

Clown Therapy

Recovering Health, Social Identities, and Citizenship

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ABSTRACT

Recovery can be applied to contexts outside the mental health domain. We report in this article on a qualitative research study conducted in Brazil on encounters between volunteer “clown therapists” and inpatients of three general hospital clinical wards and their family members. We analyzed patients’ attributions of meaning to their interactions with clowns and how these affected their health and sense of personhood in the context of their hospital treatment and care. Data were collected through observation of clown interventions and interviews with patients. Thematic analysis generated four categories: clown therapists in action, re-signifying hospitalization, re-signification of roles, and getting closer to the unknown. Clowns bring a subversive tone that can stimulate a critical view of the hospital setting and can potentially help patients “recover their citizenship” as well as their health. In addition to being an innovative adjunct to health care, clown therapy can help patients maintain social identity in “total institutions” such as general hospitals.

KEYWORDS

clown therapy, integrated care, voluntary and community sector, social roles, patient rights

Introduction

Clown therapy is a set of dramatic techniques performed by clowns with hospital patients (Dionigi et al., 2012). It focuses on patients’ subjective needs that often are not addressed in medical treatment. Clown therapy is a recent phenomenon, with genesis in the work of Hunter Doherty Adams, the American physician portrayed by Robin Williams in *Patch Adams*, and Michael Christensen of the Big Apple Circus Clown Care Unit in New York. The use of humor in general, however, has gained traction in physical and mental health care in recent years (Dionigi et al., 2012). Clown therapy

also goes by the names of “therapeutic clown” practice (Kingsnorth et al., 2011) and “clown care services” (Tan, 2014).

In this article we adopt the term *clown therapy*, in line with the works of Martins et al. (2016), Messina et al. (2014), and Kingsnorth et al. (2011), which emphasize the therapeutic and social potential of the interaction between clowns and patients in hospital settings. We further argue that clowns are psychosocial health agents, another reason to call those who work in hospitals as professional clowns or volunteers *clown therapists*. Clown therapy bridges a gap between efficient and humanistic care, contextualizing an expanded meaning of health that transcends the physical body and adopting a broader, more encompassing view that includes mind, spirit, and identity. Reaching beyond the biomedical model of disease, centered on physical symptoms, clown therapy centers on the person. As such, it pays special attention to institutionalized identities and roles, patient rights, and patients’ experiences of hospitalization.

Most studies have focused on clown interactions with children and their impacts on health professionals or on clowns themselves (Catapan et al., 2019). Over the past two decades, however, clown therapy has been used with adult patients. It has been suggested that adult patients strongly identify with clowns in the sense that neither clown nor patient “belongs” in the hospital. The bond created between them allows patients to act freely (Raviv, 2014) and fosters their ability to cope with the guilt, anxiety, and stress often associated with hospitalization.

In 2007, professors from the Federal University of Santa Catarina in southern Brazil started Joy Therapists (*Terapeutas da Alegria* in Portuguese), a project that trains volunteers to become clowns and visit patients hospitalized at the University Hospital (UH). More than 1,000 organizations in Brazil and other countries have implemented similar projects (Masetti, 2018). Research on the subject suggests that the effects of clown therapy on patients, their relatives, and health professionals are mostly beneficial. We hypothesize that the benefits may improve patients’ perceptions of themselves, their social roles, and their sense of rights. In our view, clown therapy also aligns with an applied theoretical framework of citizenship, developed to support the social inclusion of people with psychiatric disorders by helping them gain access to the 5 Rs of rights, responsibilities, roles, resources, and relationships, and a sense of belonging required for full and valued participation in society (Rowe et al., 2009).

There is little research on the rights and roles of patients in the domain of general clinical care. The 5 Rs of “medical” (vs. “psychiatric”) patients, however, may be strongly affected when they enter a “total institution” such as a general hospital. In a total institution, patients are shorn of their previous personal and social identities (Goffman, 1961). They must wear institutional clothes, abide by institutional schedules, eat institutional food, and conform to institutional rules and procedures. In some cases, they are not even referred to by their names but by numbers or characteristics (e.g., “the guy in bed 5” or “the cardiac patient”).

Patients diagnosed with chronic diseases who experience such depersonalization try to recover their personhood in a variety of ways. Ornish (1997) demonstrated the importance of social and affective connections for cardiac patients who come to be perceived, by themselves and others, as nonproductive and incapable, and are consequently excluded from their social networks after a cardiac incident. Benetti and Oliveira (2016) showed how patients diagnosed with osteosarcoma find ways of recovering social roles through writing blogs and through other forms of creative expression.

Clowns challenge the imagination, expanding a person’s horizon to include what is perceived as nonsense and mistakes. The clown character is allowed, even expected, to be nonsensical, and most of what they do collides with what is supposed to be right. Clowns play jokes by confusing words, are disruptive, and provoke laughter by making others and themselves appear ridiculous. Their talent is to be wrong, disastrous, and subversive. In so doing, they raise questions about the seriousness of so-called proper behavior. They present the idea that one may also behave in ways that are not recommended in institutional scripts. This in turn raises questions about the roles and rights that can be taken up by a person in a hospital setting.

Clowns disrupt logic patterns (Masetti, 1998) as they improvise and attend to individual patients in transgressive ways (Ford et al., 2013). Their subversion of the normal order encourages patients to express themselves, using humor as a tool. As Bergson (1911) wrote, “laughter corrects men’s manners. It makes us at once endeavor to appear what we ought to be, what some day we shall perhaps end in being” (p. 13).

Some patients concur with these ideas and refer to clowns’ use of these abilities as “a different thing,” as “something unexpected and pleasant.” For

many, the role of hospital patient requires obedience to the logic pattern dictated by the normal order, but even in a hospital, other roles can be contemplated. Clown therapists invite the person to challenge the patient role and to exercise free expression, subverting institutional order and anchoring people to their deepest being. This situation could again characterize “mistakes,” and this is actually the essence of clowning (Ford et al., 2013): bringing some new, unusual, and unexpected condition to the patients.

This new conjunction, paradoxically, may help the patient to accept the new proposed patient role. Reconciliation with this forced acceptance may empower patients and make their new role more tolerable and acceptable. It may support their flexibility and open a window of possibility, working as a springboard to their recovery process.

We argue that clown therapy may be part of a “recovering-citizenship” approach, in which personal recovery occurs in the context of the whole of a person’s life, including interactions with medical and other institutions, as well as within neighborhood, community, and society at large (Rowe & Davidson, 2016). In a recovering-citizenship context, illness and treatment involve recreating or returning to one’s life as well as recovering from illness. Recovering citizenship links naturally with treatment and care approaches that are person-centered, with peer support, collective work, and social nets among its pillars.

Clown therapy may be a tool for recovering citizenship by fostering a sense of personal agency, contributing to patients’ self-confidence and to their ability to imagine and reinvent their lives while still within the hospital context. To this end, we conducted a study that aimed to describe interactions between clown therapists and adult patients, examining the process of attributing meaning to these interactions. We attempted in this way to elucidate how interactions with clowns can affect individual health, personal rights, identities, and roles.

Method

The study focused on understanding the attribution of meaning to the patients’ experiences with clown therapy. Data were collected through observation of clown interventions with patients and recorded interviews with both adult patients hospitalized at UH, Federal University of Santa Catarina, Brazil, and clown therapists. Notes and audio recordings were

transcribed and analyzed, yielding thematic categories that constitute the essence of results and discussion.

Participants

Participants were adult patients visited by clown therapists at five UH wards. The study focused on the meanings these patients attributed to their interactions with clown therapy. We also drew on information collected from the clown therapists themselves when it appeared important to understanding patients' attributions of meaning. Inclusion criteria were age 18 or older, hospitalized for more than 1 week, and informed consent to participate.

Data Collection and Analysis

The act of speaking involves the articulation of sounds to express thought. Yet language is also a symbolic system of conventions that gives meaning to what we come to understand as reality. Language provides a mechanism for articulating experiences, translating human action, mediating interactions, and expressing feelings (Cicourel, 1975). Encounters between clown and patient involve an exchange of meanings through language, provoking re-significations, and promoting change. By observing the interactions between clowns and patients as well as attending to participants' linguistic expressions, we hoped to understand the meanings that patients attributed to their experiences of hospitalization within the hospital setting, as well as in relation to their "whole lives."

Data analysis followed the hermeneutical tradition, valuing history, linguistic expression, and lived experiences as means to interpret and understand human interactions and discourses. Hermeneutic interpretation is a method for comprehending and contextualizing these phenomena based on acts of linguistic communications about the experience of being and living in the world (Ricoeur, 1981; Schmidt, 2016). Comprehension, in the hermeneutic sense, is a dynamic process. A description of a phenomenon is never definitive and the meanings exposed or hidden in a discourse are usually entangled, thus requiring an open-ended search for meaning. In our case, meanings can be disclosed in an interpretive and limited form through the interactions of patients and clowns, as influenced by the pres-

ence of the observer/researcher. Total comprehension of the interactions is impossible, as it would demand a total and complete knowledge of languages and of humankind (Gadamer, 1995).

Thematic Analysis and Coding Process

We adopted Saldaña's (2016) two-coding scheme, using *in vivo* and *emotion* codes, which explore personal and subjective as well as interpretive meanings embedded in the data. *In vivo* coding starts with separating short words and phrases from participants' speech, prioritizing participants' voices, and aiming to capture the inherent meanings of people's experiences. Emotion coding combines *in vivo* codes with emotional states and reactions extracted from observation notes in an attempt to reflect participants' reported experiences. Emotion coding explores participants' internal/subjective and external/relational processes while considering their experiences and actions, their perspectives on their living conditions, and their worldviews. The two-coding scheme aims to enhance accountability and the depth and breadth of findings.

Saldaña's (2016) coding method for qualitative data analysis consists of five general steps: (a) reading the text and identifying words or excerpts that surprise, instigate, or disturb the researcher, bearing in mind the research question; (b) rereading the text and separating different subjects with the use of brackets; (c) analyzing and codifying text fragments from interviews or observation notes; (d) reading codes from the previous step and grouping them into common or similar categories or questions; and (e) presenting results in categories identified through codes and analytical memos. Analytical memos were written simultaneously as free reflections on data, identifying patterns and groupings. When relationships among data were too difficult to establish, researchers attempted to identify nuances and reflections about the phenomena, exploring possible interpretations through these new themes and general concepts.

Ethical Guidance

All procedures were in accordance with the ethical standards, guidelines, and norms regulating research involving human beings established by the Brazilian Ministry of Health.

Results and Discussion

Seven distinct clown therapists' visits to 13 patients on three hospital wards were observed. Two patients were excluded from the interview: one based on recommendations from a ward nurse for clinical reasons, the other because a family visit took place during the clown therapist's scheduled interview time and the patient preferred to spend time with them instead. The remaining 11 patients were interviewed on five different days, in their own rooms at the UH. Data were collected by one researcher who accompanied the clown therapists on all the interviews.

Five female and six male patients, ranging in age from 36 to 79 years, were interviewed. The average age of all participating patients was 60. Eight patients were residents of Florianopolis, where the UH is located; three lived in other cities or out of state.

Hospitalization periods ranged from eight to 38 days. Reasons for hospitalization included pre- and postoperative tumors, gallstones, pseudotumoral appendicitis, and leukemia. Relatives or friends were present in eight interviews, and six companions actively participated, interacting or contributing to the dialogues.

Categories and reflections identified during interviews and observations were grouped as shown in Table 1, with a brief description of findings and links with the 5 Rs and sense of belonging of citizenship theory.

Clown Therapists in Action

The starting point for our first category is that the linguistic apparatus constructed for communication cannot completely describe feelings and experiences; empathy is key for perceiving different "hues" in human interaction. We are not certain what levels of experience clown therapists act upon in the context of their interactions with patients in hospital settings. Their repertoire is vast and full of improvisation. What we can do is describe some of the patients' reactions to them, and offer our interpretations. In so doing, we hope to shed light on the phenomenon of clown-patient interactions.

Before their visits, Clown Therapists meet at the University. After dressing, putting on makeup, and "entering" their clown character, they form a circle. A veteran clown and visit coordinator talk about the visit of the day, encourage less experienced members, and invoke "good energy." The group then walks in character toward the nearby hospital, inter-

Table 1. Identifies Categories, Main Field Results and Links to Recovery Approach

CATEGORIES	Main Field Results	Links To Recovery Approach
<i>Clown therapists in action</i>	<p>Interactions are subversive, in reviving patients' imagination and fantasy.</p> <p>Clown therapy is not only about having fun, but also about listening and chatting.</p>	<p>Clowns establish <i>relationships</i> different from the ones usually found within hospital settings. Patients feel that the clowns treat them as a whole person, rather than as a diseased one. By valuing what is not highlighted in medical records, clown therapy may help patients take control of at least part of their own lives.</p>
<i>Re-signifying hospitalization</i>	<p>Clown therapists provide another way of looking at hospitalization, broadening patients' perception of reality and stimulating re-signification without changing the facts.</p>	<p>This theme relates to the "sense of belonging." Patients who feel they "belong" to the hospital may recover part of their identity as people by embracing their identity as patients. This may lead to re-signification of the condition of illness and of the presumed "incompetence," to rethinking oneself as a person "in recovery" within the institutional setting, thereby strengthening the emotional resources needed for recovery.</p>
<i>Re-signification of roles</i>	<p>Hospitalization generates anxiety, which can be momentarily relieved by clowns' presence. Clowns subvert the normal order and draw attention to the "now."</p> <p>Watching clowns' (deliberate) mistakes/"foolishness" encourages patients to liberate their own free expression. Complicity with clowns in subverting the norm empowers patients and helps them "accept" their patient roles while retaining or recovering their original social roles.</p>	<p><i>Responsibility</i> for care lies with the patient as well as with the professional. Clown therapy can support the challenge of assuming the role of active recovering person, while stimulating free expression that anchors patients to their own "selves."</p> <p>Interactions empower patients to retrieve their personal <i>resources</i>, in turn facilitating recovery.</p>
<i>Getting closer to the unknown</i>	<p>Humor supports a break with expected and linear social behavior. The clown character does not enact compassion or pity toward patients; rather, clowns may speak openly and joke about illness and even death. This may be initially disconcerting, but it challenges patients' views, transforming or relieving difficult emotions, including fear, and helping them cope with their condition both medically and in terms of identity.</p>	<p>Patients feel that clown therapists "see" them as alive, not as dying. Clowns also help to stimulate their deepest personal resources, enhancing their ability to face the challenges of illness and hospitalization. By pretending not to take seriously the drama of human vulnerability and weakness, clowns demand that patients maintain their responsibilities to self and others by continuing to assume their social roles and fight for their rights, while (partially) rejecting their patient roles and diminution of rights and responsibilities imposed by their patient and status.</p>

acting with students, university workers, incoming patients, security officers, doctors, and nurses: telling jokes or silly stories, pretending to race with wheelchairs in the corridors, and generally trying to create a relaxing atmosphere.

Once in the infirmary, they ask the head nurse if there are restrictions or special care needs for the day. Then they wash their hands, enter the ward, and get to work with the patients. In a typical visit, a group of three to five clowns visits a ward with two to five patients. Visits usually end when a “satisfactory intervention” has occurred with each patient. Sometimes clown therapists sense that a particular patient does not want to converse or interact with them, and they respect this. Interaction may also happen in the hospital corridors with professionals, other patients, and their companions, respecting the same guidelines.

Jokes with adults may have a subversive tone (Ford et al., 2013), helping patients to engage in play, imagination, and fantasy. Some patients are surprised to see clowns in a place full of rules, grief, sadness, silence, and discipline. They see clowns’ presence as a paradox that conjures the emergence of magic (Ofir et al., 2016).

Clown therapists introduce themselves and do what they know best. One never knows when they are talking seriously (or if they ever are); thus, they challenge the “hospital reality.” Some patients will make an effort to enter this reality permeated by fantasy. The initial reaction usually shows whether the patient has agreed to enter this alternative reality game:

Clown: Is this coconut water [talking about a serum]?

Patient 4: No, I think it’s vodka and ice.

Patients’ reactions are a clue to their needs and set the tone of the interaction, which can be acidic, prickly, tender, or provocative. Patients talk about football, politics, music, and recipes. They sing songs, tell stories, and make jokes. Clowns may ask whether the patient is being well treated “in the spa.” A major rule is to avoid talking about the patient’s specific illness or disease, attempting instead to bring another perspective to the situation, although this is not always possible:

Clown: We always try not to talk about the illness because we want them to disconnect from this reality. However, they always try to pull back because it is what they are facing.

Inviting patients' participation is a group task, and clowns may experience patients' resistance or disinterest. Sometimes patients only lie in bed and watch; others seem not to care at all about the visit. The initial estrangement may dissolve into a smile or a glint in their eyes as they indulge in fantasy and detach from both the disease and the hospital ward. A bond is then established (Linge, 2012), identified sometimes by a momentary emotive glance at one another. Clown therapy is as much about laughing as it is about feeling deeply:

Clown: Sometimes we do not go there just to clown around or make people laugh. We listen; we take part in a serious or more philosophical conversation. This helps just as much. It is therapeutic as well.

The clowns' giving of themselves sometimes brings patients and family members to tears. At the same time, joy is contagious. Such exchanges of emotions and philosophical thoughts are not provided in the hospital therapeutic script. Both patients and professionals are destitute of these roles and responsibilities. Clowns create a space where the elements that Rowe and Davidson (2016) value as components of citizenship can be re-signified, reinvented, reenacted, or recovered.

Visits can be relatively long or short. At some point, the clowns sense that "time is up," and the lead clown or another member of the group signals to the others that the time has come for a closing ritual. Clowns must train for endings as well as beginnings. Their goal is to connect with patients on a human, "no-patient" level.

After leaving the ward, the clowns follow the same route out that they took in, continuing to perform along the way. They shed their clown characters only after forming a circle and conducting a quick evaluation of the visit and the leader's assessment that people are ready to go home. More discussion on the visits will take place at one-hour weekly training meetings.

Re-Signifying Hospitalization

Re-signification of the hospitalization experience has been widely discussed in the clown therapy literature (Aquino et al., 2004; Dionigi et al., 2012; Linge, 2012; Martins et al., 2016). Although most studies focused on pediatric patients, we noted similar results with adults.

Hospitals have historically been known as quiet, controlled, hierarchi-

cal, rule-abiding places, guided by technique and discipline supported by professionals' roles. Hospitalization requires adaptation to an institutionalized routine that deviates suddenly and completely from the patient's normal way of life. One of our interviewees was a 61-year-old retired bricklayer. He said, "It's not easy; hospitalization is like a chain." He was waiting for the results of some exams prior to going home after having spent 32 days in the hospital, and became emotional when talking about his hospital stay. He could not bear to eat the hospital food and was losing too much weight. His sister called attention to the strength needed to cope with the life changes the hospitalization imposed. Even those patients who recognize that the rules are necessary testify to their ambivalence, difficulty, discomfort, and impotence while facing these institutional regulations. Sometimes clown therapists also collide with these rules, as suggested by a 63-year-old door attendant who had been hospitalized for 17 days, and who had two clown visits during his stay:

Patient: It was a joy, a total fun the first time they [clowns] came. . . . A nurse asked them to be quiet because the noise was too loud. . . . She was asking them to leave just because it was too much fun.

Patients see nurses as having a technical-professional role that, combined with their workload, makes it difficult for them to listen to or "play with" their patients, as with the following quotes from two female patients. This may lead to a dehumanized environment in which technique plays the main role in treatment, ignoring the healing quality of relationships. Preserving this quality is a valid goal for the hospitalization experience and life in general.

Patient A: Nurses treat us well, they take care of us, but they do not have time to play, to talk, and to ease the pain.

Patient B: Nurses are sweethearts; there are two of them here every night. They run everywhere; it's a superhuman feat! There is no way they can sit and chat with you. Each one has its own function and we have to collaborate.

Another female patient, 36 years old, was waiting for pseudotumoral appendicitis surgery. She had no pain or any other symptoms, yet she said that "the hospital is a disease." The patient in the next bed, overhearing the

interview, spoke of her sense of being ill in an ill place: “We smell like ill people already, that ill breath, that ill pee. . . . That famous hospital smell.”

This scenario may change in hospital settings that incorporate integrality and holistic care into treatment protocols. In traditional hospital settings, doctors and nurses may not focus on patients’ experience of illness. Their job is to act as good technicians, not to talk about or listen to patients’ feelings, the physical and emotional state they are in, or how they are experiencing the situation and the environment.

In the hospital, patients talk every day to professionals about their diseases. They report physical pain, the appearance of new diseases or symptoms, and physical signs such as blood pressure and heart rate. What is missing is conversation about their emotions, their feelings about themselves, and their experience of hospitalization. We see this lack as a matter of existential and human rights. It is crucial for patients to recover these rights and the experience of having them.

Clown therapists consider these rights an important focus of their job. They prioritize listening to patients’ concerns and try to approach the issues at stake lightly by using humor. They therefore offer a different experience, one that changes meanings attributed to health care and hospital environments. This reframing of experience is a phenomenon that Gadamer (1995) calls *re-signification*, and suggests that the emergence of new meanings can be fostered by a slight variance in the institutional approach to daily practices, relationships, and experiences.

Relationships and individual needs are the core of re-signification. Interactions between patients and clowns may turn the patients’ speech into a potentially powerful therapeutic tool based on positive relationships (Esteves et al., 2014). Patients may tap into other ways of looking at hospitalization, expanding perceptions of reality and thus stimulating re-signification, by absorbing clowns’ satire about the hospital, procedures, and doctors. They may experience an environmental transformation even though there is no actual, concrete change. Following are statements from adult patients:

Patient: They [clowns] brought in another atmosphere, a good mood. The environment was a bit lighter.

Patient C: They encouraged people who were anxious to listen to something. . . . It changes people’s environment.

Patient D: We stay alone in this little corner, feeling pain, and sometimes doctors give us medicines that do not work. . . . When they [clowns] come in, we let go, we laugh at them and we change our posture. It seems that our environment is different . . . happy, full of joy. We do not stand back in a corner anymore. We are happy, content with their arrival.

Clown therapy transforms the hospital environment, bringing new colors and facilitating the process of adapting to the new, institutionalized reality and to new or reacquired roles (Masetti, 2000; Tan, 2014). Interaction excites the imagination, awakens senses, allows emotions to rise, and expands individual visions about health and disease, life and death. By creating a bond and building relationships, even temporarily, it may help reestablish patients' sense of belonging in the world. This is, for us, an essential part of the recovery process, just as it has been described in mental health and other social settings. Clown therapy fosters a sense of personal agency, allowing people to reclaim human and existential rights they usually take for granted but lose when they exit their natural environments to enter total institutional environments.

Re-Signification of Roles

Being hospitalized constitutes an unexpected deprivation of daily routine that elicits negative feelings. Priorities are rearranged and health care becomes the main focus of life. Not knowing when they can go back home is a significant source of anxiety emphasized by several of our study subjects. On the other hand, some patients may feel that detachment from their natural environment offers an opportunity for reflection and growth. One 79-year-old patient with a mild hearing impairment was in the hospital for 19 days waiting for an abdominal surgery to remove a tumor. He had been a taxi driver, but stated that he now he spends more time ill than working.

Patient 7: These changes together with plenty of time provides an opportunity for us to reflect, and this can transform people. I think there are bad people out there, but if you drop in here, you get a little better. You have to be calmer and friendlier; because here you cannot do or say whatever you like, you cannot fight . . . you must be good.

Patients had mostly positive comments about clown therapists' visits, stating that they "cheered them up," that the clowns made them happier,

and that the visits worked as a therapy: “It helps people who are slaughtered,” said one. One patient reported that clown therapy helped her to become less inhibited. This may, in turn, support the doctor–patient relationship, as patients can provide more details about their own health if they feel less inhibited about expressing themselves and problematizing their experience.

Patient: Figure this: you come, and they throw you in a bed. . . . It is hard, isn’t it? Then they deliver the food. . . . Every night everybody else goes home to their families. How are people’s minds here? People think nonsense. They think about the disease, about the surgery, “I can die if I do not do what I am told to” . . . “I want to leave” . . . and then comes loneliness, tears, and sadness.

Doctors and other hospital professionals normally will not hear such comments because the institutional setting is not designed to facilitate their expression. However, this is the kind of conversation that could lead to a deeper understanding of patients’ experiences, their feelings about their current situation, and their relationship to the disease and to future life possibilities.

Getting Closer to the Unknown

Hospitalization facilitates the emergence of consciousness of one’s uncertain future. The interviews generated reflections that led patients to connect with themes not usually approached or expressed, and not touched on in studies with children, on such topics as death, guilt, or a feeling of debt toward a companion.

Unlike children, adults have already, for the most part, consciously attributed meanings to health, illness, disease, treatment, and hospitals. After a week’s hospitalization, many reflect on their past, present, and future. One 73-year-old patient who had been in the hospital for 38 days was waiting for surgery to remove a tumor from his stomach. Two tumors had already been removed, including one from the duodenum. He was considering the possibility of death, which was very distressing for his wife:

Patient: Everyone is going to die and, for me, someone’s death is a sign for continuation. Someone has to die for others to survive.

Wife: No, no one has to die at all!

Patient: Yes, someone has to!

Wife: Nobody has to!

Patient: If people did not die in this world, for God's sake, what would that be? Someone has to die; there are circles. . . . I have to be ready to die tomorrow.

In spite of the certainty about death, the idea of a loved one at risk of death is disconcerting. One may accept death in intellectual terms, but not when it seems to be a real possibility that directly affects oneself. A meaning has to be ascertained (or discovered) for the person to reconcile with the possible reality. Ricoeur (2010) proposes that we look at the other not as dying but as "alive": as someone who is seeking the deepest resources of life, carried along by the emergence of the essential, which cannot be translated into words. This relationship with the patient involves bearing a countenance of compassion that conveys understanding of struggle and suffering, rather than the glance of a spectator who is watching someone dying. It was common, after visits with patients in which these issues surfaced, that the clowns themselves had to talk about and reflect on the conversations:

Clown 1: He started to advise us: do not drink, do not smoke, do not use drugs. . . .

Clown 2: It was as if he felt guilty for being there.

Clown 1: Then he said, "I have never drunk much," but it was as if he wished he had.

Clown 3: It seems that he wanted to go back in time to do something different or that he regretted he had not enjoyed life to the fullest.

Clown 1: . . . He started playing with us, but right after, he started to feel petty about himself. . . . Then this one [pointing to a clown] came with a sentence and we all said he was a poet . . . the meaning of life is ahead.

Humor allows therapists to break an expected linearity of social behavior. When someone is suffering, compassion is expected, but clowns are free not to offer it, or at least not to do so in the usual ways. They play and speak openly about death, which, disconcerting as it may be, subverts the expected itinerary, transforming or relieving negative feelings. They help

patients turn away from lamentation and self-pity, helping them to recognize and accept their own condition, including death as part of life.

An ongoing discussion in the academic field is the right to die in dignified ways. We argue, in addition, for the right to talk about one's death whenever and however one wants. In hospitals, though, professionals may avoid such conversations, leaving patients unable, or not permitted, to freely express their concerns and their preoccupations. Clown therapists potentially can fill this gap through meaningful interaction, restoring patients' sense of personal agency and humanity.

When health care professionals avoid these and other uncomfortable conversations, patients are not only denied a right, but may also have been assigned a role that alienates them from their own destiny, and robs them of a dimension of their lives. Citizenship must acknowledge and embrace all dimensions of existence, and clown therapy can be a valuable tool in the process of recovering health and re-signifying what it means to be a full citizen. Clown therapy can also be a means for removing the veil from taboo issues, such as death, suffering, and the uncertain future. Humor as a resource allows patients to break an expected pattern of social behavior, subverting the patients' own views, liberating them from a defensive form of self-containment that surreptitiously creates phantoms and unconscious fantasies that add to their suffering. Such a powerful resource can be a part of their recovery process, even if they do not return fully to their previous way of life. This, in turn, makes us think about a deepest meaning of recovery and citizenship, not only in the face of traditional expectations such as cure or rehabilitation, but as an integration with oneself and the unknown.

Final Remarks

Clown therapists may help patients reflect on new meanings and better assume their new patient role by helping them hold on to their former roles. Our observations and interviews with adult patients led us to believe that clown therapy in hospitals helps the patients reestablish or attain the 5 Rs of rights, roles, responsibilities, resources, and relationships, as well as a sense of belonging.

The subversion of the hospital routine that clown therapists promote is key to the re-signifying process. However, because fantasy and play are no longer prevalent in adult life, clowns work hard to create the magic

that characterizes the atmosphere of their visits. Such work is based not only on laughter and jokes, but also on conversations and listening, and sometimes on just looking or touching, depending on the patients' needs. The bond established between patients and clowns allows for opening contacts with the inner self and with issues not usually touched on in the conventional interactions occurring in the hospital setting.

Satire and subversion help to expand perceptions of the setting and of the roles to be played there. We identified nonlegal but existential and emotional rights that patients are denied upon entering the institution. These include the right to be touched or hugged; to express oneself freely; and to be heard when one expresses worry, preferences, and inability to engage in daily routines, among others.

We hope that this study contributes to a better understanding of the role of the arts, and particularly the work of clowns in hospitals, as a humanizing intervention that strengthens recovery of one's health and citizenship, by recognizing their therapeutic and human value. The complex relationships between arts, health institutions, and personal values and behaviors concerning health and disease argue in favor of breaking interdisciplinary barriers in conducting studies and work in the health field.

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