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Chapter 11

CLOWNS IN HOSPITALS

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Abstract

In recent decades, humor has become to be considered as an important component of mental and physical health other than a mere socially desirable individual's trait. 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. As clown doctors, two of the authors of this chapter know that this activity is much more than that. To become a successful clown doctor is required a thorough and accurate training, because his mission is challenging. The real goal of this professional is to work with the patient's emotion, to reduce anxiety related to hospitalization, treatment and the disease itself. To regularize all the Clown Care Units spread across the globe, many Federations of clowns have been set up in many countries. Their goal is to determine the role and status of clown doctors, along with providing adequate training.

INTRODUCTION

Dr. Thomas Sydenham, an eminent physician who lived in the 17th century, used to say that the arrival of a brilliant clown exercises a more beneficial impact on the health of a town than the arrival of twenty asses laden with drugs [1]. This statement clearly shows how clown therapy is not an invention of our time. 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 [1]. 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 [2]. 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 and many clowns leaved the world of the circus and entered hospitals and health care settings to work as clown therapists.

For example, the first Clown Care Unit in Europe was set up in France by Caroline Simonds. Caroline was one of the first clown doctors who worked with Big Apple Circus Clown Care Unit in New York City. In 1991 she decided to move to France and to set up the association *Le Rire Medecine*.

Two years later, in 1993, Jan and André Poulie founded the Theodora Foundation in Switzerland, in memory of their mother, Théodora. Nowadays, over 160 Theodora Giggle Doctors work in 8 countries.

Ridd and Christensen represent two main approaches to the way clowns work in hospital: the solo therapeutic clown (Robo) and clown doctors who work in pairs (Mr. Stubbs and Great Grandma). Although there are also other models of practice for clown working in hospitals, in this chapter we refer to the activity of a specially trained professional artist, not a medical doctor, who works in hospital or health care facility as an integral component of the health care delivery system.

HUMOR AND CLOWNING

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.

Sigmund Freud was so interested in humor and wit to devote an entire book to this fascinating construct. In *Jokes and Their Relation to the Unconscious* [3], Freud analyzed the relationship between laughter, humor and their role in discharging repressed instinctual energy, due to sexual and aggressive impulses. Freud thought that the release of libidinal energy (both aggressive and sexual) is the source of *tendentious jokes*, while the cognitive "joke-works" are called *non-tendentious* jokes. As an effect of the unconscious, a joke has a recurring nature and leads to the end of psychical energy release. Here, we have Freud's description of laughter: "We should say that laughter arises if a quota of psychical energy, which has earlier been used for the catharsis of particular psychical paths has become unstable, so that it can find free discharge" [3: 147].

From his view point, humor is necessary to deal with life adversity and everyday life, as people generally tend to be unhappy. Children, in fact, tend to laugh easily, but grown-ups have more difficulties in spotting the funny side of things. A research states that children usually laugh 400 times a day, whereas adults only 15 [4]. Where do the other 385 laughter go? Growing up we tend to lose our spontaneity, which remains a characteristic trait of children.

In Freud's opinion humor is a tool that allows individuals to find happiness even in adverse events and circumstances. He calls it a defense mechanism. Today we might state that humor is a coping strategy. Although Freud did not analyze the relationship between humor and good health, he believed that it is not possible to be happy without having a sense of humor and without using it.

During the last half of the 20th century, a tremendous change happened in health's research: clinicians, medical doctors, and psychologists began to study the effects of laughter both on the body and mind, from a scientific perspective. It was in this scenario that clowning had the possibility of being introduced into the hospital and became the currently well-known practice.

CLOWN THERAPY AND HEALTH

Although physicians and philosophers have been making claims about health benefits of humor and laughter for centuries, this idea has become increasingly popular only in recent decades. In 1979, Norman Cousins published an account of his recovery from ankylosing spondylitis following a self-prescribed treatment regimen based on daily laughter and vitamin C [5]. The subsequent popularization of alternative approaches to medicine gained humor, laughter and their therapeutic benefits widespread acceptance [6]. In addition, the medical world began to get more serious consideration of the healing power of humor and the positive

emotions associated with it [7]. All these aspects favored the formal establishment of the clown therapy and sanctioned its official entry in hospitals, where the clowns had worked occasionally, from ancient times.

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. As we have seen, a person laughs about 15 times a day [4]. In hospitals, however, this figure can drop to zero.

Hospitalization is considered an adverse event in life, usually causing distress that may become traumatic, especially for children [8]. Even a minor pediatric hospitalization can have negative consequences on the emotional, behavioral, cognitive, and educational development of a child [9]. Feelings of tension, uneasiness, and anxiety are some of the many symptoms that children may experience during the hospitalization period [10,11].

Parental anxiety is also most common during hospitalization due to the perception of the child's pain and their personal worries and fears [12]. 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 [10]. 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. Clowns and their humor have entertained human beings for centuries. However, there is little scientific literature that demonstrates a significant research evidence base on the effectiveness of clown humor as a therapy within children's hospitals/units.

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 [9]. 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 [13].

A qualitative study of children's perceptions of hospital clown humor, using the draw and write/draw and tell techniques, showed that children appreciate the beneficial effects of a clown visit to them during their hospital stay [14]. In fact, before the clown visit, the majority of children's written comments made to annotate their drawings were negative (i.e., scared, sad, worried, nervous, etc.). Subsequent to the clown doctor visit there was a significant increase in the positive written comments with no negative verbal comments recorded.

Another qualitative study reported that children liked playing with clowns, during their hospital stay. The majority of parents agreed that the presence of clown doctors has a positive impact on sick children and their families. The majority of the pediatricians who participated in the study also agreed that the presence of clown doctors has a positive impact on sick children and their families during a hospital stay [15].

A survey to address the impact of therapeutic clowning from the perspectives of pediatric health care professionals and parents of hospitalized children reported similar findings [16]. In terms of how staff viewed the work of the therapeutic clown, 88% believed it was to engage children in play; a large number of employees (76%) believed that clowns were a part of the health care team, and 93% of staff believed that the clown program was beneficial to

the hospital. For parents, 88% viewed the role of the clown as making children happy. The majority of parents (80%) enjoyed the clown visits, and believed their children did too; 94% of parents acknowledged that their child was happier following a clown visit than was before.

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 [14]. 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 [6].

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 [17,18] 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.

An Italian randomized controlled study investigated the effects of the presence of clowns on a child's preoperative anxiety during the induction of anesthesia and on the parent who accompanied the child [19]. The clown group was significantly less anxious than the control group, during anesthesia induction. Similar findings were cited in other studies. A recent quasi-experimental study examined the effects of medical clowns on psychological distress of allegedly sexually abused minors during pediatric anogenital examinations [20]. Results indicated that children accompanied by a medical clown during examination expressed less fear, reported reduced pain levels and had reduced quantities of invasive thoughts.

Another controlled study investigated whether clown intervention could reduce preoperative fear of children undergoing minor surgery, taking into consideration also parental anxiety [21]. Compared to the control group of children accompanied only by parents, the group of children accompanied by parents and a couple of clowns showed a decrease in preoperative worries and emotional responses both in children and parents.

Other studies, that investigated the same issue with rigorous scientific methods, reported less encouraging results than those mentioned above. In a randomized controlled study, the experimental group of pediatric patients showed an increase in self-reported and parent-reported psychological well-being immediately after a clown visit, compared to the control group, but these effects were not maintained four hours later [22]. Another recent study investigated the effect of the presence of a hospital clown on children treated with botulin toxin in an outpatient setting (botulin toxin injection is a painful procedure and a stressful experience for the child). Results indicated that not all children, the majority of whom had spastic cerebral palsy, showed beneficial effects from the presence of a clown [23]. The effect of the clown was significantly related to patient gender. Girls were found to have a significantly shorter period of crying when the clown was there. For children younger than 8 years, the impact on boys was negative.

Overall, the existing studies concerning clown performances found decreased levels of distress in the child and parents and increased cooperation of children who undergo medical

procedures [9,19]. These studies show that those children who benefited from clown performances felt less concerned about hospitalization, medical procedures, illness and their negative consequences; they also reported a more positive emotional states (felt happier and calmer) than those who did not benefit from clown therapy. These results seem to support the hypothesis that humor and specifically the clown doctor's presence may reduce the suffering of hospitalized children. Nevertheless, the results are not unique and consistent across the studies, especially the most recent. In addition, not all the studies are methodologically exempt from criticism. Therefore, the promising findings of several studies concerning the positive effect of the clown therapy in the hospital wards need to be verified with scientifically rigorous research designs and measures.

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 [24,25,26]. 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 [27].

THE CLOWN DOCTOR'S PROFILE

Clown doctors are highly skilled professional performers who have undergone an audition process and initial training to work in the sensitive hospital setting. Once they are allowed into health care settings, clown doctors collaborate with the medical and paramedical staff, to allay the anxiety and fear that the hospitalized children and their family feel.

The difference between clown and clown doctors is significant and noteworthy. The term 'clown doctor' specifically may refer to:

- Volunteers who have carried out a specific training to improve their psychological skills and capacity of clowning within various professional contexts they may work (e.g. hospitals, communities, etc.);
- Non-professional artists who have been trained as a professional clown doctors;
- Professional artists (not volunteers) with a show-business or theatrical experience who have been specifically trained in order to adjust their artistic skills to medical and clinical settings [1].

Therefore, a clown doctor is someone who (regardless of his/her qualification) operates in the context of distress using the technique of clowning and integrating it with knowledge of psychosocial health so as to act on emotions and change them. Clown doctors should be seen as providers of support and practical support during treatment programs for hospitalized children and adults.

Play, spontaneity, lightheartedness, humor and creativity are the key ingredients in the healing process. Clown doctors serve both as catalysts for change and gauges of health along the way. Clown therapy is based on performance that fosters humor, creates a light-hearted atmosphere, and relaxes the person at both physical and mental level [28].

The purpose of clown therapy is to be ironic about medical practices, in order to alleviate certain states of anxiety that can be exceedingly distressful for children and adults who are suffering. It also aims to support children's caregivers. This practice focuses specifically on the "healthy part" of the patient in order to influence the "affected part" and speed up the recovery process [1].

Clown doctors are not physicians. In fact, they are a peculiar kind of artist and each of them develops a distinctive clown doctor *persona*. Everyone has a distinct and unique character, logo and name. For example, Dr. Giraffe wears ears, horns and a detachable tail, Dr. Chic wears a traditional dress shirt, Scottish kilt and a French beret [29]. In addition to their own clothing, each clown doctor has a personal and decorated white medical coat. This makes the white coats of the medical staff less scary and, at the same time, identifies clown doctors as part of the medical staff. Moreover, the clown doctor's medical model has the goal of parodying the medical routine in order to help children adjust to their new environment and the intimidating medical jargon and procedures.

Clown doctors often carry a variety of props in their pockets or their "doctor bags" (e.g., slide whistles made from syringes, telephones made from stethoscopes, traditional musical instruments of all kinds, etc.) [28]. Essentially, any object, medical device or toy that is found in a patient room can be transformed and used as a theatrical tool. Finally, and most importantly, all the clown doctors wear a red nose that is also called "the smallest mask in the world" [13]. This is the glue that holds all the clown doctors' characters together. The red nose or make-up mask of the clown, like a dramatic character or role, is both caring and liberating, enabling the expression of what lies buried beneath our real life roles. "Having something to hide behind is a vehicle, rather than an obstacle, to self-exposure. Illusion in theater does not lead to elusion of truth but to confrontation with truth" [30: 7].

The clown doctors usually work in pairs. One performer plays the role of the "white clown" who represents the rational voice of reason and the orderly decision maker. His partner plays the role of "August", a fun loving, emotional character who is also the problem maker [31]. Each person has his own style, set of practices, comic gags, gestures, vocabulary, and voice. Some make no use of a spoken language, whereas others use a certain kind of voice or a funny nonsense way to communicate.

Therapeutic clowns in paediatric settings use soft games and fun to provide sick children with another method for emotional expression, control and social interaction during their hospitalization. The design of therapeutic clowning is to reduce stress for patients and their families during hospitalization and treatment [28]. For this reason, doctor characters evolved from the clown's natural affinity with authority figures: in the circus, the ringmaster; in the hospital, the doctor. In addition, clown doctors often work in pairs, to encourage creative interpretation, to release the child from pressure to participate, and to provide professional and emotional support [29].

As every clown has a particular characteristic, they use something unique both in the gestures and the voice. Yet every clown doctor shares specific skills, traits and sensitivity. Thus, they need specific performing skills. The abilities to improvise and clowning are the most important. Many performers have a specialized expertise such as music, comedy, mime,

magic, or puppetry. They need to be able to work as a duo and a team. In addition, essential qualities include monitoring and listening skills, along with the potential to be gentle, sensitive and caring. Clown doctors play with their hearts fully opened. It is necessary to remember that children in hospital have little control, and clown doctors give them choices, always asking for permission to enter the room or bedside space.

Clown doctors must be seen as competent professional figures, able to assist hospitalized people, working along with the medical staff to promote people's well-being. They usually perform their work wearing a colored coat, in order to perform the irony game on the real doctors, the "serious" ones. That gives the patients a less scary idea of the medical staff [31].

Moreover, it must be said that clown doctors' intervention is not mandatory or imposed. Children and adults may always evaluate and have the right to decide whether they want their company or not. This aspect is extremely valuable for children, because they acquire the power to make their own decisions in an environment where the others take all the calls for them.

If clown doctors note that a family or a member of a family does not want to be disturbed by clowns, they take a step behind, end their intervention and run away. Before leaving, they tend to attract the attention of the patient or family in a gentle, non-invasive way, making a timid greeting or smiling kindly.

Interventions of the clown doctors are based both on improvisation and on clowning techniques that they have learnt, during the course they attended. Crucial aspects of performing as clown doctors are spontaneity and sincerity, in order to carry out the original comic feature that they are thought to possess, so they are often guided by the inspiration of the moment. In taking inspiration from circumstances, they try to change the situation by transforming the emotional state into a more positive one (that is called "climax"). They must always observe the reactions, work on what is beneficial for the child, waiting for feed-back, responding accordingly, also paying attention to possible errors [2].

Children usually participate actively in the games of the clown doctors, as, for example, in the resolution of basic conflicts or in completing funny magic tricks.

Clowns usually employ music, improvised games using the standard clown's art. They engage patients and their family with improvised scenes in order to help them in coping with the disease and circumstances for which they are in hospital. The child feels that his assistance is necessary to the clown, and indeed it is necessary. This reinforces the sense of confidence and self-esteem in himself and others, reiterates its willingness to cooperate with others, and stimulates the growth process.

ABILITIES REQUIRED TO BE A CLOWN DOCTOR

Clown doctors must possess abilities, the most salient of which are a good sense of humor, be empathetic and be a bright clown. Clown doctors must be especially able to listen empathically to the emotional state of people in hospital as well as paying attention to the context in which the relationship occurs. A second key structure is represented by the clowning abilities (e.g., slapstick, jugglery, mime, and so on). As said earlier, they must possess a good sense of humor in order to generate laughter in others. In summary, the required criteria for a Clown Doctor are [31]:

- Artistic skills from the art of the clown.
- Psychological skills in order to interact with others.
- Self-care and responsibility.

During the preparation and training program for becoming a clown doctor, candidates are involved in studying and practicing in different areas. For what matter artistic disciplines, they will learn about clowning technique, pantomime, and theatrical improvisation, team working skill and the principles of common prestidigitation and juggling. In addition, candidates study subjects, such as gelotology, psychology, communication, anthropology and social science. They also learn basic notions on diseases, hospital rules, privacy rules, self-care routine (grooming, bathing, dressing, toileting, eating), and practice in different settings.

There is not a universal rule, but many federations of clown doctors determine some basic criteria. To attend the course people must possess a High School degree, have a balanced personality, excellent listening skills, abilities to work in pairs and artistic skills.

This criteria are compulsory because, in order to carry out their activities, clown doctors are expected to master specific artistic skills adapted from the clowning, such as humor, comedy, theatrical improvisation and creativity. Since they work with people of all ages, clown doctors must also possess good interpersonal skills and adequate knowledge of psychology and social science. They are also required to develop an adequate degree of autonomy and control in order to determine the most appropriate methodologies for the different areas of intervention.

It is mandatory to attend specific training to become a clown doctor. As said earlier, the training comprises two parts: a theoretical and a practice one. Both are proposed and implemented through a qualifying course of vocational training. The course clearly provides the theoretical foundations in the areas addressed below. However, the practical experience is gained by taking part to role play activities and by practicing within the clinical setting. The training can be considered as completed when the clown doctor has spent a sufficient time in the health care setting working with a tutor (an expert clown doctor). The tutor provides ongoing supervision, monitors the new clown doctor's psychological attitude and corrects possible mistakes.

Even after obtaining a clown doctor degree, it is strongly recommended that clown doctors attend refresher courses and request ongoing supervision.

Clown doctors must be able to organize their practice in accordance with the other professionals of the centre where they work [31]. If needed, they should be able to arrange their performances themselves by contacting the centre where they intend to work and according to their tools. During their performance, clown doctors are required to refer to theatre expression techniques as much as possible because they have to bear in mind that the goal is to change the emotional state of the patient and the environment they are in. Clown doctors can do so by bringing their performance to the "climax" and finishing it by making sure they leave a positive feeling behind. They must pay attention to the emotional impact and consequences of their action and to what the patient and their relational world need. They must always seek the addressed person for allowance and abide rejection.

Finally, it should be reminded that clown doctors are not a substitute for other clinical professionals (e.g. nurses, doctors and so on) but they support medical personnel in their work. Clown doctors have a function that differs from other professionals' in the hospitals

(e.g., art therapists, music therapists, and volunteers in general). Clown doctors maintain their specific role and can work in teams with the other health care professionals.

CLOWN FEDERATIONS

"Red Noses" are considered as providers of services to individuals. Hence, given the breadth and importance of their functions, in recent years an increasing need to clarify their role and responsibilities, their tools, training methods has been arisen.

In several countries have been set up different Federations whose purpose is to provide a point of reference to the many Clown Care Units. The Federations integrate health and social professionalism with competence. It stems from the necessity of clarifying the clown doctor's work and standardizing the vocational training required to become one. Furthermore, Federations provide adequate training and a code of ethics. They usually bring various organizations together, which have decided to set up a Clown Care Unit. They are point of reference for institutions and individuals who want to give a support service and help people in need by means of professional and competent clown doctors. This allows a person operating with a comprehensive approach and interacting in complex settings such as hospitals. Clown doctors work closely with the medical team and identify the patient's overall situation, so as to modify and adjust their performance.

Every Federation shares together some purposes. Firstly, every institution puts the beneficiaries in the foreground. The goal is to protect patients, providing them professional assistance and an appropriate support by using non-invasive and acceptable practice that is suitable to their individual physical and psychological conditions.

Secondly, they attempt to determine the role of the clown doctor distinctly and his actions from other recreational activities, animation, entertainment and social health. Since clown doctors provide services that are directly connected to the medical sphere, their adequate training is paramount. Clown doctors need right competences that can help them behave appropriately within the health care setting. The role of these institutions is to develop clown doctors as professional therapists of mental and physical health; in this way, medical staff can rely on safe and professional services that may help to facilitate the therapeutic relationship between them and their patients.

It is especially critical that clown doctors use the tools clown normally use. These tools must be integrated with psycho-social and medical knowledge, in order to facilitate communication, thus paying a keen attention to the relational dynamics. They can be also reformulated in a paradoxical way so as to act on emotions that can be accordingly transformed from negative to positive one.

In order to become a clown doctor, each Federation determines specific mandatory education that must be attended. Every course comprises both theoretical and practical training. Clown doctors can work with people of different ages, planning their performances on the basis of a training model and a structured methodology. They always need to negotiate their objectives with the other professionals who work in the health care setting.

A CLOWN DOCTOR'S EXPERIENCE

Here, below, we want to report a story that involved directly one of us (Roberto Flangini) [32]. It is about a child who was recovered for cancer. We believe it may help understanding what does it involve working as a clown doctor and what we can expect as a result of this practice.

The Skin of the Dinosaurs

Starting from May 2008, the Clown Care Unit that Roberto Flangini coordinates set up a regulation program about clown doctors' work, in order to study and come to guidelines. The study was conducted in an Oncohaematology hospital where one aspect of significant relevance and weight is efficient sterilizing of materials and people. The first step in which clown doctors were involved was to attend a specific training both theoretical and practical. Clown doctors initiated their education by observing the medical staff while medicating adult patients, and studying the characteristics of the setting. After that, they attended training to adjust their usual games and tools (e.g., plastic red noses, colored coats, plastic balloons used to make sculptures, and so on) to the environment. Clowns started to work in the department of Oncohaematology in April 2009, directly with children and always supervised by a trained psychologist and psychotherapist.

The story we want to say is about a six-year old boy that we call Nicholas (pseudonym) who was hospitalized in a large urban pediatric clinic, from September 2008 till October of the same year for a total of 44 days. Nicholas was hospitalized because of an acute myeloid leukemia and during his staying underwent a surgery in order to have a marrow-bone transplant. After this event, he was again hospitalized several times, but for most short periods. Nicholas' pathology was quite serious, but a valuable aspect was the close relationship between his family members: they were remarkably close to each other and able to face the traumatic event in a positive way. At the first visit with the psychologist, Nicholas appeared serious and taciturn. He did not say a word. His mother explained that her son wasn't used to give confidence to the strangers. After a while, Nicholas became angrier and started to oppose any medical treatment. The child's anger was expressed through acts of crying, screaming and blaming the mother. The psychologist decided to call the clown doctors to find a way to distract and calm the child.

Nicholas appreciated a lot the presence of the clowns, and he was able to spend more than two hours with them, forgetting his physical condition and the place where he was. After this first approach, the boy asked voluntarily to meet the clowns again, thus once a week the clowns met Nicholas, allowing him to relieve his emotional state due to his health condition.

Once discharged from the hospital, Nicholas had to return to the day hospital to check up, periodically. Each visit, the clowns were at his side. After seven months, Nicholas' conditions got worse, and the medical staff communicated that there wasn't anything left to do for him.

During his hospitalization, Nicholas had the opportunity to experience his illness in a lighter way. Clown doctors, obviously, did not cure Nicholas; rather they helped him facing adversity, changing his emotional and psychological mood and taking insight about his illness.

Nicholas wanted to have the company of the red noses during his last trip, as well as the educators.

During his recovery, Nicholas tried to make up a dinosaur (his parents were used to purchase a periodical magazine where every week there was a new piece). Unfortunately, in the last days of his life, Nicholas did not make it finish building the dinosaur, because one last piece was missing: and that was the skin.

Nicholas knew that he would have never been able to complete the toy, and he was worried, anxious and angry. Because of the situation, the clown doctors decided to make a game with Nicholas. They decided together to create a new skin by themselves using clay. The clowns, Nicholas's family and some other children were engaged, for a couple of days, in finding the clay, handling it, coloring it, and placing it on the toy. This was not only a game. It represented also a new state of psycho-oncology in the disease where the new skin (the clay one) embodied a new dimension, covering the truth to discover a new state of mind which leads to mental awareness of the self. One day, the last of Nicholas's life, he closed his eyes while embracing the completed dinosaur. At that moment, the toy became a comprehensive and meaningful representation for the family in their journey of processing the grief. For that family, the dinosaur became (and it is still today) a memory connected to an object that represented an atavistic world.

The role of the clowns here was not to cure or treat the child. The work of the red noses consisted of making the disease more acceptable and changing the emotional state of the family. Clown doctors are not actually medical doctors they are interpreters of emotions.

CONCLUSION

Clowns and hospitals are currently a normal match. However, clown doctors have a long history. Some reports say that the clowns have worked in the hospitals since the time of Hippocrates. An entire page of a French Journal in 1908 was dedicated to a drawing of a nurse who dressed as a clown while working in a pediatric hospital. In recent years, there has been a considerable interest in this activity. Everybody knows the story of Dr Patch Adams, who in the seventies put on a red clown nose and changed the way of taking care about people. It was only in 1986 that professional clown doctors began to work in hospitals, in USA and Canada. After that experience, many hospitals decided to create a clown program to support recovered patients. Clown doctors address the psychosocial needs of the child as a patient in a unique way. Clown doctors help children reduce their scary of medical procedures by making a parody of the hospital routine. Oversized medical equipment, 'red-nose' transplants, 'cat' scans, humor checks and funny bone examinations are all part of the fun. Therefore, we believe that integrating clown doctors into the medical staff of hospitals is useful and appropriate, because clowns and children are a natural combination.

Research found that the presence of clowns during the hospitalization of children is an effective intervention for managing child and parents' anxiety. Although several researches have tried tested the effectiveness of clown therapy in decreasing anxiety and anger, few of them use a controlled or evidence-based design. Therefore, there is a requirement of further studies to produce stronger evidence to the positive effects of the clown therapy.

Finally, we need to focus on an extremely critical point represented by the abilities that a clown doctor must possess to work in a hospital. We strongly encourage people intentioned in taking part to this fascinating world to attend a well-qualified and recognized course. Only in this way, the work of clowns in conjunction with other health care personnel can promote patient satisfaction and compliance.

We conclude citing an anthropological study that compared the Big Apple Circus Clown Care Unit with non-Western healers, especially shamans [32]. This study found many similarities, from a superficial resemblance represented by costumes, music, sleight of hand, and puppet/spirit helpers, to a similarity in the meanings and functions of their performances. In fact, both clown and shaman in their performances violate natural and cultural rules, help patient and family deal with illness, and use suggestion and manipulation of medical symbols in attempting to relieve their patients' distress. The anthropologist suggested that clown doctors can provide complementary therapy that may increase the efficacy of medical treatment.

REFERENCES

- [1] Dionigi, A., & Gremigni, P. (2010). *Psicologia dell'umorismo*. Roma: Carocci.
- [2] Flangini, R. (2010). La terapia del sorriso. Fondamenti teorici e implicazioni operative. In G. F. Ricci, D. Resico & L. Pino (Eds.), *Il clown professionale nei servizi alla persona* (pp. 32-40). Milano: Franco Angeli.
- [3] Freud, S. (1960 [1905]). *Jokes and their Relation to the Unconscious*. New York: Norton.
- [4] Hassett J. & Houlihan, J. (1979). Different Jokes for Different Folks. *Psychology Today*, January, pp. 64-71.
- [5] Cousins, N. (1979). *Anatomy of an Illness*. New York: Norton.
- [6] Martin, R. A. (2004). Sense of humor and physical health: Theoretical issues, recent findings, and future directions. *Humor: International Journal of Humor Research* 17(1/2), 1-19.
- [7] Martin, R. A. (2007). *The Psychology of Humor*. New York: Academic Press.
- [8] Golden L., Pagala M., & Sukhvasi S. (2006). Giving toys to children reduces their anxiety about receiving premedication for surgery. *Anesthesia & Analgesia* 102, 1070-1072.
- [9] Vagnoli, L., Bastiani, C., Turchi, F., Caprilli, S., & Messeri, A. (2007). Preoperative anxiety in pediatrics: Is clown's intervention effective to alleviate children discomfort? *Algia Hospital*, 2, 114-119.
- [10] Kain, Z. N., Mayes, L. C., & Caramico, L. A. (1996). Preoperative preparation in children: a cross-sectional study. *Journal of Clinical Anesthesia*, 8, 508-514.
- [11] Kain, Z. N., Mayes, L. C., Weisman, S. J., & Hofstadter, M. B. (2000). Social adaptability, cognitive abilities, and other predictors for children's reactions to surgery. *Journal of Clinical Anesthesia*, 12, 549-554.
- [12] Lamontagne, L. L., Hepworth, J. T., Salisbury, M. H., & Riley, L. P. (2003). Optimism, anxiety, and coping in parents of children hospitalized for spinal surgery. *Applied Nursing Research*, 16, 228-235.

- [13] Farneti A. (2004). *La maschera più piccola del mondo. Aspetti psicologici della clownerie*. Bologna: Alberto Perdisa.
- [14] Weaver, K., Prudhoe, G., Battrick, C. & Glasper, E. A. (2007). Sick children's perceptions of clown doctor humour. *Journal of Children's and Young People's Nursing*, 1(8): 359-365.
- [15] Battrick, C., Glasper, E. A., Prudhoe, G., & Weaver, K. (2007). Clown humour: the perceptions of doctors, nurses, parents and children. *Journal of Children's and Young People's Nursing*, 1(4), 174-179.
- [16] Koller, D. & Gryski, C. (2008). The Life Threatened Child and the Life Enhancing Clown: Towards a Model of Therapeutic Clowning. *eCAM*, 5(1), 17-25.
- [17] Slater J., Gorfinkle K., Bagiella E., Tager F., & Labinsky E. (1998). *Child Behavioral Distress During Invasive Oncologic Procedures and Cardiac Catheterization with the Big Apple Circus Clown Care Unit*. Columbia University, NY: Rosenthal Center for Complementary and Alternative Medicine.
- [18] Smerling, A. J., Skolnick, E., Bagiella, E., Rose, C., Labinsky, E., & Tager F. (1999). Perioperative clown therapy for pediatric patients. *Anesthesia & Analgesia*, 88, 243-56.
- [19] Vagnoli, L., Caprilli, S., Robiglio, A., & Messeri, A. (2005). Clown doctors as a treatment for preoperative anxiety in children: A randomized, prospective study. *Pediatrics*, 116, 563-567.
- [20] Tener, D., Lang, N., Ofir, S., & Lev-Wiesel, R. (2011). The Use of Medical Clowns as a Psychological Distress Buffer during Anogenital Examination of Sexually Abused Children. *Journal of Loss and Trauma*. DOI: 10.1080/15325024.2011.578025
- [21] Costa Fernandes, S., & Arriaga, P. (2010). The effects of clown intervention on worries and emotional responses in children undergoing surgery. *Journal of Health Psychology*, 15(3), 405-415.
- [22] Pinquart, M., Skolaude, D., Zaplinski, & K., Maier, R. F. (2011). Do Clown Visits Improve Psychological and Sense of Physical Well-being of Hospitalized Pediatric Patients? A Randomized-controlled Trial. *Klinische Padiatrie*, 223(2), 74-78.
- [23] Hansen, L. K., Kibaek, M., Martinussen, T., Kragh, L., & Hejl, M. (2011). Effect of a clown's presence at botulinum toxin injections in children: a randomized, prospective study. *Journal of Pain Research*, 4, 297-300.
- [24] Warren B. (2008). Healing laughter: the role and benefits of clown doctors working in hospitals and healthcare. In B. Warren (Ed). *Using the Creative Arts in Healthcare and Therapy* (pp. 213-228). London and New York: Routledge.
- [25] Warren B. (2009). Spreading sunshine down memory lane: how clowns working in healthcare help promote recovery and rekindle memories. In N. T. Baum, (Ed.), *Come to your Senses: Creating Supportive Environments to Nurture the Sensory Capital Within* (pp. 37-44). Toronto: MukiBaum,
- [26] Spitzer P. (2011). The Laughter Boss. In L. Hilary, & T. Adams (Eds.), *Creative Approaches in Dementia Care* (pp. 32-53). Hampshire and New York: Palgrave Macmillan,
- [27] Warren B. & Spitz P. (2011). Laughing to longevity—the work of elder clowns. *The Lancet*, 378(13), 562-563.

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- [28] Carp, C. E. (1998). Clown therapy: the creation of a clown character as a treatment intervention. Two archetypes of human sexuality. *The Arts in Psychotherapy*, 25(4), 245–255.
- [29] Simonds, C. & Warren, B. (2001). *Le Rire Medecin: Le Journal de Dr. Girafe*. Paris, FR: Albin Michel.
- [30] Emunah, R. (1994). *Acting for Real: Drama Therapy Process, Technique, and Performance*. New York: Brunner/Mazel.
- [31] Flangini, R. (2010). Strumenti operativi del clown: una panoramica di insieme. In G. F. Ricci, D. Resico & L. Pino (Eds.), *Il clown professionale nei servizi alla persona* (pp. 126-137). Milano: Franco Angeli.
- [32] Flangini, R. (2009). *La relazione d'aiuto nel sostegno in psico-oncologia pediatrica: la funzione del care giver nell'elaborazione della malattia e del lutto* (Unpublished Dissertation). Rome, Italy: Università Cattolica del Sacro Cuore.