

The Healing Power of Clowns

The organisation called Zdravotní klaun was established in the Czech Republic in 2001 by the California-born (but since then essentially a naturalised European) Gary Edwards, who had worked in this field even before his departure for Europe. The name of the organisation became eponymous with the profession itself (“zdravotní klaun” literally means “health clown”) and nowadays most of us have a reasonably clear idea as to what it is zdravotní klauni or what clowndoctors actually do. The following information relates namely and especially to this organisation, while also applying – to a significant extent – to its sister projects from the international organisation RED NOSES INTERNATIONAL (RNI). In the global context, however, there exist countless other organisations whose declared objectives are similar, although their activities may differ in some aspects and there may also be marked differences in quality. We are not as yet talking about a clearly defined profession whose criteria would enjoy universal recognition. Despite this (or maybe precisely because of that) there are currently efforts to clarify both the definition of the work itself and its requirements. These efforts are primarily driven by larger umbrella organisations, which include – besides the already-mentioned RNI network – e.g. the more loosely structured European Federation of Hospital Clown Organisations (EFHCO), of which the Czech Zdravotní klaun is also a member.

These efforts include advocacy and the spreading of information about the aims and nature of hospital clowning among the general public. We can now go straight to rectifying one of the widespread but mistaken beliefs surrounding this work: not everyone who desires to alleviate the burden of hospitalised children and puts on a red nose can become a clowndoctor (at least not in Zdravotní klaun). Clown is a specific branch of the acting profession and as such has its long history; mastering it requires thorough preparation. Not even experienced drama actors (and sometimes especially them) find it easy to acquire the ability to maintain continuous contact with the audience, to improvise within the boundaries of their “steady” clown character and the permanently changing external conditions and stimuli, etc. Clowns who are going to work in hospitals are carefully selected in a series of auditions. Since clowning is only taught marginally at our universities, adepts are sought who fulfil some basic criteria. These include talent for acting and improvisation, sensitivity not just in acting skills but also in social life (the specific nature of the

hospital environment also puts specific demands on the actor), ability to laugh at oneself and being able to use one's own shortcomings (or what is perceived as such) in the creative process. People are sought who do not ceaselessly strive to make the best impression, as is customary in our everyday social interactions, who do not hide behind a prefabricated mask and who can use their inner honesty to create a comic effect. After this preliminary selection there follows a number of clown workshops (or audition rounds), during which not only are the applicants' capabilities further tested, but they also receive some fundamentals of clowning and its specific hospital-based form. But the education of clowns does not end there, or, for that matter, after the expiry of their trial period, during which they visit hospitals alongside their experienced colleagues. It continues in the form of workshops, theoretical and practical seminars and clown coachings (clown coach observes clowns during their work in the hospital and can help with on-the-spot observation or advice) for the whole time a clown co-operates with the organisation. Let us, therefore, reiterate that not everyone who puts on a red nose or a wig and “makes kids happy” can be called a clown. Being a Zdravotní klaun clowndoctor requires comprehensive acting skills and other expert training – the red nose, in this sense, only represents the cherry on top.

In hospitals clowns usually work in couples with the exception of some special visits for senior patients in which more clowns are involved, or the project entitled NOS! (**Na Operační Sál** – To the Surgical Theatre), in which a single clown accompanies children throughout their day at the surgery ward and remains by their side almost to the threshold of the surgical theatre. This fact is adequately reflected in training – clowns must be able to perform solo, but they must also be able to react to the colleague's presence and to create a harmonious duo with him or her. This harmony often rests in mutual respect, listening to one another and mastery of the art of clowning by both performers, rather than in getting used to one another over a long period of time. Even a duo that rarely works together can create an outstandingly compact impression. Working with a partner is therefore a frequent theme of clown workshops. Other such topics include, among other, “clown character” – the fine-tuning of an authentic and believable clown character (not to be confused, however, with a theatrical “role”), “clown existence” as an open, accepting, playful and creative relationship with reality and the stimuli it brings, also music, work with props, space, etc.

Since clowndoctors work in hospital environment, which is often defined by strict rules and limitations, they are also educated, both in the preparatory phase and later, in medical terminology, hospital hygiene and learn some basic types of diagnoses relevant to the wards they

visit. This thorough approach stems from Zdravotní klaun's effort to be an authentic and indispensable part of the hospital, i.e. to amount to more than mere entertainment and diversion. The clowns adopt the stylisation of doctors and nurses in their characters and costumes (which include white coats), explicitly identifying themselves with the hospital environment as its integral part – let us not forget that identification with the environment, which greatly impacts on hospitalised children, and the ability to point out its comic potential, can be an effective tool in ridding the patients of their fear. In the same way they aim to be helpful in assisting certain procedures or the preparation for them (NOS! again), where the presence of a clown can significantly and without doubt decrease the stress of both the children and their parents and make work easier for the staff.

All the above hopefully shows that although the word *clown* can mean different things to various people, clowndoctors cannot be mistaken for the distorted image of clown as the heavily made-up monster with a menacing grin that haunts some popular media. On one hand, Zdravotní klaun strives to retain the best of the age-old clowning tradition, while on the other it draws inspiration from modern-theatre approaches to the genre (both the middle and younger generation of our colleagues often mention the crucial influence of Boleslav Polívka), adapting the art at the same time to the hospital environment and the needs of hospitalised children. Although most Czech clowndoctors were never taught by Lecoq or Gaulier, they co-operate with students and teachers from these schools. If some of the older patients or their parents fear that clowns will bully them with distasteful or infantile entertainment and they adopt the “clowns are for kids” defensive attitude, it is a matter of professional honour for each real clowndoctor to prove to them the contrary – every good clown is first and foremost the way the audience want and need him to be while compromising none of his artistic objectives and, of course, without forcing his presence upon his audience.

Visits generally referred to as geriatric naturally require a different approach to that used at children's wards. Clowns working at these departments and homes receive special type of training. These clowns work with different costumes rooted in a specific (if recent) historical period and the work entails focus on memories, music, scents, tactile sensations etc. But even then clowns do not sacrifice their objective of being truly *clownesque*, i.e. to amuse the audience in the first place. Working in homes for seniors, institutions specialising in caring for patients with Alzheimer's disease or hospices they do not condescendingly treat their audiences “as children”. On the

contrary, they attempt to respect the full range of their audience's expressions, while at the same time seeking sometimes very individual paths to eliciting joy and laughter. While some may find it funny when a female clown complains about her clown “husband” who is standing right next to her, others prefer hit songs from the past performed by a clown duo, or even straightforward slapstick including falling and bumping into walls.

Let us now also take a closer look at the way clowns work in children's wards. As has already been said, they usually work in couples, often of mixed gender. Besides the comic potential, a duo (most of us are familiar with the traditional clown couple consisting of the “white clown” and the “august”, in which the first is the guardian and guarantor of social norms, while the other draws his or her inspiration from less constrained and somewhat wilder sources) also has the advantage of the female and male element that can go to the fore or adopt any role needed in different situations. With small children, for example, the woman may take the controlling role; also adolescent girls may appreciate if it is the woman who leads her confused colleague, creating complicity between the clown and the audience – none of the above, however, is an absolute rule.

In their performances in hospital rooms, clowns combine “routines” (or pre-designed sketches with some basic dramatic structure) with improvisation. Clowndoctors, and perhaps also clowns *per se*, take from both these fields whatever best serves their objective. While retaining their clown character and its clear outline (after all, we do not laugh at *what* happens, but to *whom* it happens), which gives their game comprehensible borders, and perhaps employing some “trained signals” in the process, they are at the same time always prepared to use whatever it is their audience or situation throw at them (figuratively speaking, of course). Unlike theatre improvisation, theirs is defined by both their clown characters and the relationship between them, and by the gradually emerging dramaturgy of their presence in the room, in which the actor looks for and develops a theme and prepares the ground (if possible) for the grand finale. One example of a „routine“ would be the door game, in which clown number two in the hierarchy (the “august”) is repeatedly told by his or her „number one“ to close the door of the room they just entered. Number two does as he or she is told, but in doing so remains on the wrong side of the door, i.e. in the corridor. As far as improvisation is concerned, this can of course be sparked off by virtually anything – the more such impulse comes from the child, his or her belongings, equipment in the room etc., the more tailor-made the improvisation is, the better. One example from the countless number of possibilities could be playing with food – if clowns enter at a time when the child is

having a snack, number two can, for example, show very obvious interest in the food, and number one is left with the job of not just guarding the colleague all the time to prevent him or her from actually acquiring the food, but at the same time “keeping up appearances” and constantly feeding the underlying frame of the situation, i.e. developing the reason why the clowns entered the room in the first place (more often than not an „ordinary“ ward round). This creates the counterpoint to the problem, in this case number two's insatiable appetite.

Working with a problem – and by problem we mean pretty much anything, from one's own obtuseness to untied shoe-laces, trying to speak with one's mouth full, coat caught in the door, or a hat that falls and when the clown reaches for it, he or she picks up the patient's shoe instead – and creatively developing it, letting it grow and transgress the limits of the ordinary, usually amounts to the content of the clown's interaction with both his/her colleague and the audience. The formal reason of the clowns' presence in the room (in our case the „ward round“), on the other hand, sets up the rules of the game that are clear to the audience, thereby also setting the frame for their transgression.

The objective of a clown visit is to make the audience (which includes not just the children, but also their parents, other family members, hospital staff, i.e. everyone you can meet in a hospital) laugh and to awaken the joy that is the source of self-respect and healthy perspective for the person laughing. Clowns do not strive to be an ever-smiling, always positive companion, a colourful walking folding book that oozes kindness and compassion. This does not mean, however, that the actor behind the clown is neither kind, nor compassionate, and that these characteristics have no way of projecting into the clown character – the relationship between clowns, for example, no matter how much trouble they give one another, is essentially loving and warm. But kindness and compassion (provided in ample amounts by parents and other visitors anyway) seldom elicit laughter. Working as a clowndoctor obviously requires certain level of mental resilience. Clowns know that if their work is to serve its purpose, they must refrain from feelings of sorrow and not experience the often moving life stories of patients first hand – instead, they must establish communication on an entirely different level. This does not mean that the actors remain blissfully ignorant of the emotional burden of certain situations they find themselves in and that these fail to have any kind of effect on them after they cast aside their mask and costume. Besides sharing and discussing such experiences among themselves – both in couples and in wider regionally teams – clowns also participate in psychological supervisions.

Let us conclude by asking the question whether or not clown doctor is an artistic profession. Do clowns themselves harbour artistic ambitions, or is their primary motivation to help others? In my personal opinion clown eludes artistic categories. Its very essence makes it defy attempts at any kind of categorisation. If clown ever did win any social recognition (in any way other than through the audiences' laughter), it was not without certain uneasiness and caution on his side. In order for clowns to be able to identify with our problems, with the periphery of our personality to which we banish all the things clowns enjoy putting to use (our little imperfections, feelings of incompetence, desire to succeed stymied by our limitations), they must actively seek these forlorn perimeters and be on constant guard against the risk of basking in the glory of social acceptance and petrification into a cultural institution. While clown doctors apply strict artistic criteria to their work, they do not measure their success by good reviews, but rather by the liberating laughter of those momentarily empowered by them – the power we speak of is the power of unlikely heroes, who, at the moment, are bearing the brunt of destiny. Clowns make winners out of those who (for whatever reason) finish last, because such is the very essence of clown existence. Their ambition is always to succeed, but they only succeed in their failure (to quote clown teacher Eric de Bont). None of us can be sure in which race we will require this ability to transform what may appear as a loss (e.g. hospitalisation) from the general perspective into individual victory. Whether or not such feat amounts to an art form seems hardly important.

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