

Hospital Clown Newsletter

A Publication for Clowns In Community and World Service

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Clowns for Children's Hospital

At Children's Hospital of Wisconsin
 Milwaukee, Wisconsin

A red nose peeks around the door of a hospital room, followed by a wave of one little finger. The girl in bed is curious, but cautious. "Who is that?" asks the mother as a couple of bubbles float through the crack in the door. The girl's brother squeals with delight and leaps off the bedside chair to pop them.

The clown peeks her whole head in the door. "Can I come in?" is done with a gesture and a whisper. The mystery of her, the fantasy of her presence is more than the child can resist. The little girl is shy, but doesn't say no. So the clown too gets shy and timid, but manages to blow a few more bubbles. With more play the clown has engaged the child with the bubbles and soon the whole family is playing together with smiles, and giggles.

Peck-a-boo is big here. The little game tickles the child's curiosity, then engages the child into playful communication. Performing the traditional clown shtick comes second, making the personal connection comes first.

These are the clowns at Children's Hospital of Milwaukee, a unique program made possible by Children's Hospital of Wisconsin and the International Clown Hall of Fame.

Is there a sound more beautiful than a child's laugh? Meeting the health needs of children is only one part of our mission. We also are dedicated to wiping away tears, showing them our love and bringing them happiness. Children need more than good health to grow into adulthood. They need plenty of tender loving care. Take every opportunity to shower the children in your life with love. Take the time to play with them, read them stories and give them plenty of hugs

-- From the Children's Hospital of Wisconsin Millennium Calendar



Children's Hospital of Wisconsin™

A Special Place for Children – a hospital dedicated solely to the health and well-being of children. Children's Hospital of Wisconsin is a private, independent, not-for-profit pediatric medical center and a center for the education of health professionals in the care of children

Clowns for Children's Hospital

And . . . Children's Hospital of Wisconsin supports a clown program. Together with The International Clown Hall of Fame, this insightful hospital community has nurtured, communicated and interacted with a group of clowns, integrating them as part of their healing community for children.

Early in September of 1998, hospital staff and representatives from the International Clown Hall of Fame met to determine guidelines for Clowns for Children's Hospital. Richard Snowberg drew on valuable resources from his caring clown work, and the program began to take shape. The Child Life Program of the hospital was designated as the logical 'home' for the program. "To me clowning fits right in with the other therapies – music, art and dance." said Carlile Schneider, Children's Hospital Family services manager. "It is one more thing that can help children get through it all and make the day a little brighter. Clowns confirm that the hospital is a safe place."

"The clowns see chronically ill children on a continuing basis. Even if the children are not in the hospital for a long period of time, they come back frequently, so a long term relationship is built. The clowns need to be consistent. . . the child needs to be able to count on the clown coming in on a certain day.

"Korey Thompson has been feeling her way along building this program. She knows when to touch base and ask questions. It's been a very open and free relationship which has proceeded in mutual trust. There are infinite possibilities for the clowns. We have many places to explore.

Developing the Program

Taken in part from the 'Report of the Director' by Korey Thompson

Although the program began with the general intention of providing a positive experience for hospitalized children, details of how this might be accomplished were not predetermined at the outset. The program has taken shape in response to the needs of the patients and staff of the hospital.

The first year of the program focused on: 1. learning to know the hospital's character, geography, and personnel, including patients, families, and staff; 2. selecting and training a group of clowns to work therapeutically within this specialized setting.

Training and Mentoring

Training for the highly specialized activities of hospital-clowning might best be described as hospital-improv, since patients, families and staff do not follow a written script even if a clown could be trained in detail about what to do in a prescribed situation. Hospital-clowns must understand the deeper principles at work, and understand the appropriate use of humor in an often tricky situation. In that sense, hospital-clowning is an art.

Fourteen people participated in the clown mentoring from February 1 to August 31, 1999. Mentoring introduced them to hospital protocols and infection control routines, as well as the highly specialized work of interacting with patients and families.

To address the important conceptual bases for the hospital-clowning, a series of speakers from around the country have been brought in to make presentations on topics from grief, to the medical value of humor.. These topics were designed to help the hospital clowns expand and develop their skills. Clowns in the community, hospital staff, and members of the International Clown Hall of Fame have also been welcomed to these sessions, which were free during the pilot program.

In September of 1999, in consultation with hospital staff, an important decision was made. It was determined to use fewer clowns who would be at the hospital more regularly. This provides consistency and reliability for patient and hospital staff. The change was a defining moment, since it aligned the program with a professional rather than volunteer model. The group now consists of four hospital-clowns plus the director.

The heart of the program is the schedule of weekly inpatient visitation program. Additionally, once a month hospital clown shows allow patients a brief escape from their health concerns. Parents and siblings are also invited to attend the shows, and parents seem to benefit from seeing their children laugh.

Shobi had the privilege of meeting a few of the hospital staff on a recent visit to Milwaukee. Mary Beth Petersen, Leadership Development Specialist for the hospital's Educational Services Department commented, "The value of being present to the moment is what I was hearing at the [introductory] clown presentation . . .so much of leadership is recognizing and being with people in the present moment. . . I believe there is a huge potential for the therapeutic clown with more deliberate contact with staff."

The CLOWNS of Clowns for Children's Hospital



Korey Thompson, "Tunkal," Director of the Clown Program within the hospital has been clowning for over 20 years, and has taught several clowning classes. She has always been interested in the power of the nonverbal with clowns and started tracking the Body-Mind relationship and how it relates to clowning in the 1980's. She began an innovative program using clowns to relate to dementia patients in 1997, and became involved with Clowns for Children's Hospital at its inception in 1998. Most of the mentoring and progress of this program has been due to her inspiration, openness and hard work!

In Korey's words: Clowns are often welcomed as a non-threatening curiosity, bringing refreshing novelty and color to the scene. Clowns embody innocence and vulnerability. Costume and makeup are the ID badge that allow entrance to a place often reserved for close family, friends, or in the case of the hospital, medical personnel.

Clowns show us that it is permissible to be clumsy, odd, or frustrated. And being able to validate "negative" feelings as a real but not defining part of the whole picture, gives the freedom to transform anger to play and brings the possibility of hope. When absorbed in coping with illness or hospitalization, play can serve to remind patient, family or staff, that however consuming the task at hand, there is something beyond this present set of circumstances.

Clowns are expected to bring a dose of humor to the average human encounter. Modern scientific method can now verify what common sense has known all along – that laughter and taking ourselves a little less seriously are good for us at a very basic level. It improves our ability to fight disease.

One afternoon recently, a hospital hallway echoed with the cries of a child who had suffered burns over most of his body. The child's father, nurse, and physical therapist were all encouraging him to move and stretch his regenerating skin, an excruciatingly painful and seemingly unrewarding task.

Overhearing the summons for help, the clown entered the room and began to exaggeratedly imitate the therapist's exercise instructions while loudly announcing the exercises were very hard to do. Although not ceasing protestation, the child began to attempt the task.

The therapist called for 10 repetitions of an arm extension. . . 10 came and went, and the child and the clown continued repetitions. Calmly capitalizing on the opportunity, the therapist kept counting, and soon everyone in the room began to recite the number of repetitions as they passed 30. . . then 40.

As each set of ten repetitions ticked by, the clown embellished the motion with increasingly outrageous physical interpretation. Now 70. . . now 80. Finally it was one hundred and it was over. For the first time in the encounter, the child gave a big smile. He was victorious! He had exceeded everyone's expectations, including his own.

Then with nonchalance, the therapist announced it was time to make the first walk to the nurses' station and back. The glowing smile fell from the child's face and he wailed again, "No, no, no! I can't do it!" Ceremoniously, the clown took a feather duster to sweep a path toward the door, then raised the duster as a beacon that ready-or--not, a silly parade was about to commence. Slowly and painfully, over the zealous bargaining of "Let me go back to the room and get into bed," the trek began.

The parade lurched down the hall to the nurses' station and returned again. Back in the room, genuine congratulations filled the room. Surely this exhausting work had been achieved with admirable bravery.

Taking care to ease the child into his chair, the attending adults were efficiently wrapping up activities for the day when a sweet and earnest voice was heard, "Can I walk to the nurses' station again"? A sudden silence fell . . . followed by giddy scurrying as the adults 'calmly' readied to heed his request.

With shaking legs and eyes set level in determination, the hike to the nurses' station was accomplished once more. At his destination, the young man sank gratefully into a waiting wheelchair. There, from his place of honor, he prepared to graciously accept all accolades from devoted staff for his heroic effort.

And he smiled, and he smiled.

The CLOWNS of Clowns for Children's Hospital

The gorgeous thing about this group is that no one is out to prove anything. People are truly supportive of one another, and there is a fine sense of working together as a team within the hospital. Each person brings unique gifts to the work, and the others welcome and respect their contribution. It is a very special group of people.

-- Korey Thompson



Susan Harter, "Pingo," has been clowning for seven years with her own business Aa Ha! Clowns. She formerly directed recreational programs for the elderly. Susan is often identified by her funny little laugh which precedes catching a glimpse of her.

In Pingo's words:

While making my rounds in the hematology-oncology outpatient clinic as Pingo, I met an 8-year-old boy watching TV with his mom by his side as he received treatment. I made some whistle sounds and gave a little foot motion from under the curtains to announce my approach. I gave a tiny peek into the room, "Can I come in?" The boy nodded, and the mother smiled. At first I went over by the bed and watched TV with the boy.

Soon the boy's interest switched from the TV to me. I put my hands down into my big pockets. "Oh, there is something funny

in my pocket! Would you like to see?" "Sure." I fished in the pocket and pulled out a bubble-blowing dinosaur. I said, "He's ugly, don't you think?" The boy nodded. "Well, he may be ugly, but he can do some neat stuff. I'll show ya," I fumbled with the cap, and then squeezed the bubble dinosaur to produce the bubble wand. The wand disappeared back into the jar, and I did a big double take. "Did you see that?" I asked. "Yes." "Maybe he'll do it again." And the bubble wand popped up again. This time I blew one or two bubbles. The boy and his mother went "ahhhh."

As more bubbles appeared, I invited the boy to pop them. Since he was lying down, I asked if he would like to pop the bubbles with his feet karate-style. With a large grin the boy agreed. At first I blew just a few bubbles so the boy could feel a sense of accomplishment at popping all of the bubbles before they fell to the ground. I gradually increased the number of bubbles per blow until there were MANY bubbles afloat – each time he popped them all, and I complimented him.

Then I thanked the boy for playing with me. As I left, I did a peek-a-boo routine with the curtain, getting all wound up and feigning embarrassment about my predicament. After unwinding and showing the boy I was just fine, I offered my goodbye for the day and was on my way.

As I proceeded down the hall, a nurse stopped me to tell me that a special-needs fellow I had met in the clinic had died a week ago. That child and I had great fun together, and hearing of his death saddened my clown heart a little for the day. "Carl" had loved magic tricks, and one day after I had shown him every single bit of magic that I had, he taught me to play. He'd point the magic wand at me and say "You are a dog (or tiger or bear etc.);" Then I would become the animal persona. He did this for some time without tiring, even continuing the game as he walked down the hall to use the bathroom. Carl was laughing so much that the whole clinic could hear. Other staff poked their heads out to see what was happening.

That day there was a true stepping away from the real world of the clinic. Thanks to Carl for teaching me to play. I will miss him.



Nettie Raasch, "LaGoof," was born in Belzoni, Mississippi, raised in the Bronx, New York and presently lives in Milwaukee, Wisconsin.

For just about all of my life, I was known as "Nutty Nettie" – the one who makes people laugh, smile, and sometimes even cry with my silliness. I've always loved the circus, carnivals, and parades. What was so special about those events were the clowns. I just loved the clowns! From my experiences, clowns showed unconditional love bundled with joy, laughter, and compassion, tied with a radiant smile. I wanted to give back what was given to me.

LaGoof blossomed forth at Clown Camp in 1995 and when the opportunity opened at Clowns for Children's Hospital, I walked in with a smile, an open heart, and listening ears. I've been on my clown journey ever since. I experience little miracles every day I'm there with patients meeting their needs, whether it's blowing bubbles, singing, playing games, engaging in play with the frog finger puppets, or just being there holding a hand.

One day as I was leaving a patient's room, a dad stopped me in the hall and said, "I need you for a diversion." I immediately followed him. Screams echoed in the hallway. I peeped into the boy's room and asked softly, "May I come in?" He nodded yes but continued to scream. His room was filled with beautiful balloons, stuffed animals, cards, and toys. As I slowly entered, I saw a boy (I'll call him Bobby) about five years old with both of his legs and one of his arms in a cast. He'd had surgery that morning. I blew bubbles gently and sang softly.

The CLOWNS of Clowns for Children's Hospital

[Continued from previous page]

His dad tried to comfort him with his stuffed animals. It wasn't working. As I walked slowly toward his bed blowing the bubbles and singing, the screaming quieted.

A nurse entered to give him some medication. When she pulled back the covers, touched his leg and told him to wiggle his toes, he started screaming again, "It hurts!" I sang my bubble song again and moved closer to him. The nurse left, and Bobby began popping the bubbles. He held a pillow in the shape of a rainbow close to him. He called his pillow "Him." Finally, Bobby looked directly at me. "You look weird," he said. "I do look weird" I replied. "She's a clown," his dad said. Then a bubble got on *Him*. Bobby told me he did not want *Him* to get wet. He put *Him* under the covers. I blew more bubbles. Then a bubble got on Bobby. "It's wet. No more bubbles," he commanded. I put the bubbles away.

Dad gave Bobby a blue party favor to blow. As he blew, I told him he was a super blower. As I slowly walked to the door, I counted his blows with good-bye waves. Bobby, the Super Blower, was calm and content. The bubbles and the song calmed Bobby down. He stopped screaming and played. His dad and I worked together to accomplish this mission.

Sometimes it's difficult to believe that some of the children are really sick. I say this because they are bursting with energy and displaying radiant smiles. I've learned it's important to check with the nurses and the parents before pursuing some activities.

For example, I had a snowball incident with a nine-year-old boy whom I'll call Thomas. We first met in the hallway while he was taking a walk with his mother. We talked into my microphone and blew some bubbles, and then he returned to his room. As I was clowning in a nearby room, Thomas came back into the hallway but was called into his room by his mom. She did not mind our interaction, but she wanted him in his room.

Later, I went to Thomas' room and asked if he would like to play with "snowballs." As I took them out of my pocket, his face

glowed with excitement. (Fortunately his warmth did not melt my snowballs). Out with the cotton balls, flying his way! Thomas was filled with giggles. We were actively engaged in physical play. In fact, Thomas was really jumping around bursting with energy, when his mom said, "Calm down, remember your asthma." I turned to her and apologized. She said "It's okay if he calms down." I went into slow motion, but Thomas did not follow my lead and I had to stop the play. As I put his snowballs on the night stand, I told him to save them in case his mom wanted to play with him later. He was satisfied. He sat on his bed as I waved good-bye saying, "Make sure your snowballs don't melt."

I learned from that snowball incident that I must pause to ponder. I should not assume anything, and remember to check with the nurse and the parents before encouraging active physical play.



Krista Scarvie, "Tidileewinks," is 18 years old and has been clowning since she was four. She is active in theater and dance, and interested in exploring a career related to child development and holistic healing arts. Children in the hospital identify with the "kid-ness" that is still with her. Teens, especially, like the fact she's not a "fogie" [as in old fogie]. The little kids trail after her. Tidileewinks works the floor where kids are the most active, and probably the least critically ill. (This is a big assignment for a teenager.)

In Krista's own words:

Much of our culture venerates self-interest above all else. I reject this popular paradigm and try to live a more selfless life. I have found that clowning offers a fascinating vehicle for my adventure.

In October 1998, I began training for a therapeutic clown program at Children's Hospital of Wisconsin. Although I had been clowning for 12 years, I was apprehensive when I made the initial commitment to the program. To be part of the program meant I was promising to work with sick or dying kids, their parents, nurses, doctors, and all of the people who come into the hospital. What if I didn't measure up?

When the program got underway, I made an important discovery: therapeutic clowning does not center on my insecurities or me. Therapeutic clowns seek to make a connection and create positive experiences.

One time as Tidileewinks, I visited a boy at the hospital. He sat in a chair next to the bed with a blank stare. A woman sat on the bed beside him. She smiled in my direction to invite me in. I shyly moved to the sink and washed my hands.

The luxurious lather became inspiration for blowing a bubble through my fingers. As the soapy multicolored bubble wafted toward the pair, the patient's eyes softened. I rinsed and dried my hands and scuttled over to the two. I knelt in front of them, took a bubble blower out of my pocket, slowly removed the lid and gently squeezed the bottle, allowing the wand to rise mysteriously from the top. The boy and woman were delighted and the boy asked, "How'd you do that?" His face now glowed with curiosity and amusement.

Seeing this response, I continued the play by blowing a single bubble in his direction. He gave a polite smile, but then rolled his eyes as if to say, "That's baby stuff. I'm too cool for that." So in an attempt to regain his interest, I showered him with a whole cascade of bubbles. The intensity of my focus was so great that at first I didn't see him blow a bubble back to me. The boy had returned the volley! When he initiated the play, I knew that we had made the connection.

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The CLOWNS of Clowns for Children's Hospital

[Continued from previous page]

Life, and clowning, are based on something beyond the individual ego. My experiences in the hospital are aiding me to look past the outer layer where disease, fear, and insecurities manifest themselves. Clowning is helping me look at life in a new light.



In a doorway with the gift of hope on my extended open palm, and a tilt of my head, I invite a child to play.

Matilda Franks, "Tooly"

(Matilda is also known as "Tillie")

In Tillie's words:

I learned clowning 17 years ago from my then 16-year-old daughter. Cherri toured Europe with a group of young people who used clowning to communicate with people who spoke in another language. Our family began working together doing birthdays, parades, kids party's, and summer outside activities. I found Korey Thompson at a Farmer's Market the summer we moved to Milwaukee from Omaha, NE. (Tillie is also a practicing RN at another hospital, which she forgot to mention)

At the hospital recently, as I headed for room 5, I expected to see a room with get-well cards, drawings and banners taped to every vertical surface, and a 15-year-old suspended by both legs from a traction apparatus. To my surprise, the bed was empty and the walls were bare. Instead, sitting almost straight up with his legs stretched in front of him, was Robert, fully

dressed in blue jeans and an oversized tee shirt. He peered at my shocked face from under the brim of his baseball cap. "I am going home," he said. "But today was the day for me to pin a card on your ceiling," I said.

After a long pause, he nodded. Then a grin stretched one corner of his mouth as he apparently remembered my parting promise of two weeks ago. Or maybe, he was letting his mind paint a picture of an aging clown trying to reach the ceiling above his now empty bed.

"I'm going to miss seeing you hanging by your legs, but I'm happy that you are able to go home," I said. We sat in silence. Slowly his eyes circled the now empty walls, and then came to rest on the one picture that was still taped to the bathroom door. My eyes followed his gaze to the picture. In it three boys stood shoulder to shoulder. One of the boys wore a white gown and held a flower.

"He was my best friend. That was his confirmation day. He's dead."

Suddenly his mood changed. His short sentences changed to run-on sentences. From his broken heart poured the stories of his best friend's death, his parent's separation, a second best friend moving more that a thousand miles away, his own brother's car accident on New Years Eve, and the death of his grandmother that year.

The gift I offered was to just listen. When his flood of words stopped, Robert surprised me with a gift of his own.

"After I'm gone, you go visit Emilio." He said. "Who's that?" I asked.

"I never saw him, but I've heard a lot about him. He's here somewhere on the floor. He had a head-on car crash like I did. Just look for the kid that is hanging from his bed like I used to. Sometimes I hear a kid crying. Maybe it's him. I guess he could use a card on his ceiling."

On another floor one day, I watched a nurse tend to a baby. It is difficult to say how old the child was or whether it was a boy or a girl. The small twisted body dwarfed by the hospital crib, writhed in constant motion. I motioned in pantomime that I wanted to come in to visit. "She's blind and deaf," the

nurse said. "What good can a mime clown do for her?"

A quick glance around the room told me that there were no family members with the child, so I shrugged my shoulders and side-stepped a little closer. Again I motioned that I would like to come in. Giving in to my persistence, the nurse reluctantly nodded me in.

I moved to the child and lowered the bed rail. Did the child quiet just a trifle or was it my clown's optimism? I took a frail writhing arm and began rubbing from the fingertips, continuing the massage until I reached the heaving shoulder. The child inhaled, a deep sob-like breath, and sighed. Repeating the massage, I rubbed the frail feet and legs. As I worked, the baby arched back against my hand. Slowing and deliberately the head moved toward my touch. The arms and legs began a rhythmic slow dance in time with my stroking. The nurse looked on in silence. The hint of a smile touched her lips.

Clowns don't always have to be funny or loud. They don't even have to be seen in color. Sometime the spirit of a clown helps a body to rest from the struggle of life. And then, sometimes it catches a nurse by surprise!

In February Shobi did a workshop as part of the Clowns for Children's Hospital Program. I was able to see these fabulous clowns in action and to even experience the extraordinary communication and open exchange Korey has with the hospital staff. There mutual respect is reflected in the quality of the program. I think it will be a great example for other hospital clown programs for years to come.