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Therapeutic clowning and drama therapy: A family resemblance

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ABSTRACT

This paper compares therapeutic clowning and drama therapy, starting with a brief survey of the development of medical clowning as a profession, a definition of the field, and a claim to its ancient link with drama therapy. It then proceeds to analyze four vignettes describing the work of a medical clown in a hospital, and examining them through the lens of drama therapy concepts and theory. The paper shows that the clown's working techniques can be conceptualized using drama therapeutic models and theory, and that using this approach as a method of analysis can serve to enhance the body of knowledge of the rapidly growing profession of therapeutic clowning.

> "*I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.*"
>
> Hippocratic Oath

The birth of a profession

The birth of medical clowning as a profession is a recent occurrence. Although clowns have been involved in health care since ancient times (Campbell, 1976; Miller Van Blerkom, 1995; Warren, 2002), and presumably, have volunteered in hospitals as entertainers for a couple of centuries (Citron, 2011), the advent of the profession as it is currently known in modern health care settings goes back only a few decades ago. Prompted by the revolutionary work of Patch Adams in the 1970s, medical clowning gained public recognition, first, through the publication of Adams and Mylander's (1993) *Gesundheit!*, and later, thanks to the movie *Patch Adams* (1998) in which actor Robin Williams takes the role of the red-nosed, legendary doctor.

Koller and Gryski (2008) state that the field's professional development can be traced back to two main models that originated independently from each other in North America during the 1980s: one is the New York Clown Care Unit, which was initially established as a collaboration between Michael Christensen of the Big Apple Circus and the New York Babies and Children Hospital; the other is the Therapeutic Clown/Child Life model in Canada, where Karen Ridd was hired by the Children's Hospital of the Winnipeg Health Science Center in Manitoba, both as a clown and as a child life specialist. Inspired by these examples, analogous experiments began simultaneously in other places. Nowadays, the profession is practiced in many hospitals – predominantly in pediatric units – as well as in other health care settings worldwide (Koller & Gryski, 2008). The profession's rapid growth still continues, as research offers considerable evidence pointing to the effectiveness of therapeutic clowns in providing complementary aid, which may noticeably "enhance the efficacy of medical treatment" (Miller Van Blerkom, 1995, p. 462).

Another line of thought links the spread of this profession to new cultural phenomena that took place in the performing arts in the last decades, particularly regarding the interaction between performers and audiences. Citron (2011) claims that the development of the Modern Circus in Europe – the 'single-ringed art circus' – infused the trade with a renewed professionalism, which created a new concept of the clown. Fox (1994) strengthens this view by including clowning as one of the current branches of non-scripted theatre, and stating that the emerging genre of the "new vaudeville facilitates a more intimate, human contact with the audience" (p. 59). Ott (2007) places therapeutic clowning among other interactive clowning practices (such as clown ministry, clowning in education and in social activism), through which clowns have tried in recent years to extend their work beyond the traditional realms of the stage and the circus.

The variety of denominations, such as 'medical doctor,' 'therapeutic clown,' 'clown-doctor,' 'hospital clown,' 'clinic clown' (among others), denote differences in style, emphasis, place of work, or even place of training. For instance, one tradition states that clown doctors should always work in pairs, claiming that this allows them to support each other (both in terms of the performance and otherwise), as well as freeing the patient from the pressure to participate (Linge, 2008; Simonds & Warren, 2004; Warren, 2002). In contrast, another approach poses that the single

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clown may promote intimacy and a sense of collaboration with the environment, and that the single clown's vulnerability may act as a mirror to the patient's feeling of being *out of place*. Based on this discrepancy in practice, Koller and Gryski (2008) distinguish between 'clown doctors' and 'therapeutic clowns,' by maintaining that the latter often work alone. Grinberg (2009) claims that it is more common for medical clowns in Europe to work in pairs, while Citron (2011) points out that, in Israel, the issue of working alone or in pairs has split the medical clown's community in two. Bornstein (2008) and Grinberg (2009) agree that the denomination 'clown doctor' is more typical of the U.S., whereas in most other countries they are called 'medical clowns.' Bornstein (2008) also affirms that the name 'clown therapist' expresses a wider scope, presenting therefore a more accurate representation of the profession.

To a certain extent, these differences reflect some of the underlying conflicts inherent in the profession, as well as the stage of development at which it finds itself. Such conflicts are also noticeable in the recent attempted definitions of the field. According to Gervais, Warren, and Twohig (2006), a clown-doctor (CLDr):

> . . .is a specially trained professional artist who works in a therapeutic program within a health care setting. Unlike clowns who make occasional visits to hospital bedsides to "entertain," professional CLDrs are skilled and valued members of a clinical team and are therefore an integral component of the treatment process in the settings in which they practice (p. 77).

This definition highlights the clown's artistic excellence and professional training, thus marking the difference between an occasional entertainer and the *qualified caregiver* – the specialized paramedic who is an integral part of the team of the health care setting. On a similar note, Koller and Gryski (2008) call for a definition of medical clowning that takes into consideration issues of professionalism and accountability, in light of the proliferation of the field:

> At their most professional, therapeutic clowns are respected complementary care providers who are able to articulate their role in the care of the patients as integral members of the health care team. At the other end of the spectrum, volunteer clowns, though well-intentioned, may be simply dressed-up people with little training and less understanding of the role and potential of the therapeutic clown (p. 17).

A working definition proposed for this article is that therapeutic or medical clowns (also called clown doctors), are clown therapists who work in hospitals and other health care settings. The goal of the medical clown is to provide support for the sick and their families, promote their recovery process, and minimize stress in every possible way – including in the health care setting itself. The medical clown achieves these goals through the use of clown's skills, and by sensitively interacting with patients, families, and staff by means of humor and laughter, fantasy and empathy.

Drama therapy and therapeutic clowning

> "*Where is my fool? Ho, I think the world's asleep, how now? Where's that mongrel?*"
>
> King Lear, I:4

The development of medical clowning as a profession followed a completely independent path from that of drama therapy. Although clowning is undoubtedly a theatrical means, and its therapeutic implementation in health care is akin in many ways to the concepts articulated by Jennings (1974) in her seminal work, *Remedial drama*, therapeutic clowning and drama therapy became established as separate professions, growing up like two family members being raised in different countries.

This fact is reflected in the professional literature that has been generated in both fields. A wealth of literature has appeared on medical clowning, particularly in the last two decades. Although in their pioneering book, Adams and Mylander (1993) refer to art as primary care, speak about theatre as a healing resource, and provide links with the American National Coalition of Arts Therapy Associations (NCATA), references to drama therapy are missing from the book. The same can be said about most literature on therapeutic clowning: many articles discuss the curative potential of humor and laughter, presenting it as the main theoretical foundation of the field (Adams, 2002; Glasner, Zaken, Biton, & Leibobitz, 2009; Golan, Tighe, Dobija, Perel, & Keidan, 2009; Koller & Gryski, 2008; Miller Van Blerkom, 1995). Research coming from the medical sciences and psychology focuses primarily on the impact of medical clowns on patients, their effect on preoperative anxiety, on the forensic examination of children, etc. (Cantó et al., 2008; Fernandes & Arriaga, 2010; Golan et al., 2009; Vagnoli, Caprilli, Robiglio, & Messeri, 2005, 2010; Tener, Lev-Wiesel, Franco & Ofir 2010). Other studies look at the influence of medical clowns with adults, in rehabilitation (Warren, 2002), fertility treatments (Friedler et al., 2011), or with the aged (Spitzer, 2006). A few others focus on the interaction between clowns, patients, families, and staff (Linge, 2008; Nuttman-Shwartz, Scheyer, & Tzioni, 2010; Schayer, Nutman-Schwartz, & Zioni, 2008). The transformative and healing powers attributed to clowns have also been examined from anthropological (Bouissac, 1990; Miller Van Blerkom, 1995) as well as from performance theory perspectives (Citron, 2011).

From their side, drama therapists have not ventured or even looked into the drama therapy structures at play in therapeutic clowning. To illustrate this point, there is no mention of medical clowning in the last edition of *Current approaches in drama therapy* (Johnson & Emunah, 2009) – a comprehensive collection essays of the main drama therapy methods and techniques being used and taught in the U.S. and Canada. References to therapeutic clowning are also absent from recent British compilations on drama therapy practice (Jennings, 2009; Jones, 2010).

One exception to this rule is the work of Grinberg (2009). In her unpublished M.A. thesis, Grinberg questions and challenges the prevalent view by which it is mainly the clown's use of humor, his or her ability to "put a smile on the patient's face" and to create a light and amusing atmosphere, that are accountable for the success of the profession. According to her, research in medical clowning focuses primarily on the link between laughter and well being:

> Most of the organizations dealing with medical clowning declare that their goal is to put a smile on the sick child's face, and rely on the researchers to find the connection between laughter and the improvement in the patient's mental and physical state. . . (p. 42).

In her opinion, the therapeutic aspects of clowning are not exclusively associated with humor and joy; they are also related to the dramatic tools (or more specifically, *drama therapy* tools) utilized by clowns. These include the facilitation of an encounter with the patient in the realm of imagination, and the variety of roles that the clown plays. In a genuine attempt to develop this view, she analyses medical clowning practices using drama therapy theories and concepts (among others, Landy's role-system model and Jennings' EPR paradigm).

It is rather odd that drama therapy and medical clowning would not be more closely related as professions, since both are equally concerned with the therapeutic aspects of performance. In fact, profound historical and structural parallels suggest a family-tree connection between these fields: clowns have been considered as healers in both ancient and contemporary cultures (Campbell, 1976; Charles, 1945; Clews Parsons & Beals, 1934; Highwater, 1981; Miller Van Blerkom, 1995). Moreover, according to Kirby (1976),