Autoethnography: theater as a therapeutic tool for hospital School Children

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Abstract: Introduction: This article recounts the experience of a theater workshop conducted in a hospital school with children under diverse health conditions in 2011. The work became a possibility of art diffusion as a therapeutic tool and an invitation to reflect on disability and its real and/or symbolically constructed limitations. The central problem focused on identifying the presence of Occupational Risk Factors and Occupational Apartheid in the school achievement of the hospital school children and the author. Problems caused by environmental elements as well as by symbolic-social constructions generated by the idea of disability were observed. Objective: To describe the impact generated by a theater workshop as a therapeutic means in a children's hospital school environment. Method: The autoethnographic methodology was chosen to validate the experience of the investigator as a source of information. Results: The ideas on Occupational Risk Factors, Occupational Apartheid, as well as the concepts developed in the workshop and those used to combat adverse conditions were theoretically analyzed. Conclusion: It is necessary that we experiment contexts that enable spaces free of evaluation and the freedom to use, enjoy and express all our abilities. We must be certain that the body keeps track of past experiences that potentialize the resilience of the soul, which we all deserve to have and which opens the path to the possibility of destroying our predetermined conditions.

Keywords: *Art, Hospital Education Department, Therapeutics, Anthropology, Cultural.*

Autoetnografía: el teatro como herramienta terapéutica para niños y niñas de una Escuela Hospitalaria

Resumen: Introducción: Este artículo versa sobre la experiencia de un taller de teatro realizado durante el año 2011 en una Escuela Hospitalaria, para niños y niñas con diversas condiciones de salud. El trabajo se convirtió en una posibilidad de difusión del arte como herramienta terapéutica y una invitación para reflexionar sobre la discapacidad y sus limitaciones reales y/o construidas simbólicamente. La problemática central se focalizó en la identificación de presencia de Factores de Riesgo Ocupacional y Apartheid Ocupacional, en el desempeño escolar de niños y niñas de la escuela Hospitalaria y de la autora. Se plantea que algunos de estos, eran provocados por elementos ambientales como también por construcciones simbólico-sociales generadas en torno a la idea de discapacidad. Objetivo: Describir el impacto que genera el uso de un taller de teatro como medio terapéutico en una escuela hospitalaria. Método: La metodología idónea fue autoetnográfica, que valida la experiencia de la investigadora como fuente de información. Desarrollo: Se analizan teóricamente las ideas sobre los Factores de Riesgo Ocupacional y Apartheid Ocupacional, además de los conceptos desarrollados a través del taller y utilizados para el combate de las condiciones adversas. Conclusion: Es necesario que todos experimentemos en

nuestros diferentes contextos espacios de "no evaluación" y libertad para el uso, disfrute y despliegue de todas nuestras habilidades. Tener certeza que el cuerpo guarda las vivencias lo que potenciará esa alma resiliente que todos merecemos tener y abrirá camino a la posibilidad de destruir nuestras condiciones determinantes.

Palabras claves: *Arte, Servicio de Educación en Hospital, Terapéuticas, Antropología Cultural.*

Autoetnografia: o teatro como ferramenta terapêutica para crianças da Escola do Hospital

Resumo: Introdução: Este artigo versa sobre a experiência de uma oficina de teatro realizada durante o ano de 2011, em um Hospital Escola, para crianças em diferentes condições de saúde. O trabalho converteu-se numa possibilidade de difusão da arte como ferramenta terapêutica e um convite para refletir sobre as pessoas em situação de deficiência e suas limitações reais e/ou construídas simbolicamente. A problemática central focaliza a identificação de Fatores de Risco Ocupacional e o Apartheid Ocupacional no desempenho escolar de crianças em um Hospital Escola e da autora. Observaram-se problemas provocados por elementos ambientais e também por construções simbólico-sociais geradas em torno da ideia de "deficientes". Objetivo: Descrever o impacto de uma oficina de teatro como meio terapêutico, em um Hospital Escola. Método: A metodologia aplicada foi a autoetnografia, que valida a experiência da pesquisadora como fonte de informação. Resultados: Analisaram-se teoricamente as ideias sobre os Fatores de Risco Ocupacional e o Apartheid Ocupacional, além dos conceitos desenvolvidos através da oficina e utilizados para o combate das condições adversas. Conclusão: É necessário que experimentemos, em nossos diferentes contextos, espaços que propiciem o "não avaliar" e a liberdade para o uso, o prazer e a manifestação de todas as nossas habilidades. Ter a certeza de que o corpo guarda as vivências que potenciarão a alma resiliente, que todos merecemos ter, e de que tais vivências abrirão caminho para a possibilidade de destruir nossas condições determinantes.

Palavras-chave: *Arte, Serviço Hospitalar de Educação, Terapêutica, Antropologia Cultural.*

1 Introduction

This article is the result of a Graduate Seminar that I made in 2013 for the Bachelor of Occupation Science and Occupational Therapist at the Austral University of Chile, guided in the theoretical area by Professor Daniela Olivares, who is the second author of this article and in the methodological area by Professor Roberto Fernández, who is the third author of this article. Therefore, all text written in the first person are reflecting the work I did while still as a student in Occupational Therapy.

The research is autoethnography as it seeks to analyze my experiences as a researcher and lead author of the text, based on the experiences of a theater workshop I conducted in 2011 in a hospital school, with FONDART fundings[1]. During that period, this funding promoted inclusion and participation in artistic and cultural spaces to people who do not have access to them for several conditions (social, health, economic, etc.). Currently, this area is not addressed by these government initiatives.

The practical work is focused in a hospital school operating within a medical facility, which provides preschool and basic education to children with various health conditions, so they cannot attend regular schools. Within these health conditions, there are cancer diagnostics, motor disability (myelomeningocele, cerebral palsy, traumatic brain injury), communication disorders, mental retardation, genetic syndromes, among others. They also have the difficulty of moving, and/or communicating besides the multiple consequences of treatments and/or medical intervention processes associated with them[2]. These schools offer spaces that enable children to receive educational care corresponding to their grade, under current regulations[3] and the process of Educational Reform[4] of Chile.

The creation of a theater workshop inside the hospital was not only for me a possibility of dissemination of my work of art as a therapeutic tool but also as executing activities, proved to be a personal invitation to live and reflect on the world of disability and its real limitations and/or symbolically constructed.

The central problem of this work is focused on identifying Occupational Risk Factors (WILCOCK, 1998) and Occupational Apartheid (KRONENBERG; POLLARD, 2007), during the school performance of children in the hospital school and the effect that these factors would also be in my occupational performance as an instructor of the theater workshop.

The initial hypothesis suggests that some of these factors are triggered by the symbolic and social constructions generated around the idea of children with disabilities or with "vulnerable" health conditions that predispose them to frequent hospitalizations, being a rupture in their habits and daily life[5] (MÉNDEZ et al., 2004).

The main objective of this article is to describe and reflect on the impact of the theater for children from a Hospital School, being understood the concept of "impact" as those significant changes that occurred over time in the daily lives of all of us as workshop participants and also identify and reflect in this context on the presence of "Occupational Imbalance, Occupational Deprivation" (WILCOCK, 1998) and Occupational Apartheid (KRONENBERG; POLLARD, 2007).

2 Method

The ideal methodology for this paper was the autoethnographic research, since registered in the disciplinary tradition of ethnography, it is based on the idea of me as a researcher belong to the social context to investigate and my experiences and reflections are formed and influenced by prevailing social structures, just like all the other participants, which, as a source of information, I can reflect and interpret my experiences and those of others, as any member of the field of study (FERNÁNDEZ, 2006). It is then necessary to always maintain a critical and analytical observation of my participation and my transformation processes while I investigate.

Autoethnography is part of a broad critical movement in the social sciences and qualitative research postmodern methodologies. Since questions the positivist foundations of the dominant social sciences, defined as a method, as a process and product research, dwells at the junction between researcher and researched (HOLMAN, 2005).

As an author, this allows me to observe and reflect on my experience while researching,

getting the process of reflexivity. This reflection is crucial and predominant in autoethnography still being very timely for the analysis of situations of occupational performance as described above and in this case it allows me to realize the Occupational Risk Factors and Occupational Apartheid that I am subject to this work.

Autoethnography can be seen as a radical democratic politics aimed and committed to the creation of spaces for dialogue and debate; instigating to seek and develop some tools that shape possible social change (HOLMAN, 2005). This is something that is not always well received in the field of research. One of the criticisms that make this methodology is the supposed insistence on overly personalized and individualized, the primacy of emotion and the imprint of the experience issues. However, behind this reproach, the following question becomes crucial for health sciences and Occupation: W cannot deny the use of personal interpretation of the facts as sources of knowledge. Years ago, qualitative research recognized that personal interpretation could not be circumvented, we cannot try it out. All observed fact is always the product of crossing my feelings, ideas and actions with the elements of a built context and constantly changing. It works here with the no limitation and demoralization on what can/should be and/or could be and/or not described in an academic text.

Somehow, we leave behind the fear, the possible lack of control that characterizes our Western scientific culture, being the focus in the construction of social thought (ESTEBAN, 2004) and we open a way to conceive knowledge as a complex construction, emanating from the infinite interpretations of each multiple, thoughtful human being and in constant interaction.

3 Occupational Risk Factors

The theoretical Occupational Therapy of Ann Wilcock (1998) analyzes the concept of health, giving a wider value than just of the absence of a disease, referring that in our culture, there is a "medicalized" concept understanding, reproduced by the people and overall system users inadvertently. Thus, it adheres to the proposals of the concept of "Welfare".

Within this development, it is important to emphasize that this theoretical leads us to associate our occupations of daily life with the welfare state,

saying that a proper distribution of time and our day-to-day will always be a catalyst welfare and satisfaction factor ("good health").

Faced with these ideas and in this context where I started to work, it must be alert to some situations that do not generate interest popularly such as: Are we concerned if a child could not play today? According to Ann Wilcock (1998), this should be of concern as much as if he did not eat or sleep[6] (FERLAND, 2006).

The game is the means through which children discover the world around them and experience pleasure (FERLAND, 2006). It is an essential Occupation in the childhood, still rooted in the deepest traditions of popular culture, so it can be considered a true social mirror (MUÑOZ; SALGADO, 2006 apud LUCERO; TRIVIÑOS, 2010). For this reason, it functions as a central sign in detecting circumstances of Deprivation and Occupational Imbalance of children in any context.

Playing allowed the children with different health characteristics, make sense of living situations and deepen their understanding. In this case, not only their circumstances of vulnerability but also the presence of excessive prejudices and they have with their classmates about their own physical, mental and/or emotional capacities.

What do children play at the hospital school? Throughout the theater workshop, I discovered that there were two "Occupational Risk Factors" defined by Wilcock (1998) within the context and school performance of the students of this hospital school: "Occupational Deprivation" and "Occupational Imbalance".

The Occupational Deprivation refers to

> [...] the influence of an agent or external circumstances that keep a person away from the acquisition, use or enjoyment of something or a situation [...] (WILCOCK, 1998, p. 145).

This means that in this case, there are external conditions that prevented the participants from performing their occupations expected for their developmental stage such as children 4 to 12 years old who express wishes of games with balls, ribbons, running, jumping, among others. However, nevertheless, given their status as "health", the board games are their only leisure and allowed activity.

The Occupational Imbalance is defined as a constant situation where the commitment and

participation in occupations people fail to meet their physical, mental or social needs. In this case, children are conditioned to an unbalanced routine where occupations they do not respond to the needs that everyone has as their chronological age and their personal characteristics, being subjected most of the time on activities not chosen, and unsatisfactory in their school day, leaving aside their needs.

Some of the adverse conditions I began to detect in this hospital school was the lack of trained staff that offers children an opportunity to develop motor activities and active play, since teachers and education assistants considered as "risky" that students participate in motor activities given their health problems not having a subject of sports, or a teacher of physical education. They also have adequate time distribution to children in the first cycle of basic education (up to 7 years old) which does not correspond to the individual developmental stages of the students that each year participates in this school. Also, the distribution of the tools of the physical environment, where, in small rooms, the furniture does not allow free and independent ambulation of children who use wheelchairs. The marked paternalistic attitude of the professionals of the institution that hinder the development of skills to empower the students and finally the overloaded hospital context of symbolic elements and repressors is also identified, for example, they are daily surrounded by health workers dressing white aprons, constant movement of people suffering from some illness, permanent decision to remain silent and be still in some sectors of the hospital, especially when they are under intensive medical care required by their condition. These features, beyond the important and valuable support provided by these institutions, show the presence of "Occupational Deprivation and Imbalance" in children who attend it. Thus, the theater workshop becomes a place to play freely, without the restrictions that adults and adult health professionals imposed. However, how do I also have these fears and the need to care for children? Together we went slowly allowing this space outside to be free. It was the time that helped us to produce the fears that allow us jumping, running or crawling on the floor. If they could not play like that at any other time of their school routine, this space may arise towards genuine collective creation and expression.

4 Occupational Apartheid

A practical definition of Occupational Apartheid is the segregation that some people suffer by restricting their access to decent and meaningful participation in the occupations of daily life, chosen by them. It is based on race, color, ability, national origin, age, gender, sexual orientation, religion, political beliefs, status in society, or other characteristics caused by higher dominant forces to the restrictions we already show above when referring to Occupational Deprivation and Occupational Imbalance.

The Occupational Apartheid refers to political and social constructions that determine the way we relate as human beings in this society. Its consequences will always be cultural, political, economic or social, which in a systematically and structuring way, they endanger the health and well-being of individuals, communities and societies (KRONENBERG; POLLARD, 2007) when structuring the performance of each according to categories imposed by social orders already described. They are invisible orders established in our every day, validated and naturalized in our actions and personal relationships.

Facing such wide definition, it is difficult to assess when a situation does not correspond to Occupational Apartheid, because if we are specific, we are permanently being crossed by these social conventions and especially in users of occupational therapy, given the characteristics and needs that each has their occupational participation in our society.

To this context, we can refer to Occupational Apartheid as described by Kronenberg and Pollard (2007) in the hospital school as a social context that regularly maintains sections for children to access opportunities that other human beings belonging to their evolutionary stage, if they have access to play voluntary, free, active and independent occupations as any other child, beyond their physical health status.

I found it interesting to propose a parallel between this situation and a historical fact in Brazil. That country during the end of the slavery had a similar condition where black people, although already enjoyed "freedom" under political agreements and contract freedom signings, socio-political slavery was still in force and their access was being denied to public places such as churches, plazas, theaters, etc., thus being in their homes,

unable to read or write. Accustomed to living and act under the orders of a man who commanded their lives, their legal modifications did not change their status as slaves in everyday life, not re-structuring a social conception of the ideas of race generating civil discrimination that kept them away from the public world and a free and genuine community participation. This situation hinders the black people to develop their lives independently. Taking this example, I think that the situation faced by the students ranging between 4 and 12 years old and attending the hospital school for 3 or 4 years, that is since the start of their school years live in an Occupational Apartheid situation. Although the hospital school provides a free education during their hospital stays, promoting their educational needs, we should not forget that there are also other vital needs in their life cycle. Belonging to an extremely closed, differentiated and overprotected school community, even more than a special school, I start asking me, at what extent these personalized care and clinical care is recognized as necessary? What is the limit of the "social stigma" of "compassion" that falls on children who go through processes of various diseases in a hospital? It is their "ill" condition in the permanent hospital, different from the sick person of everyday life going down the street or at home? (SONTAG, 1980).

While I am doing this work, I realize that political conditions of our society are those that structure the "natural" way of a disability status adopted a meaning and affecting the way we interact with it. Large institutions in Chile, such as Telethon campaigns contribute to the development of these political conditions.

In this research, I show that these political conditions are the major barriers to the equal occupational participation of children who have health conditions diverging from the rest of the population, and they will be their social conceptions that me and everybody approach to them, generating the Occupational Apartheid by Kronenberg and Pollard (2007).

To conclude this idea about the conventions generated around the child with a debilitating disease, I briefly use the proposed by Sontag (1980) in his book "The disease and its Metaphor." The author reviews how pathological metaphors become more virulent, wild and demagogic throughout the nineteenth century, developing the growing tendency to use the word "sick" as

a term that refers to any situation that will not be of agreement and therefore considered "abnormal." The idea of disease is distorted, which we know it exists as legitimately natural as the idea of health.

The disease in the nineteenth century begins to be synonymous with "unnatural". In 1800 Bichat, quoted by Sontag (1980) defined life as "the set of functions that resist death." This contrast between life and death will become a contrast between life and disease, leading us on this endless road to the binomial conception of the ways of living life. The disease, now equivalent to death, is what is opposed to life, the condition of "cancer patient" who keeps the supreme core of metaphor being then during the twentieth century, because it is a so overloaded with mystification and so overwhelmed by the fantasy of a fatal destiny ineluctably to within the political language referring to the "cancer of humanity" disease as just mercilessly morally correct human condition trying to survive.

As the disease´s metaphors of Sontag (1980) analyzes, there are also innate associations to hospital institutions linked to the ideas of discomfort or death and that are included in the rhetoric of daily life, as part of an irremediable but fearful and horrified every day, affecting even more in perpetuating the ideas conceived around various health conditions that children have and therefore influence exploration opportunities and performance in gaming activities they have. Therefore, facilitating occupations depends on the political and cultural influences that exist in their social and economic environment, and we know that the possibility that they actively participate in the world of privileges and opportunities, depends not only on their abilities but also the socio-cultural desire to be permitted. Thus, the power acts to control the microscopic behavior of each and to influence them and their options, so not as extensive alleged arise such as Where, why and who makes the decisions that determine the limited options the actors who build the world have? Thus, although, through the development of this experience I knew I could not change the world, I tried to remove and tried to let resound the questions on these matters, having them present at the time of committing in the active participatory work with a group with difficulties.

5 The School Theater

To understand the theater in the classroom, we have to sort our thinking on two levels, because it is considered only as a worthwhile extracurricular activity, which entertains children in schools.

Thus, the theater should be considered as an artistic discipline, generating serious and art creation, as any adult artist. On another level, the theater at school will also be a tool for training and personal development.

In this case, the workshop I decided to develop in the hospital school, I used this resource body techniques involving the stagecraft and the possibility of free creation and expression of ideas, as a means to transform a day at school and promote satisfactory occupations chosen by the children.

The regular school in our Chilean context answers to the need to structure a moral "ought" and has not yet been able to adapt to the real needs of children. The theater is one of the many instances that would facilitate the development of creative and liberating schools (DÍAZ; GENOVESE, 1993). This methodological innovation is an idea that many years ago was proposed to work in Chile, but must still wait for paradigm shifts in our educational system to be concretized.

In the hospital school, there is also the potential use of the theater from its therapeutic dimension, since it is possible to work with and from the difficulties of the physical, mental or emotional field of children, to facilitate, for example, their social integration. Through the creative act, they recognize, understand and share their skills and then their limitations, reevaluating and increasing their self-esteem (PACHECO; ZORRILLA; CÉSPEDES, 2007).

Therefore, for the workshop I chose the theater as a central tool, validating the group process as a way to make clear that the most important, when we do theater in schools is not the final presentation of work, but rather the experience and involvement of each student in their discovery and collective creation.

> We must further the rehearsal
>
> No matter we should improvise, without a director
>
> Moreover, the play we never rehearse debuts
>
> Also, the flower is a rehearsal; the word is a rehearsal
>
> Silence is a rehearsal Gods were a rehearsal
>
> Although the amphitheater is empty and we undress absences, As the Flower naked

The elemental fact that all is not a flower, the air is not a flower

That time, the thought are not flowers. Although the man's voice is full of holes or perhaps it is a hole,

We must continue the rehearsal. It is the only way

That at least the other rehearsals may someday premiere.

Moreover, then maybe they drag us (JUARROZ, 1988, p. 139).

6 The Work in the Workshop: Some Concepts

In this section, I want to discuss some concepts worked during the workshop that I think are important to consider when implementing activities like this in groups. The concepts worked were: "Sense of Belonging" referred of what Alfaro (2014) describes as a primary element of rootedness and personal identification that a person develops towards a specific group and in this case everyone acquired over time. The sense of belonging emerged only after five or six sessions.

The **"group bonding"** is understood as a bond of trust and commitment between people, and in this case, where the boy or girl involved in a relationship with their peers and/or adults experience and/or can/must experience self-worth, self-confidence, and autonomy. For these experiences, it is necessary to open the way, allowing the development, being then colleagues, people in horizontal relationships and join us in the process of acquiring the necessary skills to confront our society (BARUDY, 2005).

"Cooperative game," where there are symbolic and creative activities that will gradually become artistic and highly structured activities and establish the basis for further progress towards a more complex regulated game. As opposed to competitive play, this type of game also has the importance of facilitating the development of social skills but above all values, setting the perception that the child has to themselves and other partners, as players, their skills and their chances of achievement as they play. Its focus is on the invitation to experience the mutual collaboration and commitment to the community.

"Creativity" that González ([19 --]) is a superior mental process that allows relationships and find innovative solutions to the difficulties of daily life, based on already known information and that includes not only the possibility of solving problems but also new challenges and questions, managing to recognize the world around us in its infinite possibilities.

"Body language," we understand that expressing means to declare, imply or show something to others through the word, but in this case, we seek to learn that the body is a fundamental means for these other forms of expression that we have in life. This implies the need for the body to be ready and prepared to reflect feelings, ideas, passions. Everything that happens to us happens in the body. There are not events affecting our souls not mobilizing the bodies. Among the bodies, there is always permanent dialogue. Between my body and the wheelchair, between your body and the (guitar, wheelchair are bodies too), between my eyes and your eyes are also a body.

"Self-esteem" that corresponds to a personal intimate experience generated from the trust and respect that we feel for ourselves and reflects the value judgment of each person to face the challenges of existence, with the deeper insight that each structure in the acceptance or denial of identity is based on the concept of personal worth and ability (HORNSTEIN, 2011).

"Resilience" which is defined as the human capacity to face, overcome and be strengthened, empowered and transformed by the adversity (HENDERSON, 2003). Who, of those who read today, has not survived their disasters? We were always resilient. It happens that this concept was created only a few years ago, but the resilience exists in the hearts of all human beings from the beginning.

These concepts corresponded to complex situations that were described in the full autoethnographic theater workshop registration and they were analyzed simplistic way for research purposes.

7 The Theatre Workshop: "Locomotive Theatre takes me to School"

In the expanded research record, it was described from March sessions, how the events were gradually happening to show identification

that children developed with the group, realizing what according to Alfaro (2014) corresponds to the "sense of group belonging" as a concrete expression of adherence to specific and characteristic features of the group. Thus, when they were able to name their band; play specific roles such as being in charge of maintaining order in space or support creations and companions; creating their own masks to present for their mothers in the month of May; playing in pairs not only because I asked for them, but also because it was part of the group dynamics find a partner or a mating face to face to create; knowing that always "be there" meant game and ease, it was our "special/spatial space to do theater". As proposed by Alfaro (2014), there was a decision to join this group as a result of active participation in the processes of content creation and construction, which determined the aware and active Sense of Belonging.

Through multiple activities, it was achieved that all re-knew us, with our identity, beyond the obvious physical differences (as perceptible elements), recognized as unique and at the same time, capable of being recognized by the rest. Collective identity is built from the similarities and differences that kept the cohesive group. Considering they are children, and their evolutionary stage corresponds to the beginning of the development of what in the future will be their identity, we built our interactions collective group ideas of multiple meanings that affected us and mobilized internally.

The idea of "group bonding" as a concept that explores the emotional ties that indirectly developed in our workshop was particularly relevant. In this case, bonding seeking not only healthy and conviviality (BARUDY, 2005), but interpersonal relationships that would allow each self-validation in the management and knowledge of their skills, relying, for example, to know what was our role, our contributions, what are the chances for error and success in the activities. Feeling that this - being together - beyond our status as a child or adult, we all had the autonomy to decide and say what I want and did not want to do.

Among the theoretical aspects of the cooperative game of Romero and Garvín (2003), "Body Language" and "Creativity" (GONZÁLEZ, [19--]) are inseparable ties to each other. For this reason, I analyze them in a cross way. The group game delivers feedback to each player on their abilities, and stimulates and encourages agencies

to body language, where there is always movement beyond physical disabilities, and where "quiet" does not mean immobility. Our bodies move, as we said earlier.

The still body moves its eyes, breathes softly and expresses through it. Thus, body language is present in the game for all boys and girls, where the motivation for fun will be the main mobilizing feeling. It is also very important to note the progress that had children in exercising their bodies expressed using different and creative ways, enabling them to reconfigure their modes of communication. They said hunger is moving their arms across their stomach; they said laughing raising their hands; they said sad is staring at their eyes.

Through these new forms of expression, we can experience the creativity. That creativity that González ([19--]) called superior mental process in infancy is unchanged by "social blockades" that we acquire as adults, as noted Papalia, Wendkos and Duskin (2009) and González ([19--]) Playing sculptures, to tell stories and/or pictures with our bodies allowed us to discover that when we get rid of the "trial" that social blockades imposed on us, the expression is more fluid and easy.

As a result of these theatrical dynamics from the first to the last day, we could attend the "between" bodies meeting, the most important function of a final work experiential process. I lived the gradual strengthening of self-confidence group pointed by Pacheco, Zorrilla and Céspedes (2007). A personal feeling to believe confidently that the proposed challenges were possible to perform was generated. From small collective creations as rehearsals, it was generating a final presentation after families and loved ones applauded with tears in their eyes. Undoubtedly, this experience caused us a sense of validation, respect and consideration for ourselves with our difficulties and obstacles. Papalia, Wendkos and Duskin (2009) say that the Esteem corresponds to the point of view of "I" capable of achieving the tasks proposed in life and also to share these achievements with other people, helping us to be satisfied with our performance and that satisfaction is the feeling of self-worth we all need to grow. During the workshop, children were always important and central participation; it should be noted how these socioemotional aspects working gradually achieve small goals strengthened. We said to present a final show as the only goal of a theater workshop

at school was the most recurrent mistake, so I emphasize the importance it had for all of us to live the process slowly and from collective creations generated in meetings weekly with a final work. This work was born alone, from the meetings of our hearts and bodies playing.

It was very important to me as an instructor of this workshop all these concepts were developed, since that function as protective factors and promoters, as Papalia, Wendkos and Duskin (2009), the development of resilience in children. The authors mention that one of the edges that make up the resilience corresponds to the cognitive ability of the child to perceive or experience the facts in various ways, having the flexibility sufficient thought as to find different causes and varying solutions to an adverse experience, it is closely linked to the ability that the person has to express what they think and feel through the body and oral expression, and so recognize itself as one of the many factors that make up the complexity of life situations. It is necessary to face the difficulties of lighter and without creativity, according to González ([19--]), they never break with these ways of inhabiting the world, so that the power structures and determining conditions of life will remain unchanged.

This research analysis of this sounds pretty allegorical. However, this is the result of my visions, feelings and listening. It is detailed, because, during the theater workshop we constantly lived circumstances where our spirits resilient, they came to light. I want to highlight two key moments where this was manifested most importantly. The first was in July when one of the children undergoing chemotherapy, a newcomer to the school was frightened and distrustful waiting for the hour of his health care. His parents said that during this period of treatment, they left him at home so it would be more protected from possible infections that could be seen exposed and that tried not to attend school hospital continuously. That day the new member in a few minutes was laughing in the mirror with his face painted with makeup. His laughter opened the doors to generate quickly interaction and group movement emerged alone. We forget that a few minutes later the medical intervention was held that ultimately left him without energy at home.

The second experience recorded was the effort that the character of our final work, the "evil clown" traveled from one city to another, only to meet his character and be present in the final function. This participant has cerebral palsy and uses a wheelchair. A few days before the presentation, he broke a leg, so he had more difficulties to travel to school and he was not attending. He lives in a village 45 minutes from our city. Therefore, I decided it was important to go to his house and ask him not to leave his role in the play. I said that we needed him. His family appreciated this request very much and overcame the difficulties that prevented him; they strove to reach the final day of the workshop. The "Evil Clown" was on the play and his happiness overflowed us.

Finally, it is possible to assess that although there were no parameters of quantitative measurement and objectives to specify the achievement or non-achievement of the development of the concepts proposed in this research, using this subjective description, the autoethnographic methodology allows me to see that it is possible to account for how the concepts described here were evidenced as useful not only in combating the oppressive circumstances of student performance tools a hospital school but also in development as an instructor in my workshop. The circumstances described earlier in this text were being endorsed and standardized for all of us in everyday life. It was due to this reflective exercise - research that could tell them, evaluate them and thus use them strategically in our favor in the transformation of a specific context and my life.

8 Conclusion

To the final "definitive" conclusion analysis, it is necessary to clarify that through it; it is not ultimately intended to "conclude", but rather seeks to invite to take suggestions and leading key ideas to new questions and perhaps new and better ways of research. We have to bear in mind that the described here corresponds to a focal look of a specific place and does not seek to generalize or reduce narrated my singular processes as a researcher look.

While there were in the story many details that were outside the scope of the narrative, there were situations that showed the various circumstances that structured those "occupational risk factors" in the performance of boys and girls, since the ways of relating to teachers and administrative staff of the hospital school with them and the physical spaces where their school routine was performed.

It is important to stress that it is necessary to be attentive to the multiple conditions that sometimes lead us not to perceive that there may be elements in the environment that are preventing occupational performance of those who inhabit it, determining and Occupational Deprivation and Imbalance to prevent choice and/or voluntary performance of our vital occupations. Reduced or physical spaces unsuitable for the transit of people with different characteristics, curriculum frameworks in schools that provide low variability of activities or diminished presence of learning various arts, being some of the conditions that are probably not often valued as elements risk for proper development in children and to establish their welfare. "Normalized" situations within school contexts hinder personal possibilities of a human being. Faced with these situations, destructuring means proposing theatrical dynamics and/or artistic teaching strategies to be a measure of defiance to the routine. The question at this point is How effective are instances after the workshop is over, is life as usual? Here the "group bonding" and the "sense of belonging" generated, become more important because more than just the memory will remain in us all. That unique place called group, where we identify and it will provide us with personal tools which come to the defense of our well-being will always be there for the future. Thus, it is fighting the use of art in the breakdown of oppressive conditions and "Occupational Apartheid" normalized by society.

Finally, it is necessary not stop criticizing myself in the decisions I made, every action and/or phrase in this text, as for the future theater will be my tool of struggle and what I intend to propose is that as it saved my life, the art has the potential, in this case, planting artistic concerns, expression and creativity also in others and I need to stay in this state of alert against continuous oppressive situations that my language can generate in my encounters with others. As an individual and member of groups of people working with people, I strongly believe that it is necessary as a tool to combat Risk Factors and conditions of Occupational Apartheid addressing us and go through all that always provide, in our different contexts, "no assessment" spaces and freedom for the use, enjoyment and deployment of all our personal characteristics, so to recognize them, work them, evaluate them and reflect on them. It is essential to be certain that even then "life is

as usual", the body keeps the experiences and from that thought, born and reborn, reliving lived experience, whenever it can. This undoubtedly enhances the soul resilient that we all deserve to have and open the way to the possibility of destroying our determining conditions, to all that they tell us "we must be."

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Author's Contributions

Miriam Maribel Vargas Rivas is the author of this article and responsible for the implementation of the workshop that she created. She is responsible for the design and drafting of the text, in addition to the organization of the sources and analysis. Daniela Olivares Aising is the guiding seminar title professor that gave rise to this article. She is responsible for the review and advice of theoretical research and reflections recorded. Roberto Fernández Droguett is the guiding title seminary professor that gave rise to this article. He is responsible for reviewing and methodological advice of research. All authors approved the final version of the text.

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Notes

[1] Development Funding for Culture and the Arts 2010, for a region in the south of Chile

[2] These processes are mainly in children with the oncological diagnosis, exposure to potentially stressful and painful procedures (radiotherapy or chemotherapy) who have an invasive character who changes their physical appearance, which can threaten their self-esteem and compromise socio-affective component (difficulties in social relationships) (MÉNDEZ et al., 2004).

[3] Special education law from social integration Law 20,422, paragraph 2, Article No. 40: to establish that every student that "[...] suffers from diseases or medical conditions requiring remain functional boarding in specialized centers or at the place determined by the attending physician, or who are ambulatory medical treatment, the Ministry of Education will ensure appropriate school care in place that, by prescription, must remain there [...]" (CHIILE, 2010, p. 12).

[4] Thanks to these initiatives since 1999 and date it has been achieved to build 29 schools and hospital classes in the country, attending a monthly enrollment between 1000 and 1200 students (CHILE, 2015).

[5] This aspect is also conditioned by repeated phases of immunosuppression that people experience throughout their illness, a fact that makes them vulnerable and therefore prevents them from "normal" social bonding (MÉNDEZ et al., 2004).

[6] Ferland (2006) notes that the Occupational Therapy perceives the game as the privileged mode of intervention and occupation as the central life of a child.