Medicine, Not Magic: Accrediting Therapeutic Clowning Through Alignment with Pediatric Psychosocial Care Competencies of Healthcare Practitioners

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Abstract

Therapeutic clowning is a pediatric psychosocial healthcare profession that utilizes humor, symbolic play, improvisation, and relational presence to support children during hospitalization. For this paper's purposes, the term 'therapeutic clown' will reflect a unified identity consistent with current efforts toward professional cohesion. While increasingly valued in clinical environments, the profession remains unregulated across Canada, lacking formal competencies, accreditation pathways, and institutional oversight. This paper proposes a competency-based framework for therapeutic clowning, informed by drama therapy, Child Life principles, and play therapy. Drawing on Bronfenbrenner's ecological systems theory and Winnicott's concept of transitional space, therapeutic clowning will be compared to three parallel accredited disciplines and their applied shared practices, such as co-regulation, narrative expression, and embodied play. A cross-disciplinary comparison of ethical standards and clinical competencies reveals systemic gaps in training, institutional integration, scope of practice, and professional identity, which then contributes to role ambiguity across healthcare environments. Recommendations include educational pathways and regulatory strategies to support the formalization of therapeutic clowning within pediatric healthcare.

*Keywords: t*herapeutic clown, accreditation, psychosocial care competencies, drama therapy, child life, play therapy, play-based communication, child development, microsystem, transitional space, relational medicine

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Therapeutic clowning in pediatrics is a specialized healthcare practice that supports the emotional, psychological, and developmental needs of children undergoing medical interventions. However, therapeutic clowns are often mistaken for entertainers, rather than recognized as clinicians contributing to psychosocial care (Koller & Gryski, 2008; Linge, 2011). Several scholars have emphasized that therapeutic clowning is rooted in clinical intent.

It is expressed throughout a growing body of evidence that practitioners of therapeutic clowns working in medical environments are using humor, play, and relational presence to foster trust, co-regulation, and emotional resilience (Finlay et al., 2013; Koller & Gryski, 2008; Linge, 2011). In hospital settings, therapeutic clowns frequently collaborate with Child Life Specialists and other care team members to humanize hospital environments and help children reclaim agency through playful interactions and shared, co-constructed meaning-making.

This child-centered and family-focused collaborative role positions clowns as invaluable contributors to emotional support and procedural preparation (Finlay et al., 2013), further illustrating the need to view them not as marginal care support, but as integrated members of the pediatric care team.

While therapeutic clowning is present amongst institutions such as Ontario's Sick Kids in Toronto (The Hospital for Sick Children, n.d.), Ottawa's unlisted program at the Children's Hospital of Eastern Ontario (CHEO) (Children's Hospital of Eastern Ontario, n.d)., and Quebec's not-for-profit, Fondation Dr. Clown (Fondation Dr Clown, 2024), the professional practice remains unregulated and underdeveloped in Canada.

As indicated by Pendzik and Raviv (2011), and further explained by Wood et al. (2022), creative arts disciplines benefit from professional accreditation, clearly defined competencies, and structured post-secondary educational pathways.

According to Koller and Gryski (2008) and Korin and Babis (2023), therapeutic clowning faces systemic challenges which impede the integration of therapeutic clowns into healthcare teams and limit their scope of practice in contributing to holistic and complementary approaches to psychosocial care.

This paper advocates that therapeutic warrants formal professional recognition and legitimacy through the development of a defined, competency-based framework, aligned with adjacent accredited disciplines, to support pathways toward therapeutic clown accreditation. It is important to consider and evaluate how the competencies of therapeutic clowns as health care practitioners (HCPs) are compared to accredited disciplines that share competencies such as co-regulation, narrative expression, and symbolic play.

These goals will be informed by the North American Drama Association (NADTA) standards, principles from the Association of Child Life Professionals (ACLP), explore role delineation of play therapy supported by standards and principles from Play

Therapy International (PTI), and be bolstered by theoretical concepts from Bronfenbrenner (1979) and Winnicott (2005).

Background and Rationale

A recent scoping review of therapeutic clowns in pediatrics, Xin et al. (2024) highlighted significant variability in how clowns are trained, evaluated, and integrated across international institutions. Determining that therapeutic clown interventions are used in a wide range of pediatric care interventions. However, the lack of standardized frameworks for training, implementation and evaluation presents challenges that hinder consistent assessment of these interventions and the ability to ensure equitable access. This variability is further complicated by cultural differences, no standardized clinical pre-requisites, and inconsistent recruitment for therapeutic clown practitioners.

Xin et al. (2024), like Korin and Babis (2023), propose that addressing these gaps through the development of standardized protocols and culturally sensitive approaches could enhance the clinical relevance and accessibility of therapeutic clowning care interventions regionally and worldwide.

To complicate matters further, Korin and Babis (2023) report that professional therapeutic clowns in healthcare are inconsistently referred to by various titles depending on regional, institutional, or organizational preferences, and there are also differences in their scope of practice. Without a clear scope of practice or profession-wide standards, therapeutic clowns, no matter what the program's model, continue to face this dilemma.

The lack of clinical standardization and research creates barriers, limiting the potential of therapeutic clowns to pediatric psychosocial care models (Dionigi, 2017; Koller & Gryski, 2008; Korin & Babis, 2023). Inconsistent approaches to training, hiring, and evaluation across institutions have led to uneven role distribution, unclear expectations, and a fragmented professional identity (Dionigi & Canestrari, 2016; Korin & Babis, 2023).

Koller and Gryski (2008) emphasize that without clearly defined competencies and standards of practice, therapeutic clowning remains disjointed from institutional integrations and vulnerable to being seen as peripheral, despite its alignment with the core values of established disciplines such as Child Life, drama therapy, and play therapy (Dionigi, 2017).

Nogueira-Martins et al. (2014) observed that ambiguity surrounding the role of therapeutic clowns was exasperated by the lack of standardized training across programs, limited integration into academic curricula, and the absence of dedicated post-secondary pathways within healthcare education systems. Some organizations provide training, but few with formal certification. This also limits both the credibility and capacity of therapeutic clown practitioners to maximize the potential for multidisciplinary psychosocial care.

Therapeutic clowning is often perceived and professionally mischaracterized as entertainment, which obscures its psychosocial value, generating ambiguity around the role's scope and effectiveness as a psychosocial care practice (Dionigi, 2017; Korin & Babis, 2023). Tener et al. (2016) note this disparity, describing how therapeutic

clowns are not viewed by families as entertainers, but as emotionally attuned and therapeutically present to support children during vulnerable medical experiences.

As hospitals adapt to care practices through integrations of cross-disciplinary care models, the need for an updated formal recognition of therapeutic clowning has become more urgent. Dionigi (2017) explains further that the absence of recognized competencies and a clearly defined scope of practice not only marginalizes individual practitioners but also places programs at risk of being undervalued or eliminated.

An agreed-upon promotion of therapeutic clowns as a “paramedical” (Korin & Babis, 2023, p. 390) profession would signify a formal institutional recognition of the role. This could potentially result in increased funding, research, and overall sustainability for the profession, enhancing its integrity.

A competency-based framework would help ensure therapeutic clowning remains sustainable and is meaningfully included in pediatric care teams where psychosocial interventions are critical to child and family well-being (Dionigi & Canestrari, 2017; Koller & Gryski, 2008; Korin & Babis, 2023). In the Canadian context, the therapeutic clown profession’s growth varies province from province. This signals a pressing need for consistency in role definition, ethical standards, and measurable outcomes to be tied into medical and educational institutions across the country.

Ford et al. (2014) describe how therapeutic clowning extends beyond patient encounters and helps shape staff morale, cultural norms, and emotional environments in pediatric units. This aspect is difficult to measure in evaluation studies but is vital for understanding the depth of practice and the professional scope of practitioners.

Similarly, humor plays a crucial role in building personal resilience, yet it is challenging to assess how it assists children in adapting to stressful medical settings, developing coping strategies, and effectively managing their emotions (Kuiper, 2012).

In addition, Ford et al. (2014) explain that improvisation in therapeutic clowning is a refined skill that requires practitioners to assess mood, sensory needs, and relational readiness from moment to moment. This highlights a complex set of embodied competencies not currently codified across institutional training programs (Korin & Babis, 2023; Xin et al., 2024). These omissions point not only to gaps in credibility and continuity but to the ethical necessity of ensuring therapeutic clowning is trauma-informed and developmentally attuned. Furthermore, improvisational flexibility and attuned responsiveness, as identified by Tener et al. (2016), are hallmark competencies that warrant formal recognition within healthcare competency models.

Epstein and Hundert (2002) define professional competence as “the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, and emotions in the service of the individual and community” (p. 226). This level of professional competence clarity, built upon a foundation of professionally recognized healthcare competencies for therapeutic clowns, is critical.

When therapeutic clowning is viewed through this lens, the inconsistencies and lack of communication across programs that articulate competencies reflect broader interdisciplinary challenges described by D’amour et al. (2005). These challenges underline the need for trust, shared goals, inclusion, and mutual respect, which are essential for fostering effective collaboration in healthcare practices to best reinforce

cultural humility. Betancourt et al. (2005) help refocus this lens further by examining cultural competence and responsiveness to address healthcare disparities, while Epstein and Hundert (2002) provide emphasis and clarity on healthcare roles.

Outlined in this paper is how therapeutic clowns share relational presence, psychosocial care, child-centered therapeutic modalities with accredited roles of drama therapy, Child Life, and play therapy. These competencies enhance the therapeutic clowns' practice, and for additional clarity, it is important to note that incorporating multisensory interventions, which are used by therapeutic clowns, such as play and drama, into therapeutic practices has far-reaching applications for clinical support (Malchiodi, 2022). In alignment with this perspective, Powell (2023), details the value of therapeutic clowns with detailed descriptions and a thorough examination of play for pediatric psychosocial support, and like most literature on the subject, seems to focus on affective outcomes, patient narratives, or institutional benefits.

However, sources used in this paper for evidence do not explicitly examine therapeutic clowning through developmental frameworks such as Bronfenbrenner's ecological systems theory or Winnicott's transitional space. This paper also seeks to address this gap and lay foundational groundwork for shared language.

Conceptual and Theoretical Frameworks

Drawing from Bronfenbrenner and Winnicott's child development theories offers a lens for examining play relationships that children have with therapeutic clowns, emphasizing how relational environments and symbolic spaces support

children's emotional, social, and psychological well-being during stressful medical experiences.

Therapeutic clowning in pediatric healthcare can be understood by examining theoretical frameworks as applied to play. Since play is recognized as foundational for child development, relational dynamics, and emotional well-being, it offers children opportunities to navigate their physical and emotional paradigms with creativity and adaptability (Ginsburg, 2007; Lester & Russell, 2008).

Bronfenbrenner's Ecological Systems Theory

Bronfenbrenner (1979b) conceptualizes development as unfolding within a series of nested systems, with the microsystem holding immediate interactions, and is the most influential for a developing child's perceptions and phenomenological experience. It is within this microsystem that therapeutic clowns build meaningful connections with children and their families when interacting with hospitalized children and families at a child's bedside, sitting with children and their families during long waiting periods, or while being with children during minor procedures and participating in clinical activities for recovery.

Therapeutic clowns engage directly with a child's immediate environment, echoing the work of Masten (2001) and Ungar (2004), who describe clinically relevant interactions helping build trust and establish a consistent relational presence which fosters resilience. This relational experience for children is also identified by Bronfenbrenner (1979) as part of the proximal process, which involves recurring, reciprocal interactions that are fundamental to a child's development as they navigate their world.

Pendzik and Raviv (2011) suggest that such interactions offer therapeutic benefits for children beyond distraction when emotionally attuned and co-regulated. Shifts in the child's narrative can occur, especially for those navigating the stress and vulnerability of clinical environments.

Mortamet et al. (2017) describe integrating therapeutic clowns into a pediatric intensive care unit (PICU), which is an example of this relational experience. The role of therapeutic clowns in this space is an invitation for children to interact with a therapeutic caregiver for co-regulation, anxiety reduction, and symbolic mediation even within high-acuity, medically intensive environments. Furthermore, Mortamet et al. (2017) resonate with Bronfenbrenner (1979), demonstrating how developmentally attuned, reciprocal interactions between therapeutic clowns and children can create a nurturing microsystem of emotional support that promotes resilience.

Santarpia et al. (2023) express additional insights which indicate that through consistent, playful, and emotionally attuned relationships with therapeutic clowns, children are more likely to be empowered to shift their perceptions, navigate their experiences, find meaning, and promote dignity in moments of thriving, surviving, or even during end-of-life palliative care.

Winnicott's Transitional Space

Winnicott (2005) discusses the concept of transitional space, a psychological zone where inner and outer realities meet and are mediated through play. In the hospital context, therapeutic clowning activates this intermediate space by co-creating symbolic interactions that are permissive for children to externalize fear, regain a sense of control, and engage creatively with their experiences (Ginsburg,

2007; Koller & Gryski, 2008). Winnicott (2005) also emphasizes that psychotherapy itself is a form of play, occurring within the overlapping space of sharing between therapist and the patient. Therapeutic clowning reinforces a process for creating meaning in this space with the child through affective mirroring, co-regulation, improvisation, and shared laughter (Koller and Gryski, 2008; Linge, 2011; Pendzik & Raviv, 2011). These qualities are competencies of emotional attunement and play-based interventions that the therapeutic clown uses with children when providing psychosocial care.

Van Blerkom (1995) notes that therapeutic clowns function as healers or shamans within Western medicine, occupying a liminal space as a paradox. Symbolic performance reclaiming emotional power is akin to how symbolic play, being co-constructed between children and therapeutic clowns, provides opportunities for children to reaffirm their sense of control and agency. This complements this paper's premise and is a relational component for competency alignment with other accredited psychosocial care professions who use play.

Winnicott (2005) states that there are absolutes regarding play for child development and pediatric psychological care.

> The general principle seems to me to be valid that *psychotherapy is done in the overlap of the two play areas, that of the patient and that of the therapist*. If the therapist cannot play, then he is not suitable for the work. If the patient cannot play, then something needs to be done to enable the patient to become able to play, after which psychotherapy may begin. (Winnicott, 2005, p.72).

Proximal Encounters in Transitional Space

Viewed through the frameworks of Bronfenbrenner (1979) and Winnicott (2005), the therapeutic clown's role becomes even more distinct. This suggests that therapeutic clowns provide a grounding presence within the child's egocentric experience, particularly during medical stress. By meeting the child where they are at, in the immediacy of the moment and engaging through imaginative, playful exchange, therapeutic clowns help reinforce agency and emotional safety (Koller & Gryski, 2008; Linge, 2011; Pendzik & Raviv, 2011).

Winnicott's (2005) theory of transitional space emphasizes the possibilities of healing through the therapeutic relationship between practitioner and patient, which can be thought of as an extension of Bronfenbrenner's concept of proximal process. The microsystem described by Bronfenbrenner's (1979) ecological systems theory, seen from the viewpoint of the therapeutic relationship, can show what therapeutic clowns provide for children and why it is important.

These theoretical frameworks demonstrate that therapeutic clowning is not merely peripheral to care, but a relationally attuned and developmentally grounded psychosocial clinical practice. As of July 14, 2025, there is inadequate empirical research that has explicitly situated Bronfenbrenner's (1979b) concept of microsystem processing or Winnicott's (2005) notion of transitional space, used to examine therapeutic clown professional competencies helps to situate, categorize, and understand the role of therapeutic clowns compared to other psychosocial care professionals.

By reviewing and applying child development theories of Bronfenbrenner and Winnicott alongside evidence-based literature presenting findings about how therapeutic clowns support pediatric care, it can be argued that therapeutic clowning, as a psychosocial HCP, merits further research to examine which competencies coincide with which child developmental theory. Providing a route to categorize the professional lane of therapeutic clowns, guide gaps in research, and help frame language for professional identity.

Cross-Disciplinary Competency Comparison

Therapeutic clowning operates at the intersection of multiple healthcare and creative arts disciplines, each with its competency frameworks, ethical codes, and educational pathways. To explore the potential of formalizing therapeutic clowning with accreditation, it is valuable to compare its practice with those of drama therapy, Child Life, and play therapy. These professions provide benchmarks for competencies, accreditation, governance, and institutional legitimacy in academia and pediatric health care systems.

Higgs and Titchen (2001) describe competency dispositions and real-world enactment of knowledge as a blend of technical skill, ethical reasoning, and reflection anchored in real-world healthcare practices. In child-centered healthcare roles, these competencies often focus on play facilitation, communication, emotional regulation, compassion, creativity, cultural humility, and collaborative care (Association of Child Life Professionals, 2019; Jones, 2007; Landreth, 2012b; Malchiodi, 2022).

Drama Therapy

The North American Drama Therapy Association (NADTA) (2021), outlines core competencies in areas such as embodied awareness, narrative transformation, therapeutic spontaneity, and ethical practice. Wood et al. (2022) and Jones (2007) emphasize that drama therapists are trained to use improvisation, role play, and symbolic enactment to support emotional expression and transformation. Since playing is a core process in drama therapy and is the foundation upon which therapeutic transformation emerges, this resonates with Winnicott's notion of transitional space and object relations (Winnicott, 2005), highlighting how therapeutic clowning may function within a frame that supports trauma-informed care similarly to drama therapy.

Koller and Gryski (2008) describe the connections between therapeutic clowns and what happens during this form of play. "As the play unfolds, the child's often profound concerns can be explored in a creative space that is both safe and comforting." (p.22). Symbolic play takes place within the child's microsystem, and when facilitated by a therapeutic clown's consistent, emotionally attuned presence, this experience may be transformed into a proximal process that further fosters resilience and development through relational co-regulation and meaning making.

Competencies outlined by Wood et al. (2022) emphasize dramatic projection, embodied awareness, ethical co-creation, and the capacity for therapeutic distancing. Jones (2007) stipulates that drama therapists must demonstrate the capacity to engage in play and facilitate symbolic expressions of patients while maintaining clear therapeutic boundaries and attuned professional presence. Pendzik and Raviv (2011) further purport that drama therapy fosters the co-creation of

meaning through imagination and emotional mirroring, connecting drama therapy concepts to therapeutic clown practices.

Child Life

The Association of Child Life Professionals (ACLP) (Association of Child Life Professionals, 2019) defines the role of a Child Life Specialist (CLS) as psychosocial care professionals who support children and families in healthcare settings through developmentally informed, trauma-sensitive approaches. The ACLP also outlines a robust set of associated core competencies for the CLS, including procedural preparation, medical play, emotional support, family-centered care, and child-centered care.

Therapeutic clowns often collaborate with CLSs, providing distractions for children during procedures, to create a sense of normalcy in the hospital environment, engage patients in play-based therapeutic activities, and shift the child's perception of stressful medical experiences (Koller & Gryski, 2008; Linge 2011; Pendzik & Raviv, 2011).

Symbolic play, improvisation, and child-centered humor are techniques that therapeutic clowns use to help children form and process their experiences (Linge, 2012). This pertains to Finlay et al. (2013) explaining how therapeutic clowns use these skill sets to promote trust, build connections, and reduce emotional distress by assisting children in adapting to hospital settings, which reflects competencies and practices of Child Life.

Therapeutic clowns are not clinical assessors or procedural guides; still their competencies overlap with those of Child Life Specialists in emotional attunement,

play facilitation, non-directive engagements, and compassion. Koller and Gryski (2008) and Linge (2011) determine that the therapeutic clown's ability to build rapport with children is through relational presence and improvisational empathy, fostering co-regulation and resilience during moments of uncertainty or stress. These qualities closely align with the CLS profession, which prioritizes emotional support, therapeutic play, and building therapeutic relationships with children and their families (Association of Child Life Professionals, 2019).

Play Therapy

Play therapy is a regulated mental health discipline, and according to Play Therapy International (2025b), the standard of practice focuses on developmentally appropriate play facilitation as a vehicle for children to express themselves with agency for communication and healing (Landreth, 2012b). Play Therapy International (2025b) outlines the mechanisms of change used in practice, such as emotional expression, trauma processing, and the development of coping strategies. Competencies include trust, rapport building, symbolic interpretation, emotional containment, and therapeutic limit-setting through reflective play (Play Therapy International, 2025b; Landreth, 2012b).

Landreth (2012a) discusses play therapy and distinguishes between directive and non-directive play with children. This distinction is relevant to therapeutic clowning, which involves a mix of guided interactions, sometimes without words. Therapeutic clowns collaborate with children to create narratives during symbolic play, like the mechanisms of change observed in play therapy, which emphasize autonomy and emotional expression (Malchiodi, 2022). Tener et al. (2016) and Koller

and Gryski (2008) highlight how therapeutic clowns co-regulate emotional states with children through relational presence and humor, building trust and emotional resilience, aligning with the principles of play therapy. While therapeutic clowns are not psychotherapists, their practice relies on symbolic interaction, presence, and the creation of emotionally safe environments. Linge (2012) describes therapeutic clowns' ability to establish “a magical safe area” (p.1), where children can experience freedom, creativity, and joy, blurring the lines between imagination and reality.

Mapping and Professional Precedent

Shared Competency Themes

Comparing therapeutic clowns to drama therapy, Child Life, and play therapy reveals several shared competencies in the following categories.

- Play Facilitation: Improvisational, symbolic, and emotionally responsive
- Communication: Non-verbal fluency, active listening, and relational presence
- Compassion: Establish emotionally safe and trusting spaces
- Creativity and Adaptability: Flexibility in responding to child development and moment-to-moment needs
- Emotional Regulation: Co-regulation and affective mirroring as support tools

Precedents for Accreditation

The journey toward professional legitimacy in psychosocial care with accreditation for therapeutic clowns is not without precedent. Drama therapy, Child Life, and play therapy all evolved from grassroots or informal beginnings into accredited professions.

- Drama therapy was formally organized in 1979 with the founding of the NADTA (North American Drama Therapy Association, 2021).
- Child Life originated in the 1920s and established certification by 1988 (Association of Child Life Professionals, 2024).
- Play therapy began providing credentials in 1982 (Association for Play Therapy, n.d.), and in 2013 achieved nationwide regulatory recognition in the United Kingdom (Play Therapy International, 2025b).

This precedent demonstrates that HCPs, being versed in child development theory, play-based communications, ethical responsiveness, and practicing relational care, such as today's practice of therapeutic clowning, can and should be recognized with formal professional frameworks. Drama therapy, Child Life, and play therapy acquired sustainability and accreditation through organized trajectories backed by clear competencies of evidence-based practice and institutional partnerships.

In Canada, the George Brown College Therapeutic Certificate Program (est. 2018) once offered continuing education for therapeutic clowns outside provincial regulation (Treleaven, 2021). Its graduates have advanced into clinical roles through organizations like Red Nose Remedy (Treleaven, 2021; Therapeutic Clowns Canada, n.d.). Also, in Quebec, the Faculté d’art clownesque, offered by Fondation Dr Clown, trains experienced performers for therapeutic clowning with children and adults. Yet, while respected and endorsed by medical institutions, this recognition is built more on partnerships rather than an accreditation process (Faculté D’art Clownesque, 2025; Fondation Dr Clown, 2024).

In 2013, Holland Bloorview Kids Rehabilitation Center in Toronto, Ontario, Canada, was recognized by the Health Standards Organization (HSO) for best practices as an industry standard for therapeutic clowns. The standards were revised in 2015, archived and are no longer available on the HSO website (Health Standards Organization, 2017).

Glausiusz (2025) reports on how therapeutic clowns in Israel, known as Dream Doctors, deliver humor to hospitalized children, and that these therapeutic clowns have been trained by Israel's Haifa University's Bachelor's Degree program. It should be reported that as of July 14, 2025, there is no current program offered by Haifa University or available online for enrollment (Haifa University, 2025).

The University of Southern California has courses in medical clowning (Institute for Theatre & Social Change, n.d.). However, this program is not accredited, and options are comprised of undergraduate elective courses which explore the practice through classroom training and institutional partnerships.

These programs demonstrate that when anchoring therapeutic clowning academically with clinical practices and psychosocial care, there is precedent for program development, professional clarity, and justification for further legitimatizing the profession and creating a trajectory for the accreditation of therapeutic clowns (Korin & Babis 2023).

Recommendations and Discussions

Advancing therapeutic clowning toward a distinct accredited pediatric psychosocial care practice requires integrating child development theory like Bronfenbrenner's microsystem (1979b) and Winnicott's (2005) transitional space. When

these frameworks are applied, a clearer understanding of the therapeutic clown's placement within healthcare systems emerges.

Moving toward formal recognition and legitimization of therapeutic clowns in Canada that aligns with a trajectory for accreditation requires a common language, an agreed-upon title for the role, including standardized training, academically recognized credentials, and regulatory oversight.

D'Amour et al. (2005) conceptualize core attributes of inter-professionalism as a reciprocal process designed to foster trust, shared responsibility, and ethical accountability. Applying this framework to therapeutic clowning is critical to establishing a unified professional to promote consistency in practice but also enable therapeutic clowns to participate meaningfully in interdisciplinary care.

An association for therapeutic clowns in Canada must emphasize developmental attunement, cultural humility, and child-led care while supporting inclusive leadership and flexible communication. Embedding these values into formal training for accreditation, therapeutic clowning can fully align with broader collaborative care principles and more effectively respond to the complex needs of psychosocial care for children.

Currently, therapeutic clowning is sustained by internal training programs and well-established partnerships. However, the variability of these programs contributes to inequity and inconsistency. As Xin et al. (2024) emphasize, a lack of standardization makes it difficult to evaluate outcomes, ensure equity, and promote consistent integration within healthcare teams. Therefore, expanding partnerships among hospitals, academic institutions, and professional clowning organizations could

support the development of unified educational offerings if grounded in nationally recognized standards that respect interprovincial cultural differences.

Building on the findings of Korin and Babis (2023), therapeutic clowns would benefit from a unification of governing language, which should include updated standards and equitable best practices, to unify practitioners and support institutional legitimacy across academia and healthcare systems. Association-based governance, like that of ACLP, NATDA, PTI or The North American Federation of Therapeutic Clown Organizations (NAFHCO) can provide ethical codes, continue education, and share professional identity.

Currently, NAFHCO only provides membership for duo models of therapeutic clowns (NAFHCO, 2021). This unjustly creates an obstruction for solo practitioners of therapeutic clowns to flourish and equitably provide patients with access to therapeutic clowns. Bentacourt et al.'s (2005) arguments provide a robust foundation for advocating for systemic change within organizations such as NAFHCO to eliminate discriminatory organizational elements and promote equity in the field of therapeutic clowning.

Establishing unified and equitable professional identity standards and credentialling mechanisms will ensure that practitioners are adequately trained in trauma-informed care, cultural humility, ethical decision-making, therapeutic relationships, and interdisciplinary collaboration (Epstein & Hundert, 2002; Higgs & Titchen, 2001). Applied to therapeutic clowning, these attributes may act as a guide, creating a shift in paradigms for practitioners, academics, and healthcare institutions seeking further clarity and validation of those they employ for these programs.

Professional competencies already exist within the field but lack critical validation through recognized and transferable standards. To achieve long-term sustainability, growth, and protect the programs that do exist, institutions must collectively invest in formalized educational and regulatory pathways that honor both the artistic roots and psychosocial effectiveness of therapeutic clowning. Without such an investment, the profession risks remaining marginalized, despite its proven contributions to pediatric care.

Conclusions

Therapeutic clowning occupies a meaningful yet precarious position within pediatric healthcare. Its basis in relational play, emotional co-regulation, symbolic improvisation, and therapeutic presence makes it a distinctive asset for child-centered psychosocial care. Yet, the lack of accreditation, governance, and professional identity remain challenges to overcome.

By mapping shared competencies of therapeutic clowning with drama therapy, Child Life, and play therapy, this paper has highlighted significant contributions in this field and foregrounded potential for the future. The call for professionalization is not intended to limit creativity but to safeguard the practice's integrity. The goals are to promote growth and educational opportunities for therapeutic clown practitioners, support affiliated HCPs, and ensure consistent, and equitable culturally responsive care for children and their families.

For HCPs working in play-based care programs, educated by child development theory, and sharing competencies across interdisciplinary care teams, legitimacy is not only based on measurable patient outcomes, but also on the cultivation of ethical

standards, training frameworks, and institutional recognition (Epstein & Hundert, 2002; Higgs and Titchen, 2001). Integrating therapeutic clowning into the broader healthcare competency landscape will support its sustainability and improve interdisciplinary collaboration.

The future of the profession depends on the commitment of institutions, educators, policy makers, and healthcare professionals to co-create a path towards formalization of therapeutic clown practices to establish curriculum and accreditation standards that reflect the therapeutic clown's depth of insight, creative intelligence, as an essential role in pediatric psychosocial care.

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