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Some considerations on clown-therapy

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Abstract

This excerpt will try to define the difference between therapy and entertainment. In the last years the term “clown- therapy” has been used to indicate the benefits of the clown’s intervention in hospitals, overall with the children. Some researchers investigated to evaluate the impact of clown doctors as a not pharmacological treatment in managing the pain and distress associated with tests and therapies (Schwekbe & Gryski, 2003; Golan et al. 2009; Vagnoli et al. 2005, 2010). Even though some children report about low distress levels during entertainment and playful actions at start and end of the medical procedure, we may not label clowns as “therapist”. First: the term therapy has often been used and abused. We cannot extend the meaning of therapy to all that produces a temporary beneficial effect. The concept of therapy involve a well-structured conceptual framework; an understanding of disease and changing produced by alleged therapeutic factors. Second: a therapist (psychologist, physician, etc...) must have an approved training, with accurately defined characteristics. In the world of volunteering, however there are many different opportunities to become a clown. From a scientific point of view, first, the clown is foremost considered as an artist who needs a long training to learn nonverbal expressiveness; secondly, the artistic preparation must be associated by an equal psychological preparation. In fact we strongly believe that goodwill and deep conviction is not enough to make an activity good and positive. These aspects become more important if people are working in an environment of suffering and death.

Keywords: psychologist; scientific; clown- therapy

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1. Introduction

In recent years there has been a gradual increase in the presence of “clown-doctors” in hospitals around the world, as resulted from the First International Conference that was held in October 2014 in Florence at the Meyer hospital. On that occasion it was reiterated that the clown’s intervention is therapeutic. Referring mainly to the beneficial effects of laughter, an equation was made between gelo-therapy and clown-therapy. We would like to make some objections against the use of the term clown-therapy and against this equation.

Given the scale of the phenomenon (it's thousands of people engaged in hospital wards), it seems important to highlight the need for adequate training for such a delicate profession.

1.1. Clown therapy = gelotherapy?

First of all, we would rather use the term "Hospital Clown" instead of the better known "Clown Doctor", as the clowns who work in hospitals are not necessarily doctors (indeed, they hardly ever are!). Most of the volunteers who carry out activities in hospitals are indeed frequently mistaken for doctors, especially after the famous movie “Patch Adams” and all that has been written about the so-called "smile therapy" or "gelotherapy" or "clown therapy". (Adams, 1998, 1999; Simonds, & Warren, 2003; Fioravanti & Spina, 1999, 2006). The use of the word “doctor” for an activity that has been defined as "therapeutic" certainly facilitates the task. It is, however, in our opinion, a work of animation and/or of support, which does not meet the criteria of "therapy" and therefore of a treatment protocol based on “repeatable and falsifiable” scientific data.

With all due respect for the work of the clowns, we have repeatedly argued that there is no reason to define a work of animation as "therapy", although its effects can be beneficial; there are many other activities (from watching a movie or a video game, to listening to music or going for a walk in the park with friends) which are beneficial but can't be defined as therapy (Farneti, 2008, 2009). Unless we do not want to extend the meaning of the word therapy to all that produces a temporary positive effect on the mood, the term "therapy" should be used with great caution in order to avoid that everyone can define himself or herself as therapist. The concept of therapy involves a well structured conceptual framework, a definition of the pathologies and a theory of the processes produced by the alleged therapeutic factor. An effective treatment must produce lasting results and ensure that the symptoms recede or disappear. Pharmacotherapy, for instance, requires the empirical verification of the specific effects on some symptoms, as well as a profound knowledge about contraindications, differences in individual response, etc.

With regard to psychotherapy (whether analytical, cognitive, transactional, systemic, behavioral, etc.) - even if in this case the verification is more complex and more at risk of subjective evaluations - it is stipulated that it induces lasting results generically defined as cognitive and/or emotional restructuring. In some European countries (such as Germany), the therapeutic schools must undergo rigorous evaluations and produce scientific evidence for the fact that their therapies are valid, among others by subjecting them to special commissions (Benecke, Tschiesner, Boothe, Frommer, Huber, Krause & Staats, 2011). Therapists have to demonstrate that for certain symptoms (such as mood disorders, personality disorders, etc.) therapy has a positive effect on patients.

Although the issue is very complex and would require an extensive analysis, we can briefly say that research on the effect of therapies is divided into two types; a) research on efficacy and b) research on effectiveness. The efficacy-studies tend to show that the positive effects on the patient have been caused by the therapy itself and not by other factors (bias). The purpose of this research is to have a high internal validity in controlled experimental conditions through standardization.

The research on effectiveness, instead, aims at the effects of a certain treatment under naturalistic circumstances. In this kind of research, the control of interfering variables is impossible, and the

internal validity is low, even if there is a high external validity. This means that the results may have a significant effect on clinical practice. Most researchers refer to Chambless' and Hollon's (1998) paper that recommended RCT-studies as golden standard (Chambless & Ollendick, 2001). That is why by now there have been accepted only randomized and controlled studies, so called efficacy-studies, that do not consider the effectiveness of therapies (Orlinsky, 2008; Benecke, et al., 2011).

Many therapeutic schools, such as psychoanalytic psychotherapy, don't work on the basis of therapeutic manuals, which can ensure a standardization of the results as the intervention can't be predetermined. In the case of psychoanalysis, the elements that characterize the work with the patient are the adaptability to current emotions and intra-psychic conflicts that have been there right from the beginning.

In conclusion, we can say that some therapeutic practices favor the current trend of research on the effectiveness of treatment, while others don't. The therapist, however, depending on his or her training, leads the patient to understanding and overcoming the dynamics that have produced the symptoms or the discomfort. An effective therapy makes sure that symptoms gradually disappear and do not recur any more. Ultimately, any therapy should assess both the positive effects as well as the contraindications or adverse effects through adequate and rigorous testing. Therapists must have certain characteristics, acquired through years of grueling training, and their work must always be controllable. Therefore, it seems to us at least inappropriate to extend this definition to anyone or anything that, for one reason or the other, produces feelings of well-being (see crystal-therapy, aroma-therapy, chromo-therapy, etc.). That is also why the established fact that laughter is a tool against stress which activates virtuous circles in the body and which explains why we should learn to laugh more, especially about ourselves, does not allow us to speak of "laughter therapy". There are important studies on the physiology of laughter, humor and its beneficial effects (Hayworth, 1928; Eastman, 1936; Raymond, 1979; Cousins, 1982, 1989; Ceccarelli, 1988; Farne, 1990; Hodgkinson, 1996; Chapman, & Foot, 1995; Bokun, 1997; Provine, 2000; Hassed, 2001; Martin, 2002 Francescato, 2002; Rosner, 2002; Haakana, 2002; Simonds & Warren, 2003; Farneti & Tschiesner, 2012), but, as we underlined before, a temporary change of mood or of a certain psychological state can't be defined as therapy.

Talking about clowns, there are no studies that define how, where, when and with what tools clowns achieve the same effect as a good laugh. The few studies on the effects of the work of clowns in hospitals conducted on the basis of relevant scientific criteria show mostly that children playing with a clown before surgery show a lower degree of anxiety compared to those who do not play (Schwekbe & Gryski, 2003; Golan, Tighe, Dobija, Perel, Keidan, 2009).

It must also be emphasized that the most important studies were carried out in hospitals with a long tradition of funny activities in the pediatric ward, and therefore with very well prepared volunteers: this makes any generalization of the results highly problematic (Vagnoli, Caprilli, Robiglio & Messeri, 2005; Vagnoli, Caprilli & Messeri, 2010). Nothing, finally, authorizes us to argue that only the clown can achieve these effects. We observed that playing with children before interventions or withdrawals produces a lower perception of pain and anxiety not only in the children themselves, but also in parents and staff (Scarponi, Dispensa, Farneti, Tromboni & Paolucci, 2002; Dispensa, 2002). Ours is, therefore, one of the few voices standing out from the crowd of the many websites that glorify gelo-therapy or clown-therapy and the benefits arising from a good laugh: "Living positively", "The notes of the smile" "Laugh to live ", "In the Footsteps of Patch Adams, how to cure with a smile", etc. (Adams, 1998, 1999). All those websites underline the fact that clowns are funny and that this is the reason why they improve the condition of patients. We think, on the contrary, that a clown doesn't produce positive effects only because he is able to elicit a smile or a laughter, but because he has the capacity to convey a special message on the patients' state of weakness.

The disease inevitably leads to dependence on others and to the inability to control certain aspects, something that may cause a feeling of shame. A severe and prolonged disease can cause depression

and fear of death. We believe that in these cases the clown could be a kind of "mirror" that helps patients to better tolerate the inevitable process of life. This is certainly not about "making people laugh", but about the empathic use of facial expressions and gestures in order to remind us that we are all subject to the same fate and that this is not something we have to feel ashamed about. An example for this is the sad smile of Charlot and his hand reaching for a caress to the blind flower girl in the film "City Lights".

It's obvious that in these cases there is no room for gowns and colorful ribbons in the hair of the various Dr. Flowerl, Dr. Joy etc., and that we need to focus on the solicitation of emotions (even if negative) so that they can be expressed. The role play is not always cheerful: Sometimes it's liberating because it allows us to express oppressed and denied aspects and traits. If we enter "into the realm of the possible", we must also accept the darkness and the pain, just like in fairy tales or in the symbolic play of the child (Winnicott, 1974; Singer & Singer, 1995).

1.2. The volunteer

After this general introduction, we would now like to try to outline a more or less generalizable profile of the "clown of hospital wards". These are usually volunteers, whose work (paid or not) is controlled by non-profit organizations deciding on the length and quality of their training. For this reason there are no homogeneous principles that inspire the activities and the necessary competences of the volunteers.

First of all, we need to assess very carefully the reasons that lead a volunteer to work as a clown. Without any claim to completeness with regard to this complex issue that has been studied especially in social psychology and emergency psychology, we would like to make some points about volunteering in general, before dealing with the clowns of hospital wards. Volunteering is certainly a pro-social behavior, which usually produces positive effects and becomes an important resource in a complex society with ever fewer resources. The personality of volunteers shows some peculiarities compared to the one of those who have no propensity to volunteering: extraversion, greater self-efficacy and more Ego strength, as well as empathy and less narcissistic investment, more optimism towards the future and a better introjection of social norms, accompanied by a lower propensity to autonomy. Although most of the subjects showed these personality characteristics, we cannot take for granted that this description is exhaustive. Prosocial behavior must be distinguished from altruism: the first may be due to personal reasons and does not always aim at the well-being of others.

The reason can be both intrinsic and extrinsic: To feel good, appreciated and useful to someone is an incentive that sometimes leads people with unresolved personal problems to dedicate themselves to volunteering. The reasons that animate a volunteer can be self-oriented (i.e. Sensation Seeking, Tschiesner, 2012), hetero-oriented, selfish, narcissistic, projective etc. It's clear that, depending on the individual, the activity of the volunteer can have very different effects. The reason for this is to be found in a continuum ranging from reasons that are fully oriented to the realization of self-motivations to reasons completely oriented to the Other. Only in the middle of this continuum we can find reciprocity, essential for a good outcome of volunteering (Hoffman, 1975; Schram, 1985; Omoto, Snyder & Martin, 2000).

A narcissistic, self-oriented choice can, by contrast, create some difficulties in Associations: it can induce competitiveness which in turn can produce conflicts in groups and an attitude towards leadership harmful to cooperation. We must therefore reiterate that we need a clear and serious monitoring of the reasons why so many people decide to take care of others, and it's certainly necessary to induce in volunteers the awareness for these reasons.

Generally speaking, research shows that volunteering has many beneficial effects especially on the volunteers themselves: The activity fosters growth, it protects against deviance and discomfort, it facilitates socialization and social inclusion, it contributes to the maintenance and increase of

psychological well-being and personal satisfaction, it increases the sense of community and citizenship, and it overcomes the generation gap. Volunteering is therefore a positive attitude, although it's important to examine the motivations of the volunteer, especially when he or she works in difficult and delicate situations as those of care (Marta & Alderman, 2003).

1.3. Hospital Clowns: a particular group of volunteers

A clown is a very special volunteer, as his choice was certainly induced by an idealized image. The media talk about clowns as special friends of children, who "donate smiles" that brighten the sad condition of hospitalized children etc., a rhetoric that often comes with a profound ignorance of the true meaning of clowns. This is why so many people decide to work as clowns, attending training courses that last a few days or months. They choose a stage name and begin to attend hospital wards, often flaunting an unnatural gaiety, enacting shows with a sometimes dubious artistic value.

It's clear that adults with ribbons or braids, improbable socks and/or other amenities such as ornaments are ridiculous, but we would like to repeat that, as Dario Fo said, sometimes they are just lofty. We have been doing research in this area for years, and it's regrettable to see that this topic is still riddled with generalizations such as "laughter is the best cure," "the clown helps children and parents cope with pain and fear", etc. Some even compare the clowns to shamans, but the simple fact that in the long history of the clown-mask there could have been points of contact between the two figures does not allow us to think that clowns have shamanic properties.

First of all, we would like to repeat that a clown is a volunteer like all the others and that he has no particular talent just because he decided to wear a red nose, a flowered shirt or an imaginative stage name. In Italy alone there are right now thousands of clowns engaged in hospitals, not to mention their worldwide presence. This is why we have to look closer at those who act as clowns in hospitals; who should they be and what should be their tasks and especially their training.

There are interesting experiences that contribute to the definition of guidelines for the work of clowns. We would like to mention the interesting work of the psychologist Morgana Masetti in Sao Paulo and her reflections on the environment of a hospital, where clowns act according to a very complex model based on careful training in a context that aims at improving the conditions of both patients and staff (Masetti, 2009). It's no longer possible to leave the training of the clown volunteers to the good will of the individual associations. Quite often, the presence of clowns in a hospital is accepted only for convenience, based on the underlying conviction "if it does no good, it does not even hurt". Many doctors and nurses do not express openly their dissent, and it gets increasingly difficult to open a serious debate on an issue that is considered of so little scientific relevance to deserve not even to be hindered.

We quote hereafter a few confidential statements of doctors that reveal their true position: "Unless it is a performance of a certain artistic level, it would not bother me much if I were sick. I do not like and do not appreciate them in the hospital. They do not make me laugh" ... "In a hospital, they appeal to a certain kind of audience, as children and people with little education." And another one: "I don't believe in the therapeutic effect of art-therapy. A New-Age approach like that of Patch Adams seems very simplistic and careless"

1.4. The result of one of our studies provides evidence of the fact that there are many doctors who share a similar position: When we distributed hundreds of questionnaires on clowns in hospitals to physicians, we received back less than ten! So we just don't know how many really approve of them, but we guess that this disinterest may conceal indifference, if not even contempt. When we asked nurses about their opinion, the return rate was a bit better: from 150 questionnaires, we got back 50, and most of the subjects were in favor of the clowns, although there have been critical statements about the problems that clowns sometimes cause in the wards. The concerns of physicians and nurses

*might be the expression of a deeper doubt concerning the much debated issue of the humanization of hospitals. It is a serious problem that must not be underestimated, as the balance of a hospital is difficult to achieve. The hospital's structure is rigidly hierarchical with strict rules. Doctors and nurses speak a cryptic language and the only aim of their relationship with the patient is a therapeutic one, sometimes underlining their "science and knowledge" with an austere expression. It was said that this had just been a way to maintain power for centuries, and that it was necessary to re-establish a human relationship based on transparency, with a language that everyone can understand and that would allow the patient to understand his state of health and to manage his disease by himself. It is certainly true that the medical profession is a very powerful one and that it is not easily ready to take up a new attitude towards patients. However, we must not forget that not only doctors, but also many patients need what we might call the "ritual" of traditional hospitals. If it's true, in fact, that being considered a mere number can increase the discomfort of a patient, it is also true that the patient wants to see the doctor as someone special, someone who possesses the "science that cures", for instance by describing a diagnosis with incomprehensible words that accentuate the physicians' prestige. In this sense, the doctor could be compared to a modern shaman who utters the magic words of healing. The coat, the stethoscope, the thermometer or the pen protruding from his pocket represent not only the stereotype of a doctor, but are also a symbol of what everyone expects when he or she enters a hospital, a sort of reassuring "script". Doctors and paramedics have a very difficult task because they can't lose credibility and, at the same time, must appear human. The "role play" is always important, but in a hospital more than in any other context. We must not forget that the patient and his relatives are in a state of dependency (and often regression) which makes them vulnerable and fragile. They expect certainties and definitive words from people whom they consider as being strong and powerful. We must not disappoint them, in order to maintain the relationship. Maybe we should ask why there are so few nurses and doctors who are willing to become a clown (as Patch Adams would like), and rethink critically the serious problems outlined above. However, physicians and nurses accept or tolerate the clowns and give them free access to most of the wards, not only the pediatric one. This makes it even more necessary to draw up a rigorous professional profile. We think that a clown who works in a hospital must first of all be an artist, with, in addition, good psychological and pedagogical competences. Ginevra Sanguino, an Italian clown, wrote: "The clown is a poet, a visionary, he conveys dreams and opens doors to fantasy and to the beauty of simple things that we can also discover while lying in a hospital bed" (Sanguino, 2001). Therefore, the first issue to be addressed is the artistic preparation of the clown, as he is, first of all, an artist. **The art of clowning***

Clowning is a very complex theatrical genre with deep historical roots. It is the result of several overlapping cultural and historical interferences. For these reasons, the real clowns are actors with a long training and with some peculiarities that distinguish them from other actors (Sallé & Fabbri, 1984; Farneti & Tschiesner, 2012).

Clowns, called by different names during the centuries, go back to ancient Egypt and ancient China. We find them first in Greek and then in Latin culture as well as in the Middle Ages (when they were called differently depending on the country: jocalatores, jongleurs, gleament). They populated the streets and the courts with pirouettes, juggling and comic effects as well as mime and pantomime. Through poetry, music and dance, they built alternative characters that were funny and pungent at the same time. They differed from each other, and this diversity was reflected by the costumes of the actors, their mime and their accentuated grotesque and often irreverent and vulgar language. However, it is difficult to determine the time of origin of the clown as we know him today.

The experts agree in defining the clown as the heir of the medieval jesters and buffoons, and, secondly, of the masks of the Commedia dell'Arte, while the term "clown" goes back to the English language and means "farmer", "boorish", "villain". Similar characters are the Spanish Gracioso, the German Loustic, the Venetian Harlequin, the Neapolitan Pulcinella or the Shakespearean fool (Cervellati, 1946, 1961; Fellini, 1970; Vigano, 1985). At the end of the eighteenth century, when the

circus was born, the figure of the clown began taking on his actual shape. Joe Grimaldi is the starting point of a new artistic genre and, over the years, the circus clowns take the shape of Augustus or Red and White or Louis. They represent two antithetical figures in constant struggle: the White one, beautiful and elegant, with a make-up that gives him a severe expression, constantly intent on criticizing the clumsy Augustus, unable to carry out the tasks assigned by White.

In Freudian terms, we could say that it is the conflict between Es, Ego and Super-ego, while, in a Jungian sense, Augustus represents the Shadow, the Trickster, an archetype that we are all confronted with and that can't yield under the weight of rationality (Jung, 1980).

Fellini compares them to "mother and child", "director and employee": White represents elegance and grace, intelligence and lucidity, while Augustus would fall under the fascination of such perfection, if he were not rebellious and insurgent. This is about the struggle between the supreme worship of reason and the freedom of instinct (Fellini, 1970), a rigid dichotomy that has been maintained only in the circus and in some theaters (as in the case of David Larible).

Over time, the artistic figure of the clown has become increasingly complex: it left the circus and captured step by step the streets, the squares, the great theaters of the world and the film- and TV screens (Serena & Ziethen, 2002). From Charlie Chaplin to Marceau and Slava Polunin, a long list of great actors and mimes has created very special clowns, metaphorical, poetic and surreal figures, sometimes little known by the general public and by the media, but very much appreciated by a small and sophisticated audience of connoisseurs.

Many clown schools (from the famous Lecoq, promoted by Pierre Byland, to that of Fratellini or the one of Dimitri in Switzerland, to name just a few) have developed different artistic approaches, often so different from each other to make a common definition of what means being a clown difficult. However, all these famous clowns have in common sophisticated body and facial gestures that accompany the verbal language which is mostly poor and simple, sometimes reduced to grammaire and aimed only at expressing emotions and expressions, from the tramp (ragged, romantic and a dreamer like Charlot), to Bip Clown (light, sweet, tender and with amazing facial expressions) or the sweet Gelsomina of Fellini (a loser and a winner at the same time), up to the new clown Pierre Byland or the more classic David Larible (in the role of a likeable Augusto).

Laughter and fun are just one aspect of the work of a clown, as humor is often accompanied by tragedy, and the laughter that results is bitter, like the one elicited by Charlot in the famous film "The Gold Rush" where he eats his shoes and spits out nails. The first skill that a clown has to develop, therefore, is the expression of emotions and the ability to urge them also in the audience. His body must be trained to respond to any stimulus, promptly adapting the gesture and mime to the situation just to become a "poetic body" (Lecoq, 2000). Creative, "shameless", flexible enough to seem awkward whenever he wants to, but also able to improvise and to tell the reality distorting the obvious meaning, the clown must learn to play with his weaknesses, to exhibit them with the innocence of a child and the creativity of an adult, laughing and crying about life with all its aspects, even the most painful ones (De Marinis, 1980, 1993). As a metaphor of the human condition (Agosti, 2005), the clown conveys a very special message: "We are all brittle, a bit children and a bit beggars".

In a world that urges us to be strong, beautiful and intelligent, clowns show the smile of children, with the humility of the one who is aware of his weaknesses and his mistakes. Brittle yet nimble, creative and able to reverse reality just to look at it from a different perspective, clowns always manage to get up after a fall, without being ashamed of their weakness. Feeling "ashamed" in front of others without fear of judgment offers the observer a mirror, just like in the extraordinary performances of Slava Polunin, where the audience gets involved to become a protagonist itself, while the clowns, from the stage, observe them indulge in the game. It is, therefore, a difficult profession, which requires first and foremost a long, if not even lifelong artistic training, as claimed by Larible.

1.5. More than art

A clown in a hospital is not an actor; he needs much more than the “technical” tools of a good clown. While an actor, in fact, is often narcissistic (one might say almost physiologically) and clearly distinguishes real life from a theater stage, those who act as clowns in hospitals must be capable of decentralization and listening, without ever allowing the "exhibitionist" part to prevail, as the stage is the painful reality of a hospital where people suffer and die.

The first Clown Care Unit, founded by Michael Christensen in 1996 in New York, brought actors to perform in the Babies and Children's Hospital of the Columbian Presbyterian Medical Center, exporting their shows from the circus to the lanes of the pediatric wards. Since then, the relationship between clowns and patients has changed a lot, moving towards the bed of individual patients. This involves the establishment of a relationship, even if only a brief one, as well as the immediate decoding of signals sent out by “the other”, in order to provide an adequate response; in other words, it requires great communicative competences (Farneti, 2008b).

We are used to talk about "clown therapy" as if it were directed only to children, without considering the degree of severity of the patients or the kind of department where clowns act. On the contrary, we are convinced that we should distinguish clearly between different groups of entertainers depending on the characteristics of the patients (disease, age, cultural background, attitude towards the figure of the clown):

a. If the patients are children, one could imagine a clown who entertains them in the most "simple" way (before a medical round or a blood test). In this case the tools to be used might be juggling, prestidigitation, story-telling, the interpretation of fairy tales, etc. The makeup and clothing should be adapted according to the age of the children: we must not forget that at least up to the age of three, children can get scared in front of a face deformed by makeup or by a red nose! When dealing with children with serious illnesses, the clowns should have very different and broader skills and avoid any inappropriate intervention, not least in order to protect themselves from the emotional consequences that result from a close contact with suffering and death (Freud & Bergmann, 1974; Scarponi, 2003).

b. Another exception should be made for teenagers who generally despise clowns because they see them as adults being a bit stupid or exhibiting their stupidity.

c. With them, clowns must avoid exaggerated parodies, choosing instead something that does not disturb the fragile construction of their identity. A useful tool could be the prestidigitation or games intended to facilitate the expression of emotions.

d. With adult patients it is important to be prepared for an eventual refusal; clowns should actually never appear in the wards without prior consent of the patients, as there is always the risk to irritate and embarrass them.

e. Even with the elderly, one should never take for granted that they are regressed and therefore similar to children. This is a very dangerous stereotype that can lead to disrespectful behavior of the staff allowing an inadequate attitude of confidentiality, as the use of epithets like "grandfather", "grandmother" etc. While it is on the one hand true that clowns are often welcomed by mentally deteriorated elderly, it is on the other hand also true that the elderly have to be distinguished by age and diseases, just like other adults.

We would like to report an excerpt from Internet which describes the features and tasks of the "Hospital Clown" and comment step by step all the claims.

1. "Clown therapy triggers a virtuous cycle that generates a positive environment in which smile and laughter support therapies and medical/pharmacological interventions."

Although we think that a clown is not only comic, it would be important to emphasize the emotional climate urging a funny feeling and, where possible, eliciting laugh. Anyway, as we have seen, not everyone laughs in front of a clown's gags, and eliciting laughter requires artistic abilities and special cognitive skills (Forabosco, 1992, 1994).

2 "Through the classical techniques of clowning, coordinated with the needs of a hospital and integrated with the work of physicians and nurses, clowns are an important element in obtaining a significant improvement of the climate in which patients usually face therapies, hardships, fears and emotions, bringing attention to the needs of the person. Clowns are able to interpret the specific context, choosing every time the most appropriate way of dealing with the children and their relatives and creating, by doing so, a very special relationship suited for changing the meaning of emotions."

... "The Hospital Clowns perform a real medical round, going from room to room, enacting an intervention "ad personam" for each child so as to ensure effectiveness and specificity for every little patient (as well as for their parents)"...

These statements recall on the one hand the claim that a clown must be able to express the essence of the character by using his artistic skills, and on the other hand the need for psychological abilities necessary for teamwork, for taking into account the needs of the context of a hospital and, above all, for establishing a positive relationship with patients and family members. Deciding about the appropriate intervention for any individual patient is certainly not an easy task, and the same applies to the ability to "change the meaning of emotions" in a few minutes: this is an important point in psychotherapy, and we know that even the best prepared therapist can never achieve such extraordinary results in only one treatment session.

3 ..."The Hospital Clowns work always in pairs: this is a proven mechanism that allows them to improvise while operating on several fronts (child / mother, parent or other relative, community) and to support each other in various moments"...

We agree with the approach that leads clowns not to act alone, but we also know that working in tandem requires a harmony and complementarity that does not come easily: Building a couple requires precise criteria that ensure a good degree of agreement and avoid the risk of creating leaders and followers, or, worse yet, of starting a dynamic of competition.

4..."The Hospital Clown performs a magical visit during which the level of magic of the little patient gets established; he improvises funny situations using objects and people in the room; he also uses fairy tales as a support, telling or enacting them with the participation of the children themselves (whenever this is possible) of their parents. This kind of intervention leads the whole family into a world of fantasy, travelling into a space and time far away from the hospital"...

5 ... "The most important aspect is the relationship with the parents of the children; if you had the time to build a relationship of trust and complicity, they often dare leaving the room just to get some air or to talk to the doctors. Most of the time, however, parents are present during the medical rounds, getting happily engaged in the show of the Hospital Clowns"...

6 ... "The Hospital Clowns are frequently invited by medical staff to accompany or assist the young patients in routine visits and therapies that hospitalization requires. ... The Hospital Clown becomes "something funny", an instrument used for small patients during their hospital stay: syringes, drips, stethoscopes, aerosols, gauze, disinfectant bottles, pans, parrots, masks etc. help distracting the little patient"...

Creativity and improvisation are not common gifts, and playing "is a serious matter" that involves the ability to be carried away in an "other" world, where the normal rules of reason are not valid

anymore and where one should be prepared to deal with the language of the unconscious, sometimes harsh and angry. Playing in hospitals is often an expression of fear and aggression, and containing and transforming this aggression implies knowledge and adequate training (Farneti, 2001). That is why it is so important to provide training courses led by experienced psychologists and educators well informed about the problems of hospitals. The simple personality is not enough, and the same is true for the artistic training or the knowledge of techniques such as juggling or prestidigitation, let alone the ability to inflate balloons: you must be able to listen and to manage a relationship in conditions that are not always easy, and you must know how to improvise and how to back down if the clowning is not wished-for. Finally, a clown must be able to recognize one's own emotional response to serious or tragic events (Sechi, 2009). All this requires, in addition to adequate training, constant supervision of the intra- and interpsychic dynamics.

It may seem obvious to appeal to respect and delicacy, but all too often we saw performances that were just an end in themselves, liked only by the clowns themselves and very irritating for the patients. It is also obvious that the clown must take into account his own reactions before falling into a state of depression or burnout. The philosophy of Patch Adams, according to whom everyone is able to turn into a clown for love, is alas a beautiful utopia with a big appeal to many young and not so young ones, intrigued by the idea of becoming in a short time and without much effort something like "red nosed angels", able to change the emotional climate of hospitals.

Even while writing down these reflections, one of the authors is sitting at the bedside of an elderly sick, and the last thing he would want is seeing a certain Dr. Pallino or Dr. Fiocchetto entering the stage with colorful gowns, makeup on the face and some balloon as a gift. The sadness of a life-threatening disease does not allow "discounts" or intrusions of forced cheer. Even though it happens that someone is forced to accept something paradoxical in an unfamiliar environment such as a hospital (maybe just because he does not want to discuss or because he is afraid of offending the staff), standing up for relatives requires respect for the pain, without pretending to turn it into something different, because, as stated in Ecclesiastes, "There is a time to weep and a time to laugh, a time to keep silence, and one to speak" (Ecclesiastes, 3, 4-7).

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