Therapeutic Clowning with Persons with Dementia

By Korey Thompson

Doing Therapeutic Clowning with people who have dementia is a unique and very rewarding project. Since dementia presents itself in a variety of manifestations and at many levels of severity, there is not just one style of clowning that makes a positive connection in persons with dementia. There are some common guidelines however, which shape a positive therapeutic clown encounter.

The essence of Therapeutic Clowning for me is a nonverbal Question-and-Answer Dance that proceeds at the pace set by the patient. As the clown, I will ask the first question by inviting a patient to "come out and play today." The patient can answer "No," and I will accept their answer. If I sense confusion or uncertainty in their answer, I may respectfully "ask" a second time by doing another short action by myself that they can observe and respond to if they wish. If they want me to go away, I will. I can also come back on another day when the answer might be a "Yes."

Utilizing the nonverbal or limited-verbal method of Therapeutic Clowning eliminates a barrier that can be troublesome for a person with dementia or stroke. We've had several people happily confide to the clown, "I can't talk too well anymore either!" In the nonverbal, communication can proceed without struggling for the "right" words.

Another major benefit of using the nonverbal is that it keeps the conversation focused and in the present moment. In verbal conversations, it is possible for someone to either ramble on in soliloquy, or cop out of active participation by using some well placed "uh huhs." Neither of those diversions work with the nonverbal! You are either in the conversation or out with nonverbal communication. And the clown, through use of novelty, color, exaggerated movement, attention toward the patient, etc., seeks to engage the person IN the conversation.

Because of using the nonverbal or limited-verbal style, I almost always travel with a tape player and quietly play special tapes that I have created for this purpose in the background. When a patient hears music playing outside the door, it is one signal that something is happening nearby and that they may be about to receive a visitor.

Music provides a positive backbone to the nonverbal interaction and softens any pauses in the action so they seem natural. The music used is carefully screened: it must have a steady pulse varying around 60-68 beats per minute, and preferably run 3 to 4 minutes in length. Music that can fade into the background works best (many are without words).

"*The look of wistfulness and pleasure . . .that appears on a patient's face. . . is enough to open up the skies! It is like flying together to a wonderful place!"*

In Therapeutic Clowning with persons who have dementia, Clown Rule #1 is to slow waaaaaaay down, especially when first entering their space. This slowing down seems to give the patient a sense of clarity and helps them not to feel threatened by the visit.

One of the cues I want to pick up at the onset is the pace at which the patient seems to respond. As the clown, I want to mirror that pace. Using a rhythm that is comfortable for them will facilitate a positive response. By initiating contact slowly, I find that it is quite natural to adjust my timing to theirs.

Clown Rule #2 is to figure out what the goal is today with this particular person: is this a situation where the clown will help to break the monotony or provide stimulation, OR is this a situation where the person is agitated, disorganized, or inappropriate in their behavior, and the goal will be to foster a more appropriate behavior pattern and sense of well-being in the patient? The answer to this question changes the character of the clown's interaction with the person.

At the same time, the clown must become aware of the physical characteristics of the room, such as the location of furnishings or medical paraphernalia, and whether there are other visitors or staff present. All of these factors shape the character of the impending clown-patient encounter.

You can see that making an entrance is an active, multifaceted task, even when you are physically moving slowly!

I use a gentle action such as a slow half-bow or a one handed wave as one way of visually announcing the clown's presence to a patient. I pause, then take one slight half-step in the patients direction while making eye contact with them to "ask" if it is OK to come in. If I receive no response at all, there may be a problem with vision and I slowly move a few feet closer and repeat the greeting.

As I pause after the initial greeting, I take another assessment of Clown Rule #2. Accuracy in gathering information at this point does much to guide the encounter toward success or chaos. If the response from the person seems to be an "OK," I gently enter their space with a smile.

If the person chooses not to make eye contact right away, accept that as their right and decision for the moment. As I enter their space, I usually focus on a third-party element of the room (or if there were a visitor or caregiver in the room I might go over to greet that person first). S-l-o-w-l-y I will engage myself in a simple activity such as using my feather duster to dust off some furniture not far from where the patient is. That way they can easily glance over and observe the action, but they don't have to respond to the clown's character immediately.

Then perhaps I dust my own arm off, and look over to see if they are following what is happening with their eyes. If they look at me, I smile at them, wave, and then move on to dust off my other arm or my hat.

If they look interested in what is going on, I might gently extend my hand toward them and invite them to put their hand on my hand. If they will do that, I take my feather duster and dust their hand slowly and gently (or playfully, if that seems appropriate to their action) from the top of their hand to their fingertips, and then look into their eyes and smile. If they are still going with the program, I might do a gentle hand shake with their now dusted-off hand and nod my head "yes," and then place their hand back on their lap or table or wherever it was before.

Then I would do another simple action with bubbles. I locate my Bubble Bear (2), stand with respectful intention in front of them, and give a gentle blow. As the bubbles cascade into the air, I smile and maybe put my hands together as in delight. I would then look at them, smile and nod my head, "Yes." Bubbles usually bring a smile in return, and I would blow another 3-6 cascades, depending on the interest of the person. Sometimes we pop bubbles together as they float by.

One time when I was visiting a woman with severe dementia, I had tried the ever faithful feather duster routine to no avail. She remained fixed on staring blankly into space. I was not able to make any eye contact or receive any response from her at all even though I was going very slowly. The nurses on the ward indicated that she would not be able to respond and that I should try to "chat" with someone else. For a while it seemed like they were right, but I thought I'd blow some bubbles as I waved goodbye to leave the woman surrounded by their gentle joy.

I got out the Bubble Bear and blew a cascade of bubbles. One of the bubbles popped a couple of inches in front of the woman's cheek. She turned her head and looked straight at me, smiled and said, "You blew a bubble, didn't you? I could feel it!" I heard the nursing staff murmuring in the room. I nodded my head, "Yes," and blew a couple more cascades. She smiled and even laughed a little and watched the bubbles. In a few moments, I felt it was time to go, and waved my hand to say, "Bye-Bye".

She replied by singing out, "Nighty-night! Sleep tight! Nighty-night! You know, I was sleeping when you came. Yes, I was asleep. Nighty-night, sleep tight," and she waved a frail hand to me as I left. It was a real moment!

At times when I sense that the patient is open to more interaction, I often use the best gig in the book: Dancing to The Music. I bring the tape player close to the two of us, focus my attention to the music, and do some gentle swaying to the beat of the music by myself. I then turn to the patient and hold out my hand and ask with my eyes if they would like to join me in The Dance.

SO MANY TIMES I get a verbal response from them at that point. The previously quietest patient will say, "Oh, I haven't danced in years," or "I can't dance anymore," or "I can't get up out of this wheelchair." I frequently break silence to answer in a Donald Duck-type voice, "that's OK!" (and in truth, I don't want them to stand up). I take their hands and together we dance to the music! Often they intensely lock onto my gaze and smile throughout The Dance.

I vary the intensity of the dance based on the energy they are putting into The Dance. Sometimes I will give a kick or do a clumsy pirouette, and they call out "ooooooooooH." Sometimes I hardly move their hands at all and we have a more quiet, almost private Dance.

The look of wistfulness and pleasure that sometimes appears on a patient's face as we do, this dance is enough to open up the skies! It is like flying together to a wonderful place! For a moment, everything else fades away and it's just the two of us together on a wonderful flight.

One time I went to Dance with a woman who was very anxious and had been refusing to eat. After we finished, she grasped my hands and looked at me with a laser beam gaze and said, "You make me feel so. . . . . .Holy!"

That was the last time I saw her. The next time I stopped in to see her, I learned that she had died.

When I say goodbye, I may shake hands, give a big or little hug, or maybe just wave "bye-bye." I give the patient a chance to reciprocate, and we volley "bye-bye" in some form for a couple of times. I tip my hat or take a bow as I reach the door, and I'm off to the next visit. The whole encounter is measured in the space of maybe 3-8 minutes.

It is useful to know that using deliberation or slowness of movement can promote success whether the goal is to stimulate or to calm. If someone is very ill, I drop my action to an even quieter level. In that case, I do not seek any physical response from them at all. I just try to be with them for a few moments and bring a sense of calm and peace to them.

In a different situation, I encountered a patient who was very disorganized and inappropriate in his physical behavior. I had just had a playful Dance-type encounter with someone sitting next to him, and I entered his space with a big smile and lots of enthusiasm and energy. Oops. Although the man seemed to welcome my approach, he was unable to respond appropriately and began to pull at me and kick. I immediately slowed every action waaaaayyyyy down in an attempt to connect with an appropriate response, but he was unable to shift gears. I ended up moving on in the circle and coming back to him at the very last just to say goodbye when I was ready to leave. By then he had calmed down some, but I was still careful not to stimulate of his environment.

Occasionally I find a patient who will for no apparent reason will slap or kick or pinch. I will try looking right into their eyes and say quietly but firmly, "No" while shaking my head, "No," at the same time. If that does not interrupt the behavior, I will simply turn my attention to someone else in the room if it's a group situation, and/or I will wave goodbye and leave the room. It is best to report those kinds of occurrences to the caregivers in charge of the facility so that they can take action if necessary.

I have fallen into the trap of assuming that the behavior-style of an individual patient would have some sort of continuity. For instance, if someone I encountered was either quiet or unruly, I would tend to expect a similar style of behavior the next time I met them. Not so! They may behave quite the opposite on the next meeting. Likewise, if I'd made a close connection with someone, I have expected that the patient will remember something of the encounter when we meet again. Maybe yes, but also maybe no! In dementia or stroke patients, mental states can change dramatically and often with no apparent reason. Clown Rule #2 applies to each and every encounter!

When you are a clown, the whole world is in the present moment that's the gift of the nonverbal. And so with all of us, on the best of days and the worst of days, all that we really have is the present moment anyway! Just take out old Rules #1 and 2, and Dance away!