Hospital clowns working in pairs—in synchronized communication with ailing children

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Abstract
The aim of the present study was to gain a deeper understanding of the work of some hospital clowns with ailing children. What distinctive features and working methods can be seen in the hospital clowns’ work? The approach taken involved an interview study with 13 hospital clowns, 10 women, and 3 men, between 30 and 60 years of age. The study was qualitative in design and took a hermeneutic approach. The analysis of data included descriptive and theoretical analyses. The descriptive analysis showed that the clowns’ strategy of working in pairs enables them to treat the child with empathy and to acknowledge the child in a sensitive manner. The theoretical analysis of hospital clowns’ method of working in pairs indicated: (a) a relational pattern, characterized by empathic preparedness: to capture and shelter the current affect climate, to express various child and adult positions, as well as to cognitively process and return, if appropriate, a humoristic message in a “digestible, humoristic form”; and (b) a communication pattern, characterized by balanced synchronization of body language and verbal expressions, in terms of pace as well as conformability, which in optimal cases gives rise to an enhanced feeling of presence and mutuality in the communication process between the hospital clowns and the child. The humoristic communication between the hospital clowns and the child worked to create an open space for play—a space in which all affects were allowed. The discussion concerned possible forms of this working method (working in pairs) that function optimally with regard to relational and communication patterns. The discussion also addressed the psychological value of hospital clowns’ work with ailing children, as seen from the perspective of the hospital clowns.

Key words: Hospital clowns, children, humoristic communication, synchronization, affects, humor attunement

Introduction
Focusing on the hospital clown can help us elucidate other associated humor roles. From a historical perspective, we find the court jester, whose job it was to test the limits of what was accepted and allowed in society. Spitzer (2006) emphasized the court jester in particular, making connections to various contemporary humor roles. From the perspective of today, we find the comic—whose job it is to joke about cultural codes and human weaknesses, or the satirist—whose job it is to make fun of political failings and the absurdities of life. The circus clown, for its part, makes people laugh at the ridiculous and shows them the absurd and complex aspects of everyday behavior. However, what does the hospital clown actually convey in his/her work with ailing patients and what is the psychological value of this clown process?

Clown therapy and clown work with therapeutic elements
The professional clown emerges in his/her work as a hospital clown; he/she is often a person with theatrical training and special competence in working at hospitals, with adults as well as children. In some cases, physicians can also take on the role of the hospital clown. We also see the clown’s work in the context of therapy. Gryski (2003) showed how therapeutic clown work has developed in the US and other parts of the world, starting in the 1980s and continuing until today. Clowns receive specific training at various clown schools, for example, Le Rire Medicine in France or The Big Apple Circus in New York. Trained clown therapists have opportunities to work in special clown programs with adult patients, or as trained, professional hospital clowns, specializing in ailing children. Carp (1998) described
clown therapy with adults and showed how the patient, by acting as a clown him-/herself, is given the opportunity to exercise his/her emotional ability and sensitivity in the face of his/her own inner gestalt. The idea is to increase the patient’s hopes for improvement, precisely by using the body as an expressive instrument. Through playfulness and spontaneity, the patient can express with his/her own body the paradoxes and ambiguities inherent in a clown gestalt, thereby developing his/her ability to endure strong internal, often unconscious, psychological conflicts.

With regard to therapeutic clown work with children, Klein (2003) emphasized the role of humor in treatment through play and clownery, which in turn promotes development of the child’s social abilities and creative thought. Self-esteem is strengthened when the child acquires greater trust in his/her own ability to overcome problems. Gyski (2003) described how the child and the hospital clowns work together to “create a safe play place within the larger unfamiliar hospital environment” (p. 98). Vagnoli, Caprilli, Robiglio and Messeri (2005) studied the presence of hospital clowns in the health care system and indicated the importance of special clown sessions for dealing with children’s and parents’ anxiety in various treatment contexts. Wild, Wetzl, Gottwald, Buchkremer and Wormstall (2007) showed how specially trained hospital clowns can bring about positive attitudes in patients on psychiatric wards, attitudes toward the therapy work as well as the clowns’ special activities. Tyrdal (2002) viewed the clown sessions as different therapeutic elements in care giving and mentioned their comforting, life-affirming, pain-relieving, and entertaining functions. Different techniques are described, such as miming, music, song, dance, puppet theater, rhymes and jingles, and particularly clowns’ special bodily expressions and clothing attributes, where the red nose is a clear feature. Tyrdal (2002) pointed out the professional attitude of the hospital clown and stressed the importance of not over-stimulating the child, but instead seeing to the child’s own needs for play and stimulation. Using appropriate techniques, music and a wide clown repertoire, trust should be created in the room to support the child’s developmental potential.

**Physiological and psychological aspects**

Laughter can be seen as the physiological expression of a humoristic statement or situation and it can result in a number of physiological effects, e.g. increased immune defense (Dossey, 1996; du Pré, 1998), increased flow of endorphins, improved heart rate and respiration, and increased metabolism (Sullivan & Deane, 1988). Rotton (2004) and Rotton and Shats (1996) have emphasized the medical effects and pointed out humor’s pain-relieving function, also relating humor to physical health and referring to studies that suggest the value of humor as a buffer against stress. Beck (1997) indicated the possibility of using humor to deal with and overcome difficult treatment situations. Therapeutic humor was stressed by Mooney (2000), who saw use of humor as a pure care intervention. Similarly, Higueras et al. (2006) pointed out the physiological and psychological effects of laughter on the individual. They have also indicated how the general feeling of well-being can be strengthened and how social affinity can increase, though they additionally stressed that humor used incorrectly can result in laughter that has negative consequences. Kuiper, Grimshaw, Leite and Kirsh (2004), however, presented a more critical angle on the physiological effects of laughter and humor on physical well-being and called for additional research in the area. Sarvimäki (2006) problematized the concept of well-being, pointed out the health and quality of life aspects, and emphasized a philosophical perspective. Rotton (2004) combined the concepts of well-being and humor, defining well-being as “physical and emotional health” (p. 237) and humor as ”a broad multifaceted concept that is variously used to refer to the quality of communication, the emotions that such communications elicit, and a tendency to respond with amusement in a variety of situations” (p. 237). In the present article, the concept of well-being will be seen from a psychological perspective, including health and quality of life aspects, and the concept of humor will be defined in line with Rotton’s (2004) definition above.

**Communicative functions**

The hospital clown’s strategy includes making contact with ailing patients in the care environment, verbally or non-verbally, through a kind of social communication that is marked by something other than the everyday. Martin (2007) discussed two forms of social communication, namely serious and humoristic communication, stating that the serious form is marked by logic and context, whereas the humoristic form is marked by ambiguities, contradictions, and inconsistencies. Olsson, Backe and Sörensen (2002) considered that communication with humor largely serves four purposes: (1) the social, aimed at creating community and security in the group; (2) the expressive, aimed at conveying thoughts and feelings; (3) the informative, aimed at transmitting messages; and (4) the controlling, aimed at providing feedback in the dialog. They
saw language as the breeding ground for humor and as its primary instrument in a verbal communication process.

Non-verbal communication in humor, however, simultaneously sends a number of messages in addition to the verbal flow, for example, through facial expressions, gestures, body postures, movement patterns and expressions made through clothing and other props. In his affect theory, Tomkins (1962, 1963, 1991, 1992) stressed the communicative meaning for the individual, in the form of facial signal markers and body language, which are directed outwardly to adapt the individual to his/her surroundings. In the research literature, the concepts of affects, emotions, and feelings are often defined synonymously. Tomkins (1962, 1963), however, defined affect on the basis of its biological and universal foundation, emotion as a complex affect, colored by memories and experiences, and feeling as a conscious, subjective experience. He considered that every affect has its own motivating feature and function. The neutral affect of surprise-startle, for example, results in a facial expression with an open mouth, raised eyebrows and rounded eyes, and is needed to create readiness in the individual—something new is about to occur. The positive affect of joy-enjoyment is needed to form and maintain relationships. The positive affect of interest-excitement is needed to push the individual forward to explore the world. The negative affects anger-rage, fear-terror, distress-anguish and shame-humiliation all serve a communicative purpose in the individual by arousing other people’s readiness to take action. The affect of shame-humiliation is viewed as a socializing affect, in the sense that it corrects the individual’s adjustment to the surrounding world and, finally, we have the negative affects dissmell and disgust, which have a survival value owing to their function in regulating the thirst and hunger instincts. The concept of affect is used throughout the present study, in line with Tomkins (1962, 1963, 1991, 1992), although in certain cases the concept of emotion may have been equally relevant.

Other similar concepts can also be used to describe participation in communicative relating that most often occurs at the unconscious affect level. Stern (2005) mentioned affect attunement and considered that “the emphasis is no longer on external behavior, but on the underlying subjective experience... sharing an inner emotional state” (p. 99). Stern (2005) also pointed out the concepts of moment of encounter (communication in the immediate present) and intersubjective relating (a close form of relating between the subject and the object). In connection with the concept of intersubjective relating and the development of empathic presence, Stern (2005) also mentioned the concept of synchronization, by which he meant a mutual and synchronous conformability regarding the speed and frequency of one’s body language:

In order to be sensitive to someone, perhaps one must be unconsciously synchronized with this person... perhaps coordinate the speed and frequency of one’s movements so as to create, by working together, a kind of everyday pas-de-deux (p. 95).

Linge (2006) wished to relate humor to the affects and used Tomkins’ affect theory (1962, 1963, 1991, 1992) as a foundation for achieving a deeper understanding of the often unconscious humor process. Using the concept humor attunement, Linge discussed a communication process that entailed the humor recipient emotionally tuning in to an ongoing affect, containing it (cf. the holding concept; Winnicott, 1960), and thereafter returning it, in a varyingly processed, humoristic form. In this context, a processed humoristic form requires that the individual has an integrated ability, in parallel with his/her affective sensitivity, to cognitively clarify, intensify and transform the affect(s) into a manageable form.

In sum, the present introduction shows that there are only a small number of international studies on hospital clowns specifically focused on ailing children. Here, previous research has primarily dealt with the effects of hospital clown visits (Klein, 2003; Vagnoli et al., 2005; Wild et al., 2007), therapeutic processes (Carp, 1998; Gryski, 2003), or the value of such visits for children’s development of social skills and creativity (Klein, 2003). Yet one aspect that deserves further elucidation is hospital clowns’ working methods in relation to ailing children. Can we see any particular features of their working methods that, in turn, are important to ailing children’s well-being, as seen from the hospital clowns’ work of view? This question was the starting point for the present interview study with 13 hospital clowns on their work with ailing children. The children had been admitted for short- or long-term stays to several children’s hospitals in southern and central Sweden during the period 2003–2005.

The aim of the present study is to gain a deeper understanding of the work of some hospital clowns with ailing children, as seen from these hospital clowns’ point of view.

The specific question addressed here is, What distinctive features and work methods can be seen in the hospital clowns’ work with ailing children?
**Methods**

**Research design**

In a hermeneutic study, the aim is to allow respondents to speak for themselves, in this way acquiring rich material from their inner-world. Gadamer (1997) has stressed the aspect of interpretation in the perspective of hermeneutic philosophy and pointed out the importance of language in understanding the individual’s lifeworld and experiences. The interview method is a useful tool for capturing the multiplicity and complexity of material such as this. Smith (1995) pointed out the semi-structured interview form, in which the investigator begins the interview process with some questions/themes in order to put the interview situation into a kind of framework for discussion. Then, in the qualitative analysis, Smith (2007) showed how the researcher could conceptualize and interpret the material in a more psychological way. Using different theories in the interpretation could be useful in discovering a deeper latent meaning in the interview text. The present study is qualitative in design and takes a hermeneutic approach, inspired by Smith (2007) and his article “Hermeneutics, human sciences and health: linking theory and practice”. Results from a relatively small, qualitative interview study “are not thought of as facts that are applicable to the population at large, but rather as descriptions, notions or theories applicable in a specified setting” (Malterud, 2001, p. 486). In the current study, this specified setting concerns hospital clowns’ working in pairs with ailing children.

**Participants**

Thirteen hospital clowns were interviewed, 10 women and 3 men, in the age range 30 to 60 years. In the first phase, a strategic sample was taken of five hospital clowns and consisted of all working hospital clowns from one workplace, though their work was carried out at various children’s hospitals in southern Sweden. In the second phase, the sample was a “snowball sample”, in which the phase’s first participants were asked to suggest additional actors to achieve study “saturation.” The second phase sample consisted of two hospital clowns from an additional children’s hospital in southern Sweden as well as six hospital clowns working at two children’s hospitals in central Sweden. Concerning the aspect of gender, the sample was skewed, with ten women and three men.

The participating hospital clowns all had worked in care giving for varyingly long periods, and at the time of data collection, several of them worked part time with ailing children. Their working schedules most often involved two visits a week per child, but this degree of continuity applied to children who had been in the hospital during longer periods. Children who visited the hospital on more of an emergency basis usually only received one visit. The work assignment as a hospital clown entailed continuous collaboration with medical staff. Morning meetings with staff were the rule and involved a survey of the children’s diagnoses and overall current condition. Most of the hospital clowns had experience with the traditional clown role from previous occupations, for example in the theater, circus, or other musical enterprises. Most referred to their various clown-training programs, particularly those completed in France and the US.

**Data collection**

The starting point for the thirteen interviews was a semi-structured interview guide containing a number of established themes. The topics in themes were: working methods, driving forces, relationships with the children, important events, placement in the organization, obstacles and opportunities, as well as perceived value of one’s own work. The interviews transitioned freely between these themes based on the interviewees’ own intentions, and follow-up questions were posed spontaneously to elicit possible clarifications. The interviews were audio-recorded with the interviewees’ permission. The present author served as the interviewer in all cases.

**Procedure**

Of the 13 interviews, 11 were conducted at the hospital clowns’ workplaces, in staff rooms where the conversation would not be disturbed. Two of the interviews took place in the clowns’ own homes. The interviews began with an introduction to the study aim and a discussion of various ethical issues. After the introduction, the audio-recorder was turned on for recording. The interviews lasted between one and one-and-a-half hours per person.

**Qualitative data analysis**

(a) Descriptive analysis. The descriptive analysis began by reading through all interviews several times, the intention being to identify general patterns in the data as a whole. The interview data were coded in relation to the themes (working methods, driving forces, relationships with the children, important events, placement in the organization, obstacles and opportunities, as well as perceived value of one’s own work) that constituted the framework of the study and they were then briefly summarized.
Particularly illustrative citations were coded separately. Smith (1995) wrote that qualitative data analysis involves the researcher clarifying general or typical patterns in the data. The first phase of the inductive analysis entailed describing the data from their empirical basis and not interpreting them in relation to a particular theory. The next stage of the analysis dealt with identifying categories, the content of which applied to all or most of the interviewees. The final stage of the descriptive analysis involved a critical reading of all the interview data to ensure that the different structural categories actually represented the whole as well as to see whether any specific characteristics could be discerned.

(b) Theoretical analysis. In the present study, the theoretical level of interpretation was used to derive the different categories from the descriptive analysis and integrate them with relevant theoretical concepts. Using different theories in the interpretation could be useful in discovering a deeper meaning in the interview text. In the present study, the intention was to try to gain a deeper understanding of the work of the hospital clowns and of their way of relating to the children in a more psychological manner. The researcher’s pre-understanding was based on different psychological perspectives. The bearing concepts in this context were holding function, with reference to the work of Winnicott (1960), intersubjective relating, with reference to the work of Stern (2005) and affective relating, with reference to the work of Tomkins (1961, 1962, 1991, 1992). Humor relating was interpreted on a deeper psychological plane as a communication form on the affect level, in accordance with Linge’s (2006) concept of humor attunement.

However, a psychological interpretation in the context of a qualitative effort is always made from a specific angle, colored by the interviewer’s theoretical perspective, which in this case has its basis in psychology; the object-relations perspective (Winnicott, 1960); the intersubjective perspective (Stern, 2005) and the affect-theoretical perspective (Tomkins, 1962, 1963, 1991, 1992).

Ethical considerations

Principles from the Swedish Humanistic and Social Science Research Committee constituted an appropriate guideline for the ethical considerations of the present study. The information requirement implies that the interviewees were initially provided with information about the study’s organization and aim. The consent requirement implies that the clowns agreed to participate and were aware that they could interrupt, change, or end the interview at any time. The confidentiality requirement implies that the clowns’ identities were and will continue to be protected. The researcher is also responsible for providing information about all stages of the research project and informing participants about any written reports resulting from the study.

Results

The results will be presented in two stages. First, there is a descriptive analysis including four categories that will be described one at a time: (a) working in pairs; (b) the optimal encounter; (c) wordy and wordless communication; and (d) obstacles and opportunities in clown work. Thereafter, a theoretical analysis, integrated with all the aspects from the descriptive analysis, will be presented metaphorically using the category: “the magical room”.

Descriptive analysis

Working in pairs. The descriptive analysis revealed a clear pattern in the hospital clowns’ work with ailing children, namely their descriptions of working in pairs. All interviewees stressed the value of this working method, as it creates different opportunities than does working as a single clown. When working in pairs, you can share the work, develop a sequence together, and stimulate each other in your various encounters with children and staff. Pair work was described as an interplay between the clowns, where one clown begins as the driving force and the other’s role is to assist, only later to reverse the relationship. The interplay is constantly revived if both clowns are able flexibly to hand different roles over to and back up each other and to set time limits for what is reasonable in a given situation. There is a joint mirroring action between the clowns, in which sensitivity to each other’s actions also entails synchronization of movement patterns. Several clowns stressed that finding a way to work together must be allowed to develop over time and that it is stimulating to practice sensitivity and conformity to each other’s codes and signals, both the verbal and the non-verbal.

The advantage of this working method was described in terms of the fact that two clowns can take different positions. One clown, in one position, can illustrate the child’s anger in an over-explicit and childish way, while the other clown, in another position, shows a more constructive anger. In this way, the child need not be drawn into the game directly, but the child can simply watch, waiting to see how the clowns will act together. The child,
thus, can decide if, when, and how any cooperation with the clowns will take shape. One clown explained this:

If the child expresses something that’s a bit aggressive ... then you can mirror that in relation to your colleague instead of reacting to the child ... you say to your associate ... you get it, right, what are you doing here in this room?

One often-mentioned aspect was passivity. The hospital clowns discussed their chances to break through this passivity by constantly amazing and surprising both the child and his/her parents. The goal here is to be able to capture the child in his/her amazement over the unexpected, to get the child interested in the course of events, and to feel joy and the desire to participate actively in the activity. The following statement describes this:

We want to return the power to the powerless. The child’s eyes light up. I think it’s so incredible that you can surprise, even adults, that they come over and sit closer to their child, because we recognize and affirm the parents too—we break through the passivity.

The optimal encounter. The descriptive analysis revealed reflections on whether or not the hospital clowns’ working methods constitute a therapeutic activity. These working methods are not described in a therapeutic way, but instead as methods in which certain therapeutic elements are included—methods allowing the child’s problems to be reinforced, magnified or clarified by the clowns becoming the “bearers” of specific affects. In this way, the clowns help the child “to see him/herself from the outside”:

We make the child’s presence clear, so the child can see himself or herself a bit from the outside—we reinforce, we narrow down, we magnify, we put things in clownish proportions. As a clown, you can be permissive in this environment, almost in a therapeutic way, though it’s not therapy, we pinpoint the problem, but we approach it in a much more humoristic way, or use that side of things to look at life.

The expression “the magical room” was used often. It describes how an optimal encounter can unfold, one in which the child is acknowledged and given the chance to express all of the affects in an interplay with the clowns. All of the clowns stressed how important it is for the child to feel that he/she has the right to show all his/her feelings in the room.

The child quickly realizes that he/she does not need to express the things adults want to see, for example, being cooperative. It is perhaps not optimal to laugh, but instead to be allowed to show irritation, anger, or fear. One clown explained this:

You can let the child be drawn in gradually ... you can let the child first laugh at something the clowns do together ... the clowns can illustrate and reflect feelings the child has ... the child gets to see someone else as a victim and then that’s funny ... if there are two, you can act without drawing the child in ... so you don’t expose the child and all his or her feelings.

During an optimal clown encounter, perhaps the child will come up with a solution, supported in this case by the constructive clown. On occasions when the child is feeling worse, the clowns can together express what the child wants to say, but does not dare say. One of the hospital clowns discussed the creation of a mutual encounter, in which the clowns and the child are on equal terms, there is room for play and everyone has the same value and opportunities.

The clowns are perceived as harmless, they have no claims on power, money, sexuality or the major driving forces that adults try to hold at bay, but sometimes must give in to ... the clowns have taken a big step back from this, there is no prestige ... the child finds himself or herself in a room without prestige.

This helps us capture what life is, find a sense of joy, open the door, recognize the child ... we meet in the present ... with everything we can do with the things that work in life.

This professional attitude implies permitting a feeling marked by naïveté and genuine childishness, while maintaining the reflective adult attitude that must always be present in every hospital clown. One clown described “the inner dialogue” in the following way:

I walk two parallel lines in my head at the same time ... if I don’t have the adult with me simultaneously, I can’t work professionally either ... I have to have an adult idea alongside.

All of the hospital clowns stressed that their work was very emotionally rewarding, but they also stated that when the professional clown character returns to the private sphere, all the feelings held back during the day come to the surface. One clown
stated that the ritual transition from hospital clown to private person is not as clear-cut as the opposite transition. Awaiting the clown after a day's work with children is administrative work, in which statistics, diary notes and important ideas must be written down before tomorrow's work. However, in this administrative phase, some processing of one's own feelings also occurs, and the clowns are able to talk with each other about the obstacles and opportunities of the day's work. One of the clowns stressed the importance of working in pairs, which is helpful later on, when they have the chance to directly confirm each other's thoughts and feelings, for example after having their last contact with a dying child: “a small child waving goodbye” to his/her playmates the clowns.

*Wordy and wordless communication.* The working methods of hospital clowns include communicating with words. Communication can also be non-verbal, for example, miming, body language, and ways of signaling to the child that the room is “open to all sorts of feelings.” Some non-verbal signals for hospital clowns in the communication process included colourful and individually designed clothes, usually oversized and with various checks and stripes. Other obvious attributes included decorated caps and hats, and conspicuously large shoes. The round red nose and the often-pronounced white areas around the eyes and mouth were particularly salient. The props most often used consisted of various musical instruments and suitcases, containing a great many things, e.g. dolls, balloons, different cards, and garlands.

The first communicative signal is a knock on the door. When the hospital clowns enter, a calm ensues immediately, a kind of center constituted by the clowns, often accompanied by a little tune. One of the clowns described the slower pace, in that treatment and acknowledgement of the child take more time than does normal everyday communication. Another of the hospital clowns described just this sensitivity to every child’s situation and the importance of finding the right way of reaching that child. One example given concerned an autistic girl who was difficult to make contact with and who did not communicate verbally:

> She watched us with wide eyes the whole time … we played and talked with her mother … and when we were about to say goodbye, she reached out her hand and wanted to touch me … so I took her hand and started tickling it … then she started laughing … then we were going to leave … and she reached out again … I think we did this five or six times, and she laughed every time.

The child is given scope for all his/her feelings and it can feel secure with the non-demanding clowns, as seen from the hospital clowns’ point of view. The descriptive analysis showed that the hospital clowns adapt their behavior to the child’s age, which naturally plays a role in how the encounter takes shape. Small children tend to follow the clowns’ body language and use body language to reply, whereas older children often reply verbally. Yet every child’s individuality and special problems determine whether verbal or non-verbal communication will be appropriate. In educational programs for hospital clowns, sensibility and sensitivity are trained so that the clowns can later perceive even the smallest emotional manifestations, found in all the small muscular movements of the face as well as in the more obvious signals of body language. “It’s all about being present … our task is to listen, listen … see every little nuance in a facial expression”.

*Curiosity* was a recurrent theme in the hospital clowns’ narratives. If a child’s curiosity can be aroused, his/her passivity can often be broken through. The clowns’ strategy is to arouse in the child a need to relate and communicate. However, this strategy for arousing curiosity also includes sensitivity to the child’s health and to whether or not the child wishes to relate and participate in the clowns’ way of communicating. Sometimes a faster pace is needed. Such a successful encounter was described in the following way:

> It was such a fun visit because she started laughing right off … that leads from one thing to the other and you feel she’ll go along with anything because she was just as surprised during the entire visit.

The descriptive analysis showed that all of the clowns, except one, used both verbal and non-verbal communication—with other clowns, with children and with staff. The clown who had chosen to use only wordless communication justified her working method in the following way:

> There are so many words, so much redundancy … the magic happens in an arena where the listening to, seeing and capturing of the child’s signals are found … where the body’s ability to communicate exists in silence … there is restfulness in this … restfulness in the encounter, where other signals are activated … with the very smallest little body movement … in which I see a spark of interest from the child … the child has
the desire to communicate … the clown becomes a means of bringing out the child’s life force.

The encounter takes place in the form of movements, which provide affinity in a synchronized movement pattern, as well as joy in being able to follow each other’s movements and, thereby, see opportunities for surprise. According to the wordless clown, curiosity is stimulated in the play. The challenge lies in noticing the very small nuances in this silent communication and being able to transform them into synchronized play:

The cradle of play is in movements … sharing them together … leads to a deep emotional relationship … for example in a passive little girl who didn’t want any contact … I saw how she moved her big toe a little … I caught that and moved my big toe the same way ... she moved several toes around … I did the same … she was in control of our toe communication … no demands.

Obstacles and opportunities in clown work. The interviewed hospital clowns felt that their special working methods were able to change children’s attitudes toward their hospital stay. The physical space of the hospital is often associated with feelings of discomfort, as the children are receiving medication and various types of treatment there. Using all of their funny pranks and elements of surprise, the hospital clowns break through the pattern of passivity and try to get the child to join in on the play as an active actor, as opposed to a passive onlooker:

We provide an incredibly important link by making the medical visits something that also contain positive elements that lead to another feeling … something fun … we have children who come regularly … it’s very important that they come on days when there are clowns at the hospital.

The time aspect was stressed, as was the importance of having patience. All clown work must be allowed to take time, and at some workplaces, it can “conflict with work routines” for staff or be questioned regarding its appropriateness on a given day in relation to a given child’s problems. One of the clowns stressed the fact that the child has every right to initiate or end an encounter with clowns, as well as to indicate that a visit is not desirable at all:

We accept that a ‘no’ is a ‘no,’ even if we’ve stretched it a little bit … we have to know that the ‘no’ is a ‘no’ … but then that’s a successful visit, because the child has shown that he or she doesn’t want a visit … that’s just as important.

Several of the hospital clowns felt that clown visits are contraindicated in some cases. This could concern diagnoses such as psychosis, high susceptibility to infection, multi-handicap, suicidal tendencies, anorexia, fatigue following cancer treatment, high fever, meningitis, or hypersensitivity to light and/or sound. All of the hospital clowns emphasized the importance of respecting the child’s problems, but several also felt that, in certain contexts, you could stretch the limits somewhat and relate to the child sensitively and slowly.

With respect to collaboration with physicians, the analysis showed that increasing numbers of ward physicians now participate in play with the children and hospital clowns, often to the great pleasure of the children. Things such as the following can occur:

When things are at their best, the doctors play too … it’s fantastic … it happens more and more now … I spontaneously picked up a tongue depressor and hit the doctor on the head with it, lightly, and the girl loved it.

When the work is functioning at an optimal level, there is cooperation between all parties: the physicians, nursing staff and the hospital clowns with the children and their parents, as seen from the hospital clown’s point of view. Also mentioned as important in this context is the hospital clowns’ opportunity to collaborate with psychologists.

Theoretical analysis

The interpretive analysis stresses what is going on in “the magical room” and is theoretically based on Winnicott’s (1960) ideas about holding function and Stern’s (2005) concepts intersubjective relating, as well as on Tomkins (1962, 1963, 1991, 1992) theoretical contributions in the area of affective communication, and Linges’ (2006) ideas about humorous communication.

“The magical room”. What is actually happening in "the magical room," a room for unexpected possibilities, where—in the optimal case—the child is acknowledged in relation to all his/her affects? This can be captured, purely descriptively, using a statement made by one of the hospital clowns:

We meet in the present with everything we can do with the things that work in life … we fill the space, this is vital for the child, something happens in their eyes when you’re on target … something is aroused … we see trust growing in the child.
In the present study, the hospital clowns described the course of events in relation to feeling empathy with and having an understanding of the child’s state of mind. Employing a theoretical interpretation, in line with Winnicott’s (1960) earlier ideas about “the holding function”, the hospital clowns could be seen as the “bearers” of the child’s affects. Thus, the theoretical analysis showed that if the intuitive contact with the child, as well as between the clowns, works immediately, this manifests “a moment of optimal functioning;” in line with the ideas of Stern (2005) and his concept of “moment of encounter.” “The magical room,” thus, entails a highly salient relational presence in the room, figuratively described as a relational pattern between the child and the clowns, on the one hand, and the clowns themselves, on the other. This relational pattern takes on a deeper psychological meaning and it is possible that the child is mirrored and acknowledged in relation to all of his/her affects. It is also possible that the child is able to feel trust in this permissive relationship. In the optimal case, certain forces are set free: in the child a zest for life and the ability to be active, and in the clowns empathy and creativity.

Stern (2005) mentioned the concept of “synchronization” in connection with intersubjective relating. Synchronization involves the coordination of movement patterns, dyadic coordination. With regard to the hospital clowns, this is perhaps what is happening in what the clowns called “the magical encounter”. That is, when intersubjective communication takes place at the unconscious affect level and when an empathic understanding of the child is achieved through synchronized movement patterns, sometimes balanced using a slower pace or at other times a quicker, surprising pace, as required by the situation. However, if “the optimal encounter” (Stern, 2005) is to occur between the child and the hospital clowns, there must also be synchronization between the clowns, in their movement patterns as well as verbal expressions. Perhaps the child’s inner world is given shape in this way, staged as a drama with specific actors. The child could signal his/her state of mind using a wordless language of affects. The hospital clowns capture the mood and intuitively divide two dramatic positions between themselves. One clown reflects the affect pattern by over-emphasizing or reinforcing, e.g. the child’s fear. The other clown instead tries to find capacities in the child’s nature, for instance the child’s courage. This gives the child an opportunity to see his/her own inner problems from the outside, mirrored in the clowns’ movement patterns as well as in their wordy dialogues, which form two opposite poles; in the words of one of the clowns:

“We make the child’s presence clear, so the child can see himself or herself a bit from the outside—we reinforce, we narrow down, we magnify, we put things in clownish proportions.”

The analysis showed that the hospital clowns must follow the child’s mood, so that the child does not become over-stimulated. As part of the clowns’ pair work, the clown who is the driving force mirrors the child based on a child position, while the assisting clown takes on a more adult-like position, paying attention to and maintaining the boundaries of what the child has the energy to deal with in the play. The theoretical analysis, however, showed that in the optimal case, “the magical room” encompasses empathic, well synchronized, and balanced communicative work. On the one hand, between the clowns themselves, where the child is in focus, is acknowledged and guided forward in a world of creative opportunities, and on the other hand, between the child and the hospital clowns, where the child can act and suggest solutions. Silent synchronization of movement patterns was also described very clearly by “the wordless hospital clown”, who said, “Where the child leads, the clown follows in a toe communication with no demands.”

Thus, the analysis stressed the importance of the hospital clowns’ working methods, characterized by heightened empathy, such that intersubjective relating becomes particularly clear, with reference to Stern’s (2005) concept of affect attunement and development of empathy. The course of events also elucidates an advanced capacity for cognitive preparedness, with reference to Linge’s (2006) concept of humor attunement. In this context, the concept refers to a humor process in pair work, in which the hospital clowns tune in to the ongoing affects, shelter and then cognitively reshape them, so as to return them in a more “digestible, humorous form.” Cognitive assessment of the situation and the child’s problems, thus, must occur in parallel with the clowns’ affect attunement if they are to treat and acknowledge the child appropriately. One empirical statement from the study highlighted these inner parallel affective and cognitive processes: “I walk two parallel lines in my head at the same time”. The hospital clowns clarified how their strategy takes on “clownish proportions” in the context of play with spontaneous and therapeutic elements, but where the goal of play is not to provide a predetermined therapy in a predetermined framework.
Comprehensive understanding

The theoretical analysis of hospital clowns’ method of working in pairs indicated:

a. a relational pattern, characterized by empathic preparedness: to capture and shelter the current affect climate, to express various child and adult positions, as well as to cognitively process and return, if appropriate, a humoristic message in a “digestible, humoristic form.”

b. a communication pattern, characterized by balanced synchronization of body language and verbal expressions, in terms of pace as well as conformability, which in optimal cases gives rise to an enhanced feeling of presence and mutuality in the communication process between the hospital clowns and the child.

In this theoretical analysis, the two patterns are separated—in order to stress the specific aspects. However, in real life the patterns are integrated in a mainstream of emotions, cognitive reflections, and social ambitions. The theoretical analysis showed that the clowns’ strategy of working in pairs enables them to treat the child with empathy and to communicate in a humoristic way, characterized by balanced synchronization of body language and verbal expressions.

Discussion

Based on the theoretical interpretation, this section will discuss the relational and communication patterns in the hospital clowns’ working methods.

Relational patterns

The descriptive analysis of the present study showed how the hospital clowns work together in a pair constellation. The literature on hospital clowns has often taken up varyingly therapeutic processes or the effects different clown visits have in the context of care (Carp, 1998; Tyrdal, 2002; Klein, 2003; Gryski, 2003; Vagnoli et al., 2005; Wild et al., 2007). The analysis in the present study showed that the clowns’ strategy of working in pairs enables them to treat the child with empathy and to acknowledge the child in a sensitive manner. However, an empathic strategy such as this may be the same in the work of a single clown. Yet according to the theoretical analysis, this mirroring of the child in an external scenario—where the two clowns assume two opposite positions—may explain how the clowns allow the child to see his/her own inner problems at a distance and to approach this inner world at his/her own, often calmer pace. The child becomes the guide, and the clowns sensitively follow along in the play. One conceivable course could be that the mirroring affect pattern in the two contradictory positions does not threaten the child, as the hospital clowns shelter the often-negative affects, reinforcing, narrowing, or magnifying them in clownish proportions. This is not, however, to be seen as a therapy session, but instead as a working method with certain therapeutic elements, including a cautious approach aimed at creating trust in the room. How, then, would a single hospital clown, acting alone in the room, deal with the child’s affects? In such a situation, it is possible that the child’s own problems would come “to close” to be elucidated. The child would also not have the opportunity to see his/her inner problems mirrored at a distance in the form of two opposite positions. The sequences of play would probably be different in nature, without the same deep processing of the mental substance.

In optimal cases, empathy occurs in a triangular relational pattern, in which contact between the hospital clowns as well as contact with the child functions in the most profound psychological sense. Here, empathic affect attunement (Tomkins, 1962, 1963, 1991, 1992; Stern, 2005) captures the affect pattern in the child, and creative humor attunement (Linge, 2006) in the hospital clowns ensures that the clowns return the message to the child in a more digestible, humoristic form. Accordingly, the present theoretical interpretation stresses a state of optimal functioning, “in the moment of encounter” (Stern, 2005), which the hospital clowns endeavor to achieve and often do achieve. Yet on some occasions, the contact does not function optimally, neither between the clowns nor in relation to the child, the parents, or the staff. Work as a hospital clown probably also involves certain disturbing elements that arise during the workday. The respondents described how sensitivity could sometimes be lacking: new clowns must be trained, personality differences can play a role, and there are effects of how the clowns are feeling on a given day. In some cases, a visit from the hospital clowns is contraindicated, such as when a child’s diagnosis is very serious. Yet the respondents reported that in cases where some hospital clowns see difficulties, others see possibilities to work with serious diagnoses, such as psychosis or anorexia. On some occasions, physicians or other staff may have objections to hospital clowns’ participation in care provision. Power and control functions can be called into question through the clowns’ different actions. However, as the work of hospital clowns becomes increasingly common in care-giving, staff members’ tolerance of the disruptions clowns cause in daily routines is increasing as well. The facilitative function of clowns is often stressed
by staff, who feel hospital clowns succeed in getting around treatment situations that have reached a deadlock.

**Communication patterns**

As concerns the communicative function, what emerges most clearly from the present study is the aspect of synchronization (Stern, 2005), both in nonverbal signals and the content of the message. The clowns' intuitive balancing of pace in their synchronization shows that they strive for sensitivity to each child's problems. Sometimes the hospital clowns initiate a slower pace, with clear conformability particularly in their body movements, so that the child will be able to find trust in the relationship in his/her own time. This may be an echo of a developmentally earlier form of communication (imitation), in which synchronization of body movement patterns precedes language, which is in line with Nilsson's (2002, 2006) thoughts about the early mother-child relation, as well as with Stern's (2005) theoretical work on intersubjective relating and affect attunement. Zeedyk (2006) emphasized the emotional intimacy inherent in adult-infant interactions, argued that subjectivity arises out of intimate engagement with others, and pointed out the role of imitation in fostering such intimacy. Yet for the hospital clowns, balancing the pace of communication also implies having sensitivity for a higher pace, in that the situation and the child's improved condition sometimes require a quicker surprise effect. The dilemma in relation to a higher pace, however, is that the child may become over-stimulated, which is something Tyrdal (2002) warned about.

The question is whether it is specifically the effect of surprise/startle that is the structural link in the hospital clowns' form of communication, where the gaze constitutes an important communicative signal? The clowns' facial expressions are characterized by a delay in miming, with open eyes and a searching gaze—by a wondering that signals play and a desire for contact. The child's wide-open eyes and raised eyebrows also indicate surprise in the first phase. In the child, the neutral surprise affect is rapidly followed by the positive affect of interest, which the child can often not resist. In favorable cases, the affect of enjoyment/joy comes about in the final phase of play. Yet another question that can also be posed is whether the interest affect is always stimulated in ailing children? The theoretical analysis showed that this is often the case, but that some small children, particularly those under three years, can remain in a state of fear and doubt in relation to the strange clown figures. Affect attunement (Stern, 2005) is the clowns' answer to the child who is afraid, in that the clowns tune in to and shelter the child's fear. Humor attunement (Linge, 2006), however, becomes the great issue, that is, deciding whether it is appropriate to return "the message" to the child in a humoristic form, as the child may not be prepared for this. Here, cognitive processing and assessment of the situation (context factors) are decisive. The goal of the hospital clowns' work is not to make the child laugh, but instead to cause him/her to feel acknowledged and respected. Herein lies the difference between the hospital clown's duties and those of the traditional circus clown. The hospital clown's communicative message and cognitive assessment are aimed at a specific child, for the purpose of strengthening that child's self-esteem and zest for life. In contrast, the work of the circus clown targets an anonymous audience and is intended to entertain and amuse.

**The psychological value of some hospital clowns' work with ailing children**

From a hospital clown perspective, the empathic function can be emphasized, in relation to a working method based on a pair constellation. The theoretic analysis showed that the empathic function could be distinguished by affect-attunement, in line with Stern (2005), and humor-attunement, in line with Linge (2006). In the same way, the hospital clowns also can be seen as the "bearers" of the child's affects, as an example of "a holding function", in line with Winnicott (1960). The tool available to hospital clowns is humoristic communication (verbal or nonverbal), which differs from common forms of communication in terms of its balancing synchronization, including a calmer pace when the situation requires, or sometimes a faster pace to increase the child's attention level even more. If we look at this study from a child perspective, the life-promoting function can be elucidated, in which hope, trust and joy of living are clear markers. The child is given an opportunity to find his/her own life-force potential and act creatively, instead of passively allowing the various treatments to defeat him/her. In accordance with the ideas of Klein (2003), during humoristic communication with a pair of hospital clowns, the child gains a deeper understanding of his/her inner world, which in turn strengthens his/her self-esteem. For children with the most serious illnesses, close and sensitive contact with hospital clowns can also imply being seen and acknowledged, through intimate and well-synchronized non-verbal communication. Thus, seen from the perspective of care provision, the facilitating and hope-giving function can be stressed. New creative and unexpected solutions facilitate the work of staff members: The
child becomes motivated and may find his/her own solutions in creative play (Winnicott, 1971). The hospital clowns, with their lively actions, also can provide a hope for trust and opportunities for everyone present in the room—in the children’s and parents’ difficult life situation. Finally, viewed from a societal perspective, a quality in care provision can be elucidated that must be seen as essential in modern medical treatment of children with serious illnesses.

It is hoped the present study has increased our understanding of some hospital clowns’ work with ailing children. It is important to make clear that the study emphasizes the hospital clowns’ own perspective. Furthermore, the results highlight the need for future research that is focused on the experiences of children, parents and staff, and that stresses their point of view of the work of hospital clowns.

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