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A serious matter: Clowning as an ethical care practice

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Abstract

In this chapter, we frame ‘clowning’ as an ethical care practice that bears the potential for opening up new affective realities in the context of residential nursing homes. Since activities of clowning adhere to professional care standards while also embracing relationality, it could be argued that clowning enacts a ‘practical ethics of care’. A practical care ethics has been defined as being grounded in a nexus of ordinary and situated practices that are inspired by a professional and/ or a relational care logic. As we propose in this chapter, clowning also exceeds these two care logics by comprising activities that are refreshingly illogical and at the same time grounded in intuitive, embodied and material affects. By emphasizing the importance of these affects, the chapter seeks to advance the theorization of a ‘practical ethics of care’ towards a more nuanced understanding of its affective dimension.

Keywords: Clowning, ethics of care, practical ethics, professional care logic, relational care logic, affect, nursing homes

Introduction

The notion of care has been recognized as a central issue in many areas including family life, health care or the welfare state (Leira & Saraceno, 2006). In the last couple of years, it is also becoming an increasingly important concept within organization and management studies (Taptiklis, 2008; Rynes et al., 2012). Consistent with a broader paradigm shift in the social sciences, a focus on care in organizations recognizes the power of caregiving systems as central to human survival and flourishing. Concentrating on the relationships of people at work (Rynes et al. 2012), care offers a concept to humanize organizations. Especially in light of increasing competition in all areas of life, the seemingly un-heroic character of care brings practices of human interaction center stage again (Taptiklis, 2008; Lawrence & Maitlis, 2012; Rynes et al., 2012). The organizational care literature stresses questions of “how people attend to each other at work, how they feel treated by others, and the quality of their relationships inside and beyond organizational boundaries” (Lawrence & Maitlis, 2012: 641).

It could be argued that questions of care are particularly pressing in facilities such as nursing homes for the elderly, as these are supposed to be caring places par excellence. And yet, the quality of care in residential homes for the elderly has become a source of major concern (Banerjee et al., 2015). Failures to provide effective and respectful long-term care have inspired heated debates across many European countries and the problem is expected to continue well into the future (Abma & Baur, 2015). While Western societies are ageing with an increasing need for care (van der Borg et al., 2017), a considerable body of research addresses the problems that plague the long-term care industry: a scarcity of resources, heavy workloads, staff shortages, a declining workforce, job fluctuation and burnout rates (Ball et al., 2009; Nortvedt, 2001; Purk & Lindsay, 2006; Sikorska-Simmons, 2005). Residents are accordingly frustrated with a lack of personal

attention (Boelsma et al., 2014), and more generally with a missing sense of meaning in their lives. They moreover complain about being excluded and cut-off from the rest of society (Boelsma et al., 2014) which induces feelings of loneliness and social isolation.

In this chapter, we investigate the potential role of professional ‘clowning’ as a way to improve the quality of care in residential nursing homes. More concretely, we frame clowning in the context of elderly care as inspired by both a professional and relational logic of care (Mol, 2010), as it concurrently aims to maintain both the ‘standard’ of care as well as its ‘kindness’. By doing so, clowning enacts what Molterer et al. (forthcoming) refer to as a ‘practical ethics of care’. A ‘practical ethics of care’ approach contends that ‘good care’ is always a matter of tinkering (Mol, 2010) with different care practices that are either inspired by a professional or relational care logic. Clowning in the context of residential nursing homes can be considered a prime example of this, as it represents a care practice that is professional (delivered exclusively by trained clinic clowns) and at the same time relational (focused on relationship building). In this chapter, we go a step further by proposing that clowning sometimes also breaks with both professional and relational norms, while pursuing its very own logic of ‘affect’. Due to its unconventional and humorous nature, which occasionally transgresses professional rules and exceeds relational boundaries, clowning allows for affective encounters that would else be impossible in the everyday context of a nursing home. In this way, it opens up the space for alternative (affective) modes of caring, which we will elaborate upon in this chapter.

In the following, we will first outline a practical ethics of care framework at the intersection of a professional and a relational logic of care. Second, we will explicate our view that clowning is

illustrative of such a practical care ethics as it combines both a professional and relational care logic. And lastly, based on our observations during a 6-month ethnography in an elderly nursing home in Germany, we will formulate and discuss the main contribution of our chapter. More concretely, we conceptualize clowning as a flexible and unassuming care practice, which is grounded in intuitive, embodied and material affects. We take these affective layers of clowning as a starting point for a more nuanced understanding of affect in the theorization of a ‘practical ethics of care’.

A ‘practical ethics of care’ framework

In light of the increasing concerns around the quality of care in hospitals and nursing homes, Mol et al. (2010) have argued that care – and the mode and style in which it is delivered – have to be ‘carefully’ attended to in order to preserve both the ‘effectiveness’ and the ‘kindness’ of care practices. Addressing matters of ‘effectiveness’ and ‘kindness’ from an ethical standpoint, Gilligan (1982) distinguished between two different kinds of ethics: an ‘ethics of justice’ where everyone is treated the same, and an ‘ethics of care’ based on the principle of relationality. These different ethics unfold along different logics of care – a professional and a relational one – that have different historical roots and different implications for how care should be delivered.

By following an ethics of justice, the professional logic of care aims for the professional, equal and fair treatment of patients or residents (Hennion & Vidal-Naquet, 2017). This professional logic has been imported from the medical sector and it is characterized by the meticulous adherence to rules and protocols that are strictly regimented by governmental health authorities. In this way, the professional logic shapes the actions of care workers who are supposed to follow a linear set of

activities and to document them carefully in the context of residential homes. Despite its good intentions of maintaining justice and non-maleficence in care, a considerable body of research has addressed the problems that may arise when adhering too strictly to a professional logic of care (e.g. Banerjee et al., 2015; de la Bellacasa, 2012; Greenwood, 2007; Mol, 2006; Pols, 2006; Rockwell, 2012). It bears the danger of depersonalizing care along highly regulated, administrative lines (Rockwell, 2012) – what Banerjee et al. (2015: 28) critically refer to as “assembly line care”.

Rather than being concerned with matters of regulation and evaluation, the relational logic emphasizes a commitment to relationships and can therefore be considered as deriving from the broader ‘ethics of care’ framework. Considerations about an ‘ethics of care’ started within feminist movements in the early 1980s (Brugère, 2006; Feder Kittay & Feder, 2003; Paperman, 2004, 2005; Tronto, 1993; Winance, 2010). Feminist theory defined care as a complex process, grounded in the ability to unselfishly consider the needs of different people across different contexts and to develop local and situated solutions to specific problems (Mol et al., 2010). Such a contextual ethics of care also developed the notion of relational interdependence of mutually caring subjects. It emphasized vulnerability, dependence and asymmetry in affective relationships of care. The aim of this work was to consider the moral commitment underlying a care ethics that allowed for asymmetry and dependency without resulting in domination. And yet, it has been argued that an ethics of care framework is not without flaws as it takes off from the foundational model of mother-child relationship. Critics have pointed out that this might turn out as a hierarchical, one-way relationship in which the ‘caring’ figure is in a position of power over the other in terms of defining his or her needs or interests.

As Simonsen (2010) argues, this calls for an ethics of responsibility that is more ‘mutual’ and ‘reversible’. Following this call, Molterer et al. (forthcoming) conceptually developed the notion of a ‘practical ethics of care’, an ethics which is performed through a nexus of ordinary, situated and embodied social practices. This ‘practical ethics’ – as opposed to ‘abstract ethics’ – refuses universal rules or principles of justice and embraces the idea that ethics are always implicit in the action. All actors are moral actors even if they are unaware of their ethical practices and unable to explicitly name their principles (Hennion & Vidal-Naquet, 2017; Yakhlef & Essén, 2012). A practical ethics is thus mainly composed of mundane and non-heroic activities like laughing when someone makes a joke, agreeing when someone expresses an opinion, or patting someone’s hand when comfort is needed. Molterer et al. (forthcoming) contend that a multitude of such small exchanges hold the potential for collapsing the social and physical space between home care residents and their environment (see also Abma & Baur, 2015).

A practical ethics of care moreover emphasizes that care is negotiated on an everyday basis through practices that are either inspired by a professional or relational logic of care while not making any a priori judgments of what can be considered ‘good care’. In this framing, an assessment of good or bad care can only be a momentary judgement that may shift across different situations. And indeed, as Mol (2010) notes, various different ‘goods’ – in the plural – appear to be relevant to care practices and their relations can be strikingly complex. Therefore, it makes little sense to argue about which good is best in general, as care always implies complex negotiations between different goods that co-exist in specific local practices. These negotiations between different goods are not necessarily a matter of talk and verbal argumentation though. Instead, they are a matter of attentive experimentation. Or, as Mol (2010: 227) has coined it: “In practice, then, improving care is a

matter of tinkering”. Winance (2010) elaborates upon this, explaining that tinkering means “to meticulously explore, ‘quibble’, test, touch, adapt, adjust, pay attention to details and change them, until a suitable arrangement (material, emotional, relational) has been reached” (Winance, 2010: 111). Especially in the context of a care home, work changes over time along the changing mental and bodily conditions of residents. Engaging in care work therefore needs to be an ongoing effort of persistent tinkering as there are no fixed or fixable truths (Moser, 2010) in the lives of residents.

By breaking sociality open (Thrift, 2003), this practical ethics allows for uncertain affective potentialities to arise (Darling, 2010), from which new ways of arranging social life can emerge (McCormack, 2003). Expanding upon the idea of affective potentialities, in this chapter we draw particular attention to the practice of ‘clowning’, which we consider a prime example of a care endeavor that enacts a practical ethics, while especially emphasizing its affective dimension. In the following, we will elaborate upon clowning as an ethical care practice that combines professional, relational and affective elements.

Clowning as an ethical care practice

In this chapter, we investigate the practice of ‘clowning’ as an enactment of a practical ethics of care where different activities that are inspired by a professional or a relational logic of care are constantly being negotiated. Moreover, we propose that clowning exceeds these two logics and thereby allows for affective encounters that would else appear impossible in the everyday context of a nursing home. In the following, we will outline more explicitly how clowning is generally a professional endeavor, while at times it also ignores or undermines the rigorous rules and regulations that a professional care logic postulates. Likewise, we will contend that clowning is a

strikingly relational engagement, while sometimes it violates relational norms. Lastly, we will point at the unconventional nature of clowning, before we take a more empirical look at different clowning encounters.

Concerning the professional side of clowning, in 1986, the Big Apple Circus Clown Unit in New York City institutionalized the professional role of clinic clowns, namely as artists with a special training and special qualifications in humor, improvisation, music, movement and theater performance (Kontos, Miller, Mitchell & Stirling-Twist, 2015; Linge, 2008; Peacock, 2009). Beyond these artistic elements, clinic clowns are also trained to be knowledgeable about, empathetic and sensitive to health issues (Linge, 2008), especially since the practice of clowning in the context of nursing and health institutions is framed as an ‘intervention of care’. It is targeted towards the well-being of patients (or residents), their relatives as well as the other employees involved in the care process. And indeed, it has been documented, that the presence of clinic clowns reduces stress, activates coping mechanisms and helps them build a positive attitude towards their illness and the hospital more generally (Linge, 2013; Warren & Spitzer, 2011).

At the same time, one can observe an interesting tension between clowning and the professional logic of care. While other care workers must strictly adhere to and follow professional health care regulations, clinic clowns can legitimately transgress professional boundaries by offering alternative solutions to a problem (Linge, 2013). This is possible since clowns resort to unconventional means and use them candidly (Hendriks, 2012: 460). As Ackroyd and Thompson (1999: 106) note, “[t]he clown wastes time and resources, breaks the rhythm of work, and diverts people’s concentration... clowning involves an explicit rejection of... ordered behavior”. While

such deviant behavior would be untenable for nurses or other care personnel, in the context of clowning it is not surprising. After all, the character of the clinic clown imitates the circus clown who is known for parodying the performances of hierarchical superiors, for undermining or upgrading status, for staging physical comedies and for expressing their own incompetence (Dionigi, 2014). As an effect of this, the practice of clowning holds the potential to deceive the professional logic and to challenge the limits of professionalism. For whatever the professional logic excludes or prohibits by means of rules and regulations, can be re-introduced through clowning in a humorous mode (Warren, 2008).

In addition to its professional side, the practice of clowning also adheres to a relational logic, especially since clowning allows residents in the nursing home to stay in touch with their environment, which makes mutual relationships possible (Hendriks, 2012). In this way, the practice of clowning forms a contrast to the evidence-based and measurable world of the health system, where an understanding of ‘good care’ is grounded in normativity. Instead, it focuses on people’s experiences in the moment and therefore incorporates a relational logic (Hendriks, 2012). Due to their exaggerated character, as well as the lightness and joy which they bring, clowns are gifted in their ability of inviting people to participate in their performances. This makes clowning both attractive and contagious. It allows people to meet at eye level and to connect in different ways (Warren & Spitzer, 2011). And yet, due to its unconventional nature, clowning also breaks with or exceeds the relational logic of care from time to time. This is exemplified, for instance, in the clowns’ more direct and less cautious engagement with residents and their boundaries.

While care practices that are inspired by a professional or relational logic are based on common ethical principles of justice and care, the practice of clowning seems less transparent in its ethical orientation and direction in the context of elderly care. It enacts a practical ethics of care by negotiating care in the moment, but in doing so, it also follows its own affective logic. Rather than viewing clowning as unethical (Hendriks, 2017) in terms of breaking with professional or relational norms, in this chapter we argue that clowning follows an ethics that is open to uncertain affective possibilities (McCormack, 2003). Like the jester (Beré, 2013), the clinic clown introduces an arrhythmic quality into every life, thereby playing with the physical, sensory and kinesthetic expectations of the observers. The clown leaves the predominant world of logic and instead immerses herself in irrationalities, which allow her to establish relationships on an affective level. The material and aesthetic appearance of the clinic clowns play an important role in this. By dressing in fancy costumes or engaging with everyday objects in unusual and seemingly unintended ways, the clowns signal a humorous mode to the outside world, thereby turning conventional norms upside down and enabling ‘affective relationality’ (Kontos et al., 2015). In this affective relationality, which is situationally concerned with how bodies move one another, rules and measures become irrelevant. What comes to the fore instead are vibes, feelings and small gestures that enable all actors to make contributions, regardless of their logical potential.

Therefore, we argue that clowning in elderly care does not serve the (primary) purpose of entertaining the residents. Instead, it serves the organization of care more broadly. Clowning picks up on the emotional states and the affective strains of residents, which are ignored or deemed inappropriate in a serious mode, often, because there is simply too little time for it. In care practices that are (only) inspired by a professional or relational care logic, something always gets lost: an

emotion, a contact, a sense of belonging, closeness, conflict or compassion. Clowns address this loss affectively by revealing hidden desires; they reinforce these desires, re-interpret them, or bring them into reflection. In the following, we will illustrate how this is situationally achieved.

Case illustration: Clowning in a residential nursing home

An ethnographic field study was conducted in a German residential nursing home with 95 residents between January and July 2016. The residential home is located in a small historic town in Germany. In her double-role as intern and researcher, the first author was placed in the social assistance-team where she could interact closely with people on-site. She started her data collection with participant observations, so people could get used to her and she could observe and listen to their stories. Besides informal talks with different people on-site (e.g. residents, visitors, relatives, nurses, volunteers, asylum seekers, hair dresser, etc.) the researcher also conducted formal interviews with the head of the institution, five social assistants, four clinic clowns, who visit the institution regularly and two clinic clowns who belong to different clinic clown organizations.

With a special interest in the practice of clowning, we closely followed the clowns and their activities in the elderly care setting. The clowns who visit the nursing home are part of a non-profit organization in Germany. This organization hires artists and trains them professionally in how to engage with people who are ill or close to dying. In their training, clowns acquire basic knowledge about different therapies, but also about clowning and improvisation techniques. Their areas of intervention are clinics for children and young people, facilities for people with disabilities, hospices and palliative wards, clinics for seriously ill adults and, since more recent years,

residential homes for the elderly. The following illustrations of clowning as an ethical care practice are based on field notes in the form of case vignettes or ‘little stories’ and interviews with the clowns that illustrate how care is sometimes negotiated along different care logics, while at other times it exceeds these logics in the pursuit of an affective encounter.

Clowning as an unconventional, affective care practice

By closely following the clowns in their everyday encounters with residents, we observed how the clowns combined professional clowning and care standards with an attempt of relationship building. As part of their professional conduct, clowns never just entered a resident’s room without acquiring previous knowledge about the person’s physical and mental condition. In this way, they could set themselves (professional) boundaries of what kind of interactions are viable or not. And yet, rather than approaching a resident with any particular ‘goal’ in mind, the clowns were above all interested in getting ‘into contact’ with people. What happens then in the actual clowning intervention was therefore described as a matter of ‘tinkering’:

Clowning does not pursue any specific goals. That’s why people often don’t understand why we act like we do in a particular situation. But the “why” is not important in a playful act. Clowning is not intended to make people smile, it’s simply a matter of trying out what kind of interaction is possible. There’s also no good or bad in clowning, no judgment. And even though there is no rational purpose to clowning, there might be an emotional purpose. (Enrico, clinic clown)

Enrico notes that, different to other care practices, the practice of clowning does not seek any predefined outcome other than maybe arousing some kind of emotional response. And yet, this lack of predefined outcome goals does not imply that clowning is an easy or random endeavour. Instead, as Lila, another clinic clown, suggests, it requires trust in your own abilities to establish

contact and an ‘intuition’ of what might resonate with the other. Especially for novices it takes courage and time to build up and embody sensible knowledge, which is needed in every clowning activity:

Especially in the beginning, it takes a lot of courage to enter a room, to breathe and to just see what happens. That also gives the resident enough time to look at you and to absorb the space. That is a precious experience, but you first have to trust that it works. The next moment you might see an object. A random sentence about the object pops into your mind. And then you already have a connection – to the resident, to an idea, to a story. (Lila, clinic clown)

Lila’s description of ‘how clowning works’ maps well onto many situations that we observed in the residential home. The following vignette describes such an encounter where two clowns, who are partially equipped with their professional training and some background knowledge about a resident, enter into a situation ‘empty handed’ with the sole aim of making a connection:

The clowns visit Ms. Luber in her room. They were informed that the resident has lately been feeling weak and has therefore avoided contact with others. Juttita, who knows the resident from previous visits, knocks and enters the room: “Hello, Ms. Luber!” Hansi, her colleague follows her: “I wish you a wonderful good morning!” Ms. Luber is still lying in bed, the curtains are closed, the room is dark. Hansi notes: “Wow, you have the brightest room in the entire house! Or are you the one shining so brightly today? I think you are!” Hansi, who is actually visiting Ms. Luber for the first time, continues: “I think we have met before, is that possible? Juttita jokingly replies: “Well, I don’t know about all your romances.” Ms. Luber starts laughing. Hansi responds: “Well, me neither.” We all laugh. Suddenly Juttita comes up with the idea that Hansi needs a secretary, who documents all his romances and the characteristics of every woman he dates. Ms. Luber agrees: “What a great idea!” Juttita adds: “For instance Gertrud from Hamburg, tall, skinny, red-haired, does not like gladiolas.” We laugh again. Then Juttita asks Ms. Luber how she feels today. With a weaker voice the resident replies: “Thanks, I am already feeling better.” Hansi enthusiastically notes: “Better is the first step towards fantastic.” Ms. Luber nods. Hansi takes this as an invitation, pulls aside the curtains and opens the door to the balcony. He

jumps outside and cheerfully shouts: “It is already summer!” Juttita adds in a more serious tone: “Ms. Luber, it’s time to put on some sunscreen.” Ms. Luber: “Oh really? Is it already that hot?” Hansi returns and stretches his arm out to Ms. Luber, suggesting that she should touch it: “Feel for yourself how warm it is outside!”

In this episode, the clowns create an amusing scene by engaging in a form of care, which exceeds both the professional and relational logic prevalent at the nursing home. Beyond their professional mandate, and beyond conventional ways of relationship building, they play around with what is appropriate or not in the engagement with a resident: A stranger who makes compliments to an elderly woman and even asks her to touch his arm. Beyond this offensive flirting, we also observe activities of ‘exaggerating’ and ‘creating irony’. These activities as part of the clowning practice allow for the establishment of a particular relationship that would not be possible in a serious mode of conventional interaction. In this concrete situation, the newly formed relationship might touch upon the resident’s hidden desire of wanting to be recognized as a woman or as a human being. This recognition is verbally conveyed through compliments that offer the resident an opportunity to remember her attractiveness. In a more serious mode, these (human) desires, which are detached from the regular care and nursing activities, would go unnoticed.

Additionally, the practice of clowning stimulates feelings in a performative way, i.e. through ‘doings’. In this example, pulling the curtains aside and opening the door does not (only) serve to routinely ventilate and illuminate the stuffy room. Instead, these activities are an expression of letting energy and joy of life into the room. Materiality therefore plays an important role in stimulating emotions and interpersonal connections. The heat of the sun, which Hansi transports to the resident via his arm, can be interpreted metaphorically as the warmth of an interpersonal relationship. The resident can literally feel this warmth for a moment, namely when she touches

Hansi's arm. More generally, as Enrico notes, materiality and the unusual engagement with material artefacts plays an important part in clowning, as it allows the clowns to not be limited by their own inhibitions. Instead, it allows them to take on a different role:

People often ask why we need a costume. In fact, it might not even be needed, but it does make it easier to establish contact, because people immediately frame the situation differently. They become open to interactions which they might resist in their everyday context. It does not matter whether you come with a costume or without, but I have a feeling that as a clown, I can much more assume another role, and I allow myself to do and say things that normally I wouldn't (Enrico, clinic clown).

Interestingly, while clowning can create emotions that are not always predictable, the clowns perse do not approach residents with any expectations or demands. Instead, they pick up the vibes and try to address residents' needs that are not visible at first glance. In this way, they show understanding and acceptance for the resident's current condition, thereby potentially enabling the resident to also be more appreciative of the own situation:

When the clowns ask Ms. Sulzer what she's doing right now, she replies: "Nothing." Laluna, one of the two clowns, is delighted about this: "How wonderful! May we join you in doing nothing?" Somewhat disbelievingly, Ms. Sulzer replies: "Sure." Laluna seems excited: "Then let's do nothing for once!" The resident agrees: "Yes exactly, we're not doing anything now." Laluna jumps to the other side of the table, taking a seat exactly opposite of the resident. "Okay, Ms. Sulzer, I will exactly copy how you do nothing." She tries to imitate the exact body position of Ms. Sulzer. Meanwhile, Nicoletta who stands next to the resident tries to coach Laluna how to imitate Ms. Sulzer most accurately. Laluna, who has by now adopted the same posture as the resident, remarks: "That's really comfy, Ms. Sulzer, totally relaxing". Ms. Sulzer seems contented and nods. Nicoletta, who has been observing the scene, adds: "I would like to paint a picture of doing nothing." Now Ms. Sulzer starts laughing, while Laluna gets more enthusiastic: "Ms. Sulzer, doing nothing is really the best idea."

Driven by a professional care logic, care workers often approach residents with demands: getting up, getting dressed, taking their meals, going to the common room. The clowns, on the other side, merely make relationship offers that are inspired by a relational logic of care. More importantly even, clowns make offers which the residents do not necessarily have to accept. Interestingly, it is exactly this lack of expectations and demands that often enables the clowns to make a connection.

In the described scene, Laluna picks up the theme of ‘doing nothing’, which Ms. Sulzer has on offer, and she reinterprets it. The element of surprise already enters at the beginning of the scene, when Laluna asks if she can keep Ms. Sulzer company in doing nothing. This question seems highly unusual, as most people who come into a resident’s room want to change or eliminate their state of boredom. At first, Laluna’s response appears surprising if not disturbing. In a serious mode, one might think that Laluna is making fun of the resident. Instead, the clown playfully enters into the realm of boredom as she tries to imitate Ms. Sulzer's posture in a most accurate way, thereby signaling a humorous mode. With her keen interest in the correct body posture for doing nothing, she repeatedly asks questions and gets assistance from Ms. Sulzer and Nicoletta to get the smallest details right. Step by step, she puts Ms. Sulzer in the role of an expert. Doing nothing, which Ms. Sulzer most often probably perceives as unpleasant in her everyday life, suddenly becomes a great achievement that the clowns acknowledge and celebrate.

By imitating the activity of doing nothing, the clown succeeds in overthrowing common sense assumptions about boredom and its associated sensations. Instead, she enters into an empathic relationship with the resident, surprisingly reinterpreting Ms. Sulzer’s supposed weakness into a strength. She transforms the resident’s inaction from something boring into something sensational.

A humorous mode in which everything can and may be exaggerated is very helpful here. The resident becomes a role model for the clowns who seem to enjoy the activity of doing nothing. They take the resident seriously in her need, but do not ask her to change anything about it, as it is usually the case in elderly care. On the contrary, rather than making any demands, they create a situation in which loneliness and boredom in the form of doing nothing becomes a strength. In this framing, Ms. Sulzer can turn the activity of not doing anything into a conscious decision and she can even share her special competence with the clowns. This clearly changes the affective experience of boredom.

Discussion

In this chapter, we have argued for clowning as an example of a practical ethics of care. Moreover, we propose that by emphasizing the affective layers of a practical care ethics, clowning helps us to advance the theorization of such a practical ethics, namely as infused by intuitive, embodied and material affects. This affective conceptualization of a practical ethics has implications as well for how we understand care and care relationships in the context of elderly care. In the following, we will elaborate on the different affective layers inherent to the practice of clowning and how they can impact the overall care system. As a starting point for our discussion, we will first position clowning as illustrative of what Molterer et al. (forthcoming) have coined a practical ethics of care, where care activities that are either inspired by a professional or relational care logic are constantly negotiated in a process of tinkering. The practice of clowning enacts such a practical ethics, on the one hand, by adhering to particular professional standards such as obtaining information about the residents' physical and mental condition and by acting upon that information through various humor and clowning techniques acquired through their professional training. On the other hand,

the clowns simultaneously follow a relational care logic, exemplified in their focus on making connections with others and their ease, indeed, of establishing relationships with strangers.

With a particular focus on the affective dimension of a practical care ethics, we also observed that the practice of clowning is sometimes neither oriented towards a professional nor towards a relational logic of care. Instead, through all their absurd activities, clinic clowns frequently transgressed professional and relational norm systems, or at least they exposed tensions between the existing cultural system and other possible realities (Hendriks, 2012; Kontos et al., 2015; Peacock, 2009). Interestingly, as McLean (2015) notes, by overthrowing the everyday order, clowns also reveal absurdities of the prevailing and taken-for-granted social order that can be found in a nursing home. In this way, the practice of clowning creates a space in which abnormal or unconventional activities could become the new norm. Examples include the celebration of ‘doing nothing’, or imagining a romance between a clown and a resident. Through the mostly unexpected play with ideas and materialities, the practice of clowning succeeds in creating a humorous mode that clearly differs from the serious mode in which professional and relational norms prevail (Mulkay, 1988).

Clowning thereby introduces a different affective experience into the elderly care facility, which overthrows the original system of norms and consequently renegotiates the positions of the actors. More concretely, the clowns in this study often gave priority to the creation of a common affective space. With the aim of better understanding and theorizing this affective dimension of a practical care ethics, in the following we will elaborate on the different affective layers that clowns contribute to the everyday care work in residential homes. Since the performances of clowns arise

through the activation of intuitions, bodies and material artefacts, we will take a closer look at these elements and their relevance for a practical care ethics.

Intuitive, embodied and material affects in clowning

According to Hendriks (2012: 469) “a [clown] learns how to [...] let herself be affected by what she experiences”. Similar to nurses (Benner, 1984), becoming a clown thus implies acquiring a body that learns to be sensitive to the other, a body that can perceive how another person relates to the world in physical and emotional ways. This knowledge of the environment and the other is gradually turned into a kind of intuitive care response that arises from an “ethics of affection on how bodies compose with other bodies” (Anderson, 2005: 653). This affect driven, intuitive response could be observed for instance when clowns made ad hoc choices of how to engage with a resident in a particular situation, like deciding to ‘do nothing’. When following their intuition, clowns moreover allowed themselves to be affectively stimulated by the resources available in a particular situation: the resident’s mood, the darkness of the room, the curtains, the sun. In other instances, clowns made intuitive decisions between ‘what may seem appropriate’ in a particular situation (e.g. respecting relational boundaries), and ‘what may be an unattended desire’ of a resident (e.g. being perceived as a woman), while often times acting upon the latter.

Concerning the embodied affects that are inherent to the practice of clowning, we observed that clinic clowns had developed the embodied capacity to be affected (meaning ‘effectuated’), moved and put into motion by other bodies (Hendriks, 2012; Latour, 2004). More concretely, we observed how clowns engaged in a variety of embodied activities that were spontaneous, unreflective, non-deliberate and absorbed (see also Yakhlef & Essén, 2012), like ‘jumping out onto the balcony’ or

‘stretching one’s arm out to a resident to be touched’. Based on these observations it could be argued that clowning involves embodied knowledge (Brykczynski, 1998) of how to act in a particular situation. Along those lines, Sandberg and Tsoukas (2011: 344) argue with reference to Bourdieu (1990): “the embodiment of practice... guarantees the ‘correctness’ of practices and their constancy over time, more reliably than all formal rules”. The body thus becomes a medium for perceiving and experiencing the world.

Looking at the material artefacts involved in clowning, it can be noted that clinic clowns differ considerably from everyday appearances through their application of materiality: their exaggerated make-up, the red nose, the clothes that are too large or too small, or the wearing of bright and unusual colors (Peacock, 2014). Combined with a range of humor techniques, this exaggerated materiality introduces new affective potentialities into the care processes (McLean, 2015). As an example of this, the unconventional appearance of the clowns sets them apart from what is defined as ‘normal’. This in turn allows them to meet people in a residential nursing home at eye level. Since some of the residents also dress in seeming unusual ways, while often they are no longer in full control of their bodily functions, they may violate bystanders’ perception of normal behavior. Residents in an elderly home may therefore perceive themselves as ‘abnormal’, especially when their behavior or appearance diverges from that of fellow residents and is therefore constantly corrected by others.

In a similar way, clowns are also excluded from a particular group or society more generally. Put differently, both clowns and the care home resident can be considered as precarious or at least marginalized in a particular context. But it is precisely this shared vulnerability (Fotaki, 2014) that

calls for a ‘safe environment’ where clowns can affectively connect to nursing home residents, namely by revealing, deceiving, and at the same time changing certain norms of a culture, and thus introducing new ideas (Beré, 2013; Kamberelis, 2003). The emergence of trust among clowns and residents is rooted in the recognition that people exist in relation to one another and that the self is inextricably connected to the other through a duty of care. As Fotaki (2014) notes, this mutual trust, underpinned by affect, is indispensable for making care relationships possible.

Emphasizing affect in the theorization of a practical ethics of care

As we have tried to illustrate in this chapter, one of the main effects of clowning is to create certain affects in the community of a residential nursing home (Sørensen, 2015) and to establish and reinforce contact via existing but sometimes unnoticed affects. This bears the potential of provoking new or different affects in the community of the residential home (Hendriks, 2012), while emphasizing the importance of different affective layers (intuitive, embodied, material) in a practical ethics of care. In the following, we will elaborate on how the practice of clowning and the various affects inherent to this practice can help to advance our (affective) understanding of a practical ethics. As Keevers and Sykes (2016) note, affect is not something ‘we’ have. Instead, it is a complex assemblage of words, objects, gestures, attachments, bodily sensations and intensities, which constitute everyday organizing practices (Keevers & Sykes, 2016). In this chapter, we contend that a practical care ethics involves the enhancing of our capacities to affect and be affected in ways that help ourselves and others flourish (Thanem & Wallenberg, 2015). As illustrated through the example of clowning, this practical ethics is a matter of fully recognizing the other. It is the affective encounter that enables us to be unconditionally open to the other

(Thanem & Wallenberg, 2015), and to engage in deep and profound exchanges in new and unexpected ways (Hendriks, 2012), led by intuitive, embodied and material affects.

Along those lines, Spinoza (1994) suggested that we enhance our capacities to affect and be affected by relating to a variety of different bodies and entities, both human and non-human (see also Hendriks, 2012; Latour, 2004). Engaging affectively with one's surroundings – as clowns do – also includes the refinement of one's consciousness, allowing for a broad range of divergent stimuli to be recognized, including those that are often overlooked in everyday care practices. In other words, an affect driven practical ethics explains the creation of new in-between spaces where people come into close contact with each other (Fotaki, 2014). Going a step further, we moreover argue that it is through affects and how we are affected by others that relational and organizational boundaries can be collapsed. Based on this understanding, a practical care ethics with its various affective layers calls for more diverse organizations, at least insofar as it invites traditionally marginalized groups such as clowns or the elderly to affect how things are organized, managed and decided. Not least because marginalized groups tend to have different bodily experiences of joy and suffering in everyday life.

Since it is impossible to know up front, which encounters will generate joy or not, clowning does not per se strive for joyful encounters and harmonious alliances. Instead, it is a matter of experimenting (Gatens and Lloyd, 1999) or tinkering (Mol et al., 2010) with a variety of intuitions, bodies and materialities. After all, harmony assumes variation, not sameness (Gatens and Lloyd, 1999), and a body can only enhance its capacities by connecting to other bodies with different capacities (Thanem & Wallenberg, 2015). This understanding should compel us to take

responsibility for how we seek encounters that can enhance our own and the bodily capacities of others (Thanem & Wallenberg, 2015).

Conclusion

To date, there is hardly any research that conceptualizes clowning as a social practice. Instead, clowning is largely framed as an individual intervention, while scholarly interest is mainly focused on its therapeutic effects. This chapter tries to move beyond these considerations by attributing more importance to the role of clowning in health care organizations. The humorous mode of clowning, which embraces flexibility and spontaneity, emphasizes the importance and the need for affective layers in a practical ethics of care. On the one hand, unconscious or long forgotten feelings, which often have no place in everyday caring practices, can be recalled and stimulated through an affective engagement with nursing home residents. However, it is also important to note that these feelings may not always be pleasant or desired. On the contrary, clowning also allows for unpleasant emotions, such as fear of transcending meaningful limits of care. Nevertheless, the practice of clowning comes with a great potential for generating shared experiences of a different kind. This connects the involved actors, so that their common experience affectively stands out from everyday life. Those who share this experience feel closer connected to each other in that moment. Hendriks (2017) suggests that it is exactly these pleasant as well as unpleasant experiences, which should be reflected upon in order to engage respectfully with (elderly) people and their affects.

We conclude that the practice of clowning follows an ethic that is open to uncertain affective possibilities, which can lead to a reorganization of social life (McCormack, 2003). The ethical

value of clowning lies in an ethico-political negotiation of the immediate present, which is open to surprises and transformation (Darling, 2010). The practice of clowning has permission to do what others are not allowed to or cannot do, and it acts upon this permission. In this way, it has the potential to change the way we see and interact with elderly people on an everyday basis.

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