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CLOWNING IN A CHILDREN'S HOSPITAL – IN SEARCH OF A THERAPEUTIC INTERVENTION MODEL

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hospital clowning
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Summary

The article addresses therapeutic hospital clowning – an increasingly popular yet still insufficiently described form of emotional support for hospitalized children. Clown doctors, often mistakenly perceived solely as entertainers, in fact play an important role in the treatment process by accompanying children during difficult moments of hospitalization and supporting them in coping with fear, pain, and uncertainty.

The aim of the article is to present the work of clown doctors as a conscious and complex therapeutic intervention that requires specific competencies, professional preparation, and ethical reflection. The paper combines a review of the literature with the practical experience of a volunteer team working in a children's hospital. It describes the structure of clown doctors' visits with children, the techniques they use, and the organization of the team's work, highlighting differences between professional and volunteer-based models in various countries. Particular attention is given to the therapeutic tools of hospital clowns, such as distraction, support for emotional expression, and the building of a relationship based on the child's consent

The article also reflects on the status of this form of support, questioning whether the hospital clown should be viewed primarily as an artist, a therapist, a member of the medical team, or still as a marginal figure within the healthcare system. The presented review and practice-based analysis aim to outline the framework of a possible therapeutic intervention model and to contribute to a better understanding of the potential of this profession in the context of pediatric hospital care.

Introduction

Therapeutic clowning, although present in pediatric hospitals worldwide, remains a practice perceived ambiguously—balancing between art, entertainment, and a form of complementary therapy. Despite the growing body of research indicating the positive impact of clowns' presence on the emotional and physiological state of patients, the very essence of this work—its techniques, objectives, and professional framework—remains poorly described and rarely subjected to in-depth analysis [1, 2].

At the same time, the contemporary clown doctor is not merely an "entertainer," but a specialist operating at the intersection of performance, empathic communication, and psychosocial intervention [2–8]. Their role extends beyond eliciting laughter to creating a space in which the child regains a sense of agency, trust, and safety—values that are crucial in the healing process [9, 10]. This practice—although intuitively carried out for decades—still lacks well-established theoretical and methodological models [11, 12].

Despite the successes of international medical clowning programs, many groups—particularly in Poland—operate on the basis of volunteer work and personal commitment, without access to standards, supervision, or institutional recognition [12]. There is a lack of tools for evaluating the effectiveness of interventions, as well as clear competency frameworks distinguishing professional therapeutic clowning from spontaneous entertainment [2, 5], art therapy, and music therapy [3].

This article attempts to address this gap by combining a review of the literature with the practical experience of a team of clown doctors working in one of Warsaw's pediatric hospitals. Its aim is to analyze the techniques, skills, and practices used in everyday work, as well as to outline a potential model of therapeutic intervention. The paper contributes to the ongoing discussion on the professionalization of this form of support, its place within the healthcare system, and the need to recognize its therapeutic potential.

Identifying therapeutic goals and the competencies used to achieve them may support the development of high-quality practice and professional training—similarly to what is observed in other professions [1, 7].

The pediatric hospital as a setting for clown doctors' work

A pediatric hospital constitutes a space fundamentally different from the safe and predictable home environment. For a child, hospitalization entails a sudden disruption of everyday life, the need to adapt to unfamiliar medical procedures, and limitations in autonomy and contact with loved ones. This experience is often accompanied by pain, loneliness, loss of control, and anxiety, which may lead to significant emotional overload as well as disturbances in cognitive, behavioral, and social functioning [3, 13, 14]. Even short-term hospitalization can sometimes result in serious consequences for a child's development [15, 16].

In this context, the hospital becomes not only a place of treatment but also a source of challenges—for the child, their family, and the entire medical staff. Interactions with young patients can be difficult, as children struggle not only with symptoms of illness but also with frustration, fear, and helplessness in the face of invasive procedures and treatments. Their reactions may include crying, withdrawal, refusal to cooperate, or oppositional behaviors, all of which can hinder diagnosis and treatment [14].

Contact with distressed parents also presents a challenge. They often experience high levels of stress, guilt, and emotional burden, which may affect their ability to effectively support their child [3]. The situation is further complicated by the triadic

nature of many interactions in pediatric settings, involving the child, the caregiver, and a healthcare professional. Such communication dynamics within a hierarchical medical environment can be difficult to manage and may limit the child's active participation in conversations [1, 9].

Given these numerous challenges, there is a growing recognition of the need for complementary forms of psychosocial support. One of the most rapidly developing practices is clowning, carried out by so-called clown doctors. Their presence in the hospital, although seemingly light and entertaining, serves an important function that is the subject of analysis in this paper.

Historical background

Although the concept of laughter as an element of healing has accompanied humanity since antiquity—from the views of Hippocrates to the practices of shamans and court jesters—the modern idea of using clowning in healthcare began to take shape only in the second half of the twentieth century [5, 17]. In tribal and traditional cultures, clowns fulfilled healing functions, alleviating social tensions and introducing rituals of laughter in liminal situations [18]. The symbolic figure of the clown—transgressing the boundaries of norms and order—has for centuries served as a mediator between the world of suffering and that of restoration.

Contemporary hospital clowning, as a deliberate form of therapeutic support, gained international recognition through the work of Hunter "Patch" Adams, who in the 1970s began performing as a clown in American hospitals, combining medical practice with the idea of healing through humor. A breakthrough moment came in 1986, when Michael Christensen—a circus artist from Big Apple Circus—established the "Clown Care Unit" in a pediatric hospital in New York, developing the first organized program of clown visits in children's wards [17, 18].

In subsequent decades, particularly in the 1990s, similar programs were established in Australia and Europe, and the practice of hospital clowning began to professionalize [5]. Today, such programs are carried out by several hundred organizations across different countries worldwide [9]. The development of this field clearly indicates growing social and medical recognition of the therapeutic potential of clowns' presence in hospital settings.

Different forms and approaches to hospital clowning

Clowning in hospital environments is a heterogeneous phenomenon in terms of underlying assumptions, level of professionalization, and relationships with medical institutions. While the common denominator of these practices is emotional support for patients, individual approaches differ significantly with regard to the clown's professional status, scope of responsibilities, and modes of collaboration with hospital staff [5, 18]. These differences are also reflected in terminology: labels such as *clown doctor*, *therapeutic clown*, *medical*

clown, or *care clown* point to variations in roles and levels of professionalization [7, 9, 17]. Systematizing this field remains a considerable challenge.

The most established form is **medical clowning**, defined as a specialized practice carried out by trained professionals who constitute an integral part of the therapeutic team [2]. These individuals undergo intensive training in performing arts, psychology, and basic medical knowledge. Their work is deeply integrated into the daily functioning of hospital wards—they participate in medical rounds, support children at all stages of the hospital experience, particularly during medical procedures, and have access to clinical information [1, 3, 10].

A second professional model involves clowning performed by stage artists (actors, mimes, illusionists, musicians) who have completed specialized training preparing them for work in hospital settings. In the literature, representatives of this group are often referred to as professional clowns. This approach emphasizes both high artistic quality and the relational competencies necessary for working with children in difficult and crisis situations [3]. An example of this model is the Israeli organization Dream Doctors, where trained performing artists are employed on a salaried basis, receive compensation, have access to restricted hospital areas, and pursue clearly defined therapeutic goals [1]. A similar situation exists in Germany, where medical clowns are primarily paid professional artists with backgrounds in show business or theatre, for whom hospital clowning represents another dimension of their artistic engagement [13].

At the opposite end of the spectrum lies volunteer clowning, represented by individuals motivated by goodwill but lacking full artistic or therapeutic training [5]. Their activities are often occasional, and their presence in hospitals is limited to periodic visits, without close collaboration with medical staff or access to patient documentation [3]. An example is the model implemented by the organization CliniClowns in the Netherlands [19].

Donna Koller and Camilla Gryski [5] propose a distinction between therapeutic clowns, who typically work individually and focus on the emotional needs of the child, and clown doctors, who perform in pairs, adopting doctor-like personas. The first model assumes a deep integration of the clown's work into the context of psychosocial support for the child. The second is based on parodying medical procedures through humorous and fictional imitation of elements of the hospital world (e.g., a "magnetic resonance scan of a cat," a "nasal laughter transplant," or "medical rounds"), sometimes with a strongly performative character. These two models differ in their approach to the patient relationship—the therapeutic clown relies on building connection, intimacy, and sensitive presence, whereas the clown doctor duo often creates dynamic scenes filled with humor and absurdity.

Differences are also evident at the level of organizational narratives. Organizations promoting medical clowning emphasize work standards, competency frameworks, and the therapeutic value of interventions. Volunteer organizations more often highlight their social mission and the value of the clowns' presence itself as a source of joy and distraction for young patients [10, 19]. Here, *distraction* is understood as a temporary shift of the child's attention away from stimuli associated with pain, anxiety, or the monotony

of hospitalization toward experiences of play, social connection, and humor, which may reduce emotional tension.

The differences described above partly reflect some of the fundamental tensions associated with this profession, as well as its current stage of development [2]. Terms such as *clown therapist* or *medical clown* emphasize the role of the clown as a qualified member of the healthcare team, contributing more than occasional entertainment. In contrast, the notion of volunteerism may suggest a lesser understanding of the role and therapeutic potential of clowning [5, p. 17]. These differences also influence how clowns are trained and how they practice their craft [2, 3].

Despite these significant differences, medical and volunteer clowning can coexist and complement one another. Both models move toward therapeutic intervention, as numerous publications have demonstrated [e.g., 5, 10, 14, 18, 19]: the work of clowns inherently contains therapeutic elements, involves the intentional use of therapeutic tools, and provides tangible value. Increasingly, clowns are regarded as full partners within the psychosocial support system, and their presence in hospitals is seen as a form of complementary therapy [2]. The profession of the hospital clown is evolving "from being perceived as a strange, mysterious, and sometimes absurd art" toward "a profession with defined skills and therapeutic goals" [1, p. 34].

The practice of hospital clowning

The following description of practice is based on my experience as a clown doctor in one of Warsaw's pediatric hospitals. For nearly a year, I have been leading a small but highly committed team of volunteers.

Available data indicate that the majority of hospital clowns in Poland are volunteers supported by foundations and social initiatives [12]. In contrast to many Western European countries, where structured systems of funding and employment exist (e.g., in Germany only 15.6% of hospital clowns work on a voluntary basis, while the remainder receive remuneration, most often from associations or hospitals themselves) [13], in Poland clowning is most often not associated with any financial support.

Although volunteer work can be a source of genuine engagement, it also entails real limitations: recruitment difficulties, limited access to training, and the risk of discontinuity in activities, as emphasized by numerous researchers [3].

The team I lead is diverse in terms of age, life experience, and professional background. It includes students of social and medical sciences, working professionals, as well as seniors. Consistent with international observations [e.g., 13], the vast majority of clown doctors are women; similarly, women predominate in our team.

Despite limited resources, the team's work is characterized by a high level of commitment, ethical awareness, and reflexivity. Although we are not formally therapists, our experience shows that well-conducted encounters with a clown can provide support, stabilize emotions, and help hospitalized children navigate the difficult reality of treatment.

We perceive our work as a form of responsible and well-grounded intervention, based on presence, trust, attentiveness, and respect for the needs of young patients and their families. Although this form of practice remains outside the formal structures of professional healthcare, it demonstrates professionalism in ethical, emotional, and organizational terms.

We adhere to hospital procedures, respect the boundaries of patients and their families, and treat every interaction as potentially meaningful.

Reflection within the team, ongoing efforts to adapt working methods to the realities of pediatric wards, conversations with medical staff, and regular self-reflection allow us to gradually develop standards which—although bottom-up and informal—may serve as reference points for other groups engaged in therapeutic clowning.

Temporal framework of encounters

The working schedule of hospital clowns is strongly dependent on the form of employment, the organizational structure of the team, and the model of cooperation with a given institution. In professional models—implemented, among others, in Germany, Austria, Israel, and Australia—medical clowns operate in accordance with the morning rhythm of hospital work, often in direct collaboration with medical staff. Their presence is synchronized with the schedule of invasive diagnostic or treatment procedures: they accompany children during blood draws, on the way to the operating theatre, or during intravenous cannulation, providing emotional support and distraction from pain and stress [1, 9, 20].

A very different rhythm characterizes the volunteer model, which is more occasional and designed not to interfere with ongoing medical procedures [19]. Some organizations, such as Simchat Halev in Israel, send volunteers exclusively to open hospital spaces during afternoon hours, when patients have fewer scheduled medical procedures and ward rounds have already taken place [1]. This model of periodic visits is characteristic of many teams in Poland, including the team I lead.

Our volunteer team meets regularly once a week, always at a fixed time—every Wednesday at 5:30 p.m. Visits to the ward usually last about two hours. The choice of afternoon hours is deliberate: it allows us to operate outside the peak of clinical activity, when intensive medical procedures have been completed and children remain in their rooms, often together with family members during visiting hours.

We work in pairs, which enables us to reach a greater number of patients while also providing mutual support (not only artistic). Clown doctors often work in duos, which—according to research—not only enriches the performance but also creates a safer environment for the child, who does not need to actively engage in the interaction if not ready; instead, the child may observe and gradually establish contact [5]. Working in pairs also allows clowns to inspire one another and respond flexibly to the dynamics of the situation [7].

According to established principles, each visit begins with a subtle assessment of the child's readiness for contact—through a smile, gesture, or gaze. If the child shows reluc-

tance or does not wish to engage, the clown respectfully withdraws or offers an alternative form of presence, such as a brief greeting from the doorway [3, 20].

Clowning techniques, props, and attributes

Medical clowns employ a rich repertoire of performative techniques, all aimed at building relationships, stimulating the imagination, and alleviating emotional tension in the hospital environment. This repertoire includes various forms of expression: from music and singing, through pantomime, dance, slapstick, and juggling, to improvisation and diverse forms of situational comedy [9]. As Langemeijer notes [19, p. 37], the clown is a "master of enlarging reality, comic repetition, and reversing the established rules of everyday life."

In their work, clowns use a wide range of props and techniques: from simple jokes and gags, through music played on simple instruments, to balloon sculptures, miniature theatrical scenes, and magic tricks [11]. A study conducted among 87 German hospital clowns found that the most frequently used forms include music (34.7%), illusion and magic (13.3%), pantomime (13.1%), acrobatics (5.9%), and techniques such as dance, slapstick, and improvisation (32.9%) [13].

Clowning techniques are embodied and situational. Clowns engage the whole body; gestures, movement, facial expressions, and voice serve as their primary tools of communication. They perform magic tricks and respond to the ideas, emotions, gestures, and movements of those they encounter. Working within an open relational framework with the child and their family, they draw on imagination and the principles of so-called *"empty pocket" clowning*, which involves adapting objects found in the patient's room for shared play [9]. Alternatively, they use their own sets of props: small instruments (e.g., ukulele, harmonica), scarves, soap bubbles, mirrors, or objects humorously referencing medical equipment [3, 9, 21]. These may also include stickers, puppets, or balloons used for distraction, storytelling, and initiating symbolic role-play that allows the child to enter an alternative reality. Clowns collect these props over the years, selecting them not only for comic effect but also for their interactive potential.

Every element of the performance—from costume, through gestures, facial expressions, and movement in space, to the choice of props—constitutes a functional part of the therapeutic process [1]. At the core of the clown's work lies a coherently constructed character, whose creation involves, among other things, selecting a name and costume consistent with the performer's personality and the nature of the character. It is believed that only on this basis can trainees become true clowns, capable of bringing genuine joy to others [18].

The costume plays a particularly important role: it not only identifies the character but also signals to the child the clown's distinct role in contrast to medical staff. A characteristic element is the red nose—considered "the smallest mask in the world" [3, p. 218]—which symbolizes entry into a space beyond conventional social order and invites engagement in play, imagination, or role reversal [9].

In many hospital teams, clowns wear white coats, often individually decorated, which symbolically help to "tame" fear associated with doctors. According to a study by Claus Barkmann et al. [13], for 35.6% of German hospital clowns, the white coat is a permanent element of the costume. Some create elaborate personifications, such as Dr. Giraffe (with ears and a tail) or Dr. Chic (with a kilt and beret), reinforcing their stage identity [3]. Costumes are highly individualized; their appearance—bright colors, contrasting patterns, exaggerated details, and usually oversized shoes—elicits vivid reactions and becomes a starting point for interaction [6, 9].

Clown attributes are not only sources of humor—they are also tools for initiating contact, creating a safe space for play, and responding to children's emotional needs. Objects such as "syringe whistles" or "stethoscope telephones" [21] parody the medical context and help children symbolically come to terms with hospital realities. Through this humorous transformation, the clown not only entertains but also models new ways of coping with a difficult environment [3].

According to Gray et al. [9], the clown's work is a performative art form: embodied, emotional, and responsive, based on real-time interaction and improvisation. Clowning is a complex practice in which visual elements (costumes, props, makeup), performative techniques, and deeply internalized personality traits together form a comprehensive therapeutic skill set.

Therapeutic activities and skills used by clown doctors

Therapy implemented by clowns draws on various sources, including, for example, humor theory [12]. It has been demonstrated that the techniques used in hospital clowning can be described using models and theories from drama therapy [2, 22]. Other studies suggest that medical clowning aligns with the model of brief crisis intervention [10]. Despite the lack of clearly established theoretical frameworks, researchers emphasize that clowning is primarily based on the patient's available resources and the situational context, on the "here-and-now" encounter, on making use of everything the patient brings into the interaction, and on a highly individualized and responsive mode of working [1, 3, 6, 9, 20].

The hospital clown acts as a mediator in difficult and emotionally charged communicative situations. Through the use of humor, play, improvisation, and artistic expression, they create an alternative relational space that supports tension reduction, distraction, an increased sense of safety, and activation of the child [3, 13, 23]. Humor functions here as a mechanism of affect regulation and as a tool stimulating the immune response—through the release of endorphins and the activation of social bonding [14, 16, 24].

The clown operates as an outsider within the medical system—entering into a relationship with the child not from the position of an expert, but as an equal companion who can "humanize" what is often a dehumanizing hospital environment [4]. This "lower status" facilitates emotional contact, encourages authenticity, and creates space for shared experience—of laughter, surprise, as well as fear and sadness. Hospital clowns deliberately

assume an inferior position, allowing patients to feel victorious and occupy a higher status, a feeling rarely experienced in hospital conditions [1].

One of the most powerful mechanisms of the clown's work is the redefinition of the hospital space and an ironic approach to medical practices. When the clown enters the ward, they bring with them a world in which logic can be overturned and established hierarchies questioned [3, 5, 11, 22]. By simulating medical procedures in the form of play, the clown helps children better understand them, reducing anxiety and fear. This fosters more positive attitudes toward treatment and hospitalization and increases motivation to adhere to therapeutic recommendations [1].

Hospital daily life is often deprived of positive stimuli. As Dionigi notes [3, p. 220], a person laughs on average 15 times a day, whereas in a hospital this number may drop to zero. In the context of hospital procedures, clown interventions serve not only an entertainment function. Above all, they restore the child's sense of agency and influence, allowing them to experience themselves as active participants in the treatment process [11]. The clown creates a micro-world in which the child ceases to be solely a patient and becomes a storyteller, singer, or magician. They demonstrate that the child can continue to be themselves despite their medical condition [2, 25].

The activities of clown doctors in hospital settings correspond to specific mechanisms of therapeutic influence. In a synthetic framework, Xin et al. [14] identify five key processes:

1. **Cognitive coping** – the clown encourages the child to process emotionally difficult experiences through metaphorical representations of illness or the hospital situation, often in the form of play, role-playing, or participation in the unfolding of events (e.g., staging situations in which the child can take control or "rescue" the clown).
2. **Guided imagery** – clowns invite the child to co-create a fictional world (e.g., a balloon flight, a visit to a magical laboratory, or an expedition into the jungle), allowing for the development of positive associations with hospitalization and a transition into a safe, imagined environment.
3. **Distraction** – the clown uses a variety of performative tools—from wordplay and magic tricks to slapstick, storytelling, and songs—to shift the child's attention away from painful or unpleasant procedures or symptoms toward alternative stimuli.
4. **Emotional reflection** – the clown adjusts their tone of voice and style of interaction to the child's emotional cues, engaging in a manner consistent with the child's state and mood while respecting their boundaries. Rather than imposing play, the clown responds empathically and adaptively. They do not force joy but participate in the child's emotional experience. This may involve silence, sitting quietly beside the child, or creating a humorous counterpoint to a difficult situation.
5. **Empowerment** – the clown transfers control to the child. The child is allowed to make decisions, initiate actions, or correct the clown's "mistakes." The child decides whether to participate in the interaction and may refuse or invite the clown into their play. This

sense of agency is particularly important in an environment where most decisions are made beyond the child's control.

Therapeutic interventions follow the model of brief crisis intervention [10]. The clown uses theatrical and clowning tools to introduce therapeutic elements such as reinforcement, role reversal (e.g., when the child becomes the "teacher"), reframing of situations (e.g., transforming a medical procedure into a game), and the construction of a therapeutic alliance.

When clowns enter a hospital room, they never know exactly what to expect or how they will be received. The clown does not bring a fixed script but is a master of improvisation—constructing an interactive situation based on a deep reading of the child's signals [25]. They can respond instantly to the situation, emotions, and needs of the patient. Responsiveness means being with the child in the "here and now," grounded in co-presence, openness, and personalized attunement to the child's cues [20]. The foundation of the clown doctor's practice is interpersonal sensitivity and attentiveness—the ability to read emotions from micro-movements, tone of voice, and body language, and to adjust the intensity and character of interaction accordingly through the careful modulation of tone, movement, pauses, and props [3, 7].

As Sato et al. observe [11, p. 130], the source of the clown's humor lies in their deeply human character. Emotions—laughter, crying, joy—are experienced intensely, authentically, and openly, and the clown enters relationships with their whole self, making the interaction particularly close and engaging.

Therapeutic clowns often use mirroring techniques—verbally or nonverbally reflecting the patient's emotions, behaviors, or posture. This allows the child to feel seen without pressure or judgment and encourages emotional expression. Mirroring may take the form of subtle facial expressions, posture, or gestures—for example, when a clown walks slowly beside a patient moving with effort or adopts the same position as a child refusing medication. A specific form of this technique is the "emotional mirror," in which the clown deliberately exaggerates the child's fear, transforming it into something comic. As illustrated by an example described by Karnieli-Miller et al. [1, p. 28], such an intervention may lead to spontaneous laughter and relaxation, facilitating the completion of a procedure without the need for physical or pharmacological coercion.

The clown operates within the language of metaphor, absurdity, and gesture—they are masters of communication beyond words. In situations where logical and rational arguments cannot be effectively used, the clown introduces symbolic language [11]. In this way, they reach the child through storytelling, movement, music, and emotion, using humor and minimal verbal communication.

The therapeutic mechanism becomes particularly evident in the shift of the patient's role—from a passive recipient of care to an active participant in play and relational interaction with the clown [11]. Consent and the child's initiative in interaction form the basis for constructing the therapeutic situation [3]. Langemeijer [19] describes these actions as

consisting of small steps that build a sense of safety: clowns knock, ask "is today a good day?", are ready to wait, return, remain silent, or simply be present. This may involve quiet presence, sitting by the bedside, subtle interaction that gives the child space to express difficult emotions that are hard to verbalize, or gentle play that resonates with the child's emotional state.

The clown always focuses on strengthening the child's resources [20]. They adapt their actions to the child, supporting their confidence and sense of agency. The absence of imposed participation and the intentional creation of a space that encourages voluntary engagement are crucial in the context of the widespread sense of loss of autonomy among children in hospital settings, where they are often reduced to subjects of medical procedures. Within this framework, the child becomes the subject of the interaction—they decide when and how to engage, may invite or dismiss the clown, and determine whether the clown may remain during a procedure, act as a "doctor's assistant," or take on another role. Clowning—through role-play, dialogue, symbolic objects, and performative structures—offers a range of opportunities that allow the child to experiment with different positions within interaction [2]. The clown often deliberately "makes mistakes," whose correction requires the child's involvement, thereby strengthening their sense of competence and influence [3]. The clown does not perform *for* the child, but *with* the child—co-creating the situation and following the child's initiative [19, pp. 17–19].

By speaking in the first-person plural ("we"), clowns emphasize that they are together with the child in the given situation [20]. Moreover, they strengthen the position of young patients by treating them as experts, encouraging them to express their needs and wishes, and to become more actively involved in the treatment process. This is achieved by aligning with the patient and building a sense of partnership.

Both personal experience and the literature review indicate that clown doctors fulfill significant roles, and their therapeutic goals range from establishing humanistic relationships to motivating adherence to treatment plans [1, 9, 27]. This broad spectrum of goals requires flexibility in adapting to different partners and situations and explains the need for a wide range of competencies.

Care for ethics and professionalism of therapeutic clowns

The profession of a hospital clown requires far more than artistic skills and goodwill alone. Its effectiveness depends on the ability to maintain a balance between emotional engagement and professional distance. A clown must remain attentive and responsive, while also being resilient to the overwhelming emotions that arise from contact with patients' suffering [1, 6].

As Dionigi et al. emphasize [3], candidates for the role of a doctor-clown must undergo careful selection and comprehensive training, encompassing both artistic and psychosocial development. Although there is no universal standard, many organizations require at least a high school diploma, emotional stability, interpersonal competence, and stage-related

predispositions such as humor, creativity, improvisational ability, and the capacity to work in pairs [3, p. 218].

For example, the Italian training model includes approximately 100 hours of theoretical and practical instruction, followed by an internship under the supervision of a mentor in a healthcare setting. This process also covers basic hygiene principles, communication with medical staff, understanding the nature of illnesses, and respecting patient privacy. Completing the program does not mark the end of training—ongoing supervision, continuous education, and professional development are strongly recommended [3].

Israeli organizations likewise emphasize intensive preparation. Candidates for medical clowning must already be active performers, complete a three-month clinical internship, attend seminars, and report their activities [18]. A standard volunteer course lasts around five months (with weekly four-hour sessions), followed by a one-month internship. Training includes elements of theater, psychology, ethics, puppetry, and laughter yoga [26].

In Germany, there is no single standardized pathway to becoming a hospital clown. Training most often takes the form of seminars (35.4%), observational learning (27.2%), and clown schools (24.7%) [13]. Umbrella organizations typically require participation in advanced courses and annual coaching.

In my volunteer clown team, each pair usually consists of a novice and a more experienced member. This structure not only helps prevent unintentional boundary violations with patients but also ensures ongoing learning and safe role integration. After each visit, we engage in joint reflection and self-evaluation, analyzing not only the interaction itself but also our emotional and artistic states [9].

Professional ethics and a clearly defined therapeutic role are fundamental to safe and responsible work in clinical settings. Pendzik and Raviv [2], as well as Koller and Gryski [5], highlight the need for coherent procedures regarding training, certification, and professional boundaries. While diversity of approaches supports pluralism, there is still a lack of unified standards that would ensure consistency and effectiveness [1, 14].

Therapeutic clowning is gradually gaining recognition as a form of treatment and even as a paramedical profession. In Israel, it is considered an academic profession that combines artistic training with psychological knowledge and clinical practice [1, 10]. This professionalization strengthens the ethical foundations of the work and opens new possibilities for integrating clowns into healthcare systems.

Collaboration with medical staff

The effectiveness of clown doctors largely depends on the quality of their collaboration with medical personnel. In countries such as Canada, Israel, and Germany, therapeutic clowns are treated as full members of the clinical team—they participate in briefings, are familiar with treatment plans, and coordinate their work with doctors and nurses [3, 9, 19].

In the case of my volunteer team, collaboration with staff is more indirect. Information about children's conditions is usually provided by nurses. After visits, we may share

feedback regarding a child's behavior or well-being, which can support further care. Unfortunately, there is limited direct collaboration with physicians—we do not participate in briefings nor have access to planned procedures. Nevertheless, we strive to remain attentive and flexible so that our activities support, rather than disrupt, the ward's functioning.

Without formal integration into the therapeutic process, clowns may face misunderstandings regarding their role [3, 5, 12].

Hospital clowns operate in an environment that can sometimes be perceived as challenging or even resistant to their presence. In attempting to distract young patients from difficult and distressing experiences, they may behave in ways that medical staff perceive as disruptive, irritating, or challenging [1, 13]. The medical environment is structured and hierarchical, with physicians holding authority. When clowns attempt to disrupt this hierarchy and introduce a degree of "chaos," they may simultaneously enhance the patient's sense of control.

Conclusion

Regardless of differences in working styles or emphasis on artistic versus therapeutic components, clown doctors provide an effective response to the psychological and emotional challenges associated with pediatric hospitalization. In pediatric wards—where patients and their families face fear, loss, and uncertainty—medical clown interventions create a space in which children can regain a sense of agency, safety, continuity, autonomy, and belonging.

Therapeutic clowning is not merely an addition to treatment but can serve as an important complement—supporting emotional regulation, strengthening coping mechanisms, reducing tension, and enabling children to process the experience of illness in a more integrated way. Case studies involving pain, anxiety, and emotional withdrawal demonstrate that humor, presence, and relational attunement allow children to transform traumatic experiences into something more tolerable and expressible.

From this perspective, it becomes essential not only to recognize the value of this practice and its contribution to pediatric care but also to systematize it through clearly defined competency, ethical, and methodological frameworks. The hospital clown does not work against the logic of medicine but complements it—especially where the limits of clinical language are reached. In doing so, they remind us that sometimes the simplest elements—laughter, attentiveness, and shared play—can be the most healing.

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