ART AND HEALTH: REFLECTIONS FOR NURSING EDUCATION FROM THE THEATRICAL PERSPECTIVE

ABSTRACT
Objective: to think through the theoretical foundations of Theater applied to Nursing, from the perspective of university education. Method: this is reflective theoretical study on the association of concepts from Theater and Nursing and its application to education. Results: we prepared three reflection units describing nurse’s education, contextualizing the theoretical aspects of Nursing in education, and, finally, applying the theoretical bases of Theater in this context. Conclusion: Theater characterized itself as an innovative strategy for Nursing education and it motivates us to stay on this pathway from a liberating perspective that breaks with the domination of thought. Adding the strategies of Theater and the foundations on the body proves to be a possible pathway in Nursing education, as it is fulfilled in the scenes presented in the classroom, in the tutorial space, in skill laboratories, or in the settings where professional practice actually takes place. Descriptors: Higher Education; Drama; Nursing Education.

RESUMO
Objetivo: refletir sobre os fundamentos teóricos do Teatro aplicados à Enfermagem, sob a perspectiva da formação universitária. Método: trata-se de estudo teórico reflexivo sobre a associação de conceitos do Teatro e da Enfermagem e sua aplicação ao ensino. Resultados: foram elaboradas três unidades de reflexão que descrevem a formação do enfermeiro, contextualizam os aspectos teóricos da Enfermagem no ensino e, por fim, aplicam as bases teóricas do Teatro nesse contexto. Conclusão: o Teatro se configurou como uma estratégia inovadora no ensino de Enfermagem e motiva-nos a permanecer num caminho sob uma perspectiva libertadora que rompe com a dominação do pensamento. Acrescentar as estratégias do Teatro e os fundamentos sobre corpo revela-se um caminho possível no ensino de Enfermagem, pois se concretiza nas cenas apresentadas em sala de aula, no espaço tutorial, nos laboratórios de habilidades ou nos cenários onde a prática profissional ocorre efetivamente. Descriptores: Educação Superior; Drama; Educação Em Enfermagem.

RESUMEN
Objetivo: reflexionar acerca de los fundamentos teóricos del Teatro aplicados a la Enfermería, desde la perspectiva de la educación universitaria. Método: este es un estudio teórico reflexivo acerca de la asociación de conceptos del Teatro y de la Enfermería y su aplicación a la enseñanza. Resultados: se prepararon tres unidades de reflexión que describen la formación del enfermero, contextualizan los aspectos teóricos de la Enfermería en la enseñanza y, finalmente, aplican los bases teóricas del Teatro en ese contexto. Conclusión: el Teatro se configuró como una estrategia innovadora en la enseñanza de Enfermería y nos motiva a mantenernos en ese camino desde una perspectiva libertadora que rompe con la dominación del pensamiento. Añadir las estrategias del Teatro y los fundamentos acerca del cuerpo se revela un camino posible en la enseñanza de Enfermería, pues se concretiza en las escenas presentadas en la sala de clase, en el espacio tutorial, en los laboratorios de habilidades, o en los escenarios donde se produce efectivamente la práctica profesional. Descriptores: Educación Superior; Drama; Educación En Enfermería.

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INTRODUCTION

The search for theoretical foundations that support reflections on the encounter between the art and health areas, from the perspective of the teaching and learning process in Nursing, is exciting, but, at the same time, challenging. The challenge is explained by the theatrical area surrounding the thoughts of these reflections, responsible for interweaving theoretical components to pedagogical strategies aimed at nurses' education.

The focus on this theme is due to the possibility of keeping the interdisciplinary connection between art and health, Theater and Nursing, which proves to be rewarding and exciting, because we can continue testing or (re)creating teaching strategies through texts and practices registered in the book *Art and health* and in several qualitative and quantitative articles published in national and international journals.

We included the use of pedagogical strategies derived from the Theater, highlighting the dramatic games applied to nurse’s education process, as forms able to increase the ability of undergraduate students to put into question, contextualize, enclose, and transfer knowledge in a problem solving way in the various settings of learning to care for in a flexible manner and free from domination. All this allows us to define that the subject matter determinations to be apprehended are: reflections on the integration between Nursing and Theater in higher education.

Given the above, this study aims to think through the theoretical foundations of Theater interwoven with Nursing from the perspective of university education.

To meet the objective proposed in this study, we chose the following textual movement, divided into reflective units: I - reflections related to nurses’ education; II - contextualization of the theoretical aspects of nursing care in education; and, finally, III - the meeting of the theoretical foundations of Theater in this context.

♦ Reflective unit I: on Nursing education

The body of Nursing students before actually presenting her/himself to the world, that is, practice on a legal basis her/his profession on the stage of life; she/he rehearses with many costumes at different times and learning settings involving aspects inherent to her/his professional performance.

Legally, in Brazil, the practice of this prospective nurse is grounded on Law 7,498/1986, which provides for the regulation of nursing practice, where, in article 6, I, regards as nurses the holders of a diploma awarded by a Higher Education institution, under the law.1

When turning to the Nursing education process, we highlight in the National Curriculum Guidelines (DCNs) of the Undergraduate Course in Nursing the article 3, I, that states:

The Undergraduate Course in Nursing has as profile of the graduated student/professional: I - Nurse, with generalist, humanist, critical, and reflective education. Professional qualified for Nursing Practice, based on scientific and intellectual rigor and complying with ethical principles. Able to know and address the most prevalent problems/situations involving health-illness in the national epidemiological profile, with an emphasis on the region where she/he works, by identifying the biopsychosocial dimensions of causes. Able to work, with a sense of social responsibility and commitment to citizenship, as a promoter of a comprehensive health of the human being.2:11

We understand that DCNs, specifically that involving nurses’ education, constitutes a theoretical framework aimed at the current demands of the Unified Health System (SUS), as they offer conceptual, political, philosophical, and methodological elements going towards consolidation.

These theoretical foundations observed in the curriculum guidelines serve as a reference to guide the undergraduate courses in Nursing and guide teacher’s act, who seeks in the pedagogic and methodological teaching strategies to lead the student in the various settings where the latter is invited to learn to be, live along, and care for.

On the teaching/learning strategies, still based on DCNs, but specifically in article 14, VI, it is stated that the undergraduate course in Nursing shall ensure in its structure:

VI - the definition of pedagogical strategies connecting knowledge; the know-how and know to live along, in order to develop learning to learn, learning to be, learning to do, learning to live along, and learning to know that constitute the indispensable attributes of nurse’s education.2:4

In nurse’s education, over the years, although DCNs are intended to ensure full service to clients across the public and private network of SUS; learning in Nursing is based on the biological science of knowledge aimed at the disease.

When we choose to mention the concept of comprehensiveness, we refer to the principles and guidelines of SUS listed in chapter II, article 70, II, of Law 8,080, enacted on
September 19, 1990, which provides for, among other aspects related to the Brazilian public health, the conditions to promote, protect, and resume health. Based on the specific item listed in this document, comprehensive care “is understood as an interconnected and continuous set of actions and preventive and curative services, individual and collective, required for each case at all levels of the system’s complexity.”

From this, we understand that contents, in the various areas of Nursing knowledge, such as fundamental, medical and surgical, obstetric, mental, pediatric, and public health, are strongly focused on the diseases, with no reflection related to prevention and health promotion actions for the individual and the collectivity.

Another aspect interconnected to the previous thought is that teaching strategies involve a concrete learning on the disease, its signs, symptoms, diagnoses, and treatments, without much reflection on being, with no exercise aimed at creativity and freedom, reflection, questions, and pathways to seek answers (research/science).

In Fundamental Nursing, area that grounds the whole professional practice, since it is responsible for the teaching of history, ethics, semiology, and semiotic technique, the basic procedures taught address: communication, nursing records, development of skills and manual dexterity, methodology for solving problems, as well as scientific research itself.

From this, we find in Fundamental Nursing the meeting point between all periods experienced by Nursing students during their education process. This derives from the fact that this area appropriates instruments that are indispensable to settings where the learning body is invited to structure thought about knowledge and the making of its profession.

Reflective unit II: nursing care from the perspective of university education

The preparation of the professional nurse’s role to have competence and mastery of knowledge and making takes place in various Nursing schools, where clinical practice, the theoretical components, research, ethics, and the popular health education processes are taught, seeking, thus, to develop in the students’ body skills, knowledge, and the apprehension of other instruments from the profession named as basic, that facilitate care, such as: creativity, observation, psychomotor skills, teamwork, among others.

Thus, it is worth saying what care we are talking about and what nursing care is, in order to be able to construct the teaching setting we want to investigate. In this sense, the concepts used at this moment of the study are care, nursing care, and, in a contextual way, environment/space/setting.

Care may be understood as:

- foundation, structure, concept, epistemological paradigm, and epistemic meaning unit: this is the concept and, at the same time, the definition, something that prevents the habit of adding to the noun care any adjective, just as it is not added to any knowledge area nor to situations inherent to health sciences.

This thought may be understood in the broad sense of the term epistemology, which is regarded as “the methodical and reflective study of knowledge, its organization, its formation, its development, its functioning, and its intellectual products.” Accordingly, the above mentioned conceptual unity “care” awakens the interest of health professionals to play the role of the subject in knowledge production who seeks to get close to the sphere of this object to better understand and contextualize it in her/his practices.

Another way to get close to the concept of care is grounded on the description “care, it is more than an act; it is an attitude. Therefore, it covers more than a moment of attention, zeal, and dedication. It represents an attitude of occupation, concern, accountability, and emotional involvement with the other.”

This way of thinking of care leads us to think through the required meeting between the human being who needs attention either under health or disease conditions, and the individual who cares for, as a revealing moment marked by the other’s accountability as something going beyond one’s own wishing well.

Although, as mentioned above, this conceptual unity is prevented from receiving adjectives, the kind of Nursing represented here by nurses, from time to time, includes or directs its care actions as sensitive care, art care, comprehensive care, aesthetic care, holistic care, and others.

However, we have sought to improve our qualification about the elements involved in nursing care. From this perspective, nursing care

[...] is an unconditional action of the body caring for and it involves impulses of love, hate, joy, pleasure, hope, despair, energy, because it is a subject under a situation that involves availability of the body caring for to touch, manipulate moods and odors; it is a liberating act which represents the human...
essence that is charged with emotion and possibility of keeping the other free; it is a political action that can be revolutionary because its occurrence can break with the past, with what is established as caring for, and turn those involved into subjects of their own actions.\(^{5,14}\)

In a broad and meaningful way, due to the use of senses and feelings, the care provided by the nursing professional seeks to understand the basic human needs of clients and the general population; the various spheres involved in the health-illness process, such as the spiritual, family, social, cultural, economic, psychological, and biological, are assisted and appreciated, preferably, in an interconnected manner.

When thinking through the care inherent to human beings,

\[\ldots\] nursing, currently, has used, in its written and spoken discourses, humanization as a holistic being, not meaning the sum of parts, but the apprehension of the organic totality, unique and varied in all its parts, being interconnected between themselves within the totality and constituting this totality.\(^{5,5}\)

Thus, thinking of nursing care involves a discovery of wishes and concerns of the other in its entirety, something which refers us to think of the anxieties generated by the environments where clients are cared for or sometimes care for.

When we consider the strictly environmental issues (lighting, noise, temperature, ventilation, and others), duly settled by Florence Nightingale, assertions have helped us to better understand how the spaces where nurses walk trigger health or determine illness. Thus, it seems appropriate to resume the theoretical foundations of environment.

“Environment is not defined only by its physical appearance, i.e. by lighting, aeration, and the presence of noise. The environment expands itself up to the point of penetrating into the other’s body and disturbing her/him; it goes through the concrete and sticks to the subjective as something transcendent”.\(^{9,180}\)

Thinking through nursing care based on the integration of these meanings, i.e., in the interface established between the dimensions of being cared for and the environment is a commitment of Nursing education to the student, who often passes through various learning settings without observing these aspects and influences in her/his body and in the other’s body.

Awakening in the undergraduate Nursing students the human being aware of caring for within its totalitarian function, constituting her/himself as a being who captures possibilities in the dimensions of rejoice, praise, and thank her/his intelligence for everything she/he does, as an ethical being without imposing her/his symbolic power of/in care.\(^{8}\)

This totalitarian function leads us to work our thought in order to see the effects that these settings of nursing care teaching generate in the body of Nursing students, since they receive and decode or not stimuli named as subjective and objective, since it encompasses emotional issues of the client and strictly environmental.

As already acknowledged, there is a lack of studies concerning the interconnection of concepts related to the setting with nursing care and teaching.

- Reflective unit III: on Theater and Nursing education

Once understood the theoretical foundations of environment and space and to better deepen what we want when we refer to teaching/learning setting, we describe the scene of Nursing education and staging from the perspective of Theater. Thus, the considerations we make to stage Nursing education are related to four major theatrical components: setting, audience, actor, and the text to be staged.

Setting goes beyond, according to our conception, the narrow view of a geophysical space, as we identify conductive elements characterized by the embodiment of the person who is inserted into it and who actually explores it. In this sense, setting breaks with the view of a delimited and structured space, as it is projected in mind, dreams, past experiences, future wishes, anyway, in human imagination.

In this context, we think through nursing practice by means of an analogy with theater, where “the playful presents itself as an opportunity to turn the environment into an embracing setting, not only by using games, TV, radio, sound, but also through smile, touch, dialogue, using the body as an instrument of care”.\(^{10,404}\)

In this reflection, we delimit the setting where the teaching/learning process actually takes place, therefore, it is convenient to appropriate the classroom, ward, tutorial space, or laboratories where occurs what we name teaching theater. Therein lies the stage, which consists of teacher’s desk and the staging tools, such as blackboard, computer, data show, chair, mannequins, material resources used in direct care, among others.
The occupation of this teaching/learning setting by teacher’s body, which can have or not scenic elements, directs us to classify her/him as an actor who is intended to hold audience attention by creating forms of verbal and non-verbal communication, which cause various effects on the body of those who watch her/him closely.

Thus, there is the establishment of a relationship between actor and spectator, where the coherence of verbal language with body language results in some reading, analysis, and decoding of certain figurative text, which was previously tested and presents intentionality.

Once delimited the main actor’s body in the scenic setting during the staging of Nursing education, which may be prepared or improvised, we characterize the audience, which consists of the students’ bodies, who decode at greater or lesser degree the image of the show. In order to lead the show to reach its apex, the teacher needs to use her/his own body as an instrument to (re)create reflections, something which may induce different effects on students through unintended gestures and movements in the teaching setting.

In fact, as in other pedagogical strategies, theater is designed in different teaching settings, and, as the teacher breaks with the domination of thought and embodies the previous and current experiences of students, the learning process becomes meaningful for the learner. From this perspective, Theater emerges in Nursing education “as a strategy from the subjectivity field that allows expressing feelings and emotions through creativity and sensitivity to care for”.

This thought invites us to think through communication by means of invisible lines established between the actor in the setting, able to generate effects on the singularity of bodies located in the audience, who are guided by a script, that besides expressing contents inherent to nurse’s role may be able or not to arouse the sentimental aspects, such as: love, anger, anxiety, thankfulness, and others.

Based on this, Theater allows working with serious and controversial issues, where the show provides a reflection on life, daily life, and self-evaluation of the human being’s role in face of society. At the same time that arouses various emotions, such as peace, emotion, serenity, and joy.

Talking of the theatrical scene requires that we understand that the actor’s body is relegated to a secondary level that is in her/his subconscious and portrays certain text suggested to be conveyed. Specifically, we think it is convenient for Nursing education to choose a script to be staged, the themes involving the body and care when designing the nurse’s role.

Regarding Theater, in a careful reading and with no intention of being an actor, the Russian director Stanislavski writes on the process of “creating the physical life of a role” and, when drawing the way how to do this, it is so close to us when teaching students to play their roles in the theater of life.

His work is divided by several scholars of Theater into two phases: the first is the phase of emotional memory, in which he concludes that the actor can take advantage of similar feelings ever experienced before in real life to play the role. In its second phase, he is based on the method of physical actions as a safe construction to create the character.

We think that in nurse’s physical action where her/his work process is configured, sometimes the emotions flow independent from will, unless the professional can exert control over it, just as they do over actions that the body performs during care practices.

Thinking of a Nursing education that enables the creation of nurse’s role able to associate reason to emotion and objectivity to subjectivity in care actions induces us to think that teachers are invited to learn how to learn on a daily basis, during their pedagogical practices, and to reveal to students the sensitivity so wished for by the profession.

Starting from a practical example in the first classes of her/his course making reference to the initial scene of the play Othello, by Shakespeare, she/he states that “for every role, we have to learn everything, from the beginning: to walk, stand, sit”. So it is with the creation of the nurse’s role, the students going through the various learning settings, create competencies that are closely related to attributes with a cognitive, affective, and psychomotor order, here categorically related to the field of physical actions and those with a relational order involved by the sentimental field.

Based on these thoughts and alluding to the creation of the physical life of a role, more specifically physical access to inner feelings, we identified that the role may act as a kind of accumulator for the creative feeling. The emotions and inner feelings are like electricity: scattered in space, they disappear. However, if we fill with feelings the physical life of the role, the emotions aroused will root on our physical being, on our deeply felt physical actions. They will...
infiltrate, be absorbed, gather feelings related to each moment of the physical life of the role, and, thus, they will firmly take possession of ephemeral sensations and creative emotions of the actor.12

These thoughts are reinforced when the authors state that

[...] the actor can only enjoy a true interpretation if he uses his own feelings to play the role. This is related to experiences of human beings in certain life situations. Even in his symbolist plays or those that take place at the fantasy level, for him (Stanislavski), the characters experience a range of feelings that the actors themselves may have ever felt in their life, that is, the feelings of the characters should be analogue to feelings ever experienced by the actors, which they would use to play their role.13158

Another aspect of Nursing education that will metaphorically be worked on with Theater and deserves attention in this reflection concerns the three great periods for the creation of an actor, listed by Stanislavski.

The first period, characterized by the initial relationship with the role, is a preparatory and familiarization time, where the cast performs intimate contacts, remove the impressions, and dialogues take place between teacher and student.

The Russian director takes us through a ground being prepared and fertilized, by stating that to

[...] record these first impressions it is important that actors have a receptive mind, with an appropriate inner state. They need emotional concentration without which no creative process is possible. The actor must know how to prepare a mind frame that encourages his artistic feelings and opens his soul. And, further, the external circumstances for the first reading of a play must be properly established. We have to choose the place and time. The occasion must be accompanied by a certain ceremony, as we invite our soul for the euphoria, we must be spiritually and physically euphoric.1220

The second period is named emotional experience. This is so common to us when we care for people in relieving their suffering, when we state that there is a need to be spiritually and emotionally available to execute the actions, movements, and gestures involved in care.

This moment is no longer the phase of dating, but the action, consummation, conception. It consists in planting the seed in that soil. Planting through education the seed of care for the other. The Nursing professor, in his teaching stage will be able, regardless of the text/class, create sensitivity of emotions, the role’s heart, its inner image, its spiritual life. It’s time to try the role, it is an organic process, based on the physical and spiritual laws that govern man’s nature, the truth of his emotions, and natural beauty.12

Finally, the last phase in creating a role is when the actor turns more similar to the role played. This period, named physical incarnation, is equivalent to the birth and growth as a third process in the education of a youth being.

This moment involves putting into action the wishes, objectives, aspirations that we have prepared in the previous proceedings. An “action not only inside, but also outside, using words and movements to convey thoughts and feelings, or simply executing our goals in a physical way”.1298 Anyway, the seed germinated, grew, and it is time to be able to have access to its flowers and fruits.

Understanding of the theoretical principles related to periods of creation of the actor, let’s say, the nurse, authorizes us to affirm that theatricality implicitly presents a direct connection to the reality experienced where those involved in the show seek to express various discourses through the previous introspective analysis of several real phenomena.

Encouraged by a two-way movement, expressed in the effects triggered by the actors in the spectators’ bodies during the dialogic interaction triggered by the spectacle, we began discussions concerning the expression of feelings in Theater. In this regard, “there is a need for deeply passionate emotions to carry feelings, at ease, the mind and the whole actor’s being. These emotions can be aroused only by objectives with a deeper inner content”.1277 Nothing more than “the sum of sensations, intentions, vocal and gestural signs, accumulated over weeks of rehearsal must crystallize at the staging time”.920

Based on these meanings, we understand that, during body movements performed by actors in a spectacle, takes place a conformation revealed by a role that, besides conveying an intentional message to the audience, seeks to uncover its interior and mobilize its personal nature.

We are facing a theatrical approach classified as dramatic, since the human being (student), by watching the spectacle is consumed by playful activities, what promotes emotions and feelings through the argumentative work of the actors involved in the staging about issues so present in our daily life.
It is understood about drama that the error of the current theaters consists in wishing to create the scenic illusion by means of inanimate objects, when the truth is that this truth is derived from the character. We come to the theater to see a dramatic action: it is, indeed, the characters’ presence that motivates this action; without characters, there is no action. Thus, in the play, the character is the essential factor of staging: it is what we come to see and from it we expect the emotion we seek. 14

By appropriating the knowledge of what Theater produces in many of us as viewers is possible when the body has been studied as a tool in Nursing, as a care instrument, and in Theater it is understood as an instrument of the staging art.

In the contemporary days, one of the approaches acquired by Theater as a way of questioning everyday reality concerns the use of dramatic games. The dramatic game is going to try ways, as did Theater in the 20th century, more particularly the scenic experiences from the 1960s on, when there was a break with the commitment to reproduce reality faithfully. 15

Playing involves an improvisation during a relentless coming and going by constructions and deconstructions of realities that are present in our imagination. The dramatic game, as a teaching strategy, emerges from everyday situations and does not necessarily needs a previously structured discourse or a specifically designed stage. Through this, the dramatic game, besides attenuating the traditional dramatic order of Theater, is concerned with a lucidly prepared behavior in a communication situation, which does not need settings, as the construction of the game’s space is included into the place where people learn. 16 From this perspective,

[... ] the player remakes gestures he has ever made, finds again inventions that are familiar to him, at least unconsciously. In all cases, what encourages me to reduce opposition is the will to situate the game in a movement that is in progress at that moment, in a process in which always participate, in unequal amounts, invention and re-invention. 17

Being creative, daring, and willing to take risks in face of thoughts emanating from the situations in which we are invited to make available thoughts lucidly organized to think through issues presented in our daily life basis is a strategy of the dramatic game, which was used in Nursing several times.

This daring form invites us to deeper reflections with regard to the spaces/settings where our bodies move seducing and allowing themselves to be seduced by people and phenomena that directly or indirectly are concerned or not with the explicit and implicit reality in the various discourses, of education and nursing practice.

When running together the risk inherent to the very game, we can see that our bodies in management, environment, and work are not always peaceful and submissive, but that we are within a gradual and fluent movement from what is established to who is establishing, and vice versa. In search of aesthetic, legal, emotional, and wishful implications, we perceive ourselves within the world of work to extrapolate the seemingly simple dimensions and those accepted by us, as in daily care. 19

This movement to go beyond the very dimensions leads us to think that it is worth trying other pedagogical pathways, which, in a playful and embodied way, seek to find in the settings and the teachers to know how to live along/do and to learn how to learn, live together, and know the professional role itself (learn to be), as the DCNs had pointed out to us and, here, we mention the four Delors’ domains. 20

This is so because in the “university education, the teacher is faced with the challenge to prepare professionals to be qualified citizens, to think, reflect, and be able to conduct critical analyses,”18,21 in face of the phenomena present in care settings, which are governed by various contours that (re)shape according to the constant changes in the modern world.

We underline that nowadays changes in the characteristics of care and teaching settings, which configure changes in the context of care and reveal challenges with a different nature for professionals who have been prepared to practice nursing. Thus, when thinking through the implementation of strategies derived from Theater intertwined with Nursing and recognizing that we have no intention to be actors, we have the real conviction to add one more feature to free the prospective nurse’s body in this globalized world; above all in order to develop her/his texts, gestures, movements in the context where health/illness and life/death are discussed.

CONCLUSION

We believe that Theater, through the political and creative presence of the teacher, induces reflections and attitudes when teaching nursing care and the body is able to
influence the education of students during their representation.

Adding the strategies of Theater and the foundations about the body shows to be a possible way in the teaching of nursing care, because it materializes into scenes presented in the classroom, in the tutorial space, in skill laboratories, or in the settings where professional practice effectively takes place.

The understanding that Theater is configured as an innovative strategy in Nursing education motivates us to stay on this pathway from a liberating perspective that breaks with the domination of thought through a possible power relationship between the actor (teacher) and spectator (student). 17

REFERENCES


