



It wasn't difficult to talk my alley -- Golden Gate Clowns -- into a full day of hospital clown programming for Sunday, the final day of the COAI Convention 2000. The hotel gave us until 6 p.m on Sunday. The International Convention traditionally breaks up after the Sunday Service. We did not have a budget. Everyone who presented came on their own nickle! That is how dedicated these hospital clowns are. AND it was a first -- a big first time ever that a full day was dedicated to clowns in community service.

I can't say that I did a lot to organize the day. I was in charge of graphics and the program booklet for the entire convention (which

was a job in itself) I put out a call for "papers," which is the way professional organizations run their conferences. Everyone was so eager to participate. Once the convention was in gear, it ran itself with the help of all my alley pals. We had five general sessions and five break-out sessions.

We wanted there to be more specific workshops, rather than the usual "show of shtick" -- hospital sight gags and props. There was so much to share that we spilled into the regular convention week. So Shobi Dobi gave a "basic" hospital clown lecture which was mainly on physical and emotional hygiene. We also had sharing sessions during the week. On Thursday at noon (everyone brought their own lunch) we had a share session on props and hospital site gags and shtick. There were 87 clowns in the room. Dr. Dolly (Donna Costello from Texas) led the meeting. On Friday we had a share session on "stories" and on Saturday we had a panel of professional Hospital Clowns discussing their programs: Corey Thompson of Clowns for Children's Hospital (Milwaukee), Camila Gryski Clown Program at Sick Children's Hospital (Toronto, Canada) and Loretta DeAngelus of Clowns on Rounds (Schenectady, NY). Ninety-five clowns attended this session.

The Prescott Clowns (pictured below) from Prescott Elementary School gave a smashing performance for the banquet Saturday night. People were standing on their chairs cheering and giving them a standing ovation. They juggled and tumbled, and even did a song in American Sign Language. What great energy! What a treat! Aileen Moffitt developed this program, which has been ongoing for 16 years, for the Oakland Unified School System. The Prescott Clowns were featured in The Hospital Clown Newsletter Vol.3.No.3.

The Sunday program -- Gateway to the Heart -- started with a Gospel Service by Kay Turner, then Shobi led a session with a "belly laugh meditation." Patty Wooten presented on Humor and the Immune System. She made it understandable and funny on top of it all. It was being said "Patty could teach nuclear physics to first graders and make it interesting!"





John Lynch came in costume and had us all "splitting our sides." He then shared on his more serious decision to "Run Away from the Circus." John just recently left Ringling Circus and joined the Big Apple Circus Clown Care Unit in Florida. I met John Lynch at the AATH (American Association of Therapeutic Humor) Conference in Nashville in January where he gave a workshop.

After a lunch break, Eloise Cole lead a general session "Working Through Uncomfortable Situations" - a session about dealing with grief. Eloise has become known to us as "Mother Grief" .I believe this happened when Korey, Camilla and I were sitting around a table having dinner the night before Eloise arrived. Camilla was telling us about a child in her hospital that had just died. Camilla commented on a comforting thought she had "I just got the phone call an hour ago and my first thought was 'Ah, Eloise, Mother Grief, will be here tomorrow.'" Eloise wrote up the acronym for FEAR which was part of her conference presentation. [See Page 7]

There were two break out sessions in the afternoon. Christina Lewis from San Francisco who teaches clowning to developmentally disabled young adults in the San Francisco Public School presented her work. She is a special education teacher (and Ringling Clown College graduate). This is a program she developed for the San Francisco Board of Education. Camila Gryski gave a workshop on "Play Conversation" [See insert] Jeannie Lindheim of Boston MA was to have given a workshop "The Art and Joy of Hospital Clowning with a Group of Clowns" She had unexpected surgery. She is fine, but the long flight from Boston would have been too difficult for her. She was missed and her workshop would have been a highlight. Korey Thompson presented a workshop on Exercise Foolishness: Clowning with Dementia Patients. She wrote an article on this for the newsletter Vol. 2 No. 4. How she dances with these patients is miraculous. She had a video of this work. Contact her at ThompKM@aol.com if you are interested. Eugene Luttrell, who is a COAI and Shrine clown, has developed a handicap camp program with the Catholic Church which has been in existence for 16 years. Eugene clowns at Kaiser Hospital in Sacramento CA. Shobi shared a session Stop Look and Listen on slowing down, inviting the magic of theater into the hospital room and being present. – Shobi

### *Pierre's Laughter* from John Lynch

At the COAI Convention 2000 Sunday Hospital Clown Day "Gateway to the Heart," John Lynch read a paragraph from Tolstoy's War and Peace which he called "Pierre's laughter" He read this after a hilarious performance and a discussion "Running away from the Circus." Many of you wrote and asked for it The quote from Tolstoy follows John explanation.

"One of the main characters in War And Peace, Pierre, spends a great deal of time and effort trying to find value and meaning in his life. After many missteps and failures, he finally discovers the secret of life. More interesting than the epiphany itself, is Pierre's reaction to this moment of clarity: laughter -- pure unadulterated selfless giggling. Pierre is a prisoner of war and has just been denied access to visit fellow prisoners across the road. He sits on the cold ground for over an hour deep in thought."

"Nobody disturbed him. Suddenly he burst into such loud peals of exuberant, good-natured laughter that on every side men looked up on astonishment at the sound of this curious and evidently solitary laughter. "Ha,ha,ha! laughed Pierre. And he said aloud to himself: "The soldier did not let me pass. They took me and shut me up. They hold me captive. Who is 'Me? . . . Me? Me is my immortal soul! Ha,ha,ha! Ha, ha, ha! . . ." and he laughed till the tears came to his eyes."

Tolstoy's War and Peace (Signet Classic, pg. 1217)

### *A Look Back at a Historical Moment*

- from Camila "Posey" Gryski

I look back on Gateway to the Heart in San Francisco and I remember the faces, the laughter, the sharing of so many who came together to talk about their passion: the art, the trials, the joy of taking their clowns into health care settings.

"Gateway to the Heart was an important moment in the history of hospital clowning. I believe that our work is of inestimable value. We ourselves know about the laughter and the love, the sense of connection a clown can bring. We know that we can contribute to the healing of the whole person. The day has come when we as clowns can look seriously at our work and begin to fit it into the larger context of the health care environment. It is appropriate that we need to understand about humour theory and the immune system; to take a hard look at what hospital clown professionalism entails; to question and adjust our responses to grief and bereavement; to analyze the needs of those who live on the margins of society and together figure out how best we can serve them.

"The day was characterized for me by an energy that encompassed both a need to learn and a need to share. I felt that energy in my workshop on Hospital Clowning and the Play Conversation. The session was an exploration of humour, laughter, play and ritual. It was an attempt to build some theory for our work so that we can communicate with other professionals. There was a healthy dose of inspiration in there too: how we can stay spiritually on track and continue to do what we do.



Camila Gryski, Shobhana Schwebke and her dog Radhiki take a break from the conference to walk by the Pacific Ocean.

"I also love to show the practical stuff of my clowning. In its own way, by virtue of its flexibility, appropriateness and conformity to infection control procedures, it also communicates our professionalism.

"We told stories and shared both laughter and quiet moments. These told me that my audience had been there. When I talked about the children I work with, they listened with their hearts. No presenter could ask for more. As Sarah Mixson, one of the workshop participants said, "I've found my people."

[Camilla is a staff clown at Sick Children's Hospital in Toronto

## ***A New Pair-A-Dime, By Golly!***

***Korey Thompson,***

*Artistic Director of Clowns for Children's Hospital Milwaukee*

The past months have witnessed the notable manifestation of a new paradigm of clowning. Two traditional clown events, the COAI convention in San Francisco, and Week One of Clown Camp in La Crosse, Wisconsin, each attracted an impressive number of attendees filled with passion about a kind of clowning which no one knows exactly how to name.

We do know that this new paradigm of clowning is most often found in healthcare or therapeutic settings and that it finds its core truth in the rich and foolish intellect of the clown or jester. We observe that when its practitioners share experiences in this new work, the commonality of experience is remarkable. And we know that on some deep level, there are differences from the performance mode of traditional commercial clowning.

Commercial clowning offers entertainment, essentially saying "Look what I have to show you." This other kind of clowning approaches to say, "How can I be of service to you at this moment?" Sometimes the answer to this second question might be, "Entertain me—make me laugh or divert my attention from some unpleasantness at hand," but often it is something a bit more generic (and gentle) such as, "Just be with me for a while to keep me company, or lets play together" or some way of saying, "Give me comfort." Viva la difference! In the second instance, the clown is not the star. . . . the clown is advocate or companion to the

patient who is the star. In clown vernacular, it is the clown who takes the fall, the pie in the face, or the butt of the joke in good humor. The patient is the winner.

Hospitals and healthcare facilities are not emotionally level playing fields. In the Western world, healthcare services are usually engaged when something is amiss. Concerns and anxiety ride along in that venture as an integral part of the equation. But here is the very place that the intellect of the clown rises to full appreciation! The clown, oddly attired and foolish in action, can bring the divine gift of enjoying the moment in spite of itself. The clown does not fall victim to the heresy that hard times preclude humor.

A chaplain at a hospital told me that in that awkward time after parents have made the decision to discontinue life support for a beloved child and before the child actually dies, a surprising thing happens. Almost without fail there is a time of laughter together among the trusted gathered. And the more emotionally healthy the family, the more likely this interlude occurs. Aahh-- what a complex realization . . . this holding life and death, "good" and "bad" TOGETHER in one moment!

And at San Francisco and Week One of Clown Camp, a whole bunch of folks gathered with a compelling hunch that humor and tragedy are mysteriously woven together, and a conviction that the light touch of a clown can bring surprising strength in a tight situation. At these gatherings, empirical data about how humor impacts the immune system mingled naturally with classes in bubble blowing and juggling, and it all made divine sense.

Faculty at Clown Camp remarked more than once that the attendees of this session had a slightly different *modus operandi* than traditional clown camp attendees: these campers were quieter, more intent on learning, and had a curiously gentle spirit.

There IS something afoot here. This kind of clowning is more about engagement than performance. Maybe it is the emergence of a new clown Pair-A-Dime! Let's see here—you got'cher White Face clown, yer Auguste clown, yer character clown, and then. . . .oh, what DO you call it?? Your. . . .ummmm. . . .

## **About Being Part of the Hospital Care Giving Team**

Most pediatric hospital clown programs these days function under the auspice of Family Services/Child Life Department. Working closely with patients, their families, and even staff, is enhanced by communicating with the daily care giving staff, yet hospital staff usually have a zillion tasks to accomplish each shift and don't have "extra" time or motivation to hang out and chat just for the fun of it. For meaningful communication to take place, there must be a mutual relationship of trust and respect between staff and clown. Such a relationship is not hatched or maintained in a vacuum--it takes time, ongoing effort, and commitment on the part of both entities. Each clown program within a hospital has its own political realities which shape how meaningful communication is established and maintained.

*How do you establish a healthy relationship with Child Life Staff?* Two of the following responses were taken from remarks during a panel discussion about hospital clown programs at the COAI convention in April.

**Camilla "Posy" Gryski** was the librarian at Toronto's Sick Children's Hospital for 18 years before joining the clown program in 1995 where she works as Posey, the clown

"Child Life is a profession considered by many in the hospital as a 'soft service' – they play and entertain children. In many ways they are still trying to establish their own professionalism.

"I meet with my Child Life Staff for each department I visit. That's where I get my information. I set up a direct contact every single day to exchange information. My Child Life worker on the inpatient floor sees me as part of her so to speak. We are the same department. We are not competing. She's a Child Life worker and I'm a clown. We are different facets of the same department. Quite often after I go in a room and have an interaction with a child, I have had the Child Life Staff and the music therapist say (Continued from previous page)

'You went in and set the child up for the rest of us. This allows the other staff to go in and do their job.' The Child Life Specialist knows perhaps medical preparation and medical play. She has a specific agenda when she goes into a room. I have no agenda. In that way I make it safe for the child. When the trust is established, then the other staff can come in and more easily do their work."

**Korey Thompson**, Artistic Director of Clowns for Children's Hospital, Milwaukee

"We have just come through a time of moving toward greater understanding with our Child Life department. The clown program pretty much arrived without warning to staff when the program began. You got the feeling that it was fine, but there are always those nagging questions about the role of clowns working with kids who were quite ill, or babies who are 'too young for clowns' or teens who are 'too old for clowns.'

"Furthermore, just understanding what clowns are doing in the therapeutic setting often brings about an interesting discussion. A couple of possible answers keep cropping up: clowns are there for 'Primarily Entertainment', OR 'Making the

Connection.' The 'Making the Connection' alternative is grounded in the belief that human connection or 'feeling that you are not alone' are the first steps on the path of healing.

"One event which precipitated dialogue between clown and Child Life staff came about quite unexpectedly when I brought the puppet *Bean* (aka Bernard, who is sometimes used in medical play) to a staff meeting. As director of the program, I meet with the Child Life staff as a group each quarter, and I brought the puppet to let them know we were planning to incorporate using him in working with the kids. Little green *Bean* became a lightning rod. Their initial response was, 'Wait a minute--you are trying to take our job. You're supposed to come and entertain the children.'

"It's all about boundaries, and we all have boundaries! Boundaries are frequently quite helpful in organizing care and bringing order to effective delivery of service. Sometimes boundaries get a little fuzzy though, and it is easy to see how clowns could be interpreted as pushing Child Life boundaries, since we have much in common.

"Clowns and hospital staff benefit from being in dialogue about their individual roles, and how each can feel comfortable and supported working together as a team. As clowns, we use play and entertainment, but in this venue, entertainment is often a means to making a connection. What *Bean* brought to the discussion with staff was a chance for honest dialogue. Now after working at the hospital for nearly two years, the relationship of trust between the clown and the Child Life Staff is strong enough that some of the real but previously unspoken concerns are being expressed and heard."

**The Child Life Program** is a therapeutic play and activities program designed to make the hospital experience for a child as positive as possible. It is: (1) to promote the child's normal growth and development while in a health care setting; and (2,) to help the child cope with the stress and anxiety of the overall hospital experience.

### **The Child Life Specialist:**

- prepares the child for health care experiences (for example, during admissions processes and procedures by using developmentally appropriate language. Provide emotional support during procedures.)
- Informally assess the developmental needs of the child.
- Identify the child's concerns and communicate unique coping mechanisms to other health care staff to facilitate treatment.
- Work with families to provide support, clarification of hospital procedures, and reinforcement of treatment plans.

Kaiser Permanente Oakland Medical Center Child Life Department.

# Working Through FEAR

by *Eloise Cole, a.k.a. Rainbow, the Clown*

At "Gateway to the Heart," Eloise shared the acronym FEAR with us. I asked her to write it up for our newsletter. Eloise works in Phoenix, AZ as a grief counselor.

We can feel really helpless when visiting someone who has life changing circumstances. We may be visiting some in a hospital setting; extended care facility or perhaps working with someone who has experienced other difficult changes in their lives, such as a divorce or death.

As clowns we want to cheer people up or provide distraction to the people we are visiting. Sometimes that is not appropriate. Our gift to them can be accepting where they are. It can feel scary to enter a room and not know what to expect. We sometimes get caught up in the fear. What if I say or do the wrong thing? What can I do to make things better for them? What if they want to talk about their illness or dying?

Out of fear we sometimes build scenarios up in our mind. We create catastrophes that have not yet occurred. When we get caught up in our own fear it takes away from our being able to be present to those we are there to see. Fear can be broken down to be "Future Events Appearing Real" – F E A R. Being uncomfortable and not in control of the circumstances, we can get tied up in the "what ifs" or may even disregard the verbal or non-verbal signals of those we are there to support.

Fear can be converted to allowing ourselves to be uncomfortable but ignoring the discomfort to be present to others. A way to look at fear is taking those uncomfortable feelings and converting them to "Friendly, Empathetic, Appropriate and Responsive" actions.

**F**riendly - certainly as clowns we want to be friendly; however, in some situations, that means approaching the person slowly, so that they can absorb the reality of our visit. It also means knowing that not everyone is ready for a visit. Asking permission to visit gives the person the opportunity to say no and provides them with a choice. If we assume they want us to visit, we are taking away their personal power to make choices.

**E**mpathy is a willingness to listen and support someone. It is not about identifying with what's going on with them. "Oh, I have a friend that went through that," is a comment that brings the focus back to you and away from the person who needs to be listened to. Sympathy looks down on someone – you poor person. It is pity and can result making the person feel worse not better.

**A**ppropriate calls for us to be available to that person. Being aware of our own tone of voice and body language. If we are really loud, make a lot of sudden movements, introduce a lot of action or props in the visit or use closed body language we are distancing ourselves. It is important to take our clues from what we see going on.

**R**esponsive. In visiting the seriously ill or those dealing with challenging circumstances we want to be responsive to their needs. If they need to talk about their circumstances it is important to LISTEN, not provide answers or discount what they are saying. If they want to distance themselves from their challenges and play with us, then we have the opportunity to support them with some of our clown skills.

Visiting with those in challenging circumstances can be a wonderful gift. It can also be a gift for us. One of the keys is not to let our own discomfort stand in the way of connection with others. As we work through our own discomfort and fear, we are then truly emotionally and physically available to others.