

Therapeutic Clowning: The Canadian Experience

**Healthcare Clowning International Meeting, 2016
Lisbon, Portugal**

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Therapeutic
Clowns
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Canada is the birthplace of **the therapeutic clown model**, and has pioneered the use of professional clowns in healthcare settings since the inception of the profession, in **1986**.

We are a society that embraces diversity in multiculturalism, and our many distinct regional hospital clown programs reflect those core values, meeting challenges, accommodating commonalities and differences, through therapeutic clown and clown doctor models, and hybrids of those models.

The history and unique contributions of the Canadian healthcare clown community have profoundly built and shaped the profession. In this outline, we chronicle the various Canadian approaches, our history in the profession, and challenges/goals for the future.

About Canada

- A nation that embraces multiculturalism, peacefully merging a wide variety of ethnic groups (First Nations, England, French, Europe, Africa, South America, Australia, and Asia), immigrants and refugee populations.
- 2 official languages, with 2 dominant and distinct cultures, French and English.
- Geography is vast, with a small population, concentrated primarily along the southern border. Limited number of major cities, isolated from one another by distance and cultural history.
- Toronto and Montreal are Canada's largest metropolitan areas, and are in the eastern part of the country (Montreal is in the predominantly French-speaking province of Quebec).
- Vancouver (third largest city) is on the Pacific coast, and Winnipeg (seventh largest city) is in central Canada. Both are very isolated from the rest of the country. All other locations for Therapeutic Clown Programs are smaller, regional cities, including Halifax, on the East coast.

Origins of Healthcare Clowning

- **Child Life Therapeutic Clown Program, (Winnipeg, 1986): Karen Ridd (Robo the Clown)** approaches Ruth Kettner (manager) and Renee Ethans (CHTV director) of the **Child Life Department at Winnipeg Children's Hospital**, in **May, 1986**, and the first Canadian therapeutic clown program is founded. Child Life specialists provide psychosocial service aimed at helping to alleviate the stress and anxiety that children and their families encounter as a result of the hospitalization. They also strive to promote optimum development of children and adolescents as well as maintaining normal living patterns.

It was in the context of Child Life theory and practice that Karen developed her ideas about the value of therapeutic clowning in health care settings. Most Canadian pediatric therapeutic clowns are connected in some way to their Child Life departments. Her 1987 paper on the subject was called "**There Oughta Be Clowns: Child Life Therapy through the Medium of a Clown.**"

http://media.wix.com/ugd/2b65a6_734b49e08fb1491c9a299ad7cf1bcd0c.pdf

Appendix Two of this publication is a position statement correlating Child Life goals and objectives to the functions and activities of the therapeutic clown.

Central to this style of therapeutic clown is the idea that the clown has come from the child's world outside of the hospital to journey with them. In fact, in a series of 10 videos, Robo takes the role of a Children's Hospital patient (Robo Gets a Cast, Robo Gets a Poke etc.). The videos were used to prepare children for hospital procedures through Robo's own experience.

"**Project Robo**" a video presenting an overview of the whole therapeutic clown program called was also made in 1987

https://www.youtube.com/watch?v=M3ju_z-6iLY

- **Big Apple Circus Clown Care, (BAC, New York, 1986):** BAC co-founder **Michael Christensen** created the **Clown Care Unit (CCU)** program in **1986**, based on his desire to provide a unique service to youngsters undergoing treatment in pediatric facilities. In partnership with a participating hospital's chief medical and administrative staff, members of the Clown Care team conduct 'clown rounds,' their own version of medical rounds, where the healing power of humor is always the prescription.

Clown Care, the signature community outreach program of the Big Apple Circus, brings the joy of classical circus to hospitalized children at **16 leading pediatric facilities** across the United States.

Currently, **80 committed and talented professional artists** conduct clown rounds one to five days a week, year-round, making nearly **225,000 visits** to young patients every year. Clown doctors are trained in specific hygienic practices and protocols and in special issues related to interacting with hospitalized children. Performers collaborate with doctors and staff to design a program that fits the needs of each hospital. They visit children in both inpatient and outpatient units, including intensive care, emergency room, physical therapy, bone marrow transplant, pediatric AIDS, and hematology/oncology.

History of Canadian Therapeutic Clowning

Original Canadian Programs:

- **Child Life Therapeutic Clown Program (Winnipeg Children's Hospital, 1986):** This program shares with the Big Apple Circus' CCU the honour of being one of the first Healthcare Clown programs in the world, and has been under the direction of David Langdon (Hubert and Onri) since 1989. David is also a Child Life Specialist, and an employee of his facility.

The Winnipeg method featured a solo, silent clown, who engaged in regular one-on-one play interactions at the bedside and throughout the facility. This character was supervised by Child Life, and was a part of the larger medical team. As such, the role of the clown was deemed therapeutic, hence **the term "therapeutic clown" was created**. This is now in universal use in Canada, describing any professional clown working in healthcare, regardless of style or approach.

He also works in the child life department's closed circuit TV station and performs other child life duties.

David introduced a verbal clown doctor character (Onri) to the program in 2003, and he is the only Canadian practitioner who embraces both personas and styles, in his work.

- **Therapeutic Clown Program at Sick Kids Hospital (HSC, Toronto, 1993):** Launched by **Joan Barrington** In the introductory year, **Karen Ridd**, (Child Life specialist and Robo), mentored Joan in the 'Winnipeg Model' of therapeutic clowning, which she created. leading to the creation of Joan's clowning alter ego '**Bunky**'.

After Karen/Robo's departure a year later, Joan began to actualize her vision to have a therapeutic clown on all 5 in-patient floors and high need areas of HSC. **Camilla Gryski (Posy)** joined the program in 1995. Through fundraising, hiring and training, the program eventually expanded to a therapeutic clown troupe of eleven practitioners.

In 1999, **Mary Hirst**, connected with Joan and they registered **Therapeutic Clowns Canada (TCC)** as an umbrella organisation to seed and train therapeutic clowns who would develop programs across Canada.

Joan is now the Director of **Therapeutic Clowns International (TCI) and the **Canadian Association of Therapeutic Clowns/ L'Association Canadienne des Clowns Therapeutiques (CATC/ACCT)** adopted the name **Therapeutic Clowns Canada (TCC)** in 2014.*

In 2011, Therapeutic Clowns at SickKids were integrated into the hospital's new Creative Arts Therapy Department, alongside Art Therapists and Music Therapists.

There are currently 2 Therapeutic Clowns, **Jamie Sneddon (A.LeBoo)** and **Franco Recchia (Ranger Ray)**, on staff, both working full time (5 days a week, 8 hours a day). They work in the solo clown model and focus their practice on play, friendship building and humour. The Creative Arts Therapy Department is funded through donations to the SickKids Foundation..

- **The Therapeutic Clown Doctor Program/M.I.R.T.H Unit (B.C.'s Children's Hospital, 1994):** Founded by **Paul Hooson (Doc Willikers)** at **BCCH** after being inspired by a magazine article on the Clown-Doctors of the Big Apple Circus' "Clown Care Unit" (CCU) in New York City

Paul first realized the power of clowns in Health Care, while working on a **pilot project** with **Child Life**, exploring the use of **clown** and **puppetry** to therapeutically engage children and families at the **IWK Children's Hospital in Halifax in 1976-77**.

In **1993**, in concert with the **Child Life Department**, and the **Canada Council for the Arts**, he independently developed a solo, verbal clown doctor practice, and in **1994**, created the **first Clown Doctor program in Canada**. At the time, Paul was unaware that similar work was being done in **Winnipeg** and **Toronto**. His work is now considered an accidental, but happy hybrid of the Therapeutic Clown approach, and the Clown-Doctor method. This program embraces both the solo and the duo clown model. Practitioners are independent contractors.

The BCCH Therapeutic Clown Doctor Program expanded into **Sunny Hill Health Centre for Children (SHHC)** in **1997**, and into **Canuck Place Hospice For Children** in **2000**. The BCCH and SHHC programs are now under the Directorship of **Sand Northrup (Fizzie, the PhryzzioTherapist)**. BCCH practitioner, **Melissa Aston (Cosmo, the DisOrderly)**, is currently being trained to take over the Canuck Place program.

The journey to find one another and connect

- **1995:** We begin to find each other. Central to this was **Caroline Simonds' (le Rire Medecin, France)** visit to Winnipeg, while Paul was in NYC interning with the CCU. Paul had just reconnected with Caroline in New York, with whom he had worked in Paris in 1971. He had visited Joan at Sick Kids Hospital in Toronto, in 1994, but had never met David. Caroline's visit was also the first opportunity for Joan to visit the Winnipeg Program.
- **1997:** "**Nobody's Fool: but Everybody's Laughing (A Celebration of Canadian Clowning)**", a conference on humour and health, presented by **Sue Proctor** and **Clownwise Inc.** brings together Canada's only therapeutic clowns, **Joan Barrington, Camilla Gryski, Paul Hooson and David Langdon** for the first time.
- **1998:** **Mary Hirst** facilitates a work session in Toronto with **Joan Barrington, Camilla Gryski, Paul Hooson and David Langdon** to discuss the future of therapeutic clowning in Canada. The second "**Nobody's Fool: but Everybody's Laughing**" conference in Winnipeg is convened, and we solidify our resolve to move forward, together..
- **1999:** Mary Hirst and Joan Barrington founded the original iteration of **Therapeutic Clowns Canada (TCC)**, a non-profit foundation created to help bring therapeutic clowning to all major pediatric facilities across Canada through the provision of seed funding and the training of therapeutic clown practitioners. The third "**Nobody's Fool: but Everybody's Laughing**" conference in Winnipeg, is convened.
- **2001:** "**Play It Again: a conference on humour, play, creativity, and the arts**" again brings together therapeutic clowns from across Canada, as well as others interested in the therapeutic applications of humour and creativity.

- **2004: "Challenging Stereotypes: A Celebration of Arts in Community"** is presented by the Canadian Centre on Disability Studies. The conference featured therapeutic clowns from Vancouver, Winnipeg, Toronto, and Montreal. An ad hoc meeting of the therapeutic clowns at this conference leads to the creation of **The Canadian Association of Therapeutic Clowns/ L'Association Canadienne des Clowns Therapeutiques (CATC/ACCT)**.
- **2005: CATC/ACCT** is formally established, with 27 charter members, and representation from all Canadian programs. The Association developed a comprehensive **Statement of Principles, Code of Ethics** (vetted by the Ethics Committee of the HSC, Toronto) and definition of Therapeutic Clown, with a commitment to regularly gather, share, and network, among ourselves.
- **2005-2014: Annual CATC/ACCT Symposiums** are held across Canada, exploring Professional Development, training, best practices, funding, research, and dissemination of information that would further the profession.
- **2007: TCC Foundation disbands**, having met its mandate to found Therapeutic Clown Programs from coast to coast, and transfers all resources to CATC/ACCT.
- **2011: The 7th Annual CATC/ACCT symposium is held in Winnipeg : "Celebrating 25 Years of Therapeutic Clowning and Clown Doctoring in Canada and the United States"**. Michael Christensen was honoured along with Canadian therapeutic clown pioneers Karen Ridd and Renee Ethans.

http://media.wix.com/ugd/2b65a6_eef985f1f13e4435a89846cf4b6f122c.pdf
- **2014: Holland Bloorview Kids Rehabilitation Hospital** hosts a Symposium on **"Clowning in Therapeutic Environments"**. At this symposium, **CATC/ACCT** members vote to restructure the Association as a Network, and to adopt the name **Therapeutic Clowns Canada (TCC)**.

The profession grows in Canada

Therapeutic Clowns Canada/TCC (original 1998 iteration): Most of these, with the exception of Holland Bloorview, are based on the Winnipeg model of a solo clown who is not a medical character. Some will employ more than one clown, but each will generally work on separate wards. Most are facility employees.

- **Credit Valley (Mississauga, 2001)**, under the direction of **Lucia Cino**
- **Children's Hospital of Eastern Ontario, (CHEO, 2002)**, under the direction of **Ruth Cull**.
- **Trillium (Toronto/Mississauga, 2003)**
- **St. Boniface General Hospital (Winnipeg, 2004)**, under the direction of **Pat Holbrow**, with **Sue Proctor**
- **Alberta Children's Hospital (Calgary, 2004)**, under the direction of **Cheryl Oberg**, with **Fif Fernandes**
- **London Health Sciences Centre (London, ON, 2004)**, under the direction of **Ken Sperling**
- **Holland Bloorview Kids Rehab (Toronto, 2004)**, founded originally by **Jamie Burnett**, who tragically passed away, at a young age. This program is now under the direction of **Helen Donnelly**. The facility's clowns work in the duo model, and are medical characters. This program has done significant research into the impact of live clown interactions with children in a state of coma.
- **IWK Children's Hospital (Halifax, 2006)**, under the direction of **Cleve Sauer**

Fools for Health (2001): Founded by **Prof. Bernie Warren**, of the School of Dramatic Arts (**University of Windsor**), four university theatre students were trained as Clown-Doctors to work with patients on the In-Patient Rehabilitation unit at the **Windsor Regional Hospital (WRH)**. With early support from the University of Windsor, **Fools for Health** was born, becoming one of Canada's first Clown-Doctor programs.

The Clown-Doctors currently service **WRH Western and Met Campuses, Pediatrics at HDGH, Leamington District Memorial Hospital, and Chatham Kent Health Alliance.**

In **2004**, **Familial-Clowns** were born, through the "**Down Memory Lane**" program, which began visiting residents in nursing homes, especially those with dementia. By **2009**, Familial-Clowns entered area retirement homes with their "**Laughter-Boss**" project to train staff in long-term care. Independent Contractors.

Jovia Foundation (2002): The Jovia Foundation was first called **Dr Clown** and was founded by **Olivier-Hugues Terreault, Melissa Holland**, (Clown artists), **Florence Vinit** (Psychology professor and clown artist) and **Germaine Gibara** (business woman). Dr Clown began with regular visits to a senior's residence in 2000, obtained its charitable status in 2002, and began a regular program in paediatric, adult and geriatric institutions that same year.

In 2007 Dr Clown also developed programs in Quebec City and in Toronto, and in 2012, after refining its artistic approach in geriatrics, the company underwent a name change. The **Jovia Foundation** became the umbrella name, in support of its two programs: **Dr Clown** in hospitals and **La Belle Visite** in geriatric institutions.

Today Jovia has 25 clowns and is present in 32 health-care institutions in Montreal and Quebec, with an admin staff of 5 full-time, 2 part-time employees. Financial support is dependent on corporate donors, hospital foundations, and private donations.

Jovia's therapeutic clowns are professional performers with specific clown and psycho-social training, who work in duo, and in collaboration with health-care staff. They work with children, adults and seniors and serve a diverse linguistic and cultural population.

The Canadian Association of Therapeutic Clowns/ L'Association Canadienne des Clowns Therapeutiques (CATC/ACCT) is formally established (**2005**)

Therapeutic Clown Services (Toronto, 2005): founded by **Camilla Gryski**, after 9 years with the HSC program, becoming the first Canadian Therapeutic Clown private practice, specializing in Pediatric care. Independent Contractors.

Clowns Thérapeutiques Saguenay (2007): **Josée Gagnon** and **Moira Sheffer-Pineault** started les Clowns Thérapeutiques du Saguenay at a seniors residence in **Chicoutimi, Quebec**. They have a team of 7 clowns, professional artists, working with children and seniors in the Saguenay-Lac-St-Jean region of Quebec. I think they're present in 7 health-care institutions. Charity, funding from corporate sponsors and private donations.

Jest For Joy (Vancouver, 2009): **George Pearson Centre**, under the direction of **Allyson Grant** and **Briana Rayner**. This company were mentored by Fools For Health, and works with institutionalized adults, in a duo, clown doctor style. Independent Contractors.

Clowning for Health and Well-Being (Toronto, 2011): **Kathleen Leroux** directs Canada's second private Therapeutic Clown practice, , after working many years at HSC, Holland Bloorview, and with Dr. Clown/Toronto. Specializing in adult and elder care. Contractors.

Therapeutic Clowns International (TCI, 2011): TCI was founded by former HSC Therapeutic Clown Program Director, **Joan Barrington**, as a philanthropic organization dedicated to enriching the lives of hospitalized, critically ill and disenfranchised children globally. It was established with the intent of sharing the profession and best practices of therapeutic clowning within and outside the borders of Canada and into acute care populations and areas of conflict.

Therapeutic Clowns Canada Network (2014): In 2012 **CATC/ACCT** membership voted to transition from a professional association to a professional network, comprised of the same individuals. Issues leading to this transition were:

- a) CATC/ACCT was a volunteer organization and the bulk of the job was done by overworked individuals whose tasks were done in their off-hours
- b) The diversity of programs across Canada presented various issues (best practice, artistic training, continued professional development, supervision, research involvement, etc) which proved beyond the resources of a volunteer organization.
- c) The cost involved in keeping CATC/ACCT 100% bilingual and relevant to many Quebec performers proved difficult,

In **2014** after the “**Clowning in Therapeutic Environments**” **symposium** held in **Toronto**, network members met and discussed the future and goals of the organization. As a result of this meeting it was agreed that the network would be called **Therapeutic Clowns Canada (TCC)**, a new website would be designed, and primary areas needing addressing were identified.

Defining core competencies and a therapeutic clown training model that addressed both solo and duo work were agreed as crucial to moving forward. The network continues to function as a method of communicating, brainstorming and resource sharing.

Future Challenges and Directions

- Developing an effective framework for building and maintaining a national professional Network, in such a large and culturally diverse country
- Establishing, coordinating, and ensuring best practices, and a minimum competency threshold for practitioners
- Continuing secure funding for programs, research, advocacy and administration of the affairs of a national Network
- Education of professionals in other healthcare disciplines, as to the work we do, and the potential positive impact on individuals, families, and caregivers.
- Coordination of training methods, opportunities, and standards

***Canadian members will be meeting in Lisbon following the Healthcare Clowning International Meeting 2016 to debrief and address outstanding issues.*