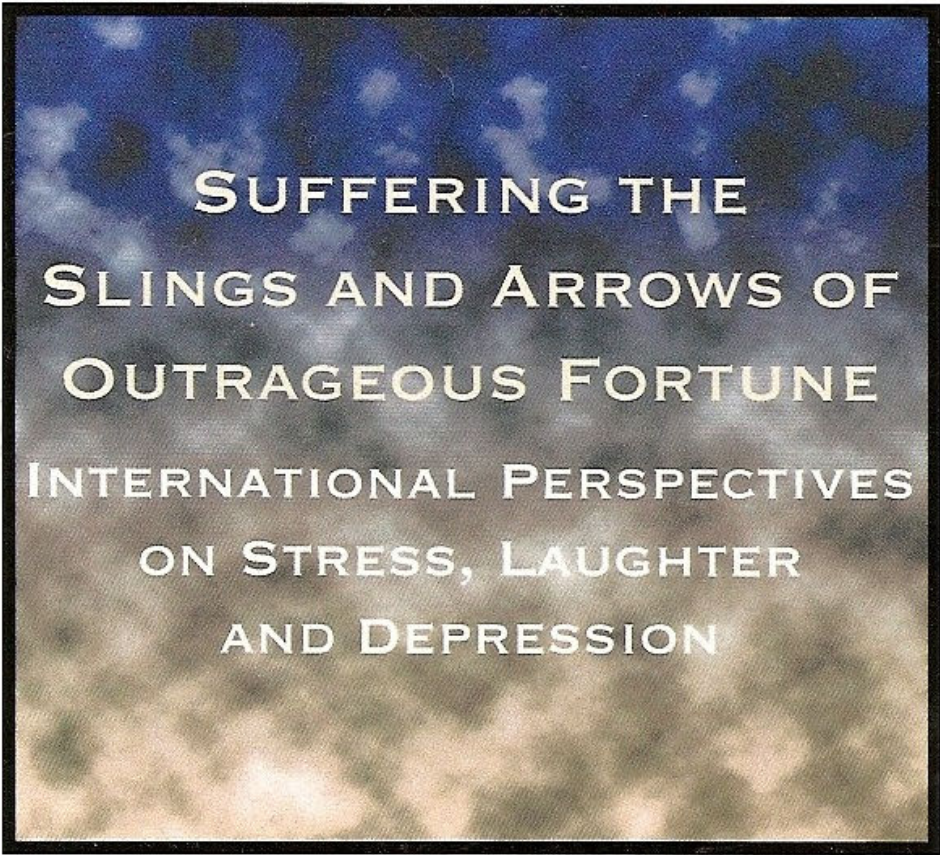


At the Interface



SUFFERING THE
SLINGS AND ARROWS OF
OUTRAGEOUS FORTUNE
INTERNATIONAL PERSPECTIVES
ON STRESS, LAUGHTER
AND DEPRESSION

EDITED BY
BERNIE WARREN

Probing the Boundaries

Clown Language, Performance and Children's Hospitals

Ana Achcar

Abstract

This report is part of ongoing research which aims at developing a methodology for educating and training actors in "clown language", prior to performances in children's hospital environments. The basis of this research involves an investigation of the relationship between laughter and health; clown and child; reality and fun; and art and transformation. It is intended to serve as a deeper exploration into the interdisciplinary assumptions behind clown performances in hospitals, as well as the basis for a professional training program for actors in this type of activity.

1. Introduction

Since 1998, I have been managing the *Enfermaria do Riso* * an interdisciplinary education, action and research program, which was set up at the Drama Department of the Drama School in the Federal University of Rio de Janeiro's Language and Arts Centre. The Program organises the performances of drama students in the paediatric areas of Gaffrée & Guinle University Hospital - HUGG (outpatients' clinic, paediatric ward and ICU), with the objective of bringing humour into the hospital environment and the relationships established within this setting, reinforcing the human quality during these encounters. With such programs, we hope to help change the emotional conditions of hospitalized children, providing relief from the stress generated by certain medical procedures, and promoting more positive attitudes from the child in the face of their illness.

Throughout the years, I have seen that the hospital environment contains elements that correspond to the principles upon which clown training for actors is based. As a result, I have developed a structure for practical exercises that have been tested with drama and medical students and which, when organized, could contribute to the elucidation and understanding of the direct connection between arts, humour, treatment and healing. My proposal is to share this experience, presenting evidence that supports our work in the hospital.

2. History

The Program, which covers the fields of Drama and Health, is managed by myself with the collaboration of Professor Édson Liberal

from the Paediatric Department of UniRio's Biological Sciences and Health Centre, as well as contributions from students and teachers of both areas. The Program uses, as its activity areas, the paediatric rooms of Gaffrée & Guinle University Hospital -HUGG and classrooms of the Language and Arts Centre.

The Program provides education and training opportunities for Drama students by means of elective subjects offered in the Dramatic Arts course, and in extension courses given by professional artists. These extension courses provide training in magic, puppet making and handling, music perception, and improvisation. In addition, the program arranges for meetings with psychologists that who deal with child development, and set up workshops for the clowns to exchange their knowledge. In the last three years, apart from the theoretical and practical course on the dramatic aspects of the clown's game, the students were able to study subjects such as magic, the creation and manipulation of puppets, musical perception, and body movement improvisation; they were also able to attend workshops and meetings with psychologists dealing with child development; and workshops with actors that have performed as clowns to exchange techniques and experiences.

At the Hospital, the students have been working in pairs, regularly, from March to December, twice a week, during the mornings. As nurse-clowns¹ they perform parodies of medical procedures and nursing routines, using games and theatrical improvisations based on the imaginary universe of children. They use medical examination instruments, such as the stethoscope or the syringe, attributing unexpected and original functions to them; suggesting a new way of seeing the reality that surrounds them. Each shift, they visit the outpatients' clinic and its waiting room, the haematology centre, the ICU and the Paediatric ward of the HUGG, exploring the physical space, specific sounds and characteristic objects. They work to establish new and ludic relations with those who use such spaces, be they doctors, nurses, patients, relatives or members of staff.

In the realm of institutional and postgraduate research in Drama, the Program *Enfermaria do Riso* inspires investigations within the University that concern the development of clown dramatization, systemization of a methodology for training of students that work at the hospital, and the gathering and inquiring of drama principles that take place in non-theatrical environments, all of which are in process.

3. Space and Imagination

The paediatric facilities of the Gaffrée & Guinle University Hospital are divided in four areas. The first working area is the outpatients' clinic, located on the second floor of an exterior construction

of the hospital building. It is made up of five small compartments; in each, two doctors attend two patients at the same time. There is a large space on the outdoor terrace where the children and their relatives wait for their turn to be seen by a doctor. Normally, it is a very agitated environment. The two floors are connected by a large concrete staircase, which is visible to those waiting and to those at the entrance of the reception.

The second working area is situated at the haematology centre, in a room reserved for children that come, generally, to receive intravenous AIDS medication. There are two or three chairs and a stretcher occupied by children that can't move around nor make any large movements. The access to this room, which is located at the end of a great hall where there is always intense transit and a great number of people waiting to be attended by different sections of the hospital, is not controlled.

The third area is the paediatric ICU, situated at the end of this same hall in a room that does not have any partitions and where five incubators, a small isolation glass room, a nursing station and a large office desk are spread. The access is restricted.

At last, and situated above the ICU, is the Paediatrics ward, made of two large rooms, each with an average of eight beds for children and the relatives that stay with them. There is also a nursing station and three rooms; a dressing room for the nurses, an office for the chief nurse and the doctors' meeting room.

According to the definitions of space given by Marc Augé², the hospital can be considered a non-place. The hospital space is one which no one wants to belong to, a space where one hopes to leave soon. For the doctor or nurse, or any health professional, the space does not contain that which has to be confronted. These characteristics are confirmed by the clown's work, which by revealing the space as a fundamental element in the construction of his performance, introduces a surprising relevance to something no one wants to pay attention to.

The hospital, such as we know it today, is a relatively new space, which dating back only to the end of the 18th Century. According to M. Foucault³, medicine was not a hospital practice before then. The hospital was a place for the isolation of the bearers of contagious diseases. It was a place where the ill went to die – and in this sense, it relates to the definition of organized space by emic strategy, given by Zygmunt Bauman,⁴

“...‘to vomit’, to spit at others who are viewed as hopeless strangers: to prevent physical contact, dialogue, social interaction and every variety of *comercium*, commensal e *connubium*. The extreme variables of this ‘emic’ strategy are today, as

always, the imprisonment, the banishment and the assassination. The high forms, 'refined' (modernized) of the emic strategy are the spacial divisions, the urban ghettos, the selective access to spaces and the selective impediment of its use"

It is interesting how the hospital, nowadays defined as a place for recovery, where the ill goes to live, still has in its spatial organization the same emic sense, with its inaccessible wings (ICU, ER, Surgical Centre), small partitioned environments specifically separated from one another (the compartments from the outpatients' clinic and from the haematology centre), and its obstructions of use, even if temporary (the ward visiting hours).

The clown works his body in this fragmented and limited spatial structure and through his actions, that is the relation of his movements in space and time, he brings together areas that were isolated by walls, doors and wardens. He attributes, therefore, new meanings to the very organization of the place. The hospital's organization of space is inherently connected to the practice of medicine. The birth of clinical medicine is the turning point from how, previously, the treatment of an illness was focused on the ill, by means of relating symptom, lifestyle and the patient's habits, in order to name diseases according to a botanical classifying system; to how, in modern days, the practice focuses on the body as an object of scientific research where one can reach the centre of the disease, while still retaining knowledge of the individual behind the body.

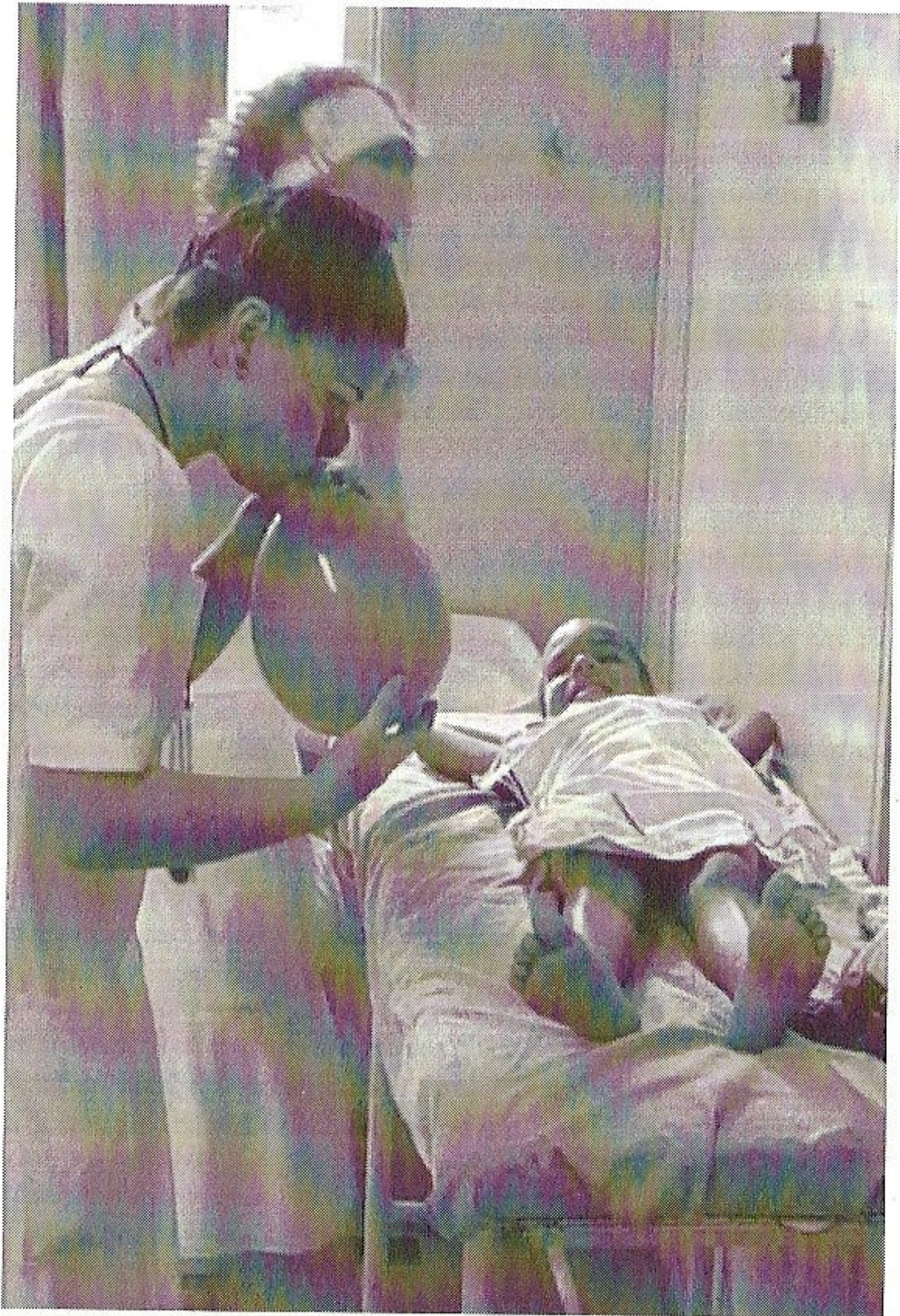
After five years of experience, we have come to the conclusion that a great part of the success of the clown's performance in the hospital environment, and among those who are part of it, is due to the possibility of fully attributing function and meaning to the space. The study of these transformations has been the basis of our attempt to systematize the activities of the clown at the hospital environment.

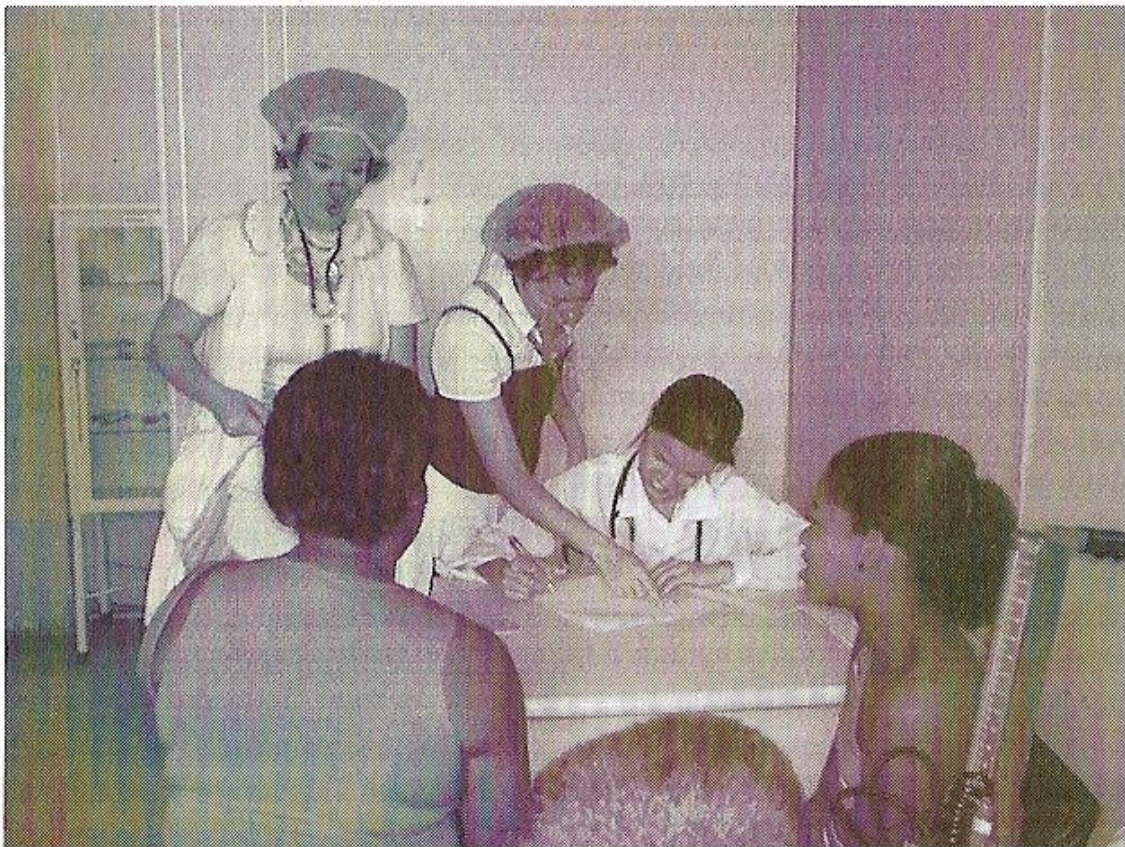
In our training courses, the relationship that the clown establishes with the space usually develops from exercises that work with at least three spatial orders, as I define them. This means that the movement of the body in space always reveals a level, it is executed in a place and has a direction. The purpose here is to allow the actor to succeed in seeing the acting space in a different way from the one he is used to on a daily basis. The new viewpoint that the clown brings to the hospital space is astonishing and plays a fundamental part in the transformation of the environment.

The clown attracts attention to that which is still healthy in the sick individual. An ill child has an almost perfect capacity to play a different reality, even though it may often be hidden. By playing, their strength is

restored and that is all they need to fight the disease. Even if they can't objectively do anything, at a subjective level they do not feel as impotent once they are doing what they know best⁵.

Therefore, the quality of the relationship with space offers the clown a main ally for establishing a game with patients and parents, as well as with doctors, nurses, and members of staff. The improvised situations brought up by the clowns at the hospital transports the game to other places, by attributing new meanings to the known and daily spaces. Such new meaning is not homogeneous, even though we are experimenting with some rules that could organize it at the training course.





4. Time and Quality of Action

When the performance of a clown contributes to the transformation of an environment, it is acting simultaneously over the reality of that space, and, essentially, over a construction of time, which means the association of a duration, a sequence, and a rhythm. The body of the clown in action explores two characteristics of time: one is objective, quantitative, external and refers to itself; and the other is subjective and qualitative, which is necessary in order to be rebuilt by a symbolic system⁶.

In fact, we have been dealing with an important issue since the beginning of our work at the hospital, concerning the time lengths of the interventions. Given that we are working with improvisations, there is not a predetermined end, and even though there are performance scripts, it is the clown, and his *in loco* perception, that decides when the game ends. Practice has shown us, however, that the determination of the time length is also subject to at least three other temporalities that concern the paediatric patient: the length of stay at the environment (given by the place where the child is); the life time of the child (taking into account that the sick child has actually two ages, one chronological and another emotional); and, the duration of the disease (which many times does not coincide with the length of time the child has been at the hospital nor with the graveness of the disease).

On the paediatric ward, when children have been hospitalized for a long time, they expect the clowns as they know that they come twice a week, and there is an expectation towards a continuation of the game started in the last intervention. This does not happen at the outpatients' clinic, which children attend for shorter and more sporadic periods of time. These children are stronger, more physically resistant, and have more energy than the ones who've been hospitalized for a longer period, and so it is necessary to be careful not to extend the game too much, because over-stimulation might bring them to burn down the hospital after the clowns have left. In both cases, it is also important to notice the age of the child. The older ones, in the way they react to the games, may even decide the moment when it should end. For babies, sometimes, the duration of a single song is enough for them to calm down or even for their mothers to calm down.

With the exception of the waiting area of the outpatients' clinic, where there is an average of 15 to 20 children waiting at the same time, the clowns usually concentrate at one child at a time. The child organizes his perceptions according to an impression of time. It is the perception of time for this relationship to begin, to develop and to end. In fact, it is not about ending something, but transforming the quality of the game. Usually difficulty in determining the duration of a game with each child is

connected to the difficulty of leaving without abandoning the other. This means that when that specific and concrete game between the clown and the child is over, another game still goes on, on a more subjective level, inside themselves.

Taking into account the work done at the university hospital, we have observed that the quality of the clown's performance is completely related to the way it is structured in time. This differs from the content of the performance, which seems to be more related to the work concerning spatial orders (place, level, direction of movement). Organized through time by the choice of an external rhythm, but also sustained by an interior beat determined by his breathing, the clown's performance has the possibility of being worked in its nuances of expression. Through his connection with time, the clown details his performance, and attracts attention to his humanity and individuality. He is unique and there is no one like him. This is a very important perspective because when he establishes a relationship with the other, be it a doctor or patient, adult or child, the clown introduces a personal and irreplaceable moment, thus artistically justifying his performance.

5. The Selection of Students

Each year I receive a new group of fifty young students who wish to participate at the Program in the University. I must make a selection (each year I can admit only ten new students) and, at this moment, important issues that will accompany us throughout the selection process are taken into consideration: Are there personality traits appropriate for this work? Is there an ideal age for doing this? How much time do I need to prepare these students to act as a clown in a hospital? Can this action be learned?

In fact, these questions should not be answered in this initial part of the selection. They would be more appropriate at a second selection that happens naturally during training and the internship at the hospital. Anyway, these young students have a great desire to discover the hospital as a space for acting, not only for the possibility of exploring a new niche for their acting career, but also because of personal and artistic gain that the interdisciplinary activity brings to the exercise of their art. At least, these are the main reasons given by those trying to be admitted at the Program, shown in the letters of intent and in the interviews that complement the practical examination that they are submitted to.

The criteria used nowadays in the selection of students have been gradually established from the findings of the needs and demands of the work at the hospital. Some of them are objective and general, being supported by the fact that the performance of the clowns in such environments follows certain rules of theatrical game and of dramatic

construction, and it is conducted by psychological principles that sustain and support the relationship and the gathering of human beings. Other criteria are of a more subjective and personal order, like those guided by a particular instinct that generates the choices that artists have to deal with when they are going through a creative process. Therefore, far from being firm, rigid and affirmative principles that distinguish an error from a determined truth, the selection criteria that we use are interrogations that help us with the appreciation and the perception of certain elements that come forward when the candidate is doing an exercise or is being interviewed. Kevin Kuhle, professor of the New York University, proposes some of these questions when he describes a selection process for the admittance of Drama students at the University⁷ :

...does he seems to be guided by a creative artistic need? Is he transparent? Does he easily get in touch with his emotions? Does he know how to deal in a dynamic way with the offered material? Does he give the impression of doing something and not just transmitting an information? Does he have an adventurous spirit? What has he accomplished in his short life? Does he have ideas about art and theatre? Is he well prepared? Does he listen to what he proposes? What does he have on his body?

Since, in our case, the student is applying for a training course for clown performance in the paediatric field of hospitals, there are some specific elements that constitute this activity which we expect to observe in his/her behaviour during the selection process, such as the ability to say yes, even when the situation turns difficult and the problem seems to have no solution, showing openness and availability to try as many times as necessary; respect the intimacy (vital space) of others; enjoy being in a relationship with other people, above all, seek those relationships at all times. Actually, we are looking for signs as to how they relate their exterior reality (the other, the word, the object, space, time) with their inner self (memory, expectation and desire, imagination, senses, impulse and breathing). What is more important than obtaining success or not during the experience is the attitude and positioning during the exercises, if they can be available yet show resistance, if they can have strength yet demonstrate sensibility.

6. The Clown's Training

In the classroom, we do not develop the training with the idea that the clown is a character, but we develop a process for finding innate

characteristics in the actor that, little by little, reveals “his own” clown, thus assuming a personality during particular actions with his own logic and incorporated in a specific body. Hence, one of the basic principles of the training we propose is based on the research of this innate comical state, intensity and rhythm.

In fact, qualitatively, the work on rhythm plays a fundamental role. Rhythm is a form of body perception of time that, according to Norbert Elias⁸, is a social and cultural and also physical construction. Both in life and on stage, everything that lives has a beat and the possibility of rhythm. In the clown’s case, the rhythm is, at the same time, the motive and the form of expression of his performance. Given the assumption that the clown is not a constructed character, but an innate characteristic that the actor finds out in himself, the clown becomes his own rhythm. According to the definition given by the Brazilian musicologist Bruno Kiefer⁹, the word rhythm – in greek *rythmos* – designates that which flows, which moves, associated with the idea of measure and order. For the author, if nothing is altered, there will be no notion of rhythm. It will only appear with the discontinuity of the flow, that gives a perception of comparing and measuring fragments of that which flows. If such discontinuities occur chaotically, they will provoke a feeling of confusion. Hence, when we speak of rhythm, it means that there will always be an order involving the steadiness of elements, that are, if not the same, at least comparable. When we tell a student that it is necessary to work out the clown with rhythm, we are reminding him to work with that which “flows and moves” with the purpose of trying to find a measure and an order for him. To find “your” clown is to work with your inner self and your subjectivity, with the intention of finding a logic and an exterior and physical form that expresses them. So, a way of moving in a given space may become a demonstration of a way of thinking.

When a clown is created by an actor, the individual in his singularity comes into evidence and he is forced to develop a close correspondence between inner self and form. The clown is born in misunderstanding, in exposure of frailty and limits of the human condition, in a process of creation that is developed in the tough, yet beautiful exercise of self knowledge, as well as perception of the other, hence discovering and exploring space as if for the first time. The clown is the creator of his own material, which means that everything is built by himself. His abilities and weaknesses are unique and individual.

Another principle that guides our training is the development of the clown, not quite as a person who makes us laugh, but as one who exposes the limits of his human character. During the learning process of the mechanisms of a clown’s performance at the hospital, humour and laughter are experimented with through the unexpected actions and

attitudes of the games and exercises, through revealing individual circumstances, through personal disclosure of each story and of each way of being and through the ability of each one to assume his ridicule, his errors and his humanity. Therefore, the training attends to the needs relating to the work in the hospital; communication with the other, as well as meeting the other's needs.

Hence, the training exercises are thought to be instruments of disclosure for a unique comical characteristic, which gives the each individual opportunities to place himself at the space of laughter. Luís Otávio Burnier¹⁰ states that what we consider to be funny in a clown is due to his expression of discomfort and insecurity before the public. The clown only becomes aware of his stupidity after being stupid, and since he cannot fix his mistake, he cries. The public laughs and the clown cries. That is why we work with humour from the opposite poles between doing it right and getting it wrong; the will of doing something and the impediment; logic and chance; memory and present. What the clown sees, the others do not see, and he sees his own way of thinking the reality. The clown that stands out as an innate ability, a rhythm, a mask, will work with reality, at all times, as if he had discovered it for the first time. We believe in this experience of the surprise element as a way to work with a determined time and space, so the comic action can be constructed. Technically we also practice traditional exercises of repetition, imitation and exaggeration of actions with the intention of finding the comic in the clown.

According to André Riot-Sarcey¹¹, the creation of a clown originates with the gathering of memories from childhood objects and photographs, the recollection of original emotions that had been forgotten, the finding of other forms of laughing and crying. This is a state of deep personal maturing of each one of the participants involved. In fact, our interest in the comic will occur whenever it reveals and reinforces the human condition of the clown. It is precisely the humanization of the relationships that we are looking to achieve, when we propose the performance of clowns in hospital environments. We do not dismiss the importance of the laughter of those that come into contact with the clowns at the hospital, but we hope to establish a relationship with the other and, through it, create the possibility of transforming reality.

On certain occasions, it is sufficient for us that the hospitalized child simply looks away from the television, for example, and looks at the clown. In our evaluation, this attention may have the same strength as a smile. At other times, even if the child says no to the clown and refuses to play with him, such repulsion, in an environment where they do not normally have the right to refuse, can be considered as a reaction as beneficial to the child as a good laugh. It is important to make sure that the

relationship is established individually, so that each reaction can be interpreted and developed taking into consideration the characteristics of each case. The characteristics include: the child's age, the motive and time of his hospitalization, the treatment he is being subjected to, who is accompanying him, and his social and economic status, just to name a few.

7. Interdisciplinary Action

During its five years of existence, the Program *Enfermaria do Riso* has been gathering data and accounts experiences arising from this new place of practice and artistic contemplation; that is, the performance of clowns in the environment of hospitals devoted to the treatment of children. Quantitatively, we have worked with an average of eight hundred people a month at HUGG, including paediatric patients, parents and health professionals.

Regarding its qualitative impact, it is important to underline the matter of the interdisciplinary connection between Drama and Health and how it came to be. At the time it was being considered, the creation of the Program had the fundamental support of the Extension Department. The connection between the Drama School, the Medical School and the Paediatric Department was carefully planned and guided by the Extension Department, which was concerned with the construction of a more effective and consistent exchange between apparently separated courses. Exploring the unknown territory of research of new languages and spaces becomes even more pleasant and efficient with the support of solid institutions that have more daring visions for programs of social extension and higher education.

Up until now, what we have been able to assert is that the interdisciplinary experience has offered our students the possibility of contemplating and discussing matters concerning the function of the actor outside his usual place, where the limits of artistic experience are found within social practice. Participating in the activities of the Program *Enfermaria do Riso* liberates them from an exclusively egocentric approach, set in obsolete concepts about the function of the actors, and develops the perspective of artists as creators of new spaces of expression. There is a great interest in this perspective. When we started the Program in 1999 at the Drama School, twenty-five percent of the students applied for a place.

In fact, the work developed by the clown at the hospital attracts attention by his necessity of being in relation, co-operation and collaboration with the other (whomever the clown works with; patient, visitor or staff). The clown does not exist without the other. Actually, he lives for the other and because of the other. His art consists of relationship

and involvement with the other. And it is from this close relationship that the ludic element of his performance is born and, thus, establishes itself as a game. A game of self revelation that puts the other into evidence and makes him discover himself. We find it amusing to recognize our weaknesses in the clown and we surprise ourselves when we discover in this attitude the recognition of our strengths. The clown invites us to experience reality through the senses. He teaches us to laugh at ourselves. The clown accepts his own ridicule and exposes himself. Even if he is clumsy or a loser, the clown never gives up trying one last time, and the relationship that is established between failure and achievement demystifies the assumption of being better than the patient.

This ludic quality present in the clown's world is far from being found in the environment of a hospital, but his universe is very close to the child's and this proximity rapidly generates complicity between them. The approach, on another level, with the doctors and nurses and even with the parents, in some cases occurs through the child. The clown, when integrated to the hospital environment, uses elements in a ludic way, such as the white medical clothes, syringes and stethoscopes – references of the medical world – depriving them of the meaning that distinguishes the hospital as an institution through the use of humour and, at the same time, reinforces the medical actions by looking into what is still healthy in a sick child. Therefore, the actions of both teams allow, at different levels, a more efficient and less traumatic process of recovery by looking into the singularities of each patient.

Our training is also offered to medical students, residents, doctors and nurses through a drama workshop called *O Riso na Saúde* (Laughter in Health), that takes place at the facilities of the University's Hospital. Every time we do this event, we uphold the belief that it is necessary to maintain and strengthen the co-operation between the professionals of the fields of Health and Drama in regards to the development of the Program *Enfermaria do Riso* at the University. Even though it was an initiative of the Drama School, the continuation and consistency of the clown's work at the hospital is closely related to the participation of the Medical School and of the professionals who work at the HUGG.

The artistic quality of the performance of the clowns depends on the co-operation of the doctors, nurses or residents, who provide, for example, information on the child's health, humour, relatives, and medications; thus supplying the clown with elements that will facilitate the relationship between the artist and the patient. But more than just being responsible for reporting the child's conditions, the medical team is an important ally to the performers in differentiating the presence of the clowns from the painful procedures that the child has gone through or will be submitted to.

The evaluation of the actions of our Program is another matter that comes up when discussing the interdisciplinary quality of our activity. Monthly reports have been completed by the Drama students and meetings with the medical team of the Paediatric wing of the HUGG have occurred, as an attempt to evaluate the Program. During such meetings, we also have the opportunity to present the Program *Enfermaria do Riso* to the new residents and medical students that arrive at the hospital each year. What we have realized is that as an interdisciplinary action there is a need for variation and adaptation of interpreting methods of the obtained results. We have, therefore, elaborated instruments of qualitative evaluation that involve every part of the Program: from meetings about the experience of the interventions at HUGG with the participation of professionals from the Paediatric Department and of students/actors that participate in the Program *Enfermaria do Riso*, to interviews with the hospitalized children and their relatives, both before and after the performances. With the children, we use methods of evaluation that are illustrative (drawings, figures done with Play-doh, etc). With the adults, written questionnaires are used, as tape-recorded interviews, if circumstances warranted it and permission was given.

Anyhow, each relationship that is established between the clown and the doctor, nurse, child or relative is a four hand written story. From a certain point, it becomes impossible to fully know who is in command of the artistic game that is created, given the great mutual dependence that is formed by both parts. In this sense, the Program *Enfermaria do Riso* shows us that the interdisciplinary nature of its fundamental action is beyond the initiative of sharing spaces, researches, teachers and students of both Departments. The intersection between the performance of the clown and the action of the health professional is created out of the needs of the child, and together the three of them find out, when meeting one another, the freedom and irreverence of this place of laughter, where there are attitude changes and changes in human relations.

The question of humanizing the Health area is at the centre of debate in Brazil. The transformation of the hospital environment and the resulting change in the quality of relationships, as well as a more positive attitude of the diseased child and their relatives towards the illness, a better resistance to the long term hospitalization and to the painful and invasive exams, and the humanization of the relation between doctor and patient are possible consequences of the work done by the clown in a hospital environment. On the other hand, the practice of humanity that drama proposes is unquestionable. Drama is the art of self relating. Drama must accomplish the duty of approaching men and making them see their differences and similarities. When an actor chooses the clown to work in a hospital, he is choosing his artistic language as an instrument to relate to the other. On an academic level, when the student goes through this

experience of being in deep relationship with the needs of another, regardless of his condition, he is increasing the technical and/or artistic range of the offered subjects, allowing for an important humanitarian learning to take place in his professional education.

Notes

* *Laughter Ward or Laughing on the Ward*

¹ As opposed to the clown-doctors of Fools for Health, the Humour Foundation and other organizations, our clowns take on the role of nurses.

² In Augé, Marc. *Não Lugares – Introdução a uma antropologia da supermodernidade*. Campinas, SP: Papirus, 1994.

³ In *A Microfísica do Poder* – Cap. O Nascimento do Hospital

⁴ In Zygmunt Bauman, *Modernidade Líquida*. (Rio de Janeiro: Jorge Zahar Ed., 2001), p. 118 (translator's version).

⁵ For the adults that surrounds them, parents and relatives, doctors and nurses, the process happens in a similar way, the difference lies on the fact that with them it is necessary to invoke what is left of their childhood, and many times that is not so evident anymore.

⁶ Definition of the natures of temporalities given by Patrice Pavis in "Dicionário de Teatro." Pavis, Patrice. *Dictionnaire du Théâtre*. Paris: Editions Sociales, 1980.

⁷ In Josette Feral, *L'École du Jeu* org., (Saint-Jean-de-Vedas: *L'Entretiens Éditions*, 2003) 99 (translator's version).

⁸ In Norbert Elias, *Sobre o tempo*. Rio de Janeiro: Jorge Zahar, 1984.

⁹ Bruno Kiefer, *Elementos da Linguagem Musical*. (Porto Alegre: Movimento, 1987), 23.

¹⁰ In Luis Otavio Burnier, *A Arte de Ator – da Técnica à Representação* (Campinas, SP: Editora da Unicamp, 2001), 218.

¹¹ In *Clown- o termo - Clownes* – Boletim Informativo dos Doutores da Alegria. São Paulo: Abaeté, 1999.

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This study is part of the doctoral research of Ana Achcar who teaches acting at Theatre School in the University of Rio de Janeiro (UNIRIO) where she has been managing the Enfermaria do Riso Interdisciplinary Education, Action and Research Programme since 1999.