

THE WINSTON CHURCHILL MEMORIAL TRUST OF AUSTRALIA

2012 Churchill Fellowship

**A Study of Elder Clown programs
in Scotland, the Netherlands, USA and Canada.**

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Signed

Dated

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1. Introduction and Acknowledgments

Background

Clowns are a part of life. They have become an integral part of paediatric hospital life in over twenty countries since the Big Apple Circus launched its clown doctor program in 1986. Clowns are now also part of the life of residential aged care facilities in a number of countries.

The number of people suffering dementia in Australia is increasing rapidly. The quality of life experienced by dementia sufferers living in aged care facilities is a critical health care issue. Clowns have an important role to play in this area.

In Australia The Humour Foundation has been delivering Clown Doctor programs to paediatric hospitals, general hospitals and palliative care facilities since 1997. More recently it turned its attention to residents in aged care facilities. From 2009 to 2011 the Humour Foundation, in partnership with the University of NSW, conducted a NH&MRC funded study called SMILE – Sydney Multisite Intervention of LaughterBosses and ElderClowns: a randomized controlled trial of humour therapy in residential care. The Humour Foundation now delivers Elder Clown and Laughter Boss programs to residential aged care facilities.

Report

This 2012 Churchill Fellowship report details findings of

- Observation of elder clowns working in aged care facilities in Scotland, the Netherlands, Canada and the USA.
- Interviews with artistic and training personnel of the elder clown programs, and with health care professionals working in host facilities.
- Participation in the week-long *Keeping the Creativity Alive* conference in Edinburgh
- Interview with Caroline Simonds, Artistic Director of Le Rire Médecin.

Acknowledgments

This was a journey full of stimulation, provocation, beauty, laughter, hope and inspiration. It was made possible by a lot of help from a number of people.

I would like to thank my many hosts for their warmth, generosity of time and spirit and for their dedication to bringing joy into the lives of people with dementia, in particular: Magdalena Schamberger of Hearts and Minds; Melissa Holland from Jovia; Sjaak and Jefi Krebbers in Eindhoven; Trudy Schambergen from miMakkus; Craig Sjogerman in Chicago; Deborah Kaufmann in New York; Caroline Simonds in Paris; and Sandy Radvanyi from Fools for Health.

It was Dr Peter Spitzer's idea for me to apply for a Churchill so I blame him for all the fun I've had.

Thank you also to all the clowns whose work I was privileged to witness; the dedicated administrative teams of the organisations I visited and to the aged care staff who are on the front line every day, working hard to care for some of our most vulnerable people.

It is an honour to receive a Churchill Fellowship. It is also a gift in the way it challenges one to become more than one was. Thank you to the Churchill Trust and to all the members of the various selection panels for their guardianship of this wonderful contribution to the international exchange of knowledge and wisdom.

Thank you most especially to my wife, Alice, for her consummate juggling of all things domestic and vocational in my absence, to Obi and Rose for including me in the kitten naming debate even while I was out of the country and to Hannah for passing her eagle eye over the report.

2. Executive Summary

“When the clowns are coming it is like I open the window and I can breathe more oxygen.”

Aged care resident, Montreal

Fellowship Objective

My program was the study of Elder Clowns working in residential aged care facilities in various countries. My objective was to examine differences in artistic style, program delivery, training methods and impact of the work on aged care residents, in particular those residents suffering dementia.

Major lessons and conclusions

- Well-trained clowns have a powerful role to play in the psychosocial well-being of dementia sufferers living in aged care facilities.
- Well-trained clowns do not infantilise dementia sufferers. They affirm, empower, honour and delight dementia sufferers. Doctors, nurses, care staff, activities coordinators and managers of aged care facilities are all amongst the people who see a significant role for clowns in the overall care of people with dementia.
- Clown programs work most effectively when care staff receive thorough briefing and role play experience of a program prior to implementation *and* when management is clearly supportive of the program. Clown programs are also more effective when the clown visits are regular and frequent (at least weekly).
- Care staff can significantly add to the well-being of dementia sufferers in their facility when trained to incorporate performance principles into their work. Staff of aged care facilities also benefit from clown programs operating in their workplaces through the extra knowledge gleaned about residents by clowns and by the joy clowns bring to staff as well as residents.

Highlights

- The clarity of artistic vision and practice of different organisations working in dementia care settings.
- The leadership of *Hearts and Minds* (Scotland) in raising the status of clowning with dementia sufferers, in particular Artistic Director Magdalena Schamberger
- The clarity of artistic, training and research roles in *Jovia*, Montreal, and their positive impact upon ongoing research into the artistic and therapeutic aspects of clowning.
- The comic bravado of the Vaudeville Caravan
- The growing awareness of the need for psychosocial well-being to be an integral part of dementia care.
- The enthusiasm with which care workers in the Netherlands seek to incorporate artistic principles into their care work.
- The inspired rethinking of care for dementia sufferers of Fernand Bruneau in Montreal and Bettina Becker in the Netherlands that includes nourishment of the soul as well as the body.
- Dementia sufferers laughing, singing, dancing, joking, playing.

Dissemination and Implementation

The Humour Foundation will implement these findings into residential aged care facilities through its Elder Clown / Laughter Boss program; and offer even better training to its Elder Clowns and Laughter Bosses. More programs will be established offering enhanced training to staff working in aged care facilities.

International and national cooperation with other organisations will strengthen the place and professionalism of well-trained clowns in dementia care facilities. Further collaborative research within Australia is already under consideration and opportunities for collaboration on international research also exist. Design of programs that are sustainable across a broad spectrum of aged care facilities is also a priority.

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3. Itinerary

Edinburgh, Scotland

20 October to 28 October

Keeping the Creativity Alive Conference, Hearts and Minds

<http://www.heartsminds.org.uk/>

- Artistic Exchange with:
 - Arts Care Limited, Belfast, Northern Ireland www.artscare.co.uk
 - Martina Haslhofer and Rupert Lehhofer, Rote Nasen, Austria www.rotenasen.at
 - Sybille Uge, Clown from Berlin
 - Eveline Brouwer, coach of CareClowns, part of CliniClowns, the Netherlands www.cliniclowns.nl
 - Seami Andresson and Virginia Gillard, Clowns from Iceland
 - Magdalena Schamberger, Maria Oller, Zoe Darbyshire from Hearts and Minds
- Observation of Elderflowers at Findlay House Continuing Care, Firth Of Forth, Edinburgh
- Observation of Elderflowers at Queen Margaret Hospital, Dumfermline
- Interview with Liz Gillen, Charge Nurse at Queen Margaret Hospital,
- Hearts and Minds Artistic Training
- Dementia Training and Awareness, Shirley Law, Director of Practice Development, Dementia Services Development Centre, University of Stirling
- Instant Aging Training

Eindhoven, The Netherlands

28 October to 2 November

MiMakkus, Eindhoven

<http://www.mimakkus.nl/?language=en>

- Interview with Trudy Schambergen, Head of miMakkus Education Program and Sjaak Krebbers, General Manager, miMakkus
- MiMakkus Training – Senses
- MiMakkus Training – The Body as an Instrument
- Observation of miMakker at Roerskaetec Residential Aged Care Facility, Roermond
- Interview with Bettina Becker, Team Manager, Roerskaetec Residential Aged Care Facility, The De Zorg Groep
- Observation of miMakker at Severinus Intellectual Disability Centre, Veldhoven
- Observation of miMakker students at Daelhoven Residential Aged Care Facility, Soest
- Meeting with Jan Rauh, co-Founder of miMakkus

Paris, France

3 November to 5 November

• Interview with Caroline Simonds, Artistic Director, Le Rire Médecin

<http://www.leriremedecin.asso.fr/>

Chicago, USA

6 November to 9 November

Vaudeville Caravan, part of the Big Apple Circus Community Programs

<http://bigapplecircus.org/community-programs>

- Observation of Vaudeville Caravan performers at Smith Village and Park Shore Estates Residential Aged Care Facilities
- Observation of Vaudeville Caravan performers at Alden, Northmoor Rehabilitation and Health Care Center and Peterson Park Health Care Center
- Interview with Pinky Smith, Activity Director at Alden, Northmoor
- Interview with Sonia Chavez, Activity Director, Peterson Park Health Care Center
- Interview with Craig Sjogerman, Coordinator, Vaudeville Caravan

Montreal, Canada

10 November to 16 November

Jovia

<http://www.jovia.ca/>

- Observation of Psychosocial Training for La Belle Visite Performers (Reminiscence)
- Observation of La Belle Visite artistic training
- Interview with Phillippe Thibaudeau and Laura Lacoste, Trainers for La Belle Visite
- Interview with Florence Vinit, Psychosocial Director, Jovia
- Observation of La Belle Visite clowns at Ste Anne's Hospital, Montreal
- Interview with Fernand Bruneau, Recreation Coordinator in Psychogeriatry, Veterans Affairs Canada, Ste. Anne's Hospital
- Observation of La Belle Visite clowns at Le Cardinal Residential Aged Care Facility
- Interview with Isabelle DuFresne, Activity Coordinator, Le Cardinal, Montreal
- Interview with Melissa Holland, Artistic Director, Jovia

New York City, USA

17 November to 21 November

Big Apple Circus Clown Care Unit

<http://bigapplecircus.org/clown-care>

- Clown Care Day, Big Apple Clown Care Unit
- Meeting with Karen McCarty, now Creative Director of Community Programs (Big Apple Circus) and Deborah Kaufmann, National Creative and Educational Coordinator, Community Programs (Big Apple Circus)
- Observation of Clown Doctors at Harlem Hospital

Windsor, Ontario, Canada

22 November to 24 November

Fools for Health

http://web2.uwindsor.ca/fools_for_health/index.html

- Observation of "Down Memory Lane" performers at Extendicare Tecumseh residential aged care facility
- Interview with Tom Wilson, Resident Program Manager, Extendicare, Tecumseh
- Interview with Sandy Radvanyi, Artistic Director, Fools for Health

4. Program

Scotland

Keeping the Creativity Alive Conference

Artistic Exchange

Hearts and Minds

The Hearts and Minds Elderflower program has been operating since 2001 and is currently in nine units across Scotland. All participants in the program are affected by a form of dementia, mainly from mid to advanced stages.

Funding

- Hearts and Minds receives funding from the NHS, Government, the Lottery, the Scottish Arts Council, Trusts and Foundations and some facilities.

Hearts and Minds has a number of very clearly defined principles:

- All performers are professional and are specially trained.
- They work in pairs.
- They use European-style clowning; red nose; no theatrical make-up.
- Eccentric clothes, quirky characters.
- They always do staff training (in which staff gain some role-play experience of what an Elderflower visit is).

Why Clowning in dementia units?

- The red nose is an invitation for interaction and playfulness, and a sign of recognition.
- Clowns believe 100% in what they are doing – they surrender to the participant's reality. (Sometimes family members and staff will try to bring someone with dementia back to 'normal' reality.)
- Clowns connect with the essence of the person.
- Clowns have a friendly, optimistic outlook.
- They live 'in the moment'. (Clowns can be very *present* with the resident and thus pick up on small impulses from the residents that can be easily missed.)
- They bring humanity, warmth and physical connection.
- Residents are surrounded by people who are in the know and are in control – a clown is neither in the know nor controlling. The clown allows the participant to be in control.
- Vulnerability – a clown is willing to make mistakes and share them.
- Creativity and Communication – the visit is a chance for participants to give and not just receive.
- Clowns bring with them a range of performing arts, eg, music, storytelling improvisation, comedy.
- Clowns can take on the sadness or anxiety of a participant and use their imaginations and lightness of presence to bring the interaction to a lighter, more playful place.

Relationship with the Units

- A referral system is used to nominate which residents the clowns see.
- The performers write notes on each resident they visit. These notes are kept at the facilities and may be referred to by healthcare staff. In some units the performers are now asked to write directly in the resident's confidential notes.
- At each visit there is usually a 'handover' meeting between staff and clowns before the clowns visit the residents.

The Visit

- The residents are the starting point; two-on-one interactions (two Elderflower clowns to one resident); small group visits; occasionally one-on-one interactions; undivided attention; no time pressure; encouraging participation; develop relationships over time. The number of people visited varies, according to the needs of the residents and facilities on the day. It is important for the Elderflowers that they do not rush their visits and so will at times spend a long time with one resident.

The Approach

- Slow rhythm, but high energy; the importance of introduction, welcome and farewell; engaging all senses; the importance of touch; simplicity and clarity; allowing silence to be part of interactions; creating rituals to trigger memory; empathy and artistry; starting points: tangible dilemmas, choices, themes, seeking advice; creating situations where the resident is the star; great respect: residents are always referred to as 'ladies' or 'gentlemen'.

Family and Home

- Family and Home are primal.
- A resident in an aged care facility has left home. There is often a sense of loss. The Elderflowers are cognisant of this in their interactions.
- All Elderflower characters are part of the extended Elderflower family. This is an acknowledgment of the primacy of that institution in people's lives.
- Elderflower 'family stories' are a rich source of performance material. Elderflower family portraits are a great stimulus for discussion.
- The Elderflowers provide a substitute family for some of the ladies and gentlemen living in the aged care facilities.
- Performers use diminutives for their character names as these tend to be more easily remembered and convey an intimacy that helps to bring the performers and residents closer, e.g., Sweetie Pie Elderflower and Honey Bunch Elderflower.

The Costume

- They recall a period in the younger lives of the residents, usually around the 1940s to 1960s, and often indicate a character age of late teens to early twenties. Costumes indicate some of the traits of the clown character they are playing, the role they have in the Elderflower extended family and sometimes point to a dream of who the character may really want to be, e.g., Fred Astaire, Judy Garland. Costumes are also deliberately a little eccentric and quirky, to keep a sense of clown.
- Costumes and red noses are used in part to ensure the performers remain performers and do not become quasi social workers.
- The red nose is an important family trait in the extended Elderflower family.

Reminiscence and Memory

- The clowns never have an agenda of trying to make the residents remember specific details because to focus on the memory can cause distress. They may be asked to give advice (about clothing, a job interview, a Best Man's speech), adjudicate (on manners, a tiff between the clowns), help with a task (open a suitcase, unravel some ribbons) but they are solving problems *in the present* using *principles* they have lived with for a long time. Old objects are provokers not just of the past, but also of an activity. For example, a teacup is used to evoke rituals of tea-drinking. The work is not about merely reminiscing, but about being *in the moment and connected to the present*. Contemporary objects are used too.

Artistry

- There is a strong commitment to the artistry of the work. Thus gestures are at times beautifully crafted; body shapes are artfully held for more powerful or more comic effect;

singing is well crafted; costumes are carefully considered and a character's backstory is rich with gossip and events – both noteworthy and reassuringly prosaic.

Other Notes

- It is important not to force gratitude upon the residents (which would be a kind of infantilizing).
- A lack of memory does not mean a lack of intelligence.
- The clowns accept where and who the resident is. There is freedom in going along with wherever the resident is in their identity, imagination or sense of self.

Video clip of the work of the Elderflowers:

<http://www.heartsminds.org.uk/elderflowers.html>

Martina Haslhofer and Rupert Lehhofer, Rote Nasen, Austria

- Rote Nasen began their Seniors program in 1998, and their Children's Program in 1994.
- In the Seniors program 45 to 50 clowns work in 17 large facilities, with populations of up to 700 residents. The clowns (who work in pairs) will commonly see 60 to 70 residents in 3 hours and sometimes do 'shows' to groups of residents.
- Facilities may receive between 2 and 8 regular visits per month, depending upon funding.
- They use the same *personage* and wear similar costumes in both their children's and their seniors' programs, but the themes with the seniors are very different, eg love, sex, life events.
- Music is an important part of their work.
- Whilst not specializing in working with dementia sufferers, this has become an increasingly significant part of their work, intensified by government policy encouraging people to stay at home longer into their old age, so that an increasing proportion of the residents in facilities are suffering dementia.
- Funding for their programs comes from corporate and private donors. Funding for all Rote Nasen programs comes from the one source.
- Martina, the Director of the Seniors Program, is a very experienced trainer of Instant Aging. All Rote Nasen performers working in the seniors program take this training.
- Martina works closely with the Activities Coordinator of the aged care facilities she visits, often jointly planning for the following clown visit.

Eveline Brouwer, coach of CareClowns

CareClowns was formerly Farrier Clowns before it recently became part of CliniClowns in the Netherlands. CareClowns focus on people with all levels of dementia. The performers work in pairs, although originally at Farrier Clowns they worked in threes. CareClowns has a commitment to continually improve the artistry of their performers.

They wish to provide their service for free to facilities. Currently CliniClowns raises funds separately for its children's and seniors' programs.

Sybille Uge, Berlin

Sybille has been working as a clown with people with dementia since 2002.

Some of her **performing principles** for working with people with dementia are: It is good to be. It's a gift to know nothing. Be silent. Feel for rhythms and emotions. Take time. Be curious. Enjoy. Go step by step. First contact must be made slowly. Dementia is a good teacher of the clown to be 'in silence' or 'in rest', but to hold a big energy in this rest.

Sybille prepares detailed biographies about her 'clients', including: family background; disease, type of dementia; children; profession; marital status; taboo topics; 'helpful hints', e.g., right ear is better than the left ear. In aged care facilities she works with a clown partner and would usually see 10 to 15 residents in 3 hours. Sybille also does solo visits to

dementia sufferers in their homes, about once per month. Sometimes her dog is her clown partner in these visits. She uses different costumes for children and the elderly.

Seami Andresson and Virginia Gillard

They are working on setting up an elder clown program in Iceland. They are likely to model their program on Hearts and Minds' Elderflower program. Two challenges they face are the lack of any arts-in-health organisations in Iceland and that there is still some shame and secrecy around dementia in what is really a small community – Iceland's population is only 360,000.

Arts Care

Administers the Northern Ireland Clown Doctors, amongst other arts programs. It has secured funding to run a pilot of their 'Skylarks' program beginning February or March 2013. This program will place pairs of performers in aged care facilities to work with Older Persons and their families. They will visit 4 facilities fortnightly for a period of 10 weeks. One facility will be in rural Northern Ireland.

Observation of Elderflowers at Findlay House and Queen Margaret Hospital

In one facility there is an extensive handover, in another the staff are simply too busy and the clowns make their way without any specific information.

The more on-side the nurse-in-charge, the better the relationship the clowns have with the facility.

In a lounge room that is more like the meeting point of four corridors, with sounds coming in from all directions, the clowns sit with the withdrawn 'Elsa'. After some time of just being with each other Elsa begins to make some sounds which the clowns respond to with snippets of conversation, 'Ah, yes', 'I think so', 'Mmm, perhaps' as well as similar sounds to Elsa. One clown creates beautiful gestural shapes with her arms in response to the 'conversation'. After some minutes of this vocal and gestural exchange a bubble of laughter erupts from Elsa and the 'conversation' continues for some time, becoming ever more humorous for Elsa.

'Betty' has been repeatedly singing a song in a distressed way for some time. She walks to and from the door of her room to her chair as she sings, clearly agitated, the song growing ever louder and more distressed in tone. The clowns come to her room, greet her, compliment her and begin to sing the song with her, but in a much gentler tone. She gradually matches their tone, then sits on her chair and settles. They discuss the weather, one clown's amusing swimming cap and then Betty's love of waltzing. One clown plays music, the other waltzes and Betty applauds. She compliments the clowns on their red noses and there is a friendly farewell. Betty is left, calmly contemplating the garden through her window.

One clown tries to do a bubble blowing trick and the other interrupts the trick. The non-resident wife, 'Mary', of her resident husband, 'Frank', tells off the 'naughty' clown. Frank just laughs and laughs. Frank then sings a song and Mary thanks the clowns effusively.

Two clowns arrive with their bags at a unit. They are met by 'Jim' and 'Harry'. Jim and Harry welcome their friends, note that 'the cheeky one' (another clown) hasn't come today, offer to help the clowns and then proudly carry the bags down the corridor to the lounge room. Jim tells a joke along the way.

In the lounge a clown halts mid step in a slow silly walk and 'Margaret' thinks it's hilarious. The clown repeats the 'halt' a few times, to raucous approval.

The clowns catch up with 'Fred' and thank him for the advice he had given their Elderflower 'cousin' (the cheeky one) about a Best Man's speech. Fred gently scolds them for 'cheating' (using some sheet music to help them with a song), offers advice about whisky and then keeps them with him for just a bit longer through a beautiful rendition of a classic Scottish song (in which he sings some verses more than once, just to prolong the meeting). We can only witness, appreciate and applaud.

A lady is sleeping on a sofa in a corridor. She stirs when the clowns arrive. One clown sits next to her. She has a strong local accent. The clown matches her accent and with every word of the local dialect he can muster come guffaws of joy and recognition.

In the lounge everyone tries on hats. A clown makes some slapstick 'errors' in the transporting of the hats to laughing approval. Some staff members join in, helping residents with hats and wearing some themselves. There are music, dancing, jokes and photographs. A staff member quips to 'Ron' in the corner – 'That's the first smile you've put on your face in days, sir.'

As the clowns leave Flora, she says: "You made my day. I'll sleep well tonight and dream about it."

Interview with Liz Gillen, Charge Nurse at Queen Margaret Hospital

The Elderflowers program was trialed after other psychosocial interventions had been tried, including Robonoff Music Therapy and Occupational Therapy. The OT program didn't work for residents that were no longer physically capable enough for the activities. Difficulties encountered with the Robonoff program included: the residents forgetting immediately that they'd "received" it; and that it occurred off ward so that the staff were not able to observe what actually happened with the residents.

The hands-on Elderflower Awareness Day was very helpful. This was an introductory session about the program given to staff before the program officially started in the unit. The staff were able to experience what the ladies and gentlemen would receive; it was lots of fun; and a wide range of staff attended so the purpose of the program was understood on many levels of staff hierarchy.

The Elderflowers had an *immediate* impact on the ladies and gentlemen. They *remembered* the visits and it was wonderful for everyone to hear music and *laughter* on the ward. It's great to know that the residents are entertained each fortnight. (The staff are often too busy with personal care work to give much social contact.) The Elderflower work is more directly personal than other programs (eg Music Therapy). The staff also get involved in the Elderflower visits.

Funding costs are shared between the three wards visited and Hearts and Minds' own fundraising.

Hearts and Minds Artistic Training

Storytelling and Clown Character exercises were used to create the 'Elderberries' – a family of Elder Clowns made up of the conference participants. These are the techniques used by Hearts and Minds to create a strong ensemble of performers who share an understanding of the performance style and background story content that they take with them to the aged care facilities. Exercises included: Clown relationships, Naming a clown, Endowing characteristics, Clown family dynamics.

Other areas explored included:

- Techniques for using the voice in aged care, including singing the person's name.
- Role play using objects as the focus for interacting with people with dementia
- Role play of 'entering the space' in aged care facility.

Dementia Training and Awareness, Shirley Law, Director of Practice Development, Dementia Services Development Centre, University of Stirling

Topics

- Different types and causes of dementia
- Understanding the impact of dementia
- Different journeys of dementia sufferers
- Sense of Self in dementia sufferers
- Understanding the person's reality
- Overcoming barriers in communication and behavior
- Impact on the Senses
- Getting Aged Care Facility staff on side – understanding staff culture and who are the key people.
- Validation Therapy

Comments

- No two people will experience dementia the same way.
- It is essential that one cares for the person, rather than focus on the disease
- People with dementia can develop new interests – it is not necessarily the end of new discoveries, so while social biographies are important, it's important to know the person you see *now*
- How people are supported has a significant impact on their experience of dementia
- *Meaningful and enjoyable communication is possible at all stages of dementia.*
- The behavior of people with dementia has a reason, eg, people don't 'wander' – they are going somewhere, with a purpose. We just don't necessarily know where that is.
- Elder Clowns can help bring focus to the present and what is possible now, instead of focusing on what has been or will be lost.
- Elder Clowns can model alternate ways of communicating (ie, not just verbally)
- Elder Clown are part of the culture change occurring in dementia care

Instant Aging Training, Martina Haslhofer, Rote Nasen, Austria.

In this training we experienced some of the visual, aural and physical impairments common to old age (80+ years) using special glasses; various types of ear plugs and ear muffs; and sand bags attached to different parts of our bodies. Experiencing the impacts of these impairments first hand made very clear the need to adopt appropriate strategies when interacting with people living with such physical limitations.

The training also included role playing a physically impaired person having lunch in an aged care facility; and being in turn Elder Clown and resident for an Elder Clown visit. These gave valuable insights of the experience of loss of ability and independence; of the joys and frustrations of receiving an Elder Clown visit; and the challenges of making a successful Elder Clown visit.

The Netherlands

MiMakkus

The work of miMakkus was inspired by the desire of an Activities' Coordinator working in Aged Care to offer more to the dementia residents who were 'far away', ie, in a more advanced stage of dementia.

Arno Huibers and Jan Rauh developed a program to train people to become 'Contact Clowns' – people who are able to make deep connection with 'far away' people

through training in the principles of clown. The training is aimed at people already working in aged care facilities as carers, nurses, activity officers etc.

The training program comprises 22 days of workshop practice (10am to 5pm each day) and 7 practice sessions in facilities and takes about 10 months to complete. Areas covered include: Improvisation; Presence; the Body as an Instrument; Clown Logic; Emotion; Voice; Costume; *Incasseren* (receiving/allowing what happens to you and then sharing that experience); Impulses; Clown luggage, Materials, Senses; Puppetry; Bouffon; Your Own Clown. At the completion of the training participants are given the title 'miMakker' (my pal/friend/mate). MiMakkers must then complete at least 2 days of approved training annually to maintain their certification, which includes external observation of their work and workshop attendance.

Training is now co-ordinated by Trudy Schambergen, Head of miMakkus Education Program. Most of the people who do the training already work in care facilities, either in Aged Care or Intellectual Disability. About 25% of miMakkers work in the Disability sector. MiMakkus charges for the training. The fee is usually paid for by the aged care facility where the students work.

At the core of the training is a commitment to the principles of the pure or simple clown: openness, wonder, curiosity, imagination, vulnerability and presence. In practice miMakkers seek above all else to make strong *contact* with the people they visit (and then to take that contact into an imaginative and playful space) by being profoundly present to the person and circumstances; and to create problems that allow the residents to offer help – to be useful, to have a role.

In the mask training I observed that non-performers have much to gain by experiencing the form and principles of performance training. The exercises help to manifest what 'being present' really means. In the sense training I experienced how meaning can be experienced through the senses. It surprised me how meaningful it felt to pay close attention to touching things in the presence of another, and how the sharing of the touching of textures may be a very satisfying activity for a person who has lost most other forms of communication.

A student had already begun to apply her new knowledge about 'being present' in her aged care facility. Previously each morning she would open a resident's door and brightly announce 'Good morning'. The greeting was never returned. This had been the pattern for a long time. Applying her miMakkus training, she quietly entered the resident's room and just stood 'in presence' with the resident. After a little while, there came a voice from the bed: "Good morning."

Interview with Bettina Becker (Team Manager, Roerskaetec Residential Aged Care Facility, The De Zorg Groep)

A breakthrough moment occurred for Bettina when a miMakker simply, but artfully, presented her red shoe to a resident who was "very angry, very closed, always in bed" and with whom staff were unable to make contact. "Loes entered the woman's room, and stood there for a while. Then she put forward her leg and presented her red shoe. The woman looked at it and said 'Wow!' and then put on the shoe too. From that small thing came contact. From then on the staff used shoes as a medium for making contact with the woman and their connection with her was much improved. All future staff interactions with a 'difficult' woman were transformed by this moment. It is not always easy of course, but much better. She makes progress even though she is an old woman. With her there is now even laughing and dancing." When Loes is present the residents experience: "Joy! Or tears. Sadness. Emotions. A little smile or a big smile, then, when there is contact it is possible there are tears." Tears are ok. "People are in the last stage of life, so why be afraid of tears?"

Family members can be sceptical about clowns, but are won over when they see the miMakker interacting with their loved ones.

miMakker clowns are part of the shift to person-centred care. They also play a role in transforming attitudes, in the shift of thinking from 'difficult people', to 'people with difficulties'; and the notion that well-being "starts with a clean diaper, but includes a smile."

Observation at Daelhoven Residential Aged Care Facility in Soest

A miMakker, Hum, engaged with a 'far away' woman. She was sitting on a sofa in a living room. Hum's approach was slow and sense-driven. For some time she just sat with the woman, making the odd sound or two, looked at some flowers with her, then brought her bag onto her knees and 'introduced' the bag to the woman. Together they simply watched the bag for a while. Then Hum brought out a tube of cream from the bag and introduced a new scent by rubbing her own hands with scented cream and bringing her hand closer to the woman's nose. Hum then massaged the cream into the woman's hands and brought her own hand to her nose. As this was happening Hum was also making the occasional playful sound, keeping in contact with the woman. Throughout this interaction the woman gradually 'emerged'. Revealing her 'emergence' the woman then, having spied me on the other side of the room, said to Hum, "Now you must kiss that man." Hum gently walked over to me, constantly referring back to the woman and playing low status, and kissed me on the hand, then on the top of my head. "Now you must kiss him properly," said the woman cheekily. Hum checked in with me, referred back to the woman and gently kissed me on the cheek. Hum looked back at the woman. Yes, that was sufficient. She smiled, very satisfied, and no longer 'far away'.

Hum also interacted with a 'distant' woman who was lying in bed. The clown play was slow movement, vocal sounds, singing the woman's name, then tug of war with a scarf. The woman in bed slowly emerged until she was laughing and really fighting hard in the playful game of tug-of-war. The woman was officially 'blind', but Hum was not aware of that information. Her experience of the woman was that she followed movements with her eyes. In miMakkus training one goal is that the miMakkers develop acute awareness. In this way, miMakkers can adjust to whatever the circumstances are, and are able to be deeply present (and not be limited by or dependent upon official diagnoses).

Ruchama, Activities Coordinator at Daelhoven, was impressed by the level of contact the miMakkers were able to make with the residents, in particular those that are often aggressive.

Working with people with intellectual disabilities.

MiMakkers also work with people with severe intellectual disabilities, where their work inspires other staff to do things more slowly, to take more time with people, to make good contact and to be in the moment. Staff at **Severinus Intellectual Disability Centre, Veldhoven** were deeply touched by the ability of Vera (miMakker name of Olla) to make contact with an intellectually disabled man with late stage dementia. With Olla he made eye contact, took her hand and smiled, all things the staff no longer experienced with him.

Research

A pilot study of the work of miMakkers has been conducted. This study indicated a lasting improvement on the well-being of dementia sufferers who received a weekly 45 to 60 minutes miMakker intervention. A more extensive study is currently being planned.

As in all fields, there is a range of capability amongst the miMakkers and the particular strength of the miMakkers lies in their work with 'far away' people rather than those who are more cognitively capable. Ongoing quality control of the performers is an issue that confronts the organization. They are seeking ways of ensuring that miMakkers continue to improve their skills even once they have finished the basic training. This includes providing 13 days of extra training annually, focusing on themes that arise from observation of the miMakkers at work, eg, "Fragmentation" – to move slowly and with awareness of the slowness of the residents, to take people with you; Making Things Absurd; Being Fully Present.

See also:

Hendriks, R. Tackling Indifference – Clowning, Dementia, and the Articulation of a Sensitive Body, *Medical Anthropology: Cross-Cultural Studies in Health And Illness* 31:6, 459-476

<http://www.tandfonline.com/doi/abs/10.1080/01459740.2012.674991>

Paris

Meeting with Caroline Simonds, Artistic Director, Le Rire Médecin

Le Rire Médecin now offers a comprehensive training for performers to gain the necessary experience and knowledge to become hospital clowns.

While this training relates directly to Hospital Clowning, it is a model that can be used for future Elder Clown training. In this model 'aged care facility' could replace 'hospital' and 'aged care expert' could replace 'hospital expert'.

- Course duration is 5 months of study over a 6 month period. Training is full time Monday to Friday.
- The course is divided into three sections, each receiving one third of time available.
- The goal of the course is to provide students with the 'tools of the profession'.

In Hospital Practice

Working as a Third performer in hospitals with two experienced hospital clowns from Le Rire Médecin. For approximately the last month of the training the students work in pairs with just one Le Rire Médecin clown.

Artistic Training

This is studio work done away from the hospital. It includes a lot of role-play, simulating the huge range of situations that hospital clowns confront, eg, different age groups, different wards, different procedures.

The Expert and the Witness

These are day-long sessions. In the morning a medical expert in a particular field of practice, eg, ICU Specialist, will explain what happens in their field in the hospital. They will be someone who is cognisant of the work of the hospital clowns. In the afternoon the hospital clown (the 'witness') trains the students in clown approaches in that particular area of the hospital.

Le Rire Médecin also runs other programs using the skills of hospital clowns.

Ludo Soignant (The Playful Healthworker)

A 2 day course for health care workers about attitudes of staff towards patients and each other. There are exercises on partnership, listening, using the senses, letting go of the need to be perfect, becoming aware of the 'persona' you project as a worker. In a workshop of 12 to 14 people the group must include at least 2 doctors – to help melt hierarchies between doctors, nurses and aids.

Training Security Guards at the Airport

Teaching the staff to be more child friendly.

Chicago

The Vaudeville Caravan program is part of the Big Apple Circus Community Programs. They visit 8 residential aged care facilities in Chicago, with each facility receiving 20 visits per year. Funding is provided by the Big Apple Circus Community Program.

The Visit

A visit lasts approximately 2 hours. In a single visit to a facility the performers will work in a wide range of contexts and see people with a wide range of cognitive and physical abilities. Visits occur in single rooms, shared dorm rooms (of up to 6 beds), large lounge rooms (with up to 35 residents present), dining rooms, smaller lounge rooms, activity rooms. Performers visit independent living units, physical rehabilitation units, dependent living units, dementia units, and drug rehabilitation units.

Iconic Characters

The Vaudeville Caravan performance style is based on iconic characters. Performers dress as entertainment icons (eg Melvis Messley – a large bottomed version of Elvis), cultural icons (eg Danl Goon – a beaver hat wearing take on the legendary Daniel Boone), showbiz types (eg a male performer playing 'Granma'), or heightened socio-cultural types (eg a Bride, Nurse Nuts and medico Dr. I. N. Stein – who is actually a puppet). A recognizable character gives contextual meaning to an interaction. Residents with poor memory or dementia often have more access to their youth and to their cultural "mythology." For example, they can bring more familiarity to an encounter with Dorothy (from Oz), than they could to one with a non-specific eccentric character.

All Performers have more than one character. They work in pairs and always seek to create a clear relationship between whichever characters are on that day, so that Heinz will be Granma's German grandson, or Granma will be Head of Melvis' Fan Club when with Melvis Messley.

The characters in general are memorable. Nurse Nuts was greeted with great warmth and big hugs by some residents in the dementia ward even though she hadn't visited for some weeks. Dr I N Stein was also greeted with great familiarity and many a resident asked where Granma was today. They are also provocative. A man walked by Melvis Messley, looked at him, laughed and said "He's a trip!!" He laughed again, a big hearty laugh. "He's a trip!"

Theatrical Context

The Vaudeville Caravan performers seek to 'exaggerate reality', and to create a theatrical context for their work. A recognizable *personage* helps the elders to place the interaction into the theatrical context immediately. It is impossible to have a pedestrian conversation if you are talking to Elvis, even if you are talking about your laundry.

In small rooms the performers engage one-on-one with the residents, usually seeking a way to move beyond 'the pedestrian' in their interactions, so that a resident's story is embellished by song, or the resident becomes involved in playful shtick between the two characters, taking sides or directing the shtick.

In larger rooms (often with 20 people sitting at tables and once of 35 people being attended by one carer), the performers will work both individually and collectively, beginning with greetings to each person, giving extra attention to small groups and then opening their work out to the whole room. Sometimes they perform a theatrical set-piece in the large rooms. The performers repeat a number of theatrical routines or *lazzi*. Often they will try to leave a room (big or small) on a high performative note, so that the energy is up as they leave. There is a lot of slapstick in their work.

Popular Culture

Strong engagement in significant cultural events is an important aspect of the performance philosophy, hence Special Days and Holidays (eg Christmas, Thanksgiving, Valentine's Day) will be reflected in the performer's costume. Around Christmas Melvis Messley becomes Elvis Presley. Popular culture is a place where it is easy for performers and residents to meet.

Cultural Specificity

Observing the Vaudeville Caravan made it clearer that, while laughter is universal, humour is contextual. The more rambunctious style of performing of VC fits well with the brasher culture of Chicago. In Scotland a greater politeness is required, in Montreal a more elegant style of play seems appropriate.

Playfulness and Bawdiness

The costumes clearly signal 'fun time' in the facilities. Male residents greet the obviously cross-dressed Granma (replete with stripy bloomers) with calls of "Hello, darling" and playfully go along with her enquiries about their marriage status and "Howdy, Handsome" greetings. Melvis Messley's butt is 3 or 4 large balls stored in his pants, which he juggles at opportune

moments, sometimes getting staff and residents to join in. Residents will join in a game of throwing soft balls at a velcro helmet on Granma's head.

There is lots of flirting and well-pitched bawdiness, often topped by the residents themselves or the residents' family visitors. Dr I. N. Stein is a doctor of *lurve* and prescribes smooches. Staff join in on the fun, sharing bawdy jokes, singing songs, flirting with Dr I N Stein and Granma.

Puppetry

The puppet, Dr I. N. Stein – a muppet style puppet with large opening mouth, dressed as a medical doctor and operated by Marywinn wearing neutral dark clothes, is a very popular character. In dementia wards he is met with innumerable hugs and kisses. Residents have earnest, playful, loving and extended conversations with him. He is also able to display strong emotions that would be too confronting coming from a real person and get much physically closer to residents than real people.

Dr I N Stein is a fine catalyst for play – with staff and residents alike. In one dementia ward a resident enjoyed a wonderful extended 'game' with Dr I N Stein in which they became lovers, broke up, got together and broke up again, with the resident quipping, "You're not the first 'almost man' I have met."

Empowerment

The performers try not to help the residents, and, in not helping, honour their capability, which is often denied them especially in the higher needs wards. In a lounge area a resident was repeating, "Help me." Granma came up to her. The resident repeated, "Help me." Heinz was playing a song in the room. The resident said: "What do I do?" Granma replied, "Sing. Just sing along." "I can't." "Yes, you can." After a little more coaxing the resident joined in with Amazing Grace, eventually singing heartily and, at the end of the song, sitting quietly, with no more signs of agitation.

Trusted Free Rein

In the Vaudeville Caravan work there is very little handover between facility staff and clowns. There is much implicit trust in the sensitivity of the clowns. Craig Sjogerman, Coordinator, Vaudeville Caravan in Chicago, is comfortable with not knowing too much about the level of cognitive ability of the residents. He likes that his job is 'to feel the air', 'read the room', use his sensitivities to do the right thing. Too much information can impair the clown's ability to be open to what s/he actually sees, and the clown can be distracted by what is "wrong" with the resident.

Ongoing Training

Vaudeville Caravan performers attend 9 or 10 rehearsal days per year. Three of these are specifically targeted at work in the Seniors program, the rest are more targeted at the paediatric hospital program.

Interview with Pinky Smith, Activity Director at Alden Aged Care Facility, Northmoor.

The VC program is very beneficial. The clowns interact one-on-one; they go room to room, offer sensory stimulation and are very helpful to the staff, especially with bed bound patients. Doctors, families, physiotherapists are complimentary about their work. The sensory stimulation is good, especially when they use different costumes, eg for Holidays. Pinky would love to have them more often. The clowns are just as good for dementia and non-dementia units. Staff love them too, especially the nurse costumes and big pills. "Thank God they stayed at our facility." Alden has 31 facilities, but Vaudeville Caravan is only at Northmoor.

Interview with Sonia Chavez, Activity Director, Peterson Park Health Care Center.

The clowns make the residents laugh, make them happier, and improve their moods. The impact can last for a few days. They'll still be talking about the visits even a few days later.

The Residents' Council asks why aren't they here more often. It can seem a long time between visits sometimes. A weekly visit would be good. Family members also find the visits stimulating and it gives them something to talk about after the Vaudeville Caravan has left. The clowns also make events like birthday parties more memorable.

The staff enjoy the VC interactions especially when the VC are making the residents laugh and be happy. The VC helps to reduce staff stress.

The clowns are given free rein – they are just asked that they knock before they enter rooms. They are respectful of residents and are trusted by the staff.

The two main challenges the clowns face at Peterson Park are: seeing enough people (even though they will see over 50 people in the 2 hours) and overcoming some language barriers with ethnic sub-groups in the facility. At Peterson Park there is a large population of Korean residents brought to the USA by their children after living most of their lives in Korea, as well as a large Assyrian community.

Two short You Tube clips of the work of the Vuadeville Caravan:

<http://www.youtube.com/watch?v=BOLvph4NF3Y>

<http://www.youtube.com/watch?v=gFj1DMcJyuQ>

New York

Big Apple Clown Care Unit Rehearsal Day

In the morning the team had business meeting and group therapy session. I joined the group for the afternoon session, which included:

Infection Control Training

This is especially important when working in hospitals, but the hand washing techniques and general infection control procedures with regard to props and costumes also apply to working in Aged Care facilities.

Singing and Rhythm workshop

Useful techniques for paying more attention to rhythm as tool for play and scenario creation.

Meeting with Karen McCarty, now Creative Director of Community Programs (Big Apple Circus) and Deborah Kaufmann, National Creative and Educational Coordinator, Community Programs (Big Apple Circus)

Deborah Kaufmann has developed a detailed set of principles that shape the work of the Vaudeville Caravan. It covers the structure of the visit; costume and character; performance environment; audience response; music; puppets; skills ('demonstration of virtuosity'); emotional responses and hygiene.

We also discussed:

- Methods of Performance Appraisal, including notions of team overview, artistry, costume, goals and growth.
- Qualities to look for when recruiting performers.
- The notion of *shimmer* – a kind of out-of-the-ordinary brilliance that a clown seeks to bring to all interactions, whether large or small.
- Finding common ground in hospital clowning / elder clowning for performers who come from different performance backgrounds.
- Techniques for overcoming the challenges associated with managing a geographically dispersed work force.
- Techniques for effectively engaging hospital and facility administrators.
- Working towards the creation of an American Federation of Hospital Clown Organizations (AFHCO), modeled on the European equivalent, EFHCO.

- 'Richard Pochinko' clowning – a technique for developing clown character and performance.

Observation of Clown Doctors at Harlem Hospital (paediatric wards)

It was the day before Thanksgiving as well as the 70th birthday of Clown Doctor Quackenbush so two celebrations became the themes of the day's work: surprise Happy Birthday moments for Dr Quackenbush; and The Turkey Chase – with Clown Doctor IMA Confused playing the turkey trying to escape the feeble attempts of the butcher (Dr Quackenbush) to capture her. Just as in seniors' facilities in Chicago, obvious celebration of Holidays is an important role of the performers in paediatric facilities.

Montreal

Jovia

Jovia is the new name of a Quebec based organization that has been in existence since 2001, originally known as Dr Clown. Jovia works in both paediatric and aged care settings. Their paediatric program is called 'Dr Clown' and their aged care program is called 'La Belle Visite'. They visit facilities in Montreal and Quebec City. Most of the performers work in both programs. Funding is a mix of grants and corporate support, with their annual Gala Event providing a large portion of their overall budget. Aged care facilities also contribute part of the costs of the programs.

Interviews with Melissa Holland, Artistic Director of Jovia and Co-Trainer for the Paediatric Program; Phillippe Thibaudeau and Laura Lacoste, co-trainers for the Seniors Program and Florence Vinit, the Psychosocial Director who is also involved in training.

Florence has university qualifications in Philosophy, Medical Ethics, Psychology and is completing a PhD in Sociology of Health. Her role is to coordinate the monthly 'psychosocial' and 'psychoformation' training sessions (2 hours, once a month), conduct research, and be available to the clowns should they need to do some individual debriefing. Psychosocial training sessions deal with the emotional and psychological issues of the job and 'psychoformation' sessions deal with the more medical or facility based training, eg, Reminiscence and Infection control. In the afternoon of the monthly gatherings, after Florence's session, Phillippe and Laura lead an artistic training, focusing more on the art and craft of the clown. Melissa oversees overall artistic direction in the company and also shares responsibility for training in the paediatric program with Alexis Roy. Melissa works approximately 2 days per week as a clown in the seniors and paediatric programs.

Along with extensive and ongoing research into the art and impact of their work in paediatric and aged care facilities, the Jovia research, artistic and training team also seek other areas in which to use the therapeutic capabilities of the clowns, such as assisting socio-medical teams to conduct more effective interventions in underprivileged neighbourhoods.

Jovia Method of Clowning

The method has a Le Coq style background. Virtually all clowns who work at Jovia will have completed at least two basic extended workshops (*Development of Character* and *Working in Duo*) with Francine Cote (former Artistic Director of Dr Clown) who runs a clown school in Montreal – Clown and Comedy. This training is based on *Five Points of Clown*: simplicity, honesty, lightness, openness, pleasure/play. The red nose is a mask, and its performance

principles are connected to mask acting, i.e., fixed point; isolation of movement; timing; rhythm; body image; sharing with the public; dialogue with the public; no fourth wall. All Jovia clowns receive a 10 day intensive training after passing the audition.

Jovia has added to this theoretical base over the years. Theoretical additions include: The Transactional Clown and Bataclown.

The Transactional Clown.

This is based on three 'performance windows' that can be 'opened' sequentially or simultaneously. They are the relational window (the child or aged care resident becomes a partner in the performance); the artistic window (the child or resident's imagination is engaged); and the therapeutic window (reality is imaginatively transformed, the child or resident is empowered). In their hospital clowning with children they also use theories of Transactional Analysis to clarify the role they are playing at a particular moment.

Bataclown

This is social clowning from France based on Gestalt Principles including: Human Gestalt, Material Gestalt, Naming Things.

Clowns work from the reality of the situation and then transform that reality through imagination into an acceptable alternative, eg, in a Common Room at an Aged Care facility people are dancing and singing. Someone says it's Christmas and wants to do a New Year's Resolution so the clowns help to create this world – a suitcase becomes a turkey. It also occurs in the playing of Life Stories. The Clowns *name* who they are, what *role* they are playing, with constant referral to the resident to make sure everything is ok with them.

La Belle Visite

For some years Dr Clown performers visited Aged Care facilities using the same costumes and characters that they took to paediatric Hospital Clown rounds. They have recently changed the title of their aged care visits to *La Belle Visite* (the special visit).

There has also been a change in costume and character; and a refining of their approach.

The Costume and the Characters

- Costumes

These are now based on smart clothes from the 1940s to 1950s – nice dresses, suits, vests, ties. Nice clothes are worn as a mark of respect for the residents. The red nose of La Belle Visite is made of leather and is a deeper red than the nose used by Dr Clown.

- Characters

Clown characters are older and more knowledgeable than their paediatric versions, eg, the performer whose Clown Doctor character is 'Dr Frog' is the character 'Rosaire Labelle' when visiting aged care facilities.

Performance Principles and Content

- Making contact - to do anything 'therapeutic' with a person you must first create an alliance
- Reminiscence
- Spirit of the Era (40s, 50s, 60s)
- Time of personal transition – the time of people leaving home, getting jobs, gaining independence, becoming sexualised, getting married
- Family Relationship
- Melodrama

The clowns often use the stylized gestures of melodrama to create atmosphere, story and exchange. Such gestures are clear, iconic and meaningful. They can be performed slowly and so be more easily 'read' by people with cognitive or visual impairment.

- Polarisation, especially of Gender Roles

The different roles traditionally played by men and women of this period are a common source of scenario material for the clowns.

- Empowerment and respect

The residents can take care of the clowns. They give advice, about life, about love, recipes, manners. Permission is sought before interacting with a person and what the resident is interested in is accepted, so that if someone wants to sing Old Macdonald Had A Farm and make animal voices then the clowns will respect that wish too, even if from the outside this may seem 'childish'; or they will join a resident in the 'fox hole' in his bed because that is where the person's imagination has taken them.

- Sexuality is acknowledged.

Often carers fear this topic. The clowns mustn't overstimulate residents in this area, but it is important to respect and welcome those elements when they come up. This is actually an inverse of infantilizing. It manifests in La Belle Visite mainly through ideas of gallantry, romance, manners: a clown kissing the hand of a woman; a female clown giving a man her hand to kiss and then *appreciating* the kiss. This is very affirming of the residents as people who are still capable and still have adult feelings and desires.

- Clowns celebrate the wisdom of the residents.

The clowns often engage with much more philosophical questions, which is a change from the more prosaic discussions the residents have with other people.

- Giving the resident a clear role in an improvisation.

In the acting out of a resident's story the resident is usually given a role to play, so the performance is not merely for the resident, but with the resident.

Along with the above principles the following apply when working with residents with dementia

- Clowns need to succeed, not always fail (as this is too frustrating for the resident) and the resident is in some way living through the clown
- The clowns sing in a nice way, rather than debunking songs like a paediatric clown may.
- They don't challenge, they validate.
- For the "Far Away People" the following techniques are used: rhythm, objects, touch, music, non-verbal performance.

Artistry and Therapy

When Jovia (Dr Clown then) began they were required by facilities to offer evidence of their *therapeutic* credentials. With the arrival of arts-in-health champion Dr Christian Paire from France to become the Director of three major hospitals in Montreal, focus has now shifted for Jovia to prove its *artistic* credentials.

Impact of La Belle Visite Clowns

Turning the light on; awakening people; reconnecting people to moments in their lives that matter.

The impact of La Belle Visite occurs through the multiple capacities of the artist. As a singer, a dancer, an improviser and an artist of the open heart the clown is able to find a *door to a relationship*. A physical performer can also *give body and density* to the thoughts, desires, fantasies of the people, especially so for people who can't move so much. The clown opens up the imaginative space and the bodily/corporeal aspect of the memory and emotions. When people get in touch with that it's good for their whole identity. This is especially powerful for people who cannot speak, as the clown has the ability to communicate through his/her body, through their emotions, through emotional conversation.

One of the special qualities of clowns is that they are able to deal with difficult situations *lightly*. This allows honest emotion to be felt and expressed – freed of some social restrictions, eg, a Polish woman describes a lot of her life including coming over to Canada from Europe. She directs the performers through the story, which includes difficult stories from Hitler's Germany. And La Belle Visite clowns have performed the death or funeral of residents after a comment such as "oh, God doesn't want me yet".

The clowns also often provoke extra socialization amongst residents as they are drawn together to comment on the antics of the clowns.

Regularity of contact is good – it helps with the significance of the visit. Clowns become part of the family of the residents.

Interview with Fernand Bruneau, Recreation Coordinator in Psychogeriatrics, Veterans Affairs Canada, Ste. Anne's Hospital

The Program at Ste. Anne's

All 'patients' in this facility suffer dementia. They are mainly male, all being Armed Forces Veterans. The program has been running for two years now. The program was very well introduced into the facility: the whole multidisciplinary team was briefed and their opinions sought. This included doctors, pharmacists, orderlies, psychologists, nurses, physiotherapists, occupational therapists, and families.

Staff had two concerns prior to the program starting: what if a person is palliative, and will it be childish? Neither fear was realized. The program was actually extended to include an extra unit when a nurse 'kidnapped' the clowns from one unit and took them to another unit to visit a resident who was dying, but 'liked to laugh'. The clowns now regularly visit that unit and other units are queuing up to be included in the program because of the tangible benefits the staff witness in the mood and behavior of the residents.

Why have the program?

Because the facility environment should seem like *un milieu de vie*, (a home) not a hospital, and that the residents should feel like they are in a home, not 'getting only care'. To do this it is essential to allow the patients to do as much as they can and to attend to their social needs as well as their physical needs. La Belle Visite plays a vital role in creating *un milieu de vie* and in attending to the psychosocial needs of the patients. Also, people with dementia have a lot of creativity. La Belle Visite acknowledges that creativity.

Infantilising?

La Belle Visite is not infantilising – it is profoundly respectful and empowering. The residents now play tricks on the clowns. The residents make jokes, they give their opinion 'even if they do it slowly', and a 'No' is respected by the clowns. The new costume works very well. The patients appreciate how 'beautiful' the clowns are. One woman, who never got out of her chair, was charmed enough by one of the clowns to dance with him and then talk at length the following day to her son about the 'beautiful man' she had met.

Timing of Visits

Visits occur from 3.15pm to 5.15pm and from 6.15pm to 8.15pm. The benefit of the earlier time is that residents are occupied during handover and the evening visit actually helps to counter the impact of sundowning. At the end of the day the residents need to see and be engaged by people they know in order to feel comforted. La Belle Visite plays this role. If the residents can be engaged like this for 45 to 60 minutes, it can help them to get through the period when they want to go home.

The clowns usually visit about 18 residents in each 2 hour block. Individual visit lengths vary.

Clowns versus Volunteers?

The main difference is in the training and the skill of the artists. The artists are trained to welcome the residents the way they are and without any expectations. This is not always the case with volunteers. It's also all their knowledge of body language and non-verbal communication; their ability to cope with emotions and to listen to emotions; and be sensitive not only to words coming from the residents. They understand the importance to play *with* and not *for* the resident in the "here and now" situation. The line is very thin between a good stimulation and an over-stimulating situation. Observation is the key and most of the time

volunteers don't see the first sign of agitation or tiredness.

Interview with Isabelle DuFresne, Activity Coordinator, Le Cardinal, Montreal.

Isabelle was able to introduce La Belle Visite program into her facility after she hired the clowns for a one day trial visit which was observed by key administrative staff including the General Director and the Director of Care. The opinion of the Committee of Residents was also sought (although it didn't have a financial say). The committee agreed it was something they would like.

When actually implementing the program, it was most important to discuss it with the people working directly with the residents, but it helped that these workers knew there was support for the program from management.

One of the key things that the clowns offer the residents is contact. "The clowns aren't scared, it doesn't matter what the residents are like. They make good contact with the residents. Also, they have a way of using the story of the person's life in an artistic way that's very interesting and not everyone on the staff can do."

"For residents with dementia, they can offer presence and being in the moment that the Leisure staff in general can't offer, because cognitively they can't follow the activities that are usually set up. The contact the clowns make is genuine and it is easy for the people to let themselves go and to be in contact with them. I don't know if it's the red nose or if it's just the fact that they are in character, but the clowns *allow people to be freer in their interaction and communication.*"

The staff are surprised that they get so much from the clowns. At first they were fearful of the clowns infantilizing the residents, but within two weeks the staff were suggesting referrals. Through the clowns the staff learn new things about residents' lives or about songs they like. Staff can then use this information when interacting with the residents.

In each visit of 2 hours the clowns see about 25 people, comprising 5 referrals each from three units and about ten incidental visits. This is good value for money. It is important to have a quality visit so you don't want them to see too many people. On the other hand, pet therapy, in contrast, sees fewer people. The list of referrals changes halfway through the year: to have more of an impact and because the demand is there. Referrals come from family, staff, the leisure department, clowns and from residents themselves. The units prioritise people who are closed and depressed or people who don't participate in the activities. For those taken off the list, the clowns keep a link with them – a little hello etc.

Observation of La Belle Visite clowns at Ste Anne's Hospital and Le Cardinal Residential Aged Care Facility

'Pierre' is a ex-serviceman living in Ste Anne's hospital. He is sitting in a lounge room. Valentino Labelle, a clown wearing a beautiful white suit, enters the lounge room. Pierre sees Valentino and growls at him, then challenges him to come closer. Valentino girds his loins to shake Pierre's hand. "J'ai le courage, j'ai le courage!" He slowly advances, offers his hand and Pierre 'crushes' it. Valentino mock howls and tries to evade the grip. Eventually Pierre relents, Valentino escapes, Pierre growls again and then laughs and laughs. It's a game they play each time Valentino visits.

Valentino has an engagement ring. Blanche, the other clown, is looking alluring. Valentino seeks advice. The men say, "Give her what she wants", the women try to coach Valentino through a proposal to Blanche (he is a slow learner); the staff tell her to say "No". Somehow the engagement doesn't quite happen. A woman says to Blanche, "Will you sing a sad song now?" They all enjoy the story.

Valentino slowly approaches a gentleman and artfully offers his hand to shake. The man refuses, smirks. Blanche elegantly offers the man her hand. The man kisses it, smirks again. Valentino is upset. The man takes pity, and shakes Valentino's hand, and while doing so gestures that Valentino should kiss Blanche. Blanche plays hard to get as the man directs the

'scene' and 'comments' via his facial gestures on the actions and reactions of the characters in the scene. Eventually Valentino 'buys' a kiss from Blanche for a swig from his hip flask. And at length they leave arm in arm. It all occurs in silence and mostly under the direction of the resident. He is very satisfied with his work.

Jules-Emile and Betty (both clowns) stand at the door to 'Madame Tremblay's' room. She is flat on her back in bed. They knock gently and quietly call her name. Her eyes open, she sees the clowns and smiles. They enter. Betty asks if Madame would like one end of her bed raised. She agrees and Jules-Emile proceeds to play a game of asking too often if he has the angle right. Betty tells him off, Jules-Emile continues and Madame finds it funnier each time he asks. They sing Sunshine, Jules-Emile kneels as he sings and Betty tells Jules-Emile to stop flirting. He offers Madame a kiss, which she gratefully accepts. Then more. Betty tries to stop him. Madame just laughs more. Then before they leave Jules-Emile re-lowers the bed with harmonica accompaniment. Madame laughs, blows him kisses and then, with the bed lowered, gets out of bed and sprightly follows them into the hallway, grinning from ear to ear. "Enchanté!" she says.

A man is sitting in his room, arranging an object or two on a desk. Betty and Jules-Emile join him for a conversation. It meanders, not always making logical 'sense', but is filled with laughter. As they leave he says, "You lifted my heart."

At Ste Anne's there was a grandpa whose grandchildren thought was 'boring'. He is now very popular with those same grandchildren. He plays the violin again, he tells jokes, he joins in with activities. His daughter credits his change of heart to visits from the clowns.

Video clip on the work of La Belle Visite:

<http://www.youtube.com/watch?v=bApSwsgKxVE>

Windsor

Interview with Sandy Radvanyi, Artistic Director, Fools for Health

- *Down Memory Lane* is their aged care facility program. It began in 2005.
- Fools for Health also runs Laughter Boss training based on The Humour Foundation (Australia) model. The Laughter Boss program trains aged care facility workers in bringing more humour and playfulness to their interactions with residents and to the facility in general. In Windsor initially it is a 2 hour workshop with follow-up 2 hour workshops, with particular attention paid to improvisation games.
- Fools for Health conducts in-service training with staff at aged care facilities about the program principles.
- In their *Down Memory Lane* program Elder Clowns work in pairs. While Laughter Bosses are present at the facilities, the Elder Clowns tend to work separately to them, leaving the Laughter Bosses to continue the humour work when the clowns are not present.
- Fools for Health Elder Clowns wear bright costumes, very similar to the clothes they wear under the white coat when working as Clown Doctors in paediatric hospitals. They use the same clown name in both hospitals and aged care facilities.
- The clowns try to visit all the residents at an aged care facility, many of whom have dementia.
- Visits are between 2 and 3 hours, weekly. They may see 30 to 40 residents.
- The clowns note which residents they see. This information is recorded by the facility.
- Fools for Health draws student interns from the Drama department at Windsor University.
- Fools for Health is in a re-building phase, currently down on its peak of working in 4 hospitals and running 10 aged care programs.

- Aged care facilities pay for part of the cost of the programs. Fools for Health covers the remaining costs through fund raising.

Tom Wilson, Resident Program Manager, Extendicare Tecumseh, Ontario

The key benefits the Elder Clowns bring are the quality of the one-on-one interactions and the *laughter*. Laughter is an important part of everyday life, even from a physiological standpoint; laughter crosses cultural boundaries - everyone laughs; and laughter makes the visit *meaningful*. Clowns are iconic and thus a good trigger of memory; and the costume is a great indicator of fun; an ice-breaker; and a conversation starter. The Elder Clowns discover secrets about the residents, such as the gentleman being able to play uke (with whom they now have regular jam sessions). These 'secrets' are then shared with the staff and the relationships between residents and staff improve.

Aged Care is in a time of significant transition, or 're-education' away from habits of the last 30 to 40 years. In essence this is a shift away from caring meaning 'doing everything for someone' to acknowledging and facilitating people's desire to be as independent as possible for as long as possible. Satisfying socialization and really getting to know the residents are part of that process. Programs like the Elder Clowns are an integral part of the transition. In an ideal world Tom would have the Elder Clowns visit daily. Currently they visit weekly.

There are no concerns about the clowns 'infantilising' the residents. The 'over-caring' of residents is more likely to infantilise them, through assuming a too high level of dependence.

The Laughter Boss training that some of the staff received is put to ongoing use. They use the humour and playfulness techniques, and are more aware of how a slight change in their behavior with residents can make a big impact - "A bit of laughter can help change the course of a day." The trained staff have a positive influence on the staff who haven't done the training.

At Tecumseh I observed that the colourful costumes of "Merry Kay!" and "Tilly Tom-Tom" were frequently appreciated by the residents – either as a whole or in parts (eg Tilly's cow shoes); as was the beautiful harmonic singing by the two clowns. Many residents warmly expressed their love for the clowns. There was a lot of close connection with the residents, with many residents having a good laugh, while others confided in them.

Down Memory Lane has success with a range of people, including a man in his 50s with multiple sclerosis. The elderly parents of this man visited him every day. Elder Clowns Tilly Tom-Tom and Merry Kay! visited him alone on a few occasions and one day found him in the hall with his mum feeding him ice cream. She didn't think he would like or respond to the clowns. However the clowns had discovered that he liked Elvis Presley. With mum present, he sang along. This astounded her because he hadn't spoken in some time. From that time on, Tilly Tom-Tom and Merry Kay! were held in extremely high esteem and love by the resident and his elderly parents. Whenever the clowns saw his parents, they received big hugs and bright smiles. They also found out along the way that he liked "dirty" jokes so they always tried to have some "clean" off-color jokes for him.

5. Conclusions and Recommendations

Conclusions

Dementia is a frightening diagnosis for both sufferers and their loved ones. The journey for each dementia sufferer and their family is unique, but often on that journey there is a great sense of loss. For the sufferer in a residential facility it can include a loss of a sense of self; of a role to play; of a place in the world; of genuine human contact. For the family of the sufferer it often includes the loss of the mother, father or grandparent or friend they have always known.

Currently there is no cure. And so caring for those with dementia means ensuring they have the best possible journey through their illness.

Well-trained clowns have a powerful role to play in the psychosocial well-being of dementia sufferers living in aged care facilities. Clowns have the capacity to make powerful contact with dementia sufferers; to be deeply present with them on their unique journey through their illness, to affirm that journey; and to elicit surprising capabilities, stories and transformation from these people.

Well-trained clowns do not infantilise dementia sufferers. In their willingness to respect the wishes of dementia sufferers; to seek to truly know those wishes; to offer them opportunities to be useful; to honour their wisdom; to celebrate the person who is there (rather than lament the passing of the person who used to be there) and to use the openness, playfulness, imagination and performance skills of the Fool, clowns affirm, empower, and delight dementia sufferers. Clowns can help to make the journey of dementia a better one.

Staff of aged care facilities also benefit from clown programs operating in their workplaces through the joy the clowns bring to the people under their care; the 'secrets' they help to uncover about residents; and through the playful interaction of the staff and clowns. Care staff can also significantly add to the well-being of dementia sufferers in their facility when trained to incorporate performance principles into their work, in particular being in the moment; engaging in what is happening rather than what you *want* to be happening; being truly present to people and the environment; communicating in different ways (eg non-verbal; via stories; using metaphor) and bringing small, but powerful moments of play to a resident's day. By training care staff in these principles, they can augment the work of professional clowns. By developing strong partnerships between performance trained care workers and professional clowns the impact of the clown program can be magnified.

Doctors, nurses, care staff, activities coordinators and managers of aged care facilities are all amongst the people who see a vital role for clowns in the overall care of people with dementia. Clown programs work most effectively when care staff receive thorough briefing and experience of a program before implementation *and* when management clearly supports the program.

It is also important that clown programs are ongoing and frequent (preferably at least weekly) as this allows residents to develop close relationships with the clowns. Regularity and frequency also assist in giving the program lingering impact – even with some dementia sufferers the visits will be remembered and anticipated.

It is not enough simply to put a red nose on to be effective in dementia care facilities. Clowns working with dementia sufferers need proper training in dementia awareness, aging awareness, and a variety of performance styles in order to be able to work effectively with dementia sufferers along the full length of their journeys.

Recommendations

That the Humour Foundation implement these findings into residential aged care facilities through its Elder Clown program; and offer even better training to its Elder Clowns and Laughter Bosses.

That more programs be established offering enhanced training to staff working in aged care facilities.

That the Elder Clown / Laughter Boss model, incorporating a working partnership between professional clowns and aged care facility workers, be used to continue to help to improve arts and health collaboration; and to build programs that offer psychosocial care to dementia sufferers that are sustainable and thoroughly embraced by care workers.

That international and national cooperation with other organisations be engaged in, in order to strengthen the place and professionalism of well-trained clowns in dementia care facilities.

That further research into culturally specific clowning be undertaken, to assist in developing appropriate performance styles for a broader range of people suffering dementia.

That these findings be shared at a range of dementia care fora in Australia.

6. Readings and Viewings

Readings

Hendriks, R. Tackling Indifference – Clowning, Dementia, and the Articulation of a Sensitive Body, *Medical Anthropology: Cross-Cultural Studies in Health And Illness* 31:6, 459-476

Hubbard, G. et al, Beyond words: Older people with dementia using and interpreting nonverbal behavior, *Journal of Aging Studies* 16 (2002) 155-167

Kitwood, T (1997) *Dementia Reconsidered: the Person Comes First*, Bukingham, Open University Press

Low, Lee Fay et al, The Sydney Multisite Intervention of LaughterBosses and ElderClowns (SMILE) study: cluster randomised trial of humour therapy in nursing homes *BMJ Open* 2013; 3

Spitzer, P How to raise a SMILE: the Sydney Multisite Intervention of LaughterBosses and ElderClowns in *Australian Journal of Dementia Care* June/July 2012 Vol 1, No. 1, 22-25

Warren, B. and Spitzer, P., The art of medicine: Laughing to longevity – the work of elder clowns. *The Lancet*, Vol 378, August 2011 562-563

Viewings

Hearts and Minds Elderflowers

<http://www.heartsminds.org.uk/elderflowers.html>

La Belle Visite

<http://www.youtube.com/watch?v=bApSwsgKxVE>

MiMakkus

<http://www.mimakkus.nl/?q=node/65&language=en>

Vaudeville Caravan:

<http://www.youtube.com/watch?v=BOLvph4NF3Y>

<http://www.youtube.com/watch?v=gFj1DMcJyuQ>