Clowning Around: The Role of Clown Doctors in Patient Care

Most people had never heard of clown-doctors before the celebrated film Patch Adams which starred Robin Williams as a medical intern who turned in his stethoscope for a clown nose and used bed pats as clown shoes.

and other health care facility. Unlike clowns who make occasional visits to hospital beds to entertain, professional CLDRs are skilled and valued members of a treatment team and thus an integral component of the health care process in the hospitals in which they work. They can then share this information with other members of the health care team.

Patients are more than their illness CLDRs do not forget a patient's illness, but rather work with those parts of the individual that are healthy. They help remind family members and the health care team that beyond the medical...
Clown-doctors, in fact, have worked in hospital settings at least since the time of Hippocrates. Doctors of that era believed that mood influenced healing. So Hippocrates’ hospital on the Island of Kos supported constant troupes of players and clowns.

At the end of the 19th Century “The Fratellini Brothers” (a famous clown trio) began the current tradition of clowns visiting hospitals. Currently, there are several models of practice for clowns working in hospitals and clowns work across the life span in hundreds of hospitals and healthcare settings in countries as diverse as Australia and Austria, Canada and China, Spain and South Africa. While there were several precursors, 1986 is the date usually cited as the beginning of clowns working professionally in hospitals. In that year, Karen Ridd, a solo clown and child life specialist, also known as Robo, initiated an experimental project in Winnipeg’s Children’s Hospital.

About the same time, Michael Christensen, (Dr. Stubbs) and Jeff Gordon (Disorderly Gordon) set foot in a hospital in New York City. Their groundbreaking work led to the first clown-doctor program, and the formation of the Big Apple Circus Clown Care Unit. Both programs are alive and well. They have expanded and acted as catalysts for programs around the world, including our own program, Fools for Health, in Windsor, Ontario.

Promote Wellness
A clown-doctor (CLDr) is a specially-trained professional artist who works in a therapeutic program within a hospital.
Spreading Sunshine: Diary of a Clown-Doctor

In July 2001, Dr. Bernie Warren, a psychologist and professor of dramatic arts at the University of Windsor, worked with the Windsor Regional Hospital to establish a pilot “clown-doctor” program (CLDRs) on the In-Patient Rehabilitation unit. This joint initiative — the first of its kind in Canada — sought to use humor and music as part of patient therapy and to bring smiles and laughter to patients in need. This pilot initiative became Fools for Health (FFH).

Since this small beginning, FFH has expanded its efforts. Currently, CLDRs service three local hospitals and two seniors’ residences. Two new programs are currently under discussion with another senior’s home and with the Hospice of Windsor and Essex County. FFH now bring smiles to thousands of patients.

In this passage, Dr. Warren (a.k.a. Dr. Haven’t a Clue) looks back at the establishment of FFH’s pediatric programs and looks at how Fools for Health do much more than make patients smile.

by Bernie Warren, PhD

In November 2001, Joyce Chamberlain, a nurse manager for the pediatric ward at Hotel Dieu Grace Hospital in Windsor, expressed an interest in bringing a clown-doctor program to her unit. After several months, many meetings and a couple of staff presentations, we began a six-week project and have offered continuous service ever since.

Our pediatric program began with almost no funding. We barely had enough money to hire one clown. To make the program work, I realized I would need the right partner, and so I enlisted Allyson Grant — or Dr. B.B. — who was just about to graduate from the University of Windsor's Bachelor of Fine Arts program. While her age and experience in healthcare was an initial obstacle, her dynamic, vivacious personality, both in-and-out-of-clown, was in itself a source of entertainment.

has been so successful when the program first began.

Clown rounds

In the first two years, six Clown-doctors (CLDRs) worked in pediatrics an average of two-and-a-half days a week. During those early days, my clown, Dr. Haven’t-a-Clue and Dr. B.B., were the most consistent and long-serving “clown marriage” on the unit. Today, four CLDRs visit twice a week with one day being completely devoted to Pediatric Oncology.

During the first couple of years of our pediatric program a ‘typical day’ would follow the same pattern. Each day, we sign in “out-of-clown,” then get the daily census; receive notes from the inpatient unit’s Patient Care Resource Leaders. These are experienced pediatric nurses who have this responsibility for six weeks at a time. Then we go off to outpatients and day clinics to get notes from the oncology nurses and the oncology doctors.

One day, Dr. B.B. came to our room and relayed this story:

“Just before my shift, a little boy was brought into oncology and was going to have a biopsy of his lymph nodes. He was a bit of a handful before he was taken into the treatment area, and I couldn’t believe the staff reported that we had help lighten the load in dealing with the stresses of the situation.

Nurses have reported to us that when the clowns were on ward, nurses talked and interacted more with each other, with patients and reported lower stress levels.

A Bright Spot

One of the simplest ways we help the nursing staff is by brightening up a patient’s room. Working with babies and young children, we sing songs, use finger puppets and play very simple peek-a-boo games. With older children, we help take their minds off their illness.

We had a 15-year-old patient who suffered from a very rare form of cancer. She was in reverse isolation and was dealing with an infection and high fever — one of the side effects of her low white cell count. She was also very down. We

procedure not pleasant for the boy or the staff. We were enlisted. So while the nurses were working on the boy, I was doing belly button surgery on Dr. BB. (This is clown schtick which uses a toilet bowl plunger, a pink gauze scarf and a lot of slight of hand). Both operations were a complete success and the nurses thanked us for helping make a difficult procedure smoothly.

On a different occasion, we worked with a stubborn 10-year-old who was fighting having an IV inserted. We went to the treatment room with him, sang to him using direct eye contact. We also used finger puppets. After a time, we lulled him into a quasi-hypnotic state. As one of the nurses noted, “I thought this was going to be really hard, but you almost put him to sleep.”

Our success with difficult patients led to the development of an education program.
large part the reason the program

After our administrative rounds, we proceed to the “clown office” to change into our characters, which takes about 40 minutes. During this process, we talk about the mood of the ward, the types of problems present in the day and possible strategies for working with each patient. Then we warm up vocally and physically and finally get into character. Once on the floor, we spend between two and six hours as clown-doctors, after which we make detailed notes about our day.

Sparkle and shine
Michael Christensen (New York’s Big Apple CCU’s “Dr. Stubbs”), used to say that a CLD’s role is to brighten up the hospital, to make it “sparkle and shine”. In Windsor, we walk the hallways, smile at nurses, kitchen staff, porters, volunteers, patients, family members – everyone we see – and more often than not, the people smile back. Sometimes we stop to talk with people or joke with them.

Some people may find our work frivolous, but during the SARS crisis, our clowns were deemed “an essential service”. The first day we were allowed back into the hospital, we told everyone there had been an outbreak of SMILES in the building. It was obviously very contagious because everywhere the clown doctors went, people started smiling.

Many nurses and secur-

Notes from the oncology nurses and the day clinic secretary.

cell count. She was also very down. We ended up engaging her in a most amazing and somewhat risqué fantasy play that she directed and controlled. She imagined auditioning boys to take with her to Paris, where they would wine and dine her and eat lots of chocolate. When we left, her mood had changed and she was smiling.

This type of intervention, which allows the child to think about life beyond the illness, may be very helpful. Children, especially hospitalized children, need fantasy images, which provide structures in a language they understand, to help them work through their own trials.

Their fantasy life is an essential outlet, a release from the day-to-day traumatic realities of their hospitalization. Hospitalized children often choose a story or an image that acts as a healing metaphor for them.

In many cases, these healing metaphors build resources for the child, helping them or her to build “resilience”. By and large, it’s easier for the health care team to work with a non-depressed child.

Diversion therapy
Much of what the clown-doctors do could be considered “diversion therapy”. We help to act as a distraction during minor bedside procedures, for example, when a nurse inserts or removes an intravenous drip, draws blood or gives an asthmatic a ventolin treatment.

One day, we were working with a young boy who had been in a very serious car accident which left him with a gaping wound in his abdomen. The wound needed regular packing and draining, a

We’re also on call for oncology where we once worked with a five-year-old who had an inoperable brain tumor. One day, we helped the girl have her port flushed... (I should also mention that none of the clown doctors signed on to watch blood and bodily fluids flushed, as many of us are very squeamish.) But our clowns are doctors afterall, and we simply take all the medical stuff in stride. As the tube was inserted and the blood flowed, we sang songs to this little girl, and had her raise her hands as part of the song – to help the procedure. Barb, our oncology nurse, reported that the girl was much more compliant and cooperative with the clown-doctors than without. Currently, Dr. Peter Twogig of St. Mary’s University in Halifax, and I are engaged in a Social Sciences and Humanities Research Council of Canada funded project: “What is the value of a smile?” While we haven’t amassed pages of statistics, the data we’ve collected so far suggests we are making a difference — something we constantly hear from other members of the hospital staff.

As one hospital CEO once put it: “I don’t need statistics to see the good you do in this hospital. Everywhere you go, you bring sunshine, not just to the pediatric unit but to the hospital as a whole.”