

Dr. Kiku ~ Colin Maher



Shobi had the privilege of watching *Dr. Kiku* in action one day at Guy's Hospital in London. He is absolutely amazing. Sort of like a British Billy Crystal. He walks on a ward and moves right in. He is so comfortable with the children and they adore him. The most amazing thing for me to watch was the way he works on two levels. His wit sort of splits and he throws comments, wit and guffaws right over the kids heads to the staff and parents. This is accompanied with a wink or a roll of the eye, but it is done with the skill of experience. It is so smooth and subtle that I may not have even noticed it if he hadn't talked about it. He is truly a master of his profession.

Everyone in my family has a great sense of humor. My father has had me in hysterics all my life. So I was born into a funny family and I am a naturally funny person too. So when I "grew up," I became a clown for real. My professional clown entertainer is Kiku, the Clown.

I started my hospital clowning when my son at 14 months had to have very critical neurosurgery at Great Ormond Street Hospital. That was more than eleven years ago. He's a very active 12 year old today. But at that time I was in the hospital with him for several weeks. After that he had home nursing and then again another operation. So I have had a lot of experience as a parent with a critically ill child.

Children accept what's being thrown at them easier than we think. They have great resilience. Probably because they don't have the life experience to worry as much as adults. Adults tend to get tunneled, because we are so concentrated on our children getting better or getting over their illness. I lived in a repressive world of tunneled fear. The energy it takes to do that tunneling is very draining.

A friend came by one day and said, "Come on out for a couple of beers." It was amazing how much normality that simple act brought into my life. It was like a recharge. It got me thinking about all the parents at the hospital.

One day I had a television show to do as Kiku, the Clown. I thought, "I'll just bring in a couple of my magic props to the hospital. It might do me some good." I did that as myself, not Kiku the Clown. It was then that I realized that these children loved being entertained.

The Senior Play Therapist who knew my background as a clown observed me and said, "Colin this is amazing. You have quite a knack with the children. It would be really nice for you to come back as a clown." So for about six months I was going to the hospital, not as a clown doctor, but just as a clown. So when Andre from the Theodora Foundation called to inquire about setting up a Clown Doctor program, the Play Therapist answered: "We have a clown, and he does wonderful work with the children." So I went to Switzerland and did some training mainly in hygiene. I eventually went to Hong Kong and Turkey to train clowns. Actually I don't like to call it training. I encourage people to have fun and to be themselves. That way you get the best out of them.

Because of the experience with my son in the hospital, I am very aware of the parents and their needs. Having spent months on the other side, I can go into a room and know exactly where the parents are emotional. So when I work in the hospital now I make sure I work on two levels. We have to make sure the parent or guardian has a little bit of fun as well. I work for the kids, but I'm "throwing" all the time to the adults – things that go over the kids head, but the adults pick it up. The nurses and doctors pick it up. With the parents I sometimes come out of character and relate to them. "I had a son in the hospital too." There is comfort in the fact that they know I've been there.

I got my training on the job. With Theodora in the early years when I started I had no training. I was feeding back and analyzing everything. I remember eight months into my work, I worked with a little girl who was in a comma. She was one of triplets and had been in a coma for three weeks. It was some sort of blood virus which only affects twins or triplets. This was 10 years ago. Clowns in a hospital were totally unheard of, especially in intensive care. I thought I saw a hint of recognition, so I felt an opportunity there, so I said to Mum. "I'm goin' in to see her all right mum? We're goin' have some fun." She answered, "Of course, go in."

I was treading on uncharted ground here. I spent 20 minutes with her doing some magic, reading her a story. I took her hand and talked to her as if she was conscious. And then I said, "I'm going to blow some bubbles and you must tell me if you feel them bursting, otherwise (I made a joke of it) I'm havin' a fine time of it here wastin' my time, I am." With that I blew some bubbles and she fluttered her eye lids and twitched her head. Well, that brought her out of the coma! I didn't know at that time that it was amazing, but the mum came toward me and actually picked me up with a cuddle [British for a hug].

Interestingly enough, five weeks prior to that, I had nearly given up all my clown doctor work. I was working with a little boy who reminded me of a cousin of mine. You know we have to have our emotional barriers, but every so often those are knocked down. Maybe this was because he was the image of my cousin, so straight away there was a bond there that shouldn't have been there. Every time I went to his ward I would recognize him. "Oh, hello there" He was there somewhere in his body, and I would spark him up -- I could see it in his eyes. I did this for six months. We had all worked so long that one day when I was told he had died I was heart broken.

I was told five minutes before I was about to go out to his ward and

start my clown doctoring work. I had no time to grieve or to reconnect with my clown self. That made it very difficult. It made me doubt whether I could continue to do this work. But just then one of the staff came up to me. "We are all every sad, and we know how hard you worked with him, but think of all those other children who say, "Oh, I had an operation with *Dr. Kiku*." So I thought, "Hang on, let's have another go at this."

When I first started, I wanted to be everywhere and know everything, like birthdays, conditions, prognosis and the like, but I realized that there are so many children I can't do that with all of them. So I relaxed and let the connection happen.

Sometimes it's just the family you connect with. There was an 18-month-old baby who frequently came to the hospital. The mum would ask me to go see the baby because my flashing ears made the baby giggle and smile. That was the only thing I did with the child. It was the mum I connected to by making the baby giggle.

As clown doctors we are drifters, we drift into the situation, we make that very brilliant for them while their luck is down or while their life is turned upside down, and then we drift out again and onto the next family. That's how we live moment to moment. We sort of hover and go where we are needed.

There is a certain honesty in humor that's made for the moment – for the situation you're in because everybody knows that that piece of humor could never have been rehearsed. Subconsciously they know that. So it's much funnier if it's humor that's made for that moment. Everybody is part of it. Everyone in the ward is totally with you and then suddenly they realize they are laughing and they hesitate and realize that they are allowed to laugh. "Oh, yea my child is here, oh the child's laughing too. I can laugh too."

When I enter a ward, I look at the whole situation. I sort of feel it. One day, I was asked to go to the ward where there were six children. There was a little girl who had some heart surgery. The girl was totally hunched up. Everyone was worried about it. I never reached that girl until the last five minutes before I left the ward, but she was the one I was after. I used everything around me including the other children. I had a load of people watching me. Then all of a sudden I just looked at her with a little bit of eye contact and a couple of words. Then I went away to the other children. Then I went back with a little more contact. I did it gradually. By the time I left the ward, she was sitting upright and she was holding a magic wand. She did some magic with her wand and I left the wand with her. I knew she couldn't go back to how she was. The psychology of what she had gone through together with her parents' fear was so heavy on her. She needed to escape from under that heaviness. Once she came out, she would stay out.

Doctors have a way they have to speak to parents, we get to ease their situation as well. I've had psychologists come on the ward and say, "If I never saw a balloon or a card or whatever you give out, I would still be able to tell when *Dr. Kiku* has been on the ward." It's the whole general aura on the ward is up. I have a great rapport with the doctors. The doctors ask me to come and help them with procedures. And they even put it in their reports, "Assisted by *Dr. Kiku*."

In the activities center, I was introduced to a little girl (who had recently become blind) sitting on a nurse's lap, rather unsure of herself. Listening to my hooters, squeakers and clown doctor

gadgets, she began to relax and realized I was there for fun. A while later, I helped calm her down while she was having an injection by distracting her in a similar way.

Toward the end of my ward rounds, the same doctor who had given her the injection searched me out to see if I could help again with this child, who was in a seriously distressed state. On approaching, I could hear her screaming. I made lots of noise by playing the harmonica, to let her know I was coming – the same clown doctor she had already met twice that day. When I entered the room, she was sitting on her mother's lap being held tightly around the waist, while her father was holding her wrists. She was very upset, sweating and red-faced. There were a couple of senior doctors, four or five junior doctors, a nursing sister and several nurses present. So I mouthed to everybody to give me three minutes with this little girl. I simply had a chat with her and calmed her down.

The procedure that was being carried out involved lights flashing in her face three times every second, so I explained that we were going to have our photo taken. I hugged her and we sat cheek to cheek. I said that I would count to three and then we would say "cheese." We repeated this for about one minute. I then told her we would change the word to "chocolate" to see if the staff would take the hint and give us some! We did this for a further two minutes, enough time in which to conclude the procedure.

I do use some props. Everything fits into my clown doctor's coat. I only use props that are very flexible. I do play a harmonica and a penny whistle as it reaches people who may otherwise not be reached. Sometimes I make guitar balloons and pass them out for the kids to join in. It's amazing in the ward, the kids get so involved that they forget where they are.

There was one 12-year-old child whose eyes were not focused. I started playing my penny whistle. Suddenly the child started to focus. Then I took out my harmonica and played a funny tune. Suddenly he started making these noises. He was singing! This was his first reaction in three weeks. Experiences like this make me keep going back. It's been 10 years now that I've been a clown doctor.



Dr. Mattie ~ Matthew Faint



Dr. Mattie comes to clowning from the theater world. He has been working as a professional clown for the last 33 years. He is active in Clowns International and manages that organization's Clown Museum in London. Watching *Dr. Mattie* with the children, you see the gentle love and compassion behind his little magic tricks and gags. He absorbs the information on a ward, and then plays it like an experienced musician hitting every note and nuance along the way, not missing a beat. That's clown doctor expertise!

Freya North who shadowed *Dr. Mattie* for her book *Pip* (See Page 5) describes her experience of this magic.

"My most vivid memory is of an afternoon at Great Ormond Street. One child was miserable - inconsolably so. He walked sadly along the ward, shunning the nurses and nonplused by the clown doctors. However, *Dr. Mattie* followed him pulling an outrageously sulky face and mimicking his fed-up shuffle. Initially, I thought the little boy would not like this. However, the clown doctor continued to follow and copy him. The boy slumped down on his bed and *Dr. Mattie* did the same. And then I saw it - a glimmer of a smile, Soon enough a broad grin, Within minutes clown and boy were engaged in tricks and giggles.

"There was a great dialogue between them - yet no words had been uttered. I asked *Dr. Mattie* what had inspired him to take that approach. He said he'd seen something in the boy's eyes that made him realize he could approach him in such a way. I realized then that training goes only part of the way of producing fine clown doctors. It is an art as much as a science and the Theodora clown doctors have a truly instinctive gift."

Dancing in the Cathedral with Dr. Mattie

I came to London at sixteen with the National Youth Theater as a technician doing scenery and props. After that I worked in the West End (London Theater) and eventually became the sound technician on the stage show "Hair." I was on the show for three and one half years and ended up as Company Manager. After the theater closed, I did the revival a year later and then took the show to Africa. After "Hair," I worked on "Joseph and the Technicolor Dream Coat."

In 1970 I became a clown. I worked in a puppet festival at an art college. They did a big garden center production with puppets and clowns. The clowns were "jollies" that "meet and greet." We were given clown costumes to wear. I didn't want to wear their costume and be their character, I wanted to be my own clown character, so I went off on my own. I felt so liberated. There was a part of me that was set free.

During a live TV show someone asked me, "How did you become a clown?" I answered, "Funny you should say that. I think clowning became me. The clown found me." The first time I put on the clown outfit I didn't want to take it off. It's a very important channel for me. The TV show was "The Toughest Jobs In Britain." When they asked me to be on it. I was very worried they would try to sensationalize clown doctors. I sat them down and said very emphatically, "This work has to be shown as it is seen. Please don't put a slant on it."

I always consider working in the hospital like working in a cathedral. It has a very different air for me and I tread very gently as a clown. There is a reverence to it. I wait at the door until I am welcomed inside a room. It is their room and I respect that.



Dr. Kiku and Dr. Mattie

I'm very good at subtly checking out the whole room to see any darkened corners that need some clown work. I had one experience last Thursday on the oncology ward. There was this young girl in the corner with the window curtains closed. The rest of the ward was quite jolly, but their corner was very down. Mum and Dad were by the side of the bed. She had been operated on and she couldn't look up. Quite possibly the operation was really painful. It was a very gloomy scene. So the first thing I did was to open the curtains, and there was all this scaffolding outside the window due to hospital renovation. "Oh, what a lovely view," I exclaimed, and the parents laughed a little. "That's better!" I said. So I got down to the little girl's eye level which was really low. I played with some pocket magic. She could barely hold a card, but she tried. In a few minutes the whole area was so relaxed, it was so wonderful. She was still in pain, but she forgot it for a moment. It cheered her, but you should have seen the parents smile.

I focus on the whole place. At the nurses station a little tiny boy saw me and hid behind a nurse. He peeked out with these enormous eyes. He wasn't old enough to talk, but he was old enough to clock things. His eyes were just bursting out of his head with interest. The whole place is like that - an amazing journey. I clown with whoever needs it. Maybe the nurse needs a cuddle or the parents need to talk. We use everything as our theater. It's the theater of life. Actually it's the cutting edge of the theater of life - right on the front lines.

Someone said to me once. "Who do you think you clown to best?" I answered, "Oh, nine months old to Ninety." I loved the old lady who used to sit in the lobby of Great Ormond Street Hospital. I think she used to just sit in there to get out of the cold. She was bent over a little with arthritis and reminded me a bit of a wax work - actually she reminded me of my Mum. She just sat there as if she just liked to watch life go by. I made a beeline for her when I first saw her, and continued greeting her from then on. "How are ya. Mum? How ya doing?" And in turn I always received the biggest grin.

Clowning in the hospitals is all about working with what is there. At Addenbrooke's Hospital in Cambridge they have a very old Victorian phonogram. You put a penny in it, you wind it up and it plays like a musical box. It's just beautiful. We found some pennies and I was dancing with the Mums. It was on the oncology ward. All the children came out of their rooms with their drip stands to see what was going on. I make sure I use it every time I go to that hospital.

Hospital clowning is one of the toughest clowning jobs you can do. You have to be very centered to do it. The outside world disappears and the focus is on the children. During the Iraq War in all the London papers all the news was about war. We were just surrounded by war. When you walked into the hospital, the war did not exist. People had far greater things to worry about.

When you clown you are in a different world. It's nice, because it's always a place you can go no matter what else is going on in the world or in life. Your life changes, but your clowning is always there. It's always the same. You leave your life when you enter your clown. You get into character. When your life gets hard, you get into your clown even more so because of it. So you leave your life in that way. It's a wonderful release to have that channel. It's like always being able to walk the same street. No matter where you are coming from you can always find that street and walk that clown street. It is your clown character - that innocent clown thinking is always there.

That's what we're here for! - Dr. Mattie

Bringing fun and laughter to children who are going through very difficult times in their lives is wonderful for us clown doctors, and our rounds in the hospitals are filled with some lovely memories.

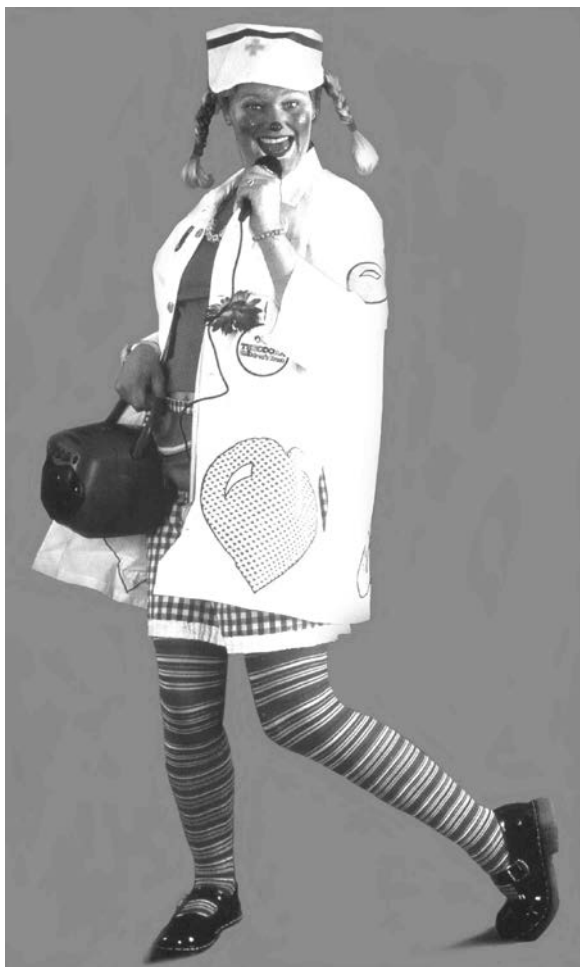
One afternoon, while working at St. Thomas' Hospital on Helen Ward, I arrived at a side room and I met a small boy about five years old who had just arrived. He was suffering from chronic eczema and asthma and was sitting in the corner looking very withdrawn and miserable. After some clown doctoring and a few magic tricks, I encouraged him and his mother to come out and join me on the main ward where I was going to work with children who were bed bound. In no time at all he was happily involved as my assistant and having a great time.

Later his mother came up to me in a flood of tears saying that this was the first time in weeks that she had seen him laugh. She thanked me for bringing him out of his depression. I gave her a big hug, saying, "That's what we're here for!"



Dr. Mattie's suitcase above moves on coasters. It flashes and beeps and has a will of its own. Sometimes it even runs away by itself! [It might be fun to build one on a remote control toy truck so it can go by itself down the hall. A run away doctor's bag!]

Dr. Kala ~ Annie Aris



Annie Aris is *Calamity, the clown* and *Dr. Kala* is the clown doctor. Annie was having a baby the week Shobi was in England, so I never got to meet her in person. I certainly heard a lot of things about her. (By the way she had a little girl, Henrietta, and clowned until the week before the birth!)

I was trained as a nursery nurse, which is more about child development than medical nursing. I also trained to work with children from troubled backgrounds and children with learning difficulties. It gave me a lot of grounding and knowledge, but I learned the most from the children – by just letting the children be themselves and watching them. It was like bringing the best out of the children and bringing the best out of me too.

All my life I wanted to make people laugh. So clowning with children was quite natural for me. I've only been clowning for eight years. It's a job where you learn and learn and learn.

My dad was a doctor, a GP, and my mom and sister are nurses, so I was brought up in a medical family. When a friend told Colin and Mattie about me, and told me about the Theodora clown doctors, I was quite excited. Actually they were very interested in a woman joining the clown doctors. So I became the third clown doctor and have been clown doctoring for four and a half years.

I wear a nurse's hat, but I am a doctor clown. When I first started to clown as *Calamity the clown*, I wore baggy pants and a wig. So many children were confused as to whether I was a boy or girl. That made me uncomfortable. I want to come out with the feminine side of the clown, hence I always wear a skirt rather than baggy pants. That's also the reason I wear a nurse's hat.

I'm known for humming all the time. I always have a little hum when I'm walking down the hall and into a ward. I hum even before I make eye contact. This way they know that I'm someone jolly. I'm very gentle with them and bring them around very slowly. It's about establishing trust and that can take time. In the hospital, I'm not so worried about making the children laugh. I work spontaneously, as you never know what you're going to come across. I'm there for whatever they need me for. I may have them laughing in the end, but it is not my main aim.

Over the last year I have been working at Addenbrooke's with a little girl who is 4 ½ and fighting cancer. Sadly, she has just been told that more cancer has been found and she will now have to have intense radiation therapy. She may never have children as this cancer is on her ovaries. But she has shown such bravery. Working with her and her mother, who is always by her side, is like being flooded in a ray of sunshine. She really looks forward to visits from the clown doctors, and when we are together, this shy, depressed, sad, quiet little girl puts every effort into the short time we spend at her bedside. She loves to sing and dance and says she wants to be a singing clown when she grows up.

One day she told me that her favorite song was "Fly like a bird." So my colleague clown doctor, *Dr. Strumalong*, and I practiced like mad to learn the song for her. I told her I would bring in my karaoke machine (pictured on the left). When she saw that I had the machine her face lit up and within five minutes she sang a solo of "Fly like a bird." It was a perfect picture. She even danced a little on her very wobbly legs – what a clever girl. All the nurses, doctors and play specialists, watched and when she had finished her act she looked at me and said "Thank you." But for *Dr. Strumalong* and me, and everyone else there, it was one of those very special moments, and we said "Thank you" to her.

Addenbrooke where I clown, is my local hospital, so lots of the little kiddies are from my village. We've been a big part of the children's lives for a while and some are asking for us outside the hospital. I'd like to do something about that. I'd like to be able to cheer up children in hospices and after care.



Dr. Kala does her magic with Dr. Strumalong watching.

Dr. Strumalong ~ Patrick Jacobs



Patrick is a professional entertainer, who works mainly as a children's entertainer known as *Potty Patrick*, and produces, directs and writes children's theater.

He has created two theater companies: Applause Productions (1990 – 2001) and The Barking Dog Theater Company (1986-present) which have presented pantomimes and children's shows in theaters, schools and other venues throughout the UK.

He sold Applause Productions in 2001 so he could concentrate on his clown doctor work. He became the official **Clown Trainer** for the Theodora Children's Trust last January ('03).

Growing up in England, I watched a lot of Norman Wisdom, a brilliant physical comedian. I think some of his silly antics rubbed off on me. When clowning, I try to make use of all my skills, including magic, guitar playing, and puppets. I only work as a clown at the hospitals. Outside I am still the magical musical entertainer *Potty Patrick*. (A "Funnyman" as Mattie describes me.)

The idea of hospital clowning, was introduced to me when I met Colin, *Dr. Kiku*, on a job entertaining children in Lapland. He told me about the work and I knew straight away it was right for me. I'd been thinking about selling my theater production company and wanted something more meaningful to do with my life and talents.

My clown doctor training (in 1999-2000) was mainly observing Colin and Mattie at work. It was truly an eye opening experience. At first, I doubted that I would be able to do it, but with their help I gained confidence.

My experience as a director and producer has helped me greatly in my role as trainer. It is an honor to be the trainer for the Theodora clown doctors. I learn so much from them all. They are an amazing group with incredible understanding, skill and dedication.

I've been organizing workshops for our clowns. We have several every year where we all get together for a two day training. At one workshop we did a lot of roleplaying. One of the things that was pointed out at a workshop was recognizing a child's feelings. Sometimes it is really good to state the feelings out loud. For example, "I get the feeling you don't want to see me" or "I get the feeling that you think I'm stupid." Once you bring it out, you can move the situation on. By acknowledging and recognizing their feelings, you show you understand. "I get the feeling that you don't want to see anyone and that you're really fed up." They are really pleased that someone has said that to them instead of everyone tip-toeing around them and not dealing with them. You help them more if you recognize their problems. "That really hurts doesn't it?" Sometimes adults will act like the child isn't even there.

I have two children. When I started clowning at the hospital, my Flora was a tiny baby. Every time I would see these little babies in the hospital I would get emotional, thinking, "That could be my little Flora." That happened mainly when I was training and observing. When in clown there is a magical barrier that happens. I had to deal with that a bit - get over it

Everybody feels a great deal about the children. We all have our ways of dealing with our feelings. When a child dies it's a little harder. It's even harder when you go on a ward and you're already in costume and they tell you a child has passed away. It sort of startles you. But you carry on. Sometimes the children just disappear. Have they gone home? Or gone to another ward? Sometimes we find out much later that they have died. One of the workshops we will have next year will be on bereavement.

Dr. Strumalong also goes to the National Centre for Young People with Epilepsy in Lingfield, Surrey. *Clare, Dr. DingDong*, goes every month. *Hilary, Dr. Doppit* and I go alternate months.

Years ago the Centre was a big farm for people with epilepsy. They lived and worked there, but today it is a school for 100 children from seven to sixteen. A lot of them are autistic or have severe learning difficulties.

Sometimes we just sit in the room with them, they will come over and sit in my lap. Sometimes they suddenly realize that you are there and come over and sit next to you or they take your hand. For the autistic, this is really brilliant because you've made a connection. If we are in a room with severely autistic children, we might just go around with a funny noise or something they can touch. Sometimes we sing and they dance.

It's important to clown with these children. When other children are silly and have fun, nobody says, "What is the reason that child is acting silly?" Because they are disabled in some way, everything is scrutinized. Everything has to have some purpose. These children also need to have fun for fun's sake - just to have silliness. Adults do things just for fun. Nobody says "you can't do that because you're just having fun." Our clown presence for these children is an unconditional invitation to play.

An Unexpected Result ~Dr. Strumalong

Laughing children and smiling faces are the obvious signs that a Theodora clown doctor has been successful in his or her task, but sometimes it's hard to tell if you have succeeded in brightening a sick child's day. One day at Great Ormond Street Hospital I was walking through the reception area, playing my guitar and telling jokes, when I was approached by a mother with a small boy of about four years old in a pushchair.

I said "Hello, What's your name?" "Charlie," said Mum. I tried some jokes and magic tricks, but Charlie was very morose and although he watched, he didn't smile or interact with me. "He's very depressed at the moment" said Mum. I carried on finally kneeling down to play Charlie some of my funny rhymes and songs. After a few more minutes I said "Goodbye" and left a little present of a picture. I left rather deflated. I had tried hard to get a smile, but Charlie wasn't in the mood. I spent the rest of the afternoon on my rounds having fun with the other children in the hospital, but my mind kept returning to the little boy in the pushchair.

On the way back to the dressing room, I bumped into Charlie's Mum. "Thank you so much," she said. "That's the first time he has paid attention to anything for weeks." It turned out that Charlie had been sick for quite a while. He was depressed and was finding it difficult to respond to anyone. Even though I thought Charlie hadn't related, his Mum knew that a little bit of clown doctor magic had got through and helped Charlie.



Dr. Geehee and Dr. Strumalong

Dr. Geehee ~ Faith Tingle



Dr. Geehee comes to clowning from the London Theater and Television where she is still active. Her background in children's theater is quite evident as she sings and dances her way down the hospital halls.

"I actually read an ad asking for actors who liked to work with children and wanted to develop their skills. I was looking for something like this, so I thought 'That really looks great, I think this is something I could get into with some help.' I've been an actress since I was 18 and worked in all sorts of children theater. It's amazing when you realize that "this is the right thing for my life. This is what I was meant to do." I started in 2001. My main hospital is Southampton. We do travel also and fill in where we are needed.

"I am a Buddhist so I found my clown name from the Japanese word *Jihi* which means compassion. But the children have trouble pronouncing JIHI so I spell it Geehee."

Dr. D. Chequers ~ Barrington Powell



I was a clown, working in a theme park. By the end of the third season I was feeling what I now term, '*Spiritually Redundant*'. I felt as if I could do the show on automatic pilot! To be a good entertainer, in my opinion, you need to have a sparkle in your eye, and be able to throw an imaginary ball to your audience and let them catch it and throw it back to you, then REAL relationships can happen between you and your audience! However, I would go to work and it feel as if you could be sticking in a video tape. There was no real human contact! Yes, I would make people laugh and take the pay cheque home, but something was missing.

I thought acting could fill the void that was appearing in my life. I was mistaken. However, a unique meeting with a woman on a train changed my life completely and gave me some of the answers I was looking for.

My story becomes wonderfully odd because of the synchronicity. As a child, I spent a lot of time in the hospital where my sister had heart surgery. She has now moved back to Liverpool, but before this, she was living in Ireland. One day out of the blue I got a call for a magician/actor in Ireland....the weird part: it was a 15 minute bike ride to where my sister had moved to in Ireland two years before. I took the job to be near my sister, but I felt there was some

unfilled urgency to go to this place. We were flying between Ireland and India. It was really very strange as I was performing and doing workshops in 'Western Theatre Techniques' to up coming and famous Bollywood actors (that's the Hollywood industry's equivalent in India).

It was on my first trip to Ireland for the theatre show, and a new life as an actor, when I sat next to this lady called Linda Hamilton, on a train. She just started talking to me about working with Mother Teresa and then began to pour out her life story to me. It was so incredible and I was so touched. It left me with an empty feeling about what I was doing. It was then that I felt 'spiritually redundant' and began to realize that I too needed to help others.

So when I heard about the clown doctors it seemed to be right. So somewhere in between Ireland and India I flew to London and was interviewed by Theodora Children's Trust. I became a clown doctor in 2001.

After being with the clown doctors I could reflect on what I felt about the theatre I had been involved with. I felt the actors and entertainers were driven by their egos to put on a show – to compete. With clown doctors the egos go out the window and there is no competition. There is nothing to win, except the hearts of the children. We don't need to compete with each other. *Dr. LooLoo* and I work together at two Manchester children's hospitals. It's been incredible to have a partner. We know each other's strengths and weaknesses. It's nice just knowing someone is there to talk and joke with. And when you work with someone a lot, you pick up each other's subtle nuances. It becomes second nature.

My clown is still based on me. *Dr. Chequers* is an expanded Barrington. It's based on my truth. It's just an exaggeration of my inner truth. It comes from who I am. This clowning is about being the best of me, and it's about unconditional love. That's because the human contact with the self is so incredible. We may use a magic trick, but the magic is in the connection with the child or the doctor, nurse or mother or grandparent. The magic creates a relationship and it is the magic of the relationship that is important, not the success or the show. The bits of slap stick or whatever, just help you lead into that relationship. After a while, you bond with the children. It offers real respite to the heaviness of the hospital and it is just phenomenal to experience these connections.

In doing magic when the trick goes wrong, it's the best. There was one young boy scheduled for surgery. He was protesting and they were chasing him around the ward for a few hours. They finally cornered him and got him settled in bed. I got in front of him and did a magic trick. He watched carefully and then said, "Hey, I know how you did it" and we laughed. Then he said "It's all right now, the clown made it better. I want to go in for my surgery now."

I like working with teenagers. You know they may give you a "Tisk Tisk," or a roll their eyes, but for me that's as precious as a guffaw or a laugh. Teenagers react in such a difference way, but intrinsically it's still the same. You know that you've bonded and made real contact. They invite you back week after week, and a real friendship is formed. This is one of those things you just pick up – you know in your heart when a bond has been made – you've made a connection. I teach the children magic tricks too. After all, when you're teaching, you're creating a relationships also.

Sometimes the connection doesn't show except in the eyes. It's that twinkle in the eye that counts. The littlest things can mean so much. One of the hardest cases we had was a child who wouldn't

say a word. He was like a stone wall. It took two or three weeks, but he finally came around. He had to do this in his own time. It's like touching someone's soul. It's nice when it finally happens. This is the real magic.

The sad part of being a clown doctor is when a child dies. We are there just two days a week. If you don't see a child after a while, you hope that maybe they are better and have gone home. But sometimes, the reality is that the child has died. Rebecca was my first - the first child I bonded with who eventually died. It's really sad, but you know it would be sadder if it didn't affect me at all.

It's important to know your own limitations. It's not easy. The children who pass away don't just disappear. They stay in your heart. I always think that these little children live on through me, to be a small ray of hope and sunshine. I think you need a centre that you can go back to. You need to be strong so the work doesn't overtake you. It's a balance. The profundity of being a clown doctor can creep up and take over your life. And if that happens you don't see the leaves from the trees. You need to be able to step back so you can be clear and help more people. You need to balance your life. Clown doctors need a respite from their work too. So we have to be careful not to get run down by the work.

There is a comic opera I saw on my first trip to Ireland that reminds me of the clown doctors' work -- Donizetti's *The Elixir of Love*. A simple farm worker, Nemorino, is in love with Adina. He needs a miracle if he is to attract her attention . . . or perhaps an elixir of love from a travelling quack doctor. But Nemorino believes in the magic elixir and because of his belief in the magic, he gets his Adina.

It is this belief in the magic remedy that makes me think of clown doctors. The Elixir of Love is the power of positivity. Children believe in magic so much easier than adults. If you can give them hope, through laughter and positivity, it gives great strength. We are an Elixir of Love. By the way, my doctor's coat says *Dr. D. Chequers* The "D" stands for Dulcamara, the quack doctor from the Donizetti opera.

Dr. LooLoo ~ Lucy Cheetham

I've always been a clown. In fact, my father is Trumble, the Clown. I started working with him when I was six years old. *Louby Lou*, my professional clown character works all over the UK specializing in children's parties, schools, shopping centers, galas and corporate events. I also work with handicapped children. In 2000 I answered an ad in *Stage Magazine* and became a clown doctor in 2001.

Our work can be very tiring both physically and emotionally. Clown doctors are sensitive, but this is not a side most people see. To the children we're happy all the time. I'm still learning to allow myself to feel sad occasionally. These are special kids and you get really close to them.

The other day a nurse told us, "Little Harriet didn't make it through the night." We felt bad, as we had known her for two years. The nurse continued: "You know the best memory I have of little Harriet was when you came on the ward and "River Danced" for her. You got me involved in the dance too. It was so delightful. Thank you. Thank you for the memory." I remember that day so well, we went onto the ward and River Dance was on the "tellie." Harriet was teaching me how to do it. So we were both dancing in the room to River Dance and *Dr. Chequers* joined us and then the

nurses. Soon there was a line of about 10 of us doing the River Dance all down the ward. She loved it. It was fantastic! That memory doesn't take the sadness of her passing away, but it balances it out to know we had an impact.

My Little Star at Christmas –

During our first Christmas at the hospital, I met a lovely little girl from Scotland called Lindsey. When we met, we were being filmed for a TV program to be shown on Christmas Day. Lindsey sat on my lap and I imagined that she would wander off after about 10 minutes. But, to the contrary, this little toddler stayed with me for the full hour of filming. We were giggling away to each other, singing songs, pulling funny faces and forgetting everything else around us.

Lindsey returned to Scotland after our first meeting, but she stayed in my thoughts. Another year went by and it was Christmas time again, when *Dr. Chequers* and I arrived on the ward to be greeted by this beaming, smiling face. "It's Lindsey!" I shouted. I couldn't believe it, I was so excited, and so was Lindsey. We all had a giggle and she sang me her favorite song, *Twinkle, Twinkle Little Star*. I told her that she was a star on TV, and asked if she had seen the program. Her mother said, "It's taken over the Tweenies. We have to watch it every day." Her father said, "Whenever we go for check-ups in Scotland, Lindsey always says that she wants Dr. LooLoo to be her doctor." I've not seen her since . . . but maybe next Christmas. She remains in my thoughts - a very special memory.



Dr. Ding Dong ~ Clare Parry-Jones



I have been working with Theodora Children's Trust for almost three years. Following an intricate application process, I embarked upon a training and observation period of about six months. I work at Great Ormond Street Hospital (GOSH) and the National Centre for Young People with Epilepsy in Surrey (NCYPE). It's the most rewarding and stimulating job I have ever done. I feel very lucky to be a part of this brilliant team, not only in the U.K., but globally.

Dr. (Betty) Ding Dong doesn't seem to know how old she is. Sometimes she's a shy seven-year-old, sometimes a cheeky fourteen-year-old. Her ageing process is mental, not physical, and can go in any direction! Some may suggest she's stuck in the 1970's. She's a "Bell Bottomist," wearing medium-short, turquoise bell-bottomed dungarees, echoed by a bell-bottomed coat (and nothing to do with her fixation with bottoms and toilet humour).

The border motif on *Dr. Ding Dong's* coat is based upon the ancient healing stones, "*Men-An-Tol*." The holed-stone and two standing stones are in Penwith, Cornwall. The stones continue to be used for healing and fertility rites. Close to this site is a village called "Ding Dong." Yes, it's true, and it was my visit there that confirmed my decision to call my character *Dr. Ding Dong* (based also upon the fact that my family nickname is Bel).

I have always been interested in the performing arts and started acting at an early age. Although eager to go straight to drama college after school, I first took a degree in History of Art (with Italian), which involved a stint in Venice, Italy. During my time in Venice I often browsed in the mask shops and remembered meeting a man who left the world of academia in England to become a mask maker in Venice. His change of career and move to a different country inspired me, in terms of following different paths in one's life. After university, I studied acting at the Royal Academy of Dramatic Art and went on to perform in theaters around the country.

After a long trip abroad, I discovered that a friend had become critically ill. It was during his illness that I really learnt the value of laughter as a healing process. We joked around, took roller coaster rides, went on shopping trips. We just had a laugh – alongside the agony, anger and tears. I also used my theater skills, working with his breathing, voice and body. My interest in the arts and mental/physical health had really begun.

As a 16-year-old, I had performed in a high security prison in Glasgow, where I had begun to appreciate the role of arts in rehabilitation, so there was always an interest in this field. I therefore began studying again, this time drama therapy, which brought together many of my interests and experiences. It was during my training to be a drama therapist that I became interested in clowning. I had devised and performed a movement piece, which a friend of mine saw (she had been in the circus). She said: "You should be a clown with all your movement and expressions."

It sparked off a new path for me, so I enrolled in clowning courses at *Circus Space*. At this time I found out about *Theodora Children's Trust* and read as much literature as I could about it; realizing it was a fantastic idea. I had also begun to look at the role of laughter in drama therapy and was considering doing my Masters in this area - all the threads were coming together. I wrote to the director of Theodora Children's Trust and a year later I received a response, asking if I was still interested in applying to become a clown doctor. I confirmed that I was, and the rest is history.

I think my experiences as a drama therapist, particularly with young adults with severe learning disabilities and children with emotional and behavior problems, has informed my approach to communication with children. I have better listening and observational skills than I used to, and I accept that what is not said or done can say as much as a loud noise or words; that most of our communication is non-verbal. I also began to understand that sometimes one has to accept the "not knowing" - in this case, not knowing what kind of impression one makes sometimes, or what impact we make on a child's healing process.

I'm not a silent clown. With the older children and adults I tend to go into verbal mode, with jokes and silliness. I enjoy the non-verbal approach and want to strengthen this area. I make more use of this approach at the National Centre for Young People with Epilepsy, which I visit once a month, with one other clown doctor. There the interaction is generally slower, based more on movement, color, and sound (mirroring non-verbal sounds, singing songs, playing tunes), instead of words.

There are so many stories to tell of these incredible days. Over the past few months I saw a young child who had a transplant operation. She was in isolation, surrounded by her parents, sister and hospital staff. I used to visit on the other side of the glass wall. When I saw her sitting up in bed, she always had a big frown on her face, and somehow looked so old ...she would stare as I interacted with her sister, never choosing to join in. One day, on my way back to the changing room, I looked down the long corridor and saw a family walking towards me. "Clown! Oh, Clown!" I heard a little voice shout. It was this little girl, running towards me, with her elder sister in tow. She was so vibrant and alive, the "old, serious look" had left her completely. We played, did some magic and singing. She talked to me so eagerly about going home and asked me, "Is your home in the circus? How did you come here?" I told her by camel and she became concerned that it was out in the cold. It was so wonderful for me to see her out of that isolation box. I felt lifted in spirit (and I'm only the clown!).

Yet this is only part of the story. The day before, a child that *Dr. Geehee* and I had become close to, died. We'd seen him for about two years, if not more. This was a very sad day. It was a reality check. That evening I went home and lit candles to wish him well on his journey. Yet the next day, I had seen this little girl running towards the exit doors for home. This is part of the balancing in this work, let alone life, and what is so important is that we can give all of these children some light, laughter and magic, whatever their journey is to be.

I find little rituals help me at these times - to celebrate a child's life, to acknowledge the relationship we have/had, what they meant to me, and the times I have spent with them. It also gives me time to think of their families and the hospital staff. This can sometimes be at the end of any day in the hospital, or when a child is happily going home, not just after times I have seen children particularly suffering.

I also feel that the deeper we go one way, the higher we can go in another way. We work in a hospital, a world where emotions, feelings and experiences can go from one extreme to another. Those who enter the hospital, enter this world. And we do, but we also bring another world with us, that of laughter, insanity, magic and color. Sometimes the response is: "You're mental you are!" I love it, and I happily agree!

Dr. DOPPit ~ Hilary Day



When I first heard about the job of "clown doctor" I was very excited - like being a child on Christmas Eve, too excited to sleep and inexplicably cheerful. I found myself repeating over and over again "I'm going to be a Theodora clown doctor." I didn't know why it meant so much, but I just knew that it was the place my life was meant to be. My mother was a nurse, and my grandmother, so the caring profession is in my blood.

I made it through the interview and went on to be trained in January 2001. Four intensive sessions of four days each on medical and artistic subjects were followed by visits to hospital observing the more experienced clown doctors. A lot was learned, and maybe just occasionally we pinched some ideas.

Following this were a minimum of 14 visits in costume working alongside and under the careful guidance of our senior clown doctors. Gradually with their expert support, we all became independent and able to work on our own.

In July 2002, Southampton General Hospital needed two Theodora clown doctors. I felt lucky to be chosen along with *Dr. Geehee*. We have been there every week since then and we love it.

Two years later, I still can't quite put into words why this job means so much to me. I think the secret is in the orange heart that is on our clown doctor coat. Because sometimes on a visit, there is a direct link between the heart in a child or parent, and the heart in me. Yes, that's it. Actually the words don't matter.

Besides the hospital in London and Southampton, I go every month to the National Centre for Young People with Epilepsy in Lingfield, Surrey. There was this one severely epileptic little boy who I played with for a long time. He didn't want to be involved, but then out of nowhere he hugged me and rested his head on my shoulder. The staff was amazed, because they said he does not connect with adults. But then again *Dr. Doppit* is a clown walking around in a magical world. Is she really an *adult*? I never cease to be touched by the love that is shown to *Dr. Doppit* from the children. The world my clown inhabits is magical, and through the clown's eyes I can see with innocence, and appreciate it as a child does.

Key Points of Theodora Children's Trust

- We are a charity
- Our aim is to bring fun and laughter to sick children in a hospital
- We are invited into the hospital after developing a working relationship with a cross section of the staff, from play specialists, to nurses and doctors
- The hospitals do not fund us. We have to find funding from other sources - trusts, foundations, private donations, corporate sponsors
- The clown doctors are very carefully selected and trained, initially in medical awareness and artistic development over a period of four months, followed by 16 on-site working visits with other experienced clown doctors. Only when we and the particular trainee are confident about working do they 'go it alone'
- We have nine active clown doctors
- They receive on-going training and support
- They usually work in pairs
- They are not therapists
- They are not medical doctors
- They do not do shows
- They work one to one and in small groups with the children every week of the year, from outpatient to intensive care units and everything between
- The primary focus is the children, and then the families and the hospital staff
- Each clown doctor can only work two days a week with us, as the emotional and artistic strain is substantial
- Each clown doctor will visit around 3,000 children and their families a year