# Exploring the role of laughter and emotional support in healthcare systems

[00:00:00] **Emily Micallef:** Can laughter really be medicine? My name is Emily Micallef, and today I'm speaking with Corinne Wood. She's the vice president of the NGO Dr. Clown. And today we will be exploring about the laughter role and also the emotional support in healthcare. So how are you? Everything okay?

**Corinne Wood** Yes, thank you.

[00:00:26] **Emily Micallef:** you can start with telling us about the Dr. Klown NGO and also what's your role? Sure.

[00:00:31] **Corinne Wood:** So Dr. Clown is an, an NGO, as you said, which has been since about 2011. It was founded then, and it is ... Basically what we do is send clowns into the hospital to get some distraction towards the children who are in the hospital. We are a group of about 60 people. There are about 40 who are actual clown doctors, we call them, who actually enter the wards, but besides this, there's a background of a- about another 20 people who, um, run the show by helping in the background as a backup situations and causing the clowns themselves to gel together so that they're more encouraged to actually enter the wards. Myself, started off as a clown doctor. We were only six at the very beginning. Um, and then moved on, um, to become eventually operations and eventually the vice president of the NGO. I am not clowning myself on the wards anymore, but, um, I support by doing the background work of the administration. We also, um, provide recruitment, so every so often we have to get a new call for new clown doctors.We then support the clown doctors by giving refresher courses and training throughout the year.

[00:01:55] **Emily Micallef:** And, regarding the training for the clowns, do they have some kind of [00:02:00] test or exam or they need to make someone laugh?

[00:02:03] **Corinne Wood:** Good one. So basically, um, it's usually about a year long. It's divided into artistic training and psychological training because these are laypeople.This is very important 'cause people tend to think that they are doctors. We are not doctors at all. It's all laypeople, and we get together and organize things for the whole group to try and get the clown doctors into the hospital. From your experience,

[00:02:30] **Emily Micallef:** do you believe laughter can generally impact the patient's wellbeing?

[00:02:34] **Corinne Wood:** It's not only laughter or a smile that we are concentrating on. It's distraction and empowerment of the child. So even if you don't find me funny, but the fact that I go into the hospital and I am all different colors.

[00:02:50] **Emily Micallef:** Sometimes its different from what usually see patients in the hospital see.

[00:02:56] **Corinne Wood:** Exactly, and the patient is usually the, the main [00:03:00] protagonist of the show really. But everything is seems to be organized for them. They see the nurses, the doctors, the guardians, the parents. Everyone is, um, is planning things about the child, and the child himself or herself doesn't have that control over the situation.So when a clown doctor enters the room, they play with the child in such a way that not only do they try and make him smile or laugh, but they also give control to the child. So for example, two clown doctors would enter the room and present as, as twos because we always send them as two. Okay. One of them presents to be hiding from the other one.So then you in- involve the child to try to get the child to show you where the other clown doctor is, and like that, the child takes control of the game.

[00:03:47] **Emily Micallef:** also, when it comes to ages from 3 till 15, and are older, let's say, teenagers, at some level teenagers, are they more difficult to work with as as they're not maybe to fool..

[00:04:03] **Corinne Wood:** Difficult to work with would be the extremes of the ages, which is zero days, a couple of days, till teenage years. So basically, we send clowns for every age that there is in the hospital. The babies, usually it's the parents or the guardians who are with them, and they usually get the full impact of the chi- of the clowns.And the children sometimes, the young ones, are afraid of the clown doctors. They are trained, our clowns, to actually remove the nose- Okay ... and carry on gently. It's called do less-ness, so basically less active so that the child is less afraid of the clown. Then the teenagers, that's a different story. Teenagers are usually stuck to their tablets, not only teenagers, but everyone. Usually, we have all the children usually. They're stuck to their tablets. They're not interested. They're thinking, "What on Earth?" But we have had situations where a clown has gone in to a teenager, sat Next to them sitting down as if they are a worker and telling them, "I am just here because I have to do my duty.Please tell me when the time is up so I can leave." And the teenager looks at them and gets interest. Or for example, we've had clown doctors teaching the clown, the teenager, on how to make magic.

[00:05:27] **Emily Micallef:** And speaking about magic- Yes. What about, the clown's names? When I researched, I've seen that there is a lot of different names. For example, Do- uh, Dr. Peppino.

[00:05:37] **Corinne Wood:** The name, we encourage each clown doctor during the training to think up their own name, mostly because it causes, like, a, it, it identifies

that clown. That clown can use the name within their play, or else not use it at all. But they always have something to fall back on in case the improvisation fizzles out.

[00:06:01] **Emily Micallef:** Do you remember what was your doctor clown name?

**Corinne Wood:** Dr. Gimme Five. Something to break the ice, you know? So I used to go around collecting fives. One time it worked against me in a way because, um, I went to do a gimme five with a child, and the child had less than five fingers, and I was a bit taken aback, but my training kicked in, and I just kept on going as if nothing, and the child himself didn't even notice, and we just carried on playing.We also have something called peer sessions, psychological. So when you meet something on the wards that you cannot digest, you cannot ... You keep thinking about, you go into the session. You are with a cl- a psychologist, a professional psychologist, and with your peer group, and then you can discuss about it and hopefully sort of work on it and work it out of the system.I mean, it's not easy to go for a lay person to enter the ward, to see a child who is, sick and in pain perhaps, and a lot of tubes here and there, for example. Someone, you know, you get... You have to... Or a person in a coma, a child in a coma.

[00:07:11] **Emily Micallef:** But do you still perform?

[00:07:12] **Corinne Wood:** We actually do go because we've had experience of a clown doctor, going into, two clown doctors, going into the room of a comatose patient, and they actually touched lightly the hand, and they got a reaction, which was so dramatic that it kept on being talked about as a subject, as a thing.The guardians who were there, they broke down. It was a big drama because the, the comatose patient who the nurses advised, you know, "This patient is comatose. You don't, you don't need to go," quasi. We sort of decided from now on we're going to go to every single patient who is in a coma because we can help possibly do something.

**Emily Micallef:** [00:07:59] Do you think that emotional support, um, in healthcare should be provided more?

**Corinne Wood:** Absolutely. I think we can never have enough of it. In fact, we are hoping to spread the services to geriatric cases of dementia as well, and, um, carry on our work, which we already have going on, a pilot project going on with children with autism.

**Emily Micallef:**[00:08:20] Thank you very much, Corinne. It was very nice to speak with you and also to give us the perspective of emotional support in healthcare.

[00:08:29] **Corinne Wood:** Thank you. Emily.