Behind the Red Nose
Identity construction through emotional work-
The case of Hospital Clowns

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By Corinna Meier and Eleni Andritsou

Supervisors : Ishan Jalan and Katie Sullivan

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Abstract

The aim of this thesis is to further explore the impact of emotional work on identity, looking at the case of hospital clowns. From an interpretive angle, we build up on theories of emotional labour, emotional work and multiple identity construction as a point of reference for our abductive interpretations and analysis. Our fieldwork included in-depth interviews and observations of hospital clowns, in which we sought to uncover how their emotional work influences their identity and how their private life is affected by the hospital clown's experiences at work. We found that their emotional work impacts their lives and identities in three ways: through their professional identity as hospital clowns, through their tendency to accept and embrace imperfection and through their clown persona as an extension of their self. We come to the conclusion that, despite the negative experiences that emotional labour can entail, in this case it is seen in a more positive light and serves as a lever for enrichment of identity.

Keywords: *emotional labour, emotional work, identity, hospital clown*

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Chapter 1: Introduction

Patch Adams stands on the edge of a cliff, thinking about his life, contemplating suicide. Years before, as a patient in a psychiatric clinic, he had discovered his talent to help people with their troubles, mostly through humour, and decided to study medicine. Sometime later, as an imminent physician, wandering the hospital corridors he discovered the power of the 'red nose' in helping ailing people. But now, standing at the cliff, he shouts: *"I wanted to serve others. And because of that, I've lost everything!"* His loved one had died because of a patient that he, Adams, had not been able to help; neither medicine nor humour could fix or 'patch up' anything. He ponders that maybe he does not have the strength to do it anymore; he cannot be a clown anymore or help others, as he cannot help himself. He wants to quit his work and his life. But then he continues his sentence, walking away from the cliff edge: "... *But I've also gained everything*".

The above scene from the movie *Patch Adams* illustrates several emotions, such as distress, sadness, anxiety about life, confusion, identity crisis, etc. Such scenes and experience of such emotions are not a fictional reality, but very much part of everyday life, affecting both our personal and professional lives. This raises the question, what really happens to people when they engage in work that challenges their emotions? Why do so many people engage in it in the first place? And how do they face these difficulties and carry on?

This challenge might be particularly intense when people engage in emotional labour. The expression of emotional labour is defined as the display of appropriate emotions in the work context according to prescribed feeling rules (Hochschild, 1983) which in itself already implies a certain negative aftertaste. Emotional labour and emotional work, which we do not strictly differentiate in our case and chose to

use interchangeably, have been linked with many professions, such as service workers (Hochschild, 1983; Ashforth & Humphrey, 1993), nurses (Lopez, 2006; Henderson, 2001), doctors (Larson & Yao, 2005) and performers (Hesmondhalgh & Baker, 2008; Simonds & Warren, 2004). Emotional work has been connected to burnout and feelings of suppression from the employee's perspective, emphasizing "the human costs of emotional labour" (Bryman & Bell, 2003:287).

In our research project, we will look more closely at emotional work and the impact it has on people's identities. We will explore their connection in a rather particular profession, the one of clown doctors or hospital clowns, as usually called. Even though they are not usually doctors like in Patch Adams' case, professional hospital clowns are known for their performances in front of ailing children or elderly people in hospitals. The concept of hospital clowns is not a new one, as it has been introduced in the late 1980's, and the contribution of humour and clowning to the well-being of the patients has been studied especially in medical and social sciences. In our research, though, our main focus is not on humour as expected from hospital clowns. We tend to perceive our study to be more of an exploratory one; we wanted to see behind the 'funny mask', behind their 'red noses', as our title implies. We imagined hospital clowns to be a particularly interesting professional group for this study due to the interplay of their clown self and real self in a potentially emotional work environment like a hospital, in particular a children's hospital or ward. Furthermore, the personal experience of one of us having witnessed hospital clowns' performances before, raised our interest for this subject and gave the research even more of a personal background.

With regards to the research on hospital clowns, Lotta Linge, for instance, has extensively studied the *magical attachment* of the children to hospital clowns (2012) and the benefits that hospital staff sees in the collaboration with their unusual colleagues (2011). The perspective of the clowns has been a subject of her attention as well, but so far it revolved mostly around their actual work and teamwork, not so much about the persons behind the 'red noses' (2008). Bernie Warren also has hospital clowns as a centre of his research activity. Even though he has touched

upon the issues of burnout among the clowns (Simonds & Warren, 2004), he has focused his studies on the nature of their theatrical performances and clown therapy (e.g. Warren, 2003, 2008).

Hence, with our research, we intend to give further insights into how identities within such an emotion-laden context can be constructed and how they interweave. Based on the research interest stated above, we formulate the following research questions,

1. How does the emotional work of the hospital clowns impact their identity?
2. How is the private 'real' life affected by the hospital clown's experiences at work in the hospital?

Building our thesis around the above mentioned research issues, we will start unpacking the main themes of identity and emotional labour as well as how these two themes interweave in Chapter 2, our review of the literature. Setting the frame of the main ideas that appear to be salient in respective research, we will first see how identity can be regarded in multiple ways, ranging from identity as a rather stable construct to identity as a complex and fluid concept of the self. We will focus on the social and rather complex nature of identity, which seems to be influenced by different factors such as social groupings, education, or profession, turning identity more into a jigsaw. Then we will unfold the theme of emotional labour and emotional work that throughout research seems to have been linked to negative effects on identity. Such effects could be burnout syndrome or identity crises due to an excess of suppressed feelings, showing the level of interrelation between emotional work and identity. In the end, we will connect these themes to clowning and provide a background on clown theory.

After having given the departure point of our study, we will present the method we chose to engage in our research and data analysis process in Chapter 3. Taking an interpretive, social constructionist view, we aim at understanding human behaviour. Our study, even though still exploratory, is inspired by ethnography, since we focused on a deeper understanding of the culture of the hospital clowns, and by

phenomenology, since we also focused on how they experience their work. We chose to take an abductive approach and used the literature more as an inspirational guide, aiming at opening ourselves up to new understandings. For this purpose, we conducted seven semi-structured interviews with hospital clowns and a performance observation at a hospital. After explaining our data analysis method, we will look at the issues of reflexivity, reliability and validity and the method for addressing them in the end of the chapter.

Looking at our data from a hermeneutic-inspired approach, in Chapter 4, we will present our three main findings that emerged from our fieldwork. In particular, we will elaborate on the 'professional identity' that the hospital clowns construct through their work, the 'acceptance and embracement of imperfection' that they show and how it is expressed, as well as on 'the clown as an extension of the self' and their reciprocal influence.

In the last part of our thesis, in Chapter 5, we will discuss our findings more deeply. Building up on our interpretations, we will shed an alternative light on the interconnection of identity and emotional work, addressing our study to practitioners performing emotional labour and to the academic society. We will conclude that emotional work can be seen in an alternative way, beyond its possible 'human cost'.

Chapter 2: Review of Literature

In this chapter, we will provide an overview of the theoretical background on which we base our research. First, we will explore some key identity literature in light of our study. Next, we will look into professional identity, focusing in particular on the connection between the professional and the profession. This is followed by exploring the concept of emotional labour and emotional work, and lastly we will engage with the idea of hospital clowning, linking all aspects of the review together.

Identity

Identity is an issue that seems to have drawn the interest of many academic communities from different disciplines over time, more extensively for psychology, sociology and management. The question 'Who am I?' appears to no longer be seen just in existential terms, but rather as being expanded and turned into a jigsaw, needing to be explored. One view on identities seems to have been for them to be perceived as stable and enduring, as being 'assigned' at birth through gender, social status and religion (see e.g. Schwartz *et al.*, 2011). In contrast, it can be argued that nowadays we have diverged from the notion of identity as given or being set and 'out there' and have conceptualized it as a construct being achieved, 'earned' in other words (Albert, 1998; Giddens, 1991). Albert, in particular, argued that,

> *An answer to the identity question requires a narrative, not a number, a sentence, not a phrase. To answer the question 'Who am I' requires subject, object and verb together with all the modifiers and digressions that must be added if the answer is to do justice to the question.* (Albert, 1998:12)

This statement gives insight into the complexity characterizing the issue of identity, the construction of this 'narrative answer' that Albert refers to. More specifically, identity seems to have divergent dynamics. It is a question but, instead of looking for an (ultimate) answer, it seems to mostly generate further discussion about why it matters within a specific context or what answers should be provided or even seen as adequate and satisfactory (Albert, 1998). It is a construct that cannot be measured (ibid.), it is the manifestation of our uniqueness but also of our similarity to others (Lawler, 2008).

Being a sign of both difference and sameness is what makes identity primarily complex. In its core, as Lawler (2008) supports, identity means that people are identical, first of all with themselves for their whole life, as they are always the same person (not in the sense of personality though). Identity, however, also means that we share some kind of sameness with others, sharing common identities with other groups, meaning for instance women or white people, as well as how similar we are to others (ibid.). On the other hand, identity manifests the uniqueness of people, how different they are from others (ibid.). Thus, it seems rather complex and difficult to define not only the meaning but also the processes through which identity is constructed and expressed. These senses of distinction from the others and connection to others have been linked to different levels of identity. 'Being different' can be linked to the personal identity or individual identity as the core of differentiation from the others, while 'sameness' is linked to collective identity, as the sense of being part of a group (Hotho 2008; Tajfel, 1982).

Accepting that identity is a construct, the issue of its construction appears as rather challenging. Even though it concerns the individual, it is not a purely individual choice, even when we talk about personal identity, and that is why context matters (Lawler, 2008). So, identity is not constructed by the individual in isolation, but rather through social interaction (Goffman 1959; Haslam, 2001; Lawler, 2008; Jenkins, 1996), since individuals are better to be understood as 'social selves' (Burkitt, 1991). Jenkins (1996), in particular, has explicitly supported that we have

the need to relate ourselves with others in order to "query and confirm who we are and who others are" (Jenkins, 1996:6). Identity, thus, is a social product of great importance, since "without social identity, there is, in fact, no society" (ibid.). Hence, individuals aim at positioning themselves and others in the social environment (Ricoeur, 2005).

This relationship between the social and private-psychological reality is being portrayed by the Social Identity Theory (SIT) that Henri Tajfel and John Turner formulated in the 1970s (1979). They supported that how individuals conceptualize themselves is dependent on how they perceive their membership to social groups. This framework seems to show the 'red thread' connecting the individual to the social world, while these two realities undergo a continuous dialogue (Haslam, 2001). This dynamic relationship implies that individuals tend to identify themselves with groups of people that share the same values, ideas or, as Turner argues, "the same social identification or define themselves in terms of the same social category membership" (1984:530), constituting a *psychological group,* as he proposed. This identification with a group implies that people acknowledge and support the values of the particular group, or at least most of them, and that they engage in them, making them enduring (Ashforth & Mael, 1989). Following this logic, it becomes overt that in turn achievement of identification with a group is what can ensure -to the degree it is possible- the commitment and support of its members (Ashforth & Mael, 1989). At the same time, this social identification implies that people also dis-identify themselves with others. For instance, the idea that 'I am a woman' is followed by someone accepting the idiosyncratic characteristics of the group of 'women', but at the same time accepting the *anti-identity* (Sveningsson & Alvesson, 2003) that 'I am not a man', distinguishing herself from the group of 'men' and rejecting the characteristics that are attributed to men (Lawler, 2008).

Scholars seem to hold different views about the nature of identity. Some claim that identity is supposed to be coherent and stable at least in the core, even if

adaptations are made in the periphery (Dutton *et al.*, 1994; Steele, 1988) while others hold the view that identity is a more fluent, dynamic construct (Gioia *et al.*, 2000). The power to construct our identity gives us a lot more freedom and choice, in the sense that -theoretically at least- we could choose the groups that we want to identify with, but it also generates a sense of insecurity (Collinson, 2003). So, it has been supported that people tend to struggle to construct a more stable and secure sense of self that defines them in order to achieve ontological security (Knights & Willmott, 1989). In this sense, people try to create a self-identity that presents coherence and continuity across situations (Steele, 1988) and to give a sense of stability, when facing the divergent roles and expectations in life (Sveningsson & Alvesson, 2003). On the other hand, other scholars seem to support that identity is a more fluid and dynamic construct, as it seems to be rather processual (Sveningsson & Larsson, 2006), maintaining continuity in more abstract terms (Gioia *et al.*, 2000). Viewing identity as "regularly constituted, negotiated and reproduced in various social situations" (Sveningsson & Larsson, 2006:206), identity presents *adaptive instability,* as Gioia *et al.* (2000) introduce. In other words, they argued that the fluidity of identity is what makes it able to respond to the changing social situations and adapt to divergent contexts.

The idea about identity not being stable, coherent or even unified, as people identify themselves with social groups, implies the existence of multiple identities. People do not identify themselves with just one group, but rather variant ones (Tajfel, 1982; Lawler, 2008). This notion of multiple identities adds up to the complexity of identity in terms of construction and expression, since people have to deal with a *parliament of selves* (Mead, 1934). This implies the fragmentation of identity in the attempt to be defined by others and in relation to them, but also to define our very selves (Ricoeur, 2005). Multiple identities, however, do not add to one another, but interweave, being mutually constitutive, not additive (Lawler, 2008). For instance, it is not that someone is a woman, and after that she adds up the identity of being a mother, and above that she puts the characteristics of being a professional,

suggesting a linear or top down movement. It is more that those identities affect each other not only in the way they are constructed but also in the way they are understood, expressed and negotiated, thus, showing the degree of their interdependence (Goffman, 1959; Lawler, 2008; Jenkins, 1996). Subsequently, to get back to the metaphor of identity as a jigsaw, as we can see in the above elaborations, there seem to be fragments that we try to assemble in order to create a bigger and more complete picture of ourselves.

Within the dialogic relationship between social and individual reality, many other scholars, have approached identity in terms of *being* and *doing* or *performing* (Goffman 1959; Lawler, 2008; Bennett, 2005; Doniger, 2005). The sense of *being* an identity encompasses the *substance* of what is believed to be actually the true, authentic self, 'who you really are', while the one of *doing* refers to a sense of *semblance*, 'who you appear to be' (Lawler, 2008; Bennett, 2005). When these two orders (of being and doing) are not in alignment, it is assumed that the person is giving a performance, acting a role, that he or she is wearing a 'mask' (Bennett, 2005; Doniger, 2005). As early as 1959, Erving Goffman has made a great contribution to the issue of identity construction. He made the connection among individual personality, social interaction, and society. With his work '*The Presentation of Self in Everyday Life*' (1959), he depicted how these three parts interweave leading not only human behaviour in social situations but also the perceptions we hold about ourselves and others. Using the metaphor of the theatrical performance, he proposed the concepts of *front stage* and *backstage acting* for portraying how humans adjust to situations and perform different roles. On the *front stage* we perform, we present ourselves to the audience, i.e. a particular social context according to the *impression* we want to make to that specific audience. Our true and authentic self resides in the backstage sphere that remains separate from the stage where performance takes place. This distinction provides protection of both the vulnerable self and the authenticity of the performance (Goffman, 1959). In all these approaches, the real person is supposed

to be more authentic than the masquerade. Doniger (2005), however, presents an alternative view on masks, suggesting that they do not necessarily lack authenticity,

> *We assume that masquerades lie, and often they do, at least on the surface. But often masquerades tell a deeper truth, that masquerading ourselves reaffirms an enduring self (or network of selves) inside us, which does not change even if our masquerades, intentional or helpless, make us look different to others.* (Doniger, 2005:203)

Professional Identity

In the previous sections we touched upon how individuals, in an attempt to position themselves in the social world, identify themselves with various groups holding multiple social identities. Professional identity is perceived as a one of these, since socialization within the professional community gives a sense of belonging and stability, reducing human insecurities (Weaver *et al.*, 2011, Blakey *et al.* 2008, Hotho 2008; Collinson, 2003). Regarding the relation between professionals and profession, Weaver *et al.* (2011) argue about professional identity being reinforced by *professional inclusivity* and *social exclusivity*. In their study of medical students, they recognized that their professional identity was empowered when they were treated as future medical professionals not only by their professors but also by other doctors and patients in the clinics, calling that professional inclusivity. At the same time, though, social exclusivity contributed to their professional identity, meaning the strong sense of being different from other students, non-medical students, and being socially separated from students in other disciplines. This social isolation is combined with peer unity leading to a shared sense of identity as medical students. An important notice here is that the sense of professional inclusivity was triggered mostly externally, by how they were treated by other people, and thus, not produced internally (Weaver *et al.*, 2011).

In turn, Hotho (2008), combining the SIT with the structuration theory about the interdependence of structure and agency, supported that professionals are influenced by the collective professional identity, but that they also form and re-form it. Stated otherwise, professionals have the need to maintain a social status and their self-esteem through the professional identity, that gives them the sense of belonging and stability that we mentioned above. At the same time, as structure and human agency are not produced separately, but rather reciprocally, professionals reconstitute the specific professional identity through their interpretations and actions, adding new attributes to the identity, rejecting old ones or enhancing the existing ones. Subsequently, in a first level we recognize a distinction between professional identity of individuals and identity of professions, while, in a second level they appeared to be interdependent, being formed reciprocally (Hotho, 2008).

Emotional Labour and Emotional Work

As we stated above, a dominant point of view in research is that our work influences our self-perception and identity (Collinson, 2003; Ashforth & Mael, 1989). The environment of care work and hospitals, in which we position our research, has been studied especially in connection with emotional labour (Bolton, 2001; Gray, 2009) which we will go into further in the following.

The concept of emotional labour has been studied extensively; especially the fields of medical care and service work have been subjects of research. As a seminal scholar in this field, Arlie Hochschild has taken significant influence on the way emotional work and emotional labour are seen and treated today through her book '*The Managed Heart: The Commercialization of Human Feeling*' (1983). She found that emotions lose their status as a private matter and are more and more transferred into the work life. A differentiation between emotional work and emotional labour is made as the former is defined as "'private' emotion management" (Hughes, 2010:38), involving also one's relationships with family and friends, while emotional labour involves the management of emotions publically and

professionally (Hochschild, 1983). Many jobs require that one shows certain emotions in order to appear in a way that is expected from and seen as appropriate for members of those professions. In her study of sex workers, Sanders (2005) found that they practice both emotional work and emotional labour. While the display of emotions to please their clients counts as emotional labour, the sex workers practice emotional work to keep private and work life separate. Very often the frame for emotional labour is not only set by common understandings and conventions, such as that nurses should show compassion and consternation towards family members at a patient's death while refraining from crying and sobbing openly (Cain, 2012; Mann, 2004). Sometimes there are actual feeling rules that are prescribed by the organization (Hochschild, 1983). An example for this is the requirement for the flight attendants in Hochschild's study to constantly "relax and smile" (1983:105) or hospice workers who sometimes "must keep up the appearance of caring" (Cain, 2012:671).

Nurses (Bolton, 2001) as well as flight attendants (Hochschild, 1983), to name some of the most commonly studied professions in the context of emotional labour, often referred to their display of emotions as 'masks' or 'faces' which they put on to hide their true feeling of e.g. stress, sadness, or anger (Bolton, 2001). Hochschild (1983) calls this behaviour of disguise of true emotions and pretence of 'appropriate' ones *surface acting*. In this case, the body is used to depict a state which is not really felt, but only simulated in order to convince others that one does feel the expected/appropriate emotion. *Deep acting*, on the other hand, means that a displayed emotion is actually felt by the worker. To achieve this, the respective feeling does not necessarily have to be there in the first place, but the worker can/should evoke it in him/herself through will and imagination. In the case of the flight attendants Hochschild studied, they were e.g. trained to regard "unruly passengers as 'just like children'" (1983:111) in order to increase patience and tolerance for behaviours that would otherwise evoke anger or annoyance.

The above elaborations on emotional labour presuppose and frequently mention the workers' capability to manage emotions. The terms emotion management and

emotional labour are often used synonymously (cf. Wharton & Erickson, 1993), but Bolton and Boyd (2003) criticize Hochschild's strict differentiation of private and commercial emotion management and the motivators of strictly private or organizational feeling rules. They defined four different kinds of emotion management: pecuniary and presentational (comparable to Hochschild's emotional work and emotional labour), prescriptive (acting according to social and occupational feeling rules, but not with organizational profit in mind) and philanthropic (giving a little more than necessary as a "gift" (Bolton & Boyd, 2003:298) for e.g. colleagues). So, according to them, emotion management is a lot more complex than previously assumed and the workers "are capable of mixing and managing all forms of emotion management according to 'rules' other than those solely controlled by the organization" (2003:304) in a conscious and calculating way.

The term emotional intelligence has become popular in the work environment of many professions lately. It was popularized by Daniel Goleman in his book '*Emotional Intelligence: Why it can matter more than IQ*' (1996) in which he describes people's capabilities to recognize their own and others' feelings and to manage them. He presents a five part model to make clear which traits emotional intelligence comprises and how they can be developed. Three of the characteristics are "intra-personal 'competencies' – knowing one's emotions, managing emotions, and motivating one-self; and two interpersonal competencies – recognising emotions in others and handling relationships" (Hughes, 2010:37). Connecting clearly to the previously mentioned emotional management, emotional intelligence can be seen as a way of living out, but at the same time as a prerequisite for emotional labour. In any case, it confirms and reinforces the rise of consciousness about doing justice to emotionality in the workplace.

With regards to the above stated interpersonal competencies, we would like to mention two emotional responses that seem particularly meaningful with regards to emotional labour in care professions: empathy and sympathy. Although sometimes being used interchangeably in research, the clear distinction between the two is that empathy involves the recognition of the emotional state that another person is in

and the projection of oneself into this state to understand the other person's perspective. Sympathy, on the other side, is merely "a response of compassion or concern evoked by the plight of another" (Gruen & Mendelsohn, 1986:609).

Many scholars see the fusion of one's work with something as personal as emotions critically. While Bolton and Boyd (2003) see opportunities for informality, emotional exchange and support between colleagues as advantages of emotionality in the workplace, both Hochschild (1983) and Goleman (1996) recognize negative impacts from the blurring of private and working life (Hughes, 2010). Hughes expresses the dilemma of emotional labour by stressing the contradiction of "demands for emotional honesty and authenticity while simultaneously rendering emotions as projects to be developed and managed" (2010:45). Hochschild talks about estrangement or "emotive dissonance" (1983:90) that stems from the tension evoked by a continuous mismatch of a person's true feelings and the feelings that he/she is expected to display. Ashforth and Humphrey (1993) confirm that "emotional labour may trigger emotive dissonance and impair one's sense of authentic self" (1993:89). Since often the emotions to be displayed cannot be changed according to the true feelings one would like to express, people convince themselves that they feel what they are supposed to feel and turn to authentic display of emotions (deep acting). This way, though, Hochschild warns, the dissonance is overcome at the cost of self-alteration. She formulates three questions which express the struggles that emotional work can evoke in one-self:

1. *How can I feel really identified with my work role and with the company without being fused with them?*
2. *How can I use my capacities when I'm disconnected from those I am acting for?*
3. *If I'm doing deep acting for an audience from whom I'm disconnected, how can I maintain my self-esteem without becoming cynical?* (Hochschild, 1983:132ff)

The latter goes one step further, when the deep acting cannot be kept up any longer because the worker cannot identify with his/her work role enough to really feel the way he/she was trained to do. The "cynical face" is also mentioned by Bolton (2001:86) and above all in Erving Goffman's '*Presentation of Self in Everyday Life*' (1959). As we presented previously, Goffman compares social life to stage life and thus speaks about front stage and backstage behaviours through which we display different versions of ourselves depending on the context to comply with role expectations that are regarded as appropriate by the people around us. Wharton and Erickson even found that "workers who perform emotion management may be more vulnerable to the stresses and strains of multiple roles" (1993:483) while having a particular focus on emotion management at home and at work.

When it comes to the separation of private and work life, it is a common opinion that this is not completely achievable because "the workplace is not an island in employees' lives: attitudes, stress, emotions and behaviours spill over between work and family domains" (Sanz-Vergel *et al.*, 2012:209), so stress and strains from work necessarily affect the private life as well. The authors mentioned above use the Spillover-Crossover Model (Bakker and Demerouti, 2012) to examine how especially stress from emotional labour spills over into one's private life and is projected on partners. It was found that "performing surface acting at work leads the person to behave in the same way when arriving home" (Sanz-Vergel *et al.,* 2012:215) because switching between roles and turning on and off surface acting costs a lot of effort and energy so that it is often easier to keep on acting even after the work is done. Furthermore, it was found that this behaviour is often also performed by partners "as a negative reaction to the lack of authenticity or as an automatic imitation" (ibid.). Sanz-Vergel *et al.* suggest training emotional workers in methods to manage their emotions differently than only by surface acting; it was e.g. found that "deep acting helps to restore resources" (ibid.). The possible negative effects of this that we outlined above, however, are not considered.

Talking about roles at home and at work, we would like to get back to the study that Sanders (2005) conducted on sex workers arguing that their work involves emotional labour as well as private emotional work. This differentiation according to Hochschild (1983) is supported by the fact that the majority of Sanders' interviewed sex workers stated that they make a clear differentiation between their private and their work life. They actually created separate identities with fake names and made up characteristics and life stories for their work selves in order to protect their private life from any intrusion from this particularly demanding work as far as possible. In this case, the strict separation of work life and private life that was doubted above is applied as a strategy to cope with and manage emotions. However, the creation of an actually separate work identity can be seen as a special case which reconnects strongly to the topic of identity and identity construction.

Interrelations between Identity and Emotional Labour

How identity and emotional labour intertwine can be seen in different ways. Firstly, as mentioned above, emotional labour requires acting, deep or surface acting, in order to credibly display desired or expected emotions. If the worker is forced to constantly or at least frequently show emotions that do not correspond to his/her true feelings, a feeling of disconnection to one's true self can be the consequence. In this way, emotional labour can either lead to a (partial) loss or a (partial) alteration of the self. On the other hand, the construction of a separate work identity can also protect the private life from a spill over of work-related trouble. Thirdly, members of certain professions that involve emotional labour develop professional identities just like any other social group can. This gives them the opportunity to turn to colleagues for support and understanding that they could not find outside of this group, as described by Weaver *et al.* (2011) and also Smith and Kleinman (1989) in their study of medical students. The emotional challenges that the students faced during their education could mostly be helped through exchange with other medical students and doctors who understood those challenges in a way that 'outsiders' never could,

strengthening their identification with this group even more. If the students faced emotionally demanding situations, it helped them to see themselves as medical professionals in the first place, and not 'normal' people. An example for this is some students' stories about situations with patients in which they felt the urge to laugh, apparently "Humour is an acceptable way for people to acknowledge a problem and to relieve tension without having to confess weakness" (1989:63), but "Joking is backstage behaviour" (1989:64). Another facet is that of empathizing strongly with the patient in order to distract from their own feelings: "Sure my feelings matter, but theirs do, too, even more. I'm here for them and it's only right to give theirs priority" (1989:63). In both cases the students handle emotionally challenging situations by distancing from themselves; either by looking at themselves as professionals that stand above those emotions and that can differentiate between appropriate front-stage and backstage behaviours or as empathic caregivers who cut back on their own needs and feelings to do justice to those of the patients.

(Hospital) Clowning

Above, we mentioned humour as a possible way to lighten emotionally straining situations. This brings us to the special case of clowns in our elaborations on emotional labour and identity. Anne-Pauline van der A (2012) describes the process of creating a clown persona, using herself as a 'test object', and the relationship of the clown persona to the self which require much more reflection and self-confrontation than one would expect. In the course of her clowning education, she 'met' her own clown persona. In line with the pertinent theory applied by her school, a clown often arises from one's own confrontation with "incongruity, vulnerability, weakness or failure" (2012:89) and is therefore a very personal and individual creation. Since "clowning awakens hidden aspects of the individuals involved" (2012:86), it can be seen as a "truthful and authentic expression of the performer's self" (2012:87) while "to an extent, the clown persona can be identified as a person existing in his own right" (ibid.). The latter notion is supported by further signifiers

that differentiate the clown persona from the self, such as a clown name, a way of dressing, moving and even talking. However, "the clown persona cannot exist apart from the person performing him" since it is "tailored to his needs for self-expression" (2012:89). This leads to a possible risk of "tension, disengagement or alienation, even anxiety and hysterics, and… physical and emotional risks to the performer's self" (2012:96). Van der A confirmed that in her self-study she noticed some blurring between herself and her clown persona sometimes.

Among professional clowns, hospital clowns, or clown doctors can be viewed as a peculiarity. Despite the fact that many of them have a theatrical background, they are required to do special trainings for clown work in hospitals (Linge, 2008). According to Tom Doude van Troostwijk, hospital clowns act as *boundary crossers* who allow the hospitalized child to break free from its isolation in the closed hospital system for a short time by turning hierarchies and power relations upside down and "[breaking] through the pattern of expectation of the child" (2006:75). Likewise, he argues that the ultimate goal of hospital clown work is not to provide entertainment and laughter, but to "build a relationship with the sick children" that allows them to "position [themselves] under the child" so that "the child is in charge and the fool has to follow" (2006:74). Lotta Linge generally makes the same point by stating that the purpose of hospital clowning is to enduringly astound the child with unexpected reactions (2008). She also puts a focus on the clowns' working in pairs which gave them more opportunities for communication and interaction. This way, the child could be "drawn in gradually" (2008:32) instead of being in the spotlight and possibly feeling pressurized to take charge of the direction of the performance from the beginning. To sum up, the job of hospital clowns appears to be a lot more about empowerment and liberation of the hospitalized children than about making them laugh with stunts and jokes.

Bernie Warren, an academic and a performing artist, has studied extensively the case of the hospital clowns, and, in cooperation with Caroline Simonds, a professional hospital clown, looked at the work of hospital clowns and the issues they have to face. In their book '*The Clown Doctor Chronicles*' (2004), they also focus

on the difficulties the clowns face during their work, as well as the issue of burnout present in their emotional work, despite the joy that they spread among hospitalized children which makes them happy themselves as well. There are hard situations in which children relapse or die and the clowns, although they might not witness it directly, know and are affected by it. They also presented situations where hospital clowns felt rejected or unappreciated by nurses, doctors, children or their families. They argued that all these situations, along with the hospital setting that makes them think more about illnesses, can cause stress to the hospital clowns, making them more vulnerable towards experiencing burnout. They also suggest that opening up to criticism might be a way to prevent burnout (ibid.). Interestingly, however, the ways in which and in how far the clowns cope with emotional experiences from work remain a question,

> *How are we to separate the professional from the private so that we can last a long time as hospital clowns without unnecessary burnout or loss of sensitivity? After all, a clown must stay in the state of wonder, naivety.* (Simonds and Warren, 2004:14).

Chapter 3: Methodology

In this section, we will show how we have chosen and implemented the method of our study. We will start with our paradigm, as the set of our ontological and epistemological considerations that informed our methods and our conducting of the study as a whole. Then we will continue with our research design and process, our participants, as well as with how we gathered and analyzed our empirical material. We will complete this section with our thoughts on and our method for addressing reflexivity, reliability and validity issues.

Paradigm Guiding Our Research

As highlighted from the beginning, in this project we have engaged in qualitative research, which, in its core, "attempts to understand and make sense of phenomena from the participants' perspective" (Merriam, 2002:6). Starting with our ontological considerations, ontology concerns the nature of reality or being, whether it is objective and 'out there' or constructed through social interaction (Bryman & Bell, 2003). Our ontological standpoint is that reality does not exist in separation to or even pre-exists to the social actors. Hence, reality is socially constructed, depending on the participants' perceptions, actions and interactions (Alvesson & Sköldberg, 2009). Within this framework, we recognize that there is no absolute truth, but that the world is much more complex, as multiple truths are generated depending on how people make sense of the world around them (ibid.). This is connected to our epistemological stance, since epistemology is concerned with "the question of what is (or should be) regarded as acceptable knowledge" (Bryman & Bell, 2003:13). The epistemological position we hold

for this study is interpretive, since we focus on understanding human behaviour, taking into account that social action is characterized by subjectivity (Bryman & Bell, 2003).

From our social constructionist view, we perceive identity construction issues, as well as people's experiences of emotional work as highly subjective. We recognize that identity is a social construct, that is being produced, in fact emerges from how people understand the social world around them and how they interact within it (Lawler, 2008). We also perceive that the meaning of emotional work can be seen not as given, or even generalized, but as being constructed by how people act and interact within an emotion-laden context. Our ontological and epistemological assumptions reflect our belief of the distinctiveness of people (Bryman & Bell, 2003). Stated otherwise, we support that people make sense of the world around them in different ways, making different interpretations that can be better understood only in context (Alvesson & Sköldberg, 2009). Thus, we recognize that the behaviour, the values and the emotions are not pre-given, fixed or the same for everyone, and that they cannot be understood outside the very social setting and the very actors, the hospital clowns in our case. We accept that the hospital clowns experience and interpret their emotional work differently and that the question of 'who am I', their identity - individual and professional- is influenced, negotiated and constructed through this experience. Subsequently, the interpretive paradigm that we hold underlines the way in which we formulated our research questions, how we carried out our research and how we engaged in our empirical material, as we will elaborate later in this Chapter.

Research Design

We tend to perceive our interpretative study as being in a sense ethnography-laden and phenomenology-inspired. Merriam (2002) defines ethnography as focusing on culture, beliefs and values, while phenomenology "focuses on the essence or structure of an experience" (Merriam, 2002:7). In our research, we came close to the participants by spending time with them, apart from the time of an arranged observation of them

working at the hospital. We went, for instance, for lunch with them and visited their private homes in our attempt to understand their values, their beliefs and their attitudes that shape their behaviour and their identity (Merriam 2002). At the same time, though, we tried to see the world through their eyes and focus on how they experience their emotional work, in an attempt to reveal the essence of being a hospital clown and of being engaged in emotional work, that is, according to Patton (1990), a key point of phenomenology.

Research Questions

Throughout our research we aim at addressing the following two main questions:

1. How does the emotional work of the hospital clowns impact their identity?
2. How is the private 'real' life affected by the hospital clown's experiences at work in the hospital?

We wanted to explore how working with ailing children or the elderly, trying to make them happy in the face of sickness, would affect the hospital clowns personally and subsequently might alter their personal identity or their identity as professionals. Thus, in the first question, in order to discover the link between their emotional work and their identity, private and professional, we tried to approach this question from different directions. Hence, we looked into the participants' motivation to be hospital clowns, their personal and educational background and their professional work, such as their preparations before performances and what they do afterwards.

Similarly, in the second question, building upon the first one, we focused more on how the clowns experience difficult situations and how they deal with them during and after their work at the hospital. In particular, we wanted to learn more about their relationships to the patients they performed for and their way of coping with the latter's medical situation or even death.

The Research Process

We conducted seven interviews with participants from three organizations in two countries and had a three-hour observation of two hospital clowns working together at a hospital. The interviews were audio recorded with the participants' permission and transcribed. Four interviews were conducted in German and translated while transcribed. The longest interview took 91 minutes and the shortest 39 minutes. One of the interviews was conducted via Skype since it was not possible to meet with the participant in person as we did with the other six. We agreed with the participants to use synonyms instead of their real names when referring to them or quoting them in our analysis in order to provide anonymity.

For the purpose of our research, we conducted semi-structured interviews in which we encouraged the participants to speak freely in order to allow deviations that could bring up meaningful themes that were not covered by our questions. This methodology of semi-structured or open interviewing seems to be more person-oriented, but also to have an "issue focus", as Bryman and Bell (2003:13) suggest. This interviewing style gave us the opportunity to guide the conversation in the direction of themes that we intended to cover for our analysis while not inhibiting the possibility to flexibly and spontaneously react to other clues that the interviewees gave us. The questions we formulated and used as a guide for our interviews, were based on the above mentioned issues we wanted to explore in order to address the two main research questions and can be found in Appendix A. The interviews were conducted in a private setting of the participants' choice, meaning a location where the patients were not present, i.e. their homes or the associations' office, which enabled the participants to speak freely and detached from the hospital context. Since our focus was on the person behind the clown, the clown´s performance at work was not our main interest, at least in the beginning. The general manager of one organization, however, invited us to a hospital, where she and another clown were to perform together at the children´s oncology ward. Despite our initial mindset, we saw the observation as an opportunity to spend more time with the hospital clowns and observe them at work. We decided that this

fieldwork would enable us to observe their interactions with the children, the staff, as well as between the clowns themselves. Furthermore, we thought it would broaden and enrich our views on the context of their work, the workplace, their experiences at work and how they interpret them, and above all to get a better understanding of their culture. This observation proved to be a very insightful opportunity indeed, while also allowing us to build upon those experiences and develop the following interviews by using examples and drawing parallels.

We saw the fact that one of us does not speak German as an opportunity for an exclusively non-verbal observation that proved to be rather interesting for the purpose of our research and our analysis. As it has already been pointed out from researchers focusing on emotions, in emotion-laden contexts, a strict focus on interviews or structured observations can be of limited use (Leathers & Emigh, 1980; Rafaeli & Sutton, 1987). Emotions are expressed not only verbally but also through tone, voice, body language and facial expressions. Thus, the emotion-oriented nature of our study entailed a focus on facial or body expressions, along with the analysis of the transcribed interviews. This, of course, does not mean that the other one that speaks German did not engage in non-verbal observation and analysis, but more that the non-German-speaker was able to focus more on these expressions, as well as on the surroundings and the scenery, like the interior of the participants' houses.

Participants

Access to the organizations was gained after we sent research requests via e-mail to organizations of hospital clowns in Europe and hospital clowns working independently, combining convenience and snowball sampling methods. As defined by Bryman and Bell, "a convenience sample is one that is simply available to the researcher by virtue of its accessibility" (2003:105). So, we cooperated with the organizations and the hospital clowns that replied to our request and were interested in participating. Then, except for one case where the participant himself answered to our request, we established

contacts with the rest of the participants through the contact persons whom we were in e-mail contact with, following a snowball sampling (Bryman & Bell, 2003). From the beginning, we assured confidentiality as well as our respect for privacy boundaries to ensure compliance with ethical issues of the participants and the context in general.

All of the interviewed clowns are members of associations that organize their performances. Five participants were from the organization *Klink-Clowns Hamburg e.V.*[1] in Hamburg, one from the *Danske Hospitalsklovne*[2] in Copenhagen and one from the *Clowns Without Borders Germany (Clowns ohne Grenzen)*[3]. The participants were aged between 29 and 67, while two of them were male and five female. We did not have any specific requirements concerning demographic characteristics of our participants, since we chose convenience and snowball sampling as we have mentioned in the previous section. However, when the manager of the organization in Hamburg, through which contact was established, signalized that several members were willing to talk to us, we consciously gave preference to a participant who, according to the manager, was very experienced and to one very inexperienced, in addition to the three that we had agreed on based on availability. We regarded this as an opportunity to gain insight into possible differences in findings that might stem from seniority. Regarding this intentional exclusion, we decided that in the scope of this thesis project, it would not be possible for us to interview all the people willing to cooperate and that a total number of seven participants would suffice to find fruitful insights for the purpose of our study. As for the other two interviewees, they were the only participants from their respective organizations who were available for interviews, and thus no further requirements were taken into consideration.

The hospital clowns regularly perform between one and four times per week, usually at the same hospitals. For most of them, this occupation is not their only job although they get paid by the hour by their associations for the time they perform as hospital clowns. The association in Hamburg was founded in 2002 and regularly visits four

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[1] http://www.klinik-clowns-hamburg.de/
[2] http://www.danskehospitalsklovne.dk/
[3] http://www.clownsohnegrenzen.org/

children's hospitals or children's wards in hospitals and also a number of nursing homes in Hamburg. The organization in Copenhagen, founded in 2003, covers 21 hospitals and medical institutions for children in the whole of Denmark, of which four are located in Copenhagen. Both associations are to a large extent dependent on donations for their financing of performances and trainings.

The setup of *Clowns Without Borders*, although also relying on donations and membership fees, is slightly different since they do not perform on a regular basis, but are organized via projects during which they travel to crisis areas in the whole world. There, they usually perform several shows per day, often over a course of several weeks during which they travel through the respective country to predetermined locations among which are e.g. schools, orphanages, or refugee camps. The members of *Clowns Without Borders* are not paid for their performances. Although the work organization of *Clowns Without Borders* is essentially different from the one of hospital clowns, we found the insight into another side of emotional work as a clown, namely in war areas and completely foreign cultures, to be a great addition to the findings that we gained from talking to hospital clowns who perform in regular schedules and locations.

Data Analysis Process

With regards to how we chose to treat our data and link findings to theory, we took an abductive approach. Stated otherwise, we used previous theory as a guide as well as a source of inspiration to find new interpretations in the empirical material, and thus, to develop new understandings. Consequently, we searched and acquired deeper knowledge on the identity and emotional work studies prior to our fieldwork in order to broaden our theoretical background. We found this to be a way to develop our interpretive options and engage in further reflection that, during fieldwork, could help us recognize aspects of identity construction and emotional work that we would not have been able to see otherwise. (Alvesson & Sköldberg, 2009)

From the beginning of the data collection, each one of us took her own notes on her first thoughts after each meeting with the participants. Then, we discussed and compared them and cross-reflected, meaning the one reflected upon the thoughts of the other, creating a new set of notes with these remarks. Most of our field notes were about thoughts from the observation of the two clowns at the hospital, but also thoughts from the time we spent with these two clowns outside the hospital, going for lunch with them and driving to their offices where we conducted two interviews. For the analysis process, we used Creswell's (2003) six steps of data analysis and interpretation as a guide. Hence, first of all we transcribed the interviews and typed our field notes. Then, we obtained a general sense of the material, by reading it through, identifying the generic ideas the participants had mentioned. In this stage we worked independently to get our own feeling for the data. Each one of us noted in the margins the first thoughts that she had while reading.

Afterwards, we started our coding process. We wrote our research questions in the top of every page to have them always in mind. This helped us stay focused during our second reading of the texts while we aimed at finding the salient themes of every interview that were related to how the participants perceive their emotional work and how much they get affected in their private lives by this work. We also searched for repetitions, metaphors and analogies that the participants used to express and represent their thoughts and experiences, according to Ryan and Bernard (2003). We highlighted them in the text and took notes in the margins, like cross-references to other parts of the interview where the participant had mentioned something relevant or contradictory (Creswell, 2003). In this process, for instance, an issue that emerged was about how they see their clown persona in their lives, so we highlighted expressions they used when talking about their clown.

Our intention was to take a hermeneutic approach for the data analysis and try to read between the lines finding not only the conventionally understood but also alternative ways of interpreting. Thus, throughout the above steps, we discussed, reflected and cross-reflected upon our notes on the transcripts. We found that it was an effective

way for us to combine our different understandings, our *repertoire of interpretations*, as Alvesson and Sköldberg (2009) put it, to broaden our viewpoint and our overall interpretation as much as possible.

Continuing with the steps, we then proceeded by generating a smaller number of broader categories to be analyzed afterwards. From this stage we started working together, meaning on the same text, combining our notes in one copy of each interview. That way we recognized that we had three salient topics, spotted by both of us, that we named after the letters A, B and C. Using these three categories as headlines, that afterwards generated our three parts of the analysis chapter, we read through our notes again, grouping them as sub-themes of the three main themes and naming them after the respective letter (A, B, C - See Appendix B). We gathered the three themes and sub-themes into a document by formulating sentences for each one of them expressing their meaning, like, for example, the sub-theme 'Hospital clowns differentiate themselves from normal clowns' under the main category of 'Professional Identity'. In this process, we also focused on how our sub-themes explained and supported the respective category and how these categories provided answers to our main research questions. For this purpose, we used a practical way of formulating our thoughts and answers into sentences. For instance, we formulated the sentence 'They perceive their clown persona as an extension of their self and not as a role' and connected that to the research question of how the real self gets affected by the clown's experiences.

Continuing with the last steps, regarding the representation of our themes, we decided to engage in a narrative passage where we could develop a discussion between the interconnected sub-themes. We decided to provide a thick description and to contextualize these findings, i.e. giving more information of the setting and a given situation (Gill, 2011), as well as using relevant quotations that we highlighted in the transcripts. At last, looking at the data in conjunction with our literature used, we focused on the meaning of our empirical material, how we can interpret it and on the essence of the original contribution of our findings (Creswell, 2003). In this last stage,

we used the answers to our research questions formulated in a previous stage as a guide to shape the main argument of our study.

Reflexivity, Reliability and Validity Issues

From the beginning of our study, we acknowledged that the emotional side of the chosen context, along with the ambiguity of the interpretations in qualitative research in general (Alvesson & Sköldberg, 2009) raised the importance of reflexivity, as well as consciousness of biases and assumptions for the whole project. Acknowledging that the hospital clowns engage in emotional work and that their personal life would be affected in a way, we also recognized that the empirical scenery, i.e. the hospital, the children at the hospital, their families and the very clowns, could be a highly emotional context for us. At the same time, though, from our interpretive view we acknowledge that we, the researchers, are the ones to filter the data and give sense to the findings, using our judgment, knowledge and intuition (ibid.). Thus, in the beginning of this study we were convinced that it is necessary for us to keep a distance -due to the possibility to be drawn in by the emotionality of the whole context- in order to be able to deconstruct the data, find deeper meanings and construct fruitful insights on identity and emotional work. Within this framework, we thought that this would possibly be the best way to explore behind their 'funny masks' and treat them as more mainstream professionals that perform emotional work and not as the entertainers, the 'pain-relievers', the 'good clowns' or the 'sensitive professionals', to mention some of our initial thoughts. At this point, we want to emphasize, though, that being reflexive and aware of our assumptions and biases did not mean that we were afraid or even intended to deny the emotionality of the context, but rather that we wanted to stay attentive not to let our emotions become an obstacle in seeing beneath the surface or even drive us away from the purpose of our research.

During the data collection process, however, the way the participants spoke about their experiences and the attitude they conveyed made us feel like we did not need to

protect ourselves from this emotionality. It came naturally that we did not keep a distance, but let our emotions make us more engaged and sensitive listeners and participants in the conversation. We asked people -through our questions- to open up to us in our interviews and we intuitively reacted to this with genuine and honest responses that felt appropriate in the situation, like, for example, sharing the experience we personally had from working as volunteers with ailing children in our home countries. This let our conversations become deeper, since we created a further connection to the interviewees and gained their trust.

We do not perceive the above process as having limited our reflective thinking nor any reliability and validity issues concerning our research. We recognize and accept that qualitative research in general is characterized by a high level of subjectivity (Alvesson & Sköldberg, 2009; Bryman & Bell, 2003). From our ontological standpoint, we have already agreed on the non-existence of absolute truths. Thus, from the beginning, we acknowledged that our findings cannot be replicated or generalized, since they cannot be detached from their context and up to a point that they have been filtered through our lens (Alvesson & Sköldberg, 2009). Mason, referring to qualitative research, suggests that "validity, generalizability and reliability" (2002:38) are different kinds of measures for "assessing the quality, rigour and wider potential of research" (ibid). Hence, conducting our study, we tried to manage our biases and develop the quality of our research by engaging in the cross-reflection that we explained in the previous section. This method and data triangulation, i.e. combining different views on the data and using different data from interviews and observations (Silverman, 2010), was an important method not only for checking on and challenging our biases and discovering our "blind spots" (Alvesson and Sköldberg, 2009:9), but also for addressing the issues of reliability and validity. With that aim in mind, we also worked on providing transparency on our study through thick description both of our empirical data and of what we actually did during this research. We believe that these methods of triangulation, cross-reflection and thick description add to the quality, the thoroughness and the "wider potential" (Mason, 2002:38) (but not generalization) of our research.

Chapter 4: Analysis

4. 1. Professional Identity

With our two main aspects of research, the way the clowns' emotional work impacts their identity and the extent to which their private life is affected by their work, we approached our fieldwork. During the interviews, we asked questions regarding the clowns' everyday lives, their relationships with other clowns, as well as how the participants perceive themselves in their occupation as hospital clowns. Through these conversations, we found that their professional identity seems to be comprised of pride and exclusivity on one hand, but a weak feeling of community and inclusivity on the other.

Inclusivity

When we asked whether the clowns socialize with other clowns in their private lives as well, the majority said that their colleagues were mostly not part of their friends and acquaintances. In most cases, this did not appear to be an intentional choice, but the relationships established in the work context did not transgress into their private lives,

> *Even this other clown, oh she's lovely, but I cannot get that feeling of closeness with her. And she lives only, like, four kilometres away, but she never seeks me and I never seek her, so it's just our work that links us. It hasn't clicked.* (Anna, 59)

Anna also stressed that she would not mind having private contact with other clowns, but apparently none of them are particularly eager to take the relationship to a private level.

Another participant agreed that she would not call any of her clown-colleagues a friend, even though they get along well at work and also have lunch breaks or occasional informal meetings outside of working hours. She also expressed her thoughts about what she sees as a lack of community spirit in the association that she links to some members' reluctance to substitute each other in cases of illness and their general attitude of refusing to give 'a little extra' to bring the association forward.

> *Sometimes I think I would like to have it another way. There is a bit of idealism or freak in me that says we should all be friends, but what I hope for in this association is a friendly structure, something good and cooperative where you like to be together and not just see each other as colleagues. I think that would be good in order to be able to achieve more together.* (Martina, 47)

Martina appeared regretful about the lack of engagement the clowns show beyond their work duties. This perception might be strengthened by her personal involvement in the management of the association, but she seemed to expect more devotion from people involved in the social sector.

However, we did observe that the participants we talked to all appeared to be open to substitute other colleagues and did so on a regular basis. So, the unwillingness to substitute was only mentioned by the participants referring to other clowns whom we did not have an opportunity to interview in order to explore this issue further.

Another aspect which remained unmentioned in the above interview, but came up in other ones instead, is the fact that some of the clowns rely on their performances as hospital clowns as part of their income. Five of the seven interviewees have a background in social work and two out of the seven make a living as performing

artists at present. One participant remembered the beginning of the spreading of the concept of hospital clowns in Germany in the late 1990s. She remarked that competition was quite common among hospital clowns as well,

The way it is in many professions, some sort of fights, territorial fights came up. No matter how social or emotional they are, people want to safeguard their future and find their place. (Johanna, 43)

This supports the assumption that being a hospital clown can be regarded as a profession like most others despite the fact that it is usually just a part-time and paid-by-the-hour job and not a full time job in a more conventional way, as one participant in particular expressed,

As a full time job, like five days a week and possibly eight hours a day, I couldn't imagine. I think that would be overdoing it. I think one to three days is ideal. I guess it is kind of special that way. (Johanna, 43)

Despite this part-time and generally 'non-ordinary' nature, the profession of clown is officially recognized as a qualified trade and the education that the participants went through, albeit in different forms, is quite specialized and intense according to what we were told. Most of the participants took part in a number of workshops specifically aimed at hospital clowns, one even had a one year long educational training of five days per month covering the main aspects of hospital clowning: the clown play, psychological training and learning about hygiene and other hospital-specific topics.

While some of the clowns earn their living as performing artists and, among this, as hospital clowns, most of the participants in our interviews were not financially dependent on their work as hospital clowns. One is full-time employed in a management position at the hospital clown association itself, the others work part-time in other professions or they are not working elsewhere at all.

One participant who is retired from her former job only started being active as a hospital clown after she went on pension. She expressed how lucky and happy she feels to be able to work as a hospital clown and not to depend on it financially,

> *In some ways this is my job, I take it very seriously and I do it every week or more, but the others have to earn money. For me that's luxury!* (Pia, 67)

Comparing her work as a hospital clown to luxury implies with how much love and passion she pursues it. And this is a common pattern we recognized among all our participants. Whether they depended on it financially or not, they all seemed to feel extremely proud and lucky to be hospital clowns as we will elaborate in the following.

Exclusivity

To become a hospital clown in an association like the ones our participants came from, they had to go through an audition process to prove their abilities. But even after being accepted, not everyone was allowed to play at the children's hospitals. One of our participants explained that he played only at nursing homes for elderly people for a while before the association let him perform in front of children as well,

> *I started as a hospital clown for seniors and for children they made me wait for, I think, about one and a half years. Then they said ok, you can also go to the children.* (Fred, 58)

It did not seem like he felt disappointed at that time, but playing in front of children appears to be the core part of hospital clown work that most hospital clowns are affiliated with. Furthermore, in our interview he mentioned that his colleagues with whom he works as a performing artist often say they could not do his job, 'they couldn't deal with it', meaning with seeing the sick and perhaps dying children. Other participants mentioned this as well which leads us to think that they feel

special in that way as well, meaning they are good at something that not everybody can do. This recognition of their talent by others might lead to a feeling of pride over their profession. To our question, what she replies, if somebody asks about her job, one participant answered,

> *Both, I say both. I say I'm a child care worker and I'm a hospital clown. And hospital clown is said more euphorically. I've already been worried, if I'm boasting about it, but I'm just so glad.* (Maria, 29)

This euphoria might be partly due to the fact that this participant has only been a hospital clown for a few weeks, but in general, all our participants 'lit up' when they got to talk about their motivation for this occupation. For many of them, it appears to be more than just a way of being able to help sick children, but they also found satisfaction and fulfilment of their own in this work. Although the previously mentioned participant has only been a hospital clown for a very short time, she mentioned that she feels like she 'arrived' in her life having those two jobs. Another one even went as far as saying her motivation to be a hospital clown was more owed to herself than to the children.

> *I mean, it has the idea to increase the children's self-confidence and I thought that's good. But the first idea was I was really good at doing that and the second idea was, ok, they profit from it as well.* (Martina, 47)

This implies that the clowns' motivation is not purely altruistic, but that they also feel like they profit from it themselves. Our understanding was not that the participants sounded self-centred, on the contrary, it seemed to us as if they find their happiness through making others happy. One participant in particular seems to have the need of making other people feel good going as a 'red thread' throughout his life. In other words, when the conversation revolved around how he got involved in hospital clowning, as well as what keeps his motivation up, he explained that for him wanting to make people laugh started when he was three and a half years old

and his mother suffered from depression. He was very clear about his intention to make people feel comfortable in any way he can.

> *It started in my very childhood. When I was three and a half my mother was in a severe situation and she got depression and I thought I have to do something for my mother, so I wanted to make her happy and that she could have fun. The motivation is to make people feel better. I try this, I try this, ok, this doesn't work, I try this. I try it with music, I try it with magic, I try it with clowning. Sometimes, when somebody is in a severe situation, I can also just take their hand. I have so many possibilities.* (Fred, 58)

Likewise, the same participant called himself a '*harmonizer*' later on in the interview, which speaks for his inclination to spread positive feelings among people as well as his own need for and pursuit of harmony in his environment. With his consciousness about seeking and spreading happiness and harmony throughout his life, he might be a special case, but other participants also made statements that lead us to think that they find much satisfaction in their work as hospital clowns. One part of their work that appears to be particularly rewarding for the clowns, is the interaction with the children (or also elderly people).

> *I love it, because if you see the glimmer in their eyes, it turns me on. And I am so happy about this communication, that feeling is the best, that's to be... that's clown!* (Pia, 67)

While Pia appeared to be extremely thrilled about her possibilities to communicate and engage with the patients, another participant agreed by comparing her play with the children to a 'magic moment' and yet another one explained her drive in the following way,

> *I think that in every situation most people somehow want to have variety and fun or stimulation and that, no matter how sick you are, your fantasy somehow works in you. This is something that moves me*

quite much and also represents me and at some stage I also thought I
have a talent. Yeah, at some stage you just feel like 'It's working, I'm
getting something back, it's working out', it's just nice. (Johanna, 43)

This participant as well as the others seems to enjoy the interaction that the direct contact with the child allows. Although some of them perform as clowns in private as well, e.g. on birthday parties or company festivities, they described a difference between those and their performances at the hospital.

When I do the normal clown, I have a lot more distance, I am not so
engaged. (Fred, 58)

This participant notices a clear difference when he performs as a hospital clown or in private settings. The relationship with the audience seems to be the factor that influences his perception of himself as a clown in those situations. Similarly, another participant explained how she recognizes differences in the audience at private performances as well.

I am not different, but the children are different. So, it's actually very,
very hard with well children because they… I think they want more
performance and I don't give performance. They are so stimulated and
moving, you know, they want this performance and I cannot give it, I
will not give it. So, it's hard to make them accept the way I am as a
clown. (Anna, 59)

The salient point in this quote seems to be the participant's reluctance to be a detached entertainer or performer. Although none of them seemed to have the intention to devalue the art of being a performing or entertaining clown - after all some of them do that as part of their job as well -, we understood from their elaborations that as hospital clowns they dis-identify with those 'normal' clowns. A strong point in which the two occupations differ is that hospital clowns base their performance entirely on improvisation and do not follow rehearsed routines or shows, as many of our participants explained.

> *There the big difference is that it has to be a strongly exorbitant,*
> *powerful figure. It always has to have everything in his or her hands*
> *and attract and captivate people. The theatre clown, I imagine, can*
> *work a lot on his figure and really polish it and, if it's not improvised,*
> *has feelings that he always has to get into and routines and so on.*
> *There it's possible to really work on the art of the figure, motion and*
> *expression and so on. And with the hospital clown, it's just really*
> *important that the clown can make contact with the child and knows*
> *how to show certain facets.* (Johanna, 43)

In this quotation the participant stressed the difference in priorities for hospital clowns and performing clowns. While the 'normal' clowns can work a lot with tricks, stunts and neatly rehearsed comedy elements, the hospital clowns work with what the child offers them and develop their play around the circumstances of the individual situation.

The above elaborations led us to the understanding that the hospital clowns are driven by their passion to help sick children (or elderly people) in their way, to 'rescue' them from a monotonous and sometimes frightening stay at the hospital by giving them some minutes of freedom and carelessness, to 'empower' them was also an expression that was used by one of our participants. Being able to do this, emotionally and artistically, seems to fill the hospital clowns with pride and a feeling of being special, maybe even chosen. While this feeling unites them and makes them members of an exclusive profession, their community feeling appears to be modest which allows us to assume that their feeling of inclusivity, of being a member of a group of professionals, is relatively weak compared to e.g. doctors (Weaver *et al.*, 2011).

4. 2. Acceptance and Embracement of Imperfection

Throughout our interaction with the participants, the interviews and the observations, we noticed that they showed an acceptance and embracement of imperfection. We have chosen this term to include all the different comments or meanings they gave when referring to anything that cannot be perfect or ideal. This concerns aspects that are not supposed to be perfect in their private lives as well as in their working lives, including the grief they have to cope with sometimes. In the following sections we are elaborating further on these issues.

Embracing imperfection

Many participants talked about their experiences at work and in their private life in terms of perfection, or -to put it more correctly- of imperfection. First of all, some of the participants talked about *imperfection* as a first clue for selecting this profession. When we asked Martina, for instance, how she had decided on becoming a hospital clown, she said that she had her first contact with a hospital clown while she was working as a kindergarten teacher. And then she continued,

> *I realized I'm perfect in being a clown because I cannot do anything right, just in my life* [chuckles] *It's the same in my life, I'm perfect in doing nothing right!* (Martina, 47)

It seemed to us that she took this attribute of hers, she embraced it and she made it the main attribute of her work. This could be viewed as a way of accepting her own faults and flaws as well and instead of being embarrassed about them, she uses them to her advantage. Regarding the same question, Maria and Anna mentioned

similar characteristics and predispositions, stressing how 'clumsy' or disorganized and with a 'bad discipline' they are in their private lives as well.

To justify the role of imperfection in the hospital context, which might seem like a contradiction, later in the same conversation Martina added,

> *It's a really good thing to identify with a clown who doesn't do everything perfect. And I liked this idea. And I also thought, well, in this hospital where everything is white and clean and all those machines and everything is perfect, and there's a clown, I think it's the best thing ever. All this white and then there is this colourful person. And everything has to be 'dadada, chop chop' and everything has to function, you know, it was just fun to give a contrast to that.* (Martina, 47)

From this comment, we understood that she had linked hospital clowning to imperfection in its core. She seems to perceive herself as being contradictory to the perfection of a hospital, but calls that 'fun', enjoying this contrast and enjoying giving children a break from the well-oiled machine 'hospital' in this way as well.

Our understanding of the participants' attitude towards imperfection was also backed by our contact and observation of their private environment. As we mentioned in Chapter 3, referring to the Methodology part, some of the interviews took place in the participants' houses. Thus, we had the opportunity for a more holistic observation of their private space, their everyday lives and their lifestyle. In this sense, Johanna's place, where she lives with her husband and their two children, was a really interesting site of observation that gave us further insights into this acceptance and embracement of imperfection. More specifically, during this interview that was conducted in German, the one of us that does not speak the language had the chance to observe more carefully the interior of the house. Her eye caught a picture on the wall showing a denture with crooked teeth. The photo seemed so real that, after the end of the interview, we needed to ask this last thing

before leaving. So, we asked her about the picture, who those teeth belonged to and why this picture was there, on the wall in the dining area. Johanna laughed and gave the following response,

> *Oh…that's my husband's! Before he got braces he had gotten this panoramic photograph from the dentist and he thought, we thought, it would be a good idea to put it here, because it's…his teeth! It used to be down here* [at eye-level opposite of the dining table]*, but once we had some guests for dinner and one of them asked if we could take it down because he couldn't eat. So, we put it up there* [on the same wall but higher up]. (from personal interaction with Johanna)

This answer and its explanation somehow surprised us, but also made us see more clearly the tendency of being open and supporting his imperfection, apart, of course, from their particular kind of humor. Even though her husband has straight teeth now, she admitted that they are not thinking about putting this picture down. Even when their guest expressed his discomfort about it, they did not take it away but just changed its position, strengthening our thoughts about how much they do accept their flaws and embrace them into their lives.

This tendency to accept that things sometimes are not perfect or ideal also caught our attention when they referred to their preferences of some children over others. Martina, in particular, when we asked about her relationships with the children, said,

> *There are always children that you like better; it's just like that. And I also notice that for kids that I like, I probably stay a minute more and play longer and so on. But I also don't think that it is bad that way, it's just the way it is. I simply hope that in another room, it is my colleague who has this connection and that we stay there longer because of him.*
> (Martina, 47)

This view was common for most of the participants. Maybe it struck us because we had some different initial thoughts about this issue. We believed that they would

probably claim a different attitude or answer more neutrally or even suggest that, ideally, they treat everyone the same, because they are professionals for example. The case, however, was not that, on the contrary they explicitly accepted the existence of their preferences without trying to see it strictly professionally. In fact, they seemed to support their preferences, even by giving some extra time to their 'favourites', without feeling guilty about it but accepting 'just the way it is', namely that there is more sympathy to some than to other persons. At this point, however, we have to admit that it seems more that they accept the non-ideal situation of having preferences than embracing it.

Only Anna seemed to have a different attitude, adding a different view that had not been shared by the rest of the participants. She said particularly,

> *In every meeting with other people there are likes and dislikes and it happens very quickly. I would be a liar to say that it's the same for each person, because it is not. There are some who I've come closer, of course. It shouldn't be like that but it is… It's natural. But I've really been practicing that… to train myself, to not to let it interfere… So I try to spend more time with those I get most against, I really try to make myself come closer to the one that I feel most against… Because in the meeting there should be no difference, but we are different and we do different things to each other and in order to do equal to everybody, you have to do different to everybody, because everybody is unique, different.* (Anna, 59)

It seems that Anna feels she is supposed to treat everyone equally. Thus, she appears to try hard not to show her preferences, but, in fact, to counteract them. In the last part of her answer, it seemed to us she was trying to provide an explanation for her actions, or even some kind of justification.

Regarding the hospital clowns relationships with children, the salient theme that emerged was about the times when a child refuses to respond or play with the

clown. When we asked one participant about situations when a child says no, he said,

> *Sometimes it happens. There are children that have fears and they cling to their mothers. I have to be very careful. Sometimes it works and sometimes I say ok, I have a little present for you or your mother, and then I leave, I don't want to force them. No, I don't feel disappointed because I know about the context and I think I can feel… I can empathize.* (Fred, 58)

Here he expressed that he does not see or feel it as rejection, but as another situation that he probably cannot change and has to accept without taking it personally. All the participants shared the same view on similar situations.

As we discussed earlier, some of the participants see the role of a hospital clown as contradictory to the perfection within the hospital. In this working environment, the participants often pointed out their low position in the hierarchy in conjunction with the high responsibility they have to take. One participant especially said,

> *Being the lowest in the hierarchy is a fantastic place to be and when you find your room there and your space there, it's so wonderful to be there! Absolutely… the one who can put those questions that no one else can do… and get away with it!* (Anna, 59)

The positive, almost enthusiastic tone with which Anna shared her views was noticed also in other comments that other participants made about being low in the working pyramid. It seemed to us that they make it a positive input for their work. The same participant also added,

> *As the lowest in the hierarchy, I have to be responsible of everything. Maybe one from the staff comes in, she is very stressed and says "not today, Ludo* [her clown]*, please I cannot have it", then I make an agreement with the child saying "hey, can I come back when she is*

done? You see she's got to be alone, she has…" [she makes silly faces] *and then I come back like ten minutes later. But I take that responsibility of this happening that she is actually stressed.* (Anna, 59)

It appears that in her hierarchically low position, she sees two dynamics. On the one hand she knows and accepts that they, as hospital clowns, have to take the responsibility of the guilt, the fault or the shame on them. At the same time however, this position gives them the freedom to say and do what no one else can. The participants shared stories with us about how sometimes they are the only ones who can facilitate medical procedures when some children are unwilling to cooperate with the nurses or the doctors. This power or responsibility could be connected to the harmonizing effect that Fred claimed to have and was mentioned in the previous section. So, we could say that hospital clowns maybe identify themselves as the ones who can bring the *balance* in the hospital, a balance that plays an important role in their life in general, as we are presenting in the following part.

Balance

The positive view on imperfection, though, is not limited to personal characteristics like Maria's clumsiness or Martina's thoughts about how non-perfect she has been in her life, or even Johanna's supporting of flaws. All the participants shared a common viewpoint on a need for accepting that there are good and bad parts in life. Anna, in particular, portrayed it for us really interestingly. When the conversation was about the difficulties that she experiences at work, like her contact with ailing or incapacitated children, and how she thinks she gets affected, she said,

I've read about some Buddhism's thoughts that say that we, white people, are very much told that when we seek happiness, everything should be happiness… but everybody is born to seek happiness, it's a will inside us. But it's not that then you don't get the sad part. Dalai

> *Lama says that Buddhists are brought up to also accept the unacceptable.* (Anna, 59)

Regarding this last part of her comment, Anna seems to mean that, if we accept that we cannot get only happy moments in life without the bad ones, then everything will come together, we will find our way in life. If we look at this Buddhist/ Eastern-inspired thinking more broadly, driving away from its religious aspect, it suggests an underlying sense of striving for *balance* in life. A balance that is not limited to coping with the difficulties only in her working life, but also in her private life.

Referring to this striving for balance, all the participants highlighted that it is about looking at things positively. Anna again gave a nice point on this aspect,

> *Life is hard, and life is fun. You choose every time how to look at it. I mean, the problem is there, but how you look at the problem is how you are gonna cope with it.* (Anna, 59)

Maria enhanced this view expressing it as a need and as a choice of life,

> *Sometimes the positive and the negative are so close together, so surely, Maria takes some of that with her. But the thing is that she accepts that and doesn't push it away. It's about this balance that I also strive for in my life. There are positive and negative things, where do I want to be more dedicated? Am I more negative and want to wallow in that or the positive and the balance? Both belong, it's like a seesaw.* (Maria, 29)

It appears important to Maria to accept and give space to the bad things not only in her work but also in her private life, supporting that with the metaphor of the 'seesaw'. Admitting and accepting the bad aspects that do exist in life seems to be the first step for her in order to see them in a positive light and, thus, to cope with the difficulties. Similar views were shared by all the participants, mentioning that life has 'ups and downs' or 'that's life', meaning the good and the bad side of life. One

participant, talking about whether and how sad he feels when facing sad situations, pointed out,

> *I feel sad in a certain way. But I accept the way of being like it is, and I want to make the best out of this situation and to give them the best feeling possible. There is a nice girl in the hospital and she can't talk because she has a tracheal cannula and she works with her eyes and her whole body and she tells me stories and it's funny because the amount of language just shrinks and I work as well with my body... so funny, we have so much fun together, it's great!* (Fred, 58)

This story that he shared with us, explaining that he talks less as well and moves more, influenced by the girl, shows for us how he tries to profit from the joy of the happy moments and to embrace whatever he can get at the point, once he accepts that he cannot change a difficult situation. Difficulties, however, are often related to *grief work*, as we are examining in the following section.

Grief Work

The acceptance that nothing is (or should be) perfect, as well as the striving for balance in their life plays into the *grief work* that sometimes the hospital clowns have to undergo and that can affect their private lives. The context of the hospital and the fact that the clowns' audience is ailing children or elderly has made the hospital clowns face not just difficult situations but also death, like it happens to the rest of the staff in a hospital as well. So, the issue of grief work is a part of their profession and a main aspect of their emotional work. A first sign of their attitude towards sad situations like death is given by Anna,

> *I feel it's unfair. Losing a child must be the worst thing in the world and it's never fair, but it's part of our life. I cannot cure any children, but I*

> *can be there at the moment, in the moment and in that moment I can*
>
> *do a lot.* (Anna, 59)

In this sense, she tends to accept the difficult situation as it is since she cannot change it. Even though this comment might seem self-evident or like common sense for many people, the participants' persistence in stressing this view, the importance of accepting death, appeared to be their first step to dealing with grief. 'Being in the moment' appears to have a dominant impact on how the hospital clowns cope with sad feelings and tragic events. All the participants stressed that as clowns they have to live 'in the moment', since they constantly have to improvise. Fred had a more professional input on this issue from his experience from a grief work seminar he had attended,

> *We had also a training to do grief work, with a guy, he has an institute*
> *for grief work. He makes from time to time workshops with us, how to*
> *work with grief, with sadness and saying goodbye. The main points are*
> *not to go too far in it so that I can't do my work anymore. There must*
> *be a possibility to get out of it again. Sometimes the feeling is very*
> *strong, very sad and then I can leave it* [he takes a deep breath and
> exhales] *and I can go in distance and look what it is making, what it*
> *did to me and what I can do to make it easier.* (Fred, 58)

This comment might sound somehow technical or mechanical, since it is from an official training. We were wondering how they can know when they are 'too far in it' or how in practice they can take their distance from it and, thus, protect their private lives from being taken over by the sadness. Most of the participants supported that it is important to them to not suppress their feelings, but to accept and give them space. When we asked Johanna how she manages difficult situations like death, she said,

> *We don't have to think, like, 'well, we have to act professionally now',*
> *like, 'noted, very sad, and now back into your role', but you give it a*

room. Recently, one child died. I came there in the morning and first I was like 'Oh, well', but then it got to me as well and I think, when I was changing or something, I did cry a bit. I mean, during clown play you also have to check how you feel and pushing it away is stupid. And then I noticed, my, she was so cute and it was particularly sad. Yeah... I do give it a space, but then I try to be back in the moment and be present and try to play as well as possible, but some days are coined by a slower play which can also be incredibly nice because sometimes the world turns a bit slower as well. (Johanna, 43)

Allowing feelings of sadness or even crying appears to be important for Johanna to accept it and be able to go back in the moment again. It seems that she does not push it away but she makes some time to let her mind come to terms with it.

Another participant brought up two important aspects of managing grief. When asked how she manages such sad experiences, she said,

Certainly, there is this moment and then friends and my partner are there. And my clown partner of course. (Maria, 29)

With this comment, Maria seemed to mean that she recognizes that there is a moment that she feels sad or that the negative experience influences her, but then she can be helped by talking to her partner or her friends about experiences at work that affect her. Furthermore, she points out the possibility to talk to her clown partner, with whom they work in pairs. This last point was supported by all the participants that work in pairs. Fred, for instance, shared with us,

When we are working in duos, pairs and there is always the situation where we can say ok, let's go to the side, I have to talk with you, and we do it. (Fred, 58)

It seems that working in pairs, apart from enabling their work, as Linge (2008) supported, also helps them cope with difficult situations, sad emotions and grief in their private lives.

Two of the participants are offered organized regular meetings especially for grief work by their organizations. Anna told us that they talk in group meetings every two months, while Walter from 'Clowns without Borders' attends follow-up meetings some weeks after the projects. Anna, though, admitted that she would probably share the bad experience not only in the group meeting,

> *Normally I will talk to the other clown. Because then there's a lot of things you don't have to say because they'd be obvious. Because we know what is going on... I choose what to tell to my husband because I have to choose what I want his point of view in. Because, sometimes with his point of view I would get annoyed, you know, he would try to solve something that cannot be solved.* (Anna, 59)

She seemed to agree in sharing her grief with her colleague, but she had a different view when it comes to her closest personal environment, like her husband. The feeling that we got was that he probably would not understand the specialty of the context. Here we can see again the topic of accepting things and not trying to change them.

Furthermore, and staying in Anna's point of view, earlier in this conversation she gave another perspective that had not been mentioned by the rest of the participants. She claimed that she recognizes that, if the costume and nose are off and there are still feelings left from work, then there is a need to talk about it,

> *I only need to talk, if it is in Anna. Because if I take Ludo off and I don't think about it, then there's nothing to talk about. But if I take Ludo off and there's still this story, then I need to talk about it, because I don't want to go around with Ludo's experiences in a way.* (Anna, 59)

Here, she appears to highlight that the presence of sad feelings and grief signifies that her private life has already been affected by her clown's experiences, and not that she has to do grief work in order not to get affected. The best way for her to overcome those feelings is to talk about them and face them more openly, to give them the space that Johanna has talked about.

Most of our participants admitted that they did not have experiences with death that affected them dramatically in their private life. Martina, however, had a different story to share with us, adding a view that had not been shown by the rest of the participants. Referring to her experience with children that she had met and played with a lot of times in the hospital and that passed away, she confided to us that her private life as well as her work as a clown had been seriously affected by the death of some children she had met. She admitted that it was then that she realized she had to deal with grief. And she continued,

> *Now I can keep my distance a bit better and that's good. I sometimes kind of quarrelled with myself because I wondered, if I am the same clown and then I noticed that I can't be that clown that I was back then anymore. Something changed inside of me. I think I'm a good clown now as well, but I can't be the clown anymore that I was then. I really liked that one girl and maybe crossed a line, a professional boundary or something. I'm still friends with her family today and she's got a little brother by now who I will be godmother for. That's surely a step which is not normal. And I know I never want to do that again, but there it just happened and I know I took a step and didn't want to stop this acquaintance because I thought 'Ok, I put myself forward that way, now I have to pull it through'.* (Martina, 47)

Martina's experience made us think of Fred's view on grief and how it is important for him to be able to get out of it again or Maria's seesaw metaphor for balance. In this sense, one of our thoughts was that Martina maybe crossed the boundary of

being able to come back, even becoming friends with the family and not staying just in the moment. Later in this part of the conversation she added,

> *I counted then; it's always written down in the books; and I made a heart for every child at my home. I really held a ritual where I lit a candle for every child.* (Martina, 47)

Having this ritual, noting down the deaths, with the little hearts and the candles, seems to be the way Martina is giving sad emotions and grief legitimate space to help her manage them and balance the positive and negative side of life.

As elaborated above, our empirical material led us to the assumption that the hospital clowns we talked to accept and embrace imperfection. Starting with their personal flaws, they also accept that life, private and professional, has both a positive and negative side and choose to see things in the positive light. This realization seems to provide them with the balance they need to cope with difficult situations or even grief that they cannot change. We could just have called this section 'positivism' or 'optimism', but the point we want to stress is the acceptance of the imperfection. Our view is not that they are optimistic but rather that they choose to give space to non-perfection and to the fact that things are never ideal, either it is about some of their personal traits or their working life. In our minds we connected that tendency of theirs to the fact that they do not have the same educational background and they have not attended the same workshops. So, it made us understand that this space that they give to imperfection is not a value promoted specifically by their training, but more a way of life for them.

4. 3. The clown as an extension of the self

One essential point of our research ambitions which also emerged as a central factor in our interviews is the evaluation of the separation of the clown identities and the 'real' selves of our participants. Based on our interpretations of the interviews and observation of two clowns at work, we understand that there is no clear separation and differentiation between the clown and the self, a certain overlap exists and we will go into that in detail in the following section. Our leading idea in this is that the clown persona is neither a separate identity, nor 100% the personal self of our participants, but an extension of the self.

Finding and getting to know the clown

In our interviews, we asked all the participants how they 'met' their clown. Many of them have more than one clown which they use for different occasions, such as one figure for the nursing home, one for the children's hospital and at least another one for private performances, but some participants had vivid memories of how they found their 'inner clown' e.g. in the course of their education. Let us say at this stage that we did not pay special attention to the differing methods and approaches that theatre schools and clowning workshops take, we were more interested in the experience of the individual we talked to. More than one participant uttered surprise upon meeting their first clown. While one was startled to find a 'little pink princess' inside of her, another one seemed a bit taken aback by the 'cheeky little brat' that had been dormant inside of her,

> *All of us have, like, a person that's been held down because you have*
> *to interact in this culture and you have to behave and there is always*
> *somebody in there, you know, it's being held back and, actually, I was*
> *so surprised I had this little pink princess inside of me because I was*

like [being loud and screaming], *you know, and she's been sitting in there like* [making a terrified face]. (Anna, 59)

Another participant agreed to this and explained in a similar way how she had to come to terms with the way her clown emerged during her clown education,

She was there immediately, but I couldn't really grasp her. I was the one who wanted to educate and change her. But through my teacher, Nika came out as a really cheeky, charming, but bold little clown figure. (Maria, 29)

These two participants seemed quite surprised at the unexpected way in which their clown presented itself, and the one in the following quote agrees. However, she also admits that once the first surprise was over, it made sense to her,

Daphne was a big surprise, but afterwards, once she was there, it was kind of clear to me again. Like it's often in life, when you think about your future and then it's there and you think 'Well of course, that's logical'. (Johanna, 43)

We understand from these quotes and our participants' further elaborations that even though their clown emerged from hidden facets of their self, the participants felt a little estranged in the beginning and had to learn to accept and come to terms with some of the characteristics that the clown confronted them with.

On a similar note, some of them admitted that as real persons and members of our society, they and everyone else adhere to some behavioural rules which the clown is completely free from. This 'privilege of fools' seems like something that they love and appreciate as part of being a clown now, but the person behind the clown had to overcome some inhibitions first to allow the clown to be unchained,

I forgive myself more and I'm freer as a clown. What I really like, as a clown you may talk about taboos, as a person I wouldn't be allowed to do that. (Martina, 47)

Some of our participants' remarks made us think of the relationship between the clown and the self as similar to a parent-child relationship. In one of the quotes above, Maria said that she wanted to educate and change her clown Nika and later on in the interview she compared Nika's behaviour to the one of a two-year-old child. It may be worth mentioning at this stage that Maria was almost the only one of our participants who spoke about her clown in third person, often referring to her name 'Nika' as well. She kept this linguistic separation up throughout the whole interview which made us think that she is consciously keeping her two identities, the clown and herself, as separate as possible. We believe that the fact that Maria has only been a clown for a relatively short time plays an important part in this since most of the 'older' clowns did not seem to bother about separating or distancing themselves from their clowns so much. This led us to think that the clown and the self approach over time as we will elaborate on in the following part.

Learning from each other and coming closer

In this part we argue that the clown and the person behind it develop their relationship over time and become closer and more comfortable with each other while at the same time the clown seems to become more distinct and prominent. The metaphor of the parent-child relationship which we introduced in the previous section proved to be helpful here as well in order to clarify the complexity of the reciprocal influence and the development of the relationship that the clown and the person undergo.

We will start by describing how we think the real person raises the clown, strengthens and supports it to overcome the shyness that many of our participants mentioned as a common feature among their young clowns. The process starts already by something as basic and finding a fitting costume,

> *Nika is quite careful about clothes. She doesn't need much, but the*
> *things she has, she loves. And it's gonna come, she knows right things.*
> *Or sometimes Maria knows that for her.* (Maria, 29)

This quote implies that Maria grants Nika to have her own taste, to have a say in what she wears so to say, the way some parents try to involve their child early on in everyday decisions like the question of what to wear in order to allow their own opinion, individuality and independence to develop.

One point which emerged in this context was also to give the clown space to develop, to create a room for the clown in the person's life so that it has a legitimate position and can 'flourish'. This can become apparent by the person's decision to work only part-time in order to have enough time to 'let the clown live', as Maria said, or even something as extensive as converting the attic of a house into an apartment perfectly tailored to the taste and needs of the clown, like Anna did. In Anna's case, the layout of the house itself presented a great metaphor for the relationship between the clown and the person. While she and her husband live on one floor, the converted attic is reserved for her clown. The two apartments are connected through a winding staircase which can be seen figuratively as the connection between the self and the clown. But since 'Ludo', her clown, has her own door bell nameplate, it looks like a completely separate apartment and person to outsiders.

Anna explained that because she has only one clown and not several artistic personas like some of her performing colleagues, she is careful about what private performances she agrees to in order to 'protect Ludo'. Again, Maria mentioned a similar behaviour,

> *I think Nika would always be out and about, but Maria is still holding*
> *her back a bit.* (Maria, 29)

This protective behaviour of their clown persona reminds of parents' treatment of a child again and speaks for the way in which the participants regard their clowns as

worthy and separate personalities despite the fact that they are the ones who animate them.

As mentioned above, the participants might not all have been entirely happy with the way their clown emerged in the very beginning. Anna explained that she changed the 'pink princess' to fit her boyish and independent self to be comfortable with her,

> *I had to find this combination of the boyish girl to feel good. I could not be a princess... ever, but letting this shy naive thing come in trousers and having some tools, you know, that was funny for me because it's actually who I am, this combination of 'I can do anything myself' and then also I want to be... the girl.* (Anna, 59)

This comment by Anna implies that the person behind the clown cannot let the clown be completely loose and unattached. She wanted to let the shy and naive side live and still not deny her own convictions. On top of that, as hospital clowns they have to keep adherence to hospital rules and appropriateness in mind as well. So apart from the obvious prevalent hygiene regulations that the clowns have to follow like any of the hospital staff and visitors, their personas have to be appropriate for the environment as well. Johanna explained that although her hospital clown Jojo could be a 'relative' of her first clown Daphne, the latter would not have been able to play at hospitals due to her shrill and extreme appearance and behaviour,

> *Daphne doesn't really fit into the hospital with that high voice and her constant agitation. But then Jojo developed out of Daphne a little bit. She's also naive and easily agitated and quick and very much in her body and moving and fidgety, but with a normal voice. So, Jojo is a development for the hospital so to say.* (Johanna, 43)

This quote shows how the person behind the clown has to make conscious reflections and considerations in order for the clown persona to fit into the hospital

environment. In this way, complete separation and independence of the clown and the real self seems already quite impossible.

Despite the conscious changes and adaptations that the participants made on their clown personas in order to feel more comfortable with them or make them more appropriate for a hospital, they also turn the clown loose in some ways and let it develop freely which reminds us of the parent-child metaphor again. The clowns and the persons share some characteristics, the clown is a carrier of hidden or suppressed properties of the real self, but the clown also develops some own ways and becomes more independent and distinct in a way,

> *You keep on changing, you keep on growing as a clown as well. (Anna, 59)*

The words 'as well' in the quote are a small detail which shows us that this participant regards the clown as a fluid identity that develops just like every person develops throughout their life. Since the clown and the self are inseparably connected, all of our participants agreed that they influence each other. One version of the influence that the participants wield on their clowns has already been analyzed quite elaborately above, but a different version of influence of the self on the clown appears from what one participant told us,

> *A number of children that I really liked died there, starting in January and going on till November. And I really noticed that after that something had happened for me. So, 2010 really was a year after which I noticed I have to deal with grief... Now I can keep my distance a bit better and that's good. I sometimes quarrelled with myself because I wondered, if I am the same clown and then I noticed that I can't be that clown that I was for those children anymore. Something changed inside of me. It just doesn't work anymore, I can't even explain. I think I'm a good clown now as well, but I can't be the clown anymore that I was then.* (Martina, 47)

This quote, which we also analyzed with regard to grief work, implies a very special version of influence that Martina as a person had on her clown. As a person, she went through a change that affected her personality in such a way that it even touched on her clown, another hint at the close connection of the two identities and the limits of separation. Furthermore, one of our participants who got into clowning quite late in her life, when she was approaching 50, told us that, without wanting to diminish young clowns, she thinks that the clown profits from the person's experience,

> *I think that having life experience, people experience, knowledge about yourself and different things that life does to you, I think that's a gift for the clown.* (Anna, 59)

In the beginning of this section, we already mentioned the reciprocal influence between the clown and the self. So, after having elaborated on the influence the person has on the clown above, we will now go further into the influence that the clown may have on the person.

The majority of our participants mentioned aspects that changed in their lives since they started clowning. Interestingly, they all seem to have learnt from their clowns, but they have not learnt the same things, yet in a way exactly what they needed,

> *After 25 years in advertising where everything was about deadlines and everything should have been finished yesterday, it has been a very, very, very big task for me to become slow. And Ludo has taught me so much also in the communication. Sometimes I use some of her phrases as Anna, just to see how it works, and it's so good.* (Anna, 59)

This participant learnt from her clown how to relax and communicate in different ways which another one confirmed,

> *Maybe I can say about Maria that I'm way more relaxed. I don't know why. Maybe I feel like I've arrived with my jobs.* (Maria, 29)

While these two participants have learnt to be more laid back and calm and also 'light-hearted', which Maria stressed earlier on in the interview, another participant has gained more courage and openness from her clown,

> *Ten years ago I was really, really shy. I was too shy to speak in front of people and it helped me, because as a clown I'm allowed to make mistakes. I wasn't so strict on myself anymore. I learnt that I could forgive myself and it helped me.* (Martina, 47)

Martina admits that since she has met her clown, she has learnt to be more self-confident and outgoing and even became more placable or tolerant towards herself and her own weaknesses and imperfections. In this way her clown seems to be an important source of strength and encouragement for her.

In this part, we analyzed the connection between the clown and the self the way our participants see it. We recognized that over time, the clown and the self influence each other and develop, partly alongside, partly independently from each other. This process reminded us of a parent-child relationship because, like when proceeding from childhood to adolescence and adulthood, the clown matures and becomes more profiled which changes the relationship to the 'parent'. Meanwhile, the persons behind the clown seem to become more acquainted and comfortable with their clown persona. This helps them transition from their real self into their clown self and back before and after performances which we will focus on in the next part.

Switching identities and Transformation

When assuming that a certain degree of separation between the clown and the self exists, one interesting question is the one how the transition from one to the other happens which we tried to find out about in our interviews by talking about rituals before and after performances. To our surprise, most of the clowns did not seem to need very specific routines or mantras to go into their clown. While some described

a certain phase of transition or transformation, most of them stated that they feel like the clown as soon as they put on their red nose, which all but two of our participants use as part of their costume.

> *We work a lot with 'nose on', we're the clown, 'nose off', you're Anna.*
> *You know, the change is like that* [clicking her finger]. *If I put on the*
> *nose, I'm getting there, it's so easy for me, the nose does a lot.* (Anna,
> 59)

Another participant agreed that getting into the clown goes very fast and does not require a lot of mental work although she has only been a clown for a few weeks,

> *I don't know about transformation. I think I activate Nika and set*
> *Maria back. Maria sleeps then. I take off the red nose and Nika is*
> *asleep, I take off the red nose and reflect about her, but as Maria.*
> (Maria, 29)

At first glance, it appears that these two participants can switch between their real self and their clown identity very quickly and achieve complete separation of the two. They were the ones who were most insistent in the interviews on the fact that they do keep their identities apart. However, we assume from other comments that they also have a phase of transition and that the respective other identity cannot completely be bracketed out.

> *We work a lot about taking off all the changes to get closer to who we*
> *really are. We have these discussions because we also have to take*
> *care of ourselves and the change is important to keep Anna out of the*
> *character, but at the same time not to do too much. I try to reduce the*
> *make-up, keeping it less and less, but I started out with it and I like the*
> *transforming, I like that they can't see Anna.* (Anna, 59)

To us this seems like, although she claims to have full separation and to be completely in one identity at a time, she needs the make-up, nose and costume as a

small ritual to change and also as a protective shield for her real self. Other participants did not even try to deny that they blend their identities,

> *Sometimes it blurs a bit and then I'm also funny as a person. I switched a lot of times today because I had to explain and then I'm joking again. Yeah, but they're so near, so close, the clown and myself.* (Martina, 47)

In this quote, our participant admits that sometimes she switches many times which might make it more difficult to really keep the identities apart. This might be due to the circumstance that we were following them around at the hospital that day because of our arranged observation. However, she also explained that the switching is often required from her because as the general manager of the association she has a double role which required organizational tasks in between performances as well. In order to get into 'clown mode' both she and her colleague explained that when they meet in the changing room, they mostly turn to practical routines such as getting dressed in their costumes and putting on the make-up, but that they also need to blank out the outside world as some stage.

> *When I drop off my kids in the morning and bike over to the hospital, I kind of start bracing myself for the performance or the work. And then it's a bit like a ritual: open the door, go in, turn on the light, open the wardrobe, take the clothes out, put the shoes in, get dressed, put on make-up, talk to my clown colleague, ideally warm up and ideally also decide as a team to stop talking about other stuff, but getting into the role and the performance. Then there is the way up through the corridors, then it's a bit of a transformation basically.* (Johanna, 43)

This routine resembled the descriptions of the other participants as well. Their preparations seemed to be more of a practical nature, like warming up their bodies and voices and through this they get ready to perform and wake up the clown.

While following two clowns around at work one day, we could observe that they did fall out of their roles sometimes in between the rooms when disinfecting their hands

and quickly recapturing what has happened in the previous room. But it is also worth mentioning that the one of us who does not speak German and thus could not understand what they talked about, did not notice a considerable difference between the way the clowns spoke and acted in the rooms and 'backstage', like e.g. in the staff room. So, that undermines our understanding of how close the clown and the self are and how especially the real self is always present when the clown plays as well.

Separation and its limitations

We already touched upon the extent to which our participants try to keep their clown identity and their real self apart on the previous part, but we will try to shed some more light on this aspect in the following.

As mentioned above, some participants seemed very eager to explain how they keep their clown self and real self apart as a protection,

> *I often have the feeling, maybe it sounds stupid, but that Maria is watching when Nika is playing and as Maria I have it quite often that when I observe certain situations with children that Nika is watching me.* (Maria, 29)

This figurative explanation of the presence of the respective other identity makes us think that, despite all their efforts the participants do not achieve complete separation of the clown self and their real self. However, other participants said explicitly that they do not keep their clown and their real self apart. To the question of how much of himself is in his clowns, one participant replied,

> *Loads! As I said, I live this. I'm kind of a born clown, I just didn't know it back then*. (Walter, 53)

Another clown answered to the same questions in a similar way,

> *Always 100%, I think! Yes, it's me*. (Fred, 58)

It seemed to us like those participants did not see the point of keeping their real self and their clown self apart when they enjoy it so much and really embrace this as part of their lives. It could be interesting to know as a background though, that they were the two who earn their living as performing artists as well and that they have several different roles and personas which they make use of.

Furthermore, it appeared to be a salient topic in the interviews that the participants mentioned empathy as an essential part of their work as hospital clowns. They all stressed that due to the fact that their performances consist almost exclusively of improvisation, they have to be alert and 'in the situation' all the time to be able to react,

> *I try always to be in the moment and to look what's best for the people, I use a lot of intuition when I choose the right songs for the atmosphere. When I see what's going on, if the people around are busy and stressed, I try to be the one who gives them... I radiate calmness. I try to make people feel comfortable.* (Fred, 58)

This participant really seems to try to adapt his play to the individual situation and the people in it. He also gave us an example of how his play gets a lot more expressive and based on motions instead of speech when he interacts with a girl who cannot talk due to a tracheal cannula, that we mentioned in the second part of this chapter. Furthermore, he admitted that he feels quite exhausted after a performance due to the concentration he needs to be fully alert throughout the whole time. Another participant confirmed this as well,

> *I can tell you I am completely empty when I come home, anti-social for an hour or two at least, but it's in a good way. I'm just so empty because I've had all the reckons* [she does movements imitating a radar] *out there while I have to be slow and be aware and be here and be reading people, reading what is going on. It costs a lot of energy.* (Anna, 59)

Since most of our participants mentioned similar things, we have come to think that the fact that they have to read the situations in which they find themselves as clowns and be fully alert to hints and reactions as players while being in the role of the clown and playing it credibly for the children is highly ambiguous and poses a great challenge which might explain the exhaustion in the end. Although some participants claimed that they rely fully on their intuition and 'gut feeling' while they play, they admitted that there are moments where they stagger or 'totter',

> *There are these milliseconds where you're out. There was one child which was happy and running around and a week later it was feeling quite bad, it had just had surgery and was feeling bad. Then Maria was there really shortly. And then you really notice this sympathy from Maria as an adult personality. Nika rather finds it interesting. But I think that as a human you can allow yourself those few seconds of tottering, to create a balance and not feel bad about it.* (Maria, 29)

This quote brings us back to the emotional strain that hospital clowning sometimes subjects the people behind the red noses to. The way in which the people handle grief and other emotional experiences was elaborated in the previous section, but we mention some details of it here again to stress the vagueness and fluidity of the concept and the connection between the emotional work that the clowns perform at the hospital and the coping that the private persons sometimes have to handle concerning the spill over. The connection which we just mentioned becomes apparent when some of our participants explicitly named separation of the clown identity from their self as a means of protection,

> *There is some kind of separation since I met the child in the role of Jojo and it helps me to take off the nose to say now I'm out of that role. But of course, especially with children that you've seen for a longer time, it matters to me, too, because I have something to do with Jojo.* (Johanna, 43)

We think this is a fitting quote to express the link between real self and clown self with regards to emotionally straining situations. The following quote that we have already linked to grief work in our previous section is similar,

> *If I take Ludo off and I don't think about it, then there's nothing to talk about. But if I take Ludo off and there is still this story, then I need to talk about it, because I don't want to go around with Ludo's experiences in a way.* (Anna, 59)

Another factor which naturally comes up when talking about separate identities and the extent and limitations of separation is distance. To what extent is it possible to keep a distance from a child as a person when the clown comes so close and even becomes a 'friend'?

> *Now I can keep my distance a bit better and that's good... but I had to learn as a clown and as Martina where my boundary is I'll probably have to do it again from time to time, but I think before 2010 I was a bit too close, maybe I was a bit too much Martina, yeah.* (Marina, 47)

It seems like there is no one right answer to that question. The extent to which keeping a distance is possible seems to depend on the extent to which the person behind the clown needs to keep a distance. But when talking about the sad experiences, we tend to neglect the positive experiences that the hospital clowns all stressed.

> *I do take things with me, but the good things. Because we did something good in those moments, we were the only ones who did not focus on the illness but the child. And I say that to myself and then I'm fine, that's my protection.* (Maria, 29)

The emphasis on the moment also came up in other interviews. The clowns as well as the persons behind it seem to be comfortable and content with a happy moment

and do not have any expectations or plans as to whether this moment will be repeated in the next week or not.

> *I can only do something when I'm there. As a hospital clown I am not allowed to plan, I can be there for you now. When I go, it's over. And they say how can you cope with all this illness and sadness and... Yes, but I was there and those five minutes, they weren't sad. They were lovely and we were playing and we were singing a song, we were doing magic, you know... and that's the story I must remember, not before, not after, but this, because that's where I was.* (Anna, 59)

This quote sums up the closeness of happiness and sadness that the clowns meet in their working life and, as we mentioned before, for them it seems to depend on the way they want to look at life how they cope with it.

We found that the real self and the clown self are connected and while the clown persona emerges from the real self, the person behind the clown seems to be able to learn a lot from his or her clown in turn as well. While sometimes the clown appears to function as a protection of the person's real self from straining situations at work, some of our participants did not seem to differentiate between their identities at all. The need for processing work experiences in their private lives seemed to differ among them as well. Some participants admitted a greater need to talk about feelings that overwhelm them at work or after work than others. Our understanding of the clown as an extension of the self can be seen as one explanation for and consequence of our previously elaborated findings.

Chapter 5: Discussion and Conclusion

Throughout this project we aimed at understanding how emotional labour and identity interweave and how they impact people's identities. Starting from an exploratory interest we looked at hospital clowns as a particular profession associated with emotional labour. As professionals, hospital clowns have been a subject of research before, but mostly with regards to their work and their contribution at the hospitals. The persons behind the 'red nose' and how they perceive their emotional work seemed underrepresented in research. We reckoned that their performance-based work in an emotion-laden context could be of high concern with regards to our research interest in the field of emotional labour and identity.

Taking as a point of departure the research that has been done not only on hospital clowns in specific, but also on emotional labour and identity construction in general, it appeared to us that emotional labour is to a great extent regarded with a negative aftertaste due to the emotional cost and identity strain that it often brings along.

In our study we took an interpretive perspective and while keeping pertinent literature in mind as a guide, we aimed at letting our findings develop our understanding of emerging issues. We sought to explore how the clowns' emotional labour impacts their identities and how their private life is affected by their experiences from work at the hospital. Our research was inspired by both ethnographic and phenomenological study approaches since we focused on understanding the culture of the profession of hospital clowns as well as their experiences of emotional work.

In our interviews and observations we were granted some more or less unexpected impressions that unfolded their essence in our analysis. Starting from our two initial research questions, how the clowns' emotional labour impacts their identities and how their private life is affected by their experiences from work at the hospital, we came to realize throughout our research that we could not address and answer them separately. However, they formed the frame guiding our analysis. Within this framework, we found that among the hospital clowns a particular 'professional identity' prevails, that they 'accept and embrace imperfection' in their private and in their working life, as well as that 'the clown is an extension of the self' which entails a reciprocal influence between the clown and the self. In this last chapter, we will discuss these findings from our analysis and try to unpack their deeper meaning which concludes the thesis. Throughout our discussion we argue that in the case of the hospital clowns we studied, emotional work can be viewed as a means and a lever for enrichment of their identity.

In our analysis, one of our central findings was that the clown is an *extension of the self*. We showed the way in which the clown and the self influence and learn from each other. It seems like the clown is often originally based on hidden or suppressed attributes that the persons cannot or do not want to show openly due to societal or behavioural regulations or their own inhibitions and insecurities. This is in line with what we stated in the review of literature, more explicitly, in van der A's (2012) description of how she found her clown. We also found that in some cases, the clown helped the person behind it to accept his or her flaws more, so that they could even go as far as making a 'fool' of themselves professionally. It almost seems like the clown was a sort of self-therapy for some. They can learn from their clown, which really is a version or facet of themselves, that they as a person can also be more self-confident and not so critical about themselves. Again, we are confirmed by van der A who admitted that she processed some of her own childhood traumas in her performances.

In this way, the clown is a means for self-expression and at the same time seems to present a mirror to the person in which they can learn about themselves and develop alongside with the clown. The development or evolution of the clown brings us back to the parent-child metaphor which we would like to apply one more time in order to illustrate the relationship of the clown and the person. Over time, the clown seems to gain a foothold of its own and become more distinctive and self-paced which speaks for a psychological cord-clamping from the 'parent' while at the same time the two identities learn from each other, become more comfortable with each other and in this way converge. Jonas Salk said: "*Good parents give their children roots and wings*". We think that this quote captures quite well how a parent-child relationship can be seen, although we do not want to go into child or educational psychology or judge different educational approaches at all. We merely think that the metaphor of roots and wings fits to the relationship that some of our participants and their clowns went through because although stemming from the 'parent's (hidden) personality, the clown also developed independently and takes up a considerable space in their life. In this way the clown can be viewed as a person that enters the life of the 'parent' and, whether it is in the form of the child needing protection and education or in the form of a friend holding a mirror up to them, their life and identity are being enriched through this person. Analogies such as 'having arrived' or 'having found one's shelf in life' which came up in the interviews support this notion.

In some cases we understand that the clown self is used as a mask that shields the person behind it, but that this is only possible to a certain extent. To what extent separation and protection of the self is needed appears to depend on the individual person as well. While some of our participants seemed very keen on keeping their clown as separate as possible, some did not even try to differentiate between their two (or more) identities internally. In any case, it seems to us like there can be no complete separation of either the two identities or the experiences which the clown makes at work and the private life and mind of the person behind the clown, but this did not seem like the big problem we expected to probably find for the clowns. For

them, the positive experiences they make seem to outweigh, or in their striving for balance maybe rather offset, the sad ones.

We found that the clowns have a very positive attitude towards life, but at the same time they are not blind optimists that deny the sadness and severity that are inevitable in life by escaping from reality. On the contrary, it seemed to us like they have accepted illness and death as a necessary part of life which allows them to have a very pragmatic view. This, in turn, does not mean that they are cold or emotionless, on the contrary, they rejoice at the recovery of a sick patient and mourn relapses and deaths like every other person, but they try, and in our opinion often manage, to achieve a balance. This balance allows them to be grateful for and appreciative of the happy moments that they give through their play while also not letting them drown in sorrow when they hear about the death of a patient. The clowns all explained that they try to be 'in the moment' when they play and not let worries from the outside world, their natural, 'adult' sympathy for the sick child or thoughts about the sophistication of their performance interfere with the 'magic' bond that is being established through interactive improvisation in an intimate setting. The preponderantly positive responses they get from the children enrich their lives because they provide endorsement and acknowledgement and even sad experiences are taken in with dignity since they are part of the 'seesaw' of life. Being able to accept and achieve balance in life and being able to spread joy in their way is the essence of the hospital clowns' emotional work and, for us, represents a considerable enrichment for identity. Of course, everyone likes to bathe in happy memories, but in the hospital clowns' work environment death and illness are as much a part as joy is and having the ability to not let the tragic stories gain the upper hand due to a positive attitude seems like a definite enrichment for life and identity to us.

To get back to the question posed by Simonds and Warren "*How are we to separate the professional from the private so that we can last a long time as hospital clowns without unnecessary burnout or loss of sensitivity?*" (2004:14), maybe there is no

need for and not even the possibility of complete separation. Embracing imperfection instead of fighting or managing it to learn acceptance of the inevitable and achieve balance could be an approach to life that not only hospital clowns could profit from.

Unlike the flight attendants in Hochschild's (1983) study, the clowns do not seem to suppress their true feelings and pretend or fake appropriate emotions expected from them according to the feeling rules (Hochschild, 1983) prevailing in their profession. We mentioned above that the clowns try not to let e.g. their 'adult' commiseration for the ailing children interfere with their play in the moment. This could be seen as a way of suppressing emotions, the emotions that the person behind the clown feels. However, the fact that they can be someone else in that moment, namely the clown who does not commiserate, seems to help them bear those feelings which seep through the 'filter' of the clown. They do not deny the spill over, but allow and process the emotions and impressions as adult persons in different ways. In this way, their work experiences do enter their private lives as well, but unlike the theory of Bakker and Demerouti's (2012) Spillover-Crossover Model, the clowns do not keep 'acting' at home, which is probably simply due to the fact that they take off costumes and make-up, leave the hospital and thus leave the clown behind a bit as well. Many of our participants stressed the importance of 'nose on/nose off' as a means of separation of their real self and clown self and in this way also their private life and work life. Furthermore, from our understanding, they cannot 'keep' acting at home because they do not 'act' as such at work either. Their performance as hospital clowns is more concerned with authentic, personalised improvisation that establishes a true bond between the clown persona and the child, as elaborated above. This allows the clowns, in contrast to other emotional workers maybe, to embrace their emotional work as something real and good for them as well as for the children, instead of looking at it as an act put on for e.g. unruly airline passengers and as such a denial of their self (Hochschild, 1983). In this way, again, emotional work is a means of identity enrichment and development.

To proceed to a more technical-appearing finding, we would like to depict how we think the clowns' professional identity can be connected to our main argument of emotional labour as a positive and enriching influence in identity construction. We concluded in the first section of our analysis chapter that the clowns' professional identity comprises exclusivity on the one hand and weak inclusivity on the other. We understand from this conclusion that the clowns do not identify very strongly with their organization or their colleagues, but that they feel proud and elect to be members of an exclusive profession that not everyone is able to do, be it mentally, emotionally or artistically. So, since emotional work is a central function and requirement for hospital clowns, as we elaborated above, their professional identity is essentially shaped by it. It has been argued that professional identity is a strong influence on a person's identity (Weaver *et al.*, 2011, Blakey *et al.* 2008, Hotho 2008; Collinson, 2003), it represents a piece of the identity jigsaw, to get back to our metaphor from the review of literature. Thus, through the professional identity of hospital clowns which is coined by the emotional work they carry out, emotional work has its place in the jigsaw of identity and enriches or, for some, even completes it.

To conclude, hospital clowns put their hearts and minds into their work and, considering the presence of illness and death in their work environment, they probably also put them on the line by risking to get hurt. They dedicate a part of their life to their clown and their work at the hospital, but they do not sacrifice it. On the contrary, for this emotional investment they are rewarded with joyful experiences for themselves and the certainty that they managed to spread joy to others as well.

Throughout the discussion we argued how emotional work serves as a lever and a means of identity enrichment on the basis of our three main findings: Hospital clowns exclusivity-based professional identity, their embrace of imperfection and pursuit of balance in life, and, maybe most of all, the clown as an extension of

the self that opens several opportunities for the person behind the clown ranging from self-realization to self-expression.

Despite the 'moral' that some could understand from the hospital clowns' attitude towards life, we acknowledge that our findings cannot be generalized due to the context-dependence of qualitative research (Bryman & Bell, 2003). However, our research can be addressed to emotional workers, and not only in performing arts. Being aware of the negative aspects of emotional labour, we suggest that looking at emotional work in a positive light and embracing it might have a beneficial effect for them. We consider our study to have provided some insights and perspectives in the field of emotional labour and identity, and in this way contributed to the academic society.

Limitations and Implications for further research

We acknowledge that our study does not come without limitations. Our data offered great possibility for further interpretation and unpacking which we could not indulge in due to the limited scope of this thesis. This richness of our empirical material is shown, for instance, by some quotations which lent themselves for interpretation in connection with various insights and as a consequence were referred to more than once. Furthermore, another limitation might be that emotional workers who hold a profession which requires them to do emotional labour on a full-time basis could be more exposed to its negative aspects with less or no time to process experiences in the meantime. So, the part-time basis on which hospital clowns do this work might help them have and keep the relatively positive attitude towards their work in a way that might not be possible for other emotional workers. Moreover, we recognize that we are not in a position to know the extent to which our participants' identities are influenced by the other occupations that most of them have next to being a hospital clown.

To proceed from these limiting factors to implications for further research, we think that in the particular subject of hospital clowns it would be interesting to explore the 'boundary' of switching identities and their overlap in more depth. We also realize that the profession of hospital clowns is but a niche in emotional labour studies so far, but we do think that the approach of searching for positive effects of emotional labour on identity construction is of general interest for scholars in this field. It could be expanded by looking more deeply into its specific impact on identity or by studying other professions.

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Appendix A

Interview questions:

"at work"	• How did they become a hospital clown? Why? • How do they answer when someone asks about their occupation? Are they proud? Do they avoid stating what they do? • How long they are planning to do that for? Is it forever? Temporary?
	(What is the mask for?) • How did they meet/create their clown persona? → Is the clown a completely separate person? Is there an overlap? → Are there any restrictions by the organizations? → What make up/costume do they wear? How do they prepare themselves? • What is different between them and "normal" clowns? • How do they see their role in the hospital environment (e.g. in relation to nurses/doctors)
	• What motivates them? Keeps them going?
	• Do they feel special connections with certain kids or are they all the same? Do they have a certain story that they remember? • What happens when a child says no? (How does it make them feel?) • Have they experienced a patient die? How did it affect them? • Do they feel sorry for the sick children when they work with them? • How much do they rotate in their work? Is it always the same clowns that go to the same hospitals?

	• Do they work in pairs or alone? How does it help them? does it make their work easier or harder for them? How much do they rely on each other? • Does the organization offer any support when it comes to coping with emotional experiences? What kind of support? Group meetings? Do they talk to other clowns about their work? What do these exchanges look like (advice, sympathy, cynicism, humour...)
"at home"	• What does their personal life look like? Previous jobs/studies? Married? Kids? Hobbies/interests? • Do they think about experiences from work in their private life? • Are they friends with other hospital clowns in their private life?

Appendix B

Emotional work as a means and lever for enrichment of identity

<u>1. Emotional work impacts identity</u>   <u>2. Private life</u>
<u>affected by work</u>

<u>A</u>: **Professional identity**

- pride of profession → <u>exclusivity</u>, but weak <u>inclusivity</u>

- disidentification with entertainers/ performers

- motivation (intrinsic) → help/ rescue/ empower child vs. Self-motivation

<u>B</u>: **Accept and embrace imperfection**

- <u>Embracing imperfection</u> →lowest in hierarchy / responsibility

- <u>Balance</u>

- <u>grief work</u> → not suppressing feelings

<u>C</u>: **Clown as an extension of the self**

- reciprocal influence→<u>learning from each other</u>

- constant improvisation → presence of the self

- process of <u>finding and getting to know</u> the clown

- by granting space, they let the clown become distinct and independent (parent-child metaphor)→<u>separation and its limitations</u>

- over time they get to know each other/ become closer and more comfortable (relationship metaphor)

- no <u>transformation</u> needed, rituals are of practical nature →<u>switching identities</u>