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Clown Doctors: Shaman Healers of Western Medicine

The Big Apple Circus Clown Care Unit, which entertains children in New York City hospitals, is compared with non-Western healers, especially shamans. There is not only superficial resemblance—weird costumes, music, sleight of hand, puppet/spirit helpers, and ventriloquism—but also similarity in the meanings and functions of their performances. Both clown and shaman violate natural and cultural rules in their performances. Both help patient and family deal with illness. Both use suggestion and manipulation of medical symbols in attempting to alleviate their patients' distress. Just as traditional ethnomedical systems have been integrated with Western medicine in other societies, clown doctors can provide complementary therapy that may enhance the efficacy of medical treatment in developed nations, particularly for children. [clowns, shamans, pediatric care, medical systems, complementary medicine]

On Monday, Wednesday, and Friday mornings, Dr. Winona Do-More prepares for her rounds in the pediatric cardiology unit of a large New York City hospital. She checks her hospital badge, white coat (with red heart on the sleeve), glasses, makeup (including red nose), oxygen tubing (worn twisted around her head), and bag of medical instruments (kazoo, bells, whistles, and other noisemakers). Satisfied that all is ready, she leaves the changing room for another day of funny-bone removals, squeakectomies, and bed-pandemonium. Dr. Winona Do-More is not a medical doctor; she is a clown doctor with the Big Apple Circus Clown Care Unit.[1]

The Clown Care Unit (CCU) is a group of professional clowns who work in the pediatric wards of New York City hospitals. Created in 1986 by Michael Christensen ("Dr. Stubs"), cofounder and creative director of the Big Apple Circus, the CCU began with two clowns in one hospital and has since grown to 35 clowns serving seven medical centers throughout New York City plus a summer program at Paul Newman's Hole-in-the-Wall Gang Camp for children with cancer and chronic blood diseases. Clowns typically work in groups of two or three, three days a week, and spend these days cheering patients, their families, and hospital staff.

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Their activities include entertaining bored children and mothers in crowded outpatient clinic waiting rooms, distracting anxious families in inner-city emergency rooms, comforting parents of children in intensive care units, and distracting small AIDS or cancer patients during painful and frightening procedures. They spread joy and mayhem wherever children might be found in what is otherwise an environment not designed with children in mind.

In many ways, CCU clowns resemble shamans and traditional healers of non-Western societies. The inclusion of clowns in pediatric hospitals reflects growing interest in and respect for alternative, or, more correctly, complementary styles of healing. Western medicine is oriented toward allopathic treatment of clinical symptoms, while traditional non-Western healing more frequently addresses a patient's social condition and construction of the illness experience. One cannot deny the efficacy of physicians compared to shamans, but integrating doctors with complementary practitioners such as clown doctors may render Western medicine even more effective.

Clowns and Shamans

A review of the literature shows that comparing clowns and shamans is not new. Clowning and other popular entertainment (magic tricks, sword swallowing, juggling, acrobatics, etc.) originated with shamanistic performances (Kirby 1974). Some trace the derivation of all performing arts to shamanism (Flaherty 1988; LaBarre 1979). Turner (1985:235–236) includes clowns and fools with shamans, tricksters, healers, and other characters in a list of liminal figures found in rites of passage dealing with social crisis and affliction. Both clowns and shamans mediate between order and chaos, sacred and profane, real and supernatural, culture and anticulture, or nature (Charles 1945:32–33; Willeford 1969:100–150). This mediation of culture and nature is central to the healing arts and sciences (Moerman 1979:59). In the language of semiotics, clown performances are metacultural texts, acts of communication about culture, that invert cultural rules, thereby provoking emotional responses (Bouissac 1985:151–175). Whether the antics of clowns produce mirth or agitation in the observer, such folly has long been associated with psychological healing (Willeford 1969:29).

Clown figures with healing functions occur in other societies, particularly in Native American cultures. Institutionalized clowning is best developed among the Pueblos. Charles ranks Pueblo clowns with the Commedia dell'Arte as among the "four major groups of clown societies . . . known to exist or to have existed" (1945:30). Not all Pueblo clown societies function as healers, but some do. For example, the Zuni Ne'wekwe is a highly regarded medicine society, some of whose members are clowns who improvise farces and burlesques during curing ceremonies (Bunzell 1932:498). The Laguna Koshare and Santa Clara Kossa are sometimes called on for curing, although most Koshares do not heal (Parsons and Beals 1934:495). Other clown societies for which curing is a primary function occur among the Yaqui and Mayo Indians of Sonora (Parsons and Beals 1934:506). Iroquois False Faces use clown-like theatrics to exorcise disease (Towson 1976:13).

Plains Indian clowning takes the form of "contrary" behavior, such as talking or performing actions backward and in other ways violating natural and social

conventions (Steward 1931:198). Modern Plains Indians consider circus clowns similar to contraries (Towson 1976:13). Some of these contraries function as healers, but only if they are of the comic type or "buffoon"; "serious" contraries, such as the Oglala Heyoka, never cure (Ray 1945:91). Healing buffoons include the Plains Ojibway Windigokan and Plains Cree Wetigokan, who use contrary behavior and ragged costumes, as well as dancing, singing, whistling, and shaking rattles in their curing (Ray 1945:84–87; Steward 1931:203). The Canadian Dakota (Wahpeton) consider clowns to be the most powerful shamans (Ray 1945:86).

Clowns, Shamans, and Complementary Medicine

Medical anthropologists have frequently contrasted Western and non-Western medical systems. Foster (1976) classified non-Western medical systems into personalistic and naturalistic, depending upon whether illness-causation beliefs involved supernatural entities or natural processes. He placed Western, presumably scientific, medicine in a different category altogether. Kleinman (1973:206) pointed out that medicine deals with two kinds of reality, "scientific" and "ordinary," that is, with biophysical and human dimensions. Western physicians concentrate on the biophysical dimension and treat the symptoms of disease. In contrast, indigenous healers address the human dimension, the illness, by providing and manipulating the personal, social, and cultural meanings of the illness experience (Kleinman and Sung 1979:7–8). This distinction between "disease," a biological reality, and "illness," an experience and social role (Eisenberg 1977), has become common usage in medical anthropology, especially in studies of non-Western and alternative medical systems (Leslie 1980:195). Moerman (1979) also wrote of this dichotomy between biomedicine's allopathic treatment of physical symptoms and the shaman's concern with the whole patient and the mental predicates of disease. He called the former "specific therapy" and referred to the shaman's more holistic approach as "general therapy" and "symbolic healing," whereby the healer manipulates symbols within a cultural system of meaning so as to promote psychosomatic transformation. Symbols central to a society's medical system are particularly important (Finkler 1980:271, 300; Kleinman 1973).

These comparisons of Western and non-Western medical systems echo distinctions made between the biomedical establishment and holistic medicine. Proponents of holism accuse physicians of bioreductionism and of focusing more on the disease entity than on the individual's illness experience (McKee 1988). According to some, it is this illness experience, and the feeling that biomedicine does not pay adequate attention to the whole person, that induces people to seek alternative therapies (Furnham and Forey 1994:467–468; Leslie 1980:193). And many people are turning to alternative medicine. A recent survey showed that Americans make more visits annually to alternative providers than to primary-care physicians, and they spend more on these unconventional therapies than on hospitalizations (Eisenberg et al. 1993). A community survey in London also found substantial use of alternative therapies (Murray and Shepherd 1993). Both studies found that most of these people also sought treatment from physicians (in fact, the London study showed *more* frequent visits to general practitioners by users of alternative medicine). For this reason *complementary* or *additive* medicine better describes this practice than does *alternative*.

Western medical practitioners increasingly recognize the need to escape the limitations of a bioreductionist view of health and disease. This can be seen in the integrational model of medicine—espoused by the mental health movement, family practice, psychosomatic medicine, and public health—that views a person as more than a collection of cells and symptoms (Aakster 1986:269). Biomedicine increasingly accepts a health care role for some kinds of complementary practitioners. The U.S. National Institutes of Health now include an Office of Alternative Medicine to screen and evaluate alternative therapies. A recent British Medical Association report concedes that some unorthodox therapies, such as acupuncture and homeopathy, are useful, and urges physicians to become better informed so they can refer patients to other practitioners (Gould 1993:44). In Denmark, centers for integrated medicine have been established, where conventional and alternative practitioners cooperate (Launs 1989). Physicians in some non-Western societies, for example China and India, work alongside practitioners of traditional medical systems (Jingfeng 1987; Last 1990:359–360), and the World Health Organization has established a new department, the Traditional Medicine Program, that urges member states to integrate indigenous healers into the general health system (Jingfeng 1987:659).

Complementary or additive medicine is attractive in theory, but questions remain about the efficacy of non-Western and unorthodox medical systems. While some complementary therapies such as chiropractic and homeopathy have yielded evidence of efficacy in clinical trials (Gibson et al. 1980; Kirkaldy-Willis and Cassidy 1985), attempts to gauge that of shamans and most forms of complementary medicine are plagued with problems such as lack of proper controls, subjectivity of patient self-reporting, and incongruence between emic illness categories and etic, or biomedical, disease definitions. This article does not address this question, but suggests instead that the question is wrongly focused. Rather than asking whether clowns, shamans, or unorthodox healers have efficacy by themselves, patterns of usage suggest one should ask whether they enhance the efficacy of biomedicine when used as a complementary or additive system.

Methods

This article is based on participant-observation of the CCU and its activities. Five groups of clown doctors were observed for one workday each, in five New York City hospitals. A written record was kept of time, context, actors, clowns' actions, and patient/parent/nurse reactions. The clowns' behavior was the main observational focus. Their activities were recorded in as much detail as possible, especially during interaction with patients, parents, and nurses. The behavior of the "audience" was also noted, and any obvious effects of clown visits on mood or behavior.

This was supplemented by many hours of interviews with CCU clowns. Other sources of data were two hospital staff evaluation meetings and a monthly CCU staff meeting. The former provided information concerning medical personnel's attitudes toward and relationships with the clowns. The latter combined CCU business (hospital assignments, scheduling, relations with hospital directors and staff), rehearsal, and "emotional hygiene"—a ritual activity during which clowns shared their affective reactions to distressing hospital experiences and received

emotional support from the group, a healing ritual in itself. Brief interviews with parents and hospital staff were supplemented by their written evaluations of the CCU, which allowed me to gain some idea of attitudes toward and subjective effects of the clowns.

A Day in the Life of Dr. Do-More

A CCU clown's typical day begins in a hospital changing room, where he or she dons makeup and costume, assuming a clown doctor character in the process. The clowns work in groups of two or three, with one clown (generally the most experienced) designated the supervisor. At New York Hospital, this is Dr. Do-More, who was trained in mime and physical comedy and has been with the CCU for six years. Her associates are Dr. Bobo, a graduate of the Moscow Circus School with many years of work on the stage in Russia as well as a university degree in directing, and Dr. Fidget, experienced in mime, physical movement, magic, music, and children's theater. Both Dr. Bobo and Dr. Fidget have been CCU clowns for four years. They all wear outlandish costumes topped off by a doctor's white coat with "Big Apple Circus" on the back. They carry doctor's bags filled with magic tricks, puppets, musical instruments, bubble solution, juggling balls, and other props.

At 10:00 a.m. they leave the changing area, exchanging gags with anyone they meet in the halls, elevators, or waiting rooms on their way to the pediatric cardiology outpatient clinic. After entering the clinic playing music and blowing bubbles, they look to see which rooms contain waiting patients. They stay out of rooms with doctors' examinations or treatments in progress, but one doctor leaves when the clowns arrive, explaining to the patient, "We have a specialist to see you now." In come the clowns, with Dr. Fidget blowing soap bubbles, Dr. Bobo playing a balalaika, and Dr. Do-More popping red foam-rubber clown noses out of the respirator tubing wrapped around her head. In other rooms, babies get soft lullabies and bubbles, and teenagers get slapstick sketches with ribald humor.

Puppets are popular. Dr. Fidget has a pesky blue jay who gobbles up all the bubbles, then begins nipping the other clowns' ears, noses, necks, and pockets. She hides a lifelike furry puppet under her coat, in her hat, in a child's bed, and even under a nurse's sweater, while the nurse plays along: "Doctor, is there an animal in here? You know we don't allow animals in the hospital!"

A little girl in the waiting room is frightened of clowns and hides behind her mother. The clowns act terrified of her and attempt to hide behind each other, the chairs, and even another mother. Soon the little girl is giggling and chasing them.

After a half hour in cardiology, the clowns go upstairs to pediatric hematology and oncology. They perform magic tricks and gags for parents in the waiting room, then stop at the nurses' station to find out whether any patients are off-limits. "We could definitely use a clown in here," one nurse says, pointing to a nearby treatment room where a frightened child is connected to an intravenous unit. While Dr. Fidget distracts her with bubbles, magic tricks, and a funny dance, Dr. Do-More squirts other children and parents with a tiny squirt gun, and Dr. Bobo dances and plays the harmonica. They pull clown noses, tiny toy animals, and even an entire litter of sponge-rubber baby rabbits from children's ears and noses. One child becomes

overly excited, punching and grabbing at the clowns and their props, so Dr. Do-More signals that it's time to move on.

At 11:10, in pediatric intensive care, after checking with the nurses' station about any restrictions and washing their hands and toys, the clowns console and distract the tearful parents of a young girl in a coma. The girl's breathing quickens noticeably as the clowns sing to her and stroke her, and her eyelids briefly flutter (the clowns relate that two children came out of coma while they were visiting). For other children and parents in the intensive care unit, the clowns sing, dance, play instruments, put on a puppet show, and hand out autographed pictures.

Next stop is the Children's Clinical Research Center, where nurses greet the clowns warmly and participate in a few gags. The blue jay puppet is nipping their behinds, picking pockets, and stealing scarves. Dr. Bobo sneezes marbles out of his nose. Several children in this section are in isolation with chicken pox, but this doesn't deter the clowns, who make faces and puppet antics outside the windows.

At noon they break for lunch in the hospital cafeteria. They're out of character now, as physicians have requested no clowning in the lunch room. Anywhere else in the hospital, however, doctors are fair game.

After lunch they return to pediatric cardiology, to amuse the afternoon patients and their parents by making funny paper hats the children may keep and by performing squeak removals, or "squeakectomies." After half an hour they move to a general pediatrics ward, where they stop to sing to a long-term patient. They proceed down the hall with a brief visit to every room. Dr. Do-More distracts a burned child from her pain with bubbles and magic tricks while Dr. Bobo tries to fool some older children in the solarium. They figure out all his tricks, but this is intentional, for the clowns are rehearsed to make themselves appear silly and the children feel in charge. Dr. Fidget has lost her furry animal puppet (which is under her coat, bushy tail sticking out of the back of her collar) and is frantically, and unsuccessfully, looking for it. A physician arrives to see a patient. Dr. Bobo pulls a scarf out of the doctor's tie.

Around 2:15 the clowns leave the ward, exchanging bad jokes with nurses on the way out. In the crowded hallway of the outpatient burn clinic they discover an old friend, a girl who had spent six months in the burn unit recovering from a plane crash. She pokes all their squeaky places and asks if they have any new tricks. While she and Dr. Do-More toss scarves around people's heads, Dr. Bobo goes up and down the hall with a metal cup, kerplunking quarters into it from out of doorknobs, fathers' noses, and other unusual places. He plays a racy Russian song on his balalaika, and Drs. Do-More and Fidget do a hula. After several more tricks and gags, they go to the inpatient burn unit.

The intensive burn unit is a serious place. Here each clown puts on a fresh sterile gown and cap before entering each room, and these patients can't touch any of the toys and props. This is also the unit the clowns find most difficult emotionally. The injuries they see here are often serious and disfiguring.

The workday ends at 3:00 p.m., when the clowns head back to the changing room, remove their makeup and costumes, and assume their "normal" identities. The work appears to take a great deal out of them, and they head home on the subway, tired and emotionally drained.

Resemblance to Shamans

Like traditional healers in many societies, clowns wear unusual costumes. The clothes of a clown violate cultural conventions—jarring colors; plaids, stripes, and polka dots all together; a brassiere worn as a hat. Clown makeup further effects the transformation from cultural person to anticultural other, and is similar to the face paint and masks of non-Western ritual healers. Like the shaman role, the clown figure transcends culture and is nearly universal (Willeford 1969).

Both types of actors are viewed with some ambivalence. Much of the respect given the indigenous healer results from fear of sorcery (Kleinman and Sung 1979:9). In addition, the ethnographic literature abounds with descriptions of the strange appearance, personality, and actions of the shaman (for many examples, see Eliade 1964). Thus, fear of this individual is easy to explain. Similarly, small children are frequently afraid of clowns, whose bizarre appearance suggests the dangers of the unknown and uncanny, and whose performances dramatize common childhood fears.

The use of puppets by CCU clowns is reminiscent of shaman helper spirits. Indeed, some shamans use puppets to represent these spirits in their rituals (Kirby 1974:10). Most clowns have two or three well-developed puppet characters, each with its own strange voice. Both clowns and shamans use ventriloquism.

Music, rhythmic drumming, singing, and chanting are found in both non-Western curing and CCU clown performances. Shamans use drumming and chanting to enter altered states of consciousness. Several clowns reported being in "another space" or "a different consciousness" while performing; all assume clown characters when they put on their makeup and costumes. Kirby (1974:14) suggests that popular entertainments that summon a different reality from the ordinary (e.g., magic tricks, escape acts, absurd skits) originated in shaman trances. Furthermore, both clowns and shamans use rituals, that is, repetitive, stylized, exaggerated actions in a predetermined order, with an evocative style and a collective dimension. When done by clowns, we call them performances.

Sleight of hand is important in both types of performance. Many shamans can seemingly cut off and reattach a body part, effect Houdini-like escapes from binding ropes, or produce the appearance or sound of spirits (Kirby 1974). Extremely common is the sucking shaman, whose apparent removal of the cause of illness, in the form of a bloody worm or tiny dart point, is echoed in the clowns' pulling of red noses, scarves, and other items out of children's ears, noses, and so on. They frequently do this in the context of removing a squeak or extracting a pain (after asking a child where it hurts, the clown will remove something from that body part). Legerdemain is an important part of many healing rituals, as it enhances belief in the healer's efficacy. The power of suggestion is important for all styles of curing. Considering the near universality of object removal, it must be a powerful healing metaphor.

This reliance on magic tricks illustrates how in their respective societies, both clowns and shamans are viewed as acting in some other, abnormal context. Shamans are believed to travel and function in supernatural realms. In trance, they communicate with spirit helpers, retrieve lost souls, and find solutions to the problem of illness. Clowns also operate outside of and, in this case, contrary to the usual cultural rules and norms. Like Native American contraries, circus

clowns invert the cultural order by breaking cultural (and natural) rules in their performances (Bouissac 1985:164 ff.; Kerman 1992:15). They violate conventional rules of dress and behavior; their props fall up instead of down. CCU clowns bend many hospital rules, or appear to; the "animal in the room" sketch illustrates this. One is supposed to be quiet and reserved in the hospital setting. The clowns are noisy and boisterous.

Shamans and other healers manipulate symbols of their societies' medical systems in ways that may enlist the power of suggestion or placebo effect (Finkler 1980:300–301; Kleinman 1973). For example, patients of a Mexican spiritualist believe that illness results from imbalance in the body's "hot" and "cold" humors, and that "cleaning" has beneficial effects. In this system, healers who treat illness with herbs, foods, or therapies that have the appropriate "heat" or "coldness," and/or prescribe "cleaning," are able to effect cures (Finkler 1980). While the physiological basis remains to be delineated, it is clear that dualist philosophies of the mind-body relationship are inadequate to explain this phenomenon, and it probably involves the mediation of language and other cultural symbols (Byerly 1976; Moerman 1979). Suggestion is not the power of mind over body; rather it is the functioning of the entire physical system, which includes the brain/mind. Cultural symbolism, linguistic or otherwise, sets this process in motion (Lévi-Strauss 1967). The power of placebos lies in the power of symbols.

Clown doctors also use medical symbolism. CCU performances play with the physician character and poke fun at hospital procedures. Clown dress suggests that of a doctor (white coat, reflecting mirror on a hat, stethoscope around the neck), but with absurd additions (the coat is painted in wild colors, the mirror bounces about on a foot-long spring, and the stethoscope is used to blow bubbles). Medical paraphernalia is used in unusual ways, such as making music with oxygen tubing and hypodermic syringes. Clowns address each other as "Doctor" but act quite unlike real ones. For example, "Dr. Meatloaf," as his alter ego "Igor," shuffles into a pediatric emergency room in Harlem wearing black buck teeth, grunting, and acting like a hunchbacked imbecile, while his associate, "Dr. Gizmo," introduces him as the hospital's chief of pediatric medicine. At this point, Igor emerges from the restroom trailing a 15-foot piece of toilet paper and begins climbing over chairs (including those with people sitting in them) and trying to sit on women's laps. This sketch is reminiscent of Pueblo clown performances that burlesque powerful people, illness, and scatological functions (Steward 1931:189–191).

The clowns say they parody doctors and play with hospital equipment to lighten up the atmosphere and make children less afraid of doctors and their instruments, but one can also recognize another shamanistic function: psychosocial support (Foster and Anderson 1978:128; Kleinman and Sung 1979:24). By involving the social group, illness and curing are given public recognition and the patient receives group support (Murphy 1964:80). Shamanistic rituals reinforce social roles and can be therapeutic for families struggling to cope with illness and disorder. Social workers dealing with families in crisis have adopted similar practices (Laird 1984).

The social environment of a hospitalized child consists largely of family members and hospital staff. CCU clowns entertain all these individuals, reducing family tension created by the illness and making the hospital atmosphere happier.

Parents' written evaluations of the clowns include comments such as "They make us both very happy," "It works for both child and parent," and "Clowns boost the morale of the parents as well as the kids." When asked to rate on a scale of 1 (disliked a lot) to 5 (liked a lot) how *they* (not the child) felt about the clowns, all except two of forty parents chose 5; the other two chose 4. One clown told me of a routine he uses in which a hospitalized child turns a squirt gun on her siblings. He believes this reduces patient resentment towards healthy siblings. As another example, the CCU makes a point of interacting with parents of ailing babies who are not old enough to respond to clowns, for when parents' spirits are lifted, less stress is communicated to their infants.

Another clown organization that engages in social healing is the clown ministry, a new movement in American Protestantism (Kerman 1992; Litherland 1982). These practitioners are professionally trained in both ministry and clowning, which they use for both liturgy and pastoral ministry. According to Kerman, the clown ministry has two purposes: renewal of liturgy and social healing. For the latter purpose, it focuses on nursing homes and hospitals, attempting to "lift up" their audience. Like the CCU, it has an explicit ethic of letting the clowns be the subjects of jokes and not making fun of other people.

Lifting the spirits of hospital staff improves the institutional atmosphere and the morale of professionals who are overworked, or who must deal with terminal patients or the effects of child abuse. They believe this improves the quality of their caregiving. Evaluations of the CCU by hospital staff unanimously praise the clowns' work. Doctors and nurses who administer traumatic procedures such as surgery, blood drawing, or radiation therapy report that having clowns distract the children makes their jobs easier. The medical director of one pediatric inpatient unit reported that clowns improve the care of children because staff members feel better about their work and can respond more positively to their patients. Caregivers feel more relaxed when the clowns are there. The mood is more upbeat, they say: "The whole unit is brighter," "The atmosphere always changes for the better," "It makes our job easier," and there are "more positive interactions between parents, staff, and patients." One overworked nurse in an understaffed unit wrote that clowns relieve her stress and even help her answer patients' calls for assistance.

Another way clowns act upon hospitalized children's social relations is by empowering patients. "Power to the children" is an expressed philosophy of the CCU. Pediatric patients are perhaps the most powerless of all hospitalized people. Poked and prodded, examined and ordered about, subjected to painful procedures they don't understand, children frequently react with fear, noncompliance, tantrums, and withdrawal. Noncompliance can be an expression of a patient's rejection of the power structure of a situation and an attempt to regain some control. The effects of treatment are improved if the power differential can be equalized (Elsass 1992:335–336).

This goal of patient empowerment can be seen in the structure of clown routines. Built into the CCU's standard performances are situations that make clown doctors (and frequently a real doctor or nurse as well) appear silly and inept, while the children are smart and capable. A clown might pretend to be afraid of the child and attempt to hide in obvious places. Or a magic trick keeps backfiring until the child shows the clown how to do it right. An animal puppet is hidden from the

doctor, but the child always knows, and controls, where it is. These interactive performances are carefully rehearsed, as witnessed at a monthly clown meeting, in which CCU director Michael Christensen had two clowns practice one routine over and over again until he was satisfied that the patient's reaction would be one of empowerment rather than frustration.

Shaman performances may lead to patient psychological reactions such as transference and catharsis, which may relieve anxiety (Foster and Anderson 1978:128; Murphy 1964:78, 81). Catharsis is frequently associated with shamanistic curing (Kirby 1974:9), and it can be produced by clowns as well. Parsons and Beals (1934:499–500) describe the emotional release afforded by Native American clown performances that satirize anxiety-producing aspects of human experience (including illness). Indigenous clowns universally address, through humor, issues of greatest emotional interest to their observers (Charles 1945:32; Steward 1931:198).

Humor itself is cathartic (Holland 1982:88–103). Laughter not only makes one feel better, but it can also be a powerful distraction. One CCU clown tells of his experience with an 11-year-old boy who had been doused with gasoline and set on fire by an older boy:

> He was conscious but in terrible pain with major burns over more than half his body. I went right into emergency with him. When the surgeons began cutting away dead flesh, I began telling funny stories and promising circus tickets and making scarves appear and disappear—anything to keep his mind off the agony. Pretty soon he was rolling his eyes in amazement and finally I actually got him laughing behind his medical mask. It was incredible. He was staring death in the face—and he was having fun! [Darrach 1990:82]

Discussion

CCU clowns don't claim to cure anything. They assert that what they do is make the hospital environment more child-friendly. In the absence of biomedical treatment, it's unlikely that they would effect any cures, except possibly for psychosomatic and anxiety-derived illnesses. However, they do have a beneficial role to play in Western medicine today, in collaboration with those of physicians, nurses, and other mainstream health care providers. For the clown, like the shaman, addresses that aspect of healing that is not as well developed in modern Western medicine, the treatment of the whole person, the social milieu, and the mental predicates of illness. The clown helps the patient and family provide meaning to the illness experience and resolve personal and social problems that result from it. This in turn increases patient satisfaction, compliance, and perhaps outcome. The medical establishment increasingly recognizes the need for providing this level of care, but physicians are not always in a position to give it. The inclusion of clowns among pediatric hospital personnel is a practical strategy for resolving this problem. Collaborative efforts between physicians and traditional or unorthodox healers have been advocated (for example, see Bastien 1987) or even implemented (Jingfeng 1987; Launs 1989; Leslie 1980), but this approach is rare in the United States, where folk medicine is less accepted. The clown, on the other hand, is a symbolic type familiar to and appreciated by most American children, so the potential for its use is greater than that of other unorthodox practitioners.

Another reason why clown doctors can assist in the treatment of young patients is that children, while somewhat enculturated into their society's medical system and beliefs about illness causation and treatment, are not as fully "vaccinated" against belief in magic and alternate realities as their parents. That is, from a child's point of view, magical effects just might be possible. This enhances their suggestibility with regard to the clowns' tricks. Some children may believe the CCU *are* doctors, but doctors with special powers. Furthermore, clowns, and circus in general, represent "humanity freed from the constraints of culture," and this appeals to children more than to adults (Bouissac 1985:8).

Clown therapy is also important for terminal patients, such as children suffering from cancer or AIDS. There are few family crises more serious than the death of a child. The individual, too, faces a profound need to cope with the expectation of mortality. Pain and suffering must be dealt with. Kleinman and Sung (1979:16) observed Taiwanese patients with terminal diseases who had been discharged from hospitals as untreatable but who were receiving treatment from shamans. These patients and their families reported feeling psychologically better and had a more satisfying social life as a result.

Conclusions

Clowns are like shamans in several ways. Both use weird costumes, props, and behaviors. Common to both kinds of performance are sleight of hand, ventriloquism, music, and feats of skill that seem to break natural and cultural laws. Both shamans and clown doctors employ social healing, suggestion, and manipulation of cultural symbols drawn from the society's medical system. Both pay more attention to the patient's illness experience and social milieu than physicians frequently do.

Integrating clown doctors into the medical care of hospitalized children is particularly appropriate for the obvious reason that clowns and children are a natural combination. Children are more receptive to the clowns' uncanny antics. Children are less enculturated into the orthodox medical belief system that values pharmaceutical and surgical intervention over "magic." Incapacitated children are vulnerable to the communication of their parents' and caregivers' anxiety, so any relief the clowns provide these individuals should improve the child's social and medical environment. Use of clowns in conjunction with other health care personnel can promote patient satisfaction and compliance, especially in children, which may contribute to more positive clinical outcomes.

NOTES

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