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## Current situation of healthcare clowns in Latin America [L'attuale situazione dei clown dottori in America Latina]

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### ABSTRACT

**IT** Il presente lavoro si propone di descrivere lo stato attuale delle organizzazioni di clown dottori in America Latina, in confronto con le organizzazioni di altre latitudini. Per articolare questo articolo, è stata utilizzata una rassegna di articoli online disponibili in banche dati come WoS, Scopus e Springer, per raccogliere informazioni, con parole chiave come healthcare clown e hospital clown in spagnolo. Inoltre, è stata inclusa la ricerca online nei siti web delle organizzazioni di clown dottori. L'analisi indica che ci sono ancora molte sfide per le organizzazioni professionali nella regione. Le caratteristiche socioeconomiche dei Paesi dell'America Latina si traducono in sfide per le organizzazioni di clown dottori, come la formazione e la raccolta di fondi, e sono urgentemente necessarie ulteriori ricerche.

**Parole chiave:** umorismo, musica, clown dottori, America Latina

**EN** The present paper aims at describing the current state of healthcare clown organizations in Latin America, in comparison with organizations in other latitudes. To articulate this paper, a review of online papers available in databases such as WoS, Scopus, and Springer, was used to gather information, with keywords such as healthcare clown and hospital clown in Spanish. Moreover, online research in websites of healthcare clown organizations was included. Analysis indicates that there are still a lot of challenges for professional organizations in the region. Socioeconomic characteristics of Latin America countries translate into challenges for healthcare clown organizations, such as training and fundraising, and more research is urgently needed.

**Keywords:** humour, music, clown doctors, Latin America

## 1. Introduction

Hospital clown, therapeutic clown, medical clown or healthcare clown, has been defined as a complementary medicine to traditional care (Dionigi, 2020), and a very serious business in healthcare (Gray et al., 2021; Henderson & Rosario, 2008). Thus, clowning in healthcare settings is not just “fooling around”. The clown belongs to a theatrical technique, originated in the Italian Commedia dell ‘Arte (Cantieri, 1965), which acquired its contemporary form in the Parisian circuses,

during the second half of the 19th century (Ceballos, 1999). A characteristic of this technique is the artist’s authentic representation, who communicates directly with the audience, breaking the traditional fourth wall of theatre, expressing him/herself through emotions and sensations (Jara, 2000). The body is also an essential tool by which the clown expresses those emotions, dominating physical theatre techniques, such as mime and slapstick, amongst others.

The clown laughs at him/herself, being gentle and never attacking, basing its actions on its own failure. A distinctive element is the use of the red nose, the smallest theatre mask. There are also particular styles of clowning in each region, like the “tony chileno” in Chile. However, most healthcare clowns in Latin America follow a European style of clowning around the world.

## 2. What is a healthcare clown?

Particularly, clowns have been related to the field of health since the time of Hippocrates, when they fulfilled the role of balancing the essential bodily humours to maintain good health (Spitzer, 2006), in a vision far removed from the scientific method (Valdebenito, 2021). However, its integration into health teams is a relatively new phenomenon. In 1986, hospital clowns reappeared in North America after centuries of absence, specifically in the United States the Big Apple Circus Clown Care Unit program was originated, and in Canada the Winnipeg Therapeutic Clown program.

In 1991, the Doutores da Alegria Program was founded in Brazil. The latter maintains high quality standards and produces research (Camargo Catapan et al., 2019; Takahagui et al., 2014; Goncalves, 2011; Oliveira & Oliveira, 2008; Rodrigues & Malo, 2006; Gontijo, 2006; Masetti, 2005). In the same country, Enfermaria do riso was created in 1998 at the School of Theatre of University Federal do Estado do Rio de Janeiro. In Argentina Alegría Intensiva was funded in Buenos Aires in 2008, the main professional organization till date in that country, also producing research. In Chile the programs Clown Célula Roja and Sonrisólogos were established in 2008. Since their reappearance, programs have been established in several countries (Vaz et al., 2016).

In Europe, different professional programs have been carried out, many of which are associated under the European Federation of Healthcare Clown Organizations (EFHCO). In North America a parallel sister organisation, North American Federation of Healthcare Clown Organisations (NAFHCO) was created in 2019, so far encompassing organisations from Canada and the US. No Latin American healthcare clown organizations is part or included to any of these establishments.

Healthcare clowns are interdisciplinary professionals trained in the technique of clowning and in hospital regulations (Warren, 2008). Their main objective is to contribute to quality of life and well-being of patients, caregivers and health workers, using fantasy, play and other techniques, validating all human emotions (Raviv, 2018). Due to the particular work carried out in hospitals, healthcare clowns display socio-emotional competencies (Dionigi, 2020), which constitute emotional intelligence (Bisquerra, 2011), and are related to humane care (Urrea et al., 2011). Empathy, compassion, active listening, respect, generosity, assertive communication, amongst others are examples of such competencies (Fernández-Pinto et al., 2008), and the World Economic Forum (2018) has identified them as fundamental skills that 21st century professionals must possess.

Healthcare clown interventions can be explained as “medical rounds”, carried out solo or in pairs of clowns, to optimize reaching all rooms and common areas of hospitals, such as hallways, rooms, waiting rooms, etc. They wear a red nose, minimal makeup, some dress in a white coat, and generally call themselves “doctors.” They work by connecting with patients, their families and health care personnel through improvisation, always taking into account the response of people involved. Their methodology involves starting the intervention by asking permission from people in the room, which makes interaction with people fluid and not forced. Special care has to be taken with regards to the sound levels of interventions, to respect the desire for silence of other patients in the hospital.

Laughter is one of the many tools used by these professionals. Other techniques they use are music therapy, magic, art therapy, yoga and play. If materials are used (musical instruments, toys, etc.), these are sterilized before and after being used. For each intervention, healthcare clowns generate a debrief report with the ups and downs of the day, challenges and learnings. These reports are systematized by professional healthcare clown organizations.

Although each program is unique, they all prioritize professionalism, regular training, and maintaining highest standards. For this, training in hospital standards and respecting a code of ethics, are basic requirements to be able to function as clowns in healthcare contexts. That is why ethic is a fundamental part of the training of those who work in this profession (Vaz & Makri, 2016; Caires & Masetti, 2015).

### **3. History of healthcare clown**

Contemporary professional healthcare clown organizations were born in 1986, in New York with the Big Apple Circus that established a program of regular visits to hospitals, the Big Apple Circus Clown Care. At the same time, organizations such as the Winnipeg Therapeutic Clown Program was created in Canada. The trend expanded to other developed countries in the 1990s, when organizations were established such as Cliniclown in Belgium and The Netherlands in 1994, Le Rire Médecin in France in 1991, Rote Nasen (Red Nose) in Austria in 1994, Pupaclown, and Pallapupas in Spain, the Clown Doctors in Australia in 1997, the Dream Doctors in Israel in 2002, amongst others.

In Latin America, in 1995 the first professional healthcare clown program *Doutores da Alegria* was established in Sao Paulo, Brazil, and little by little others were created such as *Bola Roja* in 2001 in Lima, Peru, *Alegria Intensiva* in 2008 in Buenos Aires, Argentina, *Célula Roja* in Quito, Ecuador and in Santiago, Chile. In Cochabamba, Bolivia, *Doctores de Alegria* was originated in 1999, program working till date. Particularly in Chile, the first professional organizations of this type were born in 2007, among them *Sonrisólogos*, *Clown Bagó*, *Creaclown* and *Payayaclown* in Santiago, and in Valparaíso *Amaya Sologuren*, actress and director of clown theatre founded *Sanaclown*, which begins to operate with regular visits in the regional hospital since 2007. There are voluntary organizations such as *Clown Hospitalario* and *Clowntagiosos*, but these organizations are not professional because they do not get paid for this job.

Most organizations work in paediatric units and some, like *Sonrisólogos* and *Alegria Intensiva*, have entered adult units. Regarding size, the biggest organizations are *Doutores da Alegria* and *Alegria Intensiva*. The first, works in 19 hospitals between São Paulo Recife and Rio de Janeiro. The Argentinian program functions in ten hospitals of Buenos Aires. The rest are organizations working mainly in one hospital.

In 2021, the Latin American Network of Hospital and Health Clown Organizations was created, encompassing to date programs from Argentina, Brazil and Chile. Most of these organizations work

in the public healthcare system. The main aim of this network is to promote and support development of formal professional healthcare clown organizations, defined as complex organizations with divided functions between artists who work as clowns, and staff for fundraising, administration, artistic direction, training and research. In the long term, the organization wishes to have a political role and influence policies and programs in Latin America. According to this organization, the main obstacle for these organizations is access to economic resources to fund this work. Thus, fundraising is a big challenge in Latin America, not only for healthcare clown organizations.

Research in Latin America has found significant impacts of this work on preoperative anxiety (Gutiérrez et al., 2008). A study carried out in Chile (Faúndez & Moena, 2014) indicated that this work in an oncology unit enhances vitality and strength in patients, while various international evidence has demonstrated physical, psychological and social benefits of this occupation for medical staff in paediatric palliative care (Valdebenito, 2022).

Moreover, regarding the role of healthcare clowns, some (Masetti, 2005) have identified that it impacts creating health communities; the clown embodies the vulnerable human condition, encouraging human relationships and connection. Particularly in relation to health, the same author points out that in these spaces, where imaginaries about life and death are often manifested, healthcare clowns enhance human contact and generate these bonds through means such as observation, touch and listening (Masetti, 2005). This highlights the relevance of awareness in human aspects in the delivery of healthcare (Ros, 2015).

Furthermore, evidence from countries such as Brazil and Portugal indicate that clowning in hospitals promotes values such as the subjectivity of patients, caregivers and workers, generating more affective contact as part of the “language” of care between them (Caires & Masetti, 2015). Thus, quality and comprehensiveness of care, teamwork, welcoming and “humane care” in healthcare practices have become part of hospital agendas (Esteves et al., 2014; Almeida, 2012; Sá, 2009). Consequently, hospitals in Latin American countries are increasingly conceived as places for promoting health, defending life and citizenship, promoting methods and techniques that allow giving new meanings to life, to illness and to death (Valdebenito, 2023; Masetti, 2011; 1998; Melo, 2007).

#### **4. State of healthcare clown education and curricular certification in Latin America**

Regarding the level of technological maturity, the European Union and the European Healthcare Clown Federation require to healthcare clown organizations members to achieve a minimum Technology Readiness Levels (TRL) of 7 to grant the “EFHCO's Quality Label”. Most member organizations have TRLs between 8 or 9 (EFHCO, 2022). Likewise, for almost a decade now, these organizations have been working with professional artists who have complementary training in working in healthcare settings, in addition to having previously been a clown. In the Latin American continent there is no definition of such conditions.

Moreover, regarding professional training for healthcare clowns at an international level, two types of education are distinguished: on the one hand, training offered by formal education institutions, and on the other hand, training provided by the same organizations of this type. In this regard, from 2007 till 2018 the University of Haifa offered the first master's degree in Medical Clown (Dream Doctors, 2022), to which a similar initiative was added at the University of Southern California (USC, 2014). In Canada, at George Brown College there was a certificate program in therapeutic clowning. A large part of professional organizations offer training to their staff. In Israel, hospital clowns are considered an

essential part of clinical teams (Moreira et al., 2015), and it is the Dream Doctors organization that provides this training.

In Latin America, the Argentinian organization *Alegría Intensiva* offers healthcare clown courses, and in Brazil the organization *Doutores de Alegría* does the same. Also in Brazil, *Enfermeria do riso* in Rio de Janeiro offers training at the Universidade Federal do Estado do Rio de Janeiro (UNIRIO), coordinated and established by Professor Ana Achcar in 1998. In Chile there are no formal training programs for this type of professionals; most organizations offer training to their applicants. Particularly, the training is on the clown technique and specifically about clowns working in hospital. What exists, based on a study on the roles of healthcare clowns in pediatric palliative care, are curricular recommendations for the training of this type of professionals, including development of socio-emotional competencies (Valdebenito, 2023).

In terms of curriculum, the largest organization as for number of professional clowns, countries and intervention centers, Red Nose International, has developed a specific curriculum design around seven thematic units, namely, Orientation and Entry Phase, Artistic Studies, Health Care Studies and Clinical Exhibition, Psychology, Sociology, Communication and Clown Training Program (Red Nose, 2022). Another existing example is the case of the Heart and Noses Hospital Clown Troupe in Boston, United States, who designed a specific methodology systematized in a training manual (Lindheim, 2005). Likewise, through the Erasmus+ project called Healthcare Clowning Pathways, the EFHCO generated training and certification of hospital clown education according to European standards (EFHCO, 2022). There is no information available about curricular delimitations for healthcare clowns professionals in Latin America. These types of definitions are urgently needed to advance in professionalization.

## **5. Regulations of professional practice**

In developed countries in North America, Europe, Israel and Australia, progress has been made in defining requirements beyond training to be able to work as a healthcare clown. Some examples of such preconditions are having certificates to work with children, named “Working with Children Check” in Australia, which is a background check of individual having any previous police record. Additionally, immunization and up-to-date vaccinations are required like any other healthcare worker. Moreover, there are requirements such as complying with training hours from hospitals and healthcare clown organizations themselves. Likewise, professional organizations generate employment contracts that detail rights and duties. There is no delimitation of prerequisites amongst Latin American organizations.

Likewise, around the world, legislation has begun to address this new occupation. For example, in France in 2015, an administrative resolution of the Ministry of Labor, Employment, Vocational Training and Social Dialogue, recognized the title of hospital clown, which meant a further step towards recognition of this activity in hospitals and nursing homes. In Latin America, in countries like Argentina, particularly its provinces of Buenos Aires and Ushuaia, by law is established that each paediatric services should provide this service to enhance mental health of patients. However, these laws have been slowly enacted and put into practice; currently few hospitals have this service available.

In Brazil, a legislation has been discussed since 2015 which establishes that public hospitals with paediatric services, as well as public nursing homes and public psychiatric hospitals, are required to have trained “hospital clowns”, aiming at promoting health in hospitals environment. In the case of *Doutores da Alegria*, it is explicit that a training in scenic arts must be held and that they are not volunteers. However, most countries in the region still lack delimitations on suitability and regulations for people working in this profession, such as impediments. Legal aspects are other elements that

should be advanced in this part of the world. Such definitions become even more relevant today, where there has been a high rise of volunteer organizations in the region.

## **6. Conclusion**

I would be naive to think that socioeconomic, cultural and political particularities, and idiosyncrasies in the region would not explain the state of healthcare clown organizations, which lack of regulations promoting professionalization. Funding, economic resources and fundraising are one of the biggest challenges. There is also a need of establishing curriculum for training and more research in Latin America to support the advancement of this new profession. Regulations regarding education, training and preconditions are also needed. Advancement in these means bringing multiple studied benefits of this complementary medicine to users of public hospitals, which in Latin America assist people in socioeconomic disadvantage.

The COVID-19 pandemic stressed the need for sustainable responses to mental health problems, and healthcare clowns are one, which is an opportunity for development of these types of programs. This point is also associated with paradigm changes from the biomedical model to the biopsychosocial integrative model, derived from the epidemiological crisis of postmodernity. During the COVID-19 pandemic, healthcare clowns around the world were contributing in hospitals with humour and art (De Faveri & Roessler, 2021; Raviv, 2020). Others (Butler, 2020), have previously highlighted these values as central to communities in crisis. The figure of the healthcare clown reminds us the central role of emotional intelligence, while it allows to promote it in hospitals, protecting life and the right to a dignified death. Therefore, professionalization of healthcare clown organizations contributes towards more democratic and equal societies in Latin America.

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