

Clowning in a World of Hurt: . . . Shelters

Here is a whole field that needs the services of Caring Clowns -- battered women's shelters, red cross shelters for victims of natural disasters and homeless shelters. It is a rewarding experience, but needs a little "mind set" preparation.

Marilyne Gustafson who has been a clown for 10 years and a nursing educator for almost 50 years clowns among other places in a battered woman's shelter in the St. Paul Minnesota area. Marilyne gives us the benefit of her experiences.

"The purpose of a shelter is to provide shelter and safety -- physical and emotional. Security is tight and clowns may need to pass through security protocol in some settings. Usually clowns will be accompanied at all times by staff who determines where you will be working. Part of this security is confidentiality. It is imperative that you never tell the names and/or location of the shelter to anyone other than your fellow clowns (who have also been checked by security). Some male clowns may not be permitted in battered women's shelters, because there may be a "no males allowed" policy.

"The staff will give you general guidelines but no information about the occupants. Usually only first names are used. It is suggested that someone from the staff be present in a room with you at all times. If discipline is necessary, the staff will be responsible for any measures taken.

"If a child or mother recognizes you (even though you're in clown character) discuss with the staff the need to reassure them that you are familiar with the shelter's confidentiality protocol and that you will NEVER reveal their identify and where they are.

"As the result of the battering, mothers may be in pain, fatigued and skeptical. They report feeling they are living-in-exile. They feel uprooted, unsettled, unprotected, and distrustful. Mothers are concerned for their own safety and that of their children, while children report being worried about their mothers. The children may feel powerless, uncertain, and/or frightened with increased aggressive behavior. The best approach is to be cautious with humor. Use silly clown antics that are not loud and boisterous. Rapid movements may also be inappropriate, as a quick motion might be misinterpreted as a violent motion.

"Many times you will not see any outward signs of distress. It might show itself in unprovoked acting out on the part of children. If you note outward signs of physical battering, you simply note it and make no comment. If some child volunteers or explains an injury, it is best to listen and then move on to play.

"When using props or activities avoid anything associated with violence or that can cause acting out like squirt guns. If you are permitted to use balloons, avoid swords. In selecting games avoid those that are highly competitive as they might encourage aggressive behavior with children.

"Choose stories for storytelling that are quiet, gentle, light hearted and funny, rather than those that would elicit loud and boisterous responses that hint of violence. You can find stories with animals usually safe. Use those with happy endings rather

than themes of sadness or loss. Select story books and puppet for their humor, silliness and overall upbeat tone. Select songs carefully too -- probably those with less rowdy action that will not encourage acting out.

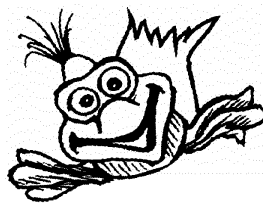
"Be alert to the ethnic population of a shelter, research and choose stories that are popular with that group. Old favorite stories and songs that most classroom teachers use are often a familiar and good choice, for example the Hungary Caterpillar. Children love to hear them over and over again. Even if adults are tired of a story they will listen just to be with the children who are enthralled. There is something comfortable about that which is familiar; however, be prepared that these familiar stories could connect with past unpleasant events."

Reference: Campbell, J. Empowering Survivors of Abuse: Health-care, Battered Women and Their Children. Newbury Park, Sage. (1998) There is a National Domestic Violence Hotline 800/799-SAFE. Check out also www.littlepeople.org on the web.

"Cries for Help"

-- Shobi Dobi

We as hospital clowns are not social workers or therapists - at least that is not our role when we are "in face." However, as hospital clowns are more and more recognized for their unique service, other disciplines will ask for our help. A social worker may ask your help in getting a withdrawn child to express their feelings. This can be done with great success in play with professional staff present. You might want to approach a social worker to offer your services as these professions are just beginning to realize the potentials of a "trusting" clown and the "trusting space we offer." There are therapeutic ways of using metaphoric storytelling to heal a victimized child - again consult a professional before venturing into these areas. As part of our hospital clown lives (and our pedestrian lives) we will run across victims of domestic violence.



Once Shobi was visiting a friend in a hospital (not my usual hospital), when a nurse asked me to visit a small boy who "needed cheering up." Fortunately, I had Birdy (my main man puppet) in my clown bag. Birdy did his normal thing about nibbling kids fingers. He is rubber so it doesn't hurt, and most kids just giggle. Eddie (not his real name) took away his finger and withdrew. Birdy put his face close to Eddie "I . . . I . . . didn't mean to hurt you?" No answer. "Did I hurt you?" Eddie mumbled something. So Birdy continued "Eddie, you know I have big eyes and a very big mouth, but my ears are well, sort of small so I can't hear you." Eddie looked up still fiddling with his fingers. "Well, Grandma does" "Does what Eddie?" He goes back to "withdrawn" only now he has that look on his face like he is about to cry. "Oh" say Birdy rubbing his beak in Eddie's neck. "When I'm bad, she puts my hands on the stove." "In the fire?" Birdy remarks. Eddie just nods his head "yes" still looking away. "Gosh, How was that for you?" Birdy asks. Eddie answers "It hurt real bad." "Wow" say Birdy "What do you do then?" "I run and hides under my bed."

I am not a social worker and I know enough not to get involved here. It was not my job to judge this child's family. So Birdy says, "How'd you like to learn a magic trick." Just like that Eddy's attitude changes with a big smile. "Yah!" (Isn't it great how kids can just turn on the "play" and mean it?)

After leaving Eddie I asked the floor clerk if there was a Child Life Worker in the department. "Yes, but she's not here today" I left my card with a note that I would like to speak to her. She didn't call, so the next day I called her and told her about the incident. She thanked me and said she had her suspicions too and now she would get the hospital social worker involved. That was the end of the matter for Shobi Dobi. In my regular hospital I would have done the same thing. Children who have experienced abuse are very fragile and need expert professional care. We are not child psychologists and even if we are we might not want to handle this as a clown. But then again we might. In the future, the use of a clown in therapeutic intervention may be something in which a hospital clown will be trained.

Another situation that is common for children in the hospital happens every now and then to Shobi. Often children do not want to leave the hospital because they get so much positive attention. Consider if a child is from a big family -- with illness this child becomes the center of attention. They get video games to themselves, their own TV and often all the Popsicles they can eat. They like it and don't want to leave. Sometimes there will be a child who really doesn't want to leave. The first time I felt this I was hesitant to tell anyone. The Child Life Worker was gone for the day and the child was ready to leave for home. So I went to the head nurse and asked to speak to her, indicating an empty room. I dropped character and told her my gut feeling apologizing if it was inappropriate. "Thank you so much for your input" she responded, "You're the third person who has mentioned it today." She went on to say that I should always tell them my gut feeling and any other information, because they are aware of my special relationship with the children.

Another incident may not be considered abuse, but to this clown it seems so. Standing by the elevator with his son on a gurney crying, the father is repeatedly saying, "big boys don't cry" I heard this and bounced over to the 5-year-old boy and blew bubbles. He was going down to surgery to get a catheter put in for chemotherapy. The father wouldn't stop berating his son, so Shobi said "Wow, I'm big and I cry all the time." That stopped Dad and Shobi started to get little squeaks from all the little boy's joints and Dad's too. They were giggling together when I left them in pre-surgery to play with everyone else there. The story doesn't end there. I know from experience that kids that are not allowed to cry will be angry later and often angry for a long time. We've all seen kids get hurt, cry, and the next second they have picked up a toy and are saying, "let's play." By not acknowledging the child's fear, they feel abandoned and the situation is even more stressful. So Shobi told the Child Life Worker about it. After all, the child is getting chemotherapy and will be coming back to the hospital for possibly years.

Children and adults tell us things because: 1) we have the time to listen, 2) we are not there in any medical capacity, and 3) they begin to trust us -- we are gentle, listening folks. So what

happens when a patient confides in you. We have no Client-lawyer privilege, or priest's confidentiality code. We do have to use our discretion. Very often we are told things that are really cries for help. We have to listen and then act appropriately. We are not there to be therapists or to intervene as a social worker. Our best shot is to listen and then move on to a more joyful subject. To do this we will have to go to where the patient is, be with them and then bring them to where we are. It works and it is our job. Dwelling on the negative can often compound the patterns of ongoing cycles of victimization and drama. We as clowns have the ability to break that cycle even if for a moment. We offer the respite of humor and laughter if only in a timid smile or a giggle - it is hoping humor. These are the skills we offer. However, it is also our job to be part of the medical team. We don't offer advice; we give staff information. They will decide what to do with it.

Homeless Shelters

There are so many homeless shelters in need of clown services; however they can be really "difficult" experiences if you don't take a few precautions. Actually if you ever want to feel really wanted and needed, go clown at a homeless shelter. Your mere presence is candy to these families, especially the children.

At one workshop someone told me that their alley does Birthday parties at a local shelter. The shelter does one birthday party every month for all those who have birthdays that month. The clowns come in to entertain. What a great project for an alley.

Out of Sight, Out of Mind

When working in shelter with populations that are stressed or emotionally upset for whatever reason, some precautions will make your experience much more rewarding. Children will act out by taking things from you, even out of your pockets. Try keeping everything zipped away. I usually work with a puppet, so I have a safe place for the puppet to be when I'm not using him/her. This goes for every venue. Otherwise, a child will be found "wearing" my puppet. I never let a child use my puppets as it takes the magic away from the puppet. They usually accept the answer "He only works for me." In the hospital I carry finger puppets that I can give to the children. A good safe place for a puppet is in a zipped picnic bag. This is the "Out of sight out of mind" concept. I also do not carry anything in my pockets. I keep it simple and I have fun.

Children can be very mean when troubled. I remember once our alley was clowning at a Shrine Hospital in San Francisco. A young girl in a wheel chair asked a clown friend for a hug. Of course, the clown will give a hug. When the clown bent over, the girl picked off her clown nose and would not give it back. A staff member finally got it back a half an hour later! My clown friend was very upset - the child thought it was great. I asked Priscilla Mooseburger about this once. She said "I have learned to be very quick and protective of my nose. I simply take their hand firmly, looks them in the eye, drops character and says something like, "That is not OK to do!" She then quickly goes back into character. I've tried it; it works. It takes only a second, it is quiet and it usually stops the acting out. Most of these situations have plenty of staff around and most will jump in to help you. But with some precautions you can avoid even that disruption.