

Ten Keys for Caring Clowns

By Richard Snowberg

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Introduction:

I'm excited to have each of you attending this WCA Winnipeg caring clown workshop. In order to give you some initial background on Caring Clowning, I'm going to share with you my Ten Keys for Caring Clowns. During the past twenty years I've been asked to provide many 60-90 minute lectures on caring clowning. Initially I found it difficult to capsule all that I wanted to say into this small time frame. I realized that one of the best fits with the time that I had and the amount of information I could provide, was to develop some key principles-with illustrations that audience members could use as guideposts. It was in this way that the **Ten Keys to Caring Clowning** developed. The more that I have given this address, the more popular it seems to become.

The order of presentation of the ten points is not prioritized by importance. I don't even use the same order of presentation in each program. I usually start with the point about wardrobe because it is a somewhat non-emotional consideration and gets folks thinking about how caring clowning is different from traditional clowning. From this point onward the audience sometimes contributes points or questions that lead me into keys which are in a different order than I have listed in my notes.

The Ten Keys

1. Dress for the role

When you go to a formal dance or dinner, you dress formally. When you go on a picnic, you wear casual clothes befitting the activities associated with a picnic. When, as a clown you visit your audience in a hospital or a nursing home, there are certain wardrobe considerations that befit this occasion.

Your wardrobe should be functional in styling. It should not be bulky or stuffed. Large padded sleeves or leggings or skirts with hoops are dangerous, cumbersome, and awkward. They may knock over equipment, unintentionally disturb apparatus in close proximity to a patient, or make you too large to fit into some of the smaller spaces between beds. All of the body extension techniques that hoops and padding provide leave you with aspects for which you have no feeling. Put another way, since this is hard to explain, you can't feel-tactile, that you are touching or pushing against something if you have a heavily padded butt, leg, or arm pressing against some apparatus.

It is important that you are clean. Your wardrobe should not be spotted, dirty or greasepaint smeared. It should not carry body odor or perspiration. If you plan to work a company picnic and then stop by the hospital, reverse the program. Stop at the hospital first, before you begin to perspire and perhaps run into a catsup-loaded hotdog. Visit the nursing home before you perform in the parade, not after the parade. If I'm in route to a parade, perhaps even walking to the parade start, I try to stop at the nursing home first and create some excitement about the coming parade.

In caring clown situations go clean handed. I arrive at a hospital or nursing home with my white gloves on, but take them off at the first nursing station I approach-and don't put them back on until leaving the facility. There are several very significant reasons for this strategy.

It is very hard to keep gloves clean. Infection can be carried from one person to another with contaminated gloves. If you've touched some equipment or a person with some type of infectious malady, it isn't practical for a health care provider to ask that you wash your gloves before entering the next room. If you weren't wearing them you could wash your hands. Even with extra pairs of gloves in your pockets, the care providers don't know what your gloves have been in contact with. You can be less likely to spread something with bare hands than with gloves.

Most importantly however is the fact that a gloveless performer can initiate skin contact with patients and residents. When reaching out your hand to invite a handshake, a glove is a barrier between one person and another. That resident/patient should be able to feel the real you, not a nylon or cotton blend. Wearing gloves is a barrier in your ability to really touch your audience.

2. Attempt to touch your audience in a professional manner

It is important to know when and how to use physical touch. Oft times you can touch your audience without laying your hands upon them. We can say or do something that is very touching. These are often quite significant occurrences. However this key to caring clowning also addresses the likelihood that physical contact may be important to a patient or resident. It is your responsibility to determine not only if this is permissible, but also whether it is desirable in each given situation.

As entertainers, and specifically as clown entertainers, we are in a situation of power. Many view us with awe and the feelings are sometimes assumed that we can do no wrong. If we think a hug or kiss is good medicine, then let's share these physical acts with everyone we meet. Well this just isn't proper, legal, or ethically correct. With the power that we gain as entertainers goes a certain amount of responsibility. We must act responsibly in all that we do in order to maintain a positive health care environment and the integrity of clowning.

Some folks don't want any physical touch, or perhaps don't want it from you. Some caring clown audiences might suffer from physical problems, which might be aggravated by improper touch. Some might be surprised by your boldness and resist your advances. Granted all of these are minor occurrences, but they are still scenarios, which may occur. So how do you know if you can or should encourage physical contact between yourself and a patient/resident.

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The easiest strategy is to offer an invitation for touch. Some performers wear badges, which proclaim I Give Hugs. Others read Have You Had a Hug Today? In either case these are unspoken invitations for folks to inquire about or request their complimentary hug. Because it doesn't say for patients/residents only, you'll get visitors, nurses and doctors as well wanting an embrace. You are not out bartering hugs or overtly asking everyone if they would like a hug. You just carry the message that you give them, if someone asks.

The first opportunity for physical contact comes via an outstretched hand-as in a handshake. Most people are able to extend their hand, and meet yours. It isn't a vigorous shake that is in order. It is a meeting of skin-to skin. It is touch/physical contact. It is a personal moment, which may be extended by the recipient-if they choose not to let go. I always let the patient/resident release their hand first. In this way I'm saying that I'm comfortable with you and your physical self. I offer myself to you-take it as you'd like. I put them in control. We'll come back to this point later, but here it is worth dwelling on momentarily. Whenever you have an opportunity to give your caring clown audience control over something or someone, allow that to happen.

When I extend my hand, it is parallel to the floor. In other words it is much like a flat table on which the other person can place their hand. I provide the support for our grasp, and return to them no greater pressure-if any, than they exert toward my hand. You will not usually be aware of the amount or lack of strength individuals have. If they wrap their fingers and thumb around my hand, I do the same. If they squeeze, I also squeeze. I never exert more pressure than they provide to me. An arthritic hand can be injured by even a small amount of improper pressure, so care needs to be exercised in this area.

If you feel that you aren't conveying your closeness with a person if you can't squeeze, then take your other hand and place in on top of your clasped hands. This is non injurious, and yet brings closure to your grasp.

The strategy for offering your hand in a flat table-like manner is non threatening and supportive. Your muscles can hold the hands. The patient/resident doesn't need to exercise any further effort-once their hand has contacted yours.

It is remarkable how much this simple act on clasping someone's hand means to many folks. We are often not aware that compassionate touch, such as this, is often missing in these person's lives. Health care professionals may appear to take blood pressure, check temperatures, or change beds-thereby touching the patient. However these are physical contacts brought about by job necessity, not compassion for the bedridden individual. Your contact is intentional and purposeful in conveying a meaning of care and love.

You should expect a health care provider to advise you relative to patients in hospitals who should not or can not be touched. You will seldom encounter the untouchables. In those cases where you do, perhaps in a burn ward, or an area of infectious diseases, you will be forewarned. It is likely that other steps will have been taken to also make you acceptable in that restricted environment. This might include wearing a gown and mask.

Care must be exercised in dealing with children. Don't place yourself in a position where physical or sexual abuse could be charged. Your reaction right now may be one of amazement that I even bring this into the discussion. However we have had charges brought against a clown for sexual abuse-for an alleged embrace-out of sight of an adult. The youngster recalled the situation to an adult, and charges were forthcoming. Whenever you provide a hug or a kiss to a youngster, make sure that there is a consenting adult present. Obviously the child must also be desirous of this contact.

Before leaving some children's rooms, the child might ask if you'd give them a kiss. This is the time when you need a consenting adult-and a witness. It is disappointing that our culture contains people that take advantage of children, and people that take advantage of the ready availability of a surplus of lawsuit attorneys. However it is in these times that we live, so caution needs to be exercised. Does the intimacy being requested feel comfortable to you? Is it acceptable with a parent or health care provider? If the answer is no on either case, then don't do it. Remember what I said earlier about responsibility and power. Don't exercise undue power just because it's yours to exercise. Be very responsible in all that you do as a caring clown.

There are many other means by which touch can take place in a pleasing relaxing atmosphere. You and perhaps your clown club may visit nursing homes and do face painting. Now with seniors you'll have more fun if you do the designs on the back of hands or lower arms. In this way the recipient and others can see the artwork. This type of artwork requires that you hold someone's hand in order to paint the backside of the arm. It is once again touch.

You might get permission to apply clown faces on some residents or patients. What joy these folks achieve when others react to their funny faces. The longer it takes to put on the face, the more physical contact between yourself and the person receiving the face.

3. Be sensitive to your audience's needs

I often subtitle this point with-you must have many pockets. Because people have differing needs, one needs to provide different strategies, skills and ideas to cope with them. If you have many pockets, you can have many different props or ideas with which to work. Many pockets, or many strategies-they both mean the same thing. You need to be able to meet your audience's needs with relevant material.

In most respects clowns are entertaining audiences, which are groups. At a circus or a festival, the audience might be thousands of persons of varying ages. At a birthday party the group size might be six to ten youngsters. In a caring clown situation you have an audience of from one to four persons. In most cases your audience, at least for the short term, is one person-even if two persons are in a visited room. You exert all of your efforts and energy toward that one person. You attempt to meet their needs with an escape from boredom or pain, compassion, a

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listening ear, or whatever is needed by this one person. These are strategies, which you'd never consider when doing a company picnic. It is different.

Being a caring clown means that one is caring and a clown. You are not a clown that cares, but rather a caring individual that is a clown. The emphasis and importance is in being caring. It just so happens that your caring persona is as a clown. A visiting minister or co-worker isn't most important because of their religious beliefs or what they know about the job, but because of their knowledge and concern for their friend.

You need to place the caring aspect of your role in first place when entering a room and beginning to interact with a patient/resident. You are there to meet their needs in any way you can. It might be through entertainment. However it might just be as a compassionate listener. You might not be funny, but invaluable at this particular time in someone's life.

Some persons that you visit might be very shy or frightened of visitors. One of your pockets should contain a puppet or stuffed animal. You can interact with the puppet, much the same as if you had a clown partner. The puppet, not unlike a real animal, will quickly warm up many individuals. It is uncanny how compelling a puppet can be. It is not unlike seeing a cuddly little brown puppet wiggling with excitement. People just normally gravitate to a puppy. A similar reaction can be garnered from a puppet.

For the youngster or adult that wants or likes to do things with their hands, have some manipulative toys or objects in your pockets. These might be small wind-up toys or crossword puzzles. Either can be shared with the person you are visiting.

Have some standard props, which you usually find successful in caring clown situations. They should not require any set-up after each use, but always be ready to show. No fire, cream pies, water, juggling knives, or loud bands here either. These props might be light-weight juggling supplies, magic apparatus, craft tools for drawing or cutting, comedy items for storytelling, etc. All of the props are tools which can be used for a specific strategy.

When a carpenter goes into a home to do some remodeling, he doesn't always know which tools he's going to need. From experience he expects a great variety of situations, so he comes equipped with a large toolbox. Sometimes he still doesn't have the tool he needs so he has to go out to his truck to get what is needed, or perhaps make a trip back to the shop or hardware store.

As a carpenter like clown, you must bring all your tools into the room. There won't be any returning to the truck or hardware store in your plans. You have to bring all of your resources with you into the performance area (room). The more professional a carpenter becomes the more he can do with his tools. The same can be said about a caring clown.

Now that carpenter may think that he's installing some new cabinets, but in taking out the old ones discovers some flooring that he must replace. Or perhaps he finds that the new cabinets don't fit exactly as he had planned. The caring clown enters a room and may find that his prepared plan doesn't fit. His comedy scarf juggling or giant toothbrush doesn't get much of a response if the audience is blind. Its time for some different tools. The logical conclusion is that you need to have three things: 1) a variety of tools/props, routines, or strategies with which to work, 2) skill to get the most out of your tools/props, routines or strategies, and 3) the ability to determine which tools to use.

Most clowns that are entertaining general audiences have a program composed of set routines, which they perform. They know which skits or routines are first and which are last. They know what the length of their performance should be. However the caring clown knows little about what order, what bits, skits, or routines they'll do and how long the performance will last. We plan our strategies based upon what we encounter in a given room.

Most of the caring clown audiences that you encounter need a change of pace. They want out and see no way that can be possible. Your large cartoon-like character can take them out via your fantasy. You can remove them from their pain or sorry for a time as you playfully involve them in your stories, character and props. They likely haven't been experiencing any fun. You can fill that need.

4. Be an invited guest

Before entering a room seek to gain an invitation to do so. In most cases the doctors, nurses, various other health care providers, and visiting friends enter a patients/resident's room without in some way allowing that person to approve their coming in. Just because this is the case doesn't mean that this is the behavior that you must/should follow. You can be uniquely different by giving the resident the choice of whether or not they want you to come into the room.

There are several reasons why you should receive an invitation before entering. The first is that some recognition of your appearance should be established before you get too close to your bed ridden audience. You don't want to cause them fright or surprise at your sudden appearance. A hospital or nursing home is not a good place to surprise folks. Let them know what you look like from the greatest distance possible. Only enter their space when you can sense acceptance in their eyes, voice, or mannerisms.

By knocking on the door you recognize that this is someone's home-at least it is at this given moment. Just as we don't walk into a stranger's home without being invited in, we shouldn't walk into a hospital or nursing home room without an invitation to enter. (More on this point in the next key relative to rules of the house.)

Whether the door is wide open or not, I wrap my knuckles on the door and softly whistle, in an attempt to get the attention of whoever is inside. I do not seek eye contact, but allow those inside the room to see me before I see them. I purposefully scan the room-avoiding them. I take in the equipment, the flowers, photos, cards, and other gifts that I see in the room. All of this information is usable as I begin to converse with the resident/patient. By the

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time I bring my eyes to the person I am intending to visit, I know how many people are in the room and if the primary audience is aware that I am there. If they don't give me some sign that I can come in, I ask aloud, I wonder if it's all right if I go into this room? This will always elicit a response from someone in the room.

Occasionally someone will be alone in the room and will answer with a negative response. It could be they don't think they like clowns, they've just had a succession of visitors and want to get up to use the bathroom, or they need their rest. Give the patient or resident the power to control your behavior. It isn't as important what you want to do, as what the patient/resident wants to do. Give that person some dignity and power. They likely don't have the ability to control anyone else's behavior but yours. (You can be a hero by leaving!)

5. Follow the rules of the house.

When you go to Las Vegas, you must follow the rules of the house in order to gamble. When you visit in someone's home they may have certain rules which visitors are asked to follow. It may be that no one is allowed to smoke in the house. This is becoming a most prevalent rule in many people's homes. It may be that you must remove your shoes before coming into a certain part of the house, or that you must enter via a certain door. All of these are examples of rules, which are imposed by the residents or owners of the homes you visit. The same sort of structure exists in a hospital or nursing home.

You need to find out what the rules are in the homes that you are visiting as a caring clown. Do they allow latex balloons, or only mylar balloons? Can you provide a gift to residents/patients? Should it be pre-approved? Are live animals allowed-and if so what kinds? What are the hours that I can visit? What areas should I visit, and what areas are off limits?

In some cases a facility might have a set of rules, which they can hand to you for your guidance. However this is seldom the case. It's more likely that you will be told one or two things, but have to ask specific questions to learn more. That's because they've never designed a set of rules for visiting entertainers. You can fill this gap for the organization. Take what you know about the facility and begin to write up your own list of rules or guidelines. Visit the lobby of the hospital or nursing home and pick up copies of all of the fliers they have relative to services, floor plans, etc. From these brochures you should be able to gain additional information about the organization.

Your list might contain specifics relative to hours of visits and areas that you'll visit. It should contain qualifying procedures such as your not entering an area without first advising health care staff of your presence and intentions, or your desire to provide gifts of small clown pictures to residents-without first clearing them with the staff. Common courtesy considerations can also be included, such as advising the care professionals when you are preparing to leave the area or building. Added all together, these rules or guidelines-and they are both, will form a nice framework for your and others visits. In fact you are doing the work for the facility and they are likely to request other performers to likewise abide by these procedures. This really gives you increased credibility and a sense of what you can and can't do.

6. Dwell of the positive, but don't deny the situation

You want your visit to be a fantasy experience where you can take a person's mind off of their problems. Visions of childhood, circus fun, or fun often come to mind when people see a clown. You want to expand upon these visions and enter into a play-like situation. Hospitalized individuals in particular have been centering all of their energies on how they feel and what is wrong with them. You enter bringing a message of what is right-by being positive.

However not quite everyone wants to hear or see your message. Some will point out their predicament or feelings. In these cases one doesn't deny the situation. If the patient/resident wants to talk about themselves or their condition, then give them this chance. Again we are letting the resident take charge and be in control.

Most people will forget about themselves, at least momentarily, when they see you. You are a surprise to them. They weren't expecting your visit, and they weren't expecting a clown. They are curious and may be asking you questions. In the process they've begun to forget about themselves-at least for the moment. Those initial moments are important for you as you strive to set a positive tone to your visit. We dwell on the positive, but don't deny the insights of the person we are visiting.

7. Be open and honest and supportive.

Some children and adults alike are seeking opportunities to express themselves. They feel that no one is listening to what they feel or have to say. They may share fears or wishes with you. Be a good listener and be supportive.

Some persons are just looking for someone to accept what they say. You don't have to agree with a person, but likewise you don't have to disagree. A comment on your part such as, I hear just what you are saying, can be accepting and non-judgmental. That may be all a person wants from you. To this point perhaps no one has had the time or patience to listen to them. You can be open to their thoughts and fears.

You need to be honest with people. You can't make people well, but you may be able to give them some happiness. You can listen to a child's somewhat shocking statement declaring that they are going to die. Accept such a statement and be supportive in doing so. (A lot of denial on the part of loved ones has likely been taking place.) I respond by saying, Yes we are all going to die sometime aren't we. This provides an opportunity for further discussion, if the child wishes. Often times however they don't want to dwell on it any further. They've found

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someone that accepts their truth and now they want to move on to something of the present—this clown and what he might do for me.

8. Be a giver, not a taker.

Visiting doctors want information. Nurses and technicians want blood pressure, temperatures, or blood samples. Dietitians want feeding information, and loved ones want information as to how the hospitalized patient or nursing home resident is feeling. Everyone coming in as a visitor or professionally as a care provider wants something. You as a caring clown can be the only one that is totally a giver and not a taker.

Try not to demand responses from your caring clown audience, unless they are highly responsive and want to be a part of your performance. Use a puppet or another clown for dialogues and various bits of business. Allow your audience to be an inactive one, unless these choose to be more involved. Some folks will enjoy your presence, but not feel strong enough to speak or respond. You don't want to take any physical resources from them. Be a giver not a taker.

Don't overstay and begin to deplete a person's strength. Generate some interest and perhaps a bit of excitement, and then shortly thereafter leave.

9. Share a gift with your audience.

You are personally the gift to those that you are visiting. The unexpected surprise of a friend's visit, at a time of much need, is one of the greatest things that can happen to us. That visit, if on the occasion of a time when we are feeling dis-spirited, can be very powerful. Never overlook the significance of your presence to someone you visit. Just because you don't know them by name or personality, doesn't mean you don't have the same impact as a close personal friend. You provide joy and something to talk about after you've gone.

Any gift of a material nature that you care to leave, serves as a reminder of your visit. The value of the gift should not be monetarily great, but a recollection of the visit. A photograph of yourself, or a Polaroid snapshot of the patient/resident and yourself may be quite memorable. A sticker placed on an IV pole where it can be easily seen, or a poem or pencil, are suitable gifts. Since the gift is a part of you, anything that you can personalize or make for your audience carries special meaning. Clown-like drawings that you complete in their presence, or cutouts, balloon sculptures, or other craft type activities are always special—because your audience has seen the creation.

Sometimes clown entertainers think too big in terms of the gifts they feel they should share. You are not sharing a prize with someone for being a patient or resident. It is merely a memento, which marks the visit of a clown. The value of the memento will be earned as a result of the meaningful visit that you complete. The gift should not be more momentous than the visit. The two compliment one another.

Sometimes young people, and occasionally an adult will indicate that they don't want one of your gifts. It could be they think it childish or don't want to take it from someone else you might be visiting. Assure them that you have plenty to give to others. Likewise give them the chance to think about the opportunity the gift might provide them to share with someone else. Perhaps they have a brother or sister that is having a birthday and they can't get out to buy something for them. They can share the gift with them.

Listen to your audience. If they don't want your gift, but just your presence, then honor them with just your presence. Give them the opportunity to control your behavior even in this area—that is in not leaving a material gift with them.

10. Accept the reality that 'you may never know.'

When I enter a room I attempt to look around the room taking in what I can see of personal belongings, flowers, gifts, cards, etc. before establishing any eye contact with my new found audience. As I said earlier this gives them a chance to size me up and establishes a less threatening entry for my visit. By viewing the room first you often can see some items of a personal nature, which you can use to initiate a conversation. Recently however this wasn't the case when I visited a lady in a nursing home.

As I entered the room I scanned from side to side and saw nothing. The room was clean and void of any cards, pictures, flowers, or gifts. One potted plant was on a windowsill, but that was all. Next to the bed stand there was a stack of magazines perhaps 18" high.

You may never know whether this lady has any loved ones or relatives or not—at least when judging by the resident's room. I knew this lady had been in this nursing home for many months, and that she had two living sons and some former neighbors that were very close to her, so couldn't figure out what had happened. Because Ellen was a shirttail relative I was able to gain more information and did find out more about her room. However oftentimes as caring clown visitors we don't learn the details, and thus we may never know what has happened or is going to happen to given individuals.

Ellen's magazine pile was the only thing that I could see we could initially talk about, but even this didn't last very long. When asked about all of the magazines, she reported that they had been left in the room by the last resident. Through additional conversation I was able to learn that she had been giving her flowers away. Photos, cards and letters she received went immediately into boxes or suitcases, since she was convinced she was going home that very afternoon. In cases like this you may never know what a patient is thinking about themselves, or for that matter what they are thinking of you. This leads me to another story.

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Upon completing a visit on a hospital ward early one summer evening, I was making my way down the hallway toward the elevators, when an elderly patient I had not visited spotted me. She was seated in a straight back chair almost in her doorway, watching the ebb and flow of the floor traffic and her television set. Neither it appeared were too exciting this particular evening. She gave me a Marx Bros. type of double take, so I returned her reaction in kind. She started to ask me questions and I told her I had been down to the end of the hallway where a gentleman was having a birthday party and I was a surprise visitor brought in by a family member. We talked about lousy summer television programming a bit, and then I told her I needed to be getting home now, as it was getting late and my mother didn't want me out after dark. Before leaving however she said that she had one more question for me. I asked her what it was she wanted to know. She said, Are you my doctor?

As I said, you may never know, and in this case I certainly did not know what she was thinking as she spoke with me. Sometimes visits you complete are with persons that you have no way of knowing whether they knew you were in the room or not. Response is totally missing, or impossible, because of the medical apparatus or condition of the patient. You may never know if you've been noticed, if you've been of any use, or what will or does become of this individual.

Now I'd like to share a story I related in Part One: [The Caring Clowns](#), which epitomizes another dimension of the *you may never know* concept.

One afternoon I paid a visit to a hospital pediatrics ward, and upon completing my visit a nurse asked if I'd be willing to see one more patient. Although I immediately said yes, she wanted to tell me more about the situation before I truly committed to this task. She indicated the patient was an 18 year old girl, who just graduated from high school. She had suffered a broken neck due to a diving accident. It was explained to me that she might not be awake, or that she might not even be able to recognize me or any other visitor. They weren't yet sure of her mental capabilities, as well as the fact that they didn't know what her chances of recovery of any control of body movement might be.

I agreed to go into the room, and upon doing so found that both the girl's mother and father were present. I greeted them first and had a conversation with them, at such a level that the girl could-if able, hear what was being said. I then came into her field of vision and spoke to her. I talked about the beautiful flowers she had, the many cards and posters I saw in the room, and the photographs that were on her windowsill. I said I too wanted to leave something for her, but since I was just a clown all I could leave would be a clown flower or two. I then made two balloon flowers as I continued to talk, stuck them among her real flower bouquets, bid my good-bye and left the room.

Upon leaving the room I ached because I felt that there was so little I had done or could do. My feelings were of great inadequacy. After having visited the younger children, many of them having given me a real 'high', this last visit had been a downer. Thus I felt some depression and certainly gloom. I felt depressed for her, and for myself. That last point was my error. My narrow vision didn't pick up what actually happened in that room, and who the visit was actually impacting.

After I left the room, I was shortly followed by the girl's father. (As I left the room, I had no idea that he was going to likewise leave and follow me out.) He came to me, put out his hand to shake mine and began to cry. He and I spoke quietly and within the brief conversation he thanked me three different times for what I had done. It was only after the second or third 'thank you', that I realized that visit had been set up, by a very wise nurse, to benefit the parents, not necessarily the patient. I had felt nothing during the visit. I was on 'autopilot' and looked at an unresponsive human being as I quietly tried to entertain her. The parents saw a caring entertainer that was willing to come in and share their plight and pain. My visit permitted a release of emotions for the parents, and knowledge that they were not alone.

You may never know who is benefiting from your entertainment or presence. You may never know what impact you provide. You may never know what happens to some of the individuals that you encounter. Finally, you may never know-at the time of an encounter, how this moment will change your life and stay with you forever. That has certainly been the case with me in terms of the story, which I've just related.