



THERE OUGHT TO BE CLOWNS
CHILD LIFE THERAPY THROUGH THE MEDIUM OF A CLOWN
By KAREN RIDD

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Forward

Much has changed since Karen Ridd wrote her paper “There Ought to be Clowns” in 1987. Since then, the whole notion of having specially-trained clowns working in health care centres has been heartily embraced not only in Canada but also throughout much of the world.

In North America alone, 1986 seemed to be a momentous year in the development of this profession. In May, Karen Ridd approached the child life department at Winnipeg Children’s Hospital with her idea of clowning in that health care setting. Later that same year and thousands of miles away in New York City, Michael Christiansen would develop his unique vision of the clown doctor and launch the Big Apple Circus Clown Care Unit. The time was ripe, and consequently these initiatives bore much fruit.

Copies of Karen’s unpublished 1987 paper, “There Ought to Be Clowns,” have circulated among Canadian therapeutic clowns and their colleagues for some time. As the professional therapeutic clown body in Canada, the *Canadian Association of Therapeutic Clowns/L’Association canadienne des clowns Thérapeutiques* has decided to acknowledge the influence of Karen’s work by officially publishing her paper.

We have attempted to make as few changes as possible to the text of the paper even though much has changed since those early years. Presently, therapeutic clowns and clown doctors are found in pediatric facilities from Halifax to Vancouver and also work in adult settings such as seniors’ nursing homes and rehabilitation institutions.

It can be said that therapeutic clowning in Canada started when a performing artist approached a department in a health care institution with a revolutionary idea. However this wasn’t just any artist or just any health care department. This was indeed a case of the right people meeting at the right place and at the right time. Karen’s unique gifts and vision will reveal themselves as you read her paper and her responses to CATC/ACCT members’ questions in Appendix One. Something must be said here about the other part of the equation: the child life department at Winnipeg Children’s Hospital.

Child life specialists provide psychosocial service aimed at helping to alleviate the stress and anxiety that children and their families may encounter as a result of the hospital experience. They also strive to promote optimum development of children and adolescents as well as maintaining normal living patterns. Prior to 1986, the child life department at Winnipeg Children's Hospital had recognized and utilized the therapeutic qualities of children's play. Play was and is used to normalize the hospital environment, to provide children with a safe medium to explore and express their present circumstances, and to prepare them, at a developmentally appropriate level, for the medical procedures they will undergo. Adapting elements of the arts and of entertainment had already played a role in a number of innovative child life programs started at Winnipeg Children's Hospital. Most notable of these would be the use of puppets to help children cope with the trauma of surgery (1971), the use of puppetry on a pediatric closed-circuit TV station with the inauguration of CHTV (Children's Hospital Television) in 1981, and the creation of specially designed Patient Puppets for medical preparation (1982).

Under the guidance of Ruth Kettner, the child life department had always championed the child's right and need to play. This resulted in play areas and child life personnel eventually serving throughout all the wards and outpatient clinics at Children's. Because of this history and understanding of the need for children to engage in creative play, Ruth Kettner and then CHTV Director, Renée Ethans saw great potential when approached by Karen Ridd. The medium of clowning was easily assimilated into the goals and objectives of child life, as had previously been done with the mediums of puppetry and closed-circuit TV (see Child Life/Clown Position Statement Appendix Two). Through child life, therapeutic clowning was oriented in a way that differed from other hospital clowning programs (i.e. the Big Apple Clown Care Unit, Clini Clowns.) In Karen's paper we will see that Canadian therapeutic clowning was originally informed by the vision and language of child life, particularly with regard to concepts such as empowerment, normalization, family-centered care, learning through play, and the importance of unstructured play. In fact, Karen subtitled her paper "...Child Life Therapy Through The Medium of a Clown."

Child life's previous successes with puppetry and CHTV not only prepared Ruth and Renée to see the rich potential of what Karen was proposing in 1986, but also enabled them to set the stage so that all levels of the child health care team in Winnipeg, from nursing staff to chief administrators, could embrace this new program.

It was in the context of child life theory and practice that Karen developed her ideas about the value of therapeutic clowning in health care settings. Most pediatric therapeutic clowns now work in some way with their child life colleagues.

Today's therapeutic clowns do not necessarily choose androgynous, voiceless characters like Robo, and most wear a minimum of make-up, yet many of Karen's ideas remain central to the way we see therapeutic clowning. Karen showed how the clown changed the hospital environment by simply being there. She understood and articulated the clown's special role in the empowerment of hospitalized children. She spoke of the importance of the relationship between the patient and the clown, and in the case study showed how it can accommodate a child's changing health and abilities. She was aware of the necessity for family-centred care, speaking about the needs of siblings and other family members. She introduced the therapeutic clown as a member of the health care team. As well, there was Robo's work as a diversionary presence, which prompted the series of Robo videos designed as teaching tools to help children cope with medical procedures.

We have included an excerpt from Renée Ethans's speech given in September of 2006 during an evening honouring Karen Ridd, marking the 20th anniversary of the Child Life Clown Program at Winnipeg Children's Hospital and 20 years of therapeutic clowning in Canada. Renée worked extensively with Karen to realize Karen's vision of therapeutic clowning as a child life tool and has remained in a supervisory role with the clown program to this day.

Karen graciously agreed to answer the questions of a number of CATC/ACCT members. Her answers offer insights into her ground-breaking work as well as her current interests. We've also added some pictures of Karen's clown, Robo.

We're delighted to make Karen's paper available to a wider audience, and thank Karen for her support of this project.

*David Langdon
Camilla Gryski*

“We viewed clowning as a child life tool”

**Renée Ethans, CCLS
Manager, Child Life Department
Children’s Hospital Winnipeg**

*Following is a speech given by given Renée on September 28th, 2006
at the Gas Station Theatre, Winnipeg*

Welcome everybody, and thank you for this opportunity to tell you about Winnipeg Children’s Hospital clowns.

In 1986, I was working in our basement studio of CHTV, the Children’s Hospital closed-circuit TV Station, which is part of the child life department here in Winnipeg. My child life director, Ruth Kettner, phoned me to say that she had someone she wanted me to meet. This was in May, and I was in the process of filling a summer student grant position. There was a knock at the door, and when I opened it, I stood face to face with a smiling, white-faced, blue-haired clown! And not only that, she was a mime clown! Eventually though, we did get to talking when Karen Ridd emerged from Robo the Clown to tell me what she could offer Children’s Hospital. That day I fell in love, and continued to be wooed by the magic of Robo and therapeutic clowning.

Many of you have seen Robo – an extremely appealing and gentle androgynous clown with a white face, blue spiky hair, and big sloppy clothes, incorporating bits of Pierrot, Auguste and the little Tramp. Robo exuded love, warmth and happiness – complete with a huge and ingenuous smile that never failed to melt me. Robo was mischievous and sought to break the order at every turn. Although skilled in talents such as juggling, Robo was also inept, allowing the children opportunities to correct and help him. And, Robo was a riot, both fun and funny, delighting everyone he met.

Robo was an immediate hit. Children and families were thrilled and looked forward to his visits, actually depended on his visits. Staff could see the startling benefits right away, and Robo soon became an integral part of the multidisciplinary health care team.

I'd like to quote an anecdote from Karen's paper, *There Ought to be Clowns*, of one of the daily success stories with Robo. "Ryan, an 8 year old boy whose face and right eye had been badly mauled by a dog, was having his dressings changed, a procedure Ryan found painful and frightening. His panic and pain resulted in strenuous non-compliance, which in turn resulted in him being briefly, but forcibly, restrained. The procedure was quickly completed, but Ryan was trapped in a cycle of pain, panic and hysteria, and so impervious to the comforting words of the nurses. Into this deadlock came Robo the Clown. Ryan's cries abruptly ceased and he moved from wide-eyed amazement to whole-hearted laughing participation in a matter of minutes. The destructive cycle of pain and hysteria had been broken, and when Robo left the room 15 minutes later a cheerful Ryan was playing with his toys."

In addition to visiting children in hospital rooms, hallways and clinics, Robo also made weekly appearances on The Good Day Show, our weekday interactive, live TV show produced on CHTV. This allowed Robo to be introduced to our patients and families in a very non-threatening way. Patients could get to know Robo in a removed setting on their TV. Robo also worked out of costume as Karen, in CHTV, so she could better get to know the patients and families in the role of a child life staff person.

Although the distraction properties of a clown in hospital were obvious and extremely helpful, it soon became clear that there were therapeutic benefits as well. Robo was a member of the child life department. Child life is a psychosocial service, which strives to ease the stress and anxiety of hospitalization on children and families and to promote opportunities for optimum growth and development while in hospital. We do this through preparing children for procedures, normalizing the environment, facilitating effective coping methods, supporting and advocating for children and families, and providing lots of chances to play. Through play, we teach and support children, giving them opportunities for mastery and control, enhanced self-esteem and increased responsibility and independence. When we looked at the goals of the child life specialist, and looked at what the clown was doing, the therapeutic values seemed to match. I will illustrate further.

The clown engages in playful interactions with children, offering them choices in their play, and enhancing their competence – a child "makes" a magic trick work, a child "corrects" the clown when he makes mistakes. The clown forms a supportive relationship, characterized by warmth, empathy, respect and understanding. He/she is a consistent figure during patients' stays, returning with familiar games and activities.

He/she practices family-centred care, involving the whole family and taking cues from them. He/she tailors his repertoire to meet the needs of the child, constantly reassessing and being developmentally supportive. Assessments are based on cues from the child and family, knowledge of child development and effects of hospitalization on children, and information from other health care givers. The clown/child life specialist is part of the multidisciplinary team and receives information from referrals, regularly attending Kardex meetings and reading and writing in charts.

As you can see, we viewed clowning as a child life tool. And that's how the concept of a child life specialist who was also a clown was born.

One of the reasons it was easy to see clowning as a child life tool was because of my work as a puppeteer for the previous 5 years. In 1982 I started working in CHTV, which included puppeteering with The Good Day Show mascot, "Noname". CHTV was housed under the child life program, and I could see how Noname fit into the child life model, and worked at meeting child life goals and objectives through him. Noname engages in playful interactions with children, offers them choices on the show, and enhances their competence. Patients love to control Noname's behaviour by getting him overexcited about things like pizza, and then calming him down. Noname is a consistent character who forms relationships with patients characterized by warmth, empathy, respect and understanding. He is on the Good Day Show, every weekday, every year, and when children return they know Noname will still be here for them. He practises family-centred care, including the siblings and taking cues from them. He tailors his responses to meet the needs of the child, constantly reassessing and being developmentally supportive. Assessments are based on cues from the child and family, knowledge of child development and effects of hospitalization on children, and information from other health care givers. The clown/puppeteer is part of the multidisciplinary team and receives information from referrals, regularly attending Kardex meetings and from reading and writing in charts. Seeing a clown in this type of role was not a stretch. And seeing Noname in the role of a clown was not a stretch either – his character is playful, mischievous, childlike and that of order breaker.

When Robo's four month term was coming to an end, everyone began to panic. We needed our clown! Funding was then obtained for "The Robo Project" – a series of preparational videos for pediatric patients, starring Robo, and of course Robo was available to continue her work with patients. The first video in the series "Project Robo" is a didactic presentation that introduces and explains the use of clowning in hospital. The

series of 11 videos also included titles such as:

Robo Gets A Cast and Robo Has An Allergy Test. In the videos, Robo played the role of a Children's Hospital patient. The videos were used to prepare children for hospital procedures through Robo's own experience.

After establishing a very strong program Karen moved on in other directions. But we are together tonight to honour Karen Ridd for her pioneering work in therapeutic clowning. Karen is a unique individual. She had the talent, the passion, the vision and the tenacity to introduce the hospital world to a therapeutic clown and we will be forever grateful. Her knowledge, understanding and profound respect for children and families was always at the forefront of her interactions. Under her playful, patient exterior, was a very serious caregiver and luckily, Karen wasn't content to keep the therapeutic clown as our little secret. She wanted to advocate so that all children in all hospitals would benefit, and so she wrote, presented and networked extensively. And the rest is history – I am so proud when I look out at all of you, and think about the place of therapeutic hospital clowning in Canada today compared to 20 years ago – and we owe it to Karen Ridd, who planted those first seeds. She is so deserving of today's presentation. Thank you for honouring her, and congratulations Karen.

THERE OUGHT TO BE CLOWNS

CHILD LIFE THERAPY THROUGH
THE MEDIUM OF A CLOWN

Karen Ridd B.A. (Hons.)

In 1986, the Child Life Department of the Winnipeg Children's Hospital, Health Sciences Centre, initiated an experimental project by employing "Robo" the Clown as a member of the health care team. Robo uses mime and clowning as therapeutic tools. This article describes the program including an overview of Robo's work with the children and a sample case study. It also describes the video project in which Robo stars in a series of films focusing on children's emotional reactions to various medical procedures and positive coping strategies. In addition, the article provides a review of the related literature on the psychological and physiological benefits of humour and laughter and a brief history and philosophy of clowns and their role in health care.

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February, 1987*

This project was funded by the Winnipeg Foundation and the Children's Hospital Miracle Telethon. The author also gratefully acknowledges the staff of the Winnipeg Children's Hospital for their support of this project –especially the Child Life Department, Renée Ethans of CHTV and Donna Doherty Lozon, Coordinator CHTV, for her administration, guidance and encouragement.

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Ryan, an eight-year-old boy whose face and right eye had been badly mauled by a dog, was having his dressings changed, a procedure Ryan found painful and frightening. His panic and pain resulted in strenuous non-compliance, which in turn resulted in him being briefly, but forcibly, restrained. The procedure was quickly completed, but Ryan was trapped in a cycle of pain, panic and hysteria, and so impervious to the comforting words of the nurses. Into this deadlock came Robo the Clown. Ryan's cries abruptly ceased and he moved from wide-eyed amazement to whole-hearted laughing participation in a matter of minutes. The destructive cycle of pain and hysteria had been broken, and when Robo left the room 15 minutes later a cheerful Ryan was playing with his toys.

This is a description of just one of the many daily success stories of Robo, the professional clown for the Children's Hospital of the Health Sciences Centre of Winnipeg. Robo has been a member of the hospital's Child Life Department since May 5, 1986. What originated as an experimental 4-month program funded by a government grant proved to be so highly successful that further funding was obtained. At the time of writing Robo has been an employee of the Children's Hospital for 10 months.

This article is intended to give a brief description of Robo's work at the hospital, and also suggestions as to this project's applicability to other institutions devoted to the care of children's health. In order to provide a context for this information, it is necessary to begin with a survey of related literature and also a short discussion of the history and philosophy of clowns and clowning.

LITERATURE REVIEW

Information on the effectiveness of clowns in hospital settings is extremely scarce. There is, however, substantially more literature (albeit still limited) on the importance and effectiveness of humour in health care. Since clowns are by their nature humorous, it is appropriate to use this body of literature as a starting point. It is not the intent of this paper, though, to provide an in-depth evaluation of the literature but simply a brief overview. Moreover, in an article of this length, it is neither possible nor productive to attempt a complete definition of humour.

It is readily accepted, now, that a patient's state of mind has great bearing on her/his state of physical health (Boston, 1974; Cousins, 1979 and 1983; Hutschnecker, 1983; Johnson, Kirchhoff & Endress, 1975; LaBaw, Holton, Tewell and Eccles, 1975; Moody, 1978; Nevo and Shapira, 1986; Peter and Dana, 1982; Robinson, 1977; Rosenheim and Golan, 1986; Simonton, Mathews-Simonton and Creighton, 1978; Zinger, 1985). It has further been suggested by many authors that humour and laughter help to create a

positive state of mind, thereby having a positive effect on a person's physical health. The studies of Nevo and Shapira (1986) and Rosenheim and Golan (1986) among others have shown that humour successfully alleviates anxiety. Lathrop further claims that "humour is... the remedy for depression" (Lathrop, 1981, p. 7), and Fry adds "that humour plays a vital homeostatic role in individual psychology" (Fry, 1977, p. 39). Peter, a psychologist, agrees with these observations on humour and expands upon them by suggesting that laughter is "an essential element in emotional health" (Peter & Dana, 1982, p. 18). Finally Robinson, a nurse, writes that "laughter produces a physiologic sense of well-being, and a euphoria which has biologic 'survival value'" (Robinson, 1977, p. 18).

The specifics of this "physiologic sense of well-being" are discussed in more depth by Boston (1974), Cousins (1979 and 1983), Fry (1977), Moody (1978) and Peter & Dana (1982). Boston provides a good list of the effects of laughter when he observes that:

Writers of the last hundred years have declared laughter to be beneficial on account of its effect in restoring homeostasis, stabilizing blood pressure, oxygenating the blood, massaging the vital organs, stimulating circulation, facilitating digestion, relaxing the system and producing a feeling of well-being. (Boston, 1974, p. 27)

Cousins, who partially attributes his recovery from ankylosing spondylitis to the regenerative effects of laughter, tested some of these effects by taking "sedimentation rate readings just before as well as several hours after the laughter episodes. Each time, there was a drop of at least 5 points. The drop itself was not substantial, but it held and was cumulative." (Cousins, 1979, p. 40)

Moody, a medical doctor, adds to this already impressive list the fact that laughter has an analgesic effect which, "could be related to the decrease in muscle tone" (Moody, 1978, p. 5) that laughter produces. Lastly, Moody suggests that "perhaps ultimately, and in the deepest sense, humour works by rallying, and by being a manifestation of, the will to live" (Moody, 1978, p. 115).

Given these suggestions of the potential healing power of humour and laughter, it is surprising, as Robinson observes, that "in the health care professions there is generally no attempt at a planned use of humour" (Robinson, 1977, p. v). An exception to this case is the Veterans Administration Hospital in Sepulveda, California where Cousins was invited to "develop a laughter program" (Cousins, 1983, p. 153). Moody expands on this theme of the need for health care institutions to include programs of healing laughter when he writes that he is "convinced that in professional clowns we have a very valuable, and largely untapped medical resource" (Moody, 1978, pp. 86-7). Dentistry has begun to tap this medical resource by successfully using clowns to teach dental hygiene to children (Anon., 1969; Hayford, 1969), but this, too, barely scratches the surface of the potential

therapeutic use of clowns. Moody's conviction about the place of clowns and clowning in health care institutions comes as a result of his own personal experience:

One of the most fascinating uses of humour in healing has never to my knowledge been recorded in medical literature. In fact had I not seen it with my own eyes, and gathered many reports of it, I would be rather hesitant to mention it myself. It is that sometimes, through their antics, clowns can bring people back from severely withdrawn and unresponsive states even after all attempts by their doctors and nurses have failed. (Moody, 1978, p. 20)

This ability to reach withdrawn patients is certainly one of Robo's gifts, and one of the many reasons why this clown's work at the Winnipeg Children's Hospital has proven to be so effective

HISTORY AND PHILOSOPHY OF CLOWNING

It is not surprising that hospitals are appropriate places for clowns, or that clowns are able to assist patients in the healing process. Although we have, perhaps, forgotten this fact in the 20th century, clowns have occupied a central place in society throughout the history of humanity. In aboriginal tribes, the clown is a figure of great importance (Turnbull in Boston, 1974). This is evident in Anne Cameron's description of the role of the Nootka tribe's female clowns:

"They [our clowns] didn't just come out once in a while to act silly and make people laugh, our clowns were with us all the time, as important to the village as the chief, or the shaman, or the dancers, or the poets" (Cameron, 1981, p. 109).

In native cultures it is typical that a clown's position is at the centre of society (Boston, 1974; Moody, 1978). Moreover, clowns are often the healers in such a society, either as shamans (Moody, 1978) or as the partners of shamans, responsible for healing the mind in conjunction with the shaman's healing of the body. The clown, like its mythic representative the Trickster, is "a creature of great energy and power... a rule-breaker... a generating symbol who promotes change..." (Joan Westcott in Boston, 1974, p. 100)

As Western society became "civilized", the role of the clown modified, although it retained the same powerful characteristics. Clowns began to appear in the theatre, a medium in which they still appear today, and which also includes the unchallenged domain of the clown, the circus. Clowns also continued to be healers, especially in the role of the jester, who was responsible for "maintaining (or even, at times, restoring) the physical or emotional health of the monarch" (Moody, 1978, p. 29). Court clowns, "unimpeded by the inhibitions to which ordinary members of society are subject, were uniquely free... to tell the truth. Indeed it was the Fool's duty to do so" (Boston, 1974, p. 96). In addition, the "village idiot" of medieval times was a clown figure.

In these times, prior to the advent of mental health institutions, the mentally imbalanced acted as scapegoats, order-breakers and stress-relievers. In return for these services necessary to the health of society, these “naturals” were supported by the community. Throughout these various roles in history, the clown epitomized “wisdom in folly”, the wise fool who is wonderfully portrayed in Shakespeare’s *King Lear*.

THE CLOWN IN A HOSPITAL SETTING

The history of clowns suggests that clowns may be useful helpmates to the health care professions, that they have a productive place in a modern hospital (Moody, 1978; Orzach, 1972; Carosella; 1986). As order-breakers and producers of creative chaos, clowns are able to break existing deadlocks, such as the one described at the beginning of this article, and help the healing process to unfold. Boston further suggests that a clown may act “as a safety-valve in societies where the basic roles are over-rigid” (Boston, 1974, p. 123). There is the potential in a hospital to become such an “over-rigid” society in need of the liberating energy of a madcap clown. Moreover, since the stress level in a busy hospital is undeniably high, it is beneficial for staff, as well as patients, to have such a built-in stress-release. A hospital clown also alleviates staff stress by improving the spirits of the patients.

THE “ROBO PROJECT”

In October of 1986 the Child Life Department of the Children’s Hospital of the Health Sciences Centre of Winnipeg received funding from the Winnipeg Foundation and, later, the Children’s Hospital Miracle Telethon, which enabled the Department to keep Robo on staff. Robo’s weekly schedule includes two days devoted to clowning and two half-days on which Robo co-produces the daily live show at CHTV, the hospital’s closed-circuit television station. The work at CHTV is done “out of costume” by Robo’s “real” persona. Most patients and many staff, however, are unaware that the two share the same skin. Producing the “Good Day Show” necessitates visiting all the wards in the hospital. This helps Robo to know which wards to target and ensures that no old friends are left out. The remainder of Robo’s time is spent in preparing for and filming a series of short videos dealing with children’s emotional responses to medical procedures.

On the days that Robo is “in-costume”, Robo is a very busy clown. Over a trial period of 3 months Robo clowning on 29 occasions and visited 209 different children, averaging 17.4 personal visits daily. These figures do not include parties, visits with siblings or visits in the halls with former patients, although some of Robo’s personal visits were made in a group setting such as a clinic or playroom. In these instances, only the time that a child spent directly interacting with the clown are documented. Robo’s visits

are usually 20 minutes in length, although with particularly needy patients they may last as long as an hour and a half. In total, Robo made 506 personal visits over a period of 12 weeks.

Who is That Clown?

Prior to joining the Child Life Department, Robo had been a professional clown for three years. Robo's initial training was at a clinic on clowning. This was followed by private instruction in mime, and the support and guidance of members of Chimo #1, an alley of Clowns of America. Some of the highlights of Robo's freelance work include performing on the weekly TV show "Kiddie Cabaret", traveling with the children's entertainment group "The Magic Circus", being the mascot of the 1986 Manitoba Winter Games and using clowning therapeutically in a relationship with a six-year-old boy with emotional problems.

In appearance, Robo is an amalgamation of the three classic types of clowns. Robo has the gentle white face of the graceful "Pierrot" clown, the character of the clumsy "Auguste" clown, and the big jacket and rather bedraggled look of the tramp. Robo's crowning glory, however, is utterly unique – a mop of spiky, neon-blue hair of which Robo is inordinately vain.

Although Robo's face and costume are not in themselves startling, simply the appearance of a clown in a hospital setting *is* startling. In a hospital a patient expects to see nurses, doctors and bewildering array of white-coated technicians, the visits of all of whom may be seen to be threatening and intimidating, especially by the new pediatric patient. A clown is, really, one of the last characters that one might reasonably expect to bounce into one's hospital room. And so the mere presence of a clown, the mere sight of a clown's face, can break the order and change the patient's perception of the hospital. The clown is a benevolent figure and so suggests that the hospital too, is a benevolent, rather than a malevolent, place. Moreover, a private visit with a clown is a very special thing for a child. Children see clowns in parades, on TV and in the circus, but rarely do they actually meet a clown. So, to become *friends* with a clown is very thrilling indeed. It is very easy to become friends with Robo. Like all clowns, Robo is exciting because s/he is mischievous. It is not at all unusual to see Robo juggling Jello cubes, trying to sneak food, or whirling around wards in a wheelchair. Robo's face is highly expressive and funny, and s/he has the remarkable ability to adlib and create humour out of almost any situation. Robo's most striking quality, though, is that s/he exudes good humour, love and warmth. In this way, Robo fully fits with W.H. Auden's description of that great clown, Falstaff, who also radiates happiness, "and this happiness without apparent cause,

this untiring devotion to making others laugh becomes a comic image for a love which is absolutely self-giving” (Auden in Boston, 1974, p. 239).

Robo has no trouble surpassing language barriers. A mime clown, Robo communicates through actions and expression, by stamping his/her feet, or by honking a horn. As a result Robo can interact with children regardless of what language they speak. Often such children are particularly in need of Robo’s support and interaction because their relationships with staff may be limited by language difficulties. This was certainly true in the case of Philip, a fourteen-year-old boy who was initially considered to be developmentally delayed. His response to Robo was enthusiastic, creative and appropriate, however, and this led to the reassessment of his ability and the discovery that his unfamiliarity with the English language severely limited him. Mime is, truly, a universal language and one which children of all languages and mental abilities can easily interpret (Balick, 1976; Levett, 1971). Furthermore, since clowns are found in all cultures Robo has no problems crossing cultural barriers. The ability to cross cultural and language barriers is especially important at an institution such as the Children’s Hospital of Winnipeg, where about half of the in-patient population is First Nations. For many of these children, English is a second language.

One last facet of Robo’s character is that s/he is quite androgynous. Robo’s costume is baggy and asexual and since Robo doesn’t speak there is no voice to give away personal or sexual identity. As a result most people are unsure of Robo’s sex, and so s/he escapes all sex stereotyping. Moreover this androgynous quality, combined with Robo’s inability to talk and strong persona, encourages people to relate to Robo as simply “Robo the Clown”. They see Robo as a whole character, rather than as a “normal” person dressed up.

Robo’s Route

Robo clowns throughout the whole of the Children’s Hospital. Robo usually makes a guest appearance on the Good Day Show, the daily live show of CHTV. This acts as an introduction for Robo; the children see and expect him/her and so are not threatened when Robo appears in their rooms. Moreover, the TV appearance gives Robo the added appeal of being a “TV star”.

A major focal point for Robo is clowning on the wards. On most of the wards, particularly those with younger children who might be afraid of a clown, Robo is accompanied by a Child Life Therapist. The Therapist introduces the clown, interacts with clown and patient, and observes the patient’s interactions with Robo. On the

orthopedic ward, however, Robo is usually without an escort. Since these children are often long-term patients, they usually know Robo already. Moreover, since the patients are frequently immobile, there is little danger of a very young patient wandering into the hallway and being startled by the presence of a clown. Since orthopedic patients are often both long term and immobile, they are in special need of Robo's attentions.

In addition to the regular wards, Robo also makes special visits to the Intensive Care Unit if there is an appropriate patient there. Most recently Robo made weekly visits to a ten-year-old boy with Guillain-Barré syndrome. In the middle of tubes, respirators and mechanical beepings there is then the spectacle of a child and clown, showing that even here life can have its moments of splendour.

Hospital waiting rooms are areas of high stress and therefore another focus for Robo. Almost every week Robo attends the Pediatric Oncology Clinic, helping children and families to pass the time constructively. Here also, Robo works in conjunction with the Child Life Therapist. Like the Therapist, Robo doesn't contain him/herself to the waiting room, but follows patients to the treatment area. Here Robo visits patients who are undergoing treatment and works with the medical personnel by distracting patients with bubbles or face paints while an IV is being started and by comforting patients after a procedure. The medical staff of the clinic have observed that many patients make special efforts to impress the clown. These children put on their best behaviour in order to show Robo that treatments are not really frightening. This compliant behaviour in turn makes the procedures less traumatic for the patients.

In addition to these areas, Robo clowns in the main playroom, the hallways, the cafeteria, the entranceway, the elevator and anywhere else that a child might be found. Nor does Robo confine her/himself to the hospital boundaries. Robo is available to make home visits, following up on the progress of his/her hospital friends. An example of this is the case of Nicole, a five-year-old girl who had spent 4 weeks in traction. To her great surprise and delight Robo turned up at her birthday party – even though she had left the hospital 5 months before.

The Antics of a Clown

A certain amount of Robo's work at the hospital is diversionary work. Robo's visits entertain and amuse hospitalized children and their families. In addition to this, Robo makes them laugh and so decreases their stress and anxiety. In this way, Robo facilitates positive family dynamics, as s/he helps the siblings of patients to see hospital visits as a privilege, rather than a chore. Robo's comic antics make people laugh both at him and at themselves. Geraldine, a twelve-year-old oncology patient, is one child who

benefited from this technique. A shy child, she suffered both from the nausea caused by the chemotherapy, and from embarrassment at her own nausea. Yet she was able to laugh wholeheartedly at Robo waltzing around her room wearing her emesis basin as a hat. For Robo the order-breaker nothing is sacred!

Perhaps Robo's most important role as a clown among care-givers is as a care-receiver. It is crucial to human growth and development to be able to *give* care as well as to receive it. In a hospital, children are often denied opportunities to give as well as to receive. They straighten Robo's jacket, right her/his hat, fix her/his tie, and lace up those *enormous* shoes.

Children also find that they are more intelligent than Robo. This, too, places the patients in a position that they do not often hold in a hospital where the medical staff have so much knowledge. Robo finds even the most simple tasks too complex. S/he is unable to operate a tap, open a door, or fill a cup so the children must teach Robo. Moreover, since Robo can't speak, the children must translate for her/him and often do this more easily than adults can! Robo used his/her inability to speak with particular effect in his/her relationship with Alana, an eight-year-old who had lost her hearing as a result of meningitis. In Robo's first meeting with Alana, Robo wrote a note, apologetically explaining this inability to speak. Alana's face lit up as she read it for, as she explained to her mother afterwards, "it doesn't matter that he can't speak, since I couldn't hear him anyway!" Robo promoted Alana's self-esteem by showing her that she had a skill that Robo lacked (the ability to speak) and by creating a situation in which her infirmity was unimportant.

Furthermore, the children are in control with Robo. They decide whether or not to get their faces painted, and they are in charge of choosing face paint colors. Moreover, when people throw balls into Robo's hat, somehow it's always the children who are successful and the adults who lose. This is, of course, something that a hospitalized child deeply needs – the chance to be in control of some aspect of his or her life (LaBaw, Holton, Tewell & Eccles, 1975). Robo further adds to this sense of control by his/her consistency. Robo always wears the same clothes, comes on the same days and carries the same basic tools of the trade: face paints, juggling balls and soap bubbles.

These tools are carefully considered and chosen to facilitate Robo's first visits with a patient. As their relationship strengthens, many of these initial props go unused. The bubbles ease Robo's early interactions with very young patients, as the bubbles can be blown from a safe distance, yet form an intangible bond between clown and child. The balls, on the other hand, may be juggled to provide diversionary entertainment, or used to play, "throw the ball in the hat" (or occasionally "at the clown"). The face paints, the

last ingredient in Robo's consistent repertoire, are undeniably the most popular and are enjoyed by a wide range of patients. Young children and adolescents alike love the magic of being painted, and often recruit nurses for Robo to paint, until the whole ward takes on a festive appearance. Face paints may prove to be particularly therapeutic for burn patients. Certainly this was true in the case of Diana, an eleven-year-old who had been burned several years earlier, and who was in the hospital for reconstructive surgery on her hands. She watched Robo for weeks before finally allowing the clown to touch and paint her cheek. Since Diana was highly sensitive about her severe facial scarring her decision to get her face painted suggested a movement towards acceptance. Lastly, children can exercise their control over Robo by choosing face paint colours and patterns or even by painting the clown's hands by themselves.

As mentioned earlier, Robo often provides support for children during medical procedures. Robo also provides support by being an audience for children who need to talk about or display their medical procedures. Rita, a five-year-old child who never discussed her disease with other medical staff, was able to confide to Robo her fears that she was very sick, and even asked Robo to pray for her. It's safe to tell Robo anything, for since Robo can't talk, Robo can't give away secrets. Children also reinforce the medical play that the Child Life Therapists have led them in by leading Robo through the same medical play, teaching Robo, for example, about needles or casts.

The opportunity to teach and control Robo provides hospitalized children with a much-needed breath of freedom. Robo also encourages a patient's sense of humour and as Robinson notes, humour in itself has a "liberating effect" (Robinson, 1977, p. 49). Additionally Robo's very presence, chaotic and disordered as it is, further suggests the freedom that is still possible in a hospital. A hospital that can house a clown is not so rigidly structured a place as it seems.

Robo's visits serve to encourage imagination and creativity and act as stimulation for the patients, thereby helping to keep them from apathy and withdrawal. Robo's ability to help patients out of withdrawn states was most vividly apparent with Jason, a three-year-old boy with a severe seizure disorder, and Michael, a four-year-old who had sustained a severe head injury. Following brain surgery, Jason had difficulty following objects with his eyes, but he was able to follow the slow movements of the bright face paints and later of the bubbles. Moreover, the familiar vivid face of the clown who'd visited him in the Intensive Care Unit prior to surgery helped him to turn up one corner of his mouth in a smile, and he even managed to wave a finger goodbye. Michael similarly startled both staff and family by responding to Robo with his first smile and his first words.

It is clear that Robo's role is far more than simply diversionary. Robo is another member of the health care team, and as such has the responsibility, when out of costume, of reporting on and charting significant aspects of his/her visits with patients.

SAMPLE CASE STUDY

Carol was an intelligent and imaginative six-year-old with immune deficiency syndrome. She had been in hospital for 2 months with chronic diarrhea at the time when Robo first began work at the hospital. She was a child who was well-known throughout the hospital, but who allowed few people to come close to her. From the outset, Robo had a special relationship with Carol and her family. This relationship lasted until her death, nine months later.

Robo's Care Plan

1) To allow Carol the role of caregiver.

Carol did this with relish, tying and re-tying Robo's shoes, instructing Robo on his/her habits and faults, and trying to teach Robo basic life skills. When she learned that Robo was to get an IV she comforted the clown and spent several hours teaching Robo about the procedure. Carol's love for Robo, and her enjoyment of her role as care-giver, were further evidenced in her first letter to Santa, where she asked also for new gloves for Robo.

2) To allow Carol the opportunity for control, and to provide her with consistency.

Carol always knew what day Robo would next be coming and at what time Robo would visit her. As Carol had some difficulty sharing Robo with others, care was taken that she have time alone with Robo, after she had shared Robo with others. As a result, a pattern developed whereby Robo would visit in the playroom with Carol and other children and then Robo and Carol would eat lunch together. This was a particularly appropriate time for a supportive visit, as Carol was often on a limited diet. Eating diet Jello with Robo eased the pain of having only Jello to eat. These visits continued even when Carol was in isolation. Robo simply took the same precautions as nurses.

Carol also exercised full control over Robo. This was especially important for a child such as she, who had faced so many invasive procedures and who had even lost control over her bodily functions. Carol acted as Robo's translator, and made all the decisions about what the two of them would do. She loved face paints, chose the colors carefully and methodically, and often dictated the designs. She also led the way in her

favorite game with Robo, “Squirt the Clown”. She loved to fill syringes with water and squirt Robo, laughing uproariously as the clown leapt with “surprise” (as clowns are very different from “normal” human beings, there was never any danger that she would inappropriately play this game with other people).

Since this game so delighted Carol, Robo was able to use it very specifically to her benefit. On one occasion in particular, this game proved to be especially helpful. As various treatments failed to work and Carol steadily lost weight, she required a central line. This was a measure that Carol violently opposed and there was a great fear that this further invasive procedure would break her spirit. Even as she was waking from the anesthetic, though, there was Robo, syringe in hand. Carol was able to sit up and squirt the clown, thereby assuring herself that her life was not out of her control and that it was worth living. This one simple action, moreover, assured the staff and family that the Carol they all loved was still fully present, with spirit unbroken.

3) To allow and encourage Carol’s imagination and sense of humour.

Carol had a wonderful sense of humour, and it was with Robo that she could use it most freely. She and Robo were cohorts, playing minor practical jokes, riding around the halls on tricycles, juggling food and even pushing each other in a shopping cart. Another of Carol’s favorite games was to tell Robo “there’s a rabbit (or donkey, frog, mule, etc.) in your shoe” and then laugh as Robo’s foot hopped around, evidently unconnected to the rest of his/her body. This was also, of course, another way for Carol to exercise control. Simply by saying these words, she could make the clown dance.

4) To be “best friends” with Carol.

Robo is a close friend of many children, but for Carol, uprooted from family and friends, this was especially important. Robo and Carol ate together, went on walks together and even napped together. They drew pictures for each other and exchanged Christmas gifts (Robo gave Carol a Robo-style horn). Most importantly, Carol would confide in Robo, telling Robo of her fears and reiterating the reasons for her treatment: “I need this central line, Robo, to make me get better. It’s not so bad really.” Carol’s mother described this relationship in her own words:

At some points during her hospital stay, [Carol] was so depressed and withdrawn, that she really would not interact or communicate with anyone – family or staff. These were the times when we most saw the value of her association with Robo. Through mime they were able to examine [her] sadness and to help to alleviate it somewhat.

Throughout their relationship, Carol never fully connected Robo with Robo's alter ego, although she made it clear that if she had wanted to admit that there was a connection between the two, she would have done so. For Carol, Robo and their friendship was too important to want to admit that there might be "someone underneath".

Palliative Care

As Carol's condition degenerated, and her treatment changed to palliative care, Robo's care plan also changed. Robo moved slightly into the role of care-giver, providing drinks and comfort. Robo was careful, however, to assure Carol that her role as care-giver to Robo had not been usurped. S/he did this by actions such as leaving his/her shoelaces perpetually untied, or wearing a hat upside down.

Carol continued to exercise her control over Robo in her decision of whether or not to get her face painted and her choice of face-paint colours. She also was able to use Robo as an acceptable outlet for her anger. As Carol became sicker she had less and less ability to respond to Robo's humour, therefore less and less need for that humour. Carol's family continued to need it, however, as relief from the stress and as a reminder of the existence of humour even in a dark world.

Lastly, Carol's and Robo's relationship as best friends remained unchanged. Robo continued to spend the same amount of time with her, simply sitting quietly in the dim room, holding hands.

Carol's Funeral

Carol's family was a particularly special and loving family. They accepted and enjoyed Robo fully as much as Carol did. As a result, Robo was welcomed at Carol's funeral. It was a funeral like no other, a funeral where the children sported brilliantly decorated faces and blew bubbles. It was, most truly, a celebration of a most remarkable life.

THE FILMS OF THE "ROBO PROJECT"

As mentioned earlier, Robo's grant was given in order to further explore the use of mime and clowning in a hospital setting, but also in order to create a series of short videos. The films depict various medical procedures, and are intended to help children deal with their emotional responses to these procedures. Studies such as the ones by Johnson, Kerchhoff & Endress (1975 and 1976) indicate that children who are prepared for medical procedures are less anxious than unprepared children. This is especially true if children are educated not simply about what will happen, but about what the procedure

will feel like and sound like, and what they'll see and smell (Johnson, Kerchhoff, and Endress, 1975 and 1976).

Videos about procedures will certainly be able to introduce children to the sights and sounds of a procedure. Moreover, since the films will star Robo in the role of patient, they should help children to deal with their own emotional responses to a procedure by watching Robo. For example, in "Robo gets an IV", Robo tries escape, evasion and diversion, before finally being helped to deal with her/his fear. Robo finally accepts the fact that he must keep still and, with the help of newly-acquired relaxation skills, discovers that an IV is really not so bad after all. Robo's clownish antics render the films amusing as well as instructive and, therefore, perhaps more effective. The series will consist of 10 films in which Robo will get an IV, deal with an IV pole, learn relaxation techniques, get a cast on, have the cast removed, get an EEG, have a CAT scan, visit the respiratory clinic and get an X-Ray. There will also be one didactic film explaining the theoretical basis of the "Robo Project". It is anticipated that health care and educational professionals will benefit from this film. These films will be subjected to vigorous testing in order to discern their effectiveness and applicability.

DISCUSSION

This is a program which can be universally applicable. It requires, first and foremost, an enthusiastic and accepting staff, such as the one at the Children's Hospital of Winnipeg proved to be. The response to Robo's presence in the Children's Hospital of Winnipeg, has been overwhelming. The staff of the Child Life Department and CHTV have been particularly helpful with facilitating Robo's work at the hospital, however, the entire hospital staff have become friends and supporters of Robo. It is not at all unusual to see cleaning staff dusting Robo, or nurses or physiotherapists taking Robo to visit a patient who is in particular need of the clown.

Because of this enthusiastic response, Robo feels that the present program could be further increased even within the Children's Hospital of Winnipeg. At the moment, Robo's work with the Emergency and Day Surgery departments and the psychiatric ward are limited and could be expanded upon.

This innovative form of therapy is not necessarily suitable for all patients though. Children between the ages of 1 and 3 years are often frightened by clowns. It is interesting, though, to watch them over a period of weeks. They slowly move to the point where one day, quite suddenly, they find that they love the clown. Adolescents are also

unable, sometimes, to appreciate the clown, as they feel the clown is “too childish” for them. Adults, on the other hand, and particularly geriatric patients, are often enamored of Robo, and would benefit from a similar program of clown therapy. Such a program requires a certain type of clown, one who is particularly sensitive to the often unstated feelings of patients. Moreover, a therapeutic clown must be oriented to the one-to-one intimacy of therapy, rather than to the larger medium of stage or circus performance.

CONCLUSION

It is clear that Robo has proven him/herself to be a valuable addition to the hospital staff. Robo’s many skills allow Robo to be a truly therapeutic agent, a “clown-therapist”. Robo fulfills the clown’s traditional role as healer by alleviating stress, raising spirits and abounding with love and good humour. As the literature reviewed earlier suggests, all these things assist in the process of helping patients to get well. Robo’s gifts of laughter, warmth and frivolity help strengthen patients’ will to live by reminding them of the joy that is with life.

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APPENDIX ONE:

QUESTIONS FOR KAREN FROM CATC/ACCT MEMBERS:

How did you come to clown? How did Robo come into being?

I came into clowning totally by accident: I was a serious University student, en route to becoming an academic – and had my life transformed by clowning. First it was my sister-in-law: she was organizing the annual Winnipeg Peace Walk and needed volunteers. I offered, expecting to be asked to collect garbage, or collect money, or marshal traffic – any one of a number of slightly unpleasant jobs. Instead, she said she needed clowns – and that sounded a lot more fun! I threw some cheesy makeup on, dressed in funny clothes, and went out – with no change of character, really. I thought that'd be my only venture. But then some months later my mother was organizing a workshop on “Clowning and Peace.” There weren't enough people in it, and the workshop was in danger of folding, so she signed me up. I was, frankly, really annoyed. I didn't want to go – but I knew the facilitators, knew people in it, and of course knew my mom... And I didn't want to disappoint all these people. So... I stayed. The facilitators did an exercise on “Finding Your Inner Clown”, and I remember lying on the floor thinking “this is the flakiest, stupidest thing I have ever done” – when suddenly I had this utterly clear image in my mind of a large clown inside me, tapping an overlarge foot and saying “23 years... took you damn long enough!” I was taken over by this character, and loved, loved, loved clowning – I couldn't get enough of it, clowning anywhere, anytime.

How long were you actually clowning in hospitals? (Winnipeg and Toronto)

Altogether, I clowned 4 years in hospitals.

Can you remember the inspiration for clowning in hospitals? Can you remember when you got that idea? How did that happen?

As I said earlier, when I first started clowning, I clowned at every opportunity that I could find. One place that I found chances was through Clowns of America, Chimo Clown Alley (they also helped with make-up). We were very, very different styles of clowns, but they didn't try to change me, and let me come with them to

clown in parades and charity telethons. It was late in the night at one telethon, and we were at the Concert Hall in inner city Winnipeg. There were some kids from the neighbourhood that had wandered in; it was heartbreaking... from my perspective they were too young to be wandering around that late at night by themselves. So I went and hung out with them, in character as Robo. As I clowned with them, I was so struck by the dynamics of power between us: I could see that these kids who were clearly struggling, were blooming as they 'took charge' of Robo – showing me how to do things, teaching me, caring for me. I thought about them for days afterwards, and thought about how the clown's power/powerlessness had empowered them. I also thought "Hmmm... where are there kids who are disempowered?" Of course, hospitalized children are about as disempowered as you can get. So that next week I contacted the Children's Hospital in Winnipeg, and was connected to Ruth Kettner, a visionary director of the Child Life Department, who invited me down for an interview.

Can you give a description of how the program at Winnipeg developed?

The interview with Ruth was incredible. She wanted me to come in character, so we had the interview in mime! Then we went off to a ward, where almost the first patient I met was the "Ryan" that I describe in my article – and immediately staff were hooked. We then needed to find funding, which we got via a summer student grant. When that ran out I covered for someone's vacation. Then Ruth found funding from her "fairy godmother" – an anonymous Winnipeg benefactor who funded a series of clowning films. Those first years were certainly stressful – very, very busy trying to fulfill the requirements of the grants, while still carrying out and developing the clown programme. And of course we were always expecting the funding to run out. But by the end of 18 months or so the hospital had so fully bought into the idea of having a clown on staff that we were able to obtain long term funding. And of course David Langdon has done an amazing job of continuing the programme for almost 20 years now!

Tell us about Robo's visit to Central America? Particularly the balloon twisting story.

(This is reproduced from Quaker Concern, a publication of the Canadian Friends Service Committee.)

For the North American members of our team, staying in El Salvador means continually having to get our short-term visas extended. Often we work with only 15- or 30- day visas. Getting them extended gets us tangled up with lawyers, border officials and the bureaucrats at Migracion. at the cost of scarce time, energy and money.

As a newcomer to the team I kept hearing horror stories about visits to Migracion. So, prior to my visit there, I spent hours preparing; arranging papers, translating documents, copying and typing letters, considering how to discreetly explain myself ... and organizing my props.

When I arrived at Migracion I was nervous – and justifiably so. First visits are often routine, but mine quickly headed for disaster. The officials immediately zeroed in on the Nicaragua stamps in my passport. They ignored my explanation that I had spent six months last year traveling *throughout* Central America.

They called me a communist and demanded to know where I was living now. I answered that “I was with friends in Colonia Refugio.” This they pounced on. They shouted that people living there were “political” and “subversive.”

They interrogated me about the activities of my friends. I was now surrounded by five or six men – all excited and angry.

They grabbed my bag and began searching it. They scrutinized the books I had (only novels of course) and tried to read an untranslated letter I had brought from my church back home. In it they discovered those ominous words: human rights. By now I wasn't so much concerned about getting my visa extended as I was about ever getting out of the building. Clearly it was time to drastically overhaul my image. With great determination I declared “No. I'm not any of those things. I am a CLOWN! (Note: I am a professional clown.)

The men reacted with more taunts. “Prove it! Show us a picture.” I was prepared. I pulled out photos of “Robo,” my clown self. I deliberately left the photos in the album amidst other photos of me with my family. I then said – as calmly and politely as I could – “Sirs, I know I don't look like a clown, but I can prove it to you.”

Even as I began inflating a special modeling balloon (one of many I had with me), I could feel the tension in the room subside. The shouts died away. By the time the balloon was twisted into a dog, the atmosphere had totally changed. Suddenly it was like being at a children's party.

The officials started calling for bunnies and birdies ... and they busied themselves drawing little faces on their balloons!

But the high point was when Mr. You-Are-A-Communist came running to show me the cardboard spectacles he'd skillfully made for his orange rabbit. I was stunned. The turnabout had been so rapid and so absolute. Not only were we now partying, but the officials were admiring my pictures, advising me as to the best places to buy balloons in San Salvador, and worrying about my health. And my visa? They gave me a 45-day extension.

Where is Robo these days? What happens to clowns when they are not performing/ Does that part of you just go away?

Robo as Robo is definitely in retirement. But the Robo as "Clown Within" will also get lots of play! It's particularly easy to notice myself being Roboesque when I am interacting with my children, or when I am teaching – and in both situations, clowning definitely enhances the quality of my interactions.

What has Robo taught you?

Being Robo taught me, in such a deep way, about the transforming power of love, the role of death in life, the amazing blessings that children are, the importance of laughter, the need that we humans have to give care, the dynamics of power.

What was the most meaningful encounter with a child, for you or for the child ?

The relationship with the child referred to as "Carol" that I describe in the article, definitely.

What was one of the most difficult situations and how did you handle it?

Several come to mind – I definitely worked too hard setting up the clown programmes, and exhausted myself, emotionally and physically. I think that clowning, at its deepest, is about love: loving the children, becoming a source of love for them. That's very vulnerable work, and as the years went on, I think that I didn't 'love myself' enough, didn't look after myself enough, didn't get enough support, particularly when children that I loved died.

What would you say are the key characteristics needed for this profession?

In addition to the ability to love, and the capacity to express that love very freely, I would say that creativity (you never know what's coming up next!), and the ability to read people's nonverbal cues are highly important attributes to have.

If you would like to give therapeutic clowns one piece of advice to be the most effective what would it be?

TAKE CARE OF YOURSELVES, TAKE CARE OF EACH OTHER!

Would you ever consider donning the nose in a hospital again? Why? Or why not?

I doubt that I would return to hospital clowning. I really, really loved that chapter of my life, and often thought at the time "I have the best job in the world... I will never ever have a better job!" It seems, though, that the river of my life has headed in other directions – now I would say the same thing about teaching, or parenting (my two 'jobs' at the moment); I said the same thing when I was working in Latin America as a human rights monitor. I hope that I can always be happy in the "precious present." I also think that perhaps I am by nature more of an initiator – and I am so glad that sustainers like Joan Barrington and David Langdon took over from me and have continued developing those programmes – and clowning in Canada -- long-term.

What are your own personal strategies for helping to attain a state of "being" rather than "doing" in clown?

I can imagine that we all have different ways of doing this, and that what worked for me might be very different than what others use. I meditated before every session of clowning, and waited until my 'inner clown' showed up and was ready to go before I headed out into public. For me, part of that meditation became envisioning a column of golden warm light coming in through the top of my head, and out through my heart. When I was really deep into my character I had very little sense of self, of ego, but felt very much part of a larger whole. Some might call this connected to God, or Gitchi Manitou – for me it was a sense of being connected to all the love in the world. This was such a powerful experience that when I found myself unable to make this connection, when I waited and waited

and the ‘inner clown’ didn’t show up, I took it as a clear sign that it was time to hang up the clown shoes.

What did you enjoy most about being a therapeutic clown?

Oh... I loved it so much! I loved watching the way that the interactions with the clown radically altered the way that a child felt, physically, emotionally, spiritually. I loved the way that the clown could lighten the load of the hospital caregivers. I loved the way that interacting with the clown gave the parents hope and strength, reminded them that their beloved child was still there.

What advice would you give a new therapeutic clown on attempting to raise their profile in the facility they work at?

I think that it was important that I charted my most significant interactions, and charted my care plans – that helped the staff see that I was thoughtful and intentional about what I was doing. I also think that the time that I took to make connections with the staff (all the staff!) was invaluable – we both enjoyed each other, and that, I am sure, helped them accept the work that I was doing. And I presented at a number of mainstream events – ACCH conferences, rounds, etc.

What elements of performance clown help enhance therapeutic clown? What elements of performance clown get in the way of therapeutic clown?

I think there are wonderful gifts that therapeutic clowning has received from performance clowning: performance clowns are really funny! Plus, they are always pushing on the limits, trying out new things! My guess would be that the most challenging thing for performance clowns might be to read the really subtle signals that a person might be giving them.

Who is your favourite clown?

Yikes! That is an impossible question to answer – there are so many! Every single hospital clown that I have seen has something unique to offer. There are a few that particularly inspire me: Buster Keaton was a huge inspiration as I began clowning, and I still love watching his movies whenever I get a chance (that reminds me... my kids are getting old enough to enjoy them too!). I love the “new wave” of clowns represented by characters like Nuula at Sick Kids in Toronto. And I feel really grateful that Dr. L’Air de Rien was the first clown that both of my sons met!

APPENDIX TWO

CHILD LIFE SPECIALIST/CLOWN POSITION STATEMENT

MINIMIZE STRESS AND ANXIETY FOR THE HOSPITALIZED CHILD.

PROVIDE PLAY OPPORTUNITIES AND OTHER EXPERIENCES WHICH ENCOURAGE EXPRESSION AND A SENSE OF MASTERY AND CONTROL.

- a) The clown engages in playful interactions in one-on-one and/or group situations.
- b) The clown allows the child to correct the clown's actions to make choices in their play.
- c) The clown encourages creative expression and laughter. The clown communicates to the child the message that they are well enough to be allowed some play time especially beneficial in I.C.U.
- d) The clown allows the patients to educate him/her about their medical interventions, which is reinforcing and supportive.

INCREASE THE FAMILIARITY OF SURROUNDINGS AND EVENTS.

- a) The clown provides a consistent "friend" particularly for chronic or long term patients.
- b) The clown repeatedly uses the same games and clown tools (i.e. bubbles, face paints, magic, stickers, balls) so the children can request familiar games to be played with the clown.
- c) The clown may accompany other Child Life staff to community events where children who are about to enter hospital have an opportunity to meet the clown prior to admission.
- d) The clown accompanies patients during medical procedures to provide support and diversion.

MAINTAIN THE CHILD'S RELATIONSHIP WITH PARENTS AND OTHER FAMILY MEMBERS.

- a) Reduction of parental stress through laughter and diversion.
- b) Reduction of parental stress allowing the parent to see their child interact with the clown in a "normal" happy manner.
- c) Inclusion of sibs and parents in the clown visit to help make it a "family event" and to allay sibling feelings of being "left out".

PROVIDE SUPPORTIVE RELATIONSHIPS FOR PATIENTS AND PARENTS CHARACTERIZED BY WARMTH, EMPATHY, RESPECT AND UNDERSTANDING. THE CLOWN BECOMES A SPECIAL AND CARING CONSISTENT FRIEND FOR PATIENT AND FAMILY.

PROVISION OF ESSENTIAL LIFE EXPERIENCES.

PROVIDE PLAY OPPORTUNITIES AND EXPERIENCES WHICH FOSTER CONTINUED GROWTH AND DEVELOPMENT AND PREVENT ADVERSE REACTIONS TO HOSPITALIZATION.

- a) The clown offers age appropriate games to the child (i.e. bubble blowing)
- b) The clown motivates children through play visits. (i.e. a patient will sit up or get out of bed in order to play with the clown).

PROVIDE OPPORTUNITIES TO RETAIN SELF-ESTEEM AND APPROPRIATE INDEPENDENCE.

ENSURE RECOGNITION OF THE CHILD AS A UNIQUE INDIVIDUAL.

- a) Clown visits with the child on a one-to-one basis.
- b) Clown develops a special repertoire of specific behaviours tailored to a particular child and his/her needs.

ENCOURAGE INCLUSION OF PATIENTS IN DECISION MAKING TO A DEGREE CONSISTENT WITH THEIR LEVEL OF DEVELOPMENT.

- a) The child is given the opportunity to make choices concerning all aspects of play with the clown including deciding whether the clown may enter the child's room, what games to play, which face paint colour to use, etc.

FOSTER RESPONSIBILITY FOR SELF AND OTHERS.

- a) The child is encouraged to care for and teach the clown, thus taking responsibility for the clown.

ENCOURAGE MAXIMUM INDEPENDENCE, MINIMIZE LOSS OF COMPETENCY AND ENHANCE THE REHABILITATIVE PROCESS.

- a) The clown encourages the children's independence by being the "helpless" one in their relationship.

HEIGHTEN FEELINGS OF COMPETENCY BY PROVIDING OPPORTUNITIES TO BE CREATIVE AND SUCCESSFUL AT A VARIETY OF EXPERIENCES.

- a) The clown sets up games and activities that the child can be successful at.
- b) The child must teach the clown how to behave, thus enhancing the child's sense of competency.

(Editors note: We have here a list of three key child life goals with their corresponding objectives. Under the objectives are examples of activities by which the objective could be accomplished through the medium of Clown.)