

Hospital Clown Newsletter

A Publication for Clowns in Community and World Service

Published Quarterly, HospitalClown.com, P.O. Box 8957, Emeryville, California 94662 – Vol. 7(2002) No.2



Clockwise from top left: “Posy” Camilla Gryski; “Nuula” Lucia Cino,
“Bunky” Joan Barrington, and “Doko” Kathleen Le Roux



The Therapeutic Clown Program
The Hospital for Sick Children
Toronto, Canada



Hospital for Sick Children Toronto Canada

A health care, teaching centre dedicated exclusively for children; affiliated with the University of Toronto. It was founded in 1875 when a group of Toronto women led by Elizabeth McMaster rented an 11-room house in downtown Toronto to set up “a hospital for the admission and treatment of all sick children.” Its creed: “No Children shall knock in vain.” It is now one of the world’s largest and most respected pediatric academic health science centres. The hospital is no longer at the same location but it is now four city blocks. Every year approximately 15,000 children stay in this 400-bed hospital; there are more than 100 clinics.

Celebrating the Child

“*Sick Kids*” as the Hospital for Sick Children is affectionately known, was built on the grounds of the childhood home of the actress Mary Pickford. Maybe her childhood presence influences the hospital, for there is something here quite different from other children’s hospitals I have visited. From the perspective of my child clown *Shobi Dobi*, I have come to realize it is their approach and attitude which makes it different from other children’s hospitals I’ve seen in the world.

What do you as an adult think a hospital should look like - organized, sterile, efficient, quiet, square, closed- in? What we as adults perceive safe? Now go into your clown child self. What do you as a child want the hospital to look and feel like? Mine would resemble an amusement park-- Disneyland with serious adults running the show behind the scenes! There would be colorful clowns and animated sculpture and maybe an ice cream store, and definitely a toy store. That sort of describes “*Sick Kids*.”

The new Atrium Building (at the right) is full of wonderful delights including a glass windowed elevator that goes flying up the nine stories that gave my little clown heart a thrill to ride! And they have a “Main Street” that runs through the main floor with stores, and food shops (Starbucks for the adults). The only thing missing is a cascade of bubbles coming down from the ceiling.

The whole focus is on the “kid.” The adult egos are there, but in the background doing the work. (Now I know if you asked some of the adult staff, they would have their complaints, as adults do) Seeing through my clown child eyes, the child is the focus and the center of their attention, not their medical efficiency, equipment and facility. There are play rooms, a TV/game room (Marnie’s Lounge), Children’s Library and Play Park for Siblings (a service free of charge provided by the Women’s Auxiliary), and even a Children’s Theater (see next page).

I believe this focus is attributed to Canada’s strong support of the Child Life Specialist (see pages 14-15). It is not that the Child Life Specialist and Social Workers in other countries don’t advocate the same thing. Somehow at *Sick Kids* the administration must have listened and believed them; and put the child ahead of corporate self interests and adult images.

It is no wonder that a programs like the Robo Project and The Therapeutic Clown Program are accepted and nourished. Of course, the enthusiasm of individuals like Karen Ridd and Joan Barrington never let them forget to celebrate the child.



Large cartoon characters move up and down the new Nine Storey Atrium building.

Tails ~ Every Thursday at 6

Tails: A Fairy Tale on Furry Tails was written by Pediatrician-cum-playwright Gidi Koren. It has been playing every Thursday for the past ten years at the hospital's Bear Theater. The actors are hospital staff nurses, social workers, doctors, technicians, secretaries, and volunteers from the community. Some of the original staff are still playing!

Dr. Koren came to Canada in 1982 from Israel, where he had a significant show business career. At *Hospital for Sick Children*, he extended his medical studies to Clinical Pharmacology. He missed show business and realized that he had an audience in the hospital. *Tails* is written in rhyme as a children's book and the play contains many of Koren's award-winning Israeli songs.

In *Tails*, Quincy Taylor comes to town distributing tails – to the other characters in the play as well as the children and parents in the audience. Honey Bunny has the habit of sleeping the day away. So on the day that Tails are handed out, Honey Bunny misses out - by the time he wakes up, there is not a tail left, despite his desperate plea for one. "Why should I be different from everyone else" he asks. "Why are they laughing at me? I feel so odd and out of place, such a misfit."

"Oh dear, nobody loves me. I'm just a good for nothing," sighs Honey Bunny. "But wait! Here comes Eagle Joe, a space shuttle pilot who is going on a special mission to Venus. The only person who can go with him is someone without a tail".

And so as the play proceeds, Honey Bunny becomes a special hero because of her uniqueness. The show



Post card sent to audience children from "Tails" at the Bear Theatre/Sick Kids

ends with a song "Everyone is special in his own way." *Tails* is a story confirming this truth. Even though we may see our difference as a disability, it can qualify us for unique opportunities.

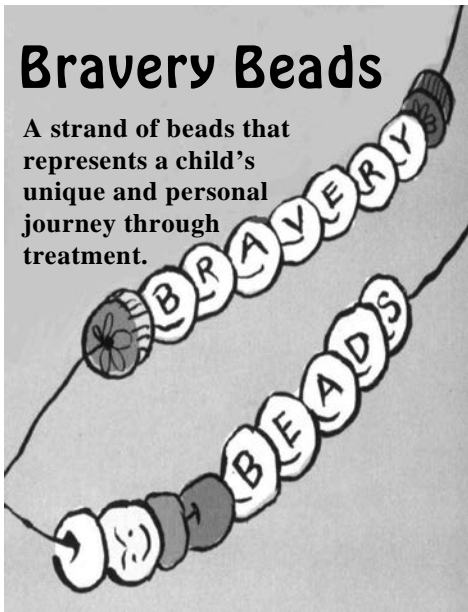
"I cannot think of a better place than 'Sick Kids Hospital' to establish children's theatre," Dr. Koren says. "The Kids here are disconnected from many aspects of normal life and equate a hospital stay with unpleasantness. I wanted to take their minds away into a world of magic and create for all concerned an atmosphere of hope and cheer."

And why not do another play? "Kids love repetition," he says. "Just think of how many times they can listen to a record they love, or watch *The Lion King*. For the kid in hematology/oncology, the kid in renal failure who comes for the fifth time, it becomes for him or her a haven." Ben, a four-year-old live transplant patient, held the record, seeing *Tails* nearly 50 times. Ben died during surgery to replace his failing new liver, and when members of the cast went to his funeral, they were moved when they heard a tape of their song played at the service.

For Information: Brenda Knie Email: brenda.knie@sickkids.ca

Bravery Beads

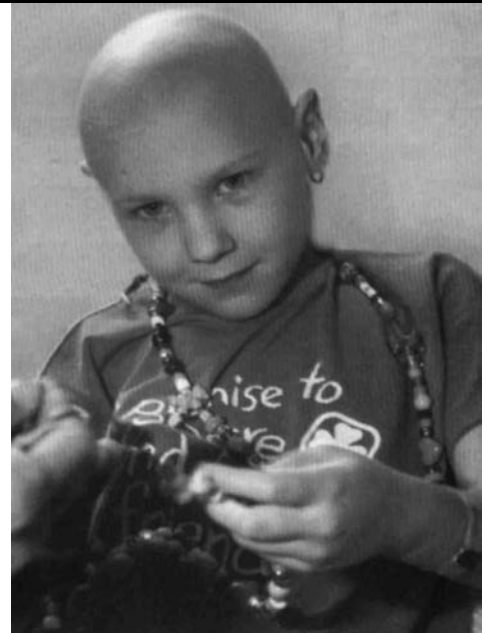
A strand of beads that represents a child's unique and personal journey through treatment.



The project is supported by the Woman's Auxiliary and implemented by the Child Life Department.

- To get started, each child is given a colored cord and beads to spell their first name, a bead to represent the Hospital for Sick Children and a bead to recognize the support of the Hospital's Women's Auxiliary.
- Once in the Program, children continue to collect Bravery Beads each time they are in the hospital. There is a different color bead to be collected for each procedure or event such as chemotherapy, transfusion, clinic visit, surgery, tube insertions, dressing changes, and even a bead for "Wow/Special Accomplishment, Recognition" which can be given for special bravery, and other achievements.
- The beads are kept at each station and given out after procedures, etc.
- Currently a sibling program is being discussed for implementation in the future.

This Program was first introduced at Children's Hospital in Vancouver, BC. It started at "Sick Kids" in May of 2002 for children in the Hematology/Oncology, Immunology and Allergy programs.



Danielle Vachon. proudly accepts a bead.
(photo printed with parental/child permission)

Contact Leanne Brister, Child Life Dept. HSC,
leanne.brister@sickkids.ca

So what does a child life specialist do and how is it different from therapeutic clowning? If you have ever worked closely with a child life worker, you know well what they do, but in my travels I have found that many hospitals do not have these wonderful staff members in their hospitals. A Child Life Specialist:

- Provides the therapeutic play program designed to prepare children for medical and surgical procedures. Pages 14-15 will give you a good idea of what they do to prepare a child.
- Facilitates safe play environments and play programs. Operates and supervises the playrooms which are open to all patients.
- Observes the children to determine the developmental appropriateness of psychosocial behavior, coping, and parent/child relationship.
- Provides family support and education. Helps clarify any concerns about the intended treatment plan. Provides emotional support to patients during times of stress.
- Advocates for the psychosocial needs of children and families collaborating with children, families, health care professionals and community agencies.

Often there is confusion about the roles of the Child Life Specialists and the Therapeutic/Hospital Clown. After all, a hospital clown provides play, and often there are therapeutic results.

But there is a big difference. For example, a little girl looked up at Shobi once (she had just had her leg amputated) "Will it grow back?" Shobi's character is only six-years-old and doesn't know too much about doctoring! She responded in character, "Gee, I don't know. Maybe we should ask Pat?" (Pat is the child life worker). I'm a clown that is not my job. And frankly I don't have that kind of training. Pat has a Master's Degree in Child Life. I have one in Art and 6 years of Clown School. That doesn't mean that I'm not good enough. It means it is not my expertise. My talent and expertise have a different focus.

The Hospital Clown offers unconditional safe play - play that is not bound by any direction, medical or psychosocial judgement. A Hospital Clown can just play for no reason at all except to see the world as the child does - fresh and fascinating. And because the clown plays on the child's level - becoming a playmate, or peer friend, very often the result will have astounding medical and psychosocial results. Often a clown is more successful in getting a child to play than a child life specialist because we are not "adults" but fantasy characters.

As Hospital Clowns gain respect as members of healthcare teams, there will be requests from the team members for directive and/or non-directive play. The scenarios are numerous - for example, going into a treatment room for distractive play, or having a picnic to get a child to eat. I only hope we never forget that being a clown is the magic that makes it all work!

(Continued on Page 14)



HCN Vol. 3 (1998) No.2

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 - The Robo Project.

Robo is Karen Ridd, a professional clown and child life specialist. This specialty gave her the insight to see the potential of the clown as therapeutic and healing. At the time little research had been done supporting the effects of humor on healing.

Robo's weekly schedule included two days devoted to clowning and two half-days on which Robo co-produced a daily live show at CHTV, the hospital's closed circuit television station. During this initial program at Winnipeg Children's Hospital, Robo's visits with the children were usually 20 minutes, but sometimes her visits could last to 1½ hours. She usually visited about 25 patients a day, two days a week at the hospital.

The work at CHTV was done out of costume by Robo's "real" persona, Karen Ridd. Most patients and many staff, however, were unaware that the two shared the same skin. Producing the "Good Day Show" necessitated visiting all the wards in the hospital. This helped Robo to know which wards to target and ensured that no "old friends" were left out. The remainder of Robo's time was spent in preparing for and filming a series of short videos dealing with children's emotional responses to medical procedures.

In 1993, Karen and Joan Barrington co-founded the second program in Canada at The Hospital for Sick Children under the umbrella of the Department of Child Life.

The Robo Style:

Robo was a mime clown. For her, body language was a more effective means of communication with children, because it demanded interaction. The child interprets and helps the clown.

"Robo doesn't know anything and can't get anything right, so the children help. For once they are the ones who have it all." Karen realized that it is crucial to human growth and development to be able to give care as well as to receive it. With Robo, they straighten her jacket, and tie her shoe laces. And sometimes they even eat as a way of showing Robo how to eat!

Today, Karen is not clowning. She says clowning cannot be done halfway, and right now all her energy is going into her family.

However, Robo set the path that many therapeutic clowns in Canada are walking. Previous Hospital Clown Newsletters have featured: David Langdon, Hubert the Clown, a Therapeutic Clown/Child Life Specialist in Children's Hospital, Winnipeg; Paul Hooson, Dr. Willikers at British Columbia Children's Hospital in Vancouver and Camilla Gryski, Posy, from The Therapeutic Clown Program at Sick Kids.

Importance of Play (From the Child Life Department ~ HSC)

"A child's work is play. It is how they learn and how they view their world. While in hospitals we believe children should not have to give up their right to play as it is often how they express their fears and anxieties.

"Children will often hesitate to communicate verbally with adults in unfamiliar surroundings but will speak through another medium. An example of this effect often happens while interacting with a therapeutic clown. Through humor and goal directed play, the intervention becomes a child's vehicle for expression."

Therapeutic Clown Program -- Joan Barrington

Joan Barrington is the Coordinator and Fundraiser for the therapeutic clown program at The Hospital for Sick Children. She is also *Bunky*, the therapeutic clown, two days a week.

Becoming part of the team at The Hospital for Sick Children was a slow and gentle process and I was very clear from the onset of this program, and with the programs that followed, that therapeutic clowns were not being brought into this environment to replace Child Life Specialists or take anyone's salary, but to be utilized as a complementary/ adjunct therapy and used to assist in the speeding up of the healing process. Therapeutic connotes this process of healing, and becoming a therapeutic clown is also a process from the inside out, allowing the inner child to come out and play.

We are all unique in our own way, therefore so are therapeutic clowns. No cookie cutter clowns here, but individual characters both externally and internally, working through their heart to heart connection. These magical beings are hospital specific and must intuitively be sensitive to this specialized environment.

At The Hospital for Sick Children we work solo, use very little verbal communication and primarily provide gentle play and humor. Our clowns communicate verbally through mime, gestures, and sometimes with strange noises and "gibberish." Silence transcends all language and cultural barriers. English is a second language for some children and their families while others regress to speechlessness as a coping mechanism. Clowns break down these barriers, enabling interaction and communication to happen at a deeper level.

Our best contribution sometimes can be to listen. It requires a person who knows and understands the art of listening, through the ears, yes, but most importantly through the heart.

The therapeutic clowns empower patients at a time when children may feel little control over their lives or illness. The Hospital for Sick Children is a critical care facility in Canada. Thus, children hospitalized in our facility are often confined to their beds over long periods of time, with parents and caregivers making virtually all the decisions about their treatment. Yet when the clown arrives, it is the child who becomes the decision-maker, deciding if, when, where and how the play will unfold. Perhaps the clown will help him learn skills of mastery—building self-esteem and confidence. If the patient is not ready or able to play at a particular time, the play is directed to the parent, sibling, nurse or doctor with the patient as observer. We do know that the child has a right to play and in my experience, chooses to, right up to the end of life itself.

Even though the primary purpose is to assist patients and their families, doctors, nurses and other staff in the hospital cannot help

but laugh upon seeing the clowns at play. Working in an environment of extremely sick children, the clowns at Sick Kids remind everyone that it is OK to have fun and be lighthearted and aren't we fortunate to be in this very special place.

All of our clowns have received in-depth clown training outside the hospital, have been mentored in hospital, then adapted their clowning skills into this specialized environment of a children's hospital. Considered very much a part of the total health care team, the therapeutic clown works closely with Child Life Specialists in developing strategies within the model of family centered care. For example, before and after each clowning day the clown consults with the family's individual Child Life Specialist to share information about the patient's condition, treatment, emotional status, and the outcome of the clown's visit. Each therapeutic clown keeps statistics, makes her own notations regarding the intervention with each patient visited on her assigned floor throughout her clown day, then discusses one case study a month with her clown colleagues.

It is important to note that although the Therapeutic Clown Program is under the umbrella of the hospital's Child Life Department, this program is funded externally through donations from individuals, corporations and foundations outside the hospital. We are not in the operating budget of the hospital, but have our own Therapeutic Clown account in The Hospital for Sick Children Foundation so donors can designate funds to The Therapeutic Clown Program and receive a tax receipt from The Hospital for Sick Children.



Therapeutic Clowns Canada Foundation

-- Joan Barrington

This foundation was established in 1999 by Mary Hirst, Joan Barrington and Heather Spinks. Its mandate is to secure funding to seed and temporarily support therapeutic clown programs in children's hospitals across Canada, with the expectation that after two years the hospitals will assume support. Beneficiaries of this mandate are Mississauga's Credit Valley Hospital, which began a therapeutic clown program in December 2001, a start up program this spring in Ottawa at the Children's Hospital of Eastern Ontario, and the extension of the therapeutic clown program in Winnipeg's Children's Hospital. Other programs being developed are in Toronto, London and Hamilton.

As Coordinator and Fundraiser at The Hospital for Sick Children, then later Co-director of Therapeutic Clowns Canada, I look back over 10 years and see where therapeutic clowning is today. I am proud that I can say to Karen Ridd that her vision is truly alive and thriving today and will continue to thrive for a long time to come. We have four professional therapeutic clowns at HSC who are dedicated to their mission of therapeutic clowning. I wear several hats, but first and foremost is my true passion in bringing *Bunky* to these children and their families. Nothing else could have followed without reaching inside and bringing this joyful child out to play.

To be a playmate is to hold a child in your heart.

-- O. Fred Donaldson

Therapeutic Clowns Canada, c/o Mary Hirst,
120 Highbourne Road, Toronto, Ontario M5P 2J6



Joan Barrington

Joan is Coordinator and co-founder of the program with *Robo* (Karen Ridd), and was also mentored by *Robo* at the hospital. *Robo* was neither male or female, and could be seen by the children as boy or girl. Joan considers herself in the same way. In the following interview she freely changed from "he" to "she" to "he/she." I have changed all these pronouns to "she" just for readability.

Bunky is a ten-year-old "tomboy" which is completely different from the other clowns on her "team." She is rambunctious, energetic and eager to just sit down right on the spot and quietly play - regardless of who is around. Staff tend to just stand back and attentively watch. And it is a sight to behold, how she woos the smallest child into play.

All names of children in the article are fictitious for their protection, although all their stories are real.

In the early 80's, I remember vividly waking up at our family summer cottage having dreamt of a clown, rushing downstairs and telling my father, "I know what I'm going to be (when I grow up)--a clown!" This in my 30's. Needless to say when speaking to young people, I try to emphasize the fact that it is never too late to follow your dreams. Fortunately for me, this very special dream did appear to me later in life, for little did I know that all my previous life experiences, courses and interests would bring me that much closer to my true mission.

In 1986, Karen Ridd a freelance children's entertainer and Child Life Specialist, who understood the healing power of the clown, initiated a pilot project through her character *Robo* at the Winnipeg Health Sciences Centre with a student grant. This program was such a success that the hospital foundation and an anonymous donor helped Karen continue with her good work.

In 1987, I was having lunch with my son Tyler watching the Midday News when Karen, a.k.a. *Robo*, was enlightening the public on the benefits of therapeutic clowning. All the bells and whistles went off inside of me and I immediately contacted the Winnipeg TV station. Karen called back and thus began our relationship through correspondence and many long philosophical conversations on children, illness and hospitalization. I read her paper written on hospital clowning and knew The Hospital for Sick Children, the

largest children's facility in Canada, must get a therapeutic clown program in place.

For the next three years I went searching -- reading all that I could get my hands on regarding clowning. I took a clown workshop at Seneca College, clowning as JoJo at birthday parties, joined Clown Alley and picking up as many 'clown tips' as I could. All this while continuing to take movement, improvisation and acting classes. Inside of me, I instinctively knew that JoJo was not the clown I was truly meant to be. There was another very important component missing. In the evenings I took Arts Management at Humber College learning the business side of theatre.

In the spring of 1993, after having my proposal accepted at The Hospital for Sick Children and fundraising for three years, *Robo* and I began the therapeutic clown program at HSC under the umbrella of the Child Life Department. *Bunky* was born that summer through mentoring with Karen, *Robo*, and the Child Life Specialists.

After a year *Robo* was given a Bon Voyage party and *Bunky* was left to cover the whole hospital on her own. Indeed, big shoes to fill. Daunting to cover such a large facility but a truly rewarding experience to have the privilege to educate myself regarding each specialized ward and area of care in the hospital.

Empowerment is about giving these children and their families choices. They did not choose their illness, cannot choose who comes in and out of their rooms, have no choice in their medication and treatment, or how long they have to live here. But, they can choose whether *Bunky* is male or female (they place bets on this one), if *Bunky* is invited into their room or not, how or what we will play or if they want to play at all. Sometimes *Bunky* asks if it is OK if she plays through Mum, Dad, the nurse or doctor.

The moment *Bunky* leaves the clown dressing room she is present in the moment, in character and remains in this spirit until she comes back at lunchtime to make notes on each of the patients she has seen that morning. *Bunky* covers Cardiac, Cardiac Clinic, Medical Short Stay, GI Procedure, Nephrology, Transplant Unit, GI Nutrition, Rheumatology and when possible Dialysis. *Bunky's* heart and appearance is in the Auguste style being shy, silly, not too bright, spontaneous and ultimately vulnerable. *Bunky* delights in experiencing and observing everything in the big world surrounding her for the first time: everything is new, exciting and exhilarating. *Bunky's* makeup has changed over the years to less and less, softer and softer. She has had two costumes over the years and will probably wear out another soon.





Bunky rides a tricycle with Lucite holders front and back giving her friends a choice as to what they wish to touch or play with.

When first approaching a child *Bunky* intuitively senses and digests the temperature of the space/room she encounters, then makes what I refer to as *the connection* through our very individual and personal eye contact. For *Bunky* this connection is the most significant thing to happen, for it is through the eyes we truly touch, then move towards another's soul. Trust must be earned and in this moment of connection everything else will flow naturally and at its own pace. We must court the trust in each individual encounter. *Bunky* truly sees these patients as children first and secondly sick children. They set the limits not *Bunky*. She reaches past the illness and intuitively searches within for their own special playfulness and spirit. I look to find what is healthy first and play with this piece with gentle compassion.

Bunky is non-verbal, handing the voice over to the child, allowing the child to lead her in the desired direction and pace that will work for them. She speaks through the eyes, breath noises, body language, tapping feet and a squeaker. Everyone, adults included, understands "*Bunky* language." Empowerment for the child also happens through the personality of *Bunky* who is so silly and not too "with it." A predicament is set up or just happens and the child resolves it. The children help her find her toys when she misplaces them, fix them when they get tangled up, tie up her undone shoelaces and pick up her toys and put them in the tricycle for her.

They seem to juggle better than *Bunky*, play basketball in the butterfly net better, win at UNO. It is empowering to turn the tables, and empower these children from within with their own unique clown. Children also love to see their parents become the clown and make fools of themselves. *Bunky* paints on red noses, makes silly hats for them and gives them "the stage."

Sometimes the power is knowing when not to do something and to let the natural curiosity of a child take charge. This happened with a young burn patient who would not move or get out of bed for the nurses.

Bunky placed her trike into the child's line of sight -- across the open doorway on the other side of the hallway, so he could see the toys from his bed. *Bunky* slowly slid towards the threshold of the room on the floor with her lunch pail and pulled out windup toys one at a time - - each time with great surprise and delight as if she was seeing them for the first time. Then she slowly wound them up and headed them towards Tommy's bed not making direct eye contact initially, but playing in *Bunky* space, and sensing Tommy's inquisitiveness as to what was going to be pulled out of the lunch pail next. Many landed just at the side of the bed so Tommy had to lean sideways and downwards to catch a peek. "Tommy do you want to play?" asked his grandmother. "No!" Tommy answered. *Bunky* moved a little closer towards the bed with another moveable toy. Then Grandma asked "Do you want to come into my arms and watch?" "OK," Tommy replied. Eventually the windups headed out the door and into the hall with Tommy following close behind. He ended up sitting up on the floor playing with *Bunky's* sphere using his hands. His mother came back from her coffee break and was astonished. "How did you get him out of bed, moving and actually sitting up? The nurses and doctor couldn't move him." The power of the character is what does it; Joan could not have done this.

There was a little girl who became *Bunky's* friend over many years from age four until she died in 1998 at age 8. Alice on first meeting *Bunky* in the hallway approached timidly, uncertain about a clown. *Bunky* did not approach, but continued playing with the toys in her lunch pail sensing Alice's presence and fear. Before too long Alice was sitting beside *Bunky*, then on her lap playing with the windups, receiving and blowing the bubbles. Shortly thereafter howls of laughter echoed through the hallways as Alice took charge of her ward and *Bunky*. She talked incessantly and *Bunky* listened to every word, responding with non verbal signs. Over the years Alice had so many long stretches in hospital that she booked appointments with *Bunky*, around the *Bunky* days.

During these appointments Alice concentrated on playing and being a child; but in contrast, this child could tell *Bunky* lab results, what to do with her tubes, what meds she needed to take that day and when, what nurse was in charge of her that day. These children are forced to grow up so quickly and to remind them through this clown silliness that they are permitted to be children is powerful and a privilege. My friend Alice would make dates with *Bunky* to come and sit at her doorway. She would don a top hat, cane, and with a cape outfit put on a magic clown show just for me. Turning the tables, what a treat! This relationship was so important to her family that *Bunky* was invited to attend Alice's funeral and there placed on the casket for *Bunky* to see was a picture of *Bunky* and Alice smiling - - a clown and a child friend.

Joan.barrington@sickkids.ca

Posy



Camilla Gryski

Camilla has written extensively for The Hospital Clown Newsletter, and gives workshops on therapeutic clowning. She worked in the library of the hospital for 18 years before joining the clown troupe. Having published many books on string games she travels extensively giving cat's cradle workshops. My favorite book of hers is *Let's Play: Traditional Games of Childhood*, illustrated by Dusan Petricic.

To see *Posy* in action is truly magical. She is like a delicate fairy clown coming down the hall and the children fly to her presence. *Posy* is a full white face and wears a wildly curly light purple wig. I can't imagine her as anything else.

Posy was a gift to me from my son Damian - a juggler, magician and busker who is now a computer science student. First I was a circus school mom, then I was a busker mom and a juggling club mom. Damian had his own character, Cosmo, who was his street persona. We used to go to the Toronto Jugglers Club every week and to the International Jugglers Association conventions. I had to learn to juggle out of self defense. Years of hanging out with street performers made clowning seem much more accessible to me, and I had a built-in consultant. "Damian," I'd say, when I first started clowning, "show me those silly magic tricks." I still borrow books from his reference collection.

I took my first hospital clown workshop from Karen Ridd and Joan Barrington. Joan, "*Bunky*", was working alone when I got interested in clowning and mentored me over the first few months. It was easier for me because I had already been at the hospital for eighteen years, so I was very comfortable in that environment, and had established relationships with many of the staff. I had also worked with children for more than twenty years in a variety of professional capacities, so the only piece that was missing was the clown piece. It was as though everything I had done before was

getting me ready for the work of therapeutic clowning. I know this is the work I am meant to do. Over the years I have worked with a variety of clown and mask teachers, including Shobhana Schwebke and Christina Lewis, Avner Eisenberg and Jan Henderson. I attend and speak at conferences related to play, humor, expressive arts therapy and spirituality. I've just finished an M.Ed. in Holistic and Aesthetic Education at the Ontario Institute for Studies in Education, University of Toronto. I wanted to build theory for the clown work and this program allowed me to study play, spirituality, creativity and clown.. My master's research paper is called "Creating the Magic Circle: The Child and the Clown in the Pediatric Health Care Setting."

I meet the children and their families in all my vulnerability and openness. My heart is on my nose for all to see. I listen. I am as present as I can be. I have no agenda other than the child's. I offer *Posy* in all her potential to each child and he or she completes me - so I am the clown that each child needs me to be. I never forget that I am there to serve.

I also empower children with my vulnerability and openness to play. I allow the children to direct each playtime so that it assumes a full and satisfying shape. I am comfortable with silences and pauses, and have learned to listen to play needs and play vocabulary. I spend a lot of time just hanging out with kids, playing with this and that, with my stuff and their stuff. As I often say, each child has his or her own ongoing play conversation with *Posy*. With one two-year-old, I had to be very careful to get into difficulties with the paper towels when I washed my hands. She would bounce up and down on the bed waiting for the moment when she could yell: "Rip it!" She was able to help *Posy*, to be competent even though she was so small. She always asked for the same play. "Bubbles," and "Draw hand."

I love bubbles. I have a much-loved blue bubble bear that belonged to Damian and an extraordinary pink plastic bubble catcher with two little nets on the end of extendable arms. The younger children are fascinated by it and the older teens find it so outrageous that they will try it out. I have lots of bubble sticks, beginning with



blowing bubbles with the hand soap when I wash my hands after entering the patient room - unexpected and delightful. I'm always happy when the mix of soap and water is just right. The bubble bear always intrigues because the bubble blower pops up with a subtle squeeze of the bear's tummy. It looks like magic. *Posy* can get into all kinds of dilemmas trying to co-ordinate her breath with the appearance of the blower. *Posy* loves to blow huge bubbles, which quite often pop in her face. The children always get just enough bubbles to pop successfully, while unsuspecting adults get too many. Much laughter ensues and they often ask for help from the children. Lots of silliness can happen around bubbles.

One small child of *Posy's* acquaintance insists that she look for the popped bubbles. "Find it," he orders, and helpfully sends *Posy* to look under the bed, in the bathroom, in his slipper or out in the hallway. It is his favourite game, and one in which he satisfyingly controls his clown friend. There are wonderfully transcendent moments with bubbles too. Their magical beauty still amazes me, and often a child will refuse to pop a particularly lovely one. "Let it fly," said a patient once. The other day I watched a baby process *Posy's* presence and become engaged with the bubbles she was blowing. Smiles like that are priceless.

I loved these imaginative play times with my friend "H." [Let's call him Hank to protect his identity.]

Posy has known Hank for some time. His vision is now very limited and he has had difficult times during the bone marrow transplant process. Complex family dynamics have resulted in non-compliant, sometimes abusive behaviour by Hank.

In addition, in the sterile conditions of reverse isolation, play boundaries have been re-defined. Hank can no longer touch *Posy's* hair or give her a hug. Although the very physical nature of his play with *Posy* has been modified, he still looks forward to her visits and she seems to lead a charmed life despite his difficult behaviour. At one point mom suggests she should borrow *Posy's* clothes, hair, shoes and voice.

Hank is an exceptionally imaginative eight-year-old child, and he invents a game which continues through several play times. It is a game of hide-and-seek with three small toy monkeys. The cast includes Big Hank, Monkey Hank, Big *Posy*, Monkey *Posy* and Monkey *Bunky*. Monkey Hank hides and Monkey *Posy* and Monkey *Bunky*, chattering all the time about where they are going and what they are doing - for Hank cannot see them - set out to find him. Monkey Hank usually hides under Big Hank's cap or under his leg. Dilemmas arise: the peak of the cap is too high and all three monkeys are scared to jump down; the other monkeys can't lift up Big Hank's leg to get to the hiding Monkey Hank; Monkey *Posy* can't count to ten and can't remember the words to say when she is coming to find her hiding friends ("Ready or Banana, there I go..."). Throughout the playing of this game with all its variations and all its familiarity, Big Hank, all-knowing, all-patient and all-powerful, directs the action. He repeatedly and patiently teaches Monkey *Posy* to count and to say, "Ready or not, here I come." He tells the monkeys to ask Big Hank to lift up his leg, so that they can find Monkey Hank hiding underneath. He counsels the monkeys to take three big breaths to calm themselves before they attempt to jump from the peak of his cap. Over and over again, Monkey Hank hides and is joyfully found, while Big Hank plays with the concepts of fear and disappearance.

cgryski@echo-on.net



Lucia Cino

To see Nuula float down the hospital corridors with her long arms and cape flowing, she almost seems not to touch the floor. Her character is lyrical and sweet, her interchange with the children curious and light. Nuula means "nothing." Lucia gave her clown this name with the hope that from nothing, something would grow. It has!



When I was in Italy in 1991, ostensibly to study Italian, I saw an advertisement for a class in Neutral Mask and Commedia dell' Arte. I always had a strong interest in theatre but never pursued it until then. The course was taught by Bepi Monai and it completely transformed me. I loved what it demanded: inner and outer listening, body awareness, imagination and fun. When I came back to Canada, I was looking for something close to mask work, something physical and fully sensory. I found it in clown.

My first clown teacher was John Turner. I was so excited by the kind of clowning he taught that I continued to take classes with him and his clown partner Michael Kennard. To further develop my clown "Nuula", I took clown and buffoon courses with Sue Morrison, Philippe Gaulier and Karen Hines. I also studied movement with Fiona Griffiths and Linda Putnam, and voice with David Smukler, Millie Minas and Theodore Gentry.

I work two days at the Hospital for Sick Children and two days at Credit Valley Hospital in Mississauga. As a consequence of the amount of clowning I do, I am always looking for ways to keep Nuula and her responses fresh and honest.

One way I have found to keep my work consistent, is to begin the day by acknowledging where I am at within myself. Am I tired? Am I sad? Am I content? What am I feeling? I find that when I connect with myself, Nuula can relate more effectively with others. The connection to myself becomes the starting point of my clown who then takes off where the moment takes her.

In a visit with a five year old Eliot, Nuula gave him the bag of wind-up toys to sort through and choose what he would like. Eliot chose the pullback car. It became clear the play was not between him and Nuula, but about self-directed play in which Nuula acted as a facilitator and witness.

After the car, Nuula gave him the pullback helicopter. Eliot pretended it was flying in the air. And as though its wings were deadly sharp, he began to charge the wings against the bodies of the animal wind-ups.

Nuula had observed earlier how Eliot treated the wind-ups as though they were alive and capable of biting him. He became afraid when he put his fingers in the bag and one of the wind-ups began to vibrate. The helicopter addressed something he needed, for in the course of our play, he moved from being the car to the helicopter whose sharp wings could slash the body of any creature. Nuula gave Eliot the space to be the powerful vehicle he wanted to be in an environment where he felt little control.

Another way to empower children is to give them choices and to ask them to make decisions for themselves. Nuula loves to paint tatoos on children's hands, faces or wherever they choose. Some have had images painted on their biceps, others on their ankles. I had one child who wanted the sun painted around her belly button. Children love the ritual of tattoo making. They get to choose the image and the colours. And when the painting is complete, they are given the opportunity to finish it, by drying the image with a small flower fan. Nuula likes to inspect her painting with a little kaleidoscope. She then gives it to the child who almost always delights in the array of colour and the multiplicity of the same image. Some even try to count how many butterflies or thunderbolts they can see.

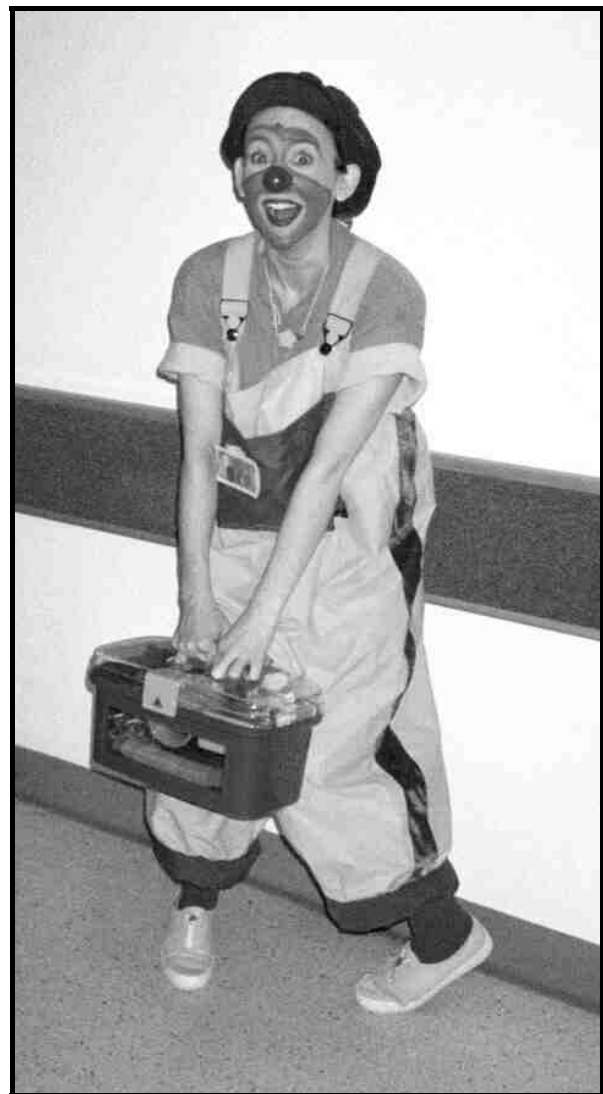
Recently, I was introduced to a drawing game by "Doko". It's called "One Line at a Time". The idea is to find something the

child would like to draw and then the clown and the patient take turns drawing it one line at a time. I tested this game out with one of Nuula's long-term patients who is eleven years old and quite artistic. She wanted to draw a picture of herself with the clown. Nuula made sounds for every squiggly line she drew and so did her friend, fun wacky sounds to go with our outrageous drawing. Nuula's friend was so delighted with the game, she wanted to draw another picture of us, only she would be a monkey and Nuula would be Tigger. What was delightful for me at the end of this play, was how much larger than Nuula the child was in both drawings. I took this as a sign of her healing self-image.

lucia.cino@sickkids.ca

Doko a.k.a. Kathleen Le Roux

Doko is totally different in character from her fellow hospital clowns. She is a ball of energy waiting for direction whether soft or expansive. I watched her with as much riveting attention as the father and daughter with whom she was improvising. Shobi regrets that this photo is not in color as it really makes a difference. *Doko* wears bright yellow overalls and her makeup, which she explains on the next page, totally fits her character.



I come from a theatre background and came upon clowning through my interest in theatre, improvisation and comedy. With a BA in dramatic arts from Queen's University, I went to The National Theatre School of Canada to study Directing where I was first exposed to clowning. Leah Cherniak (from Theatre Columbus) was a guest teacher and did a week of clown workshops. At that time I didn't "get" it, but I was totally enamored by those who did, and always kept it in the back of my head as an absolutely riveting and exciting form of theatrical expression.

Not too long after graduating from NTS, I became the Artistic Director of a theatre company in Kingston and began to take an interest in improvisational comedy. I spent a summer studying with world-renowned improv innovator, Keith Johnstone, in Calgary, Alberta at the Loose Moose International Improvisation School. While passing through the Edmonton Fringe Festival, I happened to catch the sold-out, acclaimed clown duo, *Mump and Smoot*. I was smitten. I had never seen this kind of clowning (for adults) before and it was riveting.

After that, I suddenly had this very intense drive to put clowning and improv together - to improvise in a little clown character. Out popped a little character I called "*Rosy*" and I began improvising everywhere I could with her. At festivals, on the street, in parks, at events and at the Hotel Dieu/KGH hospitals in Kingston where I was a weekly child-life volunteer. "*Rosy*" was fully embraced by all the staff in pediatrics. This delightful character came totally naturally to me without any thought at all and worked exceptionally well with both children and adults.

Six months after I started doing "*Rosy*" I moved back to my hometown of Toronto to look for further career opportunities in the performing arts. I was extremely fortunate to land a choice role as the clown host of a pre-school television network called *Treehouse TV*. For three years I played the role of "*Tansy*", a naive, vulnerable, charming and loveable three-year old clown (largely based on the character of "*Rosy*" but with a few alterations and adaptations for television).

During this time, I focused all my clowning energy on relating to very young children. In addition to writing and taping our segments in the studio, we also did a great deal of public appearances, live stage shows and interacting with children one-on-one. The experience taught me a lot about what young people find interesting and funny and gave me the opportunity to fully enter into their world.

After finishing at *Treehouse* I knew that clowning would remain in my blood. I sought out the impressive clown duo, *Mump and Smoot* (John Turner and Mike Kennard) and began seriously studying the art of clowning with John Turner.

A few months after completing "Baby Clown," the first of many courses offered by the duo, I got the job at Sick Kids. The clown I do at Sick Kids is a result of the work with John. "*Doko*" is VERY different from the *Rosy/Tansy* character I had developed earlier. *Doko* was developed in a particular style of clowning, called the Pochinko method, named after its creator, Richard Pochinko. Pochinko style involves the exaggeration of numerous sides of one's own personality, called "masks" and pays a lot of attention to listening, impulses and honesty. [See the next page for further description of Clown and Mask]

I am still heavily involved with the classes that John and Mike (*Mump and Smoot*) offer and I run a monthly clown show for adults

at the S.P.A.C.E. (Studio for Physical and Clown Exploration) where they teach.

The style of clowning that I am trained in is beautifully suited to work at the hospital. The Pochinko style involves the exaggeration of numerous aspects (positive and negative) of one's own personality. These extremities can be drawn out at will and in the hospital environment are determined by the needs of each child. With one child, *Doko* might be very bouncy and playful, eager and obedient like a puppy dog. Another child might bring out the sweet, slow, quiet and loving side of *Doko*. Yet another child might inspire the cocky, arrogant, know-it-all side or the curious, vulnerable and innocent side. Or maybe a combination of any of the above. It is essentially the personality of the child that completes or brings out the personality of *Doko*.

It is also often the child that determines the nature of the play or intervention. I never enter a room with a "routine" in mind or a pre-determined set of gags or jokes. I prefer to approach a room completely neutral and to let the interaction develop naturally from how the child reacts to seeing a clown and from the unique circumstances of each room (emotional atmosphere, other people present, items in the room, toys on the bed etc.) I try to use what already exists in the room tempered by what I feel the child wants and needs from me (do they want/need to be entertained, distracted, engaged in play, relieved from routine etc?). This approach allows the play and the relationship between child and clown to emerge organically and creates a unique experience for all of us.

I do carry a small toolbox of selected toys with me. I consider it my "back-up" box for patients I have difficulty connecting with and I believe I use it about 20% of the time. (I used to use it about 60% of the time but as my clowning skills develop I'm finding I need it less and less) Of the few toys in this box, my favorite one is a set of six expandable plastic tubes. The tubes can be expanded, collapsed, twisted and connected to create an infinite number of things. Typically I'll introduce a game of "guess the thing" where I shape the tube and use it (as a cane, snorkel, hat, mirror, skipping rope, fishing rod etc) and the child or family tries to guess what it is. I'll offer the child a tube as well and watch what they do with it. Some like to copy what it is that I create. Others like to do guessing games for me. Or they might twist it into an abstract shape and let me determine what it is. Others like to play competitive games of who can expand or contract the tube the fastest (*Doko* always loses!) One child might create an object and the whole play will evolve around that one object. There are so many fabulous imaginative play's inherent in the tubes.

On one occasion I met a little three year old boy in the hallway who was peddling a toddler car that was pulling a little Fisher Price bus behind it. I pulled out a tube, stretched it out and offered to fill up the car and bus with gas. The boy was delighted and a game of trying to fill up the gas tanks ensued. First there was the game of deciding where to put the gas in (the horn?, the wheel? the lights?) Then the actual filling of the tank. The tube, when held at one far end could not be accurately positioned, so the nozzle kept missing the mark. It was great slapstick fun. The next time I saw this boy was after a very serious procedure. He was lying in bed, hooked up with all kinds of tubing barely conscious and in obvious pain and distress. As soon as he saw me he whimpered softly to me "fill up the gas." It was so touching. I took out a tube and we played the same game in a very gentle, slow, adapted version.

Doko's Make-up

is a combination of elements from all six of my "masks" from the Pochinko Clown/Mask study. They represent the six directions of the self: North, South, East, West, Below, and Above. The masks themselves are made of papier mache and are created through an extensive process involving impulse, movement and colour exercises associated with each direction.



The most striking or powerful element from each papier mache mask is transferred first onto a paper map of the face, then tweaked a bit to accommodate the real contours of one's face and to fit together. The final result is that all six "directions" are represented in the final "mask" that one wears as make-up. The clown is the seventh direction.

Hence, my *North* (wise, loving, omnipotent, elderly) is represented by a triangular red power cone on my forehead with streaks of yellow and red emanating from it. My *South* (earthy, animalistic, impulsive, prehistoric) is represented by a prominent, thick, dark blue brow. My *East* (bright, excited, eager, sociable) is present in the yellow encircling my eyes and mouth. My *West* (needy, sad, yearning, pained) is present in the red dots on my eyelids. My *Below* (cocky, arrogant, *self-assured*) is the orange on the lower part of my face and my *Above* (goofy, playful, rambunctious) is in the green swirl that curls from the bridge of my nose around my right eye.

kathleen.leroux@sickkids.ca

Clown and Mask, The Seventh Direction of Man

[Both *Nuula* and *Doko* studied the Pochinko style of clowning. After researching him on the Internet I thought you'd like to know about this profound way of creating clown. – Shobi]

Richard Pochinko sought to develop a uniquely Canadian brand of clowning. While studying mask and mime with Jacques LeCocq in Paris his fascination with clowns began. "We lived across the street from the Cirque d'Hiver. From the window I could see the clowns coming and going and became intrigued with them. I began following circus after circus all over Europe...It wasn't just the circus I was following. It was something bigger, something to do with the ability to laugh at yourself. I realized that this must be what clowning is all about and got more deeply involved."

In 1972, he returned to Canada but was immediately invited to teach mask work at the University of Washington in Seattle. While in Seattle he continued to study clown technique, this time with a professional clown named Bari Rolfe. During this time he came into contact with a North American Indian clown, spirit-guide Jonsmith, who became his mentor and initiated him into the tradition of North American Indian clowning.

Jonsmith was the one who helped Pochinko find his own clown. "The first time I met him, he walked into the studio wearing a business suit and a hat with a feather in it. He looked at me keenly and said: "So you're interested in masks, boy," Pochinko adds,

laughing. But from that moment on, Jonsmith spent months working with Pochinko on Native Indian masks, telling him stories about clowns, recounting Indian legends, imbuing him with the mystery of clowning.

He told his pupil how his people had always had clown clans as part of the social make-up of their tribes, and that clowns were revered as powerful shamans, healers, as well as being "delight-makers." They were the ones who kept people in touch with the everyday while fulfilling the need for a connection with the sacred. Functioning as social regulators, they had absolute freedom to ridicule whomever they pleased, and whenever the society became too rigid, the clowns were called out to perform their raunchy antics. They would insult and humiliate the chief and the elders in public, to show them that they were only human. They would defy accepted behavior, turn the world topsy-turvy and bring new insight into the truth about Man's place within the order of the universe.

"Then one day, quite abruptly," says Pochinko. "Jonsmith sent me away: 'I'm not going to see you again. Good-bye,' he said. 'But I'll always be there if you really need me.' . . . sometime when I'm standing in a class facing a problem, not knowing which of the multiple possible solutions to choose from. I can feel him looking over my shoulder . . . and I hear him giggle."

It is with the native American Indian tradition of honoring the directions that Pochinko developed the search for the inner clown. The results of exploring the six direction North, South, East West, Sky and Earth all come together to make the direction of the clown which becomes the seventh direction.

Richard Pochinko believed North American Indian clowning to be the highest refinement of the ancient art. "In the American circus," he says, "the clown is not important. What's important is the gag. . . the audience laughs, not at the clown, but at the gag. In the European system you're laughing with the character in a situation. . . . But the North American Indians consider the clown to be a holy man; he is the "messenger of the gods" - and the gods have an incredible sense of humor."



Richard Pochinko (1947-1989)