

By Joan Barrington

Was it serendipity when I had a vivid dream of a clown in the 80's, then happened to turn to a channel on my TV one day and see Karen Ridd, aka Robo, using her skills as a clown to empower children in a hospital???" "Yes," I thought, as I watched entranced, "Yes, this is definitely the kind of clown I was meant to be!"

I intuitively knew from that first dream in the 80's that my life had changed forever. Watching Robo confirmed it.

In the early 90's Karen moved from Winnipeg to Toronto. Was this also serendipity? After presenting a proposal to The Hospital for Sick Children for a therapeutic clown program, I was able to hire Robo/Karen to mentor me, and The Therapeutic Clown Program at SickKids was launched in 1993. My training was 'on the job' and Bunky was born that year.

The use of humour as therapy is receiving increasing attention from health professionals interested in both the psychological and physiological effects of laughter on patient wellbeing. Doctors and nurses are behaving in a way which even Patch Adams would approve of (Adams, 1998)\*. Many hospitals parachute clowns in for 'entertainment' but, from the beginning, I felt that if therapeutic clowning is to become a legitimate profession, we must become members of a multidisciplinary team in the hospital. In addition, children need continuity and consistency when their world is turned upside down. So, in 1993 we went on staff at SickKids under the umbrella of the Child Life Department and I began the serious work of fund-raising for salaries.



What is a therapeutic clown and how is this therapeutic? Bunky is not like any other staff member, and he brings his humour, silliness and playfulness in a very different package -- red nose relief. For the first ten years Bunky was non-verbal, giving the voice to the child, who had to agree or not to play with him.

We need to understand that when a child comes through the doors and enters the hospital corridors he has no choice: no choice over his illness, no choice over the medication he will take, the length of his stay, etc., but he does have a choice about playing with Bunky or not. Bunky always asks permission to enter someone's space, whether in the corridor or hospital room. Our work is about building trust through the offering of choices, and bringing imagination and inclusive play to the bedside – forming lifelong relationships. This is about the patients, not about the clown. It means being a playmate alongside these children in their journey through their illness.

Why should children stop playing just because they have to live in a hospital?

The 'play conversation' between the therapeutic clown and the child is age appropriate, and props and interactions are chosen for their specific play potential, whether the child is lying flat in bed, hooked up to an IV or on a heart monitoring machine. From babies to teens, Bunky will become the persona that is appropriate - in the moment. As therapeutic clowns, we are invited into the child's new and often times frightening world, where we are all vulnerable and lost.

This work is a responsibility and a privilege. In 1999 I became co-founder with Mary Hirst of Therapeutic Clowns Canada where we seeded and started up programs in paediatric hospitals across Canada. Recently, Therapeutic Clowns International was launched so that Bunky and friends can sprinkle their Red Nose Relief to other countries, such as Cuba, Ecuador and El Salvador.

\*Patch Adams M.D. Gesundheit! (1998)