



Short Communication

Clowning during COVID-19 – A survey of European Healthcare Clowning Organisations highlights the role of humour and art in the healthcare system



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ABSTRACT

Objectives: This paper presents the findings of a Europe-wide survey that investigates the impact of COVID-19 on Healthcare Clowning Organisations and encourages the healthcare community to reflect on the role of medical clowning within the healthcare system.

Study design: Online survey.

Methods: The survey was conducted in June 2020. Forty organisations from 21 countries across Europe responded through a mix of closed and open-ended answers.

Results: During the pandemic, 36 out of 39 of the surveyed organisations (with one non-response) had to postpone or cancel their artistic activities. As the crisis continued, 34 out of 40 of them managed to adapt their in-person activities, but the impact of virtual and distanced interactions with the beneficiaries was generally perceived as lower than that of in-person activities. In open responses, many Healthcare Clowning Organisations criticised the exclusion of medical clowns from healthcare institutions in times when the need for psychosocial support was particularly acute.

Conclusions: The healthcare sector should reconsider the important role the medical clowns play within healthcare settings, and allow for more inclusive and flexible safety regulations that take into consideration the holistic well-being of vulnerable groups, especially children, the elderly, and medical staff.

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As the COVID-19 pandemic continues to devastate vulnerable populations, we are ever more seriously in need of laughter. Humour increases positive emotions and decreases negative ones and helps people reinterpret stressful situations from a less threatening point of view.¹ The evidence linking humour to physical health is still inconclusive, but it is clear that, as a fundamentally social activity, humour can strengthen interpersonal bonds, raise morale, and help people preserve hope in otherwise disempowering conditions.¹ Humour is thus a tool for strengthening resilience in the face of stress or trauma.

As artists trained to bring the benefits of humour to people in need of joy, medical clowns can accordingly play an important role in mitigating this crisis. A systematic review of controlled trials indicates that medical clowns have a significant, quantifiable impact on children's well-being, although most of the studies have a moderate risk of bias.² According to the available evidence,

medical clown visits decrease children's and parents' anxiety, as well as lowering children's pain, stress, and cancer-related fatigue.² Medical clowns also benefit hospital staff by reducing their negative emotions, making the hospital atmosphere less stressful, and facilitating their communication with children.³

Another target group that may benefit from clown interventions are the elderly. The monotony and loneliness many of them experience in residential care facilities, paired with their loss of control and independence, tends to exacerbate negative feelings and any pre-existing medical condition.⁴ Preliminary research suggests that clowning may improve the mood, quality of life and social engagement of elderly people while reducing dementia symptoms, particularly agitation.⁵

The COVID-19 pandemic and associated social-distancing measures have increased loneliness and stress throughout society, but these populations targeted by medical clowns –

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hospitalised children, elderly people and healthcare staff – have been particularly affected. Children and young people are likely to suffer negative effects from loneliness, such as higher levels of anxiety, suicidal ideation and self-harm.⁶ Yet hospitalised children have been affected by health and safety restrictions that limit visitors, creating ethical dilemmas that weigh physical risk against the emotional and psychological risk of isolation.⁷ Meanwhile, senior care facilities have tried to protect elderly residents by keeping human contact at an absolute minimum, despite the well-established importance of social interaction to the physical and mental health of the elderly.⁸ As one physician described the situation in long-term care facilities, ‘my patients have become prisoners in their one-bedroom homes, isolated from each other and the outside world’.⁸ The staff members who have had to navigate and implement these policies while also worrying about their own safety have suffered from high levels of anxiety and demoralisation.⁹

Efhco (the European Federation of Healthcare Clowning Organisations), in cooperation with RED NOSES International, conducted a survey in June 2020 among Healthcare Clowning Organisations working with professionally trained and remunerated clown artists in Europe. The survey consisted of 34 closed and open-ended questions with the aim of capturing the impact of the first phase of the pandemic in different organisational departments, including the artistic sphere, communications, fundraising and human resources. Questions were also dedicated to learning about networks of cooperation among the organisations during the crisis and the organisations’ forecast for the future.

Out of 117 organisations contacted via email, representatives of the management of 40 organisations across 21 European countries responded to the survey. This paper does not report on the responses to every question in the survey but is rather confined to presenting those findings that are relevant to understanding the role of humour and art in the healthcare system. In particular, this paper focuses on the artistic response of Healthcare Clowning Organisations to the restrictions imposed by medical facilities during the pandemic. Results that pertain to the partnerships between Healthcare Clowning Organisations and medical institutions have also been included.

In relation to the artistic sphere, 36 out of 39^a of the surveyed organisations reported that they had to postpone or cancel their artistic activities, including clown visits to paediatric wards, geriatric homes and centres for children with disabilities. Nonetheless, the health care clowning sector has demonstrated flexibility and creativity to continue serving vulnerable populations during the crisis; 34 out of 40 surveyed organisations found a way to adapt their traditional visits or create new forms of humorous interventions. At the same time, 27 out of 37 organisations^b created some brand new communication activities in order to engage with their beneficiaries, the donors and the public in new ways.

The main strategy mentioned by 27 organisations was to go digital. Organisations started to produce and upload videos of live online clown performances, with different videos tailored for different age groups, from newborn babies to adults, and for different target groups, such as patients and health care staff. Furthermore, many surveyed organisations managed to continue their in-person activities in a safe manner by organising concerts and clown performances outside of the medical and social facilities, in front of windows or balconies and in courtyards. The response of the patients during some of the performances was extremely positive, as described by the French organisation

Compagnie du Bout du Nez: ‘*Even behind a glass, even behind a mask, they recognized us. An old lady came up to the window in order to put her hand against the hand of a clown. It was just a moment of shared joy and sadness*’.

While most of the Healthcare Clowning Organisations that participated in the survey managed to adapt their artistic activities, they noted that these distanced and virtual forms of interaction had a lower impact than their usual face-to-face visits. According to the survey, 16 of the 28 organisations who adapted their activities from in-person to online in paediatric wards perceived that their activities had a lower impact on the children. Aoife’s Clown Doctors Ireland reported that ‘*The clowns and the children are missing the one-on-one personal interaction*’. The perceived impact of the clown activities was slightly higher in elderly homes; only 10 of the 21 organisations who adapted their activities in elderly homes perceived a lesser impact. Some organisations suggested that their visits to elderly homes had a higher impact during COVID-19 because their need for contact to the outside was particularly high, as most of them were denied visits even from close family members and were left alone during the pandemic. As the Croatian organisation Crveni Nosovi mentioned: ‘*The elderly dancing and singing in their balconies during the concerts was particularly moving and enchanting – seeing the joy, energy and longing for being a part of the community and activities again*’.

Many surveyed organisations were critical of the fact that they were barred from entering medical facilities and could not continue their work. This situation impacted the livelihood of the medical clowns, with 17 out of 37 of the organisations^c having to reduce the working time of their artists by between 50% and 80%. At the same time, the reduction of the amount of work resulted in 31 out of 37 respondents^d expecting a lower revenue in 2021.

The exclusion of medical clowns from healthcare facilities raises questions over their role in the medical context and their absence in the safety regulations that allow essential personnel within medical facilities during the pandemic. For Healthcare Clowning Organisations, this experience was the most commonly mentioned learning from the crisis: 11 out of the 29 organisations who responded to this question wrote that there is the need to reconsider the positioning of medical clowns within the public health system. The Austrian organisation Rote Nasen reflected the shared sentiment: ‘*We want to be an indispensable partner of healthcare institutions. The COVID-19 crisis showed how important our work is, not only for our existing beneficiaries but for all people in the need of joy*’.

Of course, the Healthcare Clowning Organisations responding to the survey have a vested interest in the ability of medical clowns to continue their work. Yet leading international organisations such as the United Nations and the World Health Organisation have also acknowledged that mental health and psychosocial support must be a ‘core component’ of any public health response, including within general health services.¹⁰ The COVID-19 pandemic has put health care facilities under unprecedented pressure and uncertainty as they work to protect their patients, but this protection was initially reduced to physical care. At the start of the pandemic, medical clown visits were almost all cancelled, suggesting that the psychological and emotional care of patients was overlooked. The creative responses of Healthcare Clowning Organisations show that it is possible to provide humour relief even when restricted from entering medical and care facilities. Yet, while further research is needed to understand the opportunities and deficits of virtual clowning, anecdotal evidence from the survey indicates that the impact of clowns’ work did suffer. Lessons learnt from COVID-19

^a With one non-response.

^b With three non-responses.

^c With three non-responses.

^d With three non-responses.

may be used to reconsider the role of medical clowns in the health care system so that institutions are better enabled to support the holistic well-being of vulnerable groups, especially children in hospitals, medical staff and the elderly.

Author statements

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Ethical approval

Ethical approval was not required for this study, as no interventions were performed, no vulnerable populations were involved, and no sensitive data was collected.

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Competing interests

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References

1. Martin R, Ford T. *The psychology of humor: an integrative approach*. 2nd ed. London: Academic Press; 2018.
2. Lopes-Júnior LC, Bomfim E, Olson K, Neves ET, Silveira DSC, Nunes MDR, et al. Effectiveness of hospital clowns for symptom management in paediatrics: systematic review of randomised and non-randomised controlled trials [Internet] *BMJ* 2020 Dec 16:m4290. <https://www.bmj.com/lookup/doi/10.1136/bmj.m4290>.
3. Blain S, Kingsnorth S, Stephens L, McKeever P. Determining the effects of therapeutic clowning on nurses in a children's rehabilitation hospital. *Arts Health* 2011;4(1):26–38. <https://doi.org/10.1080/17533015.2011.561359>.
4. Warren B, Spitzer S. The art of medicine: laughing to longevity - the work of elder clowns. *Lancet* 2011;378(9791):562–3. [https://doi.org/10.1016/S0140-6736\(11\)61280-4](https://doi.org/10.1016/S0140-6736(11)61280-4).
5. Kontos P, Miller K, Colobong R, Lazgare L, Binns M, Low L, et al. Elder-clowning in long-term dementia care: results of a pilot study. *J Am Geriatr Soc* 2016;64(2):347–53. <https://doi.org/10.1111/jgs.13941>.
6. Loades ME, Chatburn E, Higson-Sweeney N, Reynolds S, Shafran R, Brigden A, et al. Rapid systematic review: the impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19. *J Am Acad Child Adolesc Psychiatry* 2020. <https://doi.org/10.1016/j.jaac.2020.05.009>. Epub 2020 Jun 2.
7. Virani AK, Puls HT, Mitsos R, et al. Benefits and risks of visitor restrictions for hospitalized children during the COVID pandemic. *Pediatrics* 2020;146(2):e2020000786. <https://doi.org/10.1542/peds.2020-000786>.
8. Eghtesadi M. Breaking social isolation amidst COVID-19: a viewpoint on improving access to technology in long-term care facilities. *J Am Geriatr Soc* 2020;68(5):949–50. <https://doi.org/10.1111/jgs.16478>.
9. Garrett J, McNulty L. More than warm fuzzy feelings: the imperative of institutional morale in hospital pandemic responses. *Am J Bioeth* 2020;20(7):92–4. <https://doi.org/10.1080/15265161.2020.1779407>.
10. Inter-Agency Standing Committee. *Interim briefing note: addressing mental health and psychosocial aspects of COVID-19 outbreak*. 2020 Mar 17. Version 1.5.