● child studies ○

N. 7, 2025

STORIES OF STORIES: THINKING NORMALCY THROUGH THE NARRATIVES OF HOSPITAL CLOWS' ENCOUNTERS WITH CHILDREN

HISTÓRIAS DE HISTÓRIAS: REFLEXÃO SOBRE A NORMALIDADE ATRAVÉS DAS NARRATIVAS DOS ENCONTROS DOS PALHAÇOS HOSPITALARES COM CRIANÇAS

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Abstract

The "Stories of Stories" project by Operação Nariz Vermelho explores the impact of Clown Doctors in hospitals and their potential to enhance artistic interventions. Using an autoethnographic approach, it analyses narratives from artists' reports on their interactions with children and adolescents in Portuguese hospitals. The study highlights two central themes: the concept of "normalcy" and mental health in hospital settings. It suggests that hospital clowns create a symbolic space that empowers children, respects their autonomy, and fosters emotional well-being, aligning with the UN Convention on the Rights of the Child (1989). The findings underscore the psychosocial benefits of these interventions, emphasising their role in humanising hospital care and supporting children's identities beyond their diagnoses. This research calls for deeper investigation into the broader impact of artistic interventions in healthcare.

Keywords: Hospital clowns, humanistic psychology, art, autoethnography, normalcy

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Resumo

O projeto «Histórias de Histórias», da Operação Nariz Vermelho, explora o impacto dos Médicos Palhaços nos hospitais e o seu potencial para melhorar as intervenções artísticas. Utilizando uma abordagem autoetnográfica, analisa narrativas de relatos de artistas sobre as suas interações com crianças e

adolescentes em hospitais portugueses. O estudo destaca dois temas centrais: o conceito de «normalidade» e a saúde mental em ambientes hospitalares. Sugere que os palhaços hospitalares criam um espaço simbólico que empodera as crianças, respeita a sua autonomia e promove o bem-estar emocional, em consonância com a Convenção das Nações Unidas sobre os Direitos da Criança (1989). As conclusões sublinham os benefícios psicossociais destas intervenções, enfatizando o seu papel na humanização dos cuidados hospitalares e no apoio à identidade das crianças para além dos seus diagnósticos. Esta investigação apela a uma investigação mais aprofundada sobre o impacto mais alargado das intervenções artísticas nos cuidados de saúde.

Palavras-chave: Palhaços hospitalares, psicologia humanística, arte, autoetnografia, normalidade

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Introduction

The Stories of Stories project was developed to foster a dialogue between the hospital clown team at Operação Nariz Vermelho and the perspective of humanistic psychology. This dialogue is driven by narratives recorded by the artists after their visits to children in Portuguese public hospitals. Central to this exchange is the overarching intention to affirm artistic work in hospitals as a form of play with meaningful outcomes.

Beyond the scientific literature demonstrating the benefits of interactions between hospitalised children and hospital clowns (e.g., Caires & Ribeiro, 2016; Fernandes & Arriaga, 2010; Sridharan & Sivaramakrishnan, 2016), this study focuses on the subjective experiences of the artists themselves. Their narratives reveal nuances and meanings that quantitative analysis cannot capture. By adopting a humanistic approach rooted in: (1) understanding the person as a unique and integral being (Maslow, 1962), and (2) valuing subjective perception as essential for understanding the world (Rogers, 1961), we aim to illuminate the subjective complexity of these encounters. Each interaction between hospital clowns and children provides a distinct lens through which to appreciate the richness of human experience in the face of adversity.

The intervention of hospital clowns encompasses dimensions that extend beyond mere entertainment, engaging with psychological, sociological, and philosophical aspects. These encounters, taking place within the hospital environment, resonate with fundamental themes in humanistic psychology, where understanding the human being as a whole and valuing subjectivity are of paramount importance (Rogers, 1961; Maslow, 1962). In this narrative, the presence of clowns facilitates a discussion of "normalcy" and the role of mental health — concepts that have been explored in both philosophy and sociology (Canguilhem,

2013; Goffman, 1986). From a sociological standpoint, the interactions among clowns, children, and their families — illustrated by the case of Samuel's grandmother — confront labels and stigmas assigned to children, striving for a complete and unconditional connection.

Hospital clown visits provide a "transitional" space (Winnicott, 1971) that enables children to communicate and express their identities beyond medical diagnoses. This unique context reveals art's potential to reframe the child's experience during hospitalisation, fostering openness to diversity and facilitating richer, more inclusive relationships. This multidisciplinary approach underscores that the clowns' work is a complex practice that addresses the psycho-emotional and socio-cultural realities of both the child and their caregivers, ultimately promoting the humanisation of care.

According to the United Nations Convention on the Rights of the Child (1989), all children have the right to fully develop their capabilities and actively participate in social, cultural, and recreational life.

However, during hospitalisation, these rights are often restricted, leading to a significant loss of control and autonomy over their bodies and environments. The work of hospital clowns reinforces these fundamental rights, which are frequently compromised in hospital settings, by restoring autonomy to children and allowing them to choose whether to engage in play. This recognition and respect for their individuality directly impact their emotional well-being and psychosocial development. Thus, clowns provide an intervention that transcends mere entertainment, reaffirming the right to play and imagination as essential components of the childhood experience (Wilson, 2017; Winnicott, 1971).

This exploratory article uses a non-normative format, employing a narrative strategy like autoethnography (Hill & Knox, 2021), allowing the organisation to reflect on its own practices. Our goal is to present narratives that evoke vivid imagery and emotions, capturing the encounters between hospital clowns and hospitalised children — interactions that evolve into profound aesthetic and emotional experiences (Hill & Knox, 2021).

The context

Hospital clowns operate in an environment marked by pain, fear, and daily challenges, embodying children's rights to play, experience happiness, and express their choice to say "no." In a setting where patients often lose significant control over their bodily autonomy due to non-negotiable medical interventions, hospital clowns provide a symbolic key: the key to their room door. This empowers children to decide whether to open the door for a visit, engage in play, and welcome or decline the clowns in their space. Although this empowerment may be brief, it offers children a renewed sense of control over their environment, time, and bodies (Haque & Waytz, 2012; Wilson, 2017).

Hospital clown interventions embrace a space free of forbidden topics or right and wrong words. The clown enters with unmasked humanity, fostering opportunities for communication and expression (Dionigi, 2017) while validating laughter, play, absurdity, imagination, dreams, and emotions. These moments occur during times of profound fragility and vulnerability for the children, as well as for their caregivers, who often find themselves stripped of one of the most fundamental powers in caregiving: the ability to nurture, protect, and resolve (Bowlby, 1983).

We do not have access to the complete details of each story or the patients' medical records, as this information is not pertinent to our analysis. Additionally, this written analysis does not intend to pass judgment on any decisions made by the clown, caregiver, or other hospital professionals.

Drawing from the original narratives of the clowns — stories written after each visit — we aim to highlight the unique characteristics experienced in each encounter. Theoretically, we adopt a humanistic approach, specifically emphasising the principles that (a) individuals are best understood as whole, unique beings developing within a life context (May 1983); (b) subjective experience and embodied non-mnemonic processes (Campbell, 1974) are crucial for understanding one's perception of the world (Rogers, 1961). William James (Taylor, 1991) regarded this subjectivity as essential to understanding human potential. In this study, we focus particularly on the subjective possibilities and experiences arising from encounters with hospital clowns.

A Word about Operação Nariz Vermelho

Since 2002, the artistic interventions of hospital clowns, aimed at hospitalised children and adolescents (up to 18 years old) in Portuguese public hospitals, have been continuously conducted by Operação Nariz Vermelho (ONV), a non-profit, non-governmental organisation. As of 2024, the organisation visits 21 public hospitals, reaching approximately 58% of all hospitalised children and adolescents in Portugal.

Methods

This exploratory study uses a non-normative form. The approach, distinctly qualitative, aligns with autoethnography (Hill & Knox, 2021), as the organisation reflects on its own practice. Qualitative methods are particularly well-suited to addressing multiple realities, allowing for a more immediate or direct exposure to the nature of the transaction between the investigator and the research subject, thereby contributing to a fuller assessment (including subjectivity) of the scope of the phenomenon (Guba & Lincoln, 1994).

According to Adams and colleagues (2015), autoethnography is a qualitative research method that utilizes the researcher's personal experiences to describe and

analyse practices and interactions. Through deep self-reflection — often referred to as "reflexivity" — the researcher explores the intersections between the self and society, navigating the specific and the general while balancing intellectual and methodological rigor with emotion and creativity (Adams et al., p. 2). This approach is particularly well-suited for studying subjective interactions, as it enables the researcher to capture emotional nuances and details often overlooked by more objective methods, fostering a profound and contextualised understanding of artistic practices. While autoethnography may challenge traditional notions of objectivity, its true value lies in the richness of interpretations and its capacity to give voice to the internal experiences of those involved (Spry, 2001).

Data Collection

In recent years, there has been an ongoing effort to collect data that facilitates an autoethnographic reflection on the practice of hospital clowns. To this end, the artists maintain logbooks to record their reflections on daily work in the hospital as part of their professional routine. After each visit, pairs of artists create reports detailing the events, hospital stories, and reflections from the day's work, allowing complete freedom in style and level of detail. These texts vary significantly in depth — some artists convey rich, insightful information, while others focus more on contextual and pragmatic elements.

In the subsequent phase, theoretical approaches and analyses were introduced to explore the central theme of the selected story: the concepts of "normalcy" and the delicate boundary between mental health and mental illness. We aimed to achieve a balance between scientific foundations and philosophical, artistic, and poetic perspectives, fostering dialogue among different languages and perceptions. The story was composed by a psychologist at the Center for Studies and Research and reviewed by the area coordinator as well as an invited independent researcher with recognised expertise in the performing arts and expressive therapies.

The original story, as written by the hospital clowns (Dr. Faísca and Dr. Josefina Flor)

— He is autistic! — says Samuel's grandmother.

— He is an artist? So are we! — acknowledge clowns.

Narrative Selection Criteria

This narrative, consisting of two short sentences, was selected due to two key factors. First, the narrative strongly showcases the artistic framework of the hospital clowns' intervention, highlighting the artists' ongoing training and their focus on the healthy dimensions of the child, rather than solely on their illness. Second, these

lines (a dialog) were chosen because they clearly demonstrate the disruptive and absurdist nature of the clowns' language, making it even more meaningful given the setting – a hospital, a mental health situation, where the lines between normalcy and abnormality are even more marked. This disruption and absurdity is aligned with the clowns' language that is discussed by Gray et al. (2021) in their paper, "Seriously Foolish and Foolishly Serious: The Art and Practice of Clowning in Children's Rehabilitation," thereby providing a relevant theoretical connection.

Results

Normal

This story is conveyed through two statements, two propositions, and two perspectives: one from a grandmother caring for her grandson and the other from the Clown Doctors who visited Samuel that day. While we lack information regarding the reason for Samuel's hospitalisation, our analysis focuses on these two statements as prompts to explore the boundaries of normalcy, even if the reason may be related to Samuel's autism diagnosis.

When clowns arrived, Samuel's grandmother, possibly acting from an unconscious desire to protect her grandson, urgently explained or anticipated a response (or lack thereof) from him by mentioning that he had a condition — he is autistic.

There is a typical and atypical. A normal and abnormal.

Regarding the concept of normalcy, Vácha (1985) proposed a taxonomy of its various meanings. "Normal" can denote frequency, representing the most common occurrence. For example, it is typical to have brown eyes in Mediterranean countries, while blue eyes are more common in Nordic countries. It can also refer to the mathematical average (which is not independent of frequency). At times, "normal" signifies adequacy, indicating a state free from defects, deficiencies, or disorders. In other contexts, it suggests optimality, implying physical or mental fitness. In everyday language, the term "normal" spans these different meanings, encompassing both what is common and what is considered desirable or good. When people refer to "normal," they often invoke a sense of morality, implying notions of right and wrong, or good and bad.

In everyday language, the standardisation of normalcy can have significant implications, particularly in its mirrored, inverse form — "abnormal." This term describes what deviates from the norm more than it should, encompassing what is rare, atypical, inadequate, deficient, unusual, incomplete, or insufficient. This reflective inversion of deviation, when not excessive, often prompts responses or solutions (educational, social, clinical etc.) aimed at correction.

However, it is not always the case that a deviation from the norm — a slight distance from the statistical distribution, common frequency, or usual behaviour —

constitutes an issue or problem. For instance, there were times when left-handedness, as a dominant hand preference (which remains stable in about 10% of the population; Scharoun & Bryden, 2014), was viewed as a significant deviation, a dysfunction, or a problem. Within that framework, the applied approach was correction, with children's small hands immobilised behind their backs to enforce conformity to the norm. Today, we understand that hand preference is not a problem.

Let us return to the metrics of child development, specifically the Child Development Milestones (Centres for Disease Control and Prevention, 2022), which have been established for nearly a century. Until early 2022, normal development was defined based on the developmental patterns achieved by 50% of children, recorded in databases tracking behaviours such as gaze, pointing, crawling, speaking, and walking. Using averages, the commonalities were identified, leading to the delineation of limits and differences. While caregivers and professionals increasingly acknowledge that each child has their own unique rhythm, deviations from these standards often serve as alert signals — indicators of potential difficulties beyond what is expected. When identified early and contextualised, these deviations provide valuable tools for addressing each child's unique vulnerabilities, aiding in the prevention of these vulnerabilities from becoming significant sources of difficulty and suffering.

In 2003, Developmental Milestones were revised and updated (Centres for Disease Control and Prevention, 2022) to create conditions that support child development, particularly when the gap between similarities becomes too wide — when diversity and uniqueness extend beyond the categories of "personality" or "strong character" and enter territories that no caregiver wants to confront (and no child wishes to inhabit). This advancement provides greater space for diversity in both rhythm and expression, allowing for a broader understanding of what is considered normal.

There are inherent dangers in both setting limits and not setting limits.

Humans, like other animals, are limited in their existence and possibilities for being. While it is often beneficial for a child to grow up in a family that fosters exploration, autonomy, and independence rather than one that constantly restricts and undermines them — saying things like "you'll fall," "you can't do it," "I told you so" — the absence of boundaries, whether physical or mental, objective or subjective, frequently leads to a sense of belonging nowhere.

In defining normalcy, there is often controversy and a sense of strangeness surrounding the pathologisation of certain variations, especially when variability is not dysfunctional but merely different.

In his book The Normal and the Pathological, French philosopher and physician Georges Canguilhem (2013) examined Charles Darwin's idea regarding the ability of organisms to establish and maintain certain regularities, patterns of

behaviour, and functions to meet the demands of life and survival. Canguilhem (2013) employed the concept of "norm" to refer to various regulatory processes, suggesting that regardless of how rare or deviant an individual may be, if their behaviour promotes survival in a specific environment, it can be considered normal.

The mere existence of variability, or even an anomaly, is insufficient to define the pathological. Environmental relativity (context) is present everywhere. Consider dyslexia: would it be viewed as a problem in a culture where reading is less essential? Furthermore, what constitutes a "normal" environment? If children were not required to remain seated or restrained in their movements, and were allowed the freedom to explore and determine the intensity of their physical activity, would hyperactivity still be considered a problem? Would it even exist at all?

It is almost always about the relationship — the "u" replacing the "r" — autistic vs. artistic. This relationship between the individuals and their environment determines where to draw the line between normal and abnormal variations. Normalcy is neither absolute nor universal. Autistic-artist. Certainty is elusive. However, it is within the expectations of others and the notion of possibility that attempts are made. If absence is anticipated — impossibility — the outcome is nearly assured. Conversely, if presence is expected — some possibility — then perhaps something may happen. Perhaps. The context, environment, family, network, and friends are all inseparable from the individual and his/her sense of self (Ridley, 2004).

Which brings us to the question: Normal for whom? Based on what internal or external conditions? Autistic, or artist? Or both?

According to Sholl (2020), our understanding of concepts such as normalcy, deviation, and health shapes our perceptions and treatments of illness. This discourse can help destigmatise illness, as both illness and deviation, as well as health, are normal, reflecting distinct forms of regulation and adaptation — whether permanent or transitional. They represent different ways of being.

Illness is neither artificial (as opposed to natural) nor does it signify the absence of norms but, instead, it implies the presence of other norms (Edelglass, 2006). This does not mean we should undervalue illness as a significant deviation; suffering is not a prerequisite for character development (despite ongoing debate), and mental illness is not a mystical pathway to enlightenment, though a link between certain mental illnesses and extraordinary abilities persists. It appears genius, or even lesser forms of creativity, often requires a touch of madness. Regardless, while diversity is the norm and both normalcy and deviation are expected, this does not imply that there are no differences between the two.

Solomon (2012) argues that the exceptional is ubiquitous and that being typical is not only rare but also likely entails a profound sense of solitude. When a child's mind is labelled with a diagnosis — such as autism — that label often reflects more the discomfort of adults than the discomfort of the child.

"He is autistic!" it's said, a way to manage expectations and possibilities and to contain and shield Samuel's excess or absence of response.

At the root of the grandmother's words is love — a love for others and for oneself. She seeks to prevent her grandson from appearing less or strange to the clowns. Fortunately, these professionals of play, performing arts, music, and other disciplines tend to see beyond conventional notions of normalcy. Difference is not a problem.

It is not uncommon for illness to be "used" to devalue a certain way of being or a particular identity. Many conditions intertwine with both illness and identity, but by obscuring one, we hinder our ability to recognise the other. In this case, autism, while seen as an illness, is also an integral part of identity; however, by focusing solely on autism, we deny the identity that encompasses the condition and the illness.

Autistic. Artistic.

Autism, or autism spectrum disorder, is a condition — or a variety of conditions — characterised by difficulties in social interactions and communication, restricted interests, repetitive behaviours, and sensory hypersensitivity that can interfere with a person's ability to function in various areas of life (National Institute of Mental Health, 2022). It is a spectrum, a continuum, representing diversity — levels of depth and deviation. For some individuals, autism is never diagnosed, while for others, their entire identity is defined by this deviation.

Level 1 involves difficulty initiating social interactions, atypical responses to others, and challenges with organisation and planning that limit Independence — many "normals," including artists, may fit here.

Level 2 includes marked deficits in verbal and non-verbal communication skills, limited social initiation, and difficulty coping with changes — some "normals" might still fit in this category as well.

Level 3 presents severe deficits in communication, profound impairments in functioning, extremely limited social interactions, minimal responses to social overtures, significant difficulty adapting to change, and restrictive behaviours that interfere with all aspects of life. This level represents a significant deviation from the norm, where the entire identity may be marked by deviation. However, is it sufficient to define an entire identity based solely on this deviation? (American Psychiatric Association, 2013).

Level 3 prevalence is lower; however, around 40% of children with autism do not speak at all, and at least 25% acquire basic language between 12 and 18 months but lose it later (Evans, 2017). Autism also frequently presents with comorbidities — additional challenges. For example, over half of children with autism have some form of intellectual disability (IQ below 70), and nearly half exhibit attention and hyperactivity deficits (Evans, 2017). They also experience more hospitalisations

than children without autism, with 13% of visits related to psychiatric issues (American Psychiatric Association, 2013).

At Level 3, it is challenging to envision a creative, artistic mindset, as the creative process may be significantly compromised. Perhaps.

Neurodiversity. Artist. Autist.

In recent years, there appears to be a movement to re-conceptualise difference, shifting away from statistical models and standards, and embracing difference as diversity — a principle known as neurodiversity (Roskvist et al., 2022). This aligns with other movements focused on seeking treatments, cures, and corrections, which is important given the range of deviations — some inspiring and others at a critical point, where situations can become very challenging, potentially irreversibly so.

Autist and artist. Singularity. Neurodiversity or deviation?

Is this a paradox unique to autism, or does it extend to all human differences? How do we define human typologies while striving to provide everyone with the best opportunities to flourish?

Even (if) at Level 3, how can we ensure that Samuel, whose identity is continuously constructed and maintained in relation to the people and objects around him, does not become merely an unsolvable problem?

And what if the deviation is smaller? What if he is not at the extreme? Normal from which perspective? Only 10% of people develop a preference for their left hand, and for that minority — just like those whose diversity places them somewhere within the autism spectrum — they inhabit a world not designed for their normalcy. Ultimately, it will always be a matter of perspective, right?

Autist. Artist.

Much has been written about autism, and a common impression persists that autistic individual lack interest in social contact, fixate on routines, and have peculiar or special interests, often in comparison to neurotypical individuals. However, there appears to be another world where functional autistics exist not because of defects. Numerous social media groups (#actuallyautistic) showcase a vibrant social life — characterised by reciprocity, intuition, empathy, and emotional connection. While many conversations do address daily challenges, the ability to interact, initiate conversations, and connect is present. It is not inadequate; it is simply different (May 2018).

The social blindness often attributed to autistic individuals can occur in both directions (Mitchell et al., 2021). If we view social situations as dynamically constructed among participants rather than statically defined, social deficits become unlikely (Baron-Cohen, 1995); rather, the mutual creation of a social reality is what fails — autistic versus artist.

Thus, when communication between an autistic person and a non-autistic person falter, we must consider that social blindness may be mutual. Neither party may fully interpret the other's gestures, tone, or rhythm, leading to a growing sense of strangeness for both. However, since autistic individuals are the minority, this strangeness is more often attributed to them — much like a left-handed person forced to use objects designed for right-handed users.

From an autistic perspective, the life of a non-autistic person may appear remarkably emotionless. While the sensory stimuli in a crowded room can nearly overwhelm an autistic individual, the non-autistic person seems to glide through this synaesthesia of sounds, lights, and scents with indifference.

For autistic individuals, small talk might feel uninteresting, colourless, and dry (May 2018). Instead of discussing passions and engaging topics, neurotypicals often talk about acquaintances, vying for attention while missing opportunities to listen and learn. They are preoccupied with status and group identity, and as conversations unfold, they tend to stumble over their ideas, ultimately conforming to the opinions of the most influential member of the group. They assimilate stories that may seem tragic and impossible to joke about for an autistic person, making the company of neurotypicals feel superficial, empty, and devoid of emotion (Milton, 2012).

This description is, of course, reductive. The categories of autistic and non-autistic overlook the immense diversity in traits and behaviours. Many seemingly superficial individuals reserve a depth of feeling for select others and specific moments, with their reactions not always reflecting their true emotions. We learn to mask and contain our feelings; behaviour is influenced by a multitude of factors, including context and its expectations. It's a complex interplay.

For those who deviate most from normative standards, it's easy to judge them as ignorant, incapable, or insufficient simply because their responses differ from our own. This perspective reflects a kind of ignorance, incapacity, and insufficiency from those who fall easily in the typical.

May the door always remain open to the artist — autistic or not.

In both small and large deviations, normative individuals are compelled to reinvent and discover themselves. It is these individuals, as the majority, who shape norms and hold the power to embrace other traits and designs. They allow for the first, second, and third architectures of love, where the essence of relationships is defined.

Artist or not an artist.

The hope, the expectation, is to somehow communicate with that child, while recognising that communication comprises symbols that do not begin — or end — with words.

"Is he an artist? So are we!"

Discussion

The analysis is based on a short story — comprising just two sentences — originally written by the clowns and later reshaped into the present narrative titled "Normal." Utilizing a "holistic content perspective" (Lieblich et al., 1998), we followed the narrative thread to explore and establish connections throughout the story. This approach enabled us to identify the brief dialogue between the clowns and Samuel's grandmother as the central theme, unfolding it through a continuous dialogue between the story's content and theories on topics such as normalcy, autism, identity, and social relations.

Although not establish specific narrative guidelines, the resulting analysis — our story of the story — broadly aligns with Labov's narrative framework (1972), encompassing the following elements: (1) abstract, which provides the reason for telling the story and captures the reader's attention (e.g., "This story is told through two statements. Two propositions. Two thoughts."); (2) orientation, supplying information on time, place, characters, and their activities (e.g., "The hospital story as told by hospital clowns Dr. Faísca and Dr. Josefina Flor — 'He is autistic!' says Samuel's grandmother."); (3) complicating action, which describes the core events that maintain the reader's interest (e.g., " — 'He is an artist? So are we,' the clowns respond"); (4) Resolution, which clarifies what happened and how it concluded (e.g., "Autistic-artist. It is not certain. Never is. But in the expectation of others, in the idea of possibility, the attempt is made. If what is expected on the other side is absence or impossibility, that's likely what will happen. If presence or some possibility is expected, then perhaps something may occur"); (5) Evaluation, which highlights the story's point (e.g., "Normalcy is neither absolute nor universal. Autistic or artist? Or both?"); and (6) Coda, which signals the end of the story and indicates that what follows is no longer relevant (e.g., "The hope, the expectation, is to somehow communicate with that child. And communication comprises symbols that neither begin nor end with words").

Labov's (1972) structure not only organizes the narrative but also allows us to humanize it, providing a comprehensive view of interactions within the hospital environment. By following a narrative arc with a beginning, middle, and end, we can better approximate the subject's experience, conveying the sequence of events with the same naturalness it holds for those involved. This narrative approach fosters a deeper understanding of relationships, capturing the richness of the encounter between the clowns and the child, and offering a more complete and nuanced comprehension of the hospital context.

To understand how the clowns challenge the label "autistic," we draw on Erving Goffman's concept of "spoiled identity." In his study on stigma, Goffman (1986) examines how society categorizes those who deviate from norms, often assigning them an identity that disqualifies and limits. By responding, "He is an artist? So are we!" The clowns subvert this categorisation, introducing a new

possibility in which Samuel can be seen and experienced in his entirety, beyond any stigma.

Furthermore, by creating a "transitional space," the clowns provide Samuel with a safe environment to play and explore his identity beyond the constraints of a formal diagnosis. Winnicott (1971) argues that such a "transitional space" enables children to navigate between fantasy and reality, fostering healthy development and the free expression of subjectivity. This space, established within the hospital context, transcends the clinical setting, allowing Samuel to engage as an active participant in his narrative, unconstrained by a clinical condition.

Charon (2006) argues that the act of storytelling and listening is central to humanised medicine, emphasising the importance of valuing the patient's subjective experience and moving beyond mere diagnoses. According to the author, healing encompasses not only medical interventions but also the symbolic space created when a healthcare professional genuinely engages with the patient's story and recognises their uniqueness. This perspective aligns with the clowns' intervention, which establishes a symbolic space that values the individual, shifting away from a reductionist approach and expanding the possibilities for care and humanisation within the hospital environment.

Finally, Freire (2017) argues that truly liberating practice occurs when both parties recognise one another as active subjects in dialogue. The clowns' interaction with Samuel exemplifies this emancipatory pedagogy. Just as Freire champions the role of the teacher-learner, the clowns create the opportunity to become co-creators of a space for dialogue and play with Samuel, where both parties help shape the environment around them. This interaction enables the child to construct their narrative and assert their identity beyond imposed labels.

In summary, by employing a humanistic approach and a qualitative method aligned with this conception — autoethnography — we aimed to develop an analysis rooted in vivid experiences and subjectivity, valuing meaning within the specific contexts where the hospital clowns operate (Spry, 2001). In the hospital, each visit represents a unique setting for exchange and sharing, where clowns and children create a singular space of expression and connection.

This study suggests that the clowns' intervention transcends mere entertainment, contributing to the humanisation and re-signification of identity within the hospital environment. By introducing a practice that values subjectivity and promotes dialogue, the hospital clowns illuminate the complexity of each child's human experience, creating space for the construction of complete and meaningful identities.

Strengths and Limitations

One of the strengths of this type of analysis is its ability to describe aspects of personal experience, particularly the psychological and emotional perceptions of

those involved, which are often overlooked in quantitative studies. By utilising idiosyncratic, context-sensitive language, autoethnography enables a direct and in-depth portrayal of the nature of artistic interactions, valuing both the interventions of the clowns and the subjective experiences of hospitalised children.

However, the qualitative approach has its limitations. The lack of quantitative generalisation means that the results cannot be broadly applied to other contexts, a common restriction in traditional research. Unlike studies measuring the impact of hospital clowns' visits on pain or anxiety (e.g., Dionigi, 2017; Dionigi et al., 2014; Fernandes & Arriaga, 2010), this study does not use objective analyses to evaluate children's perceptions. Nonetheless, its qualitative depth may inspire similar interventions in other hospital or artistic settings, providing a foundation for adaptations that respect the specific needs and subjectivity of each environment.

As Smith (1975, p. 88) asserts, "the aim of science is to generalize findings to different contexts and times." The question of generalisation in qualitative studies remains a classic debate (Mjøset, 2009). However, Lincoln and Guba (1985) argue that generalisation is not the sole directive for case studies, emphasising criteria such as rarity, transferability, dependability, and confirmability.

In this context, we believe our results at least partially address the criteria of transferability and confirmability. The participants themselves assure data validation, although this remains an open question for future research. Additionally, it is plausible that other researchers employing a similar theoretical approach could arrive at comparable interpretations. Future studies might benefit from a collaborative approach from the outset, with two researchers comparing interpretations derived directly from the original narratives of the artists.

Despite these limitations, we are confident that this study creates opportunities for dialogue, understanding, and debate. The investigation makes a meaningful contribution to the understanding of artistic interventions by clowns in hospital contexts, revealing nuances that go beyond quantitative analysis and highlighting the importance of subjectivity and the emotional impact of the interaction between child and clown.

Conclusion

In summary, this study employs a humanistic approach in psychology and a method closely aligned with autoethnography in narrative analysis to present an account of an encounter involving a pair of clowns, a grandmother, and her grandson. A developed narrative, interwoven with reflections on "normalcy," was crafted from the artists' initial observation. The first and most immediate step was to return this "story of the story" to the artists working in hospitals, fostering a dialogue on the subject and allowing them to reflect on the perceptions elicited by the analysis.

At the same time, we believe this type of investigation contributes to a broader and deeper understanding of the impact of clowns' artistic interventions, challenging the perception of mere superficial entertainment (Simonds, 1999). While this study is limited in its generalisability, its value lies in its ability to foster critical thinking, reflection, and dialogue in fields such as psychology — particularly humanistic psychology — and the performing arts within the hospital context.

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Acknowledgements

We are grateful to all Doctor Clown's artists, for providing the narratives that were the base for this work. We are thankful to the Artistic Director and Coordinators, Fernando Escrich,

Marta de Carvalho and Margarida Fernandes, for their work in establishing a clear identity for the artistic intervention. We are grateful to all children, caregivers, and hospital professionals.

Disclosure statement

No financial interest or benefit have arisen from the direct applications of your research**.**

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Received: November 2024
Published: August 2025