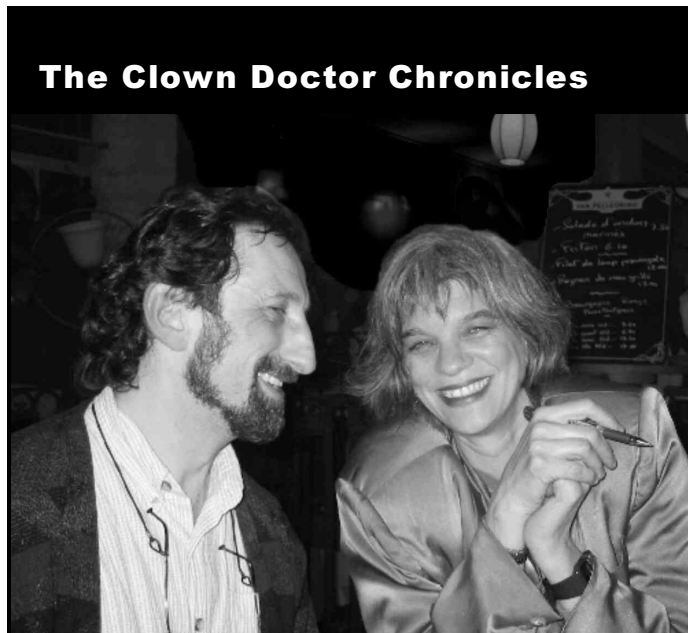


# The Clown Doctor Chronicles

Caroline Simonds  
&  
Bernie Warren

A new book from Caroline Simonds of Le Rire Médecin in Paris and Bernie Warren of *Fools for Health* of Windsor Ontario, RODOPI Press, Amsterdam Press and New York.

Caroline Simonds, a.k.a. *Dr. Josette Giraffe*, is Artistic Director of Le Rire Médecin, Paris France. Caroline came to Paris in the 70's and for ten years she clowned in France, mainly in street theater and festivals. After 1980 she was back in the States and started hospital clowning with the Big Apple Circus Clown Care Unit® in 1988 in New York City at Columbia Presbyterian Babies Hospital. She moved back to Paris in 1999. After receiving grants from the French Ministry of Culture, she started The Rire Médecin at Institut Gustave Roussy in Paris and Hospital Louis Mourier. Caroline & Le Rire Médecin were featured in The Hospital Clown Newsletter Vol. 6 No.2.



*Bernie Warren and Caroline Simonds above "Inclownito" - undercover clowns, i.e., clowns "disguised" as ordinary people in everyday clothing." (Photo by Dr. Peter Spitzer)*

This book tells a story through the eyes of Caroline Simonds that takes place over several months while setting up a clown program at a pediatric hospital. Although the stories are from Caroline's experiences as a Clown Doctor, she says of her coauthor, Bernie Warren. "Bernie really nurtured me all the way through the major writing parts. He read to me out loud and was an incredible inspiration and 'midwife.' We worked as a team. He came to France at least five times to watch our work, help me think about it and also sit on a chair and co-write. Yes, it is mostly my voice but without his generosity and time, I would never have gotten thru it while herding all those 40 some wild clown-doctors."

There is wisdom, wit, and compassion all mixed up in Caroline's experiences as a Clown Doctor and her experience in directing a large troupe of hospital clowns. I have picked out a few paragraphs so you can get an idea of the extent and quality of this book.

## *The Playful Codes*

Enduring and coping with the feelings always present on an oncology ward, Caroline created the Cherub Code, which Caroline uses to this day with her clowns. The codes have developed into nicknames for staff and other playful and endearing name calling. It is interesting to note that you can even put death on the stage of play and take the sting out of it!

In Caroline's words: "So in our pain I created the infamous 'cherub code' to help cope with the flight of life and the blitz of departure for our young patients. At the time this felt taboo and naughty, but it seemed to help us get through some hard times. When I remembered my wings as a street performer, the images materialized.

Bernie Warren, a.k.a. *Dr. Haven't-A-Clue*, is Professor of Drama in Education and Community School of Dramatic Art University of Windsor in Canada. He is Director of Fools For Health (a Clown Doctor programs for children and adults in healthcare facilities in Windsor and Essex region. He has worked with sick, disabled and disenfranchised people in schools, and hospitals for nearly 30 years and taught clowning to university students for nearly 20 years.

Starting timidly one day, I whispered to my partner; ‘I see feathers growing on that little one. Maybe he is sprouting wings.’ Over the years we imagined other ‘codes’; ‘Voyage to the shooting stars, she’s on the runway, ready for take off, Blast Off!’ Then nicknames for children who had already died: ‘Angel Brigade, Flock of Birds, King of the Stratosphere.’

“*Sprouting wings* [is a ] code Dr. Loon and I developed when we started performing regularly at a children’s hospital in the Bronx. It means that a patient is reaching the last part of his life. He might cease to live at any moment, but he is not dying. He is growing feathers, sprouting wings and will soon fly away.

“Over the years, I have heard things that seem either too bland or too cruel for the delicacy of announcing a child’s death . . . When I was a clown-doctor in the Bronx [New York] the first losses were the worst and hit like napalm in my soul. I had no idea how to position myself. Who was I to my patients and who were they to me? . . . I wasn’t even ‘family or friend’, yet I had become attached . . . I lost all clarity as to my role.

“So why is talking about death such a taboo? In the beginning, I often felt incoherent and overwhelmed, it was so difficult to put the right words onto such powerful feelings. Believe me, this still occurs. How to mourn a child’s relapse, deal with finding another amputated, disfigured by illness, paralyzed, in a coma or the unexpected loss of a little pal? How are we to separate the professional from the private so that we can last a long time as hospital clowns without unnecessary burnout and loss of sensitivity? After all, a clown must stay in a state of wonder and naivete. Clown-doctors need poetic humour to balance both tragedy and hilarity on their red noses.”

And that is only page 14 of 170 pages. The codes continue: “Coining nicknames and inventing clown codes help us see staff differently and transform the conventional into the creative. We use nicknames and abbreviations copiously. We use them for patients, but also for the medical staff and naming illnesses. It is a form of affectionate irreverence which allows the doctors and nurses to gently float down from their ‘medical pedestal’, to be treated as real human beings not ‘clinical-automatons.’ This affectionate irreverence is one of the clown-doctor’s tools for making a positive yet destabilizing connection with staff, thus creating a long-lasting bond. One that can be built upon with hilarious or tender variations. Because nothing had ever resembled our special relationship with a hospital team, a process had to be invented in order to justify our playful behavior towards each other.

“The nun in oncology has been christened ‘Little Sista’ by most of our clowns; we usually greet the woman at the head of the cleaning crew by a ‘Hello Captainette!’ In the oncology ward, the lady doctor who sticks kids for the L.P.s has been named ‘Mizzzzz Porcupine’ and the nurse who runs blood tests in the clinic has been baptized: ‘Madame Mosquito.’”

### ***Stories that will make you pause and contemplate.***

The stories of several children run throughout the book, Maurice being one of them. He calls the clowns Elephant and Lapin (French for Rabbit which he insists on calling Dr. Giraffe, Caroline). And with his mighty breath he blows them across the room. “Maurice calls Bob an ‘EL-E-PHANT’ and continues to needle me with ‘LAAA-PIN!’ This blows the air out of us and sends me home preoccupied with the meaning of life on earth, even a short one. How does a child cope with illness and when he cannot, how does he create a way to escape it? What is Maurice really saying? Does he mean to tell me that no one will ever catch the wind? That the wind has its own laws and the wind can escape illness? It blows softly or it roars and howls, destroying the earth, disguised in a tornado or a hurricane costume. ‘The answer my friend is blowing in the wind. The answer is blowing in the . . .

“The wind can also empower. Last week an angry boy and his mother arrived on the ward. He was giving his mom a terrible time and looked so thorny that neither *La Mouche* nor I wanted to get anywhere near him. He had just found out about a relapse of his leukemia and Mom wasn’t in a tip-top mood either. At 20 feet down the hallway, I hollered to him. ‘Don’t you come near me. Don’t even BLOW on me and don’t even think about blowing on my delicate clown partner!’ An impish smile appeared as the boy puffed up and both of us went flying down the hallway to splatter onto the walls. He laughed. Mom cried. Once again the power of a metaphor spoke volumes.”

Bernie Warren will add his wisdom to many chapters as on the importance of clowning in pairs. “There are many reasons why it is better for clown-doctors to work in pairs, some relate to performance. A solo performer, no matter how skilled he may be is limited. Without a proficient, professionally trained partner he must either put on a one-man show, or put pressure on the child to be part of ‘his act.’ There is no one to suggest other ideas; initiate a new piece of business, create improvisational conflict, help reset the volume if he is too ‘loud’ or too ‘soft,’ or at the end of the day, to discuss the day’s events.

“Successful clown marriages are defined by the energies, sensibilities, and complementary skills and rhythms of the performers, irrespective of whether a partner is male or female. One partner usually has to play the white clown nominally in charge of their auguste [clown]. For someone must act as the ‘parent’ to their partner’s ‘child’ making sure that things don’t get out of hand. Almost all skilled clowns can play either role.

“The specific dynamics of the relationship between an auguste and a white clown are the basis for the clown couple’s ‘lazzi’ [Commedia term for a comic bit or scene]. This creates conflicts which are often resolved through the simple act of a child’s laughter. A clown marriage allows a child to simply sit and watch or moderate, enrich and

develop the action. Of course if he chooses to participate, he can be part of a clown team, often becoming the true ‘boss’ of the action.”

The book is also rich in stories with spontaneous routines which will illustrate the techniques used by the clowns of le Rire Médecin. “What a treat to see Martin [one of the patients] tottering in our direction! He helps *Dr. Pewpew* and me to teach three medical students how to fly with latex gloves. They are timid at first and don’t dare move, probably sensing a bigwig somewhere near. With Martin’s inspiring example, which no one can resist, we give each of them a pair of surgical gloves to use as ‘feathers,’ to be held on the ends of their fingertips. In my head the elfin words of Peter Pan resonate, guiding me: ‘Just think lovely thoughts, *Dr. Giraffe* and uuuuupppp you’ll gooo.’ How we soar, how we flutter, glide and circumnavigate the unit in all directions. Dozens of eyes watch this strange parade consisting of three baby-doctors, one elated Tin-tin and two happy imbeciles with 12 pairs of latex wings, running circles around the ward in a fight flight for life!”

Once monthly all the clowns meet and exchange ideas and stories. “Loving the work in the hospitals is not enough. It is essential to enrich our path with new ideas and provoke change. Obsessed with finding new techniques for helping the kids and for improving our clowning. I want to develop interactive ways of working with medical staff. Performers need more medical and creative training to adapt their art to hospital performing: classes on pain; assessment, child development, bereavement and even anorexia.

... “After brainstorming ideas for performing in the evening at the hospitals (wearing nightgowns, singing lullabies, etc.) the clowns start to discuss their most recent joys and losses. There have been several deaths in our hospital this week so the conversation is weighted.

“Somehow we drift onto the subject of medical secrecy and the different attitudes in each hospital. One of the great dilemmas for an artist working in a hospital is the question of confidentiality. Since we are neither therapists nor do we take the Hippocratic oath, something had to be done to ensure respect for medical secrecy, and thus win the trust of a hospital team in order to work with quality, on a long term basis with ‘their’ patients.

“Is it necessary for a clown to know if a child is in pain, has been molested, about to have a limb amputated or has an incurable disease? Yes. Experience tells us that to remain 100% sensitive, avoid making mistakes and to perform appropriately for each medical case, it is critical for a performer to modify his gestures or actual physical distance from a patient to even question the choice of a song. A child deserves no less.”

There are also stories that will show you an awareness of the hospital clown’s relationship with staff. “For Rosa’s blood test, we are helpless, just like the last time. We persist with gentle singing but decide to leave. There comes a moment

when you just stop or you risk overburdening the situation with too much information for the nurse, the child and the parent. Rosa needs to scream. Even her dad is helpless today. She is fed up with all the medical procedures and since her relapse cannot tolerate even the smallest of pokes. Upon leaving, we can feel our relationship with this nurse grow and deepen despite our failure to help. Without speaking we have acknowledged her difficulty in being the one who gives injections, wipes tender spots and must do invasive procedures on children. It doesn’t matter if we are efficient or not. The goal is not to make Rosa laugh, it is just to help her cope with procedure. We show her that we accept her in any situation - screaming or laughing, tired and fed up, cute and playful. This is all part of what we can share with the medical teams. Acceptance and clarity are essential ingredients in the hospital marriage. When we all remain clear on who we are to the kids and accept what our respective limitations are, this reinforces the unity of the teams without widening the gap between the ‘good’ people who encourage laughter and the ‘bad’ ones who hurt with needles.”

This not a book you will read from cover to cover in one sitting. This is a book you, like me, will underline and pencil in thoughts that it provokes. It will be a book you pick up when you feel stuck, or tired or sore inside, and it will inspire you. — Shobi

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