

Beyond Googy to Teddy Bear Range

From Shobi Dobi

We are all goofy -- we are clowns. But what happens in the hospital after “goofy” or because of “goofy?” What doors and windows, eyes and hearts open because of “goofy?”

The hospital is so focused on the physical body that the mere presence of a clown by contrast is a merry predicament which invites a smile and gives staff and patients permission to play. We bring theater and fantasy into the hospital room. And because we are not asking for anything or administering anything, often we step into that warm and fuzzy place of a trusted friend. How often after doing a goofy magic trick, an adult will just open up to me and a real bond is made. There is something intimate in this very arrangement. After all here we are both in a sense naked. The clown as vulnerable as the patient. What a sweet meeting ground. I often see these patients afterwards in outpatient clinics. My heart jumps with recognition and our smiles connect like old friends - like we've lived through something together, and we have! In the same way children share stories and secrets with my puppets and we all become family. A child will often let a clown in where only her/his teddy bear resides. Even children who profess to be afraid of clowns or hate clowns will eventually come around to be friends. Where else in the hospital can they find a friendly living teddy bear who dispenses only unconditional love.

This intimacy, where we touch each others' hearts, is awesome, but is it risky? We spend our lives moving away from discomfort, so it takes commitment and courage to move toward suffering. Is it risky to open our hearts to another and touch their suffering? We have to have the courage to face our own fears and reactive minds. All the “what ifs” have to kneel to a higher purpose.

We learn to clown in an environment without expecting audience participation. We risk a clown fall (not being funny) for the sake of a twinkle in an eye or the fading smile of a sedated patient or the tiny wave from a tiny hand of a tiny crying child.

There is, however, protection in being a clown. It is not professional distance. We cannot be distant from ourselves and those around us and remain spontaneous. It is a place I call performance mode - high or low. A clown in performance is in an imaginary world. It is not insulation from others' suffering it is more like a heart-to-heart open exchange. I speak out of my inner clown and my inner clown seems to be connected to a higher spirit. When I am in “Open Heart Clowning” Shobi does things that Shobhana has not thought about. I've learned to trust that connection. It's as if we gather all we sense, stir it in a big bowl of our own joy, and dish it out with smiles. My responsibility is to keep in character and keep that connection.

Often I sit in awe of my own inner clown - Shobi Dobi. Where does this courage come from? People say “How can you do this? I could never do that it would be too painful.” We are only ordinary people doing extraordinary things. But we know we are not the doers. When this heart-to-heart connection happens, it is so magical that the compassion dissolves the fear in the present moment, then love drives the courage.

At the Clown Conference in Winnipeg I shared one of the exercises we did at a workshop at the San Francisco Zen Hospice. It takes two people -- one is the patient, the other the care giver. The care giver holds the patient's hand and matches the rhythm of the patient's breath with their own breath. This is focusing the attention on the patient. It is also bringing the care giver into the present moment and leaves the care giver's reactive mind at peace. This simple little act is very powerful. This focus of attention allows us to see the wholeness of a being. We see their dignity, not their dis-ease. If we are really available with this attention, it's extraordinary.

This is also a respite and a grounding place for the hospital clown. We need those moments of low performance. The high performance of goofy can be exhausting. This is regenerative for both clown and patient. The hearts beat together. Something happens. Try it on a friend. Try it in ICU.

Korey Thompson from Milwaukee who was at the Winnipeg Conference and is now supervising the new clown program at Milwaukee Children's Hospital related the following story in a late night telephone call.

Korey was asked to “See if you can get this child to smile.” The boy was a neurosurgery patient. He was conscious, so Korey bounced carefully into the room. The small boy followed her around with his eyes, but made no other signs of recognition. When Korey realized he wasn't going to react to her, she sat next to him, took his hand and started to match her breathing to his, allowing her mind to clear as she focused all her attention on the child. As she sat there not really expecting anything, she noticed, ever so faintly, the fingers of his hand beginning to cup around hers. This took about ten minutes. Then the nurse walked in and said “Well, I see you couldn't get him to smile either!” Korey still holding the boy's hand, looked up and said with enthusiasm. “But we are having the best time here. We are just having the best of times.” As she said that the little boy, still motionless and not smiling, softly gripped her hand. (For a neurosurgery patient this is a big thing.)

The more I travel and visit hospital clowns, the more I am convinced a new clown archetype is developing. I don't think the health care community is fully aware of the potential of the clown in the hospital. I think the caring clown's presence provides a gate – a facilitated opening which, in time, the health care community will value as a key to setting an essential environment for healing.