities in terms of inner enrichment and of making his/her free time "personally rewarding" (Colozzi, Bass, 1995). Further, this is in accordance with a reciprocal altruism viewpoint (Buunk, Schaufeli, 1999).

Over time, empirical research on volunteering created a sort of disintegration of the phenomenon, considered as splitting situational, dispositional and relational aspects that characterize it.

### Literature Review on the topic

Two theoretical models tried to integrate these factors: the Role Model of Identity Volunteerism (Callero, Piliavin, Grube, 1991, 1996) and the Volunteer

Process Model (Omoto, Snyder, 1995, 2000). The first, which finds its assumptions in the theory of reasoned action (Ajzen, Fishbein, 1975) and in the subsequent model of planned behavior (Ajzen, Madden, 1986) which considers the motivational variables essential to define the prosocial behavior and volunteer activity as directly affected by the social structures to which the subject refers.

From the beginning of the voluntary work, this prosocial behavior will become part of the identity of the person who will move from "doing" volunteer "to be" a volunteer. The identity of the volunteer role will develop, that is, the role that will be recognized in a shared manner within the context of the subject's life.

Gradually becoming part of subject's identity, the conducted volunteer activity will ensure that he will continue to devote time to volunteering and prosocial behavior will be again solidified. Being a volunteer, the individual confirms his identity and, at the same time, meets the social expectations: self-image will expand by integrating it with the image of himself as a volunteer. There seems to be, then, a double bond, one between social structures and the beginning of volunteering and the other between the ability to meet social/personal expectations and the decision to continue volunteering over time. Furthermore, this is an element that at the same time originates and causes the construction of an identity of volunteer role; feeling like a volunteer is possible only after carrying out activity for a certain time (time factor as a cause of the construction of the role). Only integrating his/her own identity in the role of being a volunteer will ensure the subjects continue to be volunteers (time factor as a result of the role identity).

Analyzing the phenomenon of volunteering, Omoto and Snyder (2005) developed a theoretical model that aims to understand what moves people to engage in volunteering and what helps to sustain their choice over time. The authors talk about volunteering as a form of durable aid, thanks to which people actively seek opportunities to assist those in need, to undertake considerably and continuously to assist them and to assume this important task without having any obligation (Omoto, Snyder, 2005). For the Authors, volunteering is an activity that produces benefits that can benefit not only the person directly involved but also the entire community because it will produce effects in certain problematic areas.

Beyond its social value, the usefulness of volunteering is evident, according to the Authors, not only in the recipients of aid but in the same volunteers, who receive some kind of reward from the provided assistance: this reward is in terms of raising the value of self, feeling of having a role and be useful for society.

Volunteering has also been shown to have many positive health effects for volunteers. A recent comprehensive review concluded that "...volunteering among older adults is related to better psychosocial, physical, and cognitive health, as well as better functional performance." (Anderson et al., 2014, p. 19). In regard to physical health, older volunteers are more likely to have better specific outcomes such as reduced hypertension (Burr, Tavares, & Mutchler, 2011) and better self-

reported health (Piliavin & Siegl, 2007; Thoits & Hewitt, 2001). Several recent reviews (e.g., Grimm, Spring, & Dietz, 2007; Harris & Thoresen, 2005; Oman, 2007) and a meta-analysis (Okun,

Yeung, & Brown, 2013) have supported the relationship of volunteering to decreased mortality. Research has also shown better psychological health for volunteers compared to non-volunteers (Greenfield & Marks, 2004; Piliavin & Siegl, 2007; Thoits & Hewitt, 2001). Particular psychological benefits noted are maintenance of self-identity, a sense of social connectedness, and feelings of belonging (Battaglia & Metzger, 2000; Musick, Herzog, & House, 1999). Volunteers are also less likely to report feeling lonely or socially isolated (Warburton & Cordingley, 2004) and volunteering can help people withstand losses such as widowhood or retirement (Utz, Carr, Nesse, & Wortman, 2002). Longitudinal studies have found that volunteering over time resulted in lower rates of depression among older adults (Morrow-Howell, Hinterlong, Rozario, & Tang, 2003). In a range of studies, engaging in helping behaviours has been related to increased energy and to greater feelings of joy and happiness among older adults (Dulin, Gavala, Stephens, Kostick, & McDonald, 2012; Midlarsky & Kahana, 2007; Wheeler, Gorey, & Greenblatt, 1998).

How do we understand these important positive effects of giving to others? One important aspect of volunteering is social engagement or participating in social life. Social engagement among older people has been well recognised as a predictor of health status, cognitive functioning and mortality (Thomas, 2012). However, Anderson et al. (2014) have reviewed many research which point to the well-being benefits of volunteering over and above those of social engagement. Altruistic motives or helping others and providing support rather than receiving support, have been shown to be directly related to better physical and mental health. Although people have various motives for volunteering (Narushima, 2005), it appears that the altruistic aspect of volunteering is particularly beneficial. A key way in which the social function and the benefits of helping others have been theorised is in terms of reciprocity.

Furthermore, by performing a voluntary service, each subject will face different realities and will be enriched, not only from a spiritual perspective, but also regarding knowledge, skills and competences.

Formal volunteering (willingly giving unpaid help, in the form of time, service, or skills, through an organization or group) offers broad benefits to the community, including increases in social capital and significant economic benefits. Volunteering has also been associated with a range of positive health-related and psychosocial outcomes for individuals, including enhanced subjective well-being (SWB). For example, engaging in volunteer work has been associated with higher levels of satisfaction with life, happiness and positive affect (Pilkington, Windsor, Crisp, 2012).

The literature on the determinants of happiness (or Subjective Well-Being, SWB) has studied the factors that make individuals happier, with some studies showing that volunteering is positively related to individual SWB (Binder, Freytag, 2013). But many of the studies are correlational, and the causal relationship between volunteering and happiness must be approached with caution.

Several positive outcomes have been proposed as being associated with volunteering, including increased health and well-being (Dolan, Peasgood, White, 2008). Volunteering has also been seen as positively related to the subjective well being of volunteers (Dolan, Peasgood, White, 2008). However, very few of these studies take into account issues of reverse causality (people volunteer more when they are happy) and simultaneity biases (some third factor, such as religion, leads to more volunteering and to more happiness). The impact of volunteering is considerably reduced when fixed effects are controlled for, and only volunteering weekly remains significant, suggesting that the higher levels of well-being arise from individual heterogeneity. Binder and Freytag (2013) apply matching estimators and find that the impact of regular volunteering on SWB is positive and increasing over time when regular volunteering is sustained. Others have found that volunteering is negatively related to subjective well-being.

Demographic characteristics have been found to be among the factors affecting volunteering. Prior literature has found that education is a significant factor in the decision to volunteer (Wilson, 2012). Other variables are being male, being white and being middle-aged (Wilson, 2012). Income, apparently, has no effect on the volunteer behavior of individuals, while the unemployed are less likely to volunteer (Wilson, 2000).

Other factors that affect volunteering are more difficult to isolate for example personality. Regarding personality traits, among the “Big Five” personality dimensions - extraversion, agreeableness, conscientiousness, neuroticism, and openness - some studies have found a positive relationship between extraversion and agreeableness, and the likelihood of volunteering (Bekkers, 2010). These findings indicate the importance of the unobserved heterogeneity of individuals in determining volunteer behavior. Alternatively, prestige and reputation have been proposed as influential factors (Bekkers, 2010). The social context has been shown to be an important factor in voluntary behavior, as larger social networks seem to increase the propensity to volunteer, while trust in other people also can be positively related to volunteering. Additionally, religion seems to be positively related to volunteering.

The research on volunteering led the authors to consider it as a particular form of helping behavior, regulated by specific characteristics, from which you can study the broader phenomenon of pro-sociality. The commitment to volunteering consists of behaviors that appear homogeneous in their development but that reflect internal heterogeneous and complex motivational processes, specific to each



individual. Analyzing volunteering following the VPM, three constitutive aspects of the phenomenon are identified:

- the antecedents (pro-sociality, motivation and social support),
- the experience (integration and satisfaction) and
- the consequences (individual and collective).

The hard-core of the theory is, however, the analysis of motivational functions at the base of voluntary activity. Specifically, they describe six functions:

-values functions (this function is linked to the value system of the subject and, in particular to value-related instances, to the implementation of pro-social and altruistic behavior. The volunteer gives a positive value to the welfare of others and, at the same time, exploiting his image as a volunteer to support the idea of a positive self and one's value system);

-function of knowledge skills (through volunteering, the subject can acquire new knowledge and skills or improve their prior) ;

-social function (relational aspect). Through voluntary work, the subject may increase his friendships and knowledge, creating new relationships, satisfying his needs through his affiliate membership of an organized group of volunteers. Another motivation, which plays such a social function, is the one that pushes the subject to become a volunteer in order to enter socially desirable groups;

-protective function through conducting a voluntary activity, the individual seeks to reduce the guilt felt to be more fortunate than others. Another motivation that acts as a protective deals with the possibility for the subject to focus his attention on helping people, moving away from their problems. In the same way, then, the confirmation of their skills and abilities, received by the subject from his aid activities, will enable him to deal with a greater self-awareness of internal conflicts, managing anxieties and uncertainties on the basis of value attributed to his effectiveness;

-function of growth-self-enhancement. The motivations of the subject underlying the need/desire to increase his self-confidence, reinforcing the positive image of himself through his prosocial behavior;

-utilitarian function. The subject's desire to improve his professional skills through voluntary activities, particularly for career development and his professional curriculum.

The desire to strengthen social relationships is identified by a number of theorists (Pilkington, Windsor, Crisp, 2012) as a key motivation for engagement in volunteering. Empirically, studies have shown volunteering to be positively associated with frequency of informal social interaction, number of social ties, and an individual's sense of community. Longitudinal studies have also shown that becoming a volunteer leads to an increase in availability of social support and number of social ties.

Causal links between volunteering and social support are likely to be bidirectional. Although volunteering may promote opportunities for forming new friendships, people with preexisting supportive social networks are also more likely to become volunteers due to greater exposure to recruitment by others.

Clown therapy represents a peculiar way of using humor in order to promote people's well-being. Clown therapy officially started in 1986 and presently, it is easy to meet clown doctors in hospitals. Nevertheless, it is necessary to clarify their position and role, because when thinking about clowns in hospitals, ordinary people see them as just volunteers dressing in a clown's clothes whose primary purpose is to entertain hospitalized patients.

Clown therapy is defined as the implementation of clown techniques derived from the circus world to contexts of illness, so as to improve people's mood and state of mind. Clowns have probably worked in hospitals since the time of Hippocrates, as doctors of that era thought that a good mood positively influenced the healing process. However, the presence of professional clowns working in hospitals as part of the healthcare team dates back to thirty years ago. The birth date of clown therapy dates back to 1986, when Karen Ridd in Winnipeg and Michael Christensen in New York independent to each other began the practice of clown in broad pediatric hospitals. Karen Ridd (Robo the Clown), a child life specialist, founded the first Canadian therapeutic clown program at Winnipeg Children's Hospital. Almost simultaneously, Christensen, a famous clown of the Big Apple Circus, stable in New York, founded the Big Apple Circus Clown Care. This was founded after that Christensen's brother (another clown working in the Big Apple Circus) was hospitalized for cancer in the Presbyterian Hospital, in New York. During his staying in the hospital, he was frequently visited by his fellow colleagues that came to his room dressed in their usual clown suit. The medical staff noted that the arrival of clowns in the hospital had a beneficial effect on the other hospitalized patients: these strange and peculiar visitors amused patients and made them laugh. The most significant outcome of these visits was that patients felt happier and, as their mood improved they needed to take fewer drugs.

Unfortunately, Christensen's brother died, but before dying, he gave him as a gift a leather doctor's bag. After the death of his brother, Michael started to wonder what use he could make of that bag and decided to use it to act as a clown (doctor) in the hospital. Michael, whose clown's nickname was Mr. Stubbs, decided to work in pair with a female clown, known as Great Grandma. So, in 1986 the first couple of clown doctors entered the hospital wards and started the first clown therapy intervention in USA. Dr. Stubbs and all the Big Apple Circus artists created moments of pleasure to animate children's staying during their hospitalization in the pediatric wards. They then found the first Clown Care Unit (a stable support unit formed by clowns). This event was followed by other clowns in Boston, Los Angeles, San Francisco and throughout the United States. In a few months,

other 17 projects in pediatric hospitals distributed throughout the country were carried out involving about 90 professional clowns and 200,000 patients.

These experiences acted as catalysts for many programs around the world, so other associations of clown therapists were set up (including France, Germany, Britain, Italy, Spain, Switzerland, Austria, Canada, USA, Australia, and Brazil), many clowns leaved the world of the circus and entered hospitals and health care settings to work as clown therapists. In Italy, the first Clown Care Unit, called *Fondazione Theodora*, was set up in Milan in 1995.

One of the most salient aspects related to clowning is humor. The purpose of clowning is to bring smiles and laughter to an audience of all ages. Contrary to popular opinion, clowns are not strictly children's entertainers, as adults may enjoy clowns too. An effective clown makes people laugh so humor is his main instrument. He should be able to accept humor as an integral part of life, improve his personal sense of humor, listen and learn how other people recognize and use humor, and be prepared to respond to other people's humor.

In many ways, the hospital setting is the antithesis of the home environment. Illness and death often cast a shadow of intense seriousness, interfering with the expression of the full range of emotions. Hospitalization is considered an adverse event in life, usually causing distress that may become traumatic, especially for children. Even a minor pediatric hospitalization can have negative consequences on the emotional, behavioral, cognitive, and educational development of a child. Feelings of tension, uneasiness, and anxiety are some of the many symptoms that children may experience during the hospitalization period.

Parental anxiety is also most common during hospitalization due to the perception of the child's pain and their personal worries and fears. In particular, if a child has to undergo surgery, parents are expected to develop high levels of anxiety. Interestingly, research has shown that children's preoperative anxiety is associated with parental anxiety. Hence, some hospitals have developed, over time, various programs of support for hospitalized patients. These programs include various forms of art therapy and play therapy for children. Nowadays, it is very likely to find hospital rooms provided with DVD players that play comic movies and library shelves filled with comic books. In addition, in recent years, clown therapy has become an integral part of the hospital setting.

In pediatrics, humor is increasingly present in the hospital setting, and it often employs clowns based on the assumption that humor is associated with the well-being of patients. Clinical staff has noted that the main advantage of humor therapy is represented by its distracting technique, which keeps the patients' minds away from concerns related to their illness and consequent depressed mood, thus promoting a healthy expression of emotions.

Clowns and their humor have entertained human beings for centuries. However, there is little scientific literature that demonstrates a significant research evi-

dence base on the effectiveness of clown humor as a therapy within children's hospitals/units.

The literature on humor in hospital wards across different age levels shows that not only patients and medical staff benefit from humor, but interactions involving humor between hospital staff and patients foster an atmosphere in which laughter and humor self-perpetuates. Other investigations report that humor has beneficial effects on stress related to terminal illnesses, on pain tolerance, and on cognitive functions such as memory and anxiety.

However, clear outcomes cannot be assessed from descriptive data obtained from surveys. Comprehensive studies using experimental designs and inferential statistics should be used to do an in-depth analysis of therapeutic clowning in pediatric settings. Two pilot studies at Columbia University (Smerling, Skolnick, Baggiella, Rose, Labinsky & Tager, 1999) focused on the effectiveness of clowns as distractive presences during cardiac catheterization and invasive procedures in a pediatric oncology day clinic. Results showed that, during cardiac catheterization, there were significant decreases in observed child suffering, in child self-reported distress and parent-rated child distress with the clowns present. As a result, physicians found that the procedure was significantly easier to implement with the clowns present than without them. In addition, positive changes in the behavior and mood of health care providers were observed when the clowns were around.

Finally, an area that is promising but still understudied is that of clowning for older people and staff in residential facilities. Recent research carried out in Canada as part of the "Down Memory Lane" project suggests that elder clowns may help seniors improve communication skills, mood, and quality of life. Elder clowns may also help some older people with dementia connect to their immediate surroundings, and restore a sense of autonomy to individuals who have very little control over their lives. This activity is especially helpful for residents who do not receive many visitors. In addition, the presence of elder clowns can have a positive effect on the feelings of staff members caring for older people. A demonstration of the increasing interest in this area is the fact that the prestigious medical journal *The Lancet* has recently published a paper, in the section dedicated to the art of medicine, on the work of elder clowns.

## **The empirical research on volunteering in clown-therapy**

### **Framework, objectives and methodologies**

The research started from the interest for the purposes of volunteering in clown-therapy. One of the main objectives of the research work aims to learn

about the clown-volunteer pointing out any common and/or different aspects compared to the figure of the volunteer in general considering data taken from other research (Borca, Bonino, Cattenino, 2011; Marta, Pozzi, 2007; Carbognin, Meneghini, 2008; Romano, Todaro, 2010).

Who is the clown-volunteer-in-lane? What is his social and professional identity?

Starting from theoretical approaches (Caprara, Scabini, Steca, Schwartz, 2011; Marta, Scabini, 2003), we can say that the volunteer is a subject often characterized by a high economic status, from a high level of education, from an average age between 45 and 55 years, and belongs equally to both sexual genres.

Which characteristics coincide with those of the figure of the clown-volunteer-in-lane? We'd like to check the possible significance of variables such as religious beliefs and policies, the type of work and marital status of the subject.

The second objective concerns the assessment of motivators and of perceived self-efficacy. We know that volunteers are provided with a high level of self-esteem and feel they have good ability to handle situations and to meet the others: so, this research aims to assess the level of perceived self-efficacy by volunteers regarding their voluntary activities, in terms of both individual and collective, and regarding their ability to handle difficulties and stress, to share their feelings with other members of the association and, at the same time, empathize with others in order to understand their feelings and their difficulties. The research aims also to evaluate how they act in clown therapy the six motivational functions highlighted by Omoto and Snyder in the VPM. It is assumed that the values function has a high influence on the decision to carry out the voluntary activity, and that the utility function is lower in general but higher in young subjects.

Based on the belief that the functions have a different motivational salience in different areas and at different ages, the aim of the research is also to discover which motivational functions are mostly operating in clown-therapy and which can be the differences among individuals of different age.

## Participants

338 volunteers of clown-therapy participated in the research: they rendered their services through associations spread throughout the national Italian country. The association mediated the contacts with each subject. After a research on Italian associations of clown-therapy, 86 associations were contacted via e-mail: association Deans were asked to involve members of their association in the research. The volunteers had to complete a questionnaire, and all questionnaires were sent back to the specified email address. Among all the associations contacted, 30 re-

fused the request for cooperation due to organizational or time reasons and 56 agreed to cooperate.

## Methodologies and instruments

The research was conducted administering, via computer, a quantitative questionnaire, which consists of three parts:

- a form for the collection of personal and social data,
- a first scale for the measurement of self-efficacy of the volunteers
- a final part which consists of the VFI .

The socio-demographic data form gathered data on the subject and his volunteer activities: age, sex, marital status, number of children, level of education, work, political and religious beliefs, and regarding his volunteering, it was asked whether it was limited to the clown-therapy or included other areas of intervention, how long the subject had practiced it and if he was going to pursue it.

The first scale was developed from the questionnaire “My experience as volunteer” (Gertosio, Borca, 2005). This scale has 19 items, rated on a 5-point Likert scale for the measurement of self-efficacy that assesses the degree of self-efficacy perceived by the subject relating to four areas:

1-the ability to express and share positive emotions and to manage the negative ones, overcoming difficulty and moments of stress and strain;

2- empathy and, therefore, the ability to recognize in others, through the mechanism of identification, feelings and moods;

3-personal competence in the activity of voluntary, like the ability to perform successfully in the course of his duties, to learn and use the techniques needed to be an effective support for people;

4-the collective expertise, like coordination with the other members of the association in the management of activities, and the ability to manage relationships with others.

The questionnaire assessed own values, self-efficacy, empathy, prosocial behavior and integration inside the voluntary organization. The questionnaire consisted of 19 items was a likert scale with 5 grades ( 1= no able, 2 = a few able, 3 = medium able, 4 = a lot able, 5 = able at maximum).

The third part of the VFI consisted of 30 items, rated on a 5-point Likert scale, which assessed the six motivational functions highlighted by Omoto and Snyder in the Volunteer Process Model (VPM), that are utilitarianistic, social, of values, of growth, of knowledge and protective functions.

Table 1. *Status*

<b>Status</b>	<b>Number</b>	<b>Percentage of the sample</b>
Bachelors/ spinsters	233	68,9 %
Married	81	24 %
Divorced	23	6,8 %
Widow/ widower	1	0,3 %

## Outcomes

The data obtained were processed using the SPSS program for statistical and XLSTAT. It was conducted an analysis of the averages of item and a factor analysis. Compared to the first part of the questionnaire, the following results were obtained: 70.4% of subjects (N = 238) are female, while 29.6% (N = 100) are male. The age of the subjects was between 18 and 65 and distributed as follows:

Table 2. *Political Orientation*

<b>Political orientation</b>	<b>Number</b>	<b>Percentage of the sample</b>
No political orientation	194	57,4 %
Left	91	26,9 %
Right	19	5,6 %
Center	34	10,1 %

Table 3. *Age*

<b>Age Range</b>	<b>Percentage of the sample</b>
18 – 25 Years	19.8%
26 – 35 Years	40.2%
36 – 45 Years	24 %
46 – 55 Years	9.8%
56 – 65 Years	6.2%

The average age is 32 years for women and 38 for men. Among them, their sociodemographic characteristics are divided as follows:

Table 4. *Children*

<b>Children</b>	<b>Number</b>	<b>Percentage of the sample</b>
0	256	75,7 %
1	41	12,1 %
2	31	9,2 %
3	8	2,4 %
4	2	0,6 %
0	256	75,7 %

Table 5. *Religion*

<b>Religion</b>	<b>Number</b>	<b>Percentage of the sample</b>
Catholic	214	63,3 %
Atheist	111	32,8 %
Buddhist	3	0,9 %
Animist	1	0,3 %
Naturalist	1	0,3 %

Table 6. *Education degree*

<b>Education degree</b>	<b>Number</b>	<b>Percentage of the sample</b>
Middle-School qualification	13	3,9 %
Diploma	162	47,9 %
Bachelor's Degree	135	39,9 %
Post-graduate Degree	28	8,3 %

As for voluntary work in clown-therapy, 100% of the subjects (N = 338) declares that they intend to continue their voluntary activities. 74.9% (N = 253) of the subjects say they practice only the clown-therapy voluntary, while 25.1% (N = 85) also perform other voluntary activities. The church context (4.7 %, N = 16) is the area in which 21.5 % of the subjects work together with the clown-therapy volunteers.

For the duration of the voluntary, we can see this kind of distributions:

Table 7. *Duration of the voluntary*

<b>Duration of the voluntary</b>	<b>Number</b>	<b>Percentage of the sample</b>
< 1 year	51	15,1 %
1 to 5 years	154	45,6 %
5 to 10 years	77	22,8 %
> 10 years	56	16,6 %



The analysis of the two scales was done starting from calculating averages of the answers given by the participants to the single items and then calculating the correlation between items within each scale thanks to the factorial analysis.

The factor analysis is a technique of analysis which summarizes the relationships among variables in terms of correlations, replacing the *n* observed variables with new latent variables, called factors. Specifically, it has been done the Factorialization of the main axis. A first analysis of the averages of the results shows that the average of self-efficacy scale for the items related to the collective expertise is 3.82, while the average of the answers related to the items belonging to the management and expression of emotions is 3.77; the average of the answers related to personal competences is 3.67 and finally the average of those relating to empathy is 3.36. Here there's the table with the Averages for each items of the first scale:

Table 8. *The average for the items of the first scale*

	<b>Average</b>
1. Fulfill promptly to requests for help of assisted / patients .	3,58
2. Pull up when someone feels discouraged.	3,77
3. Learn techniques needed to pay your share of volunteer.	3,89
4. Keep up the mood in front of difficulty.	3,86
5. Manage the stress during your activities.	3,89
6. Do not be overwhelmed by the problems of the clients / patients	3,81
7. Decide with the other volunteers of your association the hours and days on duty.	4,21
8. Prevent voluntary activities interfere with your private life (with your family , your partner , etc . ) .	3,65
9. Keep updated about the techniques needed to pay your attention as volunteer.	3,73
10. Understand your feelings towards other people.	3,87
11. Be coordinated with the institutional figures who are in your voluntary association.	3,52
12. Support effectively emotionally or psychologically your assisted/ patient.	3,54
13. Be able to be coordinated effectively with the other volunteers.	4,13
14. Understand feelings that other people feel for you.	3,35
15. Manage effectively the relationship with the parents of the assisted/patients.	3,49
16. Keep out of your mind disheartening experiences.	3,60
17. Recognize others' feelings toward your self.	3,37
18. Manage stress and tension in emergency.	3,76
19. Share your emotions with other volunteers.	3,86

The items that have the highest averages are the item 7 ( *A* = 4, 19) and item 13 ( *A* = 4, 13), and both of them refer to the *collective self-efficacy*.

In order to have an idea of the answers related to different fields, it has been calculated the average value of the averages of the answers given by the participants to the scale. The outcomes show them the answers to the items related to the *collective competence* have an average of 3, 82. The answers of the items belonging to the *management and expression of the emotions* have an average of 3, 77. The answers related to the *personal competence* have an average of 3, 67, and finally the answers related to the *empathy* have an average of 3, 36. For the analysis of the internal correlations of the scale of self-efficacy, the first step has been to check for the factorializability of the scale through the KMO Test, the test of significance of Bartlett and the measurement of sampling adequacy. The value of the test KMO has been =.872 and every item of the scale has values higher than .80, for testing sampling adequacy (except for items 7, 14 and 17, which have values a little bit under .80 and are then at the same factorializable). The factorial analysis led to the extraction of 4 factors, composed in this way: the factor 1 covers items 2, 4, 5 and 18; the factor 2 covers items 10, 14, 17 and 19; the factor 3 covers items 1, 3, 7, 9, 11, 12, 13 and 15; the factor 4 covers items 6, 8 and 16. After checking the scale (test KMO = .872), it was conducted a factor analysis that led to the extraction of 4 factors, with internal moderately significant and always positive correlations.

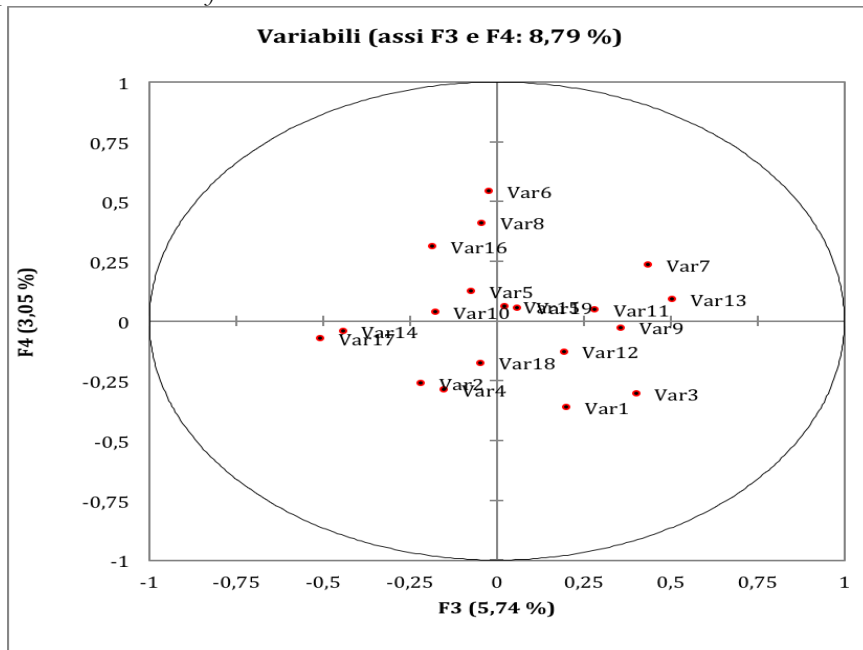
Here following there's the table of the Matrix of the models that allow to identify the items which saturate different factors:

Table 9. *Matrix of the models*

	<b>Factors</b>			
	1	2	3	4
ITEM 1	,328	,055	<b>,369</b>	-,237
ITEM 2	<b>,817</b>	,000	-,172	,014
ITEM 3	,292	-,054	<b>,613</b>	-,183
ITEM 4	<b>,898</b>	-,051	-,086	,016
ITEM 5	<b>,562</b>	-,101	,000	,330
ITEM 6	,162	-,049	,100	<b>,632</b>
ITEM 7	-,266	-,094	<b>,603</b>	,182
ITEM 8	-,053	,077	,064	<b>,423</b>
ITEM 9	-,006	,029	<b>,579</b>	,004
ITEM 10	,030	<b>,510</b>	,093	,087
ITEM 11	-,019	,023	<b>,470</b>	,072
ITEM 12	,273	,108	<b>,432</b>	-,006
ITEM 13	-,155	-,064	<b>,733</b>	,079
ITEM 14	-,043	<b>,945</b>	-,063	-,006
ITEM 15	,140	,289	<b>,294</b>	,148
ITEM 16	,332	,088	-,065	<b>,452</b>
ITEM 17	-,003	<b>,987</b>	-,114	-,022
ITEM 18	<b>,586</b>	,037	,080	,036
ITEM 19	-,115	<b>,365</b>	,331	,058

Here following you may find the items that saturate the factors:

Graphic 1. *Saturation of the Item*



Here following there's the table of values of correlation between factors:

Table 10. *Matrix of factors' correlation*

Factor	1	2	3	4
1	1,000	,469	,540	,517
2	,469	1,000	,533	,364
3	,540	,533	1,000	,374
4	,517	,364	,374	1,000

The correlation among factors is always positive. The factor 1 is meaningfully correlated to the factor 3 and to the factor 4; the factor 2 is meaningfully correlated to the factor 3. The third factor has a high correlation with factor 1 and factor 2, and finally the factor 4 has a strong correlation with factor 1.

The calculation of the averages for the second scale, the VFI, here following there are the table of the outcomes:

Table 11. *Average*

Items	Average
1. Voluntary might help me to find a job that I could like	1,75
2. My friends are volunteers	2
3. I care about people less lucky than me.	3,87
4. People around me like that I am a volunteer	1,61
5. Voluntary activity makes me feeling important	2,64
6. People I know share with me a social interest in being helpful for the community	2,74
7. I don't care about how much I was painful, voluntary activity helps me to forget about it	2,47
8. I really care about people with whom I do my voluntary activity	3,47
9. Thanks to the voluntary I feel no more alone	2,47
10. I might have new contacts that may help me with my business	1,41
11. The voluntary activity helps me to feel less guilty for being more lucky than other people	1,85
12. I can know something more about the reason why I work	1,99
13. Voluntary makes growing my self-esteem	2,96
14. Voluntary allows me to have a new perspective on things	4,17
15. Voluntary allows me to know different opportunity of work	1,66
16. I feel compassion towards people in conditions of needs	2,67
17. Other people around me give high value to the social service	2,17
18. Voluntary allows me to learn directly things, through practice	3,64
19. I think that it is important to help other people	4,46
20. Voluntary helps me to overcome my personal troubles	2,31
21. Voluntary helps me with my career	1,58
22. I can do something for an important sake	3,89
23. Voluntary is an important activity for people I know better	2,01
24. Voluntary is a good way-out for personal troubles	1,71
25. I can learn how to behavior with different people	3,66
26. Voluntary makes me useful for the others	2,86
27. Voluntary makes me feeling better with myself	3,55
28. The experience of voluntary improves my CV	1,7
29. Voluntary is a way of creating new friendships	2,82
30. I can test my potential	3,51

The items were divided according to the motivational function based on the theory by Omoto and Snyder.

Table 12. *Utilitaristic function*

	<b>Average</b>
1. Voluntary might help me to find a job that I could like	1,75
10. I might have new contacts that may help me with my business	1,41
15. Voluntary allows me to know different opportunity of work	1,66
21. Voluntary helps me with my career	1,58
28. The experience of voluntary improves my CV	1,71

Table 13. *Enhancing function (self-enhancement)*

	<b>Average</b>
5. Voluntary activity makes me feeling important	2,64
13. Voluntary makes growing my self-esteem	2,96
22. I can do something for an important sake	3,89
26. Voluntary makes me useful for the others	2,86
27. Voluntary makes me feeling better with myself	3,55

Table 14. *Protective function*

	<b>Average</b>
3. I care about people less lucky than me.	3,87
7. I don't care about how much I was painful, voluntary activity helps me to forget about it	2,47
11. The voluntary activity helps me to feel less guilty for being more lucky than other people	1,85
20. Voluntary helps me to overcome my personal troubles	2,31
24. Voluntary is a good way-out for personal troubles	1,71

Table 15. *Social function*

	<b>Average</b>
2. My friends are volunteers	2
4. People around me like that I am a volunteer	1,61
9. Thanks to the voluntary I feel no more alone	2,47
23. Voluntary is an important activity for people I know better	2,01
29. Voluntary is a way of creating new friendships	2,82

Table 16. *Knowledge function*

	<b>Average</b>
12. I can know something more about the reason why I work	1,99
14. Voluntary allows me to have a new perspective on things	4,17
18. Voluntary allows me to learn directly things, through practice	3,64
25. I can learn how to behavior with different people	3,66
30. I can test my potential	3,51

Table 17. *Values function*

	<b>Average</b>
6. People I know share with me a social interest in being helpful for the community	2,74
8. I really care about people with whom I do my voluntary activity	3,47
16. I feel compassion towards people in conditions of needs	2,67
17. Other people around me give high value to the social service	2,17
19. I think that it is important to help other people	4,46

The analysis of the initial VFI has brought the following results: the average value for each item turns out to be higher for item 19 (values function) with a score of 4.46 and for item 14 (function of knowledge) which has a score of 4.17; the average value is lowest for item 10 (career-oriented utilitarian function) which has a value of 1.41.

Starting from the values of the average of each item, it was then calculated the average value for each motivational function, through the average of the averages of each item belonging to each function.

Here following there's the table of the outcomes:

Table 18. *Averages*

<b>Motivational function</b>	<b>Average</b>
Utilitarianistic Function	A = 1,62
Enhancing Function	A = 3,2
Protective Function	A = 2,44
Social Function	A = 2,18
Knowledge Function	A = 3,39
Values Function	A = 3,1

The function of knowledge shows the highest average (3.39), followed by the functions of values (3.1) and growth (3.2); in a lower step there are the protective (2.44) and social (2.18) functions, while the function that shows a lower average is the utilitarian career-oriented function (1,62). Factor analysis of the scale (test KMO = . 868) confirmed the presence of 6 factors in variably saturated by item theoretically belonging to the six functions of the VPM. There appears to be internal correlations both positive and negative, but they are not always significant.

For political orientation, however, 57.4% (N = 194) declares that it has no political orientation, 26.9% (N = 91) to be oriented to the Left, 5.6% (N = 19) to the Right and the remaining 10.1% (N = 34) at the Center<sup>2</sup>.

As for voluntary work in clown-therapy, 100% of the subjects (N = 338) declares that he intends to continue its voluntary activities. 74.9% (N = 253) of the subjects say they practice only the clown-therapy voluntary, while 25.1% (N = 85)

also performs other voluntary activities. The church context (4.7 %, N = 16) is the area in which 21.5 % of the subjects work together with the clown-therapy volunteers.

For the duration of the voluntary, 15.1% (N = 51) practice voluntary for less than one year, 45.6% (N = 154) has practiced the activity in a period ranging from one to five years, 22.8% (N = 77) has carried out it in a period ranging from five to ten years, and finally 16.6% (N = 56) has practiced voluntary for over ten years.

A first analysis of the averages of the results shows that the average of self-efficacy scale for the items related to the collective expertise is 3.82, while the average of the answers related to the items belonging to the management and expression of emotions is 3.77; the average of the answers related to personal competences is 3.67 and finally the average of those relating to empathy is 3.36.

After checking the scale (test KMO = .868), it was conducted the assessment of the sampling adequacy, which is more than .80 for all the items (except for the items 3, 8, 19, 20, and 22, for which it is a little bit less than that value). The technique adopted is that of the factorialization of the main Axis, and it was conducted a factorial analysis which led to the extraction of 6 clusters of factors. Among these 6 factors, 3 were made of 6 items and 3 were made of 4 items.

Factor analysis of the scale (test KMO = .868) confirmed the presence of 6 factors in variably saturated by item theoretically belonging to the six functions of the VPM. There appears to be internal correlations both positive and negative, but they are not always significant.

They belonged to Factor 1 the items 1, 10, 12, 15, 21 and 28; they belonged to Factor 2 the items 2, 4, 6, 17, 23, and 29; they belonged to the Factor 3 the items 7, 9, 20 and 24; to the Factor 4 they belonged the items 14, 18, 25 and 30; and to the Factor 5 they belonged the items 5, 11, 13, 16, 26 and 27. Finally, to the Factor 6 they belonged the items 3, 8, 19 and 22.

Here following there's the matrix for the identification of the factors:

Table 19. *VFI*

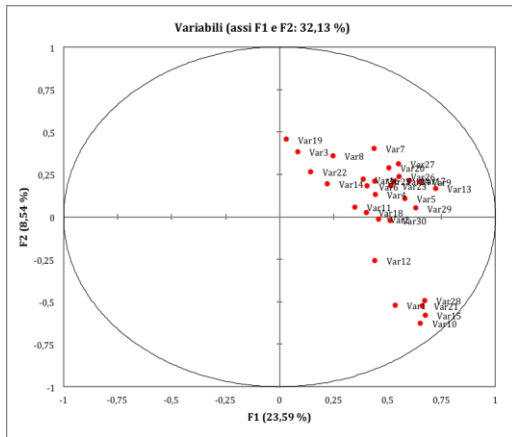
	<i>Matrix of the models</i>					
	<b>Factors</b>					
	1	2	3	4	5	6
VFI 1	<b>,837</b>	,065	,055	-,102	-,181	,116
VFI 2	,064	<b>,675</b>	,067	-,039	-,145	-,125
VFI 3	,072	,061	,012	-,161	,095	<b>,739</b>
VFI 4	,015	<b>,663</b>	,057	-,237	,065	,060
VFI 5	,118	,081	,223	-,082	<b>,405</b>	,019
VFI 6	-,082	<b>,676</b>	-,046	,191	-,141	,038
VFI 7	,006	,000	<b>,783</b>	-,080	-,155	,283
VFI 8	,004	,138	,058	,133	,020	<b>,496</b>
VFI 9	,033	,200	<b>,581</b>	-,066	,098	-,063
VFI 10	<b>,908</b>	-,077	-,040	-,101	,132	-,006
VFI 11	,032	-,026	-,088	-,204	<b>,701</b>	-,010
VFI 12	<b>,462</b>	,032	-,097	,193	,019	,074
VFI 13	-,039	,123	,110	,218	<b>,575</b>	-,167
VFI 14	-,038	-,117	-,055	<b>,697</b>	-,073	,165
VFI 15	<b>,867</b>	-,036	-,025	,038	,033	,003
VFI 16	,020	,060	-,108	,008	<b>,528</b>	,244
VFI 17	-,020	<b>,692</b>	-,073	,066	,163	,097
VFI 18	,136	,083	-,036	<b>,675</b>	-,202	,058
VFI 19	-,065	-,031	,097	,120	-,061	<b>,647</b>
VFI 20	-,020	-,146	<b>,786</b>	,107	-,056	-,001
VFI 21	<b>,753</b>	-,047	,051	,089	,024	-,094
VFI 22	,008	-,169	-,086	,256	,218	<b>,409</b>
VFI 23	-,077	<b>,734</b>	-,163	,004	,207	,025
VFI 24	-,050	,001	<b>,679</b>	-,069	,116	-,160
VFI 25	-,095	,067	,056	<b>,624</b>	,043	-,023
VFI 26	,036	,016	,229	-,083	<b>,507</b>	,125
VFI 27	-,076	-,175	,352	,264	<b>,396</b>	,031
VFI 28	<b>,726</b>	-,013	-,025	,100	,099	-,065



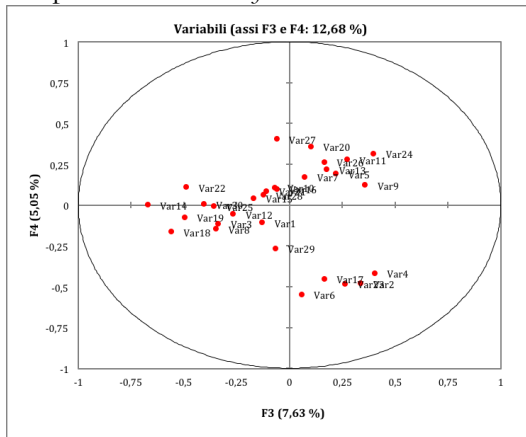
VFI 29	,133	<b>,400</b>	,160	,341	-,133	-,042
VFI 30	,138	,010	,014	<b>,640</b>	-,014	-,092

And the here following the three graphics that allow to identify the items that saturify the Factors:

Graphic 2. *Saturation for the First Factor*



Graphic 3. *Saturation for the Second Factor*





negatively correlated with all the other Factors, except for the Factor 4. The strongest correlations are those between Factor 5, Factor 2 and Factor 3.

## Conclusions

The analysis of the socio-demographical data of the participants showed heterogeneity of the sample for age, ranging from 18 to 65. This suggests that, as Marta and Scabini suppose (2003), voluntary work favors the union between the different generations, allowing subjects of different ages to date and share their experiences.

It showed a prevalence of women and a mean age of 35 years: women have a lower average age than men. Nearly 70% of subjects stated to be single/unmarried and more than 70% to have no child: these details combine well with the idea that to carry out a voluntary activity requires to have free time.

The level of education of the subjects is medium/high.

There was no emerging particular work for participants, mostly students. Maybe the economic status of the subjects is not very high. No evidence was particularly significant regarding religious and political orientations. Most of those volunteers exclusively in the clown-therapy do not show clearly a second area of interest connected to that of clown-therapy.

Almost half of the subjects has been working for a period of time from one to five years and all say they want to continue volunteering in clown-therapy.

Even if participants have expressed their intention, it is not allowed to assess which factors may influence the decision to continue over time their voluntary activity. In general, if we were to draw the identikit of the volunteer in clown-therapy, it would say that he is a subject, mostly belonging to the female gender, which has an average age of 35 years and a high average level of education and economic status.

When comparing these socio-demographic data to those collected from research on volunteering in other areas (Borca, Bonino, Cattelino, 2011), they emerge both differences and equalities. In the just mentioned research on volunteering, in fact, it emerges a female predominance, and the same result is present in the research of Romano and Todaro (2010). This finding is in contrast with other data related to the U.S., where there seems to be a substantial balanced participation between men and women in voluntary activity.

In other research on volunteering there's an average age between 45 and 55 years, then higher than that indicated for the volunteers in clown-therapy. In other research on the issues, after the age of 25 there is a linear decrease of volunteers involved while their age increases (approximately 40% of subjects aged between 26 and 35 years, while only 6.2% are older than 55). In other areas of volunteering

there appears to be a declining of volunteers for the age from adolescence until the third age, even if there's a peak of subjects aged between 40 and 55 years. Other authors, however, have noted the increasing voluntary activity among the elderly (Marta, Pozzi, 2007).

We can say, however, that subjects of an average age of 50 years are more involved in the hospital volunteering. In the research of Borca and Gertosio (2005), it is showed an high economic status, unlike the present study. A common element can be traced in the research of Romano and Todaro (2010) in which it appears that the political and religious beliefs are not significant variables. In all the studies consulted, all or almost all of the subjects expressed their willingness to continue in time voluntary work, exactly like in this research.

For the assessment of self-efficacy, they were confirmed hypothesis that subjects who practice volunteering have a high level of self-efficacy. Specifically, research has shown that, among the investigated aspects, the collective expertise causes a greater sense of self-efficacy. The ability to coordinate with the other volunteers and to organize the shifts, in fact, are two skills with an higher average score.

After them, emotional competences, relating to the management of negative emotions and the expression of positive ones, are those in which the subject feels they have a greater ability: to not demoralize facing difficulties, to manage stress and tension, to share their emotions with others, are emotional competences well developed in people. Personal skills relating to the voluntary activity, despite having achieved an average high score, have a value lower than the first two areas analyzed.

However, subjects show a high conviction to be able to learn the techniques necessary to carry out their services. Volunteers in clown-therapy are always in search of self-improvement through learning new techniques, which can be related both to the provision of psychological and medical aid, and to the clowning.

The ability to learn how to use new tools to carry out their activities indicates the presence of a high value on training. This consideration, starting from the theoretical assumption that in volunteering in general and particularly in clown-therapy continuing education is essential and indispensable, leads to the hypothesis that the associations of belonging give the right value to promoting continuous training in in-depth courses and in group meetings.

One of the skills that have obtained a higher score is the ability to share moods and experiences. Again, you can pick the good work of the associations that constantly encourage group work, starting from the awareness that the group dimension is essential to foster individual growth.

For the scale for the assessment of self-efficacy, the empathy seems to be less developed. The results for the high level of collective expertise and management of emotion agree with those obtained by other research carried out on volunteer-

ing in general (Borca, Bonino, Cattenino, 2011; Meneghini, Carbognin, 2008): it appears, as in the present research, a higher value of the collective expertise instead of personal expertise.

The research of Borca, Bonino and Cattenino (2011), which adopts the same tool for the assessment of self-efficacy in different areas of volunteering, however, shows a high level of empathy, greater than that found in research on clown-therapy. The figure of the clown in lane, then, has a high sense of self-efficacy and collective expertise considered proficient in managing his emotions while he feels he has a capacity for empathy smaller than volunteers who serve in different fields. This result seems to confirm the theoretical hypothesis according to which only a person who is able to immerse himself emotionally in a situation but also to control his moods, without getting lost in his total identification with the person in need, will then be able to effectively carry out his tasks (Bonino, Caprara, 2006). Personal self-efficacy beliefs, finally, are less strong than those of collective efficacy but they are highly developed.

The factor analysis, capturing the correlations between different policy areas, has produced the extraction of factors that have shown a strong correlation between self-efficacy, collective and personal: all the items belonging to this field, in fact, saturate the same factor (factor 3) and it has been redefined a factor of skills and is the most salient. Areas relating to the management of emotions and empathy have given rise to the other three factors, redefined as management of difficulties, sharing and empathy, protection, and they showed a separation between the management and the expression of negative and positive emotions.

Redefining these factors, then, beliefs related to personal and collective skills are strongly related to each other, as well as the capacity for empathy and expression of emotions. The management of negative emotions, however, seems to be less related to the others and gave birth to two separate factors that express two different aspects of the same dimension: on one hand, the ability to handle himself in difficulties, on the other hand the ability to protect himself from the difficulties and pain that arise from being in contact with people in need. Compared to the correlation between factors, all are positively correlated.

Higher correlations have emerged between the factor of management of difficulties and the development of skills: the management of the difficulties, understood as stress management, is an essential condition for the success of the task being performed. It is not surprising, therefore, that there is a high correlation between the two factors. Remaining calm, serene, focused on the task and present in the here and now are elements without which a person would find it difficult to carry out a task, individually and collectively. Even sharing and empathy is significantly correlated with skills.

This element shows the focus of the group's role in the growth of individual skills: sharing allows volunteers to know not only each other but also themselves,

and because of this, they become more proficient in the performance of their duties and in the ability to coordinate with others from increased mutual understanding.

Finally, a significant correlation emerges between the management of difficulties and self-protection. This is not surprising considering that the two factors are both an expression of the management of negative emotions, seen from two different perspectives. The analysis of the scale for the assessment of self-efficacy revealed that the volunteer-clown has the expertise of the group, confirming the theoretical hypotheses concerning the value of the group for the volunteer in general and particularly for clown-therapy (De Palma, 2001; Pati, 2011).

For the motivations investigated through the VFI, the motivational function of knowledge acts more strongly on clown-in-lane while the utilitarian career-oriented function directs less their activities.

Over the function of knowledge, the function of growth is one that has obtained an equally high score, although lower than the first. These data contrast to those obtained in other studies (Romano, Todaro, 2010; Carbognin, Meneghini, 2008) which state that the values function is the most influential. The function of knowledge is the one that most orients the actions and that suggests that the volunteers in clown-therapy have a strong interest to learn new techniques for learning new skills. The volunteers clown in lane tend to self-improvement and interest in learning new things.

The motivation of knowledge directs mostly the actions: to expand their knowledge in the performance of voluntary and, at the same time, to expand the self-esteem are two most important aspects of volunteering in clown-therapy. As mentioned, the values is the one most important in other research. In this research, this function is lower than that of knowledge and growth.

The utilitarian function relatively less directs voluntary activities, while the social and protective functions seem to orient a little the action of the volunteer in clown-therapy. The social function has scored relatively low compared to other functions considering the role of identity theory, which was discussed in the first paragraph. According to this theory, in fact, the main motivation that drives a person to start volunteering is just social origin. To think that volunteering is an activity socially well evaluated and have relationships with significant others who give value to volunteering, are two of the elements that should motivate the person to be a volunteer, while the present research shows that those who push the most subjects are personal motivations related to self-improvement and development of new knowledge.

In the field of the social function of clown-therapy it is not as important as in other areas of volunteering. The same role-identity theory, then, considers that the creation of the volunteer identity is due to the benefits derived by the person in carrying out his activities. In the course of time, in fact, new skills and perspectives

will be integrated with those previously held by the subject and this is what allows the individual to “be” voluntary and not to “make voluntary”, enhancing the positive idea of self of the subject.

This element of the role-identity theory is also confirmed by the purpose of clown –therapy: the subjects show a high level of motivation related to the upgrading of their skills, self-esteem, of their own knowledge.

The starting theoretical hypothesis compared to the unfolding of the motivational functions in voluntary was that they would act differently based on age. Analysis related to age prove two significant elements: on one hand, the utilitarian function turns out to be the one that directs the action of most younger subjects and its influence decreases as the increase of age, on the other hand, the function of values appears to be directly proportional to age. The strong influence of the utilitarian function in younger volunteers confirms the hypothesis and agrees with the other results: young subjects entering the world of work can consider the voluntary activity as a source of experience and as a source of new knowledge, new experiences and personal growth.

Regarding the values function, instead, its influence increases with increasing age and this confirms the theory of the role-identity. A person starts his volunteer activities on the basis of motivation and job growth, and then over the years, coming in contact with many situations of need, it increases the strength of moral motivation, reinforcing the idea of himself as a volunteer and transforming the ordinary citizen in an active citizen. Generally, the subjects are more motivated in a young age by self-oriented motivations, that should be integrated with other-oriented motivations. The factor analysis has given rise to some significant correlations between the motivational functions. Specifically, the social function seems to be particularly linked to that of values: this fully confirms the idea of a social origin of the motivations that act at the base of the intention for voluntary activity (Role Identity Model).

The decision to undertake voluntary activity, in fact, is constantly reinforced by positive social judgment attributed to volunteering. Another significant positive correlation emerged between the social and the protective function: to work as a volunteer means to satisfy his need for social belonging and to expand his social network. Starting from the theory of reciprocal altruism (Buunk, Schaufeli, 1999), the individual volunteer is expected to receive help from others to a greater extent than those who do not practice voluntary activities, because of the positive value that the community attaches to volunteering. There’s another positive correlation between the protective function and that of growth: the feelings of compassion and guilt, proving to be luckier than others, move the voluntary action to reduce the unease felt by virtue of that guilt in the perspective of a pseudo-altruism (Batson, 1991) and of a rise in their level of self-esteem.

The utilitarian function, however, appears to have no significant correlations with the other functions, while the values function is the only one which has negative correlations with all other functions. The latter figure shows a split between two groups of subjects: on one hand those who act on the basis of strong moral values, on the other those who engage in voluntary work on the basis of self-oriented motivations.

What are the specific effects of volunteering in clown-therapy? Volunteering in clown-therapy would have as main effects as empowerment, education and growth, protection from illness and increased satisfaction for their lives, increase of sense of community. We have seen, in fact, the individual growth is found to be a variable key in the course of volunteering in our field of investigation, and this is inevitably linked to the concept of empowerment, which includes a sense of self-improvement through the unfolding of his potential. At the same time, protection from illness derives from voluntary even in the case of clown-therapy and binds to the increase of the sense of satisfaction with volunteers' life, which is evident in the high correlation between the protection factor and the self-esteem factor.

Compared to the sense of community, it goes to meet an increase in volunteer subjects who participated in the research for the fact that with increasing age increases the moral sense related to their business and increases awareness and knowledge of the characteristics of the community, and interest and involvement towards it. Finally, a reflection can be made in relation to the personality characteristics of the volunteer. The identity of the volunteer is based on several factors considered to be both the basis and consequence of carrying out voluntary activity. The volunteer personality, although it can, of course, be defined in terms of consistency and rigidity, seems to be featured by a number of factors such as the strength of the ego, an extrovert, proactive and collaborative behavior, internalization of moral values in the course of time, high self-efficacy, high self-esteem, high empathy, optimism and confidence in others. Comparing these aspects of the personality of a volunteer prototype to what has emerged from research on clown-therapy, we can draw some conclusions: the research, in fact, shows that the clown in lane is a subject with a sense of perceived self-efficacy, in terms of both individual and social, and whose self-esteem increases performing voluntary activity.

We have seen, in fact, that there is a strong connection between what the subject learns doing voluntary service and the level of self-esteem. What was said on the collaborative and proactive behavior should be considered valid also for the clown in lane. An analysis of self-efficacy, in fact, explains that the subjects have a very high sense of collective self-efficacy, a dimension that refers to their ability to work together, organizing, sharing. This aspect confirms, therefore, that in clown-volunteers there is a high level of confidence in the other, feeling without that it would be difficult the establishment of a healthy partnership.



As for the internalization of moral values, finally it emerged that over time the function values increases and this increase confirms that, being volunteer, the person develops a greater awareness gradually compared to social issues, to community and to its members in need.

Thus it is clear as the sense of community is strengthened gradually turning more and more clown-volunteers in active citizens.

## Notes

<sup>1</sup> The article has been written by the three authors. Specifically, Maria Rosaria Strollo wrote the first two paragraphs, Gabriella Rea gave her contribution in the third paragraph, and Alessandra Romano wrote the last paragraph with the references. Alessandra Romano and Gabriella Rea administered the surveys and made the statistical factor analysis.

<sup>2</sup> The Italian political system is divided into three factions: the Left, more democratic, the Right, more liberistic, and the Centre, which mediates between these. The Noun of the factions depends on their accommodation in Parliament.

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