But Seriously: Clowning in Children’s Mental Health

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Dr. Lilly Pad was conducting an Eye Test. She would hold up a brown letter “E” and ask the kids what it was: a “Brownie.” She’d hold up another, with a red letter “E” and say “Are you... Red E?” Lots of word play. There was a teenager sitting in a corner. He hadn’t been saying anything before this, but during this game, he was the first to get it, each and every time. An “I” written in the color black? A black eye. Every time Dr. Lilly Pad held one up, he got it. He showed us who he was and what he knew, and afterwards the staff told us that that was when they learned who this kid was.—Dr. Chester Drawers (personal communication, 2008)

In this Clinical Perspectives column, we consider what clowns might teach us about working with children and adolescents and what roles clowning might play in pediatric mental health. After all, laughter, joy, and play are an essential part of childhood, and clowns are a nearly ubiquitous source of laughter, now even performing on a regular basis in some hospitals. Mental health providers must be either formally or intuitively attuned to a child’s laughter, in part because most of the disorders of childhood and adolescence will in some way affect the core human behavior of laughter. Children who do not smile because they are anhedonic or who do not engage in developmentally expected types of play because they are anxious may find themselves in our offices. The ease with which a child smiles or laughs is a natural part of an assessment of a child’s affect. How a child engages in play and jokes gives us insight into their development. Attention to such characteristics may also be crucial to the therapeutic process.

It is the premise of this column that clowns would make good interdisciplinary collaborators as we think about the nature of our laughing interactions with patients and families. After a brief look at clowning and the Big Apple Circus Clown Care hospital clowning program, we consider clowning in mental health inpatient work, where it would seem particularly apt, and finally how these themes relate to joking and laughter in the broader clinical setting. We do not discuss why we laugh or the neuroanatomical correlates of laughter or engage in the debate about how or why comedy and laughter may be healing.

CLOWNING AND THE BIG APPLE CIRCUS

Although comedy has many forms and laughter may have many different social and psychological meanings, clowning is an enduring form of comic entertainment. From fools and jesters to Bozo and Krusty, clowns have a long history of bringing laughter to audiences with their antics and gags. They are stereotypically characterized by their colored wigs, stylized makeup, bright costumes, red noses, and unusually large footwear, but each will develop his or her own personal character.

Clowns are an integral part of the Big Apple Circus, founded in 1977 by Michael Christensen and Paul Binder. In 1986, the Circus expanded its community programs and created the Big Apple Circus Clown Care program “to bring laughter and joy to the bedsides of acutely and chronically ill children year-round.”

Unlike magicians, whose secrets are inviolable, clowns appear to be willing to share how and why they do what they do. Michael Christensen describes how clowns function in the inpatient unit of hospitals: recognizing how tightly regulated, formal and frightening a hospital may be as an institution and after studying the system in...
which they are working (the hierarchies, the procedures, the “corridors of logic”), the clowns will then invert these structures and bring a topsy-turvy logic to the authority and seriousness of the institution (Christensen, personal communication, 2008). Clowning serves as an antirite amidst the regulation and the routines and the hierarchies of hospital life, mirroring, subverting, and distorting the routines, giving the children a sense of power, authority, and personal autonomy. According to Russian philosopher Mikhail Bakhtin, clowning and carnival humor permit a bodily and social freedom that is otherwise repressed by social conventions. Other theories of comedy that focus on joking and wit as an outlet for aggressive and hostile urges in a relatively pleasurable and communal way find traction in hospital clowning as children get to laugh at the system in which they are experiencing such fear and pain, as well as the figures populating that system.

Christensen calls this a “loving anarchism,” cheerfully and enthusiastically up-ending the regulation and regularity of day-to-day hospital life. However spontaneous a clown may be and however much clowns may appear to be external to the functioning of the hospital, there is a substantial amount of training and specific expertise involved. Hospital clowns must learn how to integrate performing arts and skills such as ukulele-playing, magic, or puppetry into a medical environment. Like all members of a hospital community, they must comply with hospital protocols like universal precautions, patient confidentiality regulations, and hand washing.

Christensen stresses how every encounter with a child begins with obtaining the child’s permission, thus beginning the encounter with an empowerment so frequently denied to children in hospital settings. The plan is then to further empower the children: “as professional idiots, we can be more helpless than any child we serve” (Christensen, personal communication, 2008). The child is invited to help the clumsy, ignorant clown and may even begin to take care of the clown.

Clowns have a long tradition of representing hope, even in futile times. The purpose of hospital clowns is not just to bring laughter to children but also to bring hope to them and to their parents. Families and staff members are invited to see their children as children rather than patients and as laughing beings who are whole and engaged in play. Christensen notes that clowning also appears beneficial for the medical staff who can also gain insight into the human side of their patients. In Dr. Chester Drawers’ opening anecdote, it was not so much the impromptu Stroop Test as it was the adolescent’s engagement in this comic task that provided an opening connection with the staff.

HOSPITAL CLOWNING AND MENTAL HEALTH

There has been interest in the role of comedy and laughter in medical settings. This has been accompanied by research involving clowns in medical settings, usually focused on psychiatric indicators. Vagnoli proposed a distraction therapy involving clowns in a study with children undergoing anesthesia, and Astuto found that the presence of clowns in the operating room is an effective intervention for managing anxiety before surgery. Wild examined the effects of clowns’ visits to a ward for acutely ill geriatric patients, with results indicating positive effects. Higueras et al. found that disruptive behaviors decreased in an adult inpatient unit with twice-weekly, clown-led programs. Given how promising, cost-effective, social, and pleasant the intervention ought to be, it is surprising that there are so few studies that may shed further light on the use of clowning either in mental health settings or to address mental health concerns that arise in medical encounters.

Clowns adjust their routines for specific environments. There has been some concern that clowning may pose particular problems in a pediatric mental health unit, although given anecdotal success (Desilets, personal communication, 2008), the burden of proof may be on those who hypothesize that clowns would cause negative effects. Leo Desilets, a clown with Big Apple Circus, says that when he is working in the mental health units, he notices less slapstick and more performance- and task-related activities, providing slightly more structure to the time; he reports that this developed out of their experiences working in these units and is in part a response to the children’s acute sensitivities to people making fun of one another.

But what of those children who suffer from coulrophobia, a fear of clowns? Flora suggested that reading facial expression has long been a key to survival and that the inability to discern a clown’s expressions raises automatic suspicions; she pointed out that among the 8% of adults who suffer from phobias, coulrophobia is fairly common. Although two recent studies from the United Kingdom found substantial support for clowns...
among children and care providers, there was a widely reported story about a study in which “all the 250 patients aged between four and 16 they quizzed disliked the use of clowns, with even the older ones finding them scary.” This was reported in the press as an indication that children do not like clowns, but then retracted when it was reported that this was about the use of clowns in the hospital décor rather than real clowns in live interactions. Nevertheless, with children who may be fearful, the Big Apple Circus clowns will meet with them before and allow the children to get to know them with their noses and makeup off.

**CLINICAL IMPLICATIONS**

Working with clowns in an inpatient (or even outpatient clinical) setting may be an instructive way of learning about and interacting with patients. As “professional communicators,” clowns need to be attuned to their audience developmentally. Desilets describes how performances are adjusted. This may mean lullabies for babies, bubbles for toddlers, or magic for older children (Desilets, personal communication, 2008). Different types of jokes are popular in different age groups; failing to consider this may either elicit annoyed groans or the blank stare of incomprehension. This attention to jokes and what makes children laugh may provide insight into developmental stages and tasks expected of a child, as well as their particular anxieties and concerns. Joking can also disclose how kids are cognitively grappling with particular needs, such as how one relates to oneself and others and what control over various bodily functions entails.

Clowning encourages children to enjoy the mischief and playfulness that is for them a natural state, as they make sense of the contradictory and incongruous world in which we live. It also allows a playful dissent. If clowns are attuned to their audience’s developmental level, they are also expert observers of the environment. They notice where the environment is rigid and burdensome, where fears and anxieties lurk. Paul Lewis points out that Patch Adams’ popular use of humor and clowning is in fact an enactment of a critique of a medical world that excludes spontaneity and informality. Along these lines, clowning can be a form of liberation from the structures we impose, but also one in which we are invited to share. Indeed, clowning may help us make sense of and process the clinical environments we are working in, even as we see

The main teaching from clowns may be the ability to laugh at oneself. And like many, but not all, streets, this one can run two ways. Discussing the group process of the encounters between children and clowns may be mutually edifying. During their weekly meetings, the clowns of Big Apple Circus have a chance to process their own feelings, proof enough that comedy is not impervious to pain (Desilets, personal communication, 2008).

The comedy of clowns has a different tone from the comedy in most clinical settings: it is organized disorganization rather than spontaneous, and clearly marked as comic. The comic moments that come up in most clinical settings are surprising, unplanned, and not so clearly marked. Clinicians have much to learn from clowns about the nature and uses of comedy and may be particularly interested in issues related to timing and developmentally tested and appropriate forms of comedy. Although comedy and jokes have been extensively studied, there is much that is subtle, interpersonal, and subjective in comedy; comedy is very much a matter of tone. In considering jokes and laughter between clinicians and patients, the content of a joke is only one part of that joke. Other necessary ingredients include interpersonal qualities and the context, thus making joking and laughter an ideal point for considering the transferential and counter-transferential components of the exchange. This may make it a particularly fitting, if sometimes awkward, topic for discussion in supervision.

Finally, clowns are professionals who deserve respect for their attention to their area of expertise. It is worth remembering that there are risks as well as benefits to laughter. Laughter has long had a dubious reputation. Aristotle recognized comedy as an imitation of “inferior people” and an aesthetics of “disgrace.” The French philosopher Henri Bergson wrote a spirited book on laughter, which influenced Freud and in which he noted how laughter was used as a social “corrective,” putting people “in their place.” Using comedy and jokes in health care settings requires careful attention to sensitive subjects and to the risk of alienating somebody rather than building alliances. And yet comedy and jokes are frequently funny specifically because they are inappropriate. Careful judgment about the inappropriateness and appropriateness of a joke and a profound
insight into the gray areas of comedy’s subversiveness are essential components of a clown’s makeup.

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REFERENCES