

When you work steadily as a clown at one hospital, you get to know the patients. You see them heal, get well and go home. Also, you see them lose their hair to chemotherapy; you see them lose limbs; you see them suffer and you see them die. How do we deal with this as caring clowns?

***Become a Gentler, Gentle Clown***

As I visit Intensive Care Units as a routine, I am always around suffering and death. When I hear "Code Blue," I don't run in the other direction. I do get out of the way, am considerate of the grieving family, but I do see the other patients in the unit. For me "Code Blue" means tread softly, become a gentler, gentle clown.

I remember more than once having a patient remark how glad they were to see me, because someone had died in the unit during the night and they needed to be reminded of the funnier side of their life. I have been called to the side of a dying woman who wanted to see the hospital clown. I've been asked to do clown magic for patients so plugged into hospital machines that I can hardly see their faces. But to be able to see a faint weak smile on that face makes all of this worth it!

To die is something we will all do successfully. I have found I need to constantly be aware of my own inner Self and reactions. Stuffing grief (denying it) can be very unhealthy. Many of you wrote that you work by yourself without support of a clown unit. This page will be here for you (and me). There will be a page on death and dying in every newsletter to share our experiences and memories. So please write them to us.

As a patient comes closer to death, family members often visit less frequently. There is a decrease in visits, and nurse and physician time. We as clowns are very often the only friends to those "on their way out." And all we need to do is listen. Listen to them, listen to our hearts and listen to the "Angels."

***Closer to The Light***

At a hospice I entered the room of an elderly woman asking permission to visit. She said "Sure, come on in an' join the party." She introduced me to her relatives around the room. Then she resumed a lively discussion she was having with two of her relatives at the foot of her bed. This was puzzling as the patient and I were the only two people physically present in the room. I stayed for a few moments and then quietly backed out of the room without being noticed (I think). The woman died the next day. I told this to a friend a few days later and she gave me the book Closer to the Light by Melvin Morse, M.D (*Learning from the Near-Death Experiences of Children*, Ballantine Books, 1990.). It speaks of NDA's (Near Death Awareness) and NDE (pre-death experiences). Was the woman having one of those experiences? Was that what I had the privilege to witness? The company of her "angels" or past relations? The next time I walk in on one, I will pay attention a little differently.

In Dr. Morse's opinion: "By discussing predeath visions, near-death experiences, and death itself with dying patients and their families, we can take grief out of isolation and stop ignoring this difficult yet inevitable event."

Dr. Morse did hundreds of interviews with children who had once been declared clinically dead. His research concludes that a person has to be near death to have a *Near-Death Experience* (NDE). This finding silenced many skeptics who said that NDE's were just hallucinations that any seriously ill patient could have. The book contains some of his interviews and his conclusions.

He found the same description, the same experience over and over again: that the end of life is serene and joyful, a welcome event not to be feared.

***"You'll see. Heaven is fun!"***

Dr. Morse quotes from children too young to have been influenced by adult death taboos and fears. Here is one of those remarkable experiences:

After a Christmas Pageant a three-year-old remarked that God did not look like the man in the play. He had never been told of his cardiac arrest at nine months old. At that time he had severe bronchiolitis and while in the ER went into full cardiopulmonary arrest. His parents had chosen not to tell him of this experience.

He told his parents the following: "I saw nurses and doctors standing over me trying to wake me up. I flew out of the room and [went to the waiting room, where I] saw Grandpa and Grandma crying and holding each other. I think they thought I was going to die." He reported crawling up a dark tunnel with a bright light at the end. At the end of the tunnel he found a bright place and "ran through fields with God."

The last page in his book tells the story - a child who had a NDE quoted, "You'll see. Heaven is fun."

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*"How does one become a butterfly?"*

*she asked pensively.*

*"You must want to fly so much  
that you are willing to give up  
being a caterpillar"*

*"You mean to die?" asked Yellow . . .*

*"Yes and No," he answered*

*"What looks like you will die,  
but what's really you will live."*

*Hope for the Flowers* by Trina Paulus A tale - partly about life partly about revolution and lots about hope for adults and others (including caterpillars who can read) Paulist Press, 1972

## ***A Kiss from Beyond --From Shobi's notes***

In many hospices the predominant goal is the alleviation of distress, the palliative care of the patient. There is little encouragement to cut through identification with the body as being who we really are or the mind as being the whole reality. Hospices can have a tendency to overlook dying as a means of spiritual awakening. Though many hospice workers' hearts are opened greatly by confrontation with the impermanence of this body. Few use this as an opportunity to touch the deepest aspect of themselves, to explore their inherent wisdom and joy. Most still consider death only a tragedy, an emergency, a loss. There is seldom the recognition of the deeper unfolding, of the need of the body to die, so that the next life experience may arise. Few hospices encourage their workers to make their work with the dying work on themselves. Few recognize the ripeness of certain patients and ask "Who is dying?" Few encourage the investigation that allows that person the direct experience of being a passenger in the body.

"A woman dying in considerable pain in the hospital said, 'I can tell, as they come in the room, which people have opened to their own suffering. Because they are the ones who can open to mine. And the people who haven't opened to their own suffering, who haven't opened to their pain, who aren't using all this as a way of going deeper are just tight. They're nervous. They're not particularly helpful. If I am in pain they grimace. They make the pain the enemy.'

In the same way we make the death of a loved one painful. It came to me one day when talking to a friend about her father who had died two weeks earlier. She said "I keep thinking 'I'll ask Dad about that, and then I remember that he is no longer available. It is so painful. From somewhere inside the response came; "That remembrance is like a kiss from the past. Or maybe even a kiss on the inside from beyond. -- a remembrance of love not love lost, but love still there. It is all a matter of attitude."

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## **Hospice Birthday Parties**

*from Mary Ann "Dots" Green*

*Dots* is a member of the Christian Clown Ministry, *The Merry Ministers of Plattsburgh*, New York. She writes:

"My 'Plunge' into the world of clowning occurred 2 1/2 years ago after I completed a clown workshop instructed by Sister Mary Curran that focused on Community clowning. The Merry Ministers' mission statement is as follows: "Through God's love we share new life and infinite possibilities. As we serve the Family of God, we affirm the wonder-ful child within." Through volunteer work we are encouraged to return to our Community the gifts that we have been given by using our clown character to communicate our mission statement.

"It was then that I approached Sister Mary Ann Gour, Bereavement Coordinator at Hospice of the North Country, Inc. with my idea . . . to be the "clown" on-call for Hospice. My mother-in-law had been a Hospice patient and I wanted to do something special in her memory. The idea was unusual. However, Sister Mary Ann was eager to learn more.

"My training and experience as a Licensed Practical Nurse taught me long ago the benefit of laughter during illness. So I began explaining my idea using the cliché, "laughter is the best medicine." And along with conventional medical technology and progressive therapy, laughter has been known to have a healing effect. I wanted to bring my therapeutic dose of laughter directly into the home of the terminally ill patient and their family. And what better way . . . Celebrate the patient's life by celebrating their birthday. My idea blossomed into an old-fashioned birthday party! Sister May Ann welcomed my idea with enthusiasm and DOTS and Sr. Mary Ann become Co-conspirators.

"The patient's family and primary nurse often become involved in planning the celebration. Once the date is confirmed and the guest list refined, the stage is set to surprise the patient. However, before I make an appearance, I try to learn something unique about each patient. This gives me the opportunity to personalize my visit.

"Sr. Mary Ann arrives at the home first, complete with music and announces that a special visitor is scheduled to arrive at any minute. The calliope music begins and DOTS marches in. Magically the patient and family members are transported into a festive atmosphere with wide-eyes and smiling faces adorned with hats, horns, balloons and party favors dispensed by DOTS. No party would be complete without cake, candles and a chorus of "Happy Birthday to You." The patient has become the celebrant and the family members are party "goers." Each visit is truly a success --. for a few moments I have made a difference in the life of a terminally ill person though laughter and comedy."

"To my knowledge clowning in this situation is limited. It is my goal to continue to grow as DOTS . . . dispensing humor to the terminally ill in my Community through our local Hospice agency and perhaps one day introduce this idea to other Hospice organizations."

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## **Treasured Moment**

from Shobi Dobi

"One very sunny Christmas Day when Shobi Dobi was making balloon animals for the grandchildren of a woman in the Respiratory Care Unit of a local hospital, I noticed an elderly woman curled up in the next bed. "This was the very first day Shobi Dobi had ever clowned in a hospital, so I was a wee bit inexperienced. I had been so involved with the family that I had not even noticed other women in the hospital room!

"I excuse myself from the family and immediately drew back the curtain between the two beds. I got my colorful self in the line of sight of the woman and made a greeting gesture. I thought I detected a faint smile, so I gently picked up her hand and held it between mine. With our eyes connecting, I saw again that faint smile, so I sat down and gently stroked her hand.

"To my amazement the woman began to sing Christmas Carols in some language I did not know. I stayed for some time holding her hand, and humming with her, fighting back tears. We were so close. "When I left, she was still singing."