



Giora Seeliger Twitter Event, October 29, 2020, 12 - 1 PM, Eastern Time

Part of the Fritz Ascher Society's "Send in the Clowns" Digital Engagement Project

Dialogue between Elizabeth Berkowitz, PhD, of the Fritz Ascher Society @Ascher_Society and Giora Seeliger, of Red Noses Clowndoctors International @rednoses_int

Conversation transcript has been edited for clarity.

Elizabeth Berkowitz: Good afternoon, Eastern Time Zone Twitterverse, and good evening, Viennese Twitterverse! Welcome to week #2 of #sendinthecrowns. In just a few minutes, our second Twitter event of the project will commence with Giora Seeliger...get your questions ready!

Giora is taking over our feed to answer questions about hospital or healthcare clowning, Red Noses Clowndoctors International, as well as the inherent duality of the clown as exemplified by the emotional extremes of healthcare clowning.

This event is part of #sendinthecrowns, and sheds light on Fritz Ascher's continuing interest in the subject of the clown, and its ability to embody both extremes of sadness and joy.

Ok, Twitterverse! We are excited to welcome Giora Seeliger, Artistic Director and Founder of Red Noses Clowndoctors International, to the FAS Twitter feed! Giora is a renowned clowning expert, actor, and director.

Giora Seeliger: Hello from good old Vienna! Nice to meet you all!

EB: Hello, Giora! Good evening from NYC! Let's kick this off with some questions--

Welcome, Giora! And--take it away with your own introduction!

Twitterverse, reply to the threads with your questions!

GS: Hello, my name is Giora. I live in Vienna, Austria, since 30 years. My artistic education and career I started in France. I am an actor, director and teacher. And I founded Red Noses International 25 years ago.

EB: Giora, one question that emerged after our roundtable yesterday was what drew you to hospital or healthcare clowning--how does this subfield of general clowning practice align with your background and training as an actor, and what led you to pursue it?

GS: Well, my training in Paris was not one of a classical actor. I learned a special theatre form like mime, melodrama, classical Greek drama, buffoon, the clown. So, the so-called popular theatre forms.

The hospital clowning is just a prolonged form of the classical theatre clown tradition as we know it since Charlie Chaplin, Buster Keaton and others.

EB: That's an interesting point! How so? How is hospital clowning an extension of the classical theater tradition? I would think the emotionally taxing potential of working with ill patients or, as @rednoses_int does, working with vulnerable populations in conflict zones, would be significantly different from the emotional stakes of stage clown performance.

GS: Yes, this is absolutely true, and not true. As I said we are in the tradition - it does not mean we do the same things. Our interventions are not necessarily performances as I mentioned yesterday. We have always to adapt to the situation which we find and define on the spot.

To say it in other words - our performances are always tailor made to the situation and the beneficiaries.

EB: During your training, did you find yourself drawn to characters who naturally brought humor or light into perhaps dark circumstances--making the emotional stakes of hospital clowning a logical extension of your training?

GS: Indeed, I was attracted for the so-called funny characters which I always enjoyed to play or direct. It's such an honor to bring some light and pleasure to people especially to the ones in need of joy.

As we are in the Fritz Ascher Society I would like to draw the general attention to the fact that the actor Jerry Lewis started a movie about a clown in the concentration camp based on an Israeli Novel of Yoram Kanyuk, a film which he abandoned during half time of production.

EB: Yes--thank you! A very relevant story for FAS, and one which demonstrates, perhaps two things--the desire to bring light into even the most dire of circumstances, and, perhaps, the limits of humor to penetrate the most evil of situations?

GS: Yes, indeed. As we could see masterly by Roberto Benigni it's a small thin red line on which you have to walk. As a matter of fact, Jerry Lewis himself just felt that he failed and stopped the shooting.

EB: In many ways, to properly execute the conjunction of extreme joy and humor and life with utter devastation is an attempt to get at a fundamental need of human existence--the desire to be happy, despite everything. And thus the trickiest dynamic to represent.

Switching gears a bit: what is the most challenging part of working as a healthcare clown? And, to your students, how do you counsel them to cope with such challenges?

GS: The main challenge is to be ready to adapt yourself all the time to the situation and the audience. To know when to release your tools like music, magic, whatever and when not to.

About every two months they also have a group supervision to talk about their experiences and - especially undigested - emotions during their hospital work.

Hospital clowns have to bring besides their talent also a big part of empathy and social competence. We take a long time to train the students for that special purpose. After each session they have a debrief with their partner clown to re-cap what happened on that day.

EB: To have peer and group support for a profession as potentially emotionally taxing as this one is a wonderful thing.

GS: Thank you!

EB: How has the COVID-19 pandemic impacted healthcare clowning practice, and particularly this integral peer and group support system?

GS: Indeed, COVID-19 in the first period has excluded us from the visits in the hospitals. Soon we replaced these visits by streaming, video productions, later on by physical visits through the windows or on balconies and courtyards inside the institutions.

By today we are back to normal by about 80% and realized that the willingness of the hospitals that remain in the present epidemic is very high. By the way, not to forget - we also visit geriatric patients!

EB: Have you been able to resume geriatric visits? I imagine they are a population most in need of company in joy, yet a population most at risk during the pandemic.

GS: Yes, absolutely true - highest risk in the geriatric wards. But together with the medical staff we figured out a way to come as close as possible. These people have often been living in complete isolation, so the clown visit is a rendezvous with regular life.

EB: Absolutely. Speaking of the clown as embodying a "regular rendezvous with life," how has the pandemic affected your work with other vulnerable populations who are equally desperately in need of connection, such as refugees?

GS: The work with refugees nearly came to an end through COVID-19 but four of our clowns have a streamline visit in Ukraine in a center for internal displaced people.

We hope that soon we might be invited by a refugee camp in Bosnia.

EB: that would be amazing, and so welcomed, I imagine!

How does your practice and that of your clowns who do this work shift when dealing with refugee populations? I imagine language barriers become hurdles to overcome?

GS: Indeed, this is a must to have. We have to go across language barriers by physical comedy, body language, using our tricks and tools. And always "trying" to learn their language as well. We have realized that if two parties decided to have a laughing no barrier can stop that.

But it is true, we try to learn Arabic songs etc. too.

EB: Or, would you say that instead--humor and joy are universal languages?

GS: then you start to be on a universal path of humour.

The need for it for sure!!! And if we go away from the intellectual, cultural domain of humour (which is wonderful) and is inclined more to the basic questions of humour as vulnerability, hierarchy, innocence, imperfection, being on the behalf of our audience

EB: I love this description of humor as vulnerability and imperfection. We often think about the impact of humor--joy/laughter--and not the process the body has to go through in order to get there--i.e., making oneself open and vulnerable to "let go" and laugh

GS: Yes, indeed, this is our handy craft. This is definitely one thing you have to learn. And above all, you have to stay modest, you don't always succeed and have to understand why and next time stumble better.

EB: Such an understanding of humor via your work as not only a shared experience--built on connection--but also one that has vulnerability/trust/imperfection at its inherent foundation goes further to explain the appeal of the clown figure as a subject of artistic exploration across mediums.

GS: Yes, it's appeal to clowns, funny characters, or fools throughout history was always strong. If not to say - needed! Sometimes we can also experience that there is too much of a proliferation of ideas about the poor little character that is a clown.

EB: We then speak not only of the boundaries of extreme emotions, the duality of the inner life and joyful outer performance, but we also speak about connectivity and making oneself vulnerable in order to receive and achieve connection with another person.

The clown as purveyor of humor, with joy and happiness as the goal, then the exemplar of a true human desire for authentic human bonds...#deephoughtsforThursday

GS: Wow so let's enjoy the weekend #deepnessstartsrrrrightafthesurface

:-) Indeed - #letsenjoyweekendevenmore

But it's the right of every artist to have his own ideas about clowning or the clown as a very often last thought of a better world.

EB: Beautifully said!

GS: Let's resume - we are working with children, geriatric patients, children with special needs, accompany children to operations and treatments. We are also working with vulnerable groups as refugees nationally and internationally.

EB: yesterday during the roundtable you spoke eloquently about the need for human connection in any of these patient-clown encounters. Given this, how effective have these "distanced" encounters in the COVID era been as opposed to in-person engagement?

GS: We all know that all the means which we have been undertaken are only an "ersatz" to a physical visit. We try to come as close as possible - not only physically. If you see the clown you understand that he wants to try so hard to meet you but you start to move from your side as well.

EB: the visible effort made to connect thereby only increases the strength of the audience-clown connection...

GS: Sometimes we even climbed on a crane to visit the people from the fourth to the fifth floor from the outside.

EB: wow! that's amazing!

GS: Thank you! Unfortunately it's a little bit expensive and we can't afford to do it every day. But as a clown we have to search for the impossible!

Sometimes we have to be students of the impossible...

EB: But the effort makes even the few times you are able to pull off such feats that much more meaningful. And, I imagine, makes the whole encounter that much more fun to see a clown appear after being hoisted on a crane!!

GS: Yes! I was quite windy and stormy up there. But the smiles and the huge emotions back were a wonderful compensation for the adventure! I think it was also something unforgettable for our beneficiaries.

EB: undoubtedly!

Have healthcare clowns had to alter their appearance in any way? It's an interesting thing--we spoke yesterday about the power of the simple red nose as a mask, easily transforming the

performer into clown. It's interesting to think about the clown, already wearing a mask integral to his/her character, then having to don a *literal* mask as protection during the pandemic...

GS: Yes, indeed, you are right. Some of us put on a foam red nose which we throw away after every visit. Others colour their masks. But what counts is the intention of our visit more than any costume or mask.

People understand that this is an appointment to break out of seriousness and concerns.

EB: And this desire makes the façade--the various layers of masks, both traditional "red nose" clown mask, and COVID protective masks--irrelevant in light of what you describe as the *intention* of the visit, and the prospect of joy--

GS: Thank you! I take it as a compliment...

EB: Giora, before we close out our chat, I want to leave you with a final question to answer. We recently received some questions from individuals who wanted to get involved in healthcare clowning, or to bring hospital/healthcare clowning to their country's hospital practice. What recommendations do you have?

GS: Nearly every year we have questions to work in new countries. But very often it's not a whole country but a small group of clowns in one or two cities. So, let's make a difference with young clowns who just want to work as hospital clowns in their own cities.

We as a group study every request very seriously and then decide if we start a new office. But for young clowns to take off - they should first have a good little crew.

Second, from my personal point of view, they should be trained artists in order to master the situation in front of an audience.

They should start with one hospital, eventually with only one ward, and enlarge in concentric circles of their knowledge and their fundraising.

EB: This is all wonderful advice--thank you!

Thank you so much, Giora Seeliger and Red Noses Clowndoctors International for a wonderful Twitter conversation today!! Twitterverse, keep an eye out for a transcript of this conversation when the permanent home of FAS' #sendinthecrowns is live!

GS: Thank you @Ascher_Society for this wonderful conversation across the Atlantic. I am so happy to meet people who are interested in our work from all different angles.

EB: And we are thrilled to meet you, and learn more about @rednoses_int and the important work you and healthcare clowns the world over do to bring much-needed joy to those who need it most!!