

Hospital Clown Newsletter

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Banana Nirvana!

Therapeutic Clowning
With Two Separate Characters
In Two Separate Styles

Dave Langdon of Winnipeg's Children's Hospital



Dave Langdon works as a Child Life Specialist /Therapeutic Clown, and has been doing this as **Hubert** the Clown since August of 1989. In April of 2003, he began using an additional therapeutic clown character, **Onri**.

Dave explains, "These two clown characters arise from two distinct approaches to therapeutic clowning – the Child Life Model and the Clown Doctor Model.

My work with **Hubert** and **Onri** allows me to accomplish tasks through these two distinct styles. I love using both of these approaches as they allow me a variety of interventions and activities that I didn't have when I was clowning only as **Hubert**. The styles give me guidance and a methodology to accomplish my goals. Without becoming overly intellectual and conscious about the two styles, they shape my work ."

Therapeutic Clowning With Two Separate Characters In Two Separate Styles

From David Langdon of Winnipeg, Canada

“Hubert”

"I came for you, Orrance!"

This morning a beautiful elderly lady sitting in the waiting area at Manitoba Cancer Care asked *Hubert*: "Did you come just for me? Or are you here for the other kids as well?"

Of course *Hubert* went to her straight away, being a non-speaking clown he pointed clearly and precisely to her. In doing so, he affirmed her as the reason for his presence. She smiled and laughed knowing it wasn't exactly true but received it as sweet compliment. Afterwards I thought of Omar Sharif's character in *Lawrence of Arabia*, who, after crossing an un-crossable desert, proclaims to Peter O'Toole's Lawrence: "I came for you, Orrance!" That was the spirit and the passion in which *Hubert* answered this woman's question and it is how I try to address everyone as either *Hubert* or *Onri* my two therapeutic clown characters. I came for you!

Before starting my therapeutic clowning career I had been in a clown troupe called *Loonisee* with my wife, Lynn Langdon, children's musician Jake Chenier, and fellow clowns Sue and Brian Proctor, and Karen Ridd. (Lynn and I had met in a Commedia D'elle Arte class years before)

Karen Ridd as *Robo the Clown* is the person who brought the idea of therapeutic clowning to Winnipeg Children's Hospital in 1986. It was Karen, the Child Life department director Ruth Kettner and CHTV (Children's Hospital Television) director Reneé Ethans who had the vision to integrate Child Life goals and objectives into clowning. This resulted in the unique approach to hospital clowning that I call the "**Child Life Model**". Amazingly Michael Christiansen was creating the "**Clown Doctor**" model in New York City that very same year.

In the **Child Life Model**, clowning is a child life tool used to help meet the psychosocial needs of the child and family as they deal with the stress and challenges that come along with disease and/or hospitalization. I don't know if I coined the phrase "therapeutic clowning," but I do know I started using it around 1990 as a way of differentiating what I was doing from other forms of hospital clowning (primarily the Clown Doctor Model and the Community Caring Clowning).

Facilitating the Child's Therapeutic Journey Through Their Own Play

I used the term "therapeutic" because as a Child Life Specialist I am well aware of the therapeutic qualities of play and their use in pediatric health care settings. Child Life Specialists are not play therapists. Play Therapists are clinically trained individuals who



use structured play to diagnose and treat illness or conditions. A Child Life Specialist knows play is a normal part of a child's life and an activity through which a child may explore, express and integrate life experience.

Play can be a safe and non-threatening activity through which one can process life experiences that are foreign and/or stressful. Knowing this, a Child Life Specialist will facilitate play that is age and individually appropriate, and empowers a child. This sets the child up for success by providing creative conditions to meet relevant challenges. This play is primarily child directed and Child Life Specialists use their knowledge of general child development, of the impact of illness and hospitalization on children and families, and of the individual child and their family unit to facilitate the child's therapeutic journey through their own play.

A **Child Life Therapeutic Clown** often works solo concentrating on the 'needs and leads' of the child/patient. As a member of the health care team the therapeutic clown has access to information regarding the patient's needs and current situation. Do they have much support from family and friends? Are they anxious about an upcoming procedure? Armed with this kind of information the clown can work to set up situations that may help the child playfully address these. He/she will empower the child by giving them control over the agenda of their interaction. The child is in fact empowered to the point of controlling whether the clown may enter into their space or not; whether an interaction will take place or not. The therapeutic clown does this in a natural graceful manner, which should cloak any element of the therapeutic clown's goal of giving the control and focus to the child. It is much like the old Viola Spolin improvisation game of "Who's Following The Follower" in which two participants facing one another mirror the

others actions without determining who is the leader and who is the follower. The Child Life Therapeutic Clown is aware of the mechanics of their interaction, but he/she implements it in the spirit of an improvised dance in which there is no leader or follower.

Karen *Robo* Ridd was leaving Winnipeg Children's Hospital and she thought I would make a good hospital clown. I had worked previously as a Child Life Specialist at St. Boniface General Hospital (Winnipeg) and knew that working with children in hospital was something I wanted to return to. The position title was Child life Specialist/Clown as the program is part of the Child Life department. Besides clowning 3 days a week, the candidate spends 2 days a week working in the hospital's closed circuit TV station (another child life program). Given my background in education, child life and family theatre, this seemed like the perfect path for my experience and training. I did an interview and an audition (clowning for a variety of children as the Child Life director and other staff watched).

I Had Parachuted into Heaven!

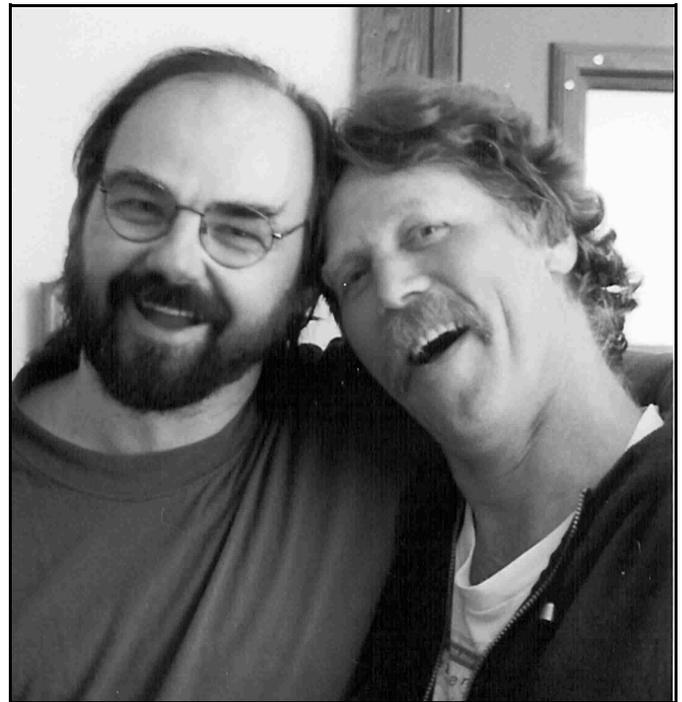
I started in August 1989 and since Karen had already left, it was basically my child life staff that trained me. Karen and Diane Baker aka Silkworm (who had clowned at Winnipeg Children's Hospital for a year or so) left lots of notes but most importantly they had left behind a healthy program with clear goals and objectives, full support from the whole medical team and lots of cheerleaders that wanted to help the new guy succeed. I had parachuted into heaven!

I created *Hubert* based on their model plus some ideas that I had garnered while working with children over the years. One idea was to make *Hubert* clearly a male character. Back in the '80's there were not many men working with children in this capacity. I was the lone male in a fairly large department and in those days there were hardly any male nurses at all.



Hubert with visiting clowns Caroline Simonds aka Dr. Giraffe and Anne Vissusaine of Le Rire Medicin, Paris

Dave Landgon and Paul Hooson



Men were either distant authoritative figures or clinicians that did their job, unsurprisingly in a fairly technical manner. Whereas *Robo* was an androgynous character (some kids thought male, others thought female), I felt it was important to provide an approachable positive male character for children who had either negative or no experiences with an adult male.

Back then there were not too many people doing **therapeutic clowning**. I used to get a lot of correspondence from people who had heard of *Robo* and wanted to know how to become a "*Robo*" or where they could get a "*Robo*" costume. These were still early days for **therapeutic clowning**. I kept my ears wide open listening for colleagues working in other cities or even other countries. Things started picking up in the early 1990's when Joan Barrington from Toronto connected with me and in 1994 I received word from Caroline Simonds of Le Rire Medicin that she and colleague Anne Vissusaine wanted to come and visit our Child Life Clown Program for a week. [See photo to the left] It was a great time and I learned so much from them. I was beginning to network with colleagues (Camilla Gryski in Toronto, Mary Hirst of Therapeutic Clowns Canada and of course Shobi Dobi) and that was marvelous.

Although I am a Child Life Specialist and my department colleagues are totally behind our clowning program, it was such a breakthrough for me to meet other therapeutic clowns. As Caroline would tell me "They are bears and you are a lion. You need to be around other lions as well." They were right of course and I soon met one of my all time favourite "lions" shortly afterwards, Paul Hooson. Paul clowns in hospitals in Vancouver, B.C. as *Dr. Willikers* who is a wonderful and unique hybrid of both "**Clown Doctor**" and "Child Life" models.

It was Paul, [pictured above with Dave] who suggested that I try to use my character *Onri* in hospital. Paul and I met at one of the conferences here in Winnipeg put on by Sue Proctor and her Clownwise Inc. organization. Paul had shadowed *Hubert* in hospital but during the conference we clowned together as *Dr. Willikers* and *Onri* From Hireland. We had a great rapport and

Paul thought I should get *Onri* in the hospital. I agreed but it wasn't until 2003 that I got the chance when a magician slated to perform at a party for our oncology patients and their families cancelled. *Onri* stepped in, was asked to visit the wards afterwards and was requested to return by patients, families and staff.

Onri ~Born In Play!

I had first discovered *Onri* while on a trip to the Maritimes as a guest presenter at a Clowns Canada conference. I had brought a trunk full of props and costume pieces for the workshops I would be facilitating in Moncton NB. Before getting to the conference I stopped off at a sister's house in Charlottetown P.E.I. for a few days. One night I was bored and everyone was out, so I started playing with the props and costume pieces. I had this long thick beard I had made for some show in the past and a beautiful Jamaican "Rasta" knit hat. I put those on and from somewhere deep inside came this outrageous French accent. It was too much fun. I played as "Henri" (it changed to *Onri* later) alone in my room all evening and the next day "Henri" went to downtown Charlottetown and started interacting with people as they passed by. It was absolutely wonderful.

For years I had been clowning in silence as *Hubert*. Now I could speak, I could tell a parent how beautiful their children were. There was something about the beard and the outrageous French "hackcent" that allowed me to make everything big and marvelous, particularly praise and comments of affection and affirmation.

I knew I had a lot of "gall" pretending to be a French character named "Henri" but I came by some of this honestly. I had lived in France as a boy for 4 years while my father was in the Canadian Air Force. Being Canadian I had grown up taking French classes at school. I loved the French culture: the impressionist painters, the Surrealists, French food, the "joie de vie" and the absurd theatre of Beckett and Ionesco. And who could pass up an opportunity to sing like Maurice Chevalier and get away with it!

I also have a love of Celtic culture (particularly their wild and wonderful music) and I thought it would be fun to mix things up with "Henri". He has this ridiculously bad French accent but he claims to be from "Hireland" ("Zats ze nord of Hireland!") I changed the spelling from "Henri" to "*Onri*" so that it would look more like a Celtic name (Owen, Osin etc.). Clowns are walking contradictions that somehow hold up together and this was what I wanted to create - a fun mystery. "Is he who he appears to be? Is he who he says he is? "

In hospital people often speak French to *Onri*. He is often greeted with "Bonjour, *Onri*!! Comment ça va?" To which *Onri* usually expresses his confusion "Wha do all zez pippel speak Franché to me?? Vary strannngé!!" I am ready however, should the occasion call upon me to utter "je parle un petit peu de français." And just to keep everyone on their toes *Onri* can play a mean jig or reel on the mandolin. May be there is something to those "Hire-rish" claims?

The impact and experience of being able to be so extravagant with verbal praise and affirmation was a revelation. It was my clowning road to Damascus. I loved being *Onri* and I drew more and more upon the parts of my past that I wanted to share with him. His gentle but eccentric personality allowed me to revisit elements of the 60's and 70's that had shaped me personally. *Onri* was soon sporting a tie dyed t-shirt to go along with the Rasta style headgear. I also started playing improvisations as well as familiar tunes on

..... ahh mais oui "Onri" aussi!



my midi-saxophone (thanks to Paul once again). Remember those French surrealists and absurdists? Well *Onri* carries a "wriggling battery powered fish" in his lab coat pocket. The fish is named "Fill" ("Zats short for "Fillet" but we don't talk about that around 'im!"). It was also French born documentary film maker Fabienne Lipps-Dumas who pointed out to me that *Onri*'s pants were red, blue and white stripes - the colours of the French flag. I honed *Onri*'s character at regular gigs (particularly for Dr Pops a very supportive chiropractor who held special children's clinics). Soon the gregarious generous spirit of *Onri* was so ingrained in me that I no longer needed the huge beard to speak from behind. *Onri* had gotten into my heart and soul. It was just the greatest thing.

"If it's not Banana Nirvana ... then it must be something else, eh?"

Paul Hooson is also responsible for the brilliant idea of *Onri* being a researcher. When he suggested this, I could see so many possibilities. I felt the researcher was such a rich mask. I would be able to work in the **Clown Doctor** tradition, which I had always wanted to add to my repertoire. It seemed pregnant with possibilities.

A researcher can conduct studies in which the children can participate in or he can demonstrate "inventions and not-quite-ready-for-prime-time prototypes". I needed a good name for *Onri*'s place of employment and drawing on a number of sources I came up with Banana Nirvana Research and Development Ink. or Banana Nirvana Labs for short. It reminded me of the Muppet Labs, and all the gloriously goofy mad scientist send-ups I had grown up with (from Sid Caesar, Red Skelton and Wayne and Shuster to "El Doctore" from Commedia D'elle Arté). The scientist/researcher mask is such a great mask to play with. It comes from a perspective in which our place in the universe is vulnerable but also active. The scientist/researcher is not a victim.

The mad scientist is incompetent but wonderfully vital and curious about life and is fueled by a bottomless optimism. *Onri's* motto seems to be: "Well as we zay at Banana Nirvana - back to ze drawing board!"

I downloaded some photos of labs and laboratory workers from the Internet, applied red noses on the scientists in the picture and created the illusion of armies of colleagues back at the lab.

The Banana Nirvana Song Recognition Study

Developing ways of approaching children, particularly teens was great fun. One of my first studies was in which *Onri* would "test" one's ability to recognize songs he plays on his midi-saxophone. This usually started with "Twinkle, Twinkle" ("a song zo zimple h'anyone will wreck-agnize hit!"). *Onri* however plays a completely daft mixture of notes and noises and is surprised the study participant doesn't recognize it. However, a quick check of the child or adult's ear reveals a red sponge star "Theeze should nat be 'ere". *Onri* plays "Twinkle, Twinkle" again and miraculously the song is recognizable "Ov course, because now you do nat have zee star in yer hear."

Other studies and inventions include "The Banana Nirvana Homework Transporter", "The Banana Nirvana Portable Lab" (a collapsible nylon play tent that *Onri* barely fits into despite the fact it has a basement and three floors!!), and "The Banana Nirvana Absurditorium" (which is a fictional building in which Banana Nirvana technicians examine the absurd). Reports from the Absurditoriium are a CHTV staple.

The Homework Transporter

This involves putting together two magic principals [gimmicks] through the scenerio of demonstrating a small device that can transport your homework [The homework Transporter] to you if you left your homework at home. The two magic principles are palming a sponge ball and a production box. I show the patient a sponge ball which will represent them and a red silk that represents their class ("Wha class do you 'ave ze most 'omework in, eh?"). I take the red sponge ball that they held while I showed them there was nothing in the silk and place it and a second red sponge ball (which I had palmed secretly when I picked up the silk) into the silk. They of course are aware of only the one that they have held. I ask them to hold the silk tightly as this represents them sitting in their class. Their teacher asks them for the answers to their homework and they would be in trouble unless they have a Banana Nirvana Transporter.

I then take another sponge ball and place it in a production box (you should be able to adapt whatever prop or method you prefer). I then have them create a "transportation vortex" by waving my Banana Nirvana Banana around the production box and viola, when they open their hand there are two red sponge balls representing the student and the homework and the production box is empty because that is the red sponge ball (homework) that ended up in the silk with the other sponge ball (ok may be the homework sponge ball is just hidden in the production box but that's how it looks anyway!).

This is the kind of introduction that really gets attention and respect particularly from teens. From there you can move on to the real heart of **therapeutic clowning** where the patient and his/her family invest themselves in the play and become the creative players they truly are.



Child Whisperers

These scenerios and routines are just ways of knocking on the door. How will they answer is the big question. Will they answer and enter into the play dialogue? Will they answer and completely take over, showing you tricks they know, or telling you about school and what they like or don't like? Will they just give a smile, enough of an invitation for you to continue to draw them out?

Camilla Gryski and I attended a Clown and Mask workshop a few years ago with Jan Henderson, who teaches Richard Pochinko's style clowning. Jan asked us to describe **therapeutic clowning** to her and to the other workshop participants. When we finished she said "Oh, you are child whisperers!" I love that image as I feel that like the "horse whisperer," we must gently read the individual and find the way to draw them out in their own time and unique way. It is all about them and not the clown. The clown is merely a means to an end.

I have found it to be wonderful energy-wise and creative-wise to clown in these two styles and characters. I find the silent approach of *Hubert* is a tremendous discipline in being present in the moment and developing a strong connection with those present. We don't have the shorthand or superficial leisure of language (all those clichés and small talk one can fall back on just aren't there). Mentally and spiritually, you can't be elsewhere, its very hard to think about something like paying your bills AND communicating in mime at the same time.

To me "*Huberting*" is like deep sea diving. It is silent and vivid. It is a complete immersion in those involved, and in the present. Otherwise, it ends up being just some dopey guy dressed as a clown - there is no middle ground. The style demands complete presence of both the clown and those interacting with the clown. The physical style draws the two participants into a collaboration



of communication. The non-verbal nature often draws children into silence and mime. Parents often tell children "You can talk to the clown. He can hear, he just can't speak." The children choose in many instances to stick with mime and the newness of silence.

Onri on the other hand is very verbal. The discipline of clowning silently 2 days a week makes the use of language a very special thing, a precious thing. *Onri* is given to quoting poetry (real and invented for the occasion) and as a musician is given to composing spontaneous tunes or songs for patients ("Wha iz your fave- a- rit vag-a-table? or Ave you a pet hat 'ome?"). *Onri* along with using language to uplift others uses it to make fun of himself. In the tradition of the commedia character "El Doctoré" *Onri* talks way too much about things he claims to be an expert on, but in doing so only reveals his ineptness. When exposed *Onri* is sometimes reduced to a fumbling apologetic mess (much like an early Woody Allen character).

Onri operates a lot from his head - he loves ideas and images. A child says something to *Onri* and it fascinates him and he wants the child to tell him more. "Please, I have never thought of it like that, what else?" *Onri* is extremely curious and is very much in awe of the universe he lives in. He and his colleagues at Banana Nirvana Labs are always working on new studies and inventions. *Onri* can ask a child or parent to help him with a study or he can create new studies and inventions on the spot based on the child and people present. An early example involved a young child who took note of *Onri's* ever-present Banana Nirvana Banana (a plastic banana that somehow makes *Onri's* inventions work) and how the Banana Nirvana Banana looked like a boat. *Onri* pursued his imaginings and soon the child was deputized as a Banana Nirvana Lab Assistant and as he was on palliative care spent a good part of the last few weeks of his life drawing plans for a Banana Nirvana Banana Boat, a Banana Nirvana Bananaphone and other related inventions. Sharing his creativity went a long way to help this child manage his physical pain and to find vision and quality in crisis.

Similar individually developed activities allow *Onri* to establish a connection with children and their families. From these kind of child based play activities the patient and clown have so much potential in exploring their uniqueness together.

Interaction with hospital staff is also very interesting. As a Child Life Specialist, *Hubert* or *Onri* have access to charts and other information behind the nursing desks. Both of my characters receive consults and references from various doctors, clinicians and departments. Nurses will tell both of my clowns where to go "Please see John in room 57 he could use some cheer today." I think the staff does get a particular joy out of *Onri* being in a lab coat and sense he is "one of them". I often sneak into rounds or join the parades of interns and residents and have on occasion been introduced to them by doctors as the "new neurosurgeon" or their "faculty advisor for next semester". *Onri* is part of their world and this is one of the basic principals behind the "Clown Doctor" model".

Hubert, however is part of the child's world. He is only in the hospital because there are children there. He has followed them there. He is there to provide amongst other things playful normallacy. *Hubert* can be a bridge to home, to life outside the hospital, to life before this illness or accident or whatever circumstances have brought the child and family there. The sense of the child's identification with *Hubert* has been demonstrated many times but never so clearly as by a 3 year old who confided to a child life intern that his theory regarding *Hubert* was as follows: "*Hubert* is actually a 3 year old boy who lives with his Mom. When he goes to the hospital and puts on his make up and costume he becomes tall and visits the children and cheers them up. When he is finished and takes off the costume and makeup he shrinks and becomes a 3 year old boy again and goes home to his Mom."

These two clown characters not only work well individually but I am able to weave their relationships with the children, adults and themselves. Something that has been a lot of fun is how I can have jokes and threads running from one clown character's visit to the others. On our CHTV show "The Good Day Show" on which both *Onri* and *Hubert* make separate weekly appearances (just not on the same day for obvious reasons!), *Onri* once proclaimed how Banana Nirvana Labs had decided not to experiment on white mice (*Onri* has several cute mice puppets) so *Hubert* was filling in for the mice. Photos of *Hubert* with coloured spots (put on with the computer) testified to the dodgy nature of the experiment's results. From time to time *Hubert* appears on the show displaying the results of yet another errant laboratory screw up.

Some children delight in telling one clown that the other is their favourite clown. Many times kids ask *Onri* questions about *Hubert* or they impose their imaginative ideas upon the situation. "*Onri*, I'm sure *Hubert* told me he was going to eat "Fill, the fish" the next time he gets a chance!" I see a number of children twice a week as they attend clinics 2 or 3 times a week. These children get a variety and a continuity I could not otherwise provide if I was just one character. Add my "David" child life work to this mix and I have a great deal of information and relational material to build my **therapeutic clowning** work on.

I am very glad that my patients and hospital staff have embraced both clown characters wholeheartedly. To me this is a testament to the fact that both styles are very effective and that one should carefully consider the style best suited for their situation. Using two characters and two styles has provided me with more flexibility and the ability to reach a wider range of people and situations.

Onri, naturally has a stronger appeal with pre-teens and teenagers. I find he can get invited through certain doors that *Hubert* is not, but this is not set in stone. There are many younger patients that

prefer *Hubert* over *Onri*. *Hubert* continues to see many chronic patients that became friends earlier on. In fact *Hubert* has helped facilitate the transfer of a number of these chronic patients from children's hospital to adult care when they turned 17.

"Follow your bliss!"

In my work I believe there is a powerful spiritual or soul work at play. To me one of the most powerful things a human can experience is another's love. That another sees you, values you, and even wants you around is essential to us. To know and to be known are fundamental human needs. We need to be baptized daily in love and affirmation. In my work as *Hubert* and *Onri* I try to spread as much of this as I can. This is a privilege I am grateful to walk in.

Joseph Campbell said, "Follow your bliss". Although we do not clown for our own entertainment and benefit, if we are creatively engaged in life and our art, if we do follow our bliss: it will reflect in our work. Our interest, excitement and passion will translate into a vitality that will be detected and shared one way or another.

I believe one should always grow. If you are purposefully rooted in your work; if you have examined your goals and objectives, if your rationale for approaching things is in place it will be easier to encounter and explore new elements of hospital clowning. It will be easier for you to evaluate the need for change or development and to access if something new is worth pursuing. Recently my wife Lynn and I attended a 5 day "Clown 1" workshop with Francine Côté of Montreal. Although it was Francine's entry-level workshop, and Lynn and I have been clowning for years, we learned so much. I have notes, simple directions and advice from Francine that have become touchstones in my work now and I have been at it for over 15 years. In fact I have been greatly impacted by the whole Doctor Clown program. I see them as a group dedicated to exploring and integrating the best elements of **therapeutic clowning** and in doing so creating their own hybrid that crosses and blurs some of these stylistic boundaries. I am inspired by their openness to adapting and positive change. They are models for growth and innovation. Never stop growing!

Whats next you may ask? I want to help mentor and share my experience with others coming up, do therapeutic duo work and work with seniors as a therapeutic clown. These are beginning to be realized. I shall be going full circle soon as I work with Lynn clowning with seniors in addition to my children's hospital work.

As I said back in 1989 when I started working as *Hubert* the Clown; "I have the best job in the world." I hope you can say the same ... if not today, very soon!

From the Child's world, the Clown is an extremely powerful figure. Clown lives in the realm of play -- a creative realm, where life is wonder-filled with promise and abundant fantasy. Clown celebrates the child -- pays homage to the Child. Clown nurtures, protect, amuses and comforts the Child. Clown brings life and opens a wonderful variety of possibilities into the present moment. Where Child has been wounded or threatened Clown seeks opportunities to draw Child to the path of healing and sanctuary. Rather than having child dance to his tune and leading children on like a Pied Piper, Clown follows Child.

Clown seeks out every Child even those hidden in the adult. Clown lifts our heads, presents alternatives and whispers "pierced but not slain," leaving an opening to escape into play. – *Dave Langdon*

From The Hospital Clown Newsletter Vol. 3 No 4 (1998)

Canadian Therapeutic Clowns

Dave Langdon was featured in The Hospital Clown Newsletter, Vol 3, No. 4. "Celebrating the Child. Karen "Robo" Kidd who Dave refers to in this article was featured n Vol 3 No. 2 featured in The Hospital Clown Newsletter



THE ROBO PROJECT from Vol 3, No 2 1998

In 1986, the Child Life Department of the Children's Hospital of the Health Sciences Center of Winnipeg, Canada received funding from the Winnipeg Foundation and the Children's Hospital Miracle Telethon, which enabled the Department to have Robo the clown on staff.

Robo made eleven videos depicting Robo the clown going through various procedures: Robo gets an IV, (Robo tries escape, evasion and diversion before she finally accepts help and relaxation exercises, discovering that an IV is really not so bad after all.) Other videos deal with getting a cast on and removed, getting an EKG, having a CAT scan, visiting a respiratory clinic and getting an X-Ray. By Robo doing those clown antics the videos remain amusing, but also instructive.

Today, Karen is not clowning. She says clowning can not be done half-way, and right now all her energy is going into her family – her first child, Daniel, born, May 5, 1998. However, Robo set the path that many clown therapists in Canada are walking. In future issues we will report on the Child Life Clown Therapist of Canada.



Camilla Gryski "Posey" was featured in Vol.4 No.2 *Play Conversation*. She is a frequent contributor to this newsletter and to the world of the therapeutic clown. On the next pages Camilla speaks to us about her new character "Flora" and the new direction of her clowning.

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