

## HOSPITAL CLOWNING AS A WAY TO OVERCOME TRAUMA

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**Abstract:** Hospital clowning is a relatively new social practice for patients under prolonged medical treatment by means of play, fantasy, and humor. Opposed to circus or theater, hospital clowning is based on an individual, personal contact with a patient. It is not accidental that this social practice plays an important role not only in clinical context, but also as a wider social phenomenon. In the modern world with its tendencies of globalization, virtualization, standardization, isolation, and specialization the value of intimate face-to-face communication is gradually increasing.

The study aimed at exploring the relationship between hospital clowning and trauma: 1) trauma of the patient; 2) trauma of the clown; 3) meeting of the two traumas in the interaction within hospital clowning; and 4) hospital clowning as a social movement in the traumatized modern society. In order to reach such a complex goal, a combination of a literature review, empirical study, and single observations was applied. The empirical study was conducted in cooperation with a Russian organization “Doctor Clown”, and included 19 semi-structured interviews with working clowns.

The results revealed three kinds of trauma related to hospital clowning. First, the trauma of the patient, a victim of the modern medicine. Second, the trauma of the clown, which may lead them to practicing clowning. Hospital clowning may have a healing and developing impact not only for the patients, but also for the clowns themselves. Third, the collective trauma in the modern society, which is being treated by clowning in the most general sense. Based on the modern concept of coexisting positive and negative aspects of trauma, such as post-traumatic growth and post-traumatic depreciation, some practical implications, such as professional selection of the clowns, are discussed.

**Keywords:** clown doctor, connection, hospital clowning, trauma

Human beings are by nature full of contradictions and ambivalences. It is well known that joy and happiness are often accompanied by grief and horror, and laughter and tears are close neighbors. This is true for both directions: no happy state can last forever and usually ends sadly, but extreme joy is

usually experienced after dark times. The best comedy is tragi-comic, and the saddest story is a comi-tragic one, comedy and tragedy supplement rather than contradict each another (Dzemidok 1974).

For a long time, psychology was mainly focused on different kinds of deviations and psychological problems, and the concept of psychological trauma has a broad background in these terms. During the past decades a new paradigm of positive psychology was developed. Representatives of this approach argue that it is worth concentrating on mental health, wellbeing, and happiness in order to provide more thorough understanding of how people overcome suffering and resist illness (Fredrickson 2001; Emmons 2020; Seligman 2008; Watkins et al. 2018). M. Seligman (2008) proposes a concept of positive health, meaning the necessity to improve health actively. He suggests that to achieve wellbeing, in the first place we should work on positive emotions, engagement, purpose, positive relationships, and positive accomplishment. This idea has been supported by numerous empirical data. Thus, character strengths, such as love, hope, curiosity, and zest are linked to life satisfaction (Peterson et al. 2007). Optimism predicts a better prognosis for cardiovascular diseases (see Seligman 2008). Positive emotions are regarded as a fundamental human strength (Fredrickson 2001). For instance, recent studies have confirmed a high impact of joy and happiness on subjective well-being and psychological functioning in general (Watkins et al. 2018; Emmons 2020).

The notion of trauma has various definitions. Usually it is related to some stressful event on the one hand and some vulnerability of the person on the other. Trauma decreases the ability to adapt and to develop oneself. Traumatization is associated to the fear of losing oneself, disintegration of the self or a group identity, and generally, to the fear of madness, a metaphorical analogue of death (Brodsky 2020; Magomed-Eminov 2014). The concept of trauma has a long history in psychology with three different conceptual transformations: as a traumatic neurosis, post-traumatic stress disorder (PTSD), and finally as a normal reaction to extreme situations (Magomed-Eminov 2014). Recently, in line with positive psychology, research has turned to the positive and developing aspects of trauma, which are conceptualized as a post-traumatic growth opposed to the PTSD (Tedeschi & Calhoun 2004). Now suffering may be regarded as a mastery of the changed oneself and the changed world, and an active transformation of the two (Magomed-Eminov 2014). Post-traumatic growth and post-traumatic depreciation are defined, respectively, as positive and negative changes caused by trauma (Baker et al. 2008). They are considered as different and unrelated domains of psychological functioning, although they can coexist (Zięba et al. 2019).

A sense of humor, as a unique human ability, has various psychological functions. R. Martin (2007) defines the following groups: cognitive and social benefits of the positive emotion of mirth, uses of humor for social communication and influence, and tension relief and coping. Each of them, and in particular the last one, has a useful potential in the case of traumatic experience. Although true, spontaneous laughter is mainly an automatic reaction, one is able to apply the sense of humor deliberately in order to manage their own emotional state in the face of adverse life situations (Abdullaeva 2009; Martin 2007).

The coping effect of humor and laughter has been shown in many psychological studies (Lefcourt & Martin 1986; Martin 2007). The paradigm of positive psychology and positive health results in searching for new kinds of interventions, where humor plays an important role. Humor-based methods and techniques are increasingly used for enhancing happiness and reducing depressive symptoms (Wellenzohn & Proyer & Ruch 2018). Humor predicts hope and post-traumatic growth among leukemia patients (Karami & Kahrazei & Arab 2018). In particular, the self-enhancing humor style influences post-traumatic growth in students, while aggressive humor hinders it (Kruger 2018).

A. Cvetkov (2007) analyzed the quantity and content dynamics of jokes sent to a popular website of anecdotes and matched them with the dates of major stressful events – terrorist attacks, natural disasters, airplane crashes, etc. He measured the “stressful potential” of an event according to the number of jokes sent to the website. Usually, right after a tragic event there is, in general, a sharp decrease of jokes for several days. People experience grief, fear, horror, and naturally they do not feel like laughing. Nonetheless, soon after, everyday humor is first replaced by dark jokes reflecting the very event, and the overall pool of anecdotes increases significantly. Then, the quantity of the dark jokes gradually decreases, the jokes unrelated to the tragic event replace them, while the normal quantity of everyday humor is quickly restored.

This social dynamic reflects the coping effect of humor and laughter very well. It has become even more evident during the coronavirus pandemic, when the number of jokes related to Covid-19, circulating around the world, has become enormous. This wave has been registered by many humor researchers (Amici 2020; Bischetti & Canal & Bambini 2021; Chiodo & Broughton & Michalski 2020; Ereemeva 2020), and many scholars have announced joke collection campaigns for their studies within various disciplines. This kind of humor reflects a global trauma and shows the process of coping with it on the level of personality as well as society. This humor also unites us when we share the jokes in everyday interactions (especially in virtual communication during the lockdown).

The coping effects of humor and laughter are universal, and the current global situation reveals it just more clearly. However, people differ considerably in their individual ability to use them, which, obviously, is highly influenced by the degree of subjective and objective danger for a person. Maybe the service of hospital clowning exists exactly for those who, for whatever reasons, feel it difficult to apply the life-giving laughter potential in the face of traumatic events.

Hospital or medical clowning is a modern practice of clinical support by means of humor, laughter, play, fantasy, and imagination (Raviv 2018). The aim of hospital clowning is defined in many ways by the clowns, researchers, and mass media. In the most abstract meaning its function is to bring humanity back to medicine, as it has disappeared along with the fast development of technologies. Specially trained clowns try to maintain communication with patients in the space of pain, fear, death, and the pressure of a special hospital culture (Sirotnina & Miller 2015).

The history of hospital clowning begins in the 1970s with two very different persons: clown M. Christensen and medical doctor Patch Adams (Olshansky 2013). The former may be linked to the development of professional training for hospital clowns, while the latter has promoted it worldwide as a movement of volunteers (doctors, nurses, psychologists, actors, etc.). Nowadays there are more than a hundred organizations of hospital clowning in more than 40 countries (Gur'eva 2016; Dolzhenkova 2016).

Hospital clowning differs considerably from circus or theatrical clowning, as its primary aim is not to entertain the audience or to make them applaud, but rather to maintain an individual contact, a connection, which may be reflected in a wide range of emotional and behavioral expressions, besides laughter and joy, such as crying, grief, anger, annoyance, excitement, etc. (Olshansky 2013; Raviv 2018).

Normally, hospital clowns work in the tradition of Bakhtinian carnival, where laughter is directed to everyone around them: patients, their relatives, and medical staff (Ivanova 2017). Obviously, not always and not all of them are traumatized. However, despite the fact that a clown's interaction ideally influences everyone, usually it has a special "target". The Red Noses,<sup>1</sup> the organization that unites clown doctors' teams from many European countries, defines these people as those who are "in need of joy", but what is really meant by this nice metaphor? Below I would try to demonstrate its relation to traumatic experience.

Hospital clowning research has begun just recently (see the review in Dionigi & Canestrari 2016; Dionigi 2017). It stems from a practical demand, thereby it is mainly aimed at providing evidence of the effectiveness of clowning, thus maintaining and supporting the relatively new profession. Indeed, hospital

clowning has been shown to be effective for patients (Sirotina & Miller 2015; Dionigi & Canestrari 2016; Vagnoli et al. 2005, Vagnoli & Caprilli & Messeri 2010; Auerbach et al. 2013; Arriaga & Melo & Caires 2020), for their relatives (Agostini et al. 2014; Dionigi & Canestrari 2016), and for the medical staff (Ruch & Rodden & Proyer 2011, Vagnoli et al. 2005; Koller & Gryski 2008; Dionigi & Canestrari 2016), although in the latter case the data are more contradictory (Vagnoli et al. 2005; Dionigi & Canestrari 2016). C. Battrick et al. (2007) summarized all the effects into four groups: cognitive effect (distraction from pain or medical procedures), physiological effect (effects of laughter and positive emotions on organism), social effect (enhancing patient's communication with their relatives and doctors), and emotional effect (decrease of negative and increase of positive emotions).

At the same time, there is a lack of research dedicated to the influence of hospital clowning on the clowns themselves, despite the fact that in practice many of them mention its therapeutic impact. I argue that hospital clowning has its healing power also for the clowns, who have often become involved in the practice because of their own traumatizing experience, and this should be articulated and analyzed to a greater extent.

The very idea of hospital clowning in the modern society is becoming more and more popular, which is revealed by mass media, an increasing amount of clown doctor organizations, and a sharp rise in the research on this activity. For instance, the Scopus database includes 19 articles on hospital (medical) clowning from 2005 to 2010 and 102 – from 2010 to 2020. This change may be regarded as one of the reactions to traumatization in society. In the modern world with its expressed tendencies of globalization, virtualization, standardization, isolation, and specialization (see, e.g., Magomed-Eminov 2014), people can hardly be heard and supported, and the value of intimate face-to-face communication is increasing. N. Artemenko (2020a) argues that the very speed, abruptness, and depth of social changes of the current period of history has led to a shocking “contraction of the present” and traumatization. She distinguishes four main sources of cultural trauma in the modern society: unprecedented intensification of cross-cultural contacts, intensification of people's mobility in the world, changes in the fundamental institutions and regimes, and abrupt changes in beliefs, ideologies, and worldviews. The general traumatization of society results in searching for coping mechanisms, which reflects in such an approach as positive psychology, mentioned above, and in particular, the phenomenon of hospital clowning.

The aim of the study is to explore the relationship between hospital clowning and trauma from different points of view: 1) trauma of the patient; 2) trauma of the clown; 3) meeting of the two traumas in the interaction within hospital

clowning; and 4) hospital clowning as a social movement in the modern society. In order to reach such a complex goal, I have applied a combination of a literature review, empirical study, and single observations.

## **MATERIALS AND METHODS**

We conducted a study in collaboration with a Russian medical clowning organization called Doctor Clown.<sup>2</sup> This is a small collective, which provides training in accordance with modern international standards and is oriented to the continuous development of professionalism in their work. The activity of Doctor Clown began as volunteering, but nowadays the organization exists as a charity fund, which provides a small salary for the clowns. Doctor Clown collaborates stably with a state hospital in Moscow, which every clown visits up to eight times per month in order to avoid burning out (the problem of burnout in clown doctors is covered, for example, in Dionigi 2020; Reizer & Koslowsky & Antilevich-Steg 2020).

The whole collective of 19 clowns (10 men and 9 women aged from 24 to 43) with work experience in a clinic from 10 months to 9 years (average 2 years) was interviewed from 2018 to 2020. The age is indicated for the date of the interview. Most of them have basic theatrical education (12 out of 19), and all have passed a special training on hospital clowning.

The semi-structured interview, conducted with the clowns, contained several blocks of questions: biographical data, personal reasons, and the story of entering hospital clowning, worldview, personal beliefs and values, individual style of clowning, the most and the least successful cases at work, interactions with parents and medical staff, the impact of hospital clowning on their personal life, etc. Each interview lasted for about two hours and was recorded and transcribed afterwards. The data given about the interviewees include their initials, gender, and age.

The data from the interviews was supplemented by observations during six clowns' visits in the hospital, and published biographies of hospital clowns. I was also lucky to be able to observe the work of Patch Adams' volunteer group during their trip to Moscow, and to take part in a clowning training by Pedro Fabião, a professional Portuguese clown doctor and trainer, who teaches clowning around the world. I am very grateful for both opportunities.

## **RESULTS**

### **Who is in need of joy? The trauma of the patient**

Initially, hospital clowning was born as practical help for children being under prolonged medical treatment in hospitals (Olshansky 2013; Raviv 2018). Of course, this group is very wide and heterogeneous, some children may be in a very severe condition, suffering from sharp pain, some have to go through painful and scarring medical manipulations, some experience separation from parents or, on the contrary, overprotection, etc. Nonetheless, hospitalization itself evokes in children different kinds of behavioral and emotional disturbances, which sometimes last even long after: sleeping disorders, nightmares, fear of death, hypochondriac fears, nervous tics, enuresis, etc. (Vernon 1965; Yap 1988; Rennick & Rashotte 2009).

Moreover, besides all the possible stressful obstacles in a medical setting, all patients under prolonged hospitalization experience the impact of the special hospital culture (Hoff 1995 [1976]; Siroтина & Miller 2015), which is made up by the special rules, schedule, clothes, language, and traditions, elaborated by the medical system in general and by a concrete hospital in particular. Medical staff takes it as something usual and may hardly pay attention to the fact that for a patient who comes from outside, a cultural shock often takes place.

In pursuit of more and more comprehensive medical technologies, doctors inevitably tend to perceive a patient as an object of treatment rather than a personality, a subject of their own life, thus losing an opportunity to maintain a true therapeutic relationship. There are numerous studies which systematize various barriers and their causes in doctor-patient communication (Ong et al. 1995; Ha & Anat & Longnecker 2010; Chipidza & Wallwork & Stern 2015; Gordon & Beresin 2016). The hospital culture imposes its own rules and even values on a patient (for instance, the absolute value of the fight for health). Patients tend to feel themselves as objects of medical manipulations, as hindrances in the process of professional treatment, and finally, as laymen in the matters concerning their health as well as their life. These processes become especially sharp in the case of severe chronic diseases and often lead to patients' passivity. On the other hand, the importance of a patient's agency, an active focus on getting better, is known as one of the central factors of successful recovery (Wasserman et al. 2010).

The problem of assimilation and/or adaptation to hospital culture becomes the more relevant the more severe is a patient's condition, and the longer period they have to stay in hospital. In case of severe chronic diseases, a special shift in

the system of personal motivations and values takes place; the time perspective, the circle of interests and social contacts narrow (Chulkova & Moiseenko 2009). Finally (in the worst case), the relationship between a person and their disease becomes the only meaningful thing in their life, and the personality assimilates into the role of a patient, the host of the illness. The very crisis of a personality identity is definitely relevant to traumatic experience (Zepinic 2016).

The state of a traumatized person illustrates well the metaphor of “ill hope” and hiding in a shelter, proposed by U. Tishner (Lechowska 2014) or a similar metaphor of a bubble, used in the Red Noses. The metaphors catch the state of isolation, loneliness, disconnectedness, limited perception of the external world, and, on the other hand, the security function of the state. It is something they badly need, but at the same time, something that may bother and restrict them.

This is the circle of problems with which modern clown doctors M. Christensen, Dr. Patch Adams, and many of their followers began to work in the 1970s (Olshansky 2013). Nowadays the activity of hospital clowns is expanding to a wider contingent. They have begun working not only with children, but also with adults, including patients with dementia and Alzheimer disease, psychiatric patients, women during complicated birth, with premature babies, and refugees; they also work in the zones of military conflicts or natural disasters, etc. (see, e.g., Dionigi & Canestrari 2016).

According to the essence of clowning, and in line with Bakhtinian understanding of carnival, hospital clowns pay attention to everyone in the ward. However, they obviously distinguish those who need them more (which may be related to trauma manifestations). The following fragments from the interviews illustrate how the clowns distinguish their “target” patients.

*Well...you feel it somehow. Today we visited that boy... he had got a whole car park from LEGO, helicopters, airplanes, he was playing with them. I come to him, but he doesn't need me. He is fine, why should I try to make him better?*<sup>23</sup> (M.V., male, 28)

It is very important to deal also with such children, but this interaction may be short. For instance, a clown told us about her work in the department of bone marrow transplantation:

*I was pressed on by such a concentrated loneliness. Because there they even hold a child, wearing rubber gloves. I mean this is a place where you feel totally alone. Even if the mother is near, you are still alone.* (D.K., female, 27)

Of course, in a hospital, there are departments with more or less severe disorders in general, but a “target” child may be a patient in any ward.

*It is not necessarily the diagnosis, but rather... Well, it is not necessarily depression, but the child is really down. And it may be something... well, not easy, but not very serious, but there is a big chance they wouldn't pull out of this. Because they are... this is it. The batteries are not recharging anymore. (D.K., female, 27)*

A clown does not choose children to interact with by walking along the hospital corridor. But implicitly there is an idea of the “target” and they expect to meet them.

*The main activity of yours, the main aim is not even in every department, not at every entrance you meet such a child. The one you need to pull out, awake by means of all the tricks. They are not here every time, not all the time. But sometimes it is so much needed, and if such a connection happens... it's not about laughter absolutely, it's about magic. It's about altered consciousness, it's about your shared rhythm with the child. (D.K., female, 27)*

### **The need to bring joy: The trauma of the clown**

Overall information from different sources led me to the conclusion that if we regard a patient as someone who is in need of joy, then hospital clowns may be seen as those who are in need of bringing joy, and this need may be rather strong. For instance, Patch Adams, the ideologist of the global hospital clowning movement, gathers a group of volunteers who pay for the opportunity to accompany him in his charity trips all around the world to promote hospital clowning and to meet those who need their help. The story of Michael Christensen, one of the first hospital clowns, began from the death of his beloved brother due to an oncological disease (Olshansky 2013). Pedro Fabião explains during his trainings that he began active work in hospital clowning since he felt a lack of connection with people.

In the interviews with the clowns, we also had abundant evidence of obvious traumatic experiences, such as severe diseases or injuries, deaths, losses in the families, for example:

*...several years ago I got to a hospital. I had a surgery on spine, and I couldn't work for a long time, having a long period of recovery. Actually, it was my first time in hospital at that moment, 'cause I never... in my childhood I never broke anything, had never been hospitalized. And then such an immovability... so a feeling that I'm not able to do anything directed me to search for some possibilities. ... I think those who come to*

*hospital clowning try somehow to resolve their psychological problems or difficulties. They are all different; sometimes ... a person indeed is convinced they're going to save the world... All of us have this motive, but it's not the main and not the only one. As for me, I can see a motive of lack of artistic professional demand. After the surgery, they didn't include me in the plays which needed plasticity. (A.M., male, 31)*

*Three years ago I got to a hospital with microinfarction and thromboembolism. And 1.5 years after that, every time I was talking to my doctor or just others... I saw... I understood it was the most awful thing that can ever happen to a human. They shouldn't look at an ill person with this awful pity. I remember I had an inner protest against it, and I said something like, "Guys, it's ok... we are not at a wake. When it is a wake, you will be welcome to look at me like that. I will lay down so beautiful and not knowing about it..." (E.F., female, 30)*

*When I was 12 years old, I had a little brother. He died when he was one year old because of immune deficit. And he was hospitalized in the very hospital we visit now. He stayed in these wards. And I think, although I don't recall it now, unconsciously this is one of the pushes for me to do it now. ... It is important to give something for happiness. ... Yes, it is hard there, but as a result, there is a kind of happiness. (V.A., female, 24)*

*I worked as a clothing pattern maker with leather and got good money, but I realized... deep inside I realized that this was not it, that I distanced from myself, the one I used to be for some time. ... and this activity is not mine, I mean, in fact I began to live someone else's life... So, I became depressed, I developed anxiety... I began visiting a psychotherapist, who appeared to be a charlatan, who was pulling money out of me. ... then I came to such a panic disorder... I realized I must do something with it. ... I began to read... little by little I came to the conclusion... that you will not be happy if you think only about yourself... You know, all the people who come into volunteering or clowning... some special event took place in their life, which changed them, their understanding of life. (A.I., male, 28)*

*... my parents are deaf, and in general to help is... in my case... I'm not able to live without it. This is not heroic, but just a part of life... I mean... I will feel bad if I wouldn't do it. (M.S., female, 42)*

*You are in some pain... You know, it seems to me, honestly, one should come to it... it is when you are down, absolutely shitty ...up to... suck... It may be some traum... well, not necessarily trauma... I got to a hospital,*

*but you may constantly face with... let's say penniless... Something that you feel you can't get out of... (K.P., female, 30)*

During an interview, two clowns could not remember any special events or reasons that could have pushed them to hospital clowning, but in informal talk afterwards they suddenly remembered deaths of their family members and feelings of isolation. One of them said that her brother had an autistic spectrum disorder and their mother led a social activity in this field, helping this kind of children and their families in Russia, while she herself was not sure if she was a good enough sister.

In other cases, people did not reveal such obvious severe events, but they spoke about some personality crises, experiencing the feeling of isolation, being out of place, lack of meaning, often related to disappointment in their professional field or particular job, divorce, moving. Anyway, they reported about some special motivation for coming to hospital clowning.

*At that moment, I had a hard moment in my life, and it seemed to me that it would be interesting to get onto an absolutely new path. ... Well, I had just got divorced. In fact, nothing super interesting, but together with my child I was moving from my husband to my mom. It was psychologically hard. ... And this change of life position, the story, lack of understanding of how you would live further. ... I could sit in such kind of lack of understanding, but this way [coming to hospital clowning school] I began to study a new activity. (A.M., female, 33)*

*I simply did not fit anywhere. Any collective was somehow not for me. ... I was always a kind of an outcast. An outcast at school, an outcast at the university... everywhere. The fund [Doctor Clown] is a union of such outcasts. ...these are all people who did not fit somewhere for some reason; they came together and fitted each another, because they claimed that their main uniting characteristic was their otherness. I mean, we are all here a little such... well, fools. In a good way. (D.K., female, 27)*

*When we came to the theatre... the ideas there were kind of primitive. I mean in most cases the director didn't put in any task, any meaning; I missed it. But here, in hospital clowning, this is clear and visible. I always understand the meaning I put in, the aim. (A.S., male, 33)*

*I am a financial director in a non-profit organization, but... this is rather boring, routine communicative work with computers, negotiations, and with adult people. (M.G., male, 40)*

In other cases, they could not formulate well why they had come to hospital clowning, but insisted they badly needed something like this activity at that moment. The descriptions often reminded of the feeling of being at a crossroads or a turning point; they also referred to the feeling of meaningful life and/or the feeling of being needed.

– *Why did you notice this announcement on Facebook?*

– *Well... I don't even know... these are the most difficult questions – why? I don't know. Maybe I needed it at that moment. I mean I need hospital clowning also now. I just felt I needed it at that moment... or... Maybe I had some thoughts, trivial ones... like “it's a good deed, kind deed”, “it is necessary to do it” – this is what comes to me first. It's obvious, superficial... But I think I just needed it at that moment.*

– *Why?*

– *Well... when you do it you feel you are needed. When I visit a child... we call it ‘victory’ with my colleagues... When you come to the ward... it doesn't happen all the time, but when it happens, you feel it physically like it has happened. This is called ‘victory’. And when you do it, you feel it physically, you have won. Not something, not somebody, but it has happened and it is necessary. And you have changed and the child has changed. This very feeling I need. (M.V., male, 28)*

*The thing that I do works, and I feel better. And it is arguable what is primary – that a patient would feel better or that you would feel better yourself; there are different opinions... (M.V., male, 28)*

Several clowns did not recall any special cause possibly related to their choice of the activity. However, absolutely all of them revealed high subjective importance of hospital clowning in their lives, which is especially remarkable as compared to the relatively short period of time spent doing it (not more than eight times per month in order to avoid burning out) and little income from it. For example:

*85% of my life is hospital clowning. (M.V., male, 28)*

*I would like hospital clowning to be my main job. (A.M., male, 31)*

*I work in marketing, but hospital clowning is my big deed. (E.F., female, 30)*

*I suppose it is one of my main activities. (N.Z., female, 39)*

*Now it is an integral part of my life, a very important one, and I know if, for example, to take it from me, this moment, this part of my life, I would feel very uncomfortable, I would feel as if they tore the flesh from my body, seriously... This feeling, on the one hand, of inner freedom, and on the*

*other hand, liveliness of everything that is happening... this is a very cool feeling. (S.B., male, 30)*

All the clowns also noted a great impact of hospital clowning on their lives and their personality development. The value of the job is very high.

*I don't fall into depression anymore. I mean, I thought all people tend to... suffer and to feel sorry about themselves. And I also liked it very much – to feel sorry about myself, to suffer, and others to feel sorry for me. And the very first visit to a hospital has changed me crucially. ... I'm alive, healthy and everything is wonderful. I began to perceive life differently. I mean this job is a strong antidepressant for me. (V.K., male, 26)*

*I felt one more time in my life that I'm busy, involved ... in an important activity. I do it well. I feel I'm needed in the world. ... I'm not stuck in the swamp of triviality ... As far as I have the job I'm living, I'm included. (A.M., male, 31)*

*I became... much more honest. Even in everyday life... More honest to myself and to the society. ... For example, together with my friend and colleague we used to have a picnic nearby. We would buy some chicken and go to take garbage away. I wouldn't have done it earlier. I would say, "Oh, how dirty it is here," and go away. And now we say it and we take it away. [Before] I didn't pay for some things... like in transport... Now I'd better say humanly, I'm out of money, and ask to go without paying. Because if I say humanly, they will help me 90%. (M.V., male, 28)*

*You realize you have such a feature – to err, it is normal. Maybe some conflict situations ... well ... you don't get into... or ... you take a person with more compassion... maybe some conflict situation is happening in your life, and you don't burst right into it, but let it brake... (A.I., male, 28)*

*Your norm limits widen. (D.K., female, 27)*

*In fact, it's easier to talk to people. (M.S., female, 42)*

*I became more disciplined, responsible... I simply didn't see it before. ... I mean I knew there were sick children, but I didn't empathize, I didn't understand what a world it was, but when I got there, I realized what an egoist I had been. I'm still mostly an egoist, but now I've begun to share my egoism [laughs]. (A.I., male, 28)*

*There is some freedom. Responsibility ... I became kinder, you see, I hate it. ... because people... I became... like it softened me. And people in everyday life began to use it. Well, briefly saying, I became responsive, sympathetic. And I feel uneasy about it. (K.P., female, 30)*

All these fragments illustrate that in hospital clowning not only a patient benefits, but rather both parts do. A story of a hospital clown is very often related to traumatic experience and a feeling of isolation, disconnection with the others. Thus, hospital clowning may be regarded as a meeting of two traumas, where in the therapeutic interaction both parts are healing and are being healed. Now the question is whether it should be seen in a negative way. Could clowns who are traumatized themselves make it worse for a patient? To what extent is it “acting out” their own trauma for clowns or “working it through”?

Many scholars stress the positive potential of trauma. Actually, we all tend to get involved in activities that touch us personally. The number of traumatized people is high not only among hospital clowns, but also among social workers and other human service providers (Black & Jeffreys & Hartley 1993; Esaki & Larkin 2013; Thomas 2016; Howard et al. 2015). The concept of a wounded healer, proposed by K. Jung, focuses on the positive sides of trauma, which may become a source of creativity (May 1997). The concept is widely applied by psychologists, medical doctors, social workers, and other helping professionals (Miller et al. 1998; Daneault 2008; Newcomb et al. 2015). Because of isolation, a trauma may become a bridge between people on a deeper level (May 1997). In the flow of the modern positive psychology this idea transformed into the concept of post-traumatic growth (Tedeschi & Calhoun 2004). Thereby I suggest that the personal traumatic experience of hospital clowns is not something unwanted, but rather an important factor that should be taken into account. This experience, if it is being deliberately worked with, may function as a useful, or even necessary, tool in hospital clowning.

On the other hand, the same trauma may obviously lead to harmful consequences if it is ignored or is not worked through enough. Thus, a very careful selection of clowns who practice in the organization Doctor Clown is more than justified. Besides the artistic talent and skills, a thorough psychological diagnostics of personal traumatic experience may be useful in order to distinguish between the cases when a person “deals with their trauma”, which induces them to active personal transformations (Magomed-Eminov 2014), and some others when the very “trauma thinks of the subject” (Artemenko 2020b: 35); in other words, to distinguish the people who are inside trauma, fully involved in it, caught by it, and experience more negative than positive consequences of trauma, from those who managed to distance themselves to a certain extent, to get out of the trauma, to have a dialogue with it, to use it creatively and productively. Despite a popular myth about psychotherapy, one can hardly overcome their trauma fully, but for effective hospital clowning it is enough that the trauma of the clown would let them see the trauma of a patient and

would not obscure it. Let us say the relationship between the clown and their trauma should be productive, dialogical, and there should be some minimal level of post-traumatic depreciation along with expressed signs of post-traumatic growth (Baker et al. 2008).

In order to illustrate non-productive and productive impacts of trauma, let us present fragments from an interview, in which a clown describes different stages of his traumatic experience in his life span.

*... my mother was ill and she died when I was fourteen; she had cancer, and she died. Before that I used to be merry, open, but after that, it happened that I became... like a stand-up comic. I mean humor became more like a weapon for me... to sting someone, not to bring joy, but... to arouse laughter and to hurt the others...*

Then the man explains how he began to work with his trauma:

*And then I somehow realized that I should get to another level... I realized that I needed ... to help others ... and I came across the movie with Robbie Williams, this movie... and I realized it was something I used to do before, being a human, the one I originally was. I realized I wanted to return to it, this was my goal. I told you, I liked making people laugh. I liked to play a fool, so that people would laugh, to bring them laughter. It is very cool, I also helped myself, I... smiled when I didn't feel like smiling. I understood that I have to go further and further.*

The following fragment illustrates not just his personal experience of the therapeutic effect of hospital clowning, but also something similar to the way the patients might go through.

*[The experience of hospital clowning school] was just huge. Because everything for me was such a... I got so shriveled in all my introverted world. ... And here someone looks at you, you have to do something like... this is so scarring. And it was stressful for me, but this stress... it was absolutely upside down. ... something that you have hidden deep inside, it went out, got out ... I always wanted it, but I was always afraid of it, and then they made me work it through, this fear. (A.I., male, 28)*

One of the possible indicators of the shift from working the trauma out to working it through may be in the way the clown perceives and uses the “mask”, which may be an instrument for dealing with trauma (Semenova 2019). As A. Dionigi et al. (2013) noticed, the ability of a clown to separate themselves from their clown persona and to be flexible, putting the mask on and taking it

off, reflects largely their productivity and may be related to manifestations of burning out. In the interviews many clowns told us that the red nose defends them from the traumatic experience and negative emotions they face in a ward. But they do not have to be only safe themselves but also sensitive to the needs and moods of their patients. One of the most important skills of medical clowns is to be able to quit in time or to give up their artistic plan if it appears to be inappropriate for the patient or at the moment. The work of a hospital clown takes place on the borderline between I and the Other, and demands from the clown not only well-developed skills of improvisation, but also high levels of reflection, self-observation, and empathy.

## **TWO TRAUMAS IN INTERACTION**

If we regard a traumatized patient as if living in a shelter or in a bubble, we could imagine a clown to have their own bubble or dollhouse (as a kind of shelter), sometimes even being able to play with this bubble or in this dollhouse as far as distancing from the trauma increases the possibilities to manipulate with it. So, what are the clown's functions and possibilities here? What does a clown actually do? What kind of interaction may there be between the two traumas?

First of all, a clown can just be there, near a patient. 'Presence' is one of the key terms in clowning and the relevant research (Kontos et al. 2017 [2015]), which is understood as being there, being in the moment, being 'here and now' more than normally, being authentic. Via the presence, a clown develops a special intimacy, mutuality with the patient, which has the effect of blurring the self-other differentiation. P. Kontos et al. (2017 [2015]) stress that in hospital clowning the presence does not mean that a clown 'awakes' a patient. They propose the term 'relational presence', which focuses on the reciprocal nature of the engagement. In the study of elder-clowns' work in dementia care, the authors reveal three primary strategies of the interaction between the clowns and the residents: affective relationality (sensitivity to becoming affected by joyful and sad emotions of residents); reciprocal playfulness (residents' responses to clown-driven games, and residents' own initiation of such activities); and co-constructed imagination (co-creation of stories).

A clown attracts attention (distracts from negative emotions), maintains contact, surprises the patient, tries to make them interested, and evokes some emotions (not necessarily positive). A clown creates a special space of play and fantasy, distinct from everyday life (in hospital) (Dmitriev & Sychev 2005; Raviv 2018). Kontos et al. (2017 [2015]) point to the tension in clowning

practice between those who focus on giving happiness, and those who stress the importance of witnessing tiny moments of humanity including vulnerability, sadness, grief, and tragedy. The authors explain that experience of losses is natural, especially for elderly people, so affective relationality skills of a clown should include both joy and sadness. A clown invites the patient to look out of the shelter/bubble, makes them feel needed and important, and returns a sense of agency to them.

Therefore, there is a contradiction: on the one hand, the clowns seem to realize their ‘target’, their aim very well; on the other hand, they present the results of their work in a rather indefinite way, often defined through a clown partner, and they are much more oriented to the very process rather than the results.

*For me success or failure results from my feelings for the partner, I mean if I don't feel him, I feel insecure. But it's about me, for me it's important to feel I'm not alone here. (V.J., female, 24)*

*Successful entrance is mostly a good partnership, I mean if you succeeded to link with one another, if we were right in a tandem, this is a good entrance. ... And then... it seems to me, there are two aspects: working in partnership and directly working with children. (N.Z., female, 39)*

*Not always the thing you regard as successful is in fact successful, I guess [laughs]. It may just be different. For instance, I had such an entrance with N. that I remember. I can't really say whether it was successful or not, but it was among the first ones I could regard as successful. We had a great partnership, there were many different games that we invented spontaneously. Generally, I suppose it is already a success when something new is born, when your partner prompted you something interesting, or you did it to your partner. Because a successful entrance is any which is not unsuccessful, but the most successful is when something new happens. (K.B., male, 43)*

*I don't underst... I mean... I don't think the entrance of a hospital clown may be unsuccessful. Because... well... we are not psychotherapists or doctors... and... what kind of failure? If you haven't managed to play with a child, it is not a failure, just a story – today it didn't happen, maybe it will happen next time, maybe not. Maybe it will happen in a year or two... (E.F., female, 30)*

The patient's agency may be revealed in many different ways, including a protest. Because of that, one of the central skills for a clown in the whole process is the ability to perceive rejection.

*We come not to make them... not to pour happiness into them. The one who wants it will be with us. (A.M., female, 33)*

*...well, if he tells me [no], and I listen to him, and I would do it, next time, when he will need it... he will be more open to you. ... if not, and you would bother him... it will irritate him more. He will think: "Hey, this is the idiot that bothered me the other time, when he shouldn't have, then now I'm sure I don't need him". (A.S., male, 33)*

*We don't see the exact result of our work, there is no clear result. There are only small victories: a child smiled at you; a mother was kind to you today. It's not about recovery, not about something huge. (A.M., female, 33)*

*...detailed talks about who he is, where he is from, who his mom and dad are. ... This is not so important; it is more important to play well, to create... to change... to create an atmosphere for a while, which would help to pull him out of his consciousness, which lights the entire hospital like a flashlight; you switch his consciousness from there. (A.I., male, 28)*

*There was a boy, four years old. ... he was happy that the clowns came... and we began... and then, because of too much excitement or something... he began throwing up... and [the partner clown] says: "Well, it's ok, it happens," and we continued. And it was amusing, that the boy was vomiting, but he was looking up to us smiling. ... A clown won't leave you if you vomit ... I mean he would still be your friend. He came to hang out with you and he doesn't care... (D.K., female, 27)*

*We are a small drop in a sea. We come into this ward once a week, while people stay there constantly. And they stay and stay and stay there, and they have no change of scenery. And here we are, we break in like a storm. We sweep away everything in your path and leave. ... What is it, all of these [toy] plates, hearts... what is it, some magnets, bracelets, some knick-knacks... nonsense. Even [clown] interns ask me what they should do. How do I know what should be done... I don't know! (V.J., female, 24)*

Sometimes clowns can remember the more successful cases, like the following, but it is never a central part, although very valuable.

*We were working [during a painful medical procedure on eyes], there was a boy who used to scream the most. And we organized such a game, as if it was a show titled "The Voice", and who would scream the most, wins. ... Finally, he laughed, and cried, but he couldn't scream at all, because it was so funny for him. (A.S., male, 33)*

*This boy, he usually doesn't let us in, but we will come around just in case. And he will kick us out. And we come in, and ... wow! Another atmosphere in the ward. Another color of the ward, another light, and he is sitting, watching TV. But he used to lay under the blanket all the time for half a year! His mother used to give him a plate almost under the blanket, literally. ... and I'm proud that our clowns went right to the end. We reminded him every day, "We are here, we haven't forgotten you, we are together with you." And he told us, "Get out! I don't want to see you!" – "OK, but we are here if anything. We remember about you; you are not alone." (V.J., female, 24)*

Some of them explained the effect of working with trauma metaphorically:

*You make an absolutely strange thing. ... It may be laughter, may be tears, it may be some strange ideas. But you make it so that you knock some jelly out of this child. Then he may get angry, then he may cry, then he may laugh, then he may reveal great curiosity – it is not important at all. It is good that you knocked him out of this jelly... (D.K., female, 27)*

*But the most important thing that lets you know it is not in vain, it is when you see in their eyes... I don't know what exactly, can't say what emotion it is... curiosity, interest, greed for communication, something like that. When they ask you, "When will you come next time?" (K.B., male, 43)*

To conclude, I suggest hospital clowning as a product of trauma, as a useful tool for working through trauma, and as a meeting of individual traumas – cooperation in coping.

## **TRAUMATIC SOCIETY AND HOSPITAL CLOWNING AS A SOCIAL PHENOMENON**

The speed and depth of changes in the modern society are so huge that they are supposed to be traumatizing themselves, not to mention the high level of aggression, military conflicts, terrorist attacks, nature disasters, and pandemic situations. Intensification of intercultural communication, migration, major political and economic reforms, too fast technological changes, ideological shifts, etc., evoke the "cultural shock" (Artemenko 2020a) and a sense of instability, insecurity, and anxiety, which, in turn, provoke fear, panic or, on the contrary, aggression. Maybe it is not accidental that in these times hospital clowning has started to develop fast all over the world as one of the sources of humanity,

connectedness, and trust. Nowadays there are over a hundred hospital clowns' organizations in over forty countries in the world (Gur'eva 2016; Dolzhenkova 2016), along with plenty of independently working clowns or small informal groups.

Despite this work being more individual, the ideological effect to the society may be much wider and may lead to positive transformations in the way of collective working with trauma: for example, people after catastrophic events could be supported by official services, medical staff, psychological support, but also the clown service. Hospital clowns could help to re-center health care from physiological aspects towards the concept of positive health (Seligman 2008), supporting meaningful projects and nurturing of aesthetic and pleasurable ways of being-in-the-world in the present moment as valuable for themselves (Gray & Donnelly & Gibson 2019).

*You are like a heart here. You don't just get love, you are like pumping it. You are a pump. Yes-yes-yes, you are like pumping it right at the moment. This is so cool. Well. I came for my salary, but I stayed because it's so cool to be a pump of love! (D.K., female, 27)*

## DISCUSSION

The present study may be regarded as first steps, along with numerous other studies, in an attempt to understand the meaning of the newborn profession of hospital clowning and its role in the modern society. I analyzed hospital clowning in association with the notion of trauma, meaning both sides of it: the negative one, which may be referred to post-traumatic depreciation, and the positive one – such as the post-traumatic growth (Baker et al. 2008).

Following the main aims of the study, I explored the relationship between hospital clowning and trauma from different points of view by means of a literature review, single observations, and an empirical study based on interviewing the clowns. Firstly, the interviews with the clowns revealed that they, in fact, distinguished their 'target' patients, although the nature of clowning is supposed to involve everyone around and to improve the very atmosphere in the ward. These are depressed, isolated, lonely children, being as if hiding/closed in a bubble or in a shelter, which is related to their physical condition, but not directly.

Secondly, I stressed a special need of the clowns for being involved in hospital clowning, which may often be associated with their traumatic experience,

personal crisis, or a need for a new meaning of life. Thus, it is worth recognizing the effect of hospital clowning not only for the patients, their relatives, and the medical staff, but also for the clowns themselves. This conclusion leads to the practical problem of professional selection and professional aptitude in hospital clowning. There is a discussion and argument between clowns-volunteers and professional hospital clowns in clinics (Olshansky 2013). Besides the necessity of special training, one could recommend diagnosing the quality of individual traumatic experience within the selection in order to define possible signs of post-traumatic depreciation and post-traumatic growth, which must be assessed separately, like a profile (Zięba et al. 2019). Future studies may investigate the correlation between these variables and professional effectiveness or even harmfulness of a clown in the hospital, and the risk of professional burnout.

Thirdly, I regard hospital clowning as a meeting of two traumas – the clown’s and the patient’s – in interaction, which may result in (mutual) healing. This process is very personal, intimate, and very vulnerable. A clown should be near, but always ready to accept a refusal. The construct of “relational presence” (Kontos et al. 2017 [2015]) operationalizes the needed state of the clown.

Fourthly, hospital clowning as a modern social phenomenon may be regarded as a consequence of collective traumatization in the world culture (Magomed-Eminov 2014), and may result in more reflection on the balance between development and humanity.

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## NOTES

<sup>1</sup> See <https://www.rednoses.eu/who-we-are/our-mission/>, last accessed on 8 April 2021.

<sup>2</sup> See <https://doctor-clown.ru/>, last accessed on 8 April 2021.

<sup>3</sup> Hereinafter the extracts are transcribed with the help of student-volunteer assistants and translated by the author.

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