

On Behalf of an Ethical Encounter: The Influence of Health Professionals' Training on Clowning on the Quality of Health Communicational Processes

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Abstract

Medicine is, above all, a social science, a process that involves not only technical but also human relationships. It's a place through which we can live experiences related to life, death, suffering, and loss. However, the current structure of medicine impedes the of "flowing" this process. Medical training gives major focus to procedures, symptoms and technical knowledge, and everything that cannot be named under this knowledge framework is not incorporated in health professionals' education. In an attempt to reverse this situation, several groups of health students in Brazil include in their training - via university extension programs - preparatory courses to act as clowns in hospitals. Through this endeavor, the students are claiming for one important goal: go beyond the university's learning experiences; thru immersive and grounding experiences on the physical senses (to look, hear, touch) as well as on the reflection about issues such as health, illness, and healing. In this communication, the author shares the training intervention that was developed (from 1998 to 2012) in Doutores da Alegria Training Center, Brazil. By the use of games, promptness, and music improvisation, these workshops aim to encourage the quality of health professionals' communication processes. The research-action process developed around this formative experience will be the focus of reflection. Evidence collected over 14 years of intervention and research (based on systematic records of lessons and evaluations conducted during this period) show the need to create care experiences for health caregivers, and to generate channels of communication, joint reflection, and preparation for the use of these fundamental skills.

Keywords: Training of Health, Hospital Clowns, Workshops Formative, Process communicational

The relations with the hospital are structured through the senses. The smells and the sounds are the initial marks. First the white shoes. Then the step sounds. First, the paraphernalia plugged to the body. Then its sounds searching for a melody. Smells of asepsis for the environment and the skin, smell of recent operated bodies or in alert. Smells that foretell the end. Smells that shall never be reviewed in bulla, but structure the senses. The silence's sounds in many ways of being. Silences of rest, of anaesthetized bodies. The introspection ones, the scary and fear. Silence of the prayer. The silence of the wait, heavy like noon in a desert. The silence of the irremediable news which put an end. Silence of rebirth, of preparing and farewells Silence of the night in the day. I have in my memory the day I heard death inside a hospital for the first time. It was in the intensive care of the coronaries unity. The equipment whistled in an ordinary repetition. It had the tic tac of the afternoon. In this orchestra of equipment one goes out of tune. Hurried steps, mostly in run, the sound of the closing curtains, a come and go of words that cannot be listened but vibrate anxiously. Then the sound of the reanimation paddles, sequence that respect rhythms and expectations. Eventually the silence of the impassable inert body. The silence that confuses the eyes between asleep or death. That's how the health professionals get baptized in the art of caring. Much more in the senses than in the words.

Me, by instinct or curiosity, walked closely by that patient bed. His face was so serene, just the untidiness and the equipment told that something has happened. That place I stepped seemed like another place, a cut from a dimension that I don't know how to describe with word, a window where I was looking in another dimension. It passed by there a road that told all the history about that Sir although I knew nothing about him. It passed by there all that was yet to come: who would receive the news, how the ceremony would happen, the next days, the next years. A to come that started right there. I tried to connect with that space: imagine who was that sir with more or less 70 years, his history, who were his close relatives. I don't know how much time it has lasted, not much. And, so, I gave a step back and it was like I had regressed for the white coat world. A world was its happening reassumed its previous rhythm: the steps, the procedures, and the sound unless in the set of 13 beds, subtle difference that was not noticed. The memory I want to anchor myself is of that space I entered that I don't know how to give substance or form, but remains as experience. And the unbalancing between the place I occupied by that sir and the events surrounding him. In a certain way that feeling accompanied me in a general mode in my work at the hospital, but it got more intense there, brighter. It had a flux of life that we professionals, in general, do not connect ourselves, and wouldn't know how; we were not prepared for that. The years that followed were made of trials of connecting with that flux, to go again in that space of experience with that sir.

In 1991, I met the Doctors of Joy (Doutores da Alegria), professional actors that act in Brazilian hospitals and use clown masks to interact with hospitalized children. In 1993, I started working with them giving assistance in the most difficult cases. Alongside with that, I began the research the artist's acting inside a hospital. The first time I saw the work of the artists it was as I went again in that space I had with the sir in the ICU. But this time, I started to live it as a possible zone to go in, it has language and life, it could go through it without that schizophrenic feeling that I lived in that situation. Through the acting of the artists I getting used the be in another possible place inside a hospital.

The 20 years that followed, I worked to give language to that place I tried to create bridges between artistic and medical worlds. I conclude that the work of a clown is capable of putting a new order in the hospital routine causing ruptures and new possibilities where patients, families and health professionals, can have different relations. The clown has the professional preparation to build quality bonds from the intensive experiences lived in that context. This quality comes from the way the clown sees the reality. He's moved by curiosity and flexibility, for the attitude of giving value to the other's action no matter how absurd it seems to the rational look. The clown incorporate the refused facts or the less spoken in the moment, favoring the possibility of dealing with events that generate tension. He helps to deal with the vulnerability of the human condition, in an environment that requires perfection, so that favors the conflicts and difficulties. It makes us enter in direct contact with our feelings, with no analyses. Like this, it stimulate the capability of experience our feeling and accept different possibilities of reaction, expanding the limits of our behavior. His action teaches that nothing endurance and favors our bond with the current happening. Through this philosophy of action the clown propose the ethics of encountering.

An Inexistent Medical Story

How do we establish a historical opportunity for a new version of the health process might show up? How to open a window inside of the medical record panorama? To Pollack (1989) one of the function of the memory is to defend something that a group has in common, keep its sense of identity. This group can chose silence that goes generation to generation as a way of becoming its delivering intact until the rising of an occasion to occupy the public spaces and pass from the non-spoken to the revolution of its history. Therefore, the past, many times, is less a product of the forgetting and more a work of managing history on the possibilities of communicating and even domination. The silence, many times, can act as a force of refusal in letting the experience of a limit situation is squared to a collective and dominant version.

This is the field where hospital patients go through. Its rooms, full of technology and equipment keep silence experiences of the soul. Everything told by them will have a place of studied register, validated, certificated, and researched. In this sense, an expression that would slip through the mouth of a patient would occupy *organized plan of medical expression*. The patient is kidnapped from its experiences through a mode of medical language. These events, transformed in medical narratives, have peculiarities about the patient testimony that raise doubts on its truthfulness. Yet, in the medical language, we will find scientific revelation with independent interpretation. That happens due the rhetorical artifices of a descriptive language. So, when it's registered *the patient declares...*, *the patient refers*, its testimony generates uncertainty. When in the doctor's history register *the exams reveal* it generates credibility. In the use of the passive voice it's carved the distancing the doctor-patient relation, the distancing in the histories: instead of the history tell *I touch the arm*, the doctor's history will tell: *the arm was touched*. In the relation with the patient, hardly will find space in the medicine to beyond the suffering that dominates the spasms, obstruction, or other medical term. Regarding the rest, the doctor might have vague words of compassion and sympathy that tell more about charity than medicine. Like that, medicine is deprived from its sociological place, a place of expression of the imaginary about life and death that circles in the middle of the doctor-patient relation through our senses. (see, listen, and touch).

Inspiration

One of the biggest discoveries that the Doctor of Joy have made in its time of existence was its vocation to produce and disseminate knowledge about the nature and the functioning of its interventions in the hospitals. This fact happened through research of its acting and the structuration of a school who serve to a variety of public interested in this language, among them, health professionals. I talk about this vocation as an important point because I believe that it is responsible for creating narrow and lasting bonds with society. Without this vocation, the clown's work at the hospital would flirt with the contemporary world but it wouldn't marry it. The acting of the artists inspires doctors and health professionals to seek new ways to have relation with patients and relatives. This notion appears for the first time in 1994 by occasion of my first research about the effects of the acting of the Doctor of Joy. These results are deepened in my master's thesis defended in 2001 and in a research made between 2005 and 2008 with 567 health professionals in 13 hospitals where the Doctors of Joy act. The results show that the health professionals, with the visit of the artists, began to seek new ways of bonding with the children, start to comprehend more the families and have easier capability of talking to them. They also relate more availability to listen to the coworkers and more open spaces to talk with the team about difficult and delicate situations in hospital care. These facts made the Doctors of Joy create in 1998 a school and to invest in the structuration of workshops to health professionals.

For a thought, that creates bridges and not fortress

The pedagogical space which is established for the health professionals through the workshops anchors itself in some principles. These principles consider the experience of the learner as the main resource of the formation. It considers the body and the affection feelings as a structuring place of learning and knowledge building. Gives privilege to the question beside the answers. The ambiguity, the mistake, and the confusion are steps welcomed in the process of learning. It incentive the organization of knowledge through the senses. All of these factors favor a determined ethics of the encounter. To think about the learning process in this context is to connect education with life experiences and reconnect the learning as the human order. A thought that creates bridges. The principles that give basis to a school like this and how will happen the relation between students and teachers are very different from what will be found, in general, in the chairs of school or universities. How is from most of our experience, in the scholar experience we had the knowledge is centered in the image of the teacher, the body and affection feelings are domesticated. The methodology of the education will be oriented to the right answer and the quest for the truth. It will be exchanged knowledge through the senses and the feelings by the structured knowledge using proved scientific methods. A thought that, in general, creates fortress.

Window

“Childhood is when it’s not too much late, when we are available to surprise ourselves, to let us be enchanted. Childhood is not just a stage for maturity; it is an opened or closed window that remains alive inside us” (Mia Couto).

The work in the encounters with students and health professionals is to seek possibilities for possibilities to look through that window. The games and the plays help us to recollect and remember a time of childhood which can be useful for this step of the professional life, giving borders to a professional identity construction that parts from the self-knowledge. Along the encounters, the experience of the games and the connection with the senses (see, listen, and touch) creates a space of little memories, subtle happenings that stay anchored in a safe place, where participants, I believe, will be able to go back if necessary. Such as the story of the Angolan Gonçalves Tavares in his book *Sr. Calvino. Him, Mr. Calvino*, who carried everywhere, with the precision of a watchmaker, a balloon placed between his thumb and the right hand index finger. At work, at home, in the streets, in the supermarket, walking more quick or slowly, keeping in the vertical or sitting down, he wouldn’t let the balloon go away, always with the precaution for it not to burst. Giving attention to an object like this was, to Calvino, a fundamental exercise that would allow training the look upon the world things, a simple system to point to nowhere, this little part of the world’s air that would totally pass unnoticed if it wasn’t for the latex that covered it.

Likewise, in the classroom space we deal with the subtleties, of little gestures that in the day by day go unnoticed, of feelings that affect us through a determined way of walking, of little connecting memories, for example, like the way someone pass the hands through the hair. With this work the notion of reading and learning of these young professionals is invited to extend itself for a universe that transpose the academic universe. The world’s reading doesn’t go through only the school’s learning. There is a vast universe that invites us to read. We read its climate signals, we read the clouds, we read the ground, and we read emotions in faces. As Mia Couto say “Everything can be a page, it only depends of the intention of discovery of our look”.

More important than putting the clown’s nose is to take of the white coat.

I would like to stick a little about the theme of the formation we are giving to the med students. An interesting phenomenon has happened in Brazil in the past years. More than a 1000 groups, inspired in the work of the Doctors of Joy, were created in all the country. Among these groups, a great number is from med students and health areas. In the moment, we are working with one of these groups, the MAD alegria, belonging to the University of São Paulo Faculty of Medicine. These young students fell in love with the clown’s figure, they see in the use of the clown’s nose and the costumes, in the makeup, adornment amulets that, in their heads, put them in another space regarding their relation with the patients. But this is a fantasy relation. These youngsters, in general, do not have the needed preparation to magnetize their objects and be capable of creating a relation through the look of the clown. We have been seeking to resize this place and use the clown not as an end, but as a way for these youngsters to discover new possibilities of communication with their patients in their profession.

After the first two months of class, one of the more precious exercises that happen during the workshop with these youngsters in an activity that we propose the observation of the hospital. We ask them to take off their coats and badges, to go anonymously and we offer them a few strategies of observation of that environment. They call close their eyes and focus their attention in listen the sounds of the hospital, watch exclusively what happen with people’s hands, to watch the haircuts. We ask them to do it at least for 20 minutes and then write down watch they’ve observed. Something interesting about the statements is a poetic view that is born with the simplicity of those observations (which is very hard because, in general, the students seek statements that look for a confirmation of a truth or a lead to a conclusion). But some descriptions get close to that simplicity and, getting close to it, gain a poetic language. I don’t think this is casual. I think the exercise to incentive them to look under a determined ethic can implicate them in a more intimate space, that is related with each ones identity, with its singularities and that for us is vital. If we can create are these spaces the window that Mia Couto talks about, an intern space of reference that this youngster can connect through their medical career, who know something new, will happen.

The coat

As he believed there was a protection angel in his coat, he never took it off. When they wanted to recruit for the battle he promptly said yes, as long as he could fight with the coat on. The coat has an angel inside that protects me, he justified. Of course that the military hierarchies didn’t accept it. No one fights with a uniform. The coat man insisted, but it wasn’t possible. They didn’t accept him. He stood home. All the soldiers in the battle died. (Gonçalo M. Tavares).

The education that prepares health areas students to battles against death is linked to an image of war. It fulfills our imaginary and it’s transformed in action and language in the medical identity. So we count battle in the hospital: fight against a disease, bomb the strange character of de body, bravely resist. The medicines, our allies, are combatants against the infiltrated enemy. In the war or in the hospital, the safe places are guaranteed: strict asepsis against the contagious fluids of the sick.

Allied to this language that builds the hospital reality it will be guaranteed a series of techniques and procedures to, in the combat against death, the patient’s bodies become more available to the rites and medical porpoises. So, the anesthesia will push the pain away from the chirurgical scene and will modify the patient’s conscious to guarantee the intervention made in his body. We know how hard the medicine course is. Force, perseverance, study, emotional control and physical training through endless shifts will be necessary until the title that certificates the student to the battlefield. So, how do we help these youngsters so they can go to the battle wearing their coats? I believe a formation through the look of a clown can nourish this metaphor where the divine be part of the formation of these youngsters. Graduate them for the insensitive and the subtle fit in the books. So they can look up and despite the term manipulate the patient will go through the verb touch the patient.

All the technical equipment and knowledge are described and well established but we need to open a window to guarantee the word ME before the word doctor, cultivate a landscape to beyond the window frame, this own place through which we can connect with what they feel to keep looking. Shelter them in their coats, an inner safe space that they can always go back in their trajectories. Go to the battlefield with only a uniform is to kill in an individual way of doing. It's to take the doctors name such as giving the patient the number of the bed. It's to kill a singular way of being, the one that will combine knowledge and luck, technical and emotion, control and enchantment with the unexpected: the divine that lives in us. The Clown, with its singular way of seeing the world, can help these youngsters to reconnect with the magic of the medical vocation.

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