BY MARY VALLIS

he eighth floor of the Hospital for Sick Children is where some of the most dire cases in the hospital are found, children so sick they cannot raise their heads off the pillow, and where worried mothers spend their nights curled up on small cots.

It does not seem depressing, however, as Stephano Sagi — four years old and hooked to an intravenous line — peeks out of his hospital room, breaks into a smile and delivers giggles so loud they echo the length of the hallway.

Stephano, dressed in a Spider-Man costume and Spider-Man socks, has caught sight of Mary Sunshine, one of Sick Kids' nine therapeutic clowns. She is dressed in candy-cane striped socks and a rainbow dress and knows what the four-year-old likes — she reaches into her pocket and pulls out a Spider-Man action figure. Stephano squeals. Moments later, the pair disappear under a spare patient gown together — first the gown is a ghost, now it's a tent, now it's a cape.

"He loves the clowns, especially Mary Sunshine," his mother, Ida, whispers. "He loves her the best."

More than just tutus, silly hats and belly laughs, clowns are increasingly becoming part of children's care at hospitals throughout North America. At Sick Kids, they are considered vital to the care of young patients. Doctors say they have a therapeutic benefit for the children they visit while roaming their respective hospital floors every Tuesday and Thursday.

Therapeutic clown programs are not without controversy. A recent University of Sheffield study of more than 250 children found they disliked clown decor in hospitals, and in some cases found the images scary. Another Italian study a few years ago suggested that while clowns calmed young patients and their parents, the majority of hospital workers complained they interfered with their work.

At Sick Kids, however, Dr. Allan Coates, a staff respirologist, says he is content to wait out a game of make-believe, bubble-blowing or a magic trick if a clown is with one of his patients.

"These are highly trained professionals," he explains. "There is more than one thing that makes a kid better. It's more than just what we do that makes them better and gives them a better outlook. The therapeutic clowns have a role to play."

The clown games may seem spontaneous, but almost every gesture is calculated. Clowns take their lead from the patients — if the patients are quiet,



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Isaac McFadyen, 3, takes a picture of Clutter the clown and a fellow patient.

so are the clowns. If someone wants to dance, so does Mary Sunshine. The entire therapeutic clown experience is about giving the child control, says Joan Barrington, co-founder of the Sick Kids therapeutic clown program.

"Every child has perhaps 40 different people coming in and out of his room. A therapeutic clown has that special place, to provide the safe play space without any agenda," says Barrington (a.k.a. Bunky), who rarely uses the word "clown" without saying "therapeutic" first.

This Tuesday, Barrington is having an "out of nose." While Bunky usually visits children two days a week, Barrington spends the rest of her time on administration and fundraising (the clowns are entirely funded through public donations). She also spends hours answering emails from people who want to become therapeutic clowns. Barrington herself started out by contacting Canada's first therapeutic clown, Winnipeg's Karen Ridd, and then presented the idea to Sick Kids two decades ago.

Clowns meet once a month for training, and every day, they meet with specialists to discuss patients' needs before heading out for their rounds with carts of sterile toys in tow.

"We can help relieve some of the stress for that child who's in this environment," she says. "We are that safe place, that liminal place of imagination that can take them away in that magical world. Just by our presence. The therapeutic clown doesn't even have to say anything. It's by being there."

After watching Stephano make a few muscle-man poses, Mary Sunshine tiptoes into the room of Dawson Hamilton, an eight-year-old who has been fighting cancer since 2005. The survivor of two bone marrow transplants, he can barely raise his head off his Bob the Builder pillow to greet the clown.

Mary Sunshine pulls out a plastic bald eagle she knows that he loves; he takes it. After a few magic tricks, she knows it is time to tiptoe out of the room. She leaves behind the bald eagle, promising to come back for it later.

On the hospital's fourth floor, Clutter the clown is looking for one of her biggest fans: three-year-old Isaac Mc-Fadyen, who visits the hospital once a week for enzyme replacement therapy, a treatment for a rare metabolic disorder. Every Tuesday, his mother drives nearly 200 kilometres to Toronto from Campbellford.

But Isaac's weekly visits with Clutter seem just as important as the intravenous line that delivers his medicine. As she enters the ward playing a harmonica, Isaac and his younger brother, Gabriel, both rush forward holding pictures of themselves with the clown. Clutter plops herself in the middle of a hallway and pulls out her "magic" bubbles; Isaac obligingly wiggles his fingers over the bottle.

Within minutes, a crowd of children gathers. Clutter is simultaneously blowing bubbles for one, shaking a random toy to make music with another and teaching little Gabriel to vacuum with a child-size DustBuster.

"It makes a really big difference to have Clutter here every week," says Ellen Buck-McFadyen, Isaac's mother. "Never once, in a year and a half, has he not wanted to get up in the morning and come to Sick Kids, which always surprises me."

Back near the elevators, a clown named A. Leboo is crowing like a rooster. The sound fills the hospital's atrium, reaching workers on breaks, families huddled in corners and volunteers manning the information booth as he peers down below.

Then he toodles off in his hockey helmet and tutu, just like it never happened.

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