Does clowning benefit children in hospital? Views of Theodora Children’s Trust clown doctors

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The use of humour as a therapy is receiving increasing attention from health professionals interested in both the psychological and physical effects on patient wellbeing. In particular, the use of humour during childhood illness is gaining respectability and it is not uncommon to see doctors and nurses behaving in a way of which an early pioneer such as Patch Adams would approve (Adams, 1998). The use of glove puppets and medical equipment ‘clothing’, such as giraffes to hide the stethoscope, are now commonplace. Some hospitals routinely use clowns to entertain sick children, but there is a paucity of evidence to underpin the efficacy of such interventions.

Although the use of humour is recommended in all areas of health care, the evidence base on which some of the therapeutic claims are predicated is generally weak, at least in the English language literature. Even without empirical evidence, the use of clown humour is increasing throughout the world of medicine with Clayton (1997) suggesting that healing with humour is a powerful method of combating disease. Goodenough and Ford (2005), in a study of how children use humour to cope with pain, have concluded that there is insufficient evidence to warrant the use of humour by health professionals as a way of managing a child’s pain, especially in children who may be highly anxious. However, Vagnoli and Caprilli (2005) have demonstrated in an Italian study, that the presence of clowns, together with the child’s parents, during the induction of anaesthesia was an effective intervention for managing children’s and parents’ anxiety during the preoperative period. Lack of support from medical colleagues, however, has stifled continued clown humour in the immediate preoperative period.

The English clown doctors reported in this study are employed through the Theodora Children’s Trust (TCT), the UK branch of a Swiss charity. The team of seven senior and seven junior clown doctors pay weekly visits to children in ten English hospitals, performing magic tricks, telling stories and singing songs. The Theodora clown doctors work one-to-one and in small groups with about 27,000 children and their families every year. In order to offer clown doctor visits, the charity selects and trains the clown doctors in partnership with King’s College, London. The training programme covers medical awareness and artistic development (information can be obtained at http://theodora.org/gbr-en/index-new-en.htm). Two clowns visit the children’s unit every week in the National Health Service (NHS) trust which is the focus of this study, seeing about 3000 children and their families each year. Similarly, Clown Care Units now function in many American and Australian children’s hospitals, using humour as a way of helping children

Abstract

This paper reports on one part of a service evaluation designed to assess the impact of clown doctors in English children’s hospitals and children’s units. With the objective to gain the opinions of Theodora Trust special clowns, senior fully trained and experienced clown doctors \((n=5)\), and trainee clown doctors \((n=7)\), were asked what works best and least during a clown encounter with a sick child in hospital.

Focus group meetings using the nominal group technique were held in two centres in London. The main outcome measures were the description and analysis of those factors that inhibit or enhance clown doctor encounters with sick children and their families.

The results provide five voted items of importance of what works best when a clown doctor (junior or senior) visits a sick child in hospital, including gaining the child’s consent. Five voted items of what works least best during a clown encounter, including disrespect of hospital procedure and staff were also recorded.

The clown doctors were very supportive of the use of humour for sick children and their families in hospital, believing it to be beneficial, but were critical of some elements of the visit arrangements, including prejudice by some staff.

Key words

- Clown humour
- Nominal group technique
- Sick children

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and their families cope with the intrusiveness of hospital admission (Spitzer, 2001).

**Objective**

The primary objective of this study was to investigate the views of the English TCT clown doctors on what they feel works best and least well during a clown encounter with a sick child in hospital.

This study is part of an overall service evaluation of the clown doctor initiative in one English NHS trust. The total membership of the TCT clown population, made up of seven junior and seven senior clowns who work in NHS trusts throughout England, was invited to participate in focus group activities.

**Participants**

The participants attended scheduled meetings of the TCT held on the 8th and 11th of November 2005. The junior trainee clown doctors attended the meeting at Big Wheel Theatre, London and the senior clown doctors at St Thomas’ Hospital, London. Two of the senior clown doctors were absent because of holiday commitments. All participants gave written consent for this study.

**Methods**

The highly structured nominal group technique (NGT) was selected as the method of choice for this study on the basis of the group size \(n=7\) and \(n=5\), applicability to the setting and time efficiency (Delbecq and Van De Ven, 1971; Delbecq et al, 1971).

The benefit of NGT is that in addition to being suitable for small group sizes, it also places emphasis on giving each member of the group a voice that will not be drowned by others. The technique follows a clear set of procedures (Table 1) designed to optimally elicit objective information from participants. The use of NGT has been fully described elsewhere (Gibson and Soanes, 2000; Glasper, 2001), so only a brief description of the technique will be outlined in this paper.

**Step 1. Silent generation of ideas in writing**

The first question posed to each group was ‘What works best when a clown doctor visits a sick child?’. This question was printed on paper and given to each clown doctor, reiterated in large letters on a flip chart, and verbally articulated to the group to avoid misunderstanding of the question. The whole exercise was repeated later in the day when posing the second question, ‘What works least well when a clown doctor visits a sick child?’.

All of the exercises were conducted in a quiet room with the seats arranged in a semicircle around a flip chart. The participants, who were dressed in normal attire, were asked to write down their own key thoughts related to the posed question silently and without reference to other group members. To allow sufficient time to record their thoughts, group members were given paper and 10 minutes to write as many items about the question as possible.

**Step 2. Round-robin recording of ideas**

The clown doctors in each group were invited to offer their first point on a one-group-member at a time principle. Group members were informed that they could miss a turn by saying ‘pass’ if they had exhausted their ideas, or if a group colleague had offered the same point or similar. Members were invited to rejoin the round-robin if they generated further independent ideas. Responses were recorded verbatim, numerically coded on flip-chart paper and secured to an adjacent wall for full visualization. No conferring or discussion was allowed at this point.

**Step 3. Serial discussion for clarification**

Each of the recorded items taken in step 2 was discussed with the group members to arrive at a satisfactory level of clarification and understanding. Items that were similar were coalesced into corporate statements with the approval of the group, to avoid repetitions and dilution of the final cast votes.

**Step 4. Preliminary vote of item importance**

The strength of NGT lies in its insistence on individual group members making their own independent judgements. This is achieved through a rigorous voting procedure, which initially asks the subjects to individually identify their own top-five items from the generated list. These are written on specially prepared voting cards. The number of independent items recorded during the exercise was 63 (junior clowns) and 52 (senior clowns) for the first question, and 44 (junior clowns) and 44 (senior clowns) for the second question. The NGT encourages participants to make fine judgements as to the overall importance of each item generated in the list. Only those topics that are judged to be highly pertinent are allocated votes. The process consolidates the judgements of the group as a whole in a controlled and democratic manner.

**Table 1. Five steps of the nominal group technique**

- Silent generation of ideas in writing
- Round robin recording of ideas
- Serial discussion for clarification
- Preliminary vote of item importance
- Final voting

**The process consolidates the judgements of the group as a whole in a controlled and democratic manner**
Table 2. Clown doctor focus group activities

<table>
<thead>
<tr>
<th>What works best when a clown doctor visits a sick child?</th>
<th>Votes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Junior clowns (63 responses)</td>
<td></td>
</tr>
<tr>
<td>1. Spontaneity</td>
<td>14</td>
</tr>
<tr>
<td>2. To empower the child</td>
<td>12</td>
</tr>
<tr>
<td>3. Listening, watching and then responding</td>
<td>11</td>
</tr>
<tr>
<td>4. Distraction</td>
<td>10</td>
</tr>
<tr>
<td>5. Child’s consent</td>
<td>9</td>
</tr>
<tr>
<td>Senior clowns (52 responses)</td>
<td></td>
</tr>
<tr>
<td>1. Being 100% present</td>
<td>11</td>
</tr>
<tr>
<td>2. Sensitivity</td>
<td>10</td>
</tr>
<tr>
<td>3. Feeling and giving happiness</td>
<td>9</td>
</tr>
<tr>
<td>4. Play, laughter</td>
<td>7,7</td>
</tr>
<tr>
<td>5. Changing atmosphere</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What works least well when a clown doctor visits a sick child?</th>
<th>Votes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Junior clowns (43 responses)</td>
<td></td>
</tr>
<tr>
<td>1. Insensitivity</td>
<td>29</td>
</tr>
<tr>
<td>2. Talking down to the child</td>
<td>12</td>
</tr>
<tr>
<td>3. Ego</td>
<td>9</td>
</tr>
<tr>
<td>4. Competing with another clown doctor for attention</td>
<td>5</td>
</tr>
<tr>
<td>5. Disrespect of hospital procedure and staff</td>
<td>4</td>
</tr>
<tr>
<td>Senior clowns (44 responses)</td>
<td></td>
</tr>
<tr>
<td>1. Being insensitive</td>
<td>17</td>
</tr>
<tr>
<td>2. Being on an ego trip</td>
<td>9</td>
</tr>
<tr>
<td>3. Not connecting; relatives or staff saying the child hates clowns, when in fact they themselves do</td>
<td>5</td>
</tr>
<tr>
<td>4. Bad communication; not having enough time; working with no feeling; ignoring the child’s feelings</td>
<td>4,4,4,4</td>
</tr>
<tr>
<td>5. Not judging the situation; when a child is diagnosed as terminally ill/dying; lack of information on the child’s status; not feeling at your best</td>
<td>3,3,3,3</td>
</tr>
</tbody>
</table>

Junior clowns n=7, Senior clowns n=5

Discussion of results

What works best when a clown doctor visits a sick child?

The primary mission of the clown doctors is to give their utmost attention to the sick child, while at the same time being spontaneous and able to give a unique performance by being 100% present. The clowns are trained to be aware of the needs of sick children and their families, and are sufficiently prepared to approach each child with sensitivity. This is immensely important, and when dealing with seriously ill children, the clowns need to follow a code of conduct that recognizes the boundaries of when to approach a child or not.

Simonds (1999) details the code of conduct of the French laughing doctors (Le Rire Médecin) and highlights the importance of clowns undergoing frequent self-evaluation and dialogue with the hospital staff. The clowns believe that in feeling and giving happiness to the child, this is directly empowering the recipient of the performance. The whole raison d’être of clown doctor humour is to alleviate suffering, and the term ‘open-heart humour’ is often used by the clowns to describe what they believe happens during an encounter with a sick child when their heart-felt humour is transmitted to the heart of the child.

The junior clowns have highlighted the importance of listening and watching the child before responding. In this way, the clown doctors are able to tailor the play for each individual child; and so effectively offer bespoke therapeutic distraction in an environment where the potentially hostile sights and sounds associated with childhood hospital admission can be alleviated. It is the laughter generated during the clown encounter with the child itself which the clown doctors identify as being crucially important. Perhaps clown doctors, in practising open-heart humour, believe that laughter is good for the heart. Clark et al (2001) report that there are health benefits of laughing, not least being a reduction in heart disease in people with a strong sense of humour.

The term ‘humour’ itself originates in the work of Hippocrates, and his description of the four humours of life. The view of Hippocrates was that healing could only take place when the patient regained a harmonious balance of the bodily humours (Chiappelli et al, 2005). The individuals who were characterized by the humour blood were regarded as being sanguine (in turn deriving from the Latin word for blood), such sanguine people were regarded as having a good sense of humour.

Step 5. Final voting

The participants were asked to examine their voting cards carefully and after awarding the top item five votes, the least best item one vote and subsequent items four votes, two votes and three votes respectively, the scores were applied to the items on the flip charts and subsequently collated to give an overall score per item. This process ensures the transparency of the exercise, and allows each member to play an active part in its application in a controlled setting. The collated scores were subsequently sent by email to each clown participant for checking and approval.

What works least well when a clown doctor visits a sick child?

The clowns identified being insensitive as a major impediment to a clown interaction with sick children and...
their families. Spitzer (2001) has specified sensitivity as being important when clown doctors are endeavouring to help children (and staff) cope with difficult situations. Van Blerkhom (1995) describes a study in which five clown doctors were observed in a range of New York children’s units. In some of the reported case studies, Van Berkhom describes how the clowns adopt extremely sensitive approaches especially for children who potentially might be frightened. Additionally, Australian clown doctors undertake performances in emergency departments, where families might be anxious, frustrated, abusive and sometimes aggressive. In such situations, the clown doctors need to exercise extreme sensitivity.

The clown doctors in this study have cautioned against talking down to the child and highlighted the importance of not being on an ‘ego trip’. In this respect, the intent of the clown doctors is to put the child at the centre of their actions rather than compete with another clown for attention. The clown doctors have expressed the perils of not connecting to the individual child; because of this, the use of humour has to be tailored for each individual child and cannot be used as a universal panacea, as indicated by the work of Goodenough and Ford (2005) who express wariness about its use in highly anxious children.

The clowns have specifically identified that overt disrespect of hospital procedures and staff will adversely affect the relationship between themselves and the professional health workers. The clowns therefore tread a thin line between legitimate parodying of the actions of the doctor or nurse, and ‘ruffling the feathers’ of malcontent. It should however be stressed that the work of the Spanish comic writer, Enrique Jardiel Poncela, appraised by Seaver (2005), demonstrates that medical humour—where the doctor is the butt of the humour—results from a clash between the moral and social standards expected of them and the reality that they are engendered with the same human weaknesses as every other member of the human race.

Much of this medical humour originates from the period before the introduction of modern medicine, when the doctors relied on an assortment of unscientific practices that undermined the confidence of the patient. Importantly, because of their higher position in society, doctors were—and are—seen as legitimate targets for those who occupy perceived lower social positions. Although the clown doctors are at great pains to keep the medical humour within the boundaries of acceptable parody, they have identified that one of the inhibiting factors which impacts negatively on their work is...
Research

when relatives or staff members state that the child hates clowns when in reality, it is they themselves that do. The clown doctors feel that they are sufficiently aware of coulrophobia, and are sensitive in not giving performances where they detect fear within a child.

“The clowns tread a thin line between legitimate parodying of the actions of the doctor or nurse, and ‘ruffling the feathers’ of malcontent”

All performances require both time and preparation, and not having enough time is cited by the clown doctors as inhibiting the efficacy of their work. Equally, working with no feeling, and ignoring the child’s feelings are identified as potentially problematic during a clown performance to a sick child. The clown doctors emphasize that not judging the situation appropriately can have a major impact on the success of the performance; and if they have a lack of information on the child’s status their ability to function within the environment of the healthcare setting will be compromised. This point is particularly important because the clown doctors depend on healthcare professionals to alert them to situations where it might not be appropriate for a clown to undertake a performance for a sick child. The clowns have highlighted the difficulties of potentially not knowing when a child is diagnosed as being terminally ill or dying. Although not necessarily contraindicated, it is vital that the clown doctors are made aware of such situations to avoid giving an inappropriate performance. The doctors also identified that not feeling their best will adversely affect their ability to fulfil their role to the optimum, an indication of just how seriously the clown doctors take their role.

Conclusion

Researching the perceptions of clown doctors has shown that there are a number of elements that enhance a clown doctor encounter with a sick child, not least being the importance of gaining the child’s consent. The use of a clown intervention as a method of distraction and a method of positively changing the atmosphere of the hospital is stressed. There are, however, a number of elements of a clown visit which can negatively impact on the overall experience of the child in hospital, including poor communication between the clown doctors and the healthcare staff. All clown doctors have Criminal Reference Bureau (CRB) enhanced clearing, but there are issues surrounding the sharing of patient information, which nurses need to consider before doing so. The hospital Caldecott guardian should be involved in such discussions.

If clowning in children’s units becomes part of the therapeutic regime for sick children, it will be important to raise some of the issues covered in this paper within staff training and development programmes.

Implications for practice

- Clown doctors take their role seriously and they should be given sufficient clinical information by an experienced health professional to avoid giving an inappropriate performance to a sick child.
- All members of staff should be encouraged to engage in dialogue with clown doctors to further appreciate their role in the overall healthcare team.
- If clown doctors regularly visit a hospital, families should be advised of this during the admission process. In the rare situations where a child does not wish to witness clown doctor performance this can be recorded in the notes and the information given to the clown doctors prior to performances.

Adams P (1998) When healing is more than simply clowning around. JAMA 279(5): 401


Key Points

- Clown humour is increasingly recognized as beneficial for children in hospital
- Clown doctors are highly trained and subject to regular evaluation
- The evidence base for the efficacy of clown humour is developing
- Coulrophobia, a fear of clowns, can affect certain individuals.