

Holland Bloorview Kids Rehabilitation Hospital



Does foolish playing enhance young people's wellbeing?: a qualitative study about clowns and kids in the hospital

Funding

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Overview

We wanted to learn more about the ways therapeutic clowns support the wellbeing of kids who were inpatients at a children's hospital.

Why was this study important?

Most research about clowns focuses on 1) their roles as 'entertainers,' 2) the ways they help young people comply with medically-focused treatment, and/or 3) how they improve medical outcomes for young people (e.g. reduce depression). We wanted to find out more about how clowns might support a sense of belonging, contributing to culture, building and engaging in social and environmental relationships (including the hospital setting), and imagining joyful futures.

What did we do?

We did 10 observations of young people and clowns interacting (videotaped and documented through written notes). Videotaping helped us see the ways clowns and young people play together, the ways their bodies move and gesture, and their facial expressions. We also observed the regular debriefs of the therapeutic clowns where they make sense of their own practices.

What we found out

Results to date have shown us several key ways that therapeutic clowns support young people.

1) Clowns followed young people as "leaders," placing themselves in "lower" status positions to young people. Clowns were also regularly "failing" and were "wrong" – they were ridiculous as part of their work (e.g. they made up words, or addressed an inanimate object as if it were a person). Clowns also capitalized on powerdynamics that were present in the hospital (e.g., between physicians and other healthcare providers).

2) Clowns used artistic techniques and worked in pairs, which were important for engaging in structured, playful encounters. We observed that techniques such as singing, musicianship, story, and physical comedy (e.g.

What does clown practice look like?

Imagine a clown enters a child's room and bumps into a chair – she might say "Oh! I'm sorry", imagining the object to have feelings. This is, of course, ridiculous and lowers the clown's status in relation to the child.

As another example, imagine the clowns singing and playing ukulele while walking through the hospital hallways. Young people hear the sound of the music and anticipate the clowns coming to play.

Research Summary



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slapstick) provided important non-verbal tools to engage with kids. Clowns used verbal and non-verbal cues (e.g. body language) with each other to support young people while they played. Clowns also paid attention to their own emotions and the emotions of young people. They structured plays to have a clear 'beginning,' 'middle,' and 'end'; "Good-bye" was particularly important, either of a particular play or when a young person left the hospital at the end of their stay.

Implications

Therapeutic clowns do more than only provide entertainment; they use play and fun to help children "take the lead", use their imaginations and experience the hospital differently. Our results suggest that clowns expertly support wellbeing through techniques of play and fun, with humility and ridiculousness. We suggest that clowns play a vital role in healthcare, and their work has implications for how wellbeing is supported for young people in rehabilitation settings more broadly.

An example from the data: Amita's goodbye song

We observed the clowns make up a song about 'going home' when a child, Amita, was leaving. Amita was able to excitedly join in singing. The clowns thus shared in the child's joy and helped create a special moment through music to recognize the end of her time in the hospital. They helped Amita belong to the hospital community and contribute to making the music, as well as helped her feel good about leaving the hospital to go home.

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Lead researcher, Dr. Julia Gray, was interviewed by Louise Kinross in BLOOM about this study – find the interview <u>here</u>

You can also find our published paper here

If you'd like more information, please contact lead researcher Dr. Julia Gray, juliagray@possiblearts.ca