

# From Pochinko to Pediatrics

by Kathleen Le Roux, a.k.a. Doko, the Clown

Therapeutic Clown at Sick Kids Hospital in Canada

I have been studying the Pochinko method of clowning with John Turner and Michael Kennard for five years and I have attended "Boot Camp" at John Turner's Clown Farm on Manitoulin Island for four consecutive summers. The work I do developing my clown at these advanced workshops each summer feeds and strengthens my work as a therapeutic clown at Sick Kids Hospital in Toronto. The Pochinko method of clowning engenders an incredible flexibility of spirit, emotion and imagination, all rooted, as Shobi explains, in honesty. Honesty is the root of connection and connecting with patients, family and staff as we all know, is the ultimate work of the therapeutic clown.

## Masks

Having the six masks to draw on as well as their respective states of innocence and experience (that makes 12 distinct characters and histories influencing the clown) allows for a huge range of expression and adaptability to people and circumstances. My clown, Doko, can be very articulate, mature and savvy about pop culture with teenagers (drawing on all my experience masks) and yet totally clueless, wordless and tentative about the world with a younger child (drawing on all my innocence masks). The beauty of the masks is that one can choose to draw on them or not, combine them, use them in varying degrees or forget about them completely. They are useful as a tool and as an anchor from which to play.

In my work, I have found that different situations and children will draw out different masks. For example, I have noticed that with babies I tend to draw specifically from my *Mask 1* experience and *Mask 3* innocence. *Mask 1* experience is a 200-year-old

man with quiet superpowers and whose message to the world is "love it all." He lives in a futuristic underground cave where there are hundreds of small babies that he cares for and nurtures for the future of humanity. *Mask 3* innocence is an awe-struck child who is mesmerized and delighted by any reaction, any thing that moves, anything that happens in the world. So, when *Doko* meets a new baby, there is often a mixture of omnipotent, paternal love (externalized by slow movements, gentle, wizened singing and power-giving gestures) and awestruck excitement and delight when the baby kicks a leg or gurgles or flutters a finger. At which point a conversation might begin between *Doko* and the fluttering finger. The play thus begins.

In general, I would say that in the pediatric hospital setting, my clown *Doko* draws more from my innocence masks than from my experience ones. Indeed there are aspects of some of my experience masks that would be entirely inappropriate to bring into the hospital setting. My *Mask 5* experience is an angry, jilted bar owner who is curt, abrupt, rude, prone to yelling and is very confrontational. There is no place for her in the hospital setting. My *Mask 6* experience is an alien sent to Earth to frighten people to death. Needless to say that in its pure form such a mask would not be appropriate to use. However, I have drawn on some of the gestures for these masks and I can bend and soften up these masks by colouring them with innocence or by combining them with other masks. So in effect, all masks can be used and tailored to suit one's needs.

## Honesty

One day at work I was feeling totally cranky and out of sorts. I truly did not feel like going onto the units and



bringing light and joy to the world. What to do with these unwelcome and negative feelings at the beginning of a clown day? I decided that rather than ignore it and put on a false happy face, I would sink my teeth into my disgruntled state and in fact have a bit of fun mocking my own negativity. I folded up one of my yellow collapsible tubes so that it resembled a lightning bolt. And out I went into the world holding the lightning bolt above my head and making thunderous cracking sounds as I walked miserably towards the unit. To my great relief, it was so much fun and caused so much delight in the interactions I had with people, that I soon found myself in a giddy and happy mood again and ready to play.

## *Take the Audience into Your World*

In theatre clowning we are taught to first get our own world going (the reality of the clown) and then to hold up this world for the audience to enter. I've recently been experimenting with this concept and seeing how it can facilitate connections in a hospital setting.

Generally speaking, I try to approach each new child and each room in a neutral, open state, with no particular world, in no particular mask and with no agenda. From this open place, the clown holds the world of possibility open to the child and follows the child's lead in the development of the interaction. Magnificent things come of this approach. However, on one occasion, out of pure impulse, I decided to try a different approach.

*Doko* noticed that the floors had just been cleaned and waxed. They were shiny and smooth and really fun to slip and shuffle on. *Doko* felt like skating. *Doko* became a world class figure skater and spent the whole day skating down the halls and doing pirouettes, triple axels and backwards cross-cuts. (Clown skating was a slow motion kind of shuffle along the floor with exaggerated arm movements and a steady rhythm) To my delight, this image, the world of *Doko* as a skater, facilitated an enormous amount of effortless connections with families and patients. *Doko* skated past each door, fully in her own world, waving to her "fans" as she passed. At the end of the hall, she skillfully swept around and then skated down the hall backwards this time. She added a few triple lutzes at each door and continued on, fully absorbed in her world.

Parents and children came to the doors to watch. On *Doko's* subsequent passes she called a "time out" from her sport to chat with the fans, skating into each room. One little girl who was mobile but attached to an IV pole wanted to join in the skating. She challenged *Doko* to a race. The parents became the officials and *Doko* and the girl had

various races down the hall, backwards, forwards, bent over speed skating style, all manner of skating positions. And of course, the girl always won. There was great energy and enthusiasm generated throughout the day as *Doko* skated from room to room and down the halls. *Doko* had established her world and held it open for others to enter and play. And they did.

Such an approach was a delightful change in routine for me and I was amazed at how readily people would enter into the game and come along for the ride. In some cases the game continued in the room, in other cases, the skating scenario offered a fun way to introduce myself and then it evolved into something else as I followed the child's lead. But no matter what happened in each room, when *Doko* bid farewell, she tightened up her "skates" and returned to the ice, skating off to her next destination.

### *The Six Impulses*

In Pochinko language, emotion, physicality and impulses can be measured on a scale from 1 to 6 where 1 is a mere inkling and 6 is an all-out, no holds barred expression of a feeling. If there is one thing about Pochinko technique that needs specific attention and adaptation in the hospital environment, it would be the impulses. Much of the time, very small and subtle impulses have a profound effect in the hospital setting and they are the most conducive to listening and connecting. But every now and then, with certain children, the higher impulses beckon. In these cases, it is important to monitor the impulse level. Impulse 6 is typically so big that it is simply inappropriate in such close proximity to other people and in the hospital environment. Yet, impulse 6 is often the funniest and most ridiculous impulse to be in. Clowns are often most vulnerable, most charming and most delightful when expressing something big. A four-year old child

*Doko's* Make-up reflects some of the elements of her 6 masks



delights in the game of scare *Doko* with his plastic dinosaur. The child gets maximum pleasure from maximum fear in *Doko*. To make the impulse 6 work in a way that does not disturb others and that is appropriate to the child, I have learned how to reach an emotional impulse 6 while keeping my physicality and voice in a mid-impulse range.

There are many ways in which Pochinko technique is particularly useful and supportive of the work of the therapeutic clown. While this technique is predominantly characterized by the creation and use of the masks, the fundamental clown principles are the same as any other good clown technique. Listening, honesty, vulnerability, clown logic, playfulness and following impulses are not Pochinko specific concepts. But Pochinko training gives one a vocabulary and a structure through which to explore and discuss these aspects in a gloriously personal and freeing way. I have not yet found a method or training system for therapeutic clowning that compares to the depth and breadth of the Pochinko model.

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She is now Dr. Dissy-Do-Right

Kathleen Le Roux has been a therapeutic clown artist in Toronto since 2001 (Sick Kids, Bloorview Kids Rehab, Dr Clown) and is a founding member of the Canadian Association of Therapeutic Clowns. She is a graduate of Queen's University Drama, the National Theatre School of Canada's Directing Program and The Loose Moose International Improvisation School in Calgary. She has studied clown technique with world-renowned trainers John Turner and Michael Kennard (Mump&Smoot), Philippe Gaulier, Karen Hines, Grindl Kuchirka, and Francine Cote. Kathleen worked for 15 yrs as a producer, director, teacher and performer in theatre, improvisational comedy and children's television before discovering that her true passion lay within the heart of a red nose in service. Kathleen is thrilled to be building her life's work around her red nose, contributing to health and healing through empowering play, compassionate care and life-enhancing humour. She is both a senior artist with Dr Clown and the General Manager of Dr Clown's Toronto Division.