# RESEARCH ARTICLE

## THE CLOWN A SPIRITUAL RESOURCE FOR THE HUMANIZATION OF HEALTH

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**ABSTRACT**

**Objective:** To make a bibliographical investigation of the published literature on the subject of clown as a tool of spiritual care for the humanization of health.
**Method:** Different databases were reviewed and various published works on the subject were analyzed and relevant aspects were synthesized in order to identify coincidences and discrepancies.
**Results:** The different studies and authors coincide in pointing out that laughter and humor through clown art have benefits in the physical, social, psychological and spiritual dimensions of patients, family caregivers and health personnel, promoting noetic resources of self-denial as well as of self-transcendence that allow the confrontation of the experience of the disease in the context of health services in a humanizing and humanized way.
**Conclusions:** Laughter and humor through clown art is a way of caring for the human being in its different dimensions, especially the spiritual one, it is also a valuable resource of low cost and access that humanizes the service and allows to see the reality of pain and human suffering in another way.

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## INTRODUCTION

To begin with, it is important to emphasize that spirituality is increasingly being investigated in the health field, especially in the nursing environment. Since Florence Nightingale, spirituality can be seen reflected in care, when it is sought to put the human being in constant interaction with the environment and the other axes that allow his own will and physical part to respond to the improvement or, failing that, to the special condition of a quiet death. According to Vargas – Escobar (2015) spirituality is composed of both existential and religious aspects. The first ones refer to the individual's need to find and live his or her life with a meaning and a purpose. The latter suggest that spirituality is not only a concept associated with a religion, system of faith or worship, but also emphasizes the universal character of spirituality through the recognition of areas such as creativity, art and self-expression. In this case the spirituality is evidenced leaving aside the religious concept, but without ignoring it.

**Spirituality:** It should be noted that several authors, including Jiménez *et al* (2016), in agreement with Watson, define spirituality as "the essential aspect of the human being that guides his physical and mental state".

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According to the dictionary of the Spanish Royal Academy the term is derived from the Latin spirit, which means breath, air, wind, rational soul, and the term spirituality means: nature and condition of spiritual and set of ideas concerning spiritual life (Dictionary, 2014). In the same vein, spirituality has been defined by several authors as Breker (1999) who states that it consists of beliefs or values that provide strength, hope and meaning to life; according to Craven (1996), spirituality includes "creativity and choice, it is present in attachment and love, and it is a quality or essence that integrates or transcends the biopsychosocial nature of the individual,. Choice is made present in attachment and love, and is a quality or essence that integrates or transcends the biopsychosocial nature of the individual", in accordance with the above Devi (2002), quoting the Dalai Lama, says that spirituality relates with those qualities of the human spirit, such as love, compassion, patience, tolerance, the ability to forgive, the joy, notions of responsibility and harmony, which provide happiness to people. In short, by these and many other authors it would be evidenced that spirituality is a human dimension that together with physical or mental (rational) must be recognized, studied, understood and experienced in different human experiences as a way of living as well as giving meaning to life, as Rodriguez Cabarcas (2014) expresses that spirituality is what produces inner transformation in the human being. The spiritual, stated by Martinez (2012) quoting Viktor Frankl, is not only the very dimension of man but is the specific dimension of it (Frankl,

1994c), the dimension that differentiates and integrates in a multiple unit that makes it human. What, then, is the spiritual? In Frankl's words: "And we precisely designate as spiritual in man that which can be confronted with all that is social, corporeal and even psychic in him. The spiritual is by definition only what is free in man."

## Spirituality and humanization of health care

It is important to take up what was said above and to recognize that the human being is a multidimensional integral being and such human condition in the words of Morin (1999: 2): "Must be restored in such a way that everyone from where he or she is acknowledges and takes consciousness at the same time, of his or her complex identity and its common identity to all other humans" for a real human approach in any sphere of interrelationship "Me – other" for a dialogic and anthropological – ethical exercise (Morin, 2003, p. 86). One of the areas of interaction is the professional care provided in the health services, where the recognition of the spiritual dimension by the caregiver is a starting point and a fundamental pillar in the care that allows the strengthening of the health of the person (multidimensional being) and that humanizes the health service, since it does not look at the person solely from the physical, pathological, physiological aspects but as an integral being including the psychic and spiritual dimensions. For Jimenez M (2016), "spiritual well–being conveys a sense of fullness and peace that allows one to enjoy life in spite of pain and fatigue; likewise, depression, existential emptiness and hopelessness diminish. It is very important to cultivate spirituality throughout life and even in difficult times or at its end, because it favors the ability to transcend as a way to mitigate suffering and pain". Spirituality can provide a sense of purpose, meaning and self – integration after health crises and other major life events, it is a coping resource for the elderly with stress and disease and an aid for preparation for death. (Del Mar Veloza 2009). From the practice of health and from the academy spirituality has been left aside and this responsibility has been given to priests, pastors or other "religious" agents, and taking into account that sometimes in the institutions there is only access to the health staff, it is important that such personnel be prepared to face such aspects and provide support in this dimension to those who require it, since leaving it aside in the human being also turns health care into "welfare – oriented and mechanistic" or dehumanized.

On the other hand, due to different aspects such as the bio – technological model and the great specialization, the framework and the social – economic structure and lack of vocation and roots from the formation, described by Canizales (2017, pp. 43-47) as causes of dehumanization, health care has constricted the human being and the image of the doctor and the nurse has collapsed full of mysticism, humanity as well as respect for the human being and has been replaced by an image of indolent beings, clothed with a power behind from which they hide in order to mistreat patients. (Sánchez N, 2013). It is important to take into account that any illness or hospital stay is an abrupt change in life, it is a biographical breakdown of people (Alonso, 2008) (Bury, 1982) generating situations of estrangement from their family, social and work context; such estrangement affects subjectivity, as well as emotionality, provoking different feelings such as sadness, pain, frustration, anger, fear, among many others, which also affect the spiritual dimension.

Extending the above, it is necessary to say that different variables intervene in that biographical break that implies being sick, or the experience of a hospitalization, impacting the life of the patients, such as: the nature of the disease, the length of hospitalization, previous experiences in hospitals or with health personnel, the intensity of treatment, lack of understanding of what is happening to them, specialized language, age, gender and cognitive development, thus affecting the spiritual dimension described above, and therefore the noological resources that will allow that the patient or the family have more capacity to deal with negative situations. In this regard Cuervo Jeijo writes the following: "They lack privacy since in some cases they have shared spaces, and they lack autonomy or independence due to rest. Also during this stay in the hospital, the body tends to become main part of analysis and the sick part is taken as a whole. The subject becomes a body – patient. Sometimes the patient goes through different moments of uncertainty and vulnerability, which trigger conflicts and can aggravate the general state of the person or patient." (Cuervo Jeijo, 2013) In that order of ideas it is worth defining and emphasizing that the noological or noetic resources are the set of phenomena, capacities or spiritual manifestations, expressed by self – dispersal and self – transcendence, with specifically human capacities (Martinez Ortiz, 2013), the capacity of self – denial is "the specifically human capacity to distance oneself, to monitor and control one's own emotional-cognitive processes, this person is always capable of distancing him or herself from the undiluted situation" (Martinez Ortiz, 2013, pp. 11-112) (Frankl 1994), in turn self – organization is classified in self – understanding, self – regulation and self – projection, this determines the ability a person has to anticipate to what can be presented.

In turn, the self – transcendence that is the second noetic resource is the intentional capacity of consciousness to address something or someone significant, "a capacity that denotes the fact that the human being always points, and is directed, towards something more than himself, that is, to the meanings of realization or to meet other human beings to love" (Frankl, 1988) (Martinez Ortiz, 2013, pp. 116-118), this in turn is classified in differentiation, affectation and delivery. Therefore, after considering the spirituality and everything that composes this dimension, it must be recognized and taken up by the health personnel, in order to provide humanized comprehensive care since, as Jiménez M (2016) speaking about Watson expresses, it is necessary to perceive health as a unity and a harmony between body and soul (spirit) and in this way to complicate the care taking process taking into account the multidiversity and multidimensionality of the human being, this reference the interpersonal – transpersonal – spiritual aspects as necessary for the relationship of help and care proposing an ontological change (Watson, 1985, page 50). In this regard Rodriguez Cabarcas (2014) wrote: "One of the challenges of nursing for the next five years is to rescue spirituality from the process of research in order to understand, in a structural way, the care process from the spiritual, from the daily lives of people, and that these spiritual experiences stop being a simple circumstance of life and begin to have the meaning that should be given as a care transforming tool."

Rescuing the spiritual dimension also has a significant impact on the caregiver, since it is also defined as "the ability to connect with ourselves" (Jaramillo, 2016, p 15), therefore, promotes self – reflection as well as subjective and intersubjective dialogue, human experiences and the

interrelation with the other affect the "self", sensitizes the being and becomes a humanizing and ethical cultural construct (Pedraza, 2008, page 45), such an emergency is of mutual benefit for the caregiver and the patient since the spiritual dimension is transversal to every human being.

**Spirituality and clown:** Thus, given that humanization should be the fundamental basis of human interrelation, it is important that the health professional has at hand strategies such as dialogue, listening, conflict resolution (Hernández, Ramirez, and Sánchez 2008), that allow him or her to respond to those conditions or situations that affect the being from that field of the spiritual dimension, being a humanizing process in health and extending more the look of health in the real support of that spiritual dimension in the patient, his family and community. The hospital context and the experience of the disease are not limited only to the patient and the health professional, the companions and relatives also experience and suffer these situations, they suffer the so – called biographical breakdown along with the loved one, often the caregivers or relatives who suffer the most from the illness of a patient, at understanding the magnitude and seriousness of it, (Garzon, B. 2015) and they also require attention in the spiritual dimension.

A human strategy that strengthens the spiritual dimension is the laughter therapy using the clown; in Soto's words: "laughter using the clown is introduced in our most intimate part; something "simple and comical", it generates changes of energy and connects with the universe, rescuing the strength to get through difficult situations in the disease or any situation of suffering or pain that people live". (Soto, 2016). (Christian *et al*, 2004) Humor helps to understand and positively understand the different situations, including the acceptance of different scenarios related to the loss of health, as Carbelo (2008) argues. Therefore, it is necessary for the health professional to begin to look at the spiritual as a facilitator tool for care from his or her practice in the day by day, that allows the understanding of the state of the human being and also getting to understand the life circumstances of others, although these do not affect us directly, Rodriguez Cabarcas (2014), being the humor a natural and possible way for such an purpose (Zúñiga, 2005).

Expressed by Bastida J (2016) humor is a means and a strategy to communicate and face various situations in everyday life, an attitude to face life. A resource that is used to deal with situations that are considered as unpleasant or negative by the subject, allowing him to regulate them for the benefit of his well – being and for his adaptation to the social environment (Jauregui, 2008), that is, it promotes and generates self – estrangement and self – transcendence since "it puts a distance between the person and himself, a distance that relativizes the impact of the outside world on one's own life and softens its hardness." (Herrera, 2007). Dominguez Belen cites Camacho (quoted by Panizza and Jalluff, 2014) indicating that "humor facilitates the process of recovery by helping to distance oneself from problems, interrupting obsessive thoughts, providing an alternative view, decompressing the situation, promoting better therapeutic alliances, creating a positive climate, favoring communication, among other aspects." The communicative tools used by the clowns are diverse, they are based on the art and the human communication, starting from a creative process that seeks to attract and to carry a message of humor to the other, Sanchez refers in the respect that: "they include the striking costumes, the stories, the personalized

game, puppets, magic, plastic arts, music, dance, and various acting and artistic techniques, although in many cases conversation, physical contact or friendly gaze suffice." (Sanchez, 2013) The clown strategy has some historical and philosophical principles that have developed alongside with the history of man and thought, since humor is linked to the human being and has documented its therapeutic value (Idigoras, 2008) (Ripoll *et al*. 2008), in essence it is possible to be said that in all the cultures the humor and the clown are identified through the individual and collective expressions, own of the human creation. So the clown story comes from time immemorial, denominated as Mountebank Clown, Jester, Pierrot, Harlequin, among others, in the castle, in the village, the city, the circus, later it was extended to diverse social spaces where they could present themselves (Medina, R., and Citlalli, Z., 2013, pg. 16), as an expression of multiculturalist that includes makeup, personification and humor as a creative tool for communication.

Later in the health sector, the first steps of the hospital clown emerged in 1970 through Hunter Doherty's "Patch" Adams, "during his medical studies he revolutionized the method of treating his patients. This was based on practices related to the therapy of laughter and thus leaving aside the already existing hegemonic medical model." (Cuervo Geijo, 2013). In 1999 his story is told through the film Patch Adams starred by Robin Williams, giving greater visibility to a work of more than 20 years and impelling the work of the clown. The clown is a spontaneous, cheerful, comical and sincere being who seeks the welfare of the other through laughter, in turn the health professional also has as a mission the well – being of patients through care, so in this coincidence we can say that there is also complementarity, that is, "exposing the most human side of people and regardless of the emotion they feel, always transmit tenderness and seek the affection of people, as well as understanding they cannot exist without the other, and not transmitting violence." (Soto, 2016) (Jara, 2010). The therapeutic value of clown is based on generating laugh through humor as a creative and creational act because by laughing, the other requires an exercise of thought that generates joy, coping and resilience (Ripoll and Casado, 2010), in therapy of clown, both the person who performs it and who receives it, foster self – esteem, confidence, self – motivation, initiative and daring, generating answers in living and expressing emotions with freedom, enriches self – knowledge and improves self – acceptance, develops creative resources to overcome conflicts and frustrations (Jara, J. 2000, page 78); therefore resulting in a different vision of life in the mental, social and spiritual field.

On the other hand the clown also has a social function described by Lopez Hernández because he communicates, expresses values and emotions that are common to the human being allowing interrelation by means of the identification with the other (Lopez, M. 2016). Jara, speaking about it, writes that "when we laugh because a clown despairs when we does not get something (…) we actually laugh at ourselves, and in doing so, we heal. Therefore, the clown, in a way, helps to heal our wounds, to bring some light into our shadows." (Jara, 2011, 30) It has also been documented how the presence of this particular character in social spaces generates a series of positive reactions in the others regardless of the place, since as a social mediator he promotes changes in people and therefore in the environment in which they are involved, since it can be a place where human pain and suffering are expressed and

experienced, such it happens in a hospital (Camuñas, 2009), in Leon's words: "it can generate a more welcoming atmosphere for those who are in it." (Leon, V. 2014) this includes patients, companions, relatives as well as medical and non – medical personnel (Ayala, V. 2015). From his own experience, clown art comes to strengthen these processes, taking into account that he is a character who cares and helps the other through laughter, allowing him or her to have a different look from what he or she is experiencing, transforming frustration or anger in humor and joy, so this way of acting has repercussions in the spiritual field through the noetic resource of self – denial mentioned referred above. In conclusion clown art is a way of providing or facilitating spiritual care, because it acts in a positive way and will be a low cost and easily accessible tool that seeks to rescue and maintain the meaning of life, that humanizes the service, generates self – estrangement, as well as allows the transcendence as the clown Wendy Ramos in 2008 talking about the clown said "it is a place where you stop and see things really differently."

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