

## Clown dottori e adolescenti: una ricetta vincente?

### [Mixing Therapeutic Clowns and Adolescents: Is the Recipe a Good One?]

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#### ABSTRACT

**IT** I clown dottori che operano in ambito pediatrico incontrano una varietà di pazienti, specialmente in riferimento alla loro fascia d'età. Poiché il ricovero di tali pazienti si colloca in un periodo di importanti cambiamenti comportamentali, gli adolescenti costituiscono una popolazione specifica. Il presente studio ha come obiettivo la documentazione delle specificità dell'attività dei clown con questa popolazione. Abbiamo raccolto dei dati qualitativi da un focus group semi-strutturato al quale hanno partecipato quattro clown dottori. Successivamente, un'analisi tematica ci ha permesso di identificare temi significativi tratti dalla loro esperienza. I nostri risultati esplorano le sfide specifiche incontrate, i mezzi di intervento e le caratteristiche del rapporto tra paziente e clown. Abbiamo anche osservato come gli interventi dei clown siano guidati da una accurata comprensione dell'esperienza adolescenziale. I nostri risultati potrebbero contribuire allo sviluppo di ulteriori abilità e di strumenti artistici e terapeutici specifici per la popolazione adolescente e i suoi bisogni specifici.

**Parole chiave:** Clown dottori, umorismo, adolescenti, focus group, relazione

**EN** Therapeutic clowns working with the pediatric population encounter a wide variety of patients, especially when it comes to the patients' age. Because their hospitalization falls within a period of major developmental changes, adolescents constitute a specific population. This research aims to document the specificities of clowns' job with this population. We collected qualitative data from a semi-structured focus group in which four therapeutic clowns participated. A thematic analysis then allowed us to identify significant themes drawn from their experiences. Our results explore the specific challenges encountered, the means of intervention and the characteristics of the patient-clown relationship. We also noted that an accurate understanding of the adolescents' experience guides the clowns' interventions. Our results could contribute to the development of more artistic and therapeutic skills and tools adapted to the adolescent population and its specific needs.

**Key words:** Therapeutic clowns, humor adolescents, focus group, relationship

## 1. Introduction

Disruptions in one's bodily experience, loss of the bearings usually provided by a familiar environment, are just a few examples of how hospitalization can be an experience of both physical and psychological distress for patients in the pediatric population (Bastin, 2000). Within this population, adolescent patients may experience particular difficulties, since their hospital stay falls within a period of major developmental changes, along with the emergence of particular needs (Barnes, 1990; Battle, Kreisberg, O'Mahoney & Chitwood, 1989). Supported by studies on humor's positive effects on health (Godfrey, 2004; Martin, 2002), therapeutic clowns have been increasingly called upon to join healthcare teams in order to facilitate medical procedures and ease patients' experience (Ford, Courtney-Pratt, Tesch & Johnson, 2014). With their broad range of entertaining interventions and their ability to adapt these interventions to the patients' characteristics - stage of development, communication skills, etc. - clowns constitute great allies in hospitals. The heterogeneity of the pediatric population, more specifically in terms of age, raises questions about how this variable is considered by therapeutic clowns when working with adolescent patients. The purpose of this article is to address those questions by exploring the specificities of their work with this particular population.

### 1.1. Therapeutic Clowns

Therapeutic clowns are professional artists who have received medical and psychosocial training to work in healthcare settings. Therefore, they are able to use their artistic skills - music, rhythm, improvisation, physical acting, emotional communication, quality of presence, etc. - while taking into consideration matters of confidentiality, hygiene, and adapting themselves to a patient's age and condition, guided by the medical staff (Devictor, 2015; Lecoq, 1997; Le Roux & Stirling-Twist, 2020; Vinit, 2006, 2010). While reinstating imagination and laughter into the hospital, the intention and impacts of their visits go beyond entertainment, as they embrace failure, silliness and vulnerability so as to create a space where patients can feel empowered, (Ford et al., 2014; Gray, Donnelly & Gibson, 2019; Henderson & Rosario, 2008; Koller & Gryski, 2008; Le Roux & Stirling-Twist, 2020).

In the past twenty years, a lot of research has been conducted on therapeutic clowns to study their effectiveness in improving hospitalized children's psychological and physiological health. Benefits were confirmed within the pediatric population in various settings, notably regarding pain and anxiety levels (Sridharan & Sivaramakrishnan, 2016). In rehabilitation units, disabled patients exhibited more positive and less negative expressions of emotion when clowns were present (Kingsnorth, Blain & McKeever, 2011). The clowns' interventions also reduced preoperative anxiety (Dionigi, Sangiorgi & Flangini, 2014; Fernandes & Arriaga, 2010; Golan, Tighe, Dobija, Perel & Keidan, 2009; Vagnoli, Caprilli, Robiglio & Messeri, 2005; Vagnoli, Caprilli & Messeri, 2010), as well as pain and anxiety during invasive medical procedures (Gorfinkle, Slater, Bagiella, Tager & Labinsky, 1998; Kurudirek & Arikan, 2020; Tener, Lev-Wiesel, Franco & Ofir, 2010; Tener, Lang, Ofir & Lev-Wiesel, 2012). These positive results are of great interest for other medical practices requiring anxiety and stress control, such as pediatric dentistry (Sivaramakrishnan & Sridharan, 2018).

Some studies also looked at how therapeutic clowns are perceived, reporting acceptance and strong support from patients' family members (Koller & Gryski, 2008; Mortamet, Merckx, Roumeliotis, Simonds, Ronelieu, & Hubert, 2017). Reduction of maternal anxiety before a child's anesthesia was also noted (Agostini, Monti, Neri, Dellabartola, De Pascalis, & Bozicevic, 2014). Hospital staff members generally acknowledge the benefits of clown programs (Gomberg, Raviv, Fenig, & Meiri, 2020; Koller & Gryski, 2008), and describe clowns as a positive and wanted presence on the units (Blain, Kingsnorth, Stephens & McKeever, 2012). Healthcare professionals reported that therapeutic

clowns help them to bond with patients and their families, facilitate cooperation in all stages of care, reduce their emotional stress, and increase efficiency (Gomberg et al, 2020; Martins, Da Silva, Fernandes, Alves & Vieira, 2016). However, some staff members also perceive them as interfering with procedures (Vagnoli et al., 2005).

## 1.2. Adolescence

Adolescence is a crucial developmental stage starting with the onset of puberty and spanning approximately the age range between 10 and 24 years old, during which important physical, cognitive, affective, and psychosocial changes take place (Barnes, 1990; Sawyer, Azzopardi, Wickremarathne & Patton, 2018; Steinberg, 2005). Therefore, being hospitalized during this period raises some challenges in relation to adolescents' specific needs (Battle et al., 1989; Smith, 2004).

Restrictions regarding food, visiting hours, and medical procedures on which they have limited decision-making power, put patients in a state of dependency. For adolescents seeking autonomy and independence, this loss of control can be difficult (Battle et al., 1989; Findlay, Pinzon, Goldberg & Frappier, 2008; Naville, 2011; Peeters, Jellema, Annemans & Heylighen, 2018). Healthcare settings can also interfere with the need for intimacy and privacy, as some patients may need help with bathing or getting dressed, which may prove awkward during puberty (Narayan, Hooker, Jarrett & Bennett, 2013; Naville, 2011). Also, being absent from their regular peer group can feel like a loss of status (Battle et al., 1989), and being away from an environment that resembles them can constitute an obstacle to their identity quest (Naville, 2011). All these specific needs must be considered and addressed effectively in order to ensure that their dignity is not diminished during hospitalization (Jamalimoghadam, Yektatalab, Momennasab, Ebadi & Zare, 2019; Narayan et al., 2013).

Reactions to the challenges of hospitalization within this patient group can vary between anxiety, anger, developmental regression and diverse rebellious behaviors, such as conflict-based interactions or even physical violence (Naville, 2011). Adolescents are also significantly more referred than children for psychology consults regarding depression and coping difficulties (Kullgren, Sullivan & Bravender, 2018). The prevalence of suicide attempts among adolescents admitted to a hospital with mental health concerns also stresses the importance of adequate age-specific prevention strategies (Ong et al., 2020). Taking the above into account, many authors insist on the necessity to consider adolescents' specificities when they are hospitalized (Alvin, 1992; Battle et al., 1989; Kari, Donovan & Taylor, 1999; Naville, 2011; Smith, 2004).

## 1.3. Therapeutic Clowns with Adolescent Patients

Few studies in the literature on therapeutic clowns focus on adolescents, or on age differences in pediatric hospitals; one brief reference can be found, about avoiding the use of complicated magic tricks with newborns, or lullabies with teenagers (Henderson & Rosario, 2008). Some studies indicate that adolescents can appreciate clowns and acknowledge their relevance, but mostly because of their positive impacts on younger patients (Araújo & Guimarães, 2009; Linge, 2012). Some adolescent patients felt anger, disappointment, or embarrassment about being treated in a childish manner by therapeutic clowns (Linge, 2012; Linge, 2013), or showed signs of disinterest or disregard toward them (Kohler, 2008). Because teens can have uncertain attitudes about clowns, Linge (2012) stresses the importance of understanding and respecting a refusal to meet the clowns, especially coming from teenagers.

#### 1.4. Limitations in Available Research

Therapeutic clowns' perspective about their mission is scarcely reported in the existing literature. Also, the adolescent age range remains unexplored in the research on therapeutic clowns working with a pediatric population. The present study aims to describe the specificities of therapeutic clowning with adolescent patients, using a qualitative method to gain insight into the clowns' subjective perceptions on the matter.

## 2. Method

### 2.1. Participants

Thirty clowns from the Dr. Clown Foundation received an email inviting them to participate in the study. Being able to speak French, and having a minimum of 5 years of experience as a therapeutic clown, were the inclusion criteria. Four participants were recruited: three women and one man, all Canadians, all having been in contact with patients of every age. The mean age of the participants was 40.25 years ( $SD = 2.86$ ), and their years of experience with the Dr. Clown Foundation averaged 10.25 years ( $SD = 3.70$ ). Informed consent was obtained through a written and signed information and consent form.

### 2.2. Procedure

The qualitative and exploratory nature of the study led to choosing data collection through a focus group (Tracy, 2013). We conducted an 80-minute semi-structured focus group which the four participants attended. A verbatim transcription of this focus group was then used as we proceeded manually to a thematic content analysis using continuous thematization (Paillé & Mucchielli, 2012).

## 3. Results

The data analysis produced various themes that can be divided into two main sections: the specificities of adolescents admitted to hospital (Figure 1), and the work specificities of therapeutic clowns with them (Figure 2).

### 3.1 Specificities of Adolescent Patients

#### Characteristics of the Adolescent Population.

Overall, the participants identified some general characteristics of adolescents: They were perceived as aspiring to be normal, cool, and no different from their peers, but also wanting their uniqueness to be acknowledged, since their identity is forming and they feel the need to self-determine and to assert themselves. Two participants noted that adolescents seek freedom, independence from their parents, and to not be treated like children. This period of change was also associated with a certain discomfort with one's own body, and with the need to be challenged.

**Hospitalized Adolescents' Issues.** The participants reported that, for teenage patients, being different from their peers because of a certain medical condition is experienced with difficulty. The

hospital represents a loss of bearings for the adolescent who finds him- or herself in an environment that is both child-oriented and restrictive. They also brought up the fact that during their hospital stay, teens are quite powerless, and must deal with forced dependency and periods of great boredom. According to the participants, it can be particularly embarrassing to be hospitalized and to be seen as a patient, but also in relation to sexuality and privacy, since many intrusions on their physical intimacy can occur. One participant stated that being hospitalized can be a very frustrating experience for these patients, sometimes causing them to stop talking, to close themselves off, or to regress back to childhood. On the other hand, one participant added that every adolescent is different, and some can show a lot of resilience throughout their hospital stay.

**Reactions to Therapeutic Clowns.** Adolescents' reactions to the presence of therapeutic clowns were said to range from willingness to unwillingness. If each participant seemed to encounter openness most of the time, two of them added that they sometimes face refusal. It was understood as a way for the patient to gain a little bit of power, since the clowns are just about the only persons whose visit they can refuse:

*Participant 4: [...] it seemed like a way for him to assert himself, to say «Clowns? You know what, no, I don't want to see them».*

*Participant 1: «I have no choice about everything else» [...] He can't say no to the nurse, he can't say no to his mother, he can't... so the clowns, «Yes I can!» [...] We also serve this purpose... I think it's a great statement to make!*<sup>1</sup>

One participant mentioned that it is typical of adolescent patients to express indifference, and to welcome the clowns with a shrug of the shoulders, sometimes hiding an approval that is not quite acknowledged.

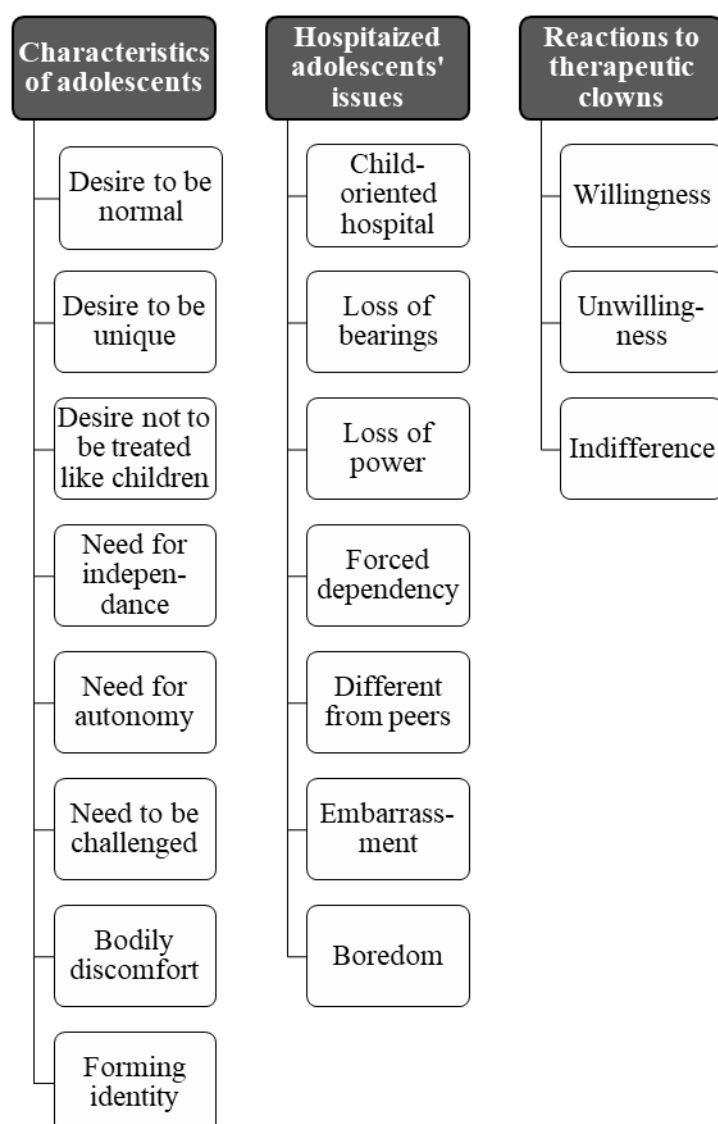
### 3.2. Specificities of Working with Adolescent Patients

**First Encounter.** The clown participants indicated that it is important to pay attention to adolescent patients' first reaction in order to understand if, and how, they can enter the room. In the case of a negative reaction or a refusal, they all agreed that it is inappropriate to insist. Two participants shared that an indirect approach - putting the patient in a spectator position where there is no pressure to interact - can be a good way to establish a first contact.

**Relying on the Duo.** The fact that therapeutic clowns work in pairs seemed to be a key element when visiting adolescent patients. It was said that this reduces the clowns' and the patients' vulnerability, since their interactions do not rely only on a clown-patient dyad. In this respect, one participant specified that a clown duo is self-sufficient, which means that there is no need for the patient to actively participate. Also, two participants mentioned that the duo makes it possible to deal with the apprehension one may feel when approaching an adolescent patient. Discussions brought up the fact that the duo offers the possibility of bringing that apprehension into play by impersonating a very scared clown which the patient can reassure, or scare even more. Three participants agreed that proposing different worlds - some clowns are sportier, some are more into music, etc. - offers the teenager an opportunity to relate more to one than to the other.

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<sup>1</sup> All citations were translated from French.

**Figure 1.** *Specificities of Adolescent Patients*

**Intervention Made of Challenges.** All the participants pointed out the omnipresence of electronic devices of every kind - mobile phones, video games, etc. - that become obstacles because they monopolize patients' attention. Another difficulty appeared to be decoding adolescents' feelings and emotions, which are not always easy to interpret:

*Participant 1: There are moments when you have no idea what they're thinking. That's what I find hard!*

*Participant 4: Yeah, not to know what they think.*

*Participant 1: Not to be able to read them... When you are kind of walking on eggshells, it's typical of adolescents, it happens with them.*

*Participant 2: Sometimes you wonder if they're polite and don't dare to say no, or if they like it and don't dare to say yes.*

*Participant 1: That's what's hard. Should I leave? Should I persevere? It's a thin line...*

*Participant 2: It's hard to decode.*

One of the participants added that some adolescents think that therapeutic clowns are meant only for children, and this can constitute an obstacle when trying to establish a bond with patients. Having their relevance questioned by a patient, and not being unconditionally welcomed by this population, sometimes made the clowns feel apprehensive.

**Particular Considerations.** The participants reported that it is important not to presume that adolescent patients are, or are not, willing to see the clowns, based simply on the fact that they are adolescents. One reported that she always tries to keep in mind to normalize the teenagers, to talk to them as if they were outside the hospital. Three participants underlined the importance of not infantilizing these patients. They also said that they take an interest in patients' personal tastes and interests so as to highlight their identity with customized interventions.

**Means of Intervention.** Many play techniques or artistic skills were mentioned when participants described their work with adolescent patients. The whole group stated that they frequently tease or challenge patients. They also all agreed that impressing them is very effective, whether it is with great music skills, or knowledge about a sport, etc. Three participants stated that making the patient an accomplice – for example by pretending to run away from over-excited kids, or lighting up a fake cigarette – can also be helpful. One gave the example of how they can anchor play in adolescents' real-life concerns:

*Participant 2: Sometimes he [a clown colleague] is involved in amorous dilemmas, he talks on the phone and asks the adolescent for advice about how to flirt, you know... You don't do that with a six year-old, but with a teen, it might resonate with concerns that he really has, like how to flirt or how to ask out someone you like, how to impress that person...*

This type of play was seen as possible because of adolescents' advanced communication skills, which also allows language and dialogue to take a greater part in the clowns' interventions. Two participants specified that in this way they can use a more elaborate verbal humor.

**Relationship-based Intervention.** Many points raised during the focus group were about the relationship between the clowns and adolescent patients. One participant mentioned the complicity - and even the friendship - that can develop over time. Three of them considered their interventions to be more *relational* - meaning that it goes far beyond mere entertainment, and takes place within the relationship between them and the adolescents. It was also brought up that this type of bond is more likely to evolve:

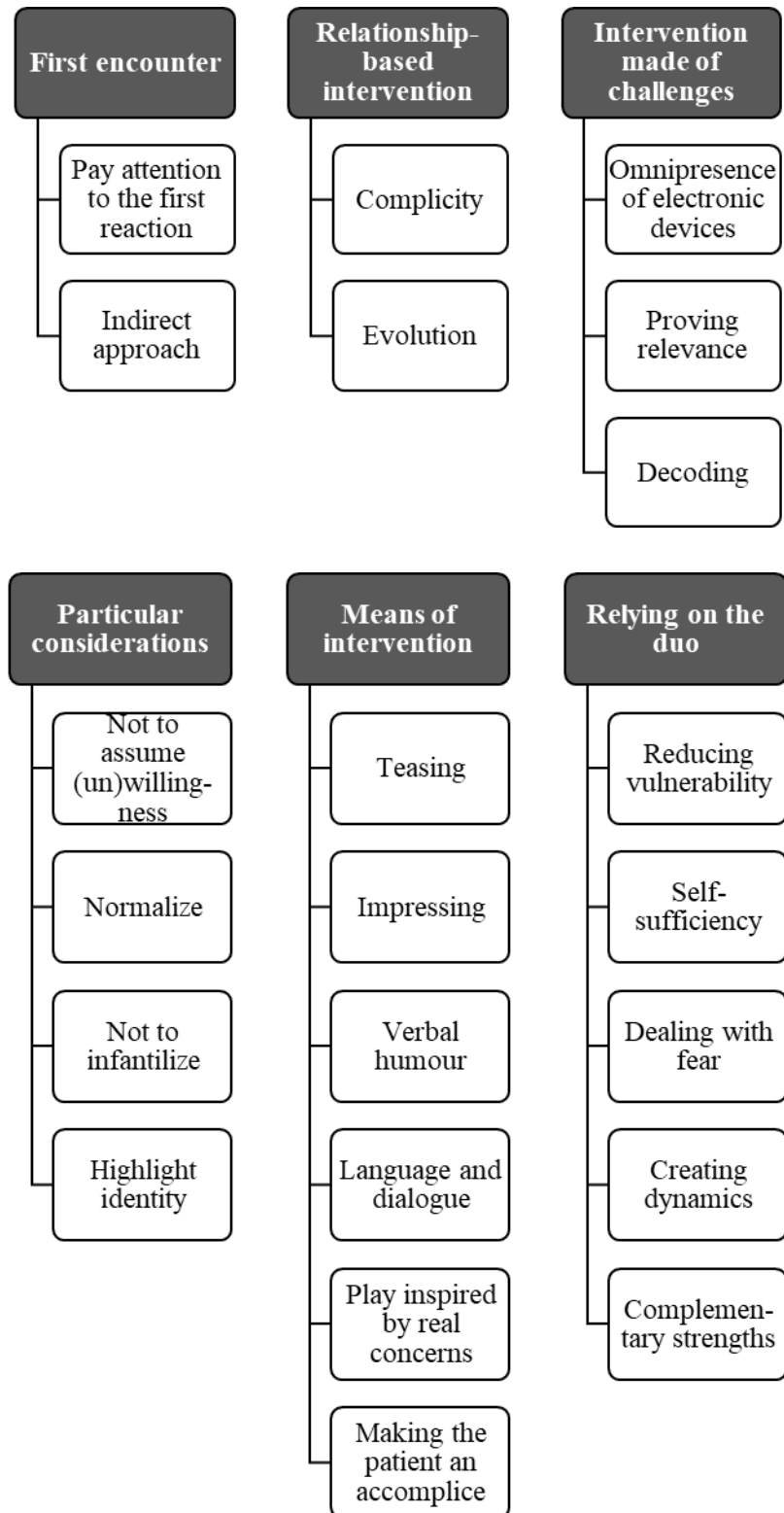
*Participant 3: It's about the relationship!*

*Participant 2: Yes, it's less about the play, the adolescent doesn't ask you to repeat the same [game]...*

*Participant 4: That's right, it changes. [...]*

*Participant 1: But it's about the relationship, something changes in a more profound way.*

**Figure 2.** *Specificities of Working with Adolescent Patients*





#### 4. Discussion

This study used a qualitative methodology and aimed to document the specificities of therapeutic clowns' work with adolescent patients. Firstly, our findings present a portrait of how therapeutic clowns accurately perceive hospitalized teenagers. Adolescent patients are known to have a keen need for privacy and intimacy (Battle et al., 1989; Findlay et al., 2008). The hospital confronts them with a lack of freedom, autonomy and control (Peeters et al., 2018), and this dependence undermines their sense of personal identity (Narayan et al., 2013). They also struggle to relate to their surroundings in child-oriented pediatric wards (Massimo, Rossoni, Mattei, Bonassi, & Caprino, 2016; Naville, 2011). Studies suggest that optimal care for adolescent patients is based on sound understanding of their hospital experience (Findlay et al., 2008; Smith, 2004). Our results show that therapeutic clowns have a well-advised grasp of adolescents' needs and of the ways in which healthcare settings do not necessarily make it possible to meet those needs.

Not only do the participants understand the specificities of adolescent patients' experience, but their understanding is coherently and adequately reflected in their intentions and interventions. For example, the participants grasped the documented adolescents' difficulties due to the fact of being different from their peers, and their need for normality (Naville, 2011), and mentioned that they try to keep this in mind in an effort to normalize patients. Their interventions are then aligned with this particular consideration, as they adapt play to the concerns of the everyday life of a 'normal' teen. This is also manifest when they tease or challenge patients, thus acknowledging their personhood over their illness or condition. Peeters et al. (2018) points out the importance of connecting adolescent patients with their normal life whenever possible. As well, the participants mentioned that they pay particular attention to highlighting the identity of each patient. Such consideration for identity coincides with what adolescent patients themselves describe as dignified care (Jamalimoghadam et al., 2019; Narayan et al., 2013).

Our study identified some practical work specificities of therapeutic clowns. Their interventions with teenage patients imply some challenges and difficulties, and call for a particular artistic and relational posture. Decoding the patients' feelings and emotions was identified by each participant as a challenge specific to adolescents. A possible explanation for this could be the clowning technique itself: one of the clowns' most important relational tools, namely emotional reading, is lacking in this setting (Vinit, 2006). Since adolescents do not always communicate clearly their appreciation of the clowns, it becomes difficult to engage them in an emotional conversation. This also underscores the importance of never taking anything for granted with adolescent patients, and of initiating contact with them with sensibility and tact, without imposing anything (Linge, 2012) – an aspect that also came up during the focus group. Our findings highlight how interventions with adolescents is built mostly around the relationship between them and the therapeutic clowns. While clowning with young children is centered around play, with teenagers it is much more relational. The participants specified that this relationship acquires depth over time, and evolves with complicity. About the latter, we note that it is both a means and an end, as clowns can make the patient an accomplice through their interventions, but complicity also results from a relationship.

This study presents certain limitations that should be taken into account. The small number of participants (n=4) and the limited data collection are to be considered. Also, we did not distinguish between the causes of hospitalization of the adolescent patients, which can vary a lot, and might influence patients' experience and their interactions with hospital staff - including therapeutic clowns. Further research is most certainly needed, and could include a larger sample and a mixed methods research design. It would also be interesting to ask adolescent patients directly about their perception

and appreciation of the therapeutic clowns. Their caregivers and relatives' perspectives would also be relevant. Overall, this study contributes to a better comprehension of therapeutic clowns' profession, while highlighting their sensibility and adaptability. It offers ways of understanding interventions with the adolescent population in general, whose specifics should be more effectively considered and addressed. Lastly, it stresses the importance of well-attuned patient care.

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