

Laughing Through This Pain: Medical Clowning During Examination of Sexually Abused Children: An Innovative Approach

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This study examined the role of medical clowns during medical examinations of children who were sexually abused. Three case studies are described, illustrating diverse interactions among the victimized child, the medical clown, and the medical forensic examiner during medical forensic examinations held at the Tene Center for Sexually Abused Children, Poria-Pade Medical Center, Israel. The results indicated that medical clowns play a unique role both in lowering anxiety and fear among children before and during the unpleasant forensic examination as well as in mitigating potential retraumatization of the sexual abuse event resulting from the medical examination. The medical clown was found to assist in creating a pleasant and calm atmosphere, thus improving the child's cooperation during the examination.

KEYWORDS humor, medical clown, medical forensic examination, child sexual abuse, retraumatization

Children who are sexually abused and referred for medical and forensic examination may exhibit anxiety, fear, anger, and resistance prior to and during the examination (e.g., Allard-Dansereau, Hébert, Tremblay, & Bernard-Bonnin, 2001; Bernard, Peters, & Makoroff, 2006; Gully, Hansen, Britton, Langley, &

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McBride, 2000; Mears, Heflin, Finkel, Deblinger, & Steer, 2003). Indeed, Davies and Seymour (2001) found that while the majority of examined children perceived the medical examination favorably, many demonstrated distress.

In their study of adolescent girls who were genitally examined following suspected sexual abuse, Mears and colleagues (2003) found a significant reduction in anxiety over the examination following its completion. Furthermore, the girls' perceptions regarding the medical examination were significantly more positive postfactor. Nonetheless, 34 to 51% of the adolescents still reported that the examination was painful, scary, or embarrassing. The authors suggested that adolescents may have sufficient maturity to appreciate the value and importance of undergoing the medical examination. However, these findings may be less relevant for younger children who are too young to be able to evaluate and/or appreciate the examination's benefits.

Additional empirical findings show that a number of variables are significantly correlated with increased emotional distress during medical examinations for sexual abuse. Examples include a multiplicity of perpetrators, additional physical injuries caused by the sexual assault, being subject to other more severe sexual assaults (Gully et al., 2000), no prior experience with similar examinations, and lack of parental support (Hernandez, 2006). Other stress-inducing factors relate to the nature of the medical examination itself. Inadequately trained medical staff, excessive preexamination wait time, and not being permitted to bathe so as to preserve evidence all serve to increase stress (Wiese, Armitage, Delaforce, & Welch, 2005). Bernard and colleagues (2006) also stated that the examination may cause physical pain, especially in prepubescent girls where the hymen is particularly sensitive. They claim that the examination itself of an anxious or distressed child is likely to have a significant impact on the findings and their interpretation.

Concerns have been expressed that children and adolescents may experience additional psychological trauma during medical examination and treatment for suspected sexual abuse (Bernard et al., 2006; Mears et al., 2003; Pillai, 2005). An anogenital examination might be perceived as a similar stimulus to the sexual abuse since both include acts such as strangers touching intimate areas. Indeed, Lev-Wiesel (2007) reported that childbirth may also serve as a trigger for retraumatization of childhood sexual abuse. Findings on pediatric anogenital examination indicate that children experience different levels of distress during the examination, ranging from transient distress to trauma (e.g., Waibel-Duncan, 2001).

In reviewing clinical and empirical literature concerning medical examinations subsequent to child sexual abuse, we found little consideration for the child's emotional state before, during, and after the examination. The authors often described the examination's medical and forensic benefits or challenges (such as the child's resistance) rather than the means of dealing with the victim's lack of cooperativeness. Pillai (2005) stated that "requesting the examination be done with a general anesthetic because the child will

not cooperate carries a high risk of contravening the principle of welfarism when there is no direct medical benefit to the child” (p. 58).

In an effort to mitigate the medical and forensic examination’s negative impact on sexually abused children, the Tene Center for Sexually Abused Children, Poria-Pade Medical Center, Northern Israel (Tene Center) conducted a study investigating the impact of medical clowns during the examination on the children. Medical clowns work within diverse medical settings and strive to assist and support various treatment processes. They are part of interdisciplinary teams striving to promote healing processes, rehabilitation, and recuperation of hospitalized children. The medical clown concept is based on a consensus that clowns are perceived as familiar, happy, funny, and enjoyable figures by children. Thus, medical clowns are expected to assist the gynecologist in obtaining improved cooperation of children.

LITERATURE REVIEW

Humor and Health

There is a consensus that humor has a positive effect on physical and mental health. Reviewing the benefits of humor for physical health, Astedt-Kurki and Isola (2001) reported that humor and laughter may prevent chest and gastrointestinal infections, deepen breath and muscle contractions, contribute to relaxation, lower blood pressure and muscle tension, and increase pain tolerance and pain appraisal during painful procedures. Clark, Seidler, and Miller (2001) found a negative correlation between humor and coronary heart disease. Mental benefits of humor include moderating stress, disability, and anxiety (Christie & Moore, 2005; Dilley, 2005), and reducing depression levels and self-destructiveness (Richman, 1995; Sullivan & Deane, 1988). Additional empirical findings on the effects of humor on a variety of medical conditions show positive correlations between laughter and health outcome among diabetic patients (Nasir et al., 2005), asthmatic patients (Kimata, 2004), and oncological patients (Johnson, 2002).

Using humor to complement the provision of medical service may improve staff-patient communication (Beck, 1997; Mallett & A’Hern, 1996). Sheldon (1996) determined that humor assists in creating a positive atmosphere between nurses and patients, thereby promoting feelings of togetherness. Moreover, Astedt-Kurki and Isola (2001) found that humor helps patients to express unpleasant feelings that would otherwise be repressed in an acceptable way, thus improving trust and openness toward nurses.

To the best of our knowledge, the literature regarding the effect of humor on children’s health is limited. Stuber and colleagues (2007) found that children who viewed amusing videos during painful tasks, such as

placing their hand in ice cold water, showed significantly greater pain tolerance, thus suggesting that humorous distraction may help children tolerate painful procedures. Goodenough and Ford (2005) established that children who used pain specific humor coping were more likely to utilize an adaptive, problem focused coping style while undergoing medical interventions. Frankenfield's (1996) single case report contended that the use of humor (such as joke-telling and funny movies) helped decrease the anxiety of a five-year-old oncology patient.

In summary, findings have indicated that some children experience anxiety and distress and may reexperience former traumas during painful and intrusive medical examinations. The use of humor has been shown to help children to cope better and experience lower anxiety levels during medical procedures. Medical clowns contribute to a relaxed and humorous atmosphere and may therefore reduce stress and fear among children during medical forensic examinations for sexual abuse. Furthermore, medical clowns' potential contributions to the healing process may be significant for the children undergoing such sensitive and intimate examinations.

Medical Clowns

Pediatric departments are increasingly integrating medical clowns into their treatment teams in order to introduce humor while providing health care for children and their caregivers. Medical clowns are trained professionals who aim to improve the physical and mental well-being of patients (Scheyer, Nuttman-Shwartz, & Ziyoni, 2008). Koller and Gryski (2007) suggested that medical clowns have several roles: (a) to provide children with a sense of control in a helpless situation; (b) to increase communication and alliance between the medical staff, children, and their caregivers; and (c) to decrease tension and anxiety often resulting from physically intrusive procedures. Metaphorically, the clown invites the child to enter an imaginary doorway that leads to a world of fantasy, thereby enabling the child's concerns to be addressed in a safer environment, encouraging the child to play and engaging in a joyful interaction during the unpleasant examination. In this way, the child is able to disconnect himself or herself from the stressful situation.

While the integration of medical clowns into medical and forensic examinations of sexually abused children has not previously been documented, indirect findings support the theory that medical clowns have a positive effect on children during invasive examinations. For example, Gorfinkle, Slater, Bagiella, Tager, and Labinsky (1998) found that a clown's presence in the room during invasive medical procedures decreased children's distress. Battrick, Glasper, and Weaver (2007) examined the perceptions of doctors, nurses, parents, and children about the efficacy of medical clown programs in children's hospitals in England. Results revealed that most

children enjoy playing with clowns during their hospitalization. Parents and health care staff also reported that medical clowns positively impacted families.

Research findings regarding children's response to intrusive medical examinations are inconsistent. For example, Gulla, Fenheim, Myhre, and Lydersen (2007) found that anogenital examinations were more distressing for children than other types of examinations. Additional studies demonstrated that during these medical and forensic encounters, parent-accompanied children utilize relatively high levels of active coping strategies (Waibel-Duncan & Sanger, 2004) such as self-reassurance, social support, and seeking various forms of distraction. In sum, anogenital examinations might have negative emotional consequences for children, and medical clowns may be perceived as positive, valuable resources during medical interventions. Thus, it could be expected that the integration of a medical clown into medical and forensic examination routines might enhance coping and aid in the successful completion of the examination. This theory will be illustrated using three case studies of children who were referred to the Tene Center. Approval by an institutional review board was achieved in order to research the roles of medical clowns at the center.

At present, anogenital examinations in Israel are performed in medical centers. The medical team ideally consists of several specialists such as a gynecologist proctologist and/or forensic pediatric specialist. The anogenital examination is usually performed after suspecting an act of abuse, sometimes weeks, months, or even years after the alleged event occurred. As Palusci, Cox, Shatz, and Schultze (2006) pointed out, in addition to the objective of collecting laboratory and forensic specimens, the anogenital examination aims to obtain crucial medical history, identify other health concerns, and provide preventative medical, social, and psychological support in order to protect the victimized child from further maltreatment.

Prior to commencement of the anogenital examination, a rapport must be established between the child and the medical clown. This rapport serves as the basis for continued interaction between the child and the clown and the foundation for a successful, tension-reduced examination. In order to establish the requisite rapport, medical clowns often make use of toys, dolls, and medical instruments according to the child's developmental stage and his or her level of anxiety.

Currently, the Dream Doctors group of medical clowns in Israel includes 70 professional clowns who are knowledgeable and experienced in the areas of stage and/or circus arts. About 20 group members have earned a bachelor's degree in medical clowning from a unique program developed in the drama department at the University of Haifa. The program includes both theoretical and experiential courses in addition to field studies. The group serves approximately 20 hospitals in Israel. Differing from other concepts, where medical clowns' duties are limited

to playing with the children rather than being an integral part of the hospital staff or being present during medical procedures, the Dream Doctors concept is one of integration and involvement. The Dream Doctors clowns, who are considered to be “clowns in the service of medicine,” have become an integral part and parcel of the medical teams and their treatment protocols in the various participating hospitals (Koller & Gryski, 2007; Scheyer et al., 2008). This inclusive approach is unique and innovative on the national and international levels, and it was made possible at the Tene Center by the open mindedness and cooperation of the hospital management and medical staff.

CASE 1

Case Presentation

A nine-year-old Arab girl was referred to the Tene Center for medical and forensic examination due to suspected paternal sexual abuse. She was accompanied by a social worker who brought her from a shelter without her parents' knowledge. The girl refused to be touched, and her lack of cooperation was so severe that the medical staff realized that the examination might have to be performed under general anesthesia. However, a female medical clown was recruited prior to the final decision to administer general anesthesia.

A Hebrew-speaking female gynecologist asked the girl to lie on the examination bed, and the child refused. While the gynecologist playfully raised and lowered the bed, the medical clown cheerfully called out, “an airplane!” thereby initiating a contest between herself and the girl about who would jump on the bed first. The girl, in an effort to precede the clown, jumped on the bed laughing. Subsequently, the girl refused to let a forensic male physician enter into the examination room. The physician remained behind the curtain as the medical clown jumped in and out of the curtained area, cheerfully describing to the girl how she dusted, combed, and tickled the doctor with her feather duster. The physician reassured the increasingly curious girl that he would only look and not touch her. Sporting a large empty spectacle frame provided by the clown, the doctor received the girl's unequivocal consent to proceed with the examination. However, the girl remained concerned that the doctor might harm her. At this point, the clown inflated a medical glove, and while standing right behind the doctor told the girl that if the physician harmed her, all she needed to do was shout and the clown would slam the inflated glove down on his head. During the physician's examination, the medical clown tickled the doctor's forehead with the inflated glove, causing the girl to laugh. Consequently, the medical clown's participation in the girl's examination enabled the medical team to effectuate their work and eliminated the need for general anesthesia.

Discussion

This case illustrates the medical clown's critical role in effectuating an anogenital examination on a child sex abuse victim without the use of general anesthesia. It brings to light several roles of the medical clown during the examination.

ENCOURAGING THE CHILD TO PLAY

Axline (1969) wrote, "Play is the child's natural medium of self-expression. It is an opportunity which is given to the child to play out his feelings and problems" (p. 9). In this case, the hospital bed, initially perceived as a threat, was transformed into a playground. Thus, using humor, considered by Penson and colleagues (2005) as a resource for successful coping in a threatening situation where the person might lack other suitable coping resources (Lazarus & Folkman, 1984), might enable the child to reinterpret the event in the form of a challenge rather than a threat.

ESTABLISHING ALLIANCE

Koller and Gryski (2007) stated that the clown who wanders around alone in the hospital corridors is an ally for the child who is alone in his or her sickness. The clown serves as a friend (playing together, competing with the child who jumped on the bed first) and as a protector (the "frightening" inflated glove directed toward the doctor's head). This alliance between the medical clown and the girl establishes the behavioral rules for the physicians. For example, in this case, the male physician had to wear the funny glasses, and the gynecologist had to prepare the bed for the jumping contest.

INCREASING COOPERATION

Anogenital examinations require gynecologists to pay great attention to seemingly minor, sometimes covert details in order to distinguish between normal and abnormal findings (MacFadyen, 1994). Therefore, the child's cooperation and physical serenity are essential.

CASE 2

Case Presentation

A 17-year-old unescorted adolescent arrived at the Tene Center. She reported being repeatedly raped by four men a few months prior to her

arrival. During the initial encounter with the medical staff, the clown entered the intake room and commenced a rapport with the girl. When asked who she would like to accompany her during the medical examination, the girl responded “the clown.” Whispering to the clown, she divulged her embarrassment to undress in the presence of the male proctologist, who was waiting on the curtain’s other side. The clown offered to throw the clothes over the curtain onto the physician’s head. This suggestion, which transferred the girl’s embarrassment to the doctor, made her laugh. Following the physical examination, the girl refused to sit and talk with the gynecologist, claiming that she was ridden by anxiety. The clown, using a hand-shaped back scratcher to pat her shoulder, handed her a music box telling her to keep playing the tune until she felt calmer and was able to cooperate with the gynecologist.

Discussion

This case illustrates the medical clown’s potential to assist in cases of adolescents as well as children by successfully adjusting the intervention to the needs and developmental stage of the patient. Dream Doctors are trained to work within all hospital units and with patients of all ages. When working with adolescents, the medical clown responds to the need for peer group identification and rebellion against authority. The clown allied with the girl, while throwing her clothes over the curtain onto the “respected doctor” (who was perceived as a threatening adult figure). This alliance enabled the girl to cooperate from a perspective of being in control—to be a normative teenager in spite of her victimization. This case brings to light two major roles of the medical clown.

PROVIDING A SENSE OF CONTROL BY REMOVING SHAME AND EMBARRASSMENT

Female adolescents are likely to be embarrassed to undress and be examined by a male physician. By tossing the clothes on the doctor, the clown helped the adolescent to paradoxically shift the roles between herself and the doctor, transforming the doctor into an object of laughter who was perceived to have a less control over the situation. Thus, the procedure became more bearable.

INTRODUCING A RELAXATION TECHNIQUE FOLLOWING EXPRESSIONS OF ANXIETY

The suggestion that the music box repeatedly play the same tune until she relaxed or received a massage with the aid of a hand-shaped back scratcher gently patting her provided the adolescent with a safe space for expressing anxiety and a tool for learning self-relaxation techniques.

CASE 3

Case Presentation

A nine-year-old Russian immigrant girl arrived at the center accompanied by her mother following revelation of a violent rape that presumably had occurred three years earlier. The girl appeared anxious, and in order to relieve her anxiety the gynecologist proceeded to examine a teddy bear. Subsequently, she suggested that the girl examine the medical clown. The girl was asked to lie down, and the examination commenced as if part of the game. Throughout the physical examination, the game between the girl and the medical clown continued, and the girl's full cooperation was attained. At the end of this encounter, the girl asked if the clown would be present during her next visit. Receiving a positive answer, the girl requested to set a date for their next meeting.

Discussion

This case illustrates a central element of the clown's role, namely using the child's dissociative mechanisms to better cope with the medical examination. Dissociative mechanisms allow a person to temporarily escape from pain and suffering (Silberg, 1998). When a person is in a dissociative state, part of the information stored in his or her brain is disconnected from other relevant information (Krystal et al., 2000). Children dissociate in order to detach themselves from difficult feelings and sensations such as horror, pain, helplessness, and betrayal that often accompany traumatic experiences. Such adjustment mechanisms allow the child to survive and retain a relatively normal, functioning self, at least externally. This case demonstrates the adaptive use of dissociative mechanisms. While the lower part of the body was examined, the upper part of the body was involved in a joyful interaction with the clown. Thus, the girl was actually fully engaged at the same time in two emotionally and physically different states. This experience seems to enable better coping with the medical examination, which might otherwise be experienced as invasive and threatening. The child's readiness to repeat the experience was indicative of her successful implementation of dissociative mechanisms.

DISCUSSION AND CONCLUSIONS

This paper described the role of medical clowns in the medical and forensic examination of sexually abused children. The delineated cases indicate that medical clowns may contribute to diminished anxiety and fear among children and adolescents and might in fact contribute to lowering the possibility of retraumatization by this invasive procedure. Allard-Dansereau and her colleagues (2001) reported that mothers of children who were referred for

anogenital medical examination reported that their children were more fearful of the visit for the alleged abuse evaluation than of an ordinary medical visit.

The medical clown seems to serve as a social resource for both the child and the gynecologist examining the child. According to stress theory, personal and social resources are instrumental in enhancing people's ability to cope with the aftermath of traumatic events (Ben-Sira, 1991; Lazarus & Folkman, 1984). The conservation of resources theory developed by Hobfoll, Dunahoo, and Monnier (1995) has suggested that the impact of a traumatic event is exaggerated when the event includes loss of personal and social resources. Hobfoll, Wells, and Lavin (1999) claimed that there are three conditions for an event to be considered traumatic: (a) a threat of loss of resources, (b) an actual loss of resources, and (c) the failure of resources invested in to strengthen other resources. In the presented cases, the medical clown served as a social resource for the children by enabling them to perceive the situation as a challenge rather than a threat, encouraging play, providing a sense of control through the reduction of shame and embarrassment, teaching relaxation techniques, and promoting the use of beneficial dissociative mechanisms.

In addition, the alliance established between the child and the clown transformed this newly created team into the majority in the examination room, while the physician became the minority. This phenomenon might have been perceived by the child as offering protection from the physician's potential harm, as if the female doctor were their obedient subordinate.

Practical Implications

Anogenital examination is usually an unpleasant, intrusive procedure with possible negative emotional consequences for children who have been sexually abused. Thus, health care providers may hesitate to perform such examinations and thereby lose critically needed evidence and possibly prevent further assistance to the child. Additionally, social welfare workers are inclined not to send children for anogenital examinations for fear of causing further emotional distress. Moreover, a necessary prerequisite for an anogenital examination is the child's physical cooperation. Involvement of a medical clown may help reduce possible emotional retraumatization. Thus, the medical clown actually assists the gynecologist in performing his or her role and aides in the gathering of needed physical evidence.

Study Limitations

This study has several limitations. First, the small sample size limits its generalizability. Second, the study did not include a comparison group of children who underwent anogenital examinations without a clown.

Based on the limitations, further research is needed to examine the effectiveness of involvement of a medical clown during medical forensic examination. Nevertheless, it seems that this initial study demonstrates that the presence of a medical clown during anogenital examinations of sexually abused children may potentially assist both the gynecologists and the children.

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