



THE ART

OF CLOWNING

CONNECTING CULTURE, HEALTH AND SCIENCE

HCIM JOURNAL 2018



Dear readers,

We are very pleased to present the Healthcare Clowning International Meeting (HCIM) Journal, which revisits and further elaborates on some of the topics of the HCIM 2018 that took place in Vienna, last April.

The HCIM 2018 was truly a unique event. We were delighted by the amount of organisations and individuals connected to the profession of healthcare clowning that joined under the same roof for inspiring discussions and expert workshops. Countless sessions touched the most pressing issues within the healthcare clowning community – from how to work with new target groups, such as the elderly, to the financial stability of healthcare clown organisations, and literally everything in between. We were all, and still are, enchanted by the encounters we had during these three magical days.

With this journal, we want to ensure that the spirit of the HCIM 2018 lives on. Therefore, we sought to make a cross-section of the main topics raised at the conference by inviting a diverse group of presenters of the HCIM 2018 to turn their original contributions into small articles.

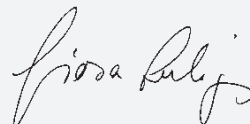
The articles have different formats, ranging from opinion pieces to presentations of case studies. Nonetheless, they all reflect the wide range of topics addressed during the conference. We would like to take this opportunity to extend our sincere gratitude to the authors for their contributions and their time.

Connecting health, culture and science remains a vital task for the future of our sector. We want to keep the amazing spirit of the HCIM 2018 alive and continue striving to make our movement stronger and more professional.

We wish you a happy and inspiring reading!



Monica Culen,
Founder and CEO
RED NOSES Clowndoctors International



Giora Seeliger,
Founder and Artistic Director
RED NOSES Clowndoctors International

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1

EMPOWERMENT OF PATIENTS

PERSPECTIVE

FROM A FORMER PATIENT

By Florian Meier, Austria

I was about five years old when I first came to the hospital. As the child that I was back then, I moved into the hospital like it was a hotel room, I must have considered it a vacation. After the surgery, I woke up confronted with the tough reality, totally strained from the situation. I had heavy pain, felt sick from the strong medicine necessary for the anaesthesia and could not move out of the bed, not even sit upright. Everyone can imagine what it means for a 5-year-old boy not to be able to run around...

The good news was that the following day was a Thursday, and Thursdays are the visit days of ROTE NASEN clowns to the Orthopedic Hospital in Speising, Vienna. I heard a strange noise coming from the hall. I even thought I heard someone singing along another person playing a flute, but that could not be possible, I was still in a hospital after all, who would play music?! Then, as the noise grew louder, I could not believe my ears - there really was a flute and a singing voice! Suddenly, there was an abrupt silence, broken by a loud knocking. The door swung open and in came three clowns with white coats or were they doctors with red noses?! At first, I did not know how to deal with that, and how to organize that in my mind, I was very surprised! But then, they somehow managed to gain my confidence by paying attention to the things I was interested in and integrating them in their acting. At that time, I was very much into magicians and witches, and so they decided that we should come up with a spell to cast the pain away. They also sang and showed me magic tricks. After the clowns had left my room, my mind was no longer dominated by how I hated being immobile and the pain was much lighter by far as well!

The clowns were not only tolerated or accepted by the hospital staff, they were warmly integrated into the daily routine and everyone enjoyed their presence. It was a great cooperation between the clowns and the other people working in the hospital. Whenever a nurse, doctor or whoever detected a sad kid and that an intervention was needed, the clowns were asked to see him/ her.



The clowns did not only cheer up the patients, also the nurses, doctors, teachers, cleaning staff, parents, etc., benefited from their performances. And so the RED NOSES Clowndoctors´ artists managed somehow to build up a positive atmosphere filled with happiness and joy. It has been years now that I was in the hospital, but I still remember that Thursday was clown´s day. Even writing these lines I feel the anticipation people in hospital had on Thursdays, looking forward to seeing the clowns. The simple fact of talking about the clowns and their visit would put a smile on children´s and adults´ faces. It is like the Pavlov´s dog phenomenon when we heard the unmistakable noise on the hall that announced the arrival of these funny “doctors”.

One day, something very sad happened and only by chance a catastrophe was avoided. The clowns had forgotten me! I had waited the whole morning, then after lunch, they still had not turned up! As a routine patient I tried to keep calm, and my parents assured me that the clowns would definitely come later. I heard them outside, but my door did not open! As my desperation grew, my parents and I were not sure that we could wait any longer, I decided to send them to look for the clowns. So my mum and dad turned the hospital upside down and could finally manage to get the clowndoctors, shortly before they were about to leave the building. Although their shift was over, the clowns came to see me! I was so unbelievably happy and my day had finally been saved! I experienced first-hand how unimaginably big the impact of clowning in healthcare is, and how important the work that is done by the healthcare clowns and the whole organisation is. It is remarkable how the clowndoctors´ work influences you as a patient, how relieving an intervention is, and how much joy and laughter actually help. I saw and felt that so many times, and I am very thankful for that!

¹ROTE NASEN Clowndoctors, members of RED NOSES Clowndoctors International

THE EMPOWERMENT OF PATIENTS: PATIENT'S CENTRED EQUITABLE HEALTH AND PSYCHOSOCIAL CARE

By Nicola Bedlington, Secretary General of the
European Patients' Forum (EPF), Belgium



Empowerment, empathy, dialogue, quality, impact, the human factor and, of course, humour, tenacity and strength in addressing ill health or long-term chronic conditions. These are the common threads in the work of EPF as umbrella organisation representing the interests of over 150 million patients across Europe, and of RED NOSES Clowndoctors International.

RED NOSES Clowndoctors International's clown community makes a unique contribution to improving the patient's experience in a hospital setting, be they younger or older patients, or with very specific needs, because of conditions such as Alzheimer. Both our organisations are passionate about the integrated, holistic care model, to advance the physical, mental and social well-being of a patient.

During a key note speech at the Healthcare Clowning International Meeting (HCIM 2018), I had the opportunity to share with an audience of clown professionals, the *raison d'être* of our organisation, and our vision – that all patients with chronic conditions in Europe have equal access to high quality, patient-centred health and related care. We explored together the concepts of patient empowerment and patient access, core pillars of our work.

Working with academics in the field, EPF defines patient empowerment through three key tenets – quality information and health literacy; dialogue with healthcare professionals for shared decision-

making, and self-management. We are very active in the sphere of meaningful patient involvement in health system design and strengthening, ensuring an enabling environment for patients to get the outcomes that they themselves define as important, rather than those that might be purely clinical, or assumed by others. The profession of hospital clowning is aspiring to something very similar. By communicating with the patient through humour, different reflections are unleashed, beyond purely laughter and lighter moments, and this enhances the patient's 'power' and moreover, the capacity of the healthcare professional team to support the patient in her or his care pathway.

Patient access is our second major pillar of work – equitable access to quality healthcare, regardless of a patient's background or means. In today's Europe, some patients do not get proper access to the most basic of care, let alone high-tech innovation and treatments. This is where we need to look also at other forms of innovation – social innovation, systems innovation and indeed low-tech innovation. The knowledge and insights of the hospital clowning profession could be invaluable here – if we can find a way to measure the impact of this work, both in the immediate setting, and long-term. This was raised by clowndoctors during the discussions at the HCIM 2018 and will be an important theme for the future.

The important role of the hospital clowning in working with patients with dementia and, in particular, Alzheimer's, was also raised, and there is much excitement about how the profession could best respond to this unmet need.

Resources are, of course, a critical question. What is the value proposition of the hospital clown profession? What are the important policy and practice implications if we can frame this vital work, as not only bringing a wave of happiness to a patient, as important as this is, but rather something bolder, that supports in very tangible terms, genuinely patient centred care, and indeed sustainable quality health systems of the future.

PSYCHOSOCIAL CARE FOR CHILDREN WITH CHRONIC DISEASES

By Lukáš Houdek, Deputy Artistic Director,
ZDRAVOTNÍ KLAUN o.p.s.¹, Czech Republic

The second plenary session of the Healthcare Clown International Meeting 2018 (HCIM 2018) was dedicated to the topic of psychosocial care for children suffering from chronic diseases. Thematically it focused on the image of healthcare clowning by other professionals engaged in healthcare, for instance medical staff or the scientific research community. The discussion was on how clown interventions can become part of treatment plans and support children, families and staff in paediatrics. To explore this issue, we looked into the main psychosocial challenges for young patients in paediatric wards, and at the initiatives that are currently being implemented. We also touched upon how the well-being of patients could be further improved beyond the purely medical treatment of an illness.

Furthermore, the panellists discussed possible collaborations between medical staff and healthcare clowns and potential research projects in paediatric wards. In additional discussions after the conference with members of the panel we explored some of the topics even further. While much valuable knowledge has been gathered, readers should still view the following summary as an introduction to the complex task of better understanding the specific needs of hospitalised children and designing programmes that would best address their needs.

The panel included Dr. Peter Ahlburg, MD, the Chief Physician at the Department of Anaesthesiology of Aarhus University Hospital's Day Surgical Centre, Denmark; Prof. Rimantė Čerkauskienė, MD PhD., Head of the Coordinating Centre for Children's Rare Diseases at the Children's Hospital, Affiliate of Vilnius University Hospital Santaros, Lithuania; Sigita Burokienė, MD, MPH, PhD., Vice-Director of the Children's Hospital, Affiliate of Vilnius University Hospital Santaros, Lithuania; and Dr. Peter Krajmer, PhD, Clinical Psychologist from the Clinic of Paediatric Haematology-Oncology at the Bratislava Children's Hospital in Slovakia. The author of this article, Lukáš Houdek, moderated the expert discussion.

According to our panellists, the most pressing need of children during hospital stays is the minimisation of pain, fear and anxiety. Sigita Burokienė mentions that fear and anxiety can exacerbate pain and make procedures even more difficult, also for the staff – any reduction therein can therefore be seen as helpful and important. In his line of work, anaesthesiologist Peter Ahlburg attributes preoperative anxiety of children primarily to anaesthesia, not surgery itself.

As far as the healthy psychological development of children with long-term illnesses is concerned, Peter Krajmer suggests that the staff should support the patient's autonomy. The primary concern should be to create an environment that is safe and in which the staff is a source of reassurance to the child. And what about the staff themselves? Rimantė Čerkauskienė considers the pace at which doctors work and the stress they are under to be the main inhibitors of their sufficient communication with suffering children and their parents, the lack of which can be an additional source of anxiety and stress for families.

Are there any general guidelines to be followed by everyone (the staff, clowns, but also visitors, family members...), some rule of the thumb when dealing with children in any of these difficult situations? As for children undergoing surgery, Peter Ahlburg says that the entire team, of which clowns are a part, must understand the child's situation and work together on easing the patient's anxiety. By respecting differences between children, such as their family backgrounds, and propensity to react in a certain way, he emphasises that the child and the family should be met "right where they are". Sounds like something clowns do every day, every single moment? "Clowns are perfect in doing that," confirms Peter Ahlburg and continues: "The caring personnel must be able to (...) step out of the strictly professional role. Doctors and nurses can learn that too, if a clown is not available. Be there for the family, put them in the central role, play with the child and slip in the basic professional demands." Rimantė Čerkauskienė

speaks of the great sensitivity of both children and parents to what and how is being communicated to them: “Sometimes a spontaneously told word can destroy the trust in medical staff and even lead to depression.” She stresses the importance of encouraging communication and adds: “We all have to be very good psychologists and feel what to say and when to say it.” In the specific field of oncological treatment, Peter Krajmer’s advice in dealing with patients is not to feel sorry for them and to always perceive them as the children they are, with their natural needs and desires. As if in echo of Peter Ahlburg’s advice, Krajmer suggests the “here and now” moment as a suitable departure point for interaction and also reaffirms the idea of everybody working as a team, which includes parents and siblings.

Besides the things we can all do, what is, according to our healthcare experts, the unique contribution of healthcare clowns? And is there really any such singular quality? “[Clowns] make you feel like the most important person and give you hope that you are not alone, that you have friends who care about you,” answers Rimante Čerkauskienė and puts emphasis on communication with teenagers, whose hidden intimate world the clowns do not judge. Peter Krajmer mentions the clowns’ ability not only to focus attention on the present moment, but also to extricate a funny detail thereof. For Peter Ahlburg it is the lack of any medical role of the clown that makes him or her special. They create a more relaxed atmosphere, thereby letting the staff concentrate on their own medical role. The Danish anaesthesiologist also offers the following – slightly enigmatic but all the more poetic – description of the clowns’ role: “[They can] lend the calm part of their nervous system to the child and his/her family.” To summarise, the clowns’ unique position is due to the fact that they can be fully focused on the immediate ‘soft’ (for the want of a better word) needs of the child and the family, while everybody else has other pressing tasks to attend to. Sigita Burokienė makes it clear that the clowns’ positive contribution is supported by empirical evidence. For her, the

unique role of the clown is reinforced by different research studies in psychology, medicine and anthropology. She mentions studies that showed reduction in pain and stress in children with respiratory pathologies, and a randomized controlled trial study that showed reduction of pain in children with clown intervention during the insertion of intravenous catheter. She also offers her own definition of the main aim of healthcare clowning, which could be “to distract patients during the preoperative period and during medical procedures, induce positive emotions, and decrease negative emotions in order to demystify medicine and help in the healing process.” It is interesting to note the need to “demystify medicine”, not because it refers to another potential role of healthcare clowning besides easing the anxiety and pain of the patients, but because it points out the perception of medicine by the society in general, which is, admittedly, outside the scope of our text.

When the discussion turned to research, all the experts agreed that more research should be carried out on the effects of the healthcare clowns’ work, as research moves things forward. However, according to Peter Krajmer it may be difficult to find the right type of research for our work, as it offers “a blend of art, drama, psychology, etc.” He emphasises that this research “should be done by well-established teams to get the right picture of the full potential of clowning”. Referring back to the impact clowning has on reducing anxiety and fear, Sigita Burokienė bemoans a “lack of evidence of physiological changes in the human body during or after clowning action”. She also poses the question of whether clowning could eventually replace sedation in certain cases – a routine procedure nowadays, with some level of negative impact. She continues by breaking the effect of healthcare clowning into four categories: the physiological level (e.g. endorphins, oxytocin), the emotional level (positive feelings), the cognitive level (distraction from one’s situation), and the social level (stimulation of social interaction between the clown and the child). Her conclusion can be viewed as slightly discoura-

ging, but could also serve as a rallying cry – Sigita Burokienė says: “I see the need to prove the clowning value at all 4 levels.” Rimante Čerkauskienė also mentions the importance of research in “evidence-based medicine” and sees clowns as part of “the treatment chain”. The areas she specifically singles out for research are the taking of blood samples (some laboratory results, such as hormone levels, are affected by the patient’s emotional state), elevated blood pressure, potentially attributed to “the fear of the white coats”, and the recovery rate of children with acute diseases. She concludes: “Research carried out together with psychologists, doctors and medical professionals would help to answer a lot of questions regarding the processes of the human body and the best way of re-establishing health.”

Asked about the potential for even deeper involvement of healthcare clowns in their respective fields of work, one of the experts, Sigita Burokienė, responded by summarising the journey clowns have made in Lithuania in the eight years of the clown organisation’s² existence, from visiting only a handful of departments to having been invited by the staff themselves to an ever increasing number of wards, until “almost all hospital doors became open for medical clowns”.

Not only are clowns seen as beneficial to the paediatric patient, but the staff also recognise that clowns “help them to calm down and create a positive and trusting atmosphere”. Rimante Čerkauskienė sees three specific fields in which clowns could be very helpful. We reproduce them in full: “Children’s chronic and rare diseases departments: for communicating with the patients before specific planned procedures, (for example gastrofibroscopy, kidney biopsy, tonsil removal, etc.). Emergency room: especially when children are scared of being in the hospital for the first time and not knowing what to expect. It would be also very good for taking time from parents who are waiting impatiently for the doctor to arrive. Classroom activities at Children’s Hospitals.”

Peter Ahlburg’s unique approach to anaesthesia – when children are accompanied by their parent and clown to the operating room and once there they are treated to a playful environment prior to induction, which may include bubbles, water fights and fart cushions – necessitated a different type of question. First of all, is your approach really unique? And if so, is there a potential to further develop it and spread it to other hospitals in Denmark and beyond? While the answer Peter Ahlburg offers to the first question is cautiously optimistic – he doesn’t know any other team that would do things this way, but believes that “it must be out there somewhere” – the second offers an indication of how to go about it: “What we do is not due to some ‘magic skills’. We started twelve years ago and have worked hard and focused to do as good as we can. Everyone with the right attitude can do it over time.” Leaving aside for the moment the all-important question of how and whence this attitude springs, Peter continues, “Teamwork and other ways of working with the family may be the right way in other culture. This I am very sure of.”

So what are the main obstacles for the spread of this approach, which, while perhaps more time-consuming, reduces the stress and anxiety on the part of the patient and the family and does away with many of the negative side effects of anaesthesia? “Financing” answers Peter Ahlburg and, as challenge number two, he again raises the question of attitude: “To be able to let go of the professional role of healthcare staff. At the same time to gain the trust of the child and the family and have the surplus and personality to be in a rather unconventional team. This may not be easy for a lot of people.” This stepping out of the social role, or rather the inability to do so if only for a brief moment, seems to be at the bottom of many misunderstandings we encounter in the hospital. Clowns, however, slip under the radar and make these human interactions possible. In a deliberate flight of fancy, psychologist Peter Krajmer suggests that clowns should “dance in the corridor, when things gets tough (...) with the objective of bringing smiles to people’s

faces like some kind of fairies”, suggesting that clowns, while inhabiting the very real hospital world, are also somehow not of this world, which gives them an extra strengths on top of all their self-proclaimed weaknesses. The doctors do not have many particular recommendations as to how the clowns could get involved even more – it is up to our clown organisations to research, study and develop new and more intensive and effective projects.

We sometimes hear about ‘the human’ getting on top of ‘the scientific’, so are there any stories, surprises, even anecdotes the experts have encountered while working with the clowns? Sigita Burokienė explains “I was surprised that clowns cause positive emotions for the smallest patients – neonates, even premature. If a baby responds to clown activities with a smile, it’s already a big job.”

Peter Ahlburg describes the recent case of a five-year-old boy, with whom he found it very difficult to establish rapport – no response, no eye contact. “I told the clown about the challenge. She worked with the child in the waiting area with tricks involving the rest of the family and others waiting (...). He turned around and started reacting to her. Slowly she turned her attention to him, activated him, made magic. They made plans to tease me. And all of a sudden he was open and ready to face what was coming. (...) He fell asleep with a smile on his face and woke up fine. He was so proud of himself afterwards. A potential catastrophe turned into a very good experience by the clown.” As we are well aware, there are no guarantees that the clowns’ magic will always work, and the experts were also asked to provide some tips on what to be careful about. Sigita Burokienė stresses the need to respect the hospital rules, including hygiene, safety and confidentiality. The clowns must accept responsibility for their interactions and should also “safeguard the physical, psychosocial, and religious well-being of each person they interact with”. She continues by stating what we automatically assume to be the norm for virtually

all healthcare clown organisations, namely that clown activities must be planned in such a way that “[medical] processes would not be interrupted”. Peter Ahlburg brings home a similar, if more specific, point: “Be aware of the roles during induction, so the medical staff and the clown don’t ‘fight for the attention’”, emphasising the need to give room to each other within the team. Peter Krajmer adds some more common sense, stating that we should “be able to recognise (...) when we are ‘not wanted at the moment’ and we should not overstay our welcome. “We often forget that children’s faster recovery is related to psychological microclimate,” says Rimante Čerkauskienė and extends this to the medical staff, who also get anxious and nervous when dealing with patients affected by serious diseases. “(...) seeing bright smiles, hearing funny songs of the clowns can help remove the stress in five minutes. I felt it. (...) So, sincerely, clowns can make miracles.”

Naturally, it is encouraging to hear words of appreciation and the valuable insights our four experts provide. However, it still remains the job of all of us, the healthcare clowns, to further cultivate and enhance the relationship between our two professions on the day to day basis of our work. It has been proven again and again that this is in the best interest of the patient and his or her well-being.

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COOPERATION WITH MEDICAL STAFF

FINDING THE COMMON GROUND: HEALTHCARE CLOWNING PROTOCOL HAS A PLACE IN THE PROTOCOL OF THE HOSPITAL!

During the Healthcare Clowning International Meeting 2018 in Vienna, Tünde Gelencsér and Dr. György Péter talked about the cooperation between healthcare clowns and medical staff, presenting their perspectives as a clown and as a physician, respectively. In this conversation, they put forward their points of view regarding this crucial relationship and their perceptions on healthcare clowning.

To me the most important result in healthcare clowning is when the medical staff is involved in the clown's situations, because it is in these moments that the trust of the child is gained and when the patient can be empowered. It is an important goal.

Dr. György Péter: From my point of view the main tools of the healthcare clowning are intellect, body language, games, situational comedy, and of course the magic. Humour results in a liberation of emotions, in the reduction of stress, it supports positive behaviour, and presents a free and independent lifestyle. Healthcare clowns can bring all of this into the hospitals and can show it to the patients. Clowns make weaknesses acceptable and show solutions. They represent the patient's interests or desires. Clowning treats the child's feeling of being ill, because despite being ill, the child forgets this feeling during the interaction with the clown. To me this is the real magic.

Tünde Gelencsér: I have the feeling that we have entered a new stage in our cooperation with medical staff. Since five years now, when we started our common work on the RED NOSES International curriculum, in which, together with you and other medical staff, we tried to systematize the basic education and training that a RED NOSES clowndoctor must have to do hospital work. Specifically, we worked on the Unit 03 – Healthcare Studies and the content of these lectures for clowndoctors. Before our answers, we actually had to find out what the most important questions were.

Dr. György Péter: I remember this work started with the apparently simple, but actually extremely complex question: What is the most important knowledge the clowns must acquire about the medical work and the hospital system to be able to work on a higher level of cooperation? Thanks to the answer to this question, we found out the main topics for the above-mentioned module: structure of the children's healthcare system and hospital life, signs and symptoms of diseases,

“Clowns make weaknesses acceptable and show solutions.”

Dr. György Péter

Tünde Gelencsér: PIROS ORR's clowns are currently visiting 15 hospitals in Hungary on a regular basis. Despite our more than 20 years of activity, I feel that a stronger cooperation between doctors and clowns is still possible. However, as I look back, I can see the long way that drove us here, and how much things have in fact changed.

Dr. György Péter: Indeed, it was very interesting to me in the beginning to see the results of healthcare clowning. Getting to know the clown's work first hand, I started to regard the clown in a new light. I knew the clown as a character that simply made people laugh, but I came to realise that they are a psychological and mental support in a very high intellectual level.

Tünde Gelencsér: The clown acts on the actual feelings, situations and energy with an open and sensitive communication. This kind of communication usually does not happen in the everyday life. For example, all the patients in the outpatient department know what to expect in this situation and they do not know how to behave, often sitting in serious silence. However, the appearance of the clowns is able to change the frames of these everyday expectations.

By Tünde Gelencsér, Artistic Director, PIROS ORR¹, Hungary and
 Dr. György Péter, Head of the Haematology-Oncology
 Department, Heim Pál Children's Hospital, Hungary

with special emphasis on childhood malignant illnesses. Basic hygiene knowledge, hospital hygiene rules, and a dictionary and guide of basic medical terms were also worked out especially for RED NOSES clowns.

Tünde Gelencsér: Since we have started this work, our cooperation grew stronger and we started to find common places in each other's fields, although this was indeed a real challenge at the beginning. For me, the most interesting topic was the discussions we had on the principles of the work of healthcare clowns. In the search for the place of the clowns in the medical protocol we have found a common starting point, we are both working for the well-being of the child, with which we could make more conscious knowledge and acceptance of the fundamental medical / ethical principles. This search started with a little game, we wrote down the roles and the places of the clowndoctors in the hospital environment.

Dr. György Péter: From the medical point of view, it was clear for me that there is no place for clown work during the admission of patients, mourning periods, and for purposes of patient or parent education, when information is given to the patients about the illness treatment possibilities. Medical examination also appeared to me at first sight as a field where the clowns had no role. However, while going through the situations where the clowns were present, I realized that the clown has a role in supporting medical examinations, in the preparation for medical interventions and also in the transfer of different medical information and knowledge to the patients and families. Our stronger cooperation has started with this recognition.

Tünde Gelencsér: From these exchanges, it was clear that we need to learn more from each other's work. The hospital staff needs to know more about the clowns and the theory of hospital clowning. The clowndoctors need to learn more about the medical environment and be conscious of the non-artistic impact of their work. From our side mutual support is the most important

component of any successful cooperation. The hospital staff needs to feel that clowns are not simply an extra programme to entertain patients, but a supporting partner that also makes their work easier. Clowns are not in the hospital to live their art, but to cooperate in hard situations with the ultimate goal of supporting the patient(s). This becomes understandable only when the clowns do their work. The most important experience shows that the common understanding regarding healthcare clowning is changing during the experience itself.



Dr. György Péter: Over the course of the years, we came to understand that the positive effect and impact of humour in healthcare is a common experience. Clowns have a positive impact in the communication with the child and the parents, or during the medical treatment. But one might not forget, healthcare clowning still is quite a new profession within the medical field.

Finding the common ground: Cooperation with the medical staff



possibilities and opportunities for cooperation within the hospital environment, including new opportunities in preparing the children for different therapeutic procedures.

Tünde Gelencsér: My vision for the future in the healthcare system is that humour will have as strong a role in the hospital procedures, as the hygiene rules have. It sounds futuristic. But after a clown visit, when we realize that we worked together with the hospital staff for the well-being of hospitalized children, we understand that in the practise we have reached this vision, only if for a moment.

¹PIROS ORR Bohócdoktorok Alapítvány, member of RED NOSES Clowndoctors International

Even though I heard from many healthcare clowns that they do not do therapeutic work, from my point of view healthcare clowns are members of the hospital psychotherapeutic team.

Tünde Gelencsér: Planning the future, we agreed that the cooperation between healthcare clowns and medical staff must be intensified. For this reason, we have decided that we, as a healthcare clown organisation, must provide empirical examples on how and where the clowns can support the medical staff in their work, and to provide more information about what and how we do it to the doctors and hospital staff, because only experience can change the system.

Dr. György Péter: We also need to share our results, in the particular case of my speciality, with other oncology wards and centres in the country. Our next step is that we need to increase awareness among medical staff for new methods, in this case, to bring them closer to healthcare clowning and to continuously work on the common needs. This would open new

ANAESTHESIA AND HOSPITAL CLOWNS.

THE DANISH EXPERIENCE

By Gitte Møller Madsen, Danske hospitalsklovner and

Dr. Peter Ahlburg, MD, Aarhus University Hospital, Denmark

Anaesthesia can be a frightening experience for children. Studies show that more than 65% of children scheduled for surgery are stressed and anxious. The degree of anxiety depends on several factors: parents and the resources in the family, previous experiences, preparation, skill of the staff and the settings. Preoperative anxiety is followed by more pain, increased risk of nausea and vomiting, longer rehabilitation, increased risk of postoperative changes in behaviour and may lead to trouble in meeting hospital staff in the future. One bad experience increases the risk of postoperative behavioural changes by a factor 3-4 and may be long lasting, still present in 20% of children after 6 months and in 7% after a year.

Great focus on reducing anxiety is mandatory. Preparation of the child and the family is vital. Parental presence is normal in our part of the world and is considered a must, even though the evidence is doubtful. Pre-medication is another way of reducing anxiety, but it may never be used to compensate for lack of preparation or a sub-optimal setting. Diverting is shown to be beneficial, i.e. storytelling, computer animations or music.

The anaesthesia team has a lot to take care of during induction and may not always have the surplus in the situation to focus on the psychological aspects of the treatment.

Twelve years ago, we started a collaboration between anaesthesia staff and hospital clowns during the induction of anaesthesia. And we are very pleased with this. We have for years considered the clown as a natural part of the team taking care of the child. How do we do it and is it beneficial for the child and the family?

The child and the family are prepared for the induction during a talk days before surgery with the anaesthesiologist, optimally the same person that will be present on the day of surgery. A DVD showing what it is going to happen on the day of surgery is given to the child and the parents. 30 minutes before surgery the child arrives to

the hospital and is met in the waiting area by the hospital clown and medical staff. The clown starts playing with the child, doing magic tricks, talking funny and making naughty plans to tease the doctor. The clown finds the things that are interesting for the child, tries to be out of context and does silly things that enable the child to feel in control of the situation. The clown borrows the calm part of her/his nervous system to the child. A lot of tricks are applied to make the child relax and to reduce his/her anxiety. The clown gives the child and the parents a magic stone that can collect all the bad thoughts and things. Very often the hospital clown is the person breaking the ice and making the child open-up.

The hospital staff does all the medical preparation, identification, pain killers, etc. The anaesthesiologist meets the child again and tries to connect with the child and gain her/his confidence. This is made a lot easier when the clown is present.

Before taking the child to the surgery room, a talk between the clown and the anaesthesiologist is held. They discuss the child, if they see any challenges and how to cope with them. Based on this talk, a plan is made.

“The clown borrows the calm part of her/his nervous system to the child.”

The clown escorts the child on the way to the surgery room; the child walks if possible dressed in his/her own clothes. During induction an intravenous therapy (IV) line is placed and the clown tries to distract the child by using humour, music, soap bubbles, making it look like the doctor is farting and many other silly make-believe scenarios and funny actions.

Anaesthesia and Hospital Clowns. The Danish Experience



the child for her/his bravery, comforts her/him in case of pain, diverts her/his attention during the removal of the IV line and tries to turn this sensitive situation into a “party”.

We carried out a study observing the stay at hospital and interviewing children 3-4 weeks after the surgery, and we were able to document the beneficial effects of the hospital clown’s intervention. The clown was funny and reduced anxiety. The magic stone was praised as helpful. The clown helped the child and the parents to forget anxiety and enabled them to do things they were afraid of during the hospital stay and after being discharged. The children indicated that they were nervous but not afraid, and described it as a normal feeling.

Water may be sprayed. This requires a close collaboration and a great sensing of the child, and the other members of the team caring for the child. Timing is essential to catch the attention of the child at the right time. The teamwork is very delicate, and roles may change between individual members of the team depending on the signals from the child and who may have the best contact. We all work hard on reducing anxiety. The presence of a clown taking care of the psychological aspects enables the anaesthesiologists to focus on the medical side, getting the IV-line, correct the dosing, open the airway, etc. Once the child is asleep, the clown accompanies the family to the waiting area. The clown is also very helpful for the often very nervous parents and helps easing their situation as well.

After the procedure the team discusses the induction, did we do the right thing, what may be learned. The clown meets the child again in the recovery room. At this stage the clown praises

INSIDE THE SURGERY ROOM: PERSPECTIVE FROM A MEDICAL CLOWN

By Avital Dvory, Healthcare clown, The Dream Doctors Project, Israel

The first time I went into a surgery room as a clown was by accident. As I continued playing with a 10-year-old girl who I had met at the department, we reached the surgery room. Just before the entrance, the nurse stopped me and said that “this is not a place for clowns”. I instinctively replied that this is not a place for children either, while giving a playful look to the girl, as if I told her: “Do not worry, we will continue our fun in here”. The girl started to laugh out of relief. In that moment, I felt that the nurse was conflicted. On the one hand, she knew that if she sent me away now the girl would be in even greater distress. On the other hand, there I was, a clown, who is probably a noisy and messy creature. Finally, she let me stay with the child and gave me quick hygiene and procedural instructions.

This was the start of a special programme that I have been developing over the years with the Dream Doctors Project in Israel, which consists in accompanying children into the surgery room and staying with them until they fall asleep after anaesthesia. When the patient goes into deep anaesthesia in a relaxed mood, he will wake up in a relaxed mood. This is what medical clowns are specialists in: creating an environment of play everywhere, including before and after anaesthesia. This influences children’s wellbeing, and therefore their recovery process as well.

Evidence has shown that the presence of medical clowns during the preparation for surgery contributes to reducing preoperative anxiety in children. The same research also shows the positive effect of the medical clowns’ work among the parents of the child undergoing surgery (Golan et al, 2009; Vagnoli et al, 2010; Dionigi et al, 2014). In addition, the presence of medical clowns during stressful moments, such as before and after anaesthesia, also has positive financial implications for the hospital. An innovative research from Jerusalem concluded that for every child who had undergone surgery accompanied by a Dream Doctor clown, the hospital had saved 467 USD (Kocherov et al, 2016).

Given the benefits, why are there not more medical clowns accompanying children into the surgery room? Why do medical clowns stop their work at the red line? I believe that the main reason is lack of knowledge and confidence of both clowns and medical staff.

“When the patient goes into deep anaesthesia in a relaxed mood, he will wake up in a relaxed mood.”

Avital Dvory

It is about people and their knowledge, which affect their attitude. We can educate them on how to work with us. But first, we, clowns, need to acknowledge our area of expertise. We dedicate our life in learning the art of humor, play and improvisation. Our listening skills are very developed and we know how to transform energy and create positive vibrations. We are specialists in that. In the hospital we are the best in this field. Therefore, a good communication and cooperation between the hospital staff and the clowns is a pre-requisite to do the best possible job. It is important to acknowledge that medical clowns share the same goals as doctors and nurses - we all want to support the child in receiving a treatment in the most positive way. This is also the case in the surgery room where clowns and doctors seek to diminish the anxiety and stress of the child, and to mitigate the possibility of trauma, which would negatively impact the child’s recovery.

For us, clowns, it is important to maintain a feeling of continuation before and during the procedure for the child. The best way to do that is to create a play outside the room, which the child really likes,

Inside the surgery room: a perspective from a medical clown

and continue it as we go in to the surgery room. To stop the process before the journey ends is missing the entire point of our work – because it is in this critical moment, where anxiety is at its highest, that the child needs the clown the most. If their interaction is suddenly cut short and the clown does not go in the surgery room and continues the journey with the child, there is a danger that the child will begin to worry and become more stressed. The preparation for surgery is naturally a tense situation, as it is the moment of anaesthesia. In this specific moment and due to the sensitivity of the situation, there is only room for one clown. As the clown is alone, his partner is the anaesthesiologist, who can be, unconsciously, the white clown, since naturally he is in higher status.

An interesting development in this type of work has been the permanent presence of a medical clown in the surgery room throughout the operation itself, when the child is sedated with local anaesthesia and remains awake during the entire procedure. These are powerful moments for me as a clown. They demand high levels of concentration and listening skills; to support the child and create humour and bring laughter and, at the same time, not disturb the operation. It is teamwork. It is like a dance. One also needs to take care of oneself as a clown, because the surgery environment and watching a procedure can be difficult. In another development, in some departments of two Israeli hospitals where I work, Meir and HaEmek, the medical clown functions as a kind of sedation (Dvory et al, 2016). This means that instead of giving medication to sedate the patient during the medical procedure, the patient “gets” a medical clown.

To become an essential part of any medical procedure, medical clowns need to understand the medical environment, its rules, and how it functions technically, physically, mentally and emotionally. In this knowledge lies our power. Regularity is also crucial to developing a good and trusting relationship with the medical team. It is important that we go to the hospital every

week, at the same time, in the same department and follow the same procedures, so they get to know and trust us.

I believe that healthcare clowning can make the world a better place or at least an easier place to deal with. In little moments, and in big ones as well, with easy cases and in more serious ones, the clown turns on the light in the heart of people and reminds them of their strength. This gives hope.



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THE DANCER, THE DOCTOR AND THE CLOWN.

A CASE STUDY

By Shoshi Ofir¹, Healthcare clown, The Dream Doctors Project, Israel

Gal (pseudonym), a 15 year old girl arrived at the *Tene Center* for the treatment of the sexually abused of The Padeh Medical Center, Poria, Israel, accompanied by her mother. The secretary welcomed them, offered them something to drink and got started with the paperwork. In the meantime, the social worker greeted them and introduced herself.

I arrived a few minutes later and found Gal sitting on the couch in the lobby of the Tene Centre in a very stiff, straight posture, with a frozen look on her face. She did not make eye contact or communicate, and seemed withdrawn into her own world, as if a part of her had died. My first task was to make eye contact with her. Because of her upright posture, I assumed she was a model, an athlete or a dancer. I decided to use a direct approach and started with complementing her on the beautiful leggings she was wearing.

My direct approach caught her by surprise, she looked straight at me, smiled and thanked me. I achieved eye contact and decided to continue. I turn to her and asked: "Excuse me for asking but do you know anything about dancing?". The moment I said dancing she smiled and seemed more relaxed. When she said yes, I told her I had an audition tomorrow at The National Royal Ballet and asked if she would be kind enough to watch the short second dance I had prepared. She held back a big laugh and responded affirmatively. I danced very badly and ended with a flourish. She was ready to burst out laughing but didn't want to upset me. I asked if she had any advice to give me and after a minute of thinking, she said, "My advice to you is: maybe you should go to the audition next year". I asked if she was a dancer. The mother, who was sitting on a couch next to her replied, "Gal is a professional ballroom dancer". I asked if she danced the foxtrot and she was impressed with my knowledge. I demonstrated what I knew and they both burst out laughing. Gal said, "This is not how you dance it". I asked if she could show me a few steps. She stood up, showed me where and how to stand and started dancing step by step. I tried my best

but was not so great at it. In order to remember the steps, I named them "drawing on the floor", "kick the wall", "no name step", etc. She laughed.

At that moment, Dr. Nessia Lang-Franco² walked into the room and called Gal. I felt that the best for the situation was to continue with the dancing, which was Gals' strength. I also wanted Gal to feel safe with Dr. Lang and wanted the doctor to join us on the same "wave length". I turned to Dr. Lang and asked if she would join our dancing lesson. Dr. Lang did not hesitate, she understood that this was the best for Gal and joined us on the dance floor. Within a few minutes from Gal's arrival at the *Tene Center*, withdrawn and non-communicative, she was teaching us how to dance!

"Within a few minutes from Gal's arrival at the Tene Center, withdrawn and non-communicative, she was teaching us how to dance!"

Shoshi Ofir

While the doctor and the social worker had a long talk to the mother, Gal and I had time to dance, talk, laugh and strengthen our alliance. We then raced on two wooden rocking horses. She was so happy that I wanted her mother to see her horse racing. We knocked at the door of the room and reported about our horse racing and offered them tea or coffee. Dr. Lang trusts me that if I interfere during their conversation it is because

The Dancer, the doctor and the clown

it is important. Gal then wanted to know what I had in my bag so I showed her and the thing she loved the most was the fart machine.

Dr. Lang then called us to the examination room. Gal asked me to accompany her and said that she did not want her mother to be with her during the examination. I stayed and stood by her throughout the examination. While Dr. Lang was performing an anogenital examination, Gal and I talked about the dancing steps, I danced, and she corrected me. It was as if the bottom half of her body was being examined, while the top half was in a dancing lesson.

A few minutes later, I saw that she was a bit uncomfortable and distressed. I handed her the fart machine and said that if she wanted the examination to end all she needed was to push the button... She laughed and said she didn't think it would work. I said: "Look where the doctors' nose is" she laughed again, put the machine under the sheet and pushed the button. A few farts were heard. Dr. Lang knew that this was a sign that she needs to try and conclude the examination as soon as possible. She played her role and said, "What is happening? Who has a stomach ache?" I apologized sincerely while Gal could not stop laughing. Dr. Lang turned to me and recommended that I go to the toilet with such stomach noises. I understood that she needed to talk to Gal alone about what had happened without revealing any information to me, so I rushed out to the toilet. Dr. Lang was attentive to what was going on between Gal and me and I used the same language to achieve Gal's cooperation.

After the examination, I needed more help with the dance steps. Gal danced with me again. When it was time for them to leave (3 hours after arrival) Gal and her mother thanked and hugged the doctor, the social worker and me. When Gal hugged me, she whispered in my ear that she promises to come back to visit me. When the mother hugged me, she whispered, "Thank you, thank you so much, you saved her".

Gal and her mother came back once every 2–3 weeks during a whole year for treatment sessions with the social worker and with me.

¹Shoshi Ofir, The Baruch Padeh Medical Center, Israel and The Dream Doctors Project, Israel

²Dr. Nessia Lang-Franco, The Baruch Padeh Medical Center, Israel and The Azrieli Faculty of Medicine, Bar-Ilan University, Israel

HUMOUR IN HEALTHCARE SEMINARS FOR MEDICAL STAFF AND STUDENTS

By Gary Edwards, RED NOSES Clowndoctors International, Austria



Humour seminars for hospital staff are fast becoming a stable part of what hospital clowning organisations offer the medical community. Clearly, we are recognized as humour specialists, or should be, and these seminars can help establish our position in healthcare. I have also found that these seminars can help develop a good working relationship between the clowns and the hospital staff, creating a platform which can further mutual understanding.

I, personally, have initiated these seminars and worked with the Czech and Slovak nurses associations, giving accredited seminars, wherein nurses receive training points toward their annual licencing requirements. And, as I have noticed with others, sometimes we are asked directly by hospital staff to give these seminars. For instance, I was asked by the medical school

in Prague to work with 4th year medical students as part of their Psychology of Medicine course requirements. This presented an excellent chance to steer young doctors toward a more human approach to doctor-patient relationships.

Right at the offset I noticed how important these seminars were. It seems that the first three years of the study of medicine is all “black and white”, memorizing lists of terms, systems and cause-effects in biological units (not people). The seminar was the students’ first look at doctor-patient relationships and an eye opener. I always tried to make it fun and really enjoyed it myself. Interesting enough, I received some of the same initial reactions I had received from nurses, for instance, in every class a student would raise their hand and say: “But we don’t have time”. And this from students who hadn’t even started the job yet. Yes, they were already programmed to believe that they would be too busy to apply humour. To this I would point to a study which showed that just 30 seconds of quality time with a physician greatly increased the chances that the patient would follow through with their doctor’s recommendations. We then worked on some exercises that made it clear that the application of humour did not necessarily take more time from the physician’s schedule.

So, how do these seminars look like? Some elements of the seminars include conveying a basic understanding of the different types of humour relative to healthcare, i.e., a simple smile, all the way to the use of sarcasm and black humour. I took a look at the signs for receptivity to humour and made sure to cover situations where humour is inappropriate. As we are the humour experts, I think it is also important to provide a basic understanding of the mechanisms of humour and why we laugh. A lot of this content can be relayed by example and making these seminars fun is important. I have also had a lot of fun focusing on first impressions, what psychologists call the golden moment, and obviously humour is instrumental in building that initial trust.

“Just 30 seconds of quality time with a physician greatly increased the chances that the patient would follow through with their doctor’s recommendations.”

Gary Edwards

Everyone working in healthcare has a collection of personal examples where humour has been applied with great success. Therefore, it is important to conduct these seminars in such a way as to welcome and encourage participants to share their own examples. That sometimes prompt me to play the mediator role and to pull the discussion back to the theme at hand, but helped dispel the mystique, making it clear that humour in healthcare is not new or difficult and is, as a tool, accessible to all. To this aim, I also offer concrete examples on how to apply humour in the various situations that we discussed during the seminars, making sure that everyone had something concrete to take home.

Understandably, there are as many approaches to these seminars as there are people doing them. However, while talking with others that do this type of work and after collecting best practice examples, I have noticed something, which I find, is worth mentioning here. It seems that conducting these seminars pulls some people into over-extending or exaggerating their competences. We are artists, clowns, and have spent an extraordinary amount of time thinking

about, working on and applying humour, so, as I mentioned, we can consider ourselves humour specialists. But, in many cases I feel we are confusing this with being therapists, which we are not automatically. Granted, some of us do have a background and/or an education in psychology, but I have listened to several individuals talking about how they approach these seminars, people without this background, and they are assuming the role of a psychologist, attempting to help medical professionals work through job burn out or giving seminars on dealing with conflict and stress management.

I truly believe we have a lot to offer to medical staff and students, and I believe that we can be of great service in inspiring medical personnel to use humour as a communication tool. I also believe that this is a big subject in itself. No need to stretch further than our mission. Yes, our mission...when I began many years ago to give these seminars, I looked into our statutes to see if, indeed, this would fit our mission and found this phrase under activities – to promote the use of humour in the medical environment. That was enough for me, and in pursuing this, I found that these seminars not only fit the mission, but enhanced the mission and will lead us to becoming an integral, indispensable part of the healthcare system.

HUMOUR
RESEARCH:
CONNECTING
ARTS & SCIENCE

CURRENT AND FUTURE CHALLENGES OF RESEARCH: A MULTIPERSPECTIVE AND MULTIAGENTS APPROACH

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On the 5th of April 2018, we had the chance to join the HCIM 2018 in Vienna and “wildly” discuss some of the main topics that gravitate around research on Healthcare Clowning (HC). For this purpose, we counted with the presence of special guests¹ from different countries, backgrounds, organisations, jobs and roles (e.g. clowns, researchers, managers or/and healthcare staff). The idea was to actively involve them in the debate of some core questions that we – the hosts – proposed as the cards of the game we were going to play together.

The questions were:

- *How important is research for Healthcare Clown Organisations (HCO)?*
- *What value can research add to these organisations?*
- *How committed are HCOs to invest on research?*
- *What should be the role of HCOs, healthcare institutions and academy in the design and implementation of a research project?*
- *How can these different agents create a good partnership in order to promote good practices, with relevant and strong contributions for the growth of the research field in this area and, ultimately, for the improvement of the artistic interventions' quality?*
- *What are the major ethical issues that we should consider when designing and implementing research projects as well as in the dissemination of results?*
- *What is the importance of registering/documenting, analysing the work of the HCs and disseminating (e.g. publishing, sharing with other organisations...) to build a body of knowledge?*
- *What is the importance of giving back data to the participants, to the organisations, healthcare clowns, hospitals, academia, sponsors and the general society?*
- *What should be the main research guidelines to sustain and contribute to the future challenges of the HCOs development and growth?*

During the session we literally threw (by means of a ball) the questions to our guests and to anyone in the audience that wanted to participate. It was WILD! (meaning: very stimulating). Needless to say that the two hours that were assigned to this session were not enough to go beyond the two or three first questions. So, what the authors share here is a mix between the main ideas that emerged during the wild session and some of our reflections around these questions.

The session started with a presentation on the state of the art of research on HC, followed by a moment of sharing different examples of good practices and finished with the discussion of

By Susana Caires¹, Laura Vagnoli², Morgana Masetti³,

Susana Ribeiro⁴ and Alberto Dionigi⁵

some of the issues that should be considered when designing, implementing and disseminating a research project.

Concerning the state of the art, we were guided along the short story of research on HC worldwide and the main studies, thematics, methodologies and results that have emerged until our days. Literature shows that, within the past decade, there has been a surge of interest in investigating the effects of clowns' interventions in a large variety of healthcare settings. A recent literature review showed that 28 randomized controlled trials (RCTs), with the aim of collecting and discussing evidence for the effects of healthcare clowning on children, have been conducted so far. RCTs have been conducted in preoperative areas, during medical procedures, and during hospitalization and different outcomes were measured. The results show that clown interventions are effective in decreasing negative emotions and psychological symptoms and in enhancing the well-being of patients and their relatives. Regarding adults, research has focused on three areas: adult and elderly patients (mainly those with dementia), observers of clowning and finally clowns themselves. The main results are that a) clown intervention induces positive emotions, thereby enhancing the patient's well-being, reduces psychological symptoms and emotional reactivity, and prompts a decrease in negative emotions, such as anxiety and stress; b) clown doctors are also well-perceived by relatives and health care staff and their presence appears to be useful in creating a lighter atmosphere; c) few pilot studies have been conducted on clown doctors and this lacuna represents a subject for future research.

Regarding good research practices, the last few years have also been very promising: several projects and joint ventures have emerged in the field. Today we have very inspiring examples of what can be done in this growing worldwide attempt to build a solid set of knowledge around the HC's philosophy and practices. One of these examples is the consortium *Healthcare-*

Clown Research International Network (H-CRIN+), a group of researchers, that, in 2010, created a partnership. The aim of H-CRIN+ is to bridge the gap between research and healthcare clown practice, and build a real sense of community between the ones committed to reach a deeper and comprehensive knowledge on HC. H-CRIN+ is committed – along with several HC organisations – to validating, based on research evidences, the societal relevance of the HC's interventions on the health and well-being of their target group. H-CRIN+ wants to contribute to the improvement of HC's practices and the HC organisations' maturation (and recognition) processes. Accordingly, several efforts have been done in these last six years to build bridges between different actors in the field worldwide: clown organisations (namely EFHCO: *European Federation of Healthcare Clowns Organisations*), academia and healthcare institutions. Sharing experience and knowledge in the field (e.g. instruments, publications, methodologies), helping other less experienced (or more isolated) researchers/organisations to set up their own research projects, mapping – along with the HC's organisational leaders – research questions that give more accurate answers to their queries on their practices, to promote joint discussion and solving of common obstacles and challenges, as well as disseminating useful information is part of H-CRIN+'s current practices.

Another good example of inspiring research practices is what *Federazione Nazionale Clowndottori* (FNC) in Italy, is doing. Albert Dionigi (healthcare clown, psychologist, researcher and president of FNC) along with his colleagues, has been gathering data in Italy about the influence that the clowns' personality profile, and the coping mechanisms they use to deal with the demands of their work, has on their personal welfare and on the quality of the HC's performance. The potential risks of this work on their emotional health – namely in terms of burnout or emotional tiredness – has also been in focus and, more recently, they joined other partners (H-CRIN+, clowns and other organisational leaders), from other countries and organisations to study these

phenomena together on a more international scale and involving a larger number of clowns. The goal was to, along with other peers, piece together methods, research questions, and data – collected in Lisbon, during the HCIM 2016 – in order to reach a deeper and broader comprehension of these phenomena.

“Literature shows that, within the past decade, there has been a surge of interest in investigating the effects of clowns’ interventions in a large variety of healthcare settings.”

It is also important to point out that H-CRIN+ interest on researching burnout and emotional tiredness resulted from a close dialogue with EFHCO in the past few years. Shortly after H-CRIN+ had been founded, EFHCO demonstrated an active interest to involve this new research consortium on the Federation’s efforts to map and design studies that could help the growing European HC community to deal with its challenges and taking HC to “the next level” (Michael Christensen). In that sense, EFHCO invited H-CRIN+ to join several of their meetings and discuss how to work together on this.

From the South of Europe comes another great example of how we can learn from each other and grow together. In 2010, in Portugal, *Operação*

Nariz Vermelho, has created the research project “Is laughter the best medicine?” along with an academic partner (University of Minho) after deciding to take a deeper look at their intervention in paediatrics. In 2011, they flew to Brazil to meet the NUFO, the research nucleus of *Doutores da Alegria* (DA). First, as a more experienced organisation, DA played the role of a consultant, but very soon the stimulating and growing collaboration became a Portuguese-Brazilian partnership. Since then, many studies and other research endeavours have been developed and spread to other projects.

Complicity, sharing, persistence, generosity and openness are some of the core values that seem to go across the different cases of good practices illustrated here and that we hope will inspire the readers.

Regarding the relevant topics that should be addressed when designing, implementing and disseminating a research project, many aspects should be considered and matured. The two hour debate that took place in this session (that felt like 30 minutes!) didn’t allow us to get to this point. So, what is left here is the authors’ reflections on some of the main ideas that intersect with their experiences as researchers on HC.

One of our convictions is that, surely, if we want to make research on HC a vigorous and solid field of investment (and growth), we need to do it together. Organisational leaders, artists, researchers, sponsors and healthcare staff should be involved in this endeavour. This means that every stakeholder should have an active and clear role in this collective effort; that the voice of each of them should be heard; and that these reflections should take place at a “round table” where all different parts are represented. These joint reflections should focus on, for example: the social relevance of research; the pros and cons of doing research on HC; how research data can help improve practices; what methods are considered more reliable or less intrusive; and/or the ethical issues involved. Additional investments

should be done on the dissemination, feedback, integration and discussion of these results, involving, once again, the different stakeholders, and jointly anticipating future paths on research and intervention. Conferences, publications or online meetings (e.g. Webinars) can be privileged ways to do it.

One other conviction is that we need to work together in the design, data collection and results analysis in order to get bigger samples, validate instruments, compare findings and, for example, study the differences (and common points) between the existing realities. Another evidence that we can take from our reflections on research along the years (and that the wild card session and the corridor conversations during HCIM helped to reinforce) is that research has, more recently, been increasingly recognized for its relevance; that the managers of these organisations acknowledge research as an added value for their development strategy and to the affirmation of the HC's profession, but that financial issues prevent most of these organisations to invest in a more substantial way in research (e.g. hire researchers, give grants...). Additionally, it's not always easy to get an academic partner to do research on HC. Despite being a recent phenomenon (with not much knowledge – publications, theoretical framework – in the field), the specificities of the HC's interventions, the inadequacy of the mainstream research methodologies (that somehow detract the art of HC) or the poor openness and/or sensitivity of some researchers to reach and embrace the essence of the clown and its ethics make it a challenging task.

To finalize, and going back to the wild card session, this experience showed us that this interactive and informal format is surely a great way of putting into discussion the common (and even contrasting) issues that involve research on HC. It allows to involve into the discussion the different members of this worldwide and multiple voice community: those that research (and those who don't); the enthusiasts and the sceptical (on

the relevance of research on this field); those that decide what the HC organisations' strategical priorities are or, amongst others, those that are potential sponsors (or vehicles to get there) and determine how much and where the money goes to. Amongst the around 50 persons that participated in this session and that have shared their wild ideas (meaning: that actively picked up and threw the ball) there were surely (and gladly!) representatives of each of these subgroups. The diversity and richness of the many contributions that have emerged, and the enthusiastic and open attitude that marked this session made us realize that this is a very powerful way of making research a common and growing value in the HC community. It was great to take part of it! Let's meet at the next HCIM, put our ideas together, and get wild again!

¹Amnon Raviv, Dream Doctors, Israel
 Caroline Simonds, Le Rire Médecin, France
 Charlotte Langmeijer, ClinicClowns, The Netherlands
 Kenneth Øhrberg, Danske Hospitalsklovne, Denmark
 Olivier-Hugues Terreault, Teatro do Sopro, Brazil
 Peter Ahlburg, Aarhus University Hospital, Denmark

4

TRAINING & EDUCATIONAL MODELS:

INVESTING IN THE PROFESSIONALIZATION
OF HEALTHCARE CLOWNING

THE IMPORTANCE OF TRANSMISSION AND PROFESSIONALIZATION OF THE CLOWN PROFESSION IN HEALTHCARE ESTABLISHMENTS. TOWARDS FULL RECOGNITION OF THE PROFESSION

By Marc Mauguin, Trainer and Manager for the Coordination of Trainers for the *Comédien-clown en Établissements de soins* curriculum, Le Rire Médecin, France

Ever since its foundation in 1991, *Le Rire Médecin* has associated the professional dimension of its mission towards hospitalized children with the transmission of the requisite skills for every clown-artist who joins the company.

Both artistic and human, this expertise is passed on to the new clowns through prior vocational training, which is then further consolidated throughout the clowns' career by means of a continuing education programme. Therefore, any clown joining the company will develop and expand its range of skills on an ongoing basis, to adapt as best as possible to the specificities, constraints and potentials of the hospital milieu.

Since the outset of the company and over time, we've regarded the question of professionalization as an extension of the issue of professionalism in existing practices, specifically from a two-fold perspective. Firstly, how to ensure the sustainable and extensive transmission of more than 27 years of consolidated practices in paediatric units. Especially in terms of knowledge, know-how and interpersonal skills. And secondly, how to gain further recognition as a bona fide profession of clown practice in healthcare institutions?

To address these questions, the *Institut de Formation du Rire Médecin* (Le Rire Médecin Training Institute) was created in 2010. The Institute's endeavours branched out in two focuses. The first one comprises training sessions for staff from various companies and administrations, healthcare personnel and parents at the hospital, as well as to various publics from other establishments who work with children or people in vulnerable situations. With short modules we highlight the human dimension of the relationship with children or other target publics and employ methods such as role-playing games, simulations or simple diversion and distraction techniques, depending on the specific objectives. As a second focus, the *Institut de Formation du Rire Médecin* regularly provides support for similar healthcare clown organisations undergoing professionalization of their everyday activities.

The Institute's aim has been to develop a six-months training module (665 hours/ 95 days/ 19 weeks of theory and practice) in view of adapting confirmed clowns' performances to hospital and other healthcare establishments requirements and assist them in professionalizing their practice. The training module delivers a level III Certification (equivalent to a two-year university degree), labelled *Comédien-clown en Établissements de Soins*, which has been registered since 2015 with the French national registry for Professional Certifications. Sanctioned by a National Committee, this registration is an official recognition of the quality of the training modules' contents as well as of its effectiveness in training highly employable professionals.

This aforementioned efforts show the essential progress made towards full recognition of the profession, although a long way remains to go.

“Any clown joining the company will develop and expand their range of skills on an ongoing basis, to adapt as best as possible to the specificities, constraints and potentials of the hospital milieu.”

Marc Mauguin

TOWARDS THE PROFESSIONALIZATION OF HEALTHCARE CLOWNING: THE IMPLEMENTATION OF AN INTERNATIONAL TRAINING CURRICULUM AND ITS CHALLENGES

Nicole Villgrattner, RED NOSES Clowndoctors International, Austria

Regular training is an essential part of our healthcare clowns work. Working in delicate environments and with vulnerable groups, the artists have to bring a set of skills, which combines both artistic talents and high sensitivity. In order for the artists to develop the necessary expertise, RED NOSES provides comprehensive training that not only includes artistic development, but also disciplines from other sectors that are interconnected with the work in the hospital. By creating a uniformed, high quality and certifiable education for healthcare clowns from ten countries, a multidisciplinary training curriculum for all RED NOSES clowns was established.

The objective is to provide an educational foundation that enables the artists to work in the sensitive healthcare environment with the highest artistic standards. The RED NOSES International curriculum was designed by the senior artistic leadership of the group, in consultation with external experts, including medical professionals. The development of the curriculum was co-funded by the Creative Europe programme of the European Union.

The curriculum consists of eight study units ranging from artistic and healthcare studies, to clinical exposure, psychosocial studies, sociology, and communication. Moreover, it takes into account the needs of the different RED NOSES target groups, thus not only focusing on paediatric patients but also on geriatric patients. It includes practical experience in the hospital, as well as the commitment to attend regular supervisions. Some curriculum units take place nationally in the local languages and cater to the specificities of each specific healthcare environment. Other trainings are held at the International School of Humour (ISH) in Vienna and bring together healthcare clowns across borders on a regular basis.

The curriculum consists of more than 400 hours and can be completed within three to five years. It should be done in parallel with the regular work as a healthcare clown. All trainings provided

by RED NOSES Clowndoctors International are internal and free of charge for the artists of RED NOSES partner organisations.

Despite the general success of the implementation of the RED NOSES curriculum, the process also faced some challenges. The biggest one was the acceptance and understanding of the need of a curriculum as a tool to ensure artistic quality. Putting artistic performance, individual expression and the specific skills of a healthcare clown into an educational framework was a process that involved intense discussions. One more challenge faced when setting up an international curriculum is the language. English speaking skills are not a prerequisite for becoming a RED NOSES healthcare clown, although it is the teaching language at the International School of Humour, making it challenging for certain clowns to participate in our international workshops or projects.

The curriculum has become an important tool, leading to the further professionalization of RED NOSES organisations. It has succeeded in creating common training standards and the awareness of being part of one international organisation. RED NOSES clowns speak a common artistic language, which, when going on international missions, allows them to quickly build well-functioning teams.

Despite the progress, the road ahead is long as it is challenging to establish and further develop a common curriculum involving clown artists from ten different countries. Delegates from RED NOSES partner organisations meet on a regular basis to identify the needs for improvement and to set up new training modules when required. One of the big future ambitions is to obtain official accreditation by the different national educational authorities. The official recognition of the healthcare clowning training would mean a further step towards the professional recognition of our sector.

TRAINING AND EDUCATION OF ARTISTS AT DR. RED NOSE IN TAIWAN

4

By Luc Ducros, Director of Education and
Training of Doctor Red Nose Association and Chao-Chi Ma,
Founder and Chairperson, Doctor Red Nose Association, Taiwan

The figure of the contemporary clown, as it exists now for almost forty years in Europe and in the United States, and such that we practice in our Association Dr. Red Nose, is widely unknown in Taiwan. Chinese traditional opera has a group of characters called the "Chou" (literally the "ugly" or "horrible") which can resemble clowns. They represent the humorous, satirical or funny characters, but their game is very codified.

Few artists have received previous training as contemporary clowns in Taiwan. This is why we primarily recruit actors having a good education and/or artistic experience and subsequently provide them with a training that takes two and a half months. The training includes theoretical lectures (knowledge of the medical universe, paediatric psychology...), artistic courses (clown, music, puppetry...) and practical outlines for games in the hospital.

The theatre courses offered at Taiwanese universities are influenced by the Actors Studio and favour a psychological approach to acting. The interpretation of the word, more than the expressivity of the body, is vector for sense and emotion. For artists who want to join Doctor Red Nose as clowns, it's often the discovery of a new form of artistic expression. Although this means that the learning process is hard, it is also a source of motivation. Luckily, the profession of the hospital clown attracts many people. While the status of artists remains very precarious in Taiwan, the engagement with Dr. Red Nose assures the actors a steady income. Moreover, the work of hospital clowns is well respected and gives additional recognition and valorization to the role of the actor in society.

The training is partially provided internally by Dr. Red Nose, and partially by external teachers for specific artistic disciplines such as music or puppetry. Additionally teachers with a medical background accompany it for the theoretical and healthcare related parts. Since the beginning of the project, we also work in collaboration with "Le Rire Médecin" in France. We are three (soon four)

members who have received full training as "actor clowns in care facilities" by the Training Institute of "Le Rire Médecin" in Paris. On-going capacity building is equally part of our training programme. Regularly, about once a month, the team meets to exchange and receive coaching on different topics. This enables us to continuously maintain and improve the quality of our interventions in the hospital. Finally, the clown-trainers from "Le Rire Médecin" are actively involved and visit us from time to time, on average every two years, in Taiwan. On these occasions, they hold workshops on specific topics (such as neonatal, intensive care...) and coach our clowns in the hospital.



To conclude, I would say that Taiwan, and more generally Asia, is experiencing a degree of isolation regarding the training of hospital clowns. Nevertheless, we managed to overcome the lack of resources and constraints by the know-how acquired from "Le Rire Médecin" and the cooperation between Doctor Red Nose and different other associations in Europe.

5

THE ART OF CLOWNING

THE ART OF CLOWNING

Interview with Giora Seeliger, Founder and Artistic Director, RED NOSES Clowndoctors International, Austria

Clowning as a profession, let alone healthcare clowning, is a demanding occupation which requires artists to perform at their best day-in and day-out. These artists are given the access to sensitive medical and care environments, based on trust and communication with the medical and hospital staff and thus enrich the hospital settings. For this reason, healthcare clowns need to constantly train and be at their best in order to support those in need of joy.

We have asked Giora Seeliger about the artistry of being a professional healthcare clown.

What role does the clown artist have in society?

Seeliger: Each culture develops a figure that embodies the humour, the paradoxes and the absurdities innate to being human. These figures vary in language, and in physical and visual representation, but are nevertheless, recognisable as funny characters, as comic figures and “clowns” in all cultures. In our modern society clowning and humour are more and more considered to be an essential part of any fine arts education. It is a serious artistic discipline. However, clowning has always been, and remains, unique in its reflective nature, informing an audience about the current state of society. By embodying the role of the clown, a person becomes more aware and accepting of unwanted aspects of themselves and of the world that surrounds them. The clown brings this self-reflection, empathy and compassion with him. By becoming conscious of the nature of our being, we are able to better understand and empathise, which facilitates change.

What makes the work of a clown unique in its approach to working in hospitals?

Seeliger: We are not there to provide only entertainment. This is simply not true. We are “encounter artists”. For example, you can look at the outfits of each of our artists. They dress in simple clothing with a red nose. There isn't any of the big face paint or exaggerated outfits we normally associate with clowns. Some describe this red nose as the smallest mask in the world. Our artists do not hide behind a mask. They

reveal. Thus, they rely on rigorous and ongoing training. By following our comprehensive training curriculum, the artists receive over 400 hours of training. Healthcare clowns need to understand how patients respond differently from typical audiences. They are required to learn how to relate to their patients. It is a constant learning process. With patients who are not always in the best of moods, rejection does not always mean rejection. Our artists need to learn to discern the difference, and learn how to turn these difficulties into something valuable. Clowns are artists of the personal encounter. They are there for the person – not for themselves, not for the “art”, not for the illness - this makes them unique in their artistic approach.

How does RED NOSES prepare the artists for their work, within the sensitive hospital environment?

Seeliger: We all strive to continue to become better clowns. Without training and new input, our artists will become stagnant and won't improve. And this is not fair to our audiences. We must connect with them. This is the reason why we invest significant time and resources in our artists.

Clowndoctors develop a close relationship with their patients. Common stories and experiences are born out of this special clown-patient intimacy. To share pain, suffering or even death is a task which demands great strength from the clown artists. It is for this reason that professional guidance and psychological support are both essential elements for their success.

Besides having good psychological training, the clowndoctors must have excellent command of the entire artistic repertoire of a clown. It's difficult enough trying to make healthy children laugh. Giving joy and encouragement to patients suffering greatly during medical treatment in hospital demands for sure greater empathy, knowledge and continuity in dealing with the sick. This expertise and the necessary tools required for professional clown work in the hospital

The Art of Clowning

environment are taught in our International School of Humour. This is complemented by national and regional trainings. Overall, we work with our artists at all levels, in order to provide them with the best possible tools to perform in some of the most sensitive and challenging environments and situations one could experience.

What kind of skills or techniques do the clowns learn in the workshops you have mentioned above?

Seeliger: The clowns learn a wide variety of skills. Some are what you would expect from a clown artist: juggling, magic, music and the use of props. Others are more technical, like emphasizing various theatrical elements, such as the dramaturgy of a sketch or controlling one's body language in front of an audience. However, in order to strive to be our best, the clowns must also learn more than simple physical tricks, he/she has to become an individual, universal character. Additional workshops focus for example on medical knowledge, on the cooperation with hospital staff and also on understanding the emotional distress each child may have to endure while staying in the hospital. But beyond all, they need the "talent" to do what they do.

In your perspective, which further directions can healthcare clowning take in the future?

Seeliger: Within RED NOSES, we felt the need to assess how we had evolved as a group, but also to reflect on where we want to be in the future. Hospitals are no longer the only place where our clowns perform. We visit many target groups, including children and youth with multiple disabilities, adults in rehabilitation centres, the elderly, disaster-affected persons such as refugees and internally displaced persons (IDPs). While the core of our work has not changed, we realized that we have to expand our vision and our ambitions beyond those who may be hospitalised and ill. At the heart of this new direction is our wish to bring arts and culture to those who do not regularly or easily have access to it. For this reason, we have expanded the scope of our work with the aim of bringing humour and laughter to those in need



of joy. It is my belief that through our artistic approach we can make a difference in people's lives. Notwithstanding one's situation, arts and happiness always have a role to play in life.

Why do you think access to culture is so important? And how can our sector contribute to this?

Seeliger: From my point of view, access to arts and culture is an integral part of the development of each human being. In fact, this is a right enshrined in several United Nations' Conventions, as for example the UN Convention on the Rights of the Child. Over the years, stakeholders have increasingly recognised the importance of culture and the arts for the well-being of the individual and the happiness of a society. Cultural and artistic activities are also a valuable instrument to promote a culture of understanding and dialogue. From our experience, we can see that interactions with our clown artists, and the participation in our different programmes, provides space for self-expression, empowers individuals and also conveys important life skills. We believe in a better future for people in need of joy.

REACHING DIFFERENT AUDIENCES

CLOWNING FOR COMA PATIENTS

By Anna Wojtkowiak Williams, Artistic Director,
CZERWONE NOSKI Kłown w Szpitalu¹, Poland

CZERWONE NOSKI hospital clowns have been visiting coma patients since 2013. They visit children once a week in the first specialized clinic for children with severe brain damage in Poland, Klinika Budzik ("Alarm Clock Clinic").

Coma patients can be treated in the clinic for 12 months, starting on the ground floor and moving up during the recovery progress. When first admitted, patients live on the "ground floor" and contact with them is zero or close to zero. Even though there is no reaction at all from the patient, it is the most crucial time for stimulation. On that floor, CZERWONE NOSKI clowns had to revise one of the pillars of clowning: "The audience needs its place". This is based on searching for contact with the audience and reading their reactions. In the first phase, on the first floor, the clowns will not see any reactions, no matter what they do. Therefore, the big focus is on the parents who are dealing with enormous stress and trauma. They just lost a healthy child, they are away from home and their other children, and they now devote themselves to their injured child. Parents look intently for the smallest sign of returning brain functions. Parents have told us many times that clown visits bring them moments of relief and give them a break from their numerous heavy thoughts.

"The regularity in every therapy, also in art-therapy is very important for the result of the rehabilitation. Therefore, I appreciate that CZERWONE NOSKI Clowns visit Budzik's patients every week. Their empathy and attention to the patients inspires the whole team"

Dr. Maciej Piróg Phd., Director of Alarm Clock clinic

When a new patient arrives, their parents play a big part in helping the clowns to meet and learn about him/her. The clowns ask the parents what the child likes, what his or her passion is, their favorite music, sports, activities and so on. By replying to this information in the "clown

way", with strong emotions and what we call "importancating"², the clowns create a different kind of stimulation for the coma patients.

"Our daughter spent one year in Budzik. There were moments when she didn't want to see anybody, but fortunately the clowns were able to unleash her natural energy and openness and to support her in the rehabilitation process"

Adam Miozga, father of Natalia, woken in 2016 in Klinika Budzik

The therapists acknowledge CZERWONE NOSKI's role in supporting their work during the rehabilitation of the patients, as the clowns are an integral part of the entire 12 months recovery cycle. CZERWONE NOSKI clowns in the Budzik Clinic use the clown qualities of being "improper", eccentric and surprising. A mother of a teenage patient told us that, "Gross and stupid things work the best." There was a case of a boy who was a burn victim. He was in the process of coming out of a coma, with the ability to react and communicate already, but he seemed to be very depressed and lacked any will to recover. His first smile and big reaction came when the clowns prescribed performing an enema³ ... on his mom. Doctors told us later that it was the turning point in his therapy and since that moment his recovery sped up significantly. We've also had testimonies about patients remembering the clowns. When a teenage boy was on the first floor, female clowns flirted with him. When he upgraded to the second floor, he communicated to his mom (by squeezing her hand) that he remembers those clowns and that he wanted more of their flirting.

¹Fundacja CZERWONE NOSKI Kłown w Szpitalu, member of RED NOSES Clowndoctors International

²Ami Hattab coined the term „importancate”, which refers to how clowns intensify and exaggerate the importance of something, without losing authenticity.

³Enema: a procedure in which a liquid is injected into the rectum, to expel its contents or to introduce drugs or permit X-ray imaging.

INFANTS & CLOWNS: EARLY APPRECIATION OF CLOWN HUMOUR

By Gabriela Marková, PhD, University of Vienna, Austria

Incongruence is essential for young children's understanding of humour, and it is defined as a violation of expectations. Already from 3 months of age, infants are very sensitive to incongruences and react negatively in particular to violations of their emotional interactions with caregivers. Interestingly, if incongruences are not experienced as threatening, but rather as playful, then they can become humorous. Thus, young children's reactions to incongruences depend on the context in which they occur.

Recent research suggests that parents perform incongruent playful actions in interactions with their 3-month-old infants in order to entertain them (Mireault et al., 2012). Around 4 months old, we can observe first laughter in infants (Sroufe & Wunsch, 1972), and shortly thereafter, infants begin to imitate the humorous behaviour of others (Reddy & Mireault, 2015).

At 6 months, infants frequently laugh with others, repeat behaviours that have elicited laughter in others before, and tease others by playing give-and-take games with them or deliberately failing to comply with socially agreed-upon rules (Reddy & Mireault, 2015). That is, in the second half of the first year of life, humorous interactions are in full swing.

Not only do parents first introduce humour into their interactions with infants, but infants also actively use their caregivers' affective cues as a source of information to evaluate incongruences and to react adequately to them. In fact, a research showed that 6-12-month-old infants smiled or laughed during absurd actions only when parents did so as well (Mireault et al., 2014). In this way, this so-called social referencing likely facilitates the interpretation of incongruences as non-threatening.

Thus far, all studies on early humour have focused on humorous interactions with caregivers, while there is no evidence regarding infant early appreciation of humour with strangers, such as healthcare clowns in a hospital context.



In a recent study, we have accompanied RED NOSES Clowndoctors during their regular visits with hospitalized children between 3 to 36 months to observe young children's reactions during these interactions. Children reacted positively towards the clowns, and their positive emotional displays increased in the course of the interaction as well as with age. More importantly, results showed that parents play a significant role in young children's appreciation of clown humour.

Specifically, parents determine the context of the interaction and signal back to their children important emotional information regarding the situation with clowns. Therefore, the involvement of parents in the interaction with young children is essential for the work of healthcare clowns in paediatric and neonatal units.

“Musical play may thus be an important tool for healthcare clowns not only to reduce the negative emotional effects of hospitalization, but more importantly to establish a genuine human connection with even the youngest patients.”

Gabriela Markova

Furthermore, our study showed that it is essential for healthcare clowns to adapt their actions to the children's developmental level, which they intuitively do in a similar fashion to caregivers. Corroborating research from parent-infant interactions (Sroufe & Wunsch, 1972), healthcare clowns use predominantly auditory stimuli with youngest infants, and visual stimuli with older children. Music is likely an important medium for clowns to reach particularly very young infants, even neonates and prematurely born infants in the NICU. Music has stress- and pain-reducing effects (Linnemann et al., 2015), and these effects are even stronger when other people are present (Linnemann et al., 2016). Also, infants show preferences for strangers who sing familiar songs (Mehr & Spelke, 2017; Mehr et al., 2016). Musical play may thus be an important tool for healthcare clowns not only to reduce the negative emotional effects of hospitalization, but more importantly to establish a genuine human connection with even the youngest patients.

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CLOWNING WITH CHILDREN ON THE AUTISM SPECTRUM: RESULTS OF A PILOT-STUDY

By Valérie Caron and Melissa Holland, Dr Clown Foundation, Canada

Dr Clown has worked in paediatric healthcare centers for over 15 years. Many revelations through some very special encounters with children with Autism spectrum disorder (ASD) lead us to believe that the therapeutic clown can have an impact on the relational abilities of a child with this disorder.

Seeking partners, both financial and practical, we were able to set-up a six month pilot study to identify the benefits in six behavioral categories: basic abilities (joint attention, respecting personal space, smiling, greeting etc.), communication, emotional management, frustration management, problem-solving, and self-esteem.

Two programmes were set-up, one at a daycare center for children aged 18 months to 6 years old, and one at an elementary school for children aged 5 to 13 years old. A duo of clowns came once a week to meet with the same groups of children. They were observed by educational professionals from the milieu who made observations on the interactions based on the identified categories.

The key skills used by the clowns included the following: strong quality of presence; listening and waiting; empowerment; facial and physical expression; music, rhythm; imitation; instinct; puppetry.

The main results were as follows:

- 67% of the observations highlight the positive impact on basic and communication abilities
- 18% on successful problem solving and boosting of self-esteem
- 15% on effective frustration and emotional management

Here are a few examples: It was observed that one child who constantly screams, screamed less when the clowns were present.

"He proposes new ideas every time! He is able to adapt better, use more vocabulary...He is at ease and inventive. He has a big smile and seems more open and free."

"While we are playing the theme song that signals our arrival, Baloney (Dr. Kiitch's pig) fell to the floor and made a noise. One child made the sound of a pig and another, the sound of a lamb. Kiitch starts the song "Old McDonald" by inserting each child's name, one by one. This was a beautiful exercise that allowed everyone to express their own personality, to speak in front of others on a given rhythm and to have their moment. We were therefore entitled to lambs, cats, farts, Pokemons, trains and other farm animals!"

"What is special about the therapeutic clown is that he has one foot in the childhood world, and one foot in the adult world. Thereby, children can feel confident and safe, like with the adults in their environment. But they can also identify with the clowns, as if they were children, and therefore use them as models." (Gaid Gaiillard, coordinator Gold Centre, Trampoline Program).



THE LANGUAGE OF THE SENSES. CLOWNING FOR CHILDREN WITH SPECIAL NEEDS AND ELDERLY PEOPLE WITH DEMENTIA

By Hanneke Heessels, CliniClowns Foundation, The Netherlands

We humans are taught how to behave and how we must act. We forget to just BE, and to relate to what is right in front of us. My workshops provide tools and exercises on how to return to the language of the senses.

What do I bring with me into the room when I, as a healthcare clown, visit children with special needs or elderly people living with dementia? Both the children and the elderly speak their own authentic language. As a clown you use whatever tool is present and best triggers their senses: perhaps the space is cool or warm and you create a breeze; perhaps music is playing or played by the clown; perhaps some cloth or material can be used to give the sense of touch. All tools are there to communicate. The clown is in the spectrum of the senses, not in the world of speech.

Experience the Senses

One of the exercises during the workshop at the HCIM 2018 was to have the participants experience each sense separately: 'Go into the building and listen at several places. What do you hear?' The participants heard sound and noise in different volumes.

There is an enormous amount of sound and noise everywhere. As a healthcare clown you need to understand that the children/people you visit experience this in a much more intensive way. There is so much input and stimulants for them; an overwhelming noise and a constant overstimulation of their senses. This is what sometimes makes them go into their own space, their safe haven, by closing their ears, curling up or just being numb.

The bright side however is that there is always sound to play with or to enhance, to create and imagine things with. You can steer the sounds as you like by using your own sound or what is already present in the room. For example, one participant at the workshop stuck her head into a locker and explained that she felt like one part is in a sound box, but her body is also part of the

outer world. This describes nicely how children with disabilities and elderly living with dementia can feel.

Learning to see / to give

Learning how to use the senses and how to align them can be understood by small actions and by being patient for their reactions. By focusing on the senses, the clown places himself/herself next to someone, instead of in front of them. This way the receiver is given a choice if he/she wants to participate. Sometimes it is useful to work with patience, but sometimes with a firm action that breaks through a daily pattern, which can give amazement, joy and light to children and the elderly.

Children with special needs and elderly living with dementia

Having an understanding of working with children or the elderly is necessary. At the same time, it is ok to take risks and to be bold and brave. Trial and error create challenges and beautiful moments. It is not about crossing borders, but about trying new things. One must stay tuned and focused, and become part of their world. They want to be seen and to be taken seriously. This takes repetition, effort and time, which results in relaxation, freedom of movement, expression of emotions and happiness.

“One must stay tuned and focused, and become part of their world. They want to be seen and to be taken seriously.”

Hanneke Heessels

CHILDREN AND ADOLESCENTS WITH EATING DISORDERS

By Tiffany Riley, Founder, The Laughter League, USA

The three main eating disorders, Anorexia Nervosa, Bulimia and Binge Eating Disorder, share a common symptom: unhappiness with oneself and one's own body. Young people suffering from eating disorders are often highly intelligent perfectionists; they suffer from loneliness and depression, and have issues with shame, grief, vulnerability – and social anxiety, which compounds their issues.

When we enter the scene, we are greeted by a captive audience of mostly pre-teen kids who are somewhat jaded, and all seem on the verge of rolling their eyes in disgust at the sight of a clown. Certainly, not a single one of them is happy to be there, and they will make no bones about telling you so. So, our work is cut out for us, to say the least. We have to find a way to show them that we are there to be ridiculous, to tickle their funny bones, and to find a way into their hearts through our unique connection to them. All of this has to be achieved without mentioning food, eating, appearances, water, cell phones, texting or a myriad of other triggers. Through the practice of being open to the gifts of the universe and saying yes, which are both Improvisation Maxims, we discover a new way to connect with the children suffering from eating disorders. We are conducting an ongoing research project to back up our assumption that participating in improvisation lowers social anxiety among patients with eating disorders and other chronic conditions.

At the start of our visit with the group one day, I introduced my partner as the Chief of Stuff, a quirky play on words that parodies people you encounter in the hospital. Without being prompted, a kid in the back of the room called out, "and I am the CEO, Chief Executive Octopus". The group laughed, and then more kids began to chime in with their fake titles. Pretty soon, the whole room was engaged in this goofy improvisation. This game allowed for everyone to be part of what was happening even if they did not feel like speaking out loud. The feedback we received from our visit that day was exciting.



After we left, the therapists observed that the group remained engaged with one another and continued to be connected to the group. Unbeknownst to us, social interaction is one of the most challenging things for this population due to their heightened social anxiety.

While we know that laughter cannot solve our mental problems, it is safe to say that applying humour to difficult situations can often dissipate the anxiety and breathe new life into an otherwise challenging moment.

The best therapeutic clown performers are courageous, because they are willing to be vulnerable in service of engaging the people they serve on a deep emotional level. Vulnerability, as defined by Brené Brown, is the ability to navigate uncertainty, risk and emotional exposure (Brown). This powerful flow of energy and connection allows artists to affect others and to simultaneously be greatly affected by those they serve. By connecting with humans in this way, we often create moments of magic that transcend mental states.

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THE DIGITAL CLOWN: HOW TO CONNECT THROUGH NEW TECHNOLOGIES

By Desiree van der Wiel and Rinze Heininga¹,
CliniClowns Foundation, The Netherlands

In 2005, CliniClowns Netherlands started an on-line healthcare clowning programme. This programme began when we noticed that children had shorter stays in the hospitals, but they were still ill and recovering at home. This means that they could still not go to school and felt isolated from their friends and other play opportunities. To respond to this, we started using webcams on our website “Neuzenroode”, mainly for children at home.

In 2016, a further step was taken with the creation of the CliniClowns App. This App is an online tool that enables clowns to play for sick children when ‘real’ play is not possible, be it because children are in isolation, because they missed the clowns in the hospital while they were having surgery, or because they are receiving treatment at home. Therefore, the App expanded our “reach” and allowed us to also visit hospitalised children virtually, when in-person encounters are not possible.

Through the App, children can be with the clowns via webcam and can watch videos and live shows made by the clowns. This means that whenever the children need contact with the clowns they can now go online and interact with them. Through this, CliniClowns offers these children a constantly available distraction and ways to release stress and anxiety. Currently, a team of 14 clowns offer clowning on the App to children, 5 days a week.

With this innovation, we have often been confronted with the question: live clowning or App? For us this is clear. The App is offered as a complementary tool to children in hospital. Once the children have received visits from the clowns, they can experience healthcare clowning more often by going into the online clown world at any time they like. Children nowadays are so used to using tablets or phones, so why not offer them our world through those devices? It is still healthcare clowning although there is a screen between. The app involves actively responding and talking to the children. It is not a passive interaction.

But how do healthcare clowns connect with children with a screen in between? In theory, each CliniClown could play online, because the play is about establishing sincere contact and tuning in with the child. However, it does take extra listening and careful watching because of the camera. For a clown this extra layer adds some more effort to read the child. It also requires being very creative, including playing with depth or using special effects. The clowns must always stay in tune with what the child is doing to create a rapport and connect from a distance. Nevertheless, just sitting in front of the camera and wait until the children come in action, mostly only leads to bit of chatting, which is not the aim of the App.

Throughout the implementation of the online programme, we have experienced some of the effects of this type of interaction. For the clowns, they can play more ‘grotesque’ than usual because they are physically removed from the audience. For the children, getting in contact with the CliniClowns through the online App feels very safe, and at the same time very close and personal as they remain in their own space, with a camera in between. The children have optimal control of the situation, they decide to stay or to go, they decide how/if they want to include the clowns or not. They can simply show their home if they want to. The children relax, feel connected and empowered, and experience less anxiety or stress. One good example that shows the positive impact of the App, was the interaction with a child with autism who at first did not want live contact with the clowns. With this online programme, the child felt more compelled to interact and now he enjoys the online interaction with the clowns because it gives him more confidence. The online programme is being constantly monitored at the main office of the CliniClowns Netherlands.

¹During the HCIM 2018 in Vienna, Desiree van der Wiel and Rinze Heininga demonstrated how the CliniClowns App work in a workshop to participants. Desiree and Rinze are both clowns that play for the App and the online programme of CliniClowns Netherlands.

ELDER-CLOWNING IN DEMENTIA CARE

By Prof h.c. Magdalena Schamberger¹, Dr. Ruud Hendriks²

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²Dr. Ruud Hendriks, Department of Philosophy, Faculty of Arts and Social Sciences, Maastricht University, The Netherlands



Clowning and dementia

MS: Dementia is considered one of the biggest challenges of our times. Everybody knows somebody who has 'it' either within their own family, their circle of friends, neighbours, colleagues or acquaintances. And usually it is not only the person affected by dementia who is living with the disease.

In medical terms, dementia is a neurodegenerative condition which causes physical damage to the brain. It is progressive, there is no known cure and it is terminal. There are over 100 types of dementia (of which Alzheimer's Disease is the most common form), different variations within the types and a variety of cognitive challenges because different areas of the brain are affected at different times.

RH: Although it is important to know the facts, an introduction to clowning with people living with dementia is actually ill served by focusing too much on the biomedical symptoms of a condition that most people associate with the frightful consequences of memory loss. Clowns that have found their ways to residential dementia care over the past 10 to 17 years precisely help people *escape* from their patient's role. They seek to diminish the importance of cognitive group differences (of 'us' vs. 'them'), and focus on our shared humanity and multiple *individual* differences instead.

MS: There is a saying within the dementia community that goes, "if you have met one person with dementia, you have only met one person with dementia". Every single person experiences it differently, because people affected have different brains, different lives and different social connections.

Dementia is life changing. That is why people are often focusing on the challenges associated - such as problems with memory, language, behaviour and vision, rather than the abilities and opportunities for emotional connection, such as creativity, humour and laughter.

RH: Interactions as they may evolve during a clown's visit challenge clichéd images of people with dementia as fully determined by their disease, as remaining in a state of apathy and passivity until activated, of people who lost their selves because they lost their cognitive capacities. Elder-clowns show us a different reality, where there is room for reciprocal playfulness and affective relations.

By attuning their skill and talent to frail older people, clowns of organisations such as the Hearts & Minds Elderflowers (UK), miMakkus and Care Clowns (The Netherlands), the Dream Doctors Project (Israel), Klokkeklovnene (Norway), the Vaudeville Caravan of the Big Apple Clown Unit (USA), Fondation Dr Clown's La Belle Visite and Fools for Health Family Clowns (Canada), Teatro

Elder-clowning in dementia care



do Sopro (Brazil), and the ElderClowns and Laugh-terbosses of the Australian Humour Foundation, help people with dementia to flourish again.

MS: Humour and laughter connect us as human beings. People from anywhere in the world, from any culture across generations, social, economic and linguistic divides – can experience a deep connection. Humour and laughter are the bridge across hierarchy, isolation and illness and a short cut to the person, whatever their circumstances and surroundings. That is why, in my experience, clowning has proven particularly effective in reaching people with dementia.

Beyond memory

MS: I would argue that when thinking about dementia, focusing on memory is overrated. If we can look beyond the pressure to remember and replace it with the encouragement to enjoy the moment, spark curiosity and connection we create the opportunity to imagine opening up possibilities and projecting into the future.

For a clown, the red nose is the smallest mask in the world, which connects him/her to their own vulnerability. Red is one of the colours the ageing eye can see the longest and leads the observer straight to direct eye contact. For a person living with dementia, it therefore provides a focus, an anchor and a short cut to connecting with the person in front of them.

Clowns are masters of acceptance and unconditional love. They are eternally curious and will find beauty in the smallest seemingly unimportant detail, sharing joy and positivity with anybody, including those affected by dementia.

Clowns and people living with dementia have a lot in common: They are generally surrounded by people who know more than them and who are in control. Clowns are specialist in not knowing and feeling comfortable and relaxed in the place of confusion where outwardly nothing, or not much, happens. They share this challenge of not being sure and creating strategies to conceal this shortcoming (at least those in the early stages of dementia). Both battle with short-term memory challenges and the need for routine and repetition. They are equally used to 'making mistakes' but the clown's nature to celebrate rather than hide those 'blunders', opens up the freedom to 'fail' and accept the 'not knowing' rather than the stress that usually surrounds this for people living with aspects of memory loss.

Shared embodied being

RH: Clowns working in dementia care specialize in emotional contact and ways of communicating that do not depend on rational memory or heavily lean on other cognitive capacities. Elder-clowns instead learn to rely on people's shared *embodied* way of being in the world.

This bodily potential, which comprises both people's receptivity and expressive being, is often still neglected. Despite changes in the culture of dementia care, the institutional climate is often bland, uninteresting, mind- and especially *body*

numbing. Emotional and aesthetic deprivation leave many residents skin hungry in a literal sense, or otherwise craving for a chance to become affected.

I see elder-clowning as a way to maximize opportunities for people with dementia to be moved like anybody else, by opening up a world of sensory and emotional experiences for them. I don't mean this as a one-sided process, as that would risk overwhelm people with well-meant but maladjusted stimuli. A fully prepared clown's body is more like a precision instrument that enables a clown to attune and learn *from* the other how to affect the other.

Elder-clowns nourish the *person*, attuning to the other by way of their *body* a sensitized body they owe to their interactions with others, like people with dementia, who on their turn nourish the clown.

Clowning as Person-Centred Care

MS: The Alzheimer Society defines person-centred care as "tailoring a person's care to their interests, abilities, history and personality" and mentions some of the key aspects: treating the person with dignity and respect; understanding their history, lifestyle, culture and preferences, including their likes, dislikes, hobbies and interests; looking at situations from the point of view of the person with dementia; providing opportunities for the person to have conversations and relationships with other people; ensuring the person has the chance to try new things or take part in activities they enjoy.

Responding artistically and humanly to the individual is the speciality of clowns working in a health care setting with people living with dementia. Elder-clowns work together with staff and families to find important facts about a person's life history, as well as diagnosis and medication. However, they will place this information at the back of their mind and focus on the individual in front of them in the particular moment.

By creating invitations to engage and accepting every suggestion of the person with dementia, they give value and meaning to the encounter and the person itself. They are able to enter the person's 'reality' by suspending their own, therefore providing a bridge between the two.

"A clown's primary concern is to help the other to remain receptive, to explore and optimally support a person's connectedness to the world."

Ruud Hendriks

For obvious reasons, healthcare clowns are not easily mistaken as staff, even by those who can be easily 'confused'. Even if the mind of the person with dementia might not remember the encounters, their body does. The red nose becomes a signal of playfulness, a personification of 'otherness' and an invitation to engage therefore disconnecting from the caring duties and connecting them with the person behind the diagnosis. The abstract and heightened nature of the elder-clown character tends to free people living with dementia from the pressure of relating them directly to something/somebody else in their past lived experience, therefore opening the encounter up to freedom of interpretation: the clowns take the role of best friends, long lost family members and imaginary characters. An elder clown's ability of being in the moment, saying 'yes' and celebrating our shortcomings and imperfections are a bridge and remedy.

Verticality and dignity

RH: Elder clowns do not only add something special to person-centred care *practice* they also break *philosophical* ground as they remind us of alternative ways to flourish as a person.

The clown's view of a person as being embedded physically and emotionally in a sensory world is in sharp contrast with our customary (self-) image of human kind as an autonomous, rational being. This last image maybe depicts the subject as standing on a hill, overlooking the world out there, independent and in control of what she knows relying on her inner footing, no longer a toy to fate and nature.

There is an intimate connection between this image of our autonomous being and common ideas on how to approach others like us in a respectful way. They speak to us that the loss of autonomy must be avoided by all means. For such a loss of autonomy is neatly associated with losing our *dignity*, as demonstrated by Jos Houben at the occasion of the Health Care Clowning International Meeting in Vienna, in a memorable performance of "verticality" and of the shame that comes over us when we lose it.

"Clowns are masters of acceptance and unconditional love."

Magdalena Schamberger

The image of the person standing on a hilltop is also reflected in dominant strands of ethics that provide guidance on how to respect people with dementia. Good care usually involves support for people to stay on top of their hill keeping them informed, train their memory, and sustain their rational capacities. Good care usually helps people retain their inner grip as long as possible.

Yet, as people get further in a process of dementia (a progressive condition, after all) insisting on their autonomy becomes an uphill battle. Appeals to rational capacities that cannot be answered may do actual harm. Good care for people with advanced dementia, therefore, often takes a form of "going along" in their world, rather than trying to keep them attached to reality.

Elder-clowns specialize at joining the other's way of being in the world, emotionally, attentively, physically. As a clown, they give up control and expose themselves to the situation as it unfolds here and now. Giving up on the meaningful order; maybe literally losing one's verticality stumbling, falling, and finding oneself stretched out on the floor.

Our verticality may seem the last thing to give up when human dignity is at stake. From a clown's moral perspective, however, to respect people with dementia has little to do with upholding the ideal of the autonomous subject. A clown's primary concern is to help the other to remain *receptive*, to explore and optimally support a person's *connectedness* to the world.

Clowns nourish the senses, not to help people regain overview but so they can be *touched* by the world. They do their utmost, not to help people recover their inner basis but to look for a shared physical footing in the world.

CLOWNING IN CRISIS AREAS

LAUGHTER IN A TIME OF LOSS AND MOURNING

By Reinhard Horstkotte, Artistic Director,
ROTE NASEN Deutschland¹, Germany



Since 2014, my organisation has organised health-care clown's performances, workshops and other interventions for thousands of refugees in over twenty different homes and institutions in Berlin.

Up until this moment, we were a non-profit organisation that was engaged in a "non-political" operational field. We mostly worked with children in hospitals and senior citizens living in nursing homes, suffering from dementia. But when we started to engage with refugee work, we suddenly found ourselves in the middle of a huge political discussion. Although it was not about taking sides or about advocating as to whether Germany should take more refugees or not (and if so, how many), the simple fact that we had committed ourselves to working with this group, and the organisations that were working with them, was already interpreted as a political statement.

Since our work is to bring humour and laughter to those in need of joy, it was just natural and inevitable that we should work with this group of people who had lost their homes and, very often, relatives in war.

The idea started with a call I received from a volunteer who asked me to perform at a Christmas Party in front of refugees. It was 2014 then, before the so-called European migration crises that followed in 2015.

In my first performance, I remember that there were a lot of children from Chechnya. I put on my costume and welcomed the arriving guests in a funny way. I was just there in my clown spirit, present, playful and connecting with the people. The next day, I got a call from the director of the refugee shelter who told me that it was the first time he had seen the children laugh. This experience gave me the confidence to begin the journey of working with refugees with my organisation.

As more and more refugees arrived in Germany throughout 2015, the situation became overwhelming. It was in the midst of the constantly rising numbers of people arriving, and of all the chaos surrounding the strenuous situation, that we started with our clown interventions. It was like magic. Suddenly every difficulty, all the pain and suffering were blown away. People came together, listened to our music, watched our sketches and stories and had fun when we tried to speak their language. For those one or two hours that we were there, it was like an old dream coming true: "We are one human family. We tell stories, we live here together on this planet, no matter where we come from." In those specific moments there was no feeling or thought of "I live here, and they are refugees who need my help". People just were. Togetherness.

The clowns made that possible. Why? As artists, we are constantly living in an imaginary world of music, stories and images, but a clown also lives in *this world*, constantly in contact with his/her audience and the things around him or her. It is all about being true within this imaginary world, yet being empathic to the realities of the outer world. Maybe the refugees and the people working at the receiving shelters felt that, and the fact that we shared with them something

so important and precious to us touched their hearts. One man shouted when we left: “Come back, please come back!”. There was such a hunger for a space where there was laughter and being together on a simple human level, and we could fill that hunger, at least for a while.

Integration is a big issue of our time. Reflecting on our experience, I can see that integration always starts inside of us. Becoming aware of our own worries, dreams and visions and sharing them with each other, enables us to work together towards a better society. We need to communicate. When this communication starts, we become aware that we have much more in common than what we have apart. For this reason, we have always made the effort to invite the neighbours who lived nearby the refugee home to our interventions and workshops. For us this is a crucial step to supporting integration and promoting understanding.

We have also learned how important it is to work closely with the responsible institutions. In the former Berlin Airport - Berlin Tempelhof (ironically built in the 1930s by the Nazis) there were about five thousand refugees spread throughout six different hangar halls. Every two weeks, the artists from ROTE NASEN held a clown parade and a show there. They went through the hall making music and the children followed them joyfully. One day, just before our intervention, a family who lived in the hall got the message that their relatives had been executed by the Islamic State in Syria. We were not aware of this. Nobody had told us. It took us a while to understand before we adjusted our way of performing in a sensitive and more silent way. After this situation, we had a meeting with the social workers who were there every day and arranged for a short information meeting before every clown intervention. It was important to create a protected space for the artists to do their clown work. Only then was it possible for the “real” artistic work to take place. The biggest artistic challenge in this particular situation was to stay in our clown character while being asked for practical help in the work with

the children. For example, we were asked by the head doctor to show the children that one has to brush one’s teeth. We felt strange because for us the clown would never “teach” anything. So, I offered the director of the medical hospital, who was responsible for the refugees, that the clowns could “play” around with huge tooth brushes and the children could take from it what they liked. Of course, the children enjoyed the stupidity of the clowns who did everything with the toothbrushes but brushing their teeth. Suddenly the kids knew something “better” than the adults in the room!

For two years, we visited the refugee centre every week with three artists. After the first six months, we felt that although the children enjoyed and liked watching the clowns, they wanted to express themselves. As a result, we started to do workshops with the children, not as clowns but as artists who share their expertise with the children. We had workshops in juggling, dancing, drumming, music, magic, etc. From time to time, there were also performances in front of a bigger audience. This crucial transition from “helpless victim” to “performer” hugely empowered the children and provided them with self-confidence; they were happy to entertain an audience and also to receive praise for their performance.

As time passed, the urgent question arose: How can the society integrate this huge number of refugees? The contribution of ROTE NASEN Deutschland was (and still is!) that we just continue with our work - that we are open to sharing and receiving on a very simple human level, to share moments of laughter, being together, telling stories, being human! And I think this is what makes the work of healthcare clowns so relevant in this time: They create situations of simple humanness.

I feel from time to time everybody should put on a clown nose, especially when the situation seems to be most hopeless...

¹ROTE NASEN Deutschland e.V., member of RED NOSES Clowndoctors International

EMERGENCY SMILE - BRINGING HUMOUR TO PEOPLE IN CRISIS AREAS

By Frederik Birnbaum, RED NOSES Clowndoctors International, Austria



Emergency Smile is the international outreach programme of RED NOSES Clowndoctors International (RNI). Emergency Smile allows RNI to reach out beyond the borders of the 10 RED NOSES partner countries to provide joy and stress relief to people affected by crisis and disasters. A mission team normally consists of four healthcare clowns and one administrative leader of the mission. The standard duration of each mission is 3 weeks, but both the number of members of the Emergency Smile team and the duration of the mission can be increased or decreased according to the needs on the ground. RED NOSES' Emergency Smile missions have until now been carried out in Belarus, Cameroun, Greece, Jordan, Kyrgyzstan, Sierra Leone and Ukraine. At its core, what RED NOSES brings with Emergency Smile, is a profound message of humanity that everyone, no matter the age or gender, can relate to and take nourishment from. With Emergency Smile we bring this message where it is sorely needed. We bring lightness and optimism and an inspiring escape from an all too difficult reality.

Emergency Smile missions always take place in partnership with humanitarian aid organisations that are already operating on the ground. These organisations provide the framework that the missions take place within. By offering secure access to the affected groups, Emergency Smile complements the efforts of these organisations on the ground. As there are RED NOSES organisations in 10 countries, the pool of healthcare clowns available for Emergency Smile, and the palette of cultural and linguistic skills they offer, is wide. In order to participate in Emergency Smile, the clowns from RED NOSES have to apply and go through a selection process, before qualifying for Emergency Smile missions.

When a mission is decided upon, the team is selected as far in advance as possible and then meets to train for a week in Vienna, before the mission starts on the ground. This training week is significant for several reasons. The mission team gets to meet and build a connection as a team, train together and focus on the specific challenges of the up-coming mission. In this way, the artistic preparation is solid. The administrative head of mission also joins the team during the training week. The addition of the head of mission to the team creates a crucial separation between administrative and artistic aspects of every mission. The head of mission takes care of documenting the mission through photos and reports, connecting with the organisation that RNI is working with and taking care of the daily practicalities on the ground. Under this setting, the healthcare clowns are free to only focus on the artistic content, which makes for a higher quality product delivered and thus a larger impact on the beneficiaries, first of all the children and secondly the local staff and the staff of the organisations we work together with.

When on the ground during the mission, the clown team has a range of different activities they can implement, all depending on the target groups. As a golden rule, the main target groups on the missions will be children and youth.

“The activities within Emergency Smile provide a sense of “normalcy” in abnormal situations, through humorous and self-expressing activities, which in turn helps to alleviate fear and distress.”

Frederik Birnbaum

The implemented activities are directly derived from existing RED NOSES programmes. The activities within Emergency Smile provide a sense of “normalcy” in abnormal situations, through humorous and self-expressing activities, which in turn helps to alleviate fear and distress.

By interacting with the people on an emotional level, our artists work with subjective perceptions and feelings to provide coping strategies that make people look for better times to come further up the road. Through play and humour, important life skills such as empathy, interpersonal relationships, creative thinking, communication and the expression of emotions can be conveyed. To the observer, offering humorous approaches might seem strangely out of place or even inappropriate if the situation is severe. But it is our experience that it is especially in these situations where humour is needed the most.

An additional and important part of the Emergency Smile missions are humour workshops.

These workshops are aimed at the staff of the organisations we work with, and their objective is to teach simple ways of employing humour in their everyday work, be it as aid workers or nurses or similar. By learning how to use humour as a simple and effective tool, the participants can learn how to ease stress and anxiety for their target groups more easily, as well as forge better relationships with their colleagues. The humour workshops are now an essential part of every Emergency Smile mission. These workshops provide an element of sustainability to the mission, as we are leaving new knowledge and new approaches behind, after the mission is over and the team goes back home.

Emergency Smile is RED NOSES' effort to be at the forefront in extending the boundaries of health-care clowning.

CLOWNS IN CHAOS: THE STORY OF THE MEDICAL CLOWNS' DELEGATION TO NEPAL AFTER THE 2015 EARTHQUAKE!

By Yaron Goshen, Healthcare clown, The Dream Doctor Project, Israel

On April 25 in 2015, Nepal suffered the strongest earthquake in the region in the last 80 years. Within a minute, about 9,000 people were killed and more than 20,000 wounded. Heavy destruction was caused in Kathmandu, and in the surrounding Himalayan villages. Many countries sent medical and rescue teams as well as humanitarian aid.

Israel sent a military field hospital; The Dream Doctors sent five medical clowns to join said military hospital in Kathmandu.

During my years working as a clown in a street theatre, the circus and of course the hospital, I realized that the role of the clown is to shake and to challenge the existing order. The clown is a chaotic figure that reminds us that we are all mortal and momentary, and that we must not take ourselves so seriously. However, in the chaotic environment surrounding a natural disaster, one of the clown's roles is to bring order. In a state of chaos and death, the clown must remind us that we are still alive and that there is room for love, laughter, compassion, human connection, innocence and joy. With this thought in mind, we flew to Nepal.

“The role of the clown is to shake and to challenge the existing order.”

Yaron Goshen

During the first week we worked in the military hospital, and in the following week we worked (in cooperation with the Israeli embassy) in local hospitals, orphanages, refugee camps, community aid centres and in the ruined villages in the mountains outside Kathmandu. Our job was to

help relief the mental trauma suffered by the Nepalese people, beyond the destruction and injuries that they have gone through. We worked with patients of all ages and who suffered injuries of various types. They all had one thing in common: one minute that shook their whole world.

After some days working there, we realized that one of our most important roles was to support the medical aid team. The members of the medical team themselves underwent some sort of trauma. They left their daily routines, found themselves somewhere in the Far East, living in difficult camp conditions, working around the clock, with aftershocks still happening from time to time. A very stressful situation.

Many of them asked to be photographed with us and sent these calming photos and videos to their friends and families.

Medical clowns are often used to distract the patients' minds from their illness, from pain, from different medical tests. But the clown can also allow, through play, to laugh at fear itself. In this short article, I cannot even describe a fraction of the thousands of moments and emotional situations that took place. I will however try to illustrate the way clowns can give another perspective in a situation of natural disaster through a short story:

During our performances for children in community aid centres we invented a game called “Strong like the Himalayas”. In this game, we asked the children to become the great Himalayan Mountains. They all had to shout together: “I AM BIG LIKE THE HIMALAYA!”, “I AM STRONG LIKE THE HIMALAYA!”. Then one clown pretended to go on a trip between the children, and when he was in the middle there was an earthquake, and he got stuck. A second clown then organized a rescue mission and together with a group of children they boarded a pretend-helicopter to rescue the first clown (they went, of course, in the wrong direction). The first clown had to rescue

himself, and when he left the Himalayas, there was another earthquake and the rescue team got stuck. Then the first clown also organized a rescue team; this team also left in the wrong direction. And so, two rescue teams went around in circles and tried to catch one another. The children (and also the adults) were laughing and enjoying themselves despite the fact that the game was actually relating to an earthquake, to rescuing and to coping with the elements of nature and the power of the earthquake. We turned the children themselves into the cause of their fear. They became as strong as the Himalayas; they became as big as the Himalayas. They drew strength from the elements, they managed to process the fear and experience the relief that laughter and the game itself brought to them. I believe that medical clowns in disaster areas should find a way to transfer elements from the disaster into game, into the play.

Until a few years ago, medical clowns in hospitals were something that needed to be proven as necessary. Today, they are almost taken for granted. One of the Dream Doctors Project' goals as an organisation is to find new fields of work for the clown, and to take the clown service out of the hospitals and into other areas. The Dream Doctors were also sent to a post trauma youth camp in Thailand after the 2005 tsunami, to Haiti after the earthquake in 2010, to the USA after a hurricane in 2017. We have also worked in local hospitals in Africa, and we have worked a lot during war situations in Israel, with kids and families in bomb shelters.

After the successful experience of including clowns as part of the field hospital in Nepal, the Israeli army decided to incorporate clowns as an inseparable part of their hospital staff. In the meantime, clowns have joined the field hospital training so that in the future they will be a part of it. Since the number of people in the aid team is limited, it is possible that a medical clown will replace a medical team member. That is how seriously they see our work and how important they find our role in emergency situations!



In disaster zones, a clown just does what he knows best. Just as a clown finds his way through the illness to the healthy side, he will find his way through disaster to the undamaged, to the living, the healing and the curative side because medical clowning is a global and universal healing tool that goes beyond the boundaries of language, geography, situation and culture.

¹Delegation members: Rotem (Fruma) Goldberg, Smadar (Shemesh) Harpak, Nimrod (Max) Eizenberg, David (Dush) Barashi, Yaron (Sancho) Goshen

8

ORGANISATIONAL DEVELOPMENT

CLOWNOMICS: FUNDRAISING FOR HEALTHCARE CLOWN ORGANISATIONS

By Christopher Carnie, Philanthropy and Social

Investment specialist, Pallapupas, Spain

People give to people. It is a longstanding rule of fundraising. Focus on the people, and you will raise funds. So fundraising should be easy, right? It can be with a few basic techniques.

To begin with, we need to understand the markets. Funding for NGOs comes from four key markets; governments, people, foundations and companies. My research into the funding of healthcare clown organisations in Europe reveals two main strategies. Smaller and newer organisations tend to rely significantly on government funding (that can include national or state-level government, town halls and local councils). Larger and more mature organisations have a tendency to depend on a mix of private sector funding, with individual donors (people) as the most important segment. Thus, the ideal situation is to balance funding from all four markets, so that your organisation is not reliant on one source of funding alone.

These markets are constantly changing. Take philanthropic foundations, for example; this is a fast-growing market across most of Europe. 549 new philanthropic foundations were created in Germany in 2017, and about twenty foundations are registered each month in the UK. Companies are also shifting their vision on giving, and many are looking for opportunities to involve their employees, and even their shareholders, in their 'Corporate Social Responsibility' programmes.

Individual donors are also changing in their demands and their profiles. Younger donors are often looking for an 'experience' or personal involvement (for example, in a sports event) in connection with their giving, and older donors might want more reassurance that their money is going to a properly-audited, transparent, well-managed organisation.

A good starting point is to think about the market as containing a series of segments, and to work out the 'Value Proposition' (essentially, what are you are offering to your donors) for each one. If you were a company, these would be your products. Imagine a car – you can have it in

various styles, colours and engine sizes, each one designed to give 'value' to a specific segment of the market. Your healthcare clown organisation can do the same!

Above all, the value proposition of healthcare clown organisations is the experience, the deeply emotional experience of watching children or elders smiling, laughing, talking and participating thanks to the presence of our clowns. These moments, and the stories and pictures that go with them, are at the heart of our value proposition.

Spend time thinking about what it's like to be a donor to your healthcare clown organisation. How do you interact with them? What do they receive from you? This is the part of fundraising that we, too often, get wrong. It is simple, and mechanical, but a well-run 'Customer Relationship Management' ('CRM') system will make your relationship with your customers – your donors – much more beneficial for both of you. Ensuring that they hear from you regularly – at least once every six weeks – and that you give them a chance to tell you what they want, will help you ensure donors give for life, and not just for Christmas.

Have fun, fundraising!

¹<https://www.stiftungen.org/en/home/german-foundations/facts-and-figures.html>

ORGANISATIONAL DEVELOPMENT - COMMENT ON CALICLOWN'S EXPERIENCE

By Ilana Levy, Director, CaliClown, Colombia

Colombia is a country with a strong circus clown tradition. Nevertheless, the modern theatrical clown is still not very well known, and even less known is the Healthcare clown, especially in a peripheral city such as Cali. I came back to my hometown after many years abroad, to learn that people knew nothing about Healthcare clowning. The idea to build a Healthcare Clown programme became a necessity, to offer a bridge between art and health, bring joy and laughter to people in need, and to respond to the intense demand to reinterpret the role of the clown as a tool for transformation in our society.

CaliClown was founded in March 2012 by Connie Gallo and me. We started by making weekly visits to the paediatric wards of the Hospital Universitario del Valle, the biggest public hospital in town. We realized that we needed to offer proper training, if we wanted to build a professional team, have an impact in healthcare institutions and become part of the psychosocial support services, and not only be seen as entertainment to patients. We also felt the need to be in contact with other small emerging organisations across the country, to learn what older organisations were doing outside of Colombia, to establish a scientific framework to our work and to give visibility to the healthcare clowns in our society. As a result we organized in 2012 the first CaliClown's International Healthcare Clown Conference in town.

Soon we understood that to deal with health in our society means also to work with poverty and extremely vulnerable groups; that disease is not only physical but also emotional. Therefore, we expanded our work to the social sphere. Up until today, CaliClown has consolidated a group of 16 trained clowns to visit regularly the Hospital Universitario and the Alzheimer Foundation; has produced 3 versions of the CaliClown's International Healthcare Clown Conference; brought shows and interventions to different communities in need, in cooperation with other foundations and organisations; and offers regular training to people interested in the art of clowning and its

social impact. In addition, we have developed a portfolio of services in order to finance our social programmes.

We have received a lot of help, ideas, training and advice from friends and organisations like Clownencuentro Internacional, the Dream Doctors Project (Israel), Clowns Without Borders U.S.A., Bolaroja (Peru), among others. But the reality of Cali forces us to continue searching for our own unique model of action.

Being a pioneer in this field brings many challenges: first to bring public attention to this important work and to gain the love and trust of healthcare institutions; second to get proper training and train others in this technique, to become professionals and not volunteers; and third, to create a sustainable administrative model that matches the local needs.

We know that the road ahead is hard. CaliClown is still a very young organisation, not yet formalized as an NGO, with limited resources, and a poor administrative model. Nevertheless, we are convinced of the power of laughter and we know that we are not alone. We will continue to work with passion and responsibility, to develop our healthcare and social programmes and to become, in the near future, the first Social Clown School in our country.

We definitely believe that working together in cooperation with other organisations and continuing to learn and share with each other is the best way to grow and develop together. We wish the healthcare clown community to have more international meetings and develop other platforms through which to stay in contact and exchange methodologies and experiences. And of course, I wish to invite you all to our next CaliClown's International Conference in Cali.

Hasta pronto!

LEADERSHIP-SPECIFIC CHALLENGES OF NON-PROFIT ORGANISATIONS (NPOS)

By Prof. Dr. Ruth Simsa, WU Vienna, Austria

Leadership is to be understood as a value-, goal- and result-oriented, activating and reciprocal social influence for the fulfilment of common tasks in and with a structuring work situation (Wunderer, 2009). Good leadership is highly relevant for persons, and also for the success of organisations.

There is wide consensus that NPOs need specific forms of leadership and that NPO leaders face specific conditions. Although the sector encompasses a broad range of different organisations, a communality of many NPO seems to be the particularly challenging nature of leadership in these organisations (Meyer & Simsa, 2013). Challenges result on the one hand from diversity and specific contradictions in NPO, on the other hand from the strong orientation on values in organisational discourses, self-descriptions and decisions.

Regarding organisational contradictions, leaders typically have to balance between the economic rationale and the social mission (Jäger & Beyes, 2010), between task and relationship-oriented leadership and between different functions in society. Furthermore, they typically can be characterized as multiple stakeholder organisations. Stakeholder interests in NPOs are often contradictory and in direct conflict with each other, thus posing diverse dilemmas on the organisation and their leaders. As there is no regulation by money as the ultimate decision-making criterion, NPOs are more dependent on legitimacy and the establishment of a balance between different stakeholders. Thus, while all organisations face dilemmas and contradictory expectations, NPO have fewer possibilities to handle these problems since they cannot refer to one dominant external relationship.

Typical organisational forms of dealing with these contradictions are the ambiguity of goals, problems of success measurement and difficulties in dealing with formal structures, authority and power. The high relevance of values and ideologies has motivating effects and adds to their

moral capital. Usually, there are higher expectations of participation, which makes decision processes more complex, though sometimes of higher quality.

Further, leadership of volunteers who work unpaid and thus are expecting more freedom, participation or being rewarded by positive emotions has to be particularly sensitive to individual goals.



Requirements for good leadership in NPO

Acceptance of the leadership role is a central prerequisite for success. However, this often poses difficulties in NPOs. Frequently, people who are primarily interested in the client- or content-related work comply with the need to fill management positions. This entails substantial requirements in terms of their own identity, especially with regard to the balance between client-centred values and the focus on financiers, top management or the board of directors, as well as dealing with power and decision-making (Simsa & Patak, 2016).

Active leadership of the committees: The relationship between the board of directors and the management is crucial for the success of NPOs, where the latter has an important – often underestimated – role in supporting and directing board members.

“One of the most important resources of an NPO is public credibility.”

Ruth Simsa

Leadership beyond the boundaries of the organisation: One of the most important resources of an NPO is public credibility. Another success factor are thus active strategies towards the environment of the organisation and the maintenance of networks.

(Micro-) political thinking and acting: In the mesh of interests and contradictory demands on the organisation and against the background of low assertiveness towards donors, volunteers, supporters etc., high skills are required for micro-political negotiation and cooperation processes. This also includes the ability to improvise, integrate different points of view, accept compromises and partial solutions and a certain flexibility with regard to strategies and goals. Competences of dealing with conflicts are of specific importance.

A recent investigation of required leadership skills for third sector leaders in all European countries, (Simsa et al., 2017) stresses basic management skills and specific management capabilities, most of all in fundraising and financial management, innovation and public relation. Besides, the following general leadership skills were named as currently particularly important: being mission-driving leaders (visionary skills, future thinking, securing the agility of the organisation), motivating

and inspiring others, strategy development, leading change (being emotionally able to cope with change, developing visions, establishing participatory processes, taking care of the people), decision-making skills, dealing with conflicts and contradictions and being able to represent the organisation.

Taking all these results together, NPO leaders should function like the legendary Swiss army knives, thus being capable of performing in all possible situations, combining personal capabilities with basic management tools, balancing tensions and diverging demands, lead and ensure participation, being fast and reflexive, and so on. However, critical leadership theory suggest that we still overestimate the influence of individual persons, that outcomes of leadership are rather co-processed - the above-mentioned contradictions cannot be resolved by one person, not even by the most talented leaders. The task of leadership in this context is rather to notice them and to make them accessible for balancing, again and again.

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THE BUMPY ROAD TO BUILD UP A HEALTHCARE CLOWN ORGANISATION

By **Monica Culen, Founder and CEO,**
RED NOSES Clowndoctors International, Austria

Most people believe it to be enough when a group of dedicated performing artists would start a clown programme in a hospital and dispose of some proper sponsoring to maintain such a project running. Well, I hardly ever found anybody who even came close to imagining how difficult and complex the built up of a sustainable, high quality clown programme really is.

It starts with creating the proper institutional readiness: The formulation of a strong mission-statement and the development of a plausible and inspiring vision for the further development, the establishment of an appropriate legal entity, the drafting of a prudent and workable foundation charter, the allocation of first seed money and, if possible, a dedicated and supportive board of directors, as well as a strong and skilful management. All this is the necessary backdrop for clowns to start working in the medical environment or with other vulnerable target groups. Now you can joyfully start.

But this is only when the real problems start. You have to find the artists who have the necessary set of skills needed for professional clowning. In addition, you need somebody who can connect with the hospitals and institutions, who prepares memorandums of understanding with them, who plans the schedules for the clown visits, takes care of financial control and bookkeeping. So, you obviously and inevitably need a professional team in the back office to guarantee an ongoing professional clown-programme in hospitals and other institutions.

Once a certain routine is established and the appreciation and success of your organisation seems secured, do not think that you can now lean back and relax. The next challenges are waiting around the corner and a whole set of quite demanding exercises are waiting for you.

Your clown team will need ongoing professional training, better rules of procedures, finer costumes, psychologic coaching and supervision. At this stage, most certainly, an able Artistic Leader

is in demand, who cooperates and coordinates on equal terms with the Managing Director. Having programmes running regularly also needs, above all, regular and sustainable sources of income. This means not only sufficient financial support, but also the build-up of a cash reserve for pitfalls or next steps of development. You will have to establish your professional fundraising department. Since fundraising is based on public awareness you also need a proper and trust-building PR and communication strategy.

In the course of these developments usually a significant number of crises arise. Some board members, just as an example, might not get enough public glory and become difficult. The clown team might not follow adequately your developments and is irritated, unsettled, discontent or opposes to new artists in the team. There are many issues that may cause a clown team to get nervous and unsatisfied. So always be attentive to the spirit in the team and in your organisation in general.

When you feel the rattle of dissatisfaction and insecurity, you should know that it is time for another round of organisational development. Your team and your stakeholders need to reconnect with the mission, they want to feel a strong common vision, they need appropriate structures, clarity and transparency about what is going on and what the next steps will be. They also want to be challenged and retain the feeling of being part of something that has an important impact on society. They want their work to make a difference to the world. They want to enjoy the glory of the ride.





Plenary Session, Psychosocial care for children with chronic diseases



Masterclass with Jos Houben



Jos Houben



Helfried (Christian Hölbling)



Giora Seeliger, Monica Culen, Rolando Villazon



Univ.Prof. Dr. Michael Meyer, Institute for Nonprofit-Management at WU Vienna



TRIS (Christian Matuella, Tanja Rainalter, Helga Jud)



HCIM 2018 participants, plenary session



Michael Christensen



HCIM organising committee, closing ceremony and farewell

The HCIM 2018 was organized and hosted by RED NOSES Clowndoctors International.

Founded in 1994 in Austria, RED NOSES Clowndoctors is an independent non-profit organisation that brings humour and laughter to people in need of joy. Today RED NOSES Clowndoctors has partner organisations in 10 countries.

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