TEACHING NARRATIVES DURING THE PANDEMIC
Interviews as a Space for Listening and Otherness

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ABSTRACT

During the COVID-19 pandemic, several studies sought to understand its impact on specific groups. However, we were unable to find any studies involving medical teachers. This qualitative study shows that, as well as being a research instrument, the interview provides a space for listening and otherness. We listened to 28 teachers in interviews that were recorded, transcribed and analyzed. We identified three categories: retrospective; meetings; and a space for speaking and listening - narratives full of sensitivity. We present a mosaic of memories and reflections from both the teachers and the interviewer, demonstrating what it was like to be a medical teacher during this period.

> Human beings communicate with others to escape death
> and give meaning to life.
> (Byung-Chul Han)[1]

1. Introduction

Walter Benjamin (2020) talks about the death of the narrator in contemporary life; the figure who tells us stories, both their own and those of others, and who moves on to weave new plots, encouraging reflections and presenting memories.

The COVID-19 pandemic launched us into a context of death, isolation and uncertainty, creating an unusual situation for the 21st century. A century of technological, medical and communicational progress, such as human beings had never known before. And precisely because of this, the pandemic caused huge upheavals in people's lives, leaving human beings perplexed, faced with the damaged caused by a "simple" virus.

When they isolate, humans are confronted with themselves and distanced from others; this other who, by mirroring, shapes us. To whom will they tell their stories, their fears, their anxieties? Who will hear them, look at them, touch them? Who will confront them, so that they question themselves and evolve? As well as their physical death, under the constant threat of the virus, are they also facing the death of their relational life? These questions were posed over the two and half years of the pandemic, following the World Health Organization (WHO) declaration in March 2020 (OPAS, 2022).

In the first months of the pandemic, when isolation, or lockdown, was declared, studies revealed concerning levels of anxiety and distress generated by uncertainty, despite the health imperative of trying to contain the pandemic (Faro et al., 2020). Several studies analysed the mental health of medical students (Torun & Torun, 2020; Choi et al., 2020) and of children (Wang, 2020), however, we were unable to find many works specifically focused on medical teachers (Sahu, 2020).

At the end of 2020, given the challenges experienced by the academic community to which I belong, and including myself in this process, I considered conducting a research study in which teachers could tell me their pandemic stories. Initially, I wanted to hear about the impact of the pandemic on their teaching practice and how they experienced this period of time. As noted, there are many studies about the impact of migration to online teaching, about teaching practice in itself, but none that address the teacher as a person. None that listen to their pain, their survival strategies, their thoughts about the pandemic. Addressing their narratives of such a disturbing time; crossing this border. Rita Charon (2015) talks about the issue of the border when working with stories. And why we need stories in medicine:

We are contained by the spaces and time given us, chosen by us, or that simply, randomly, befall us... Paying attention to the border zones between one space and its contiguous but different neighbors is one way to *locate* ourselves in the spaces we find ourselves in. Once located, we can more ably identify what we do, who we are and, sometimes, even what all this might mean (pp. 7-8, our translation).

In my (biased) professional training, as a doctor and a teacher, I have tried to reclaim this time and space in the narratives of my colleagues and have attempted to understand a little bit more about what we really experience and feel as health professionals and teachers on medical courses. I think it has yielded so much! I have opened up a space for conversation with my teaching peers, so that they can relate their experiences during the pandemic, and thus cross one border (or many). I think we have crossed the borders of strangeness, of time, of memories, like navigators on a sailboat; in no hurry. This article aims to present some of that research. One in which the interview assumed the form of a space for listening, for memory and for the practice of otherness. A new time, as Han (2021) says, where the "I" finds itself through the "other" and where we perceive time as a generous gift, rather than as acceleration and loss. A narrative that was built through the stories told by the participants and contains the reflections these elicited both in them and in me.

2. Methodology

This is a qualitative, analytical study. We invited thirty teachers from three medical courses in the city (10 from each institution). These taught at two public (one federal and one state) and one private

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[1] HAN, BC (2021). Favor fechar os olhos: em busca de um novo tempo, p. 39. Our translation

institution (a non-profit foundation), enabling us to reach a wider population and access distinct experiences.

The participants were selected via lottery, following information provided from a numbered list of teachers by medical course coordinators. We then randomly selected 10 numbers and asked the coordinators to provide us with the selected teachers' contact details (e-mail and mobile phone number). We then sent out an online questionnaire, with an ICF and a letter of invitation to the selected teacher.

There were two data collection points. In the first, an online questionnaire, created using Google Forms (following Google's privacy policy) was distributed to the medical teachers selected from each institution via lottery, through e-mails and WhatsApp messages, in order to collect the required information (socio-demographic information, including aspects of gender, age, race/color, income, which of one, two or both semesters they worked, and their available times for interview). The informed consent form (TCLE) was forwarded in the questionnaire, and the participant should choose the option "I read the TCLE and I accept to participate in the research" to continue answering.

We used this information to schedule the second data collection point, which was a semi-structured and directed interview, aimed at obtaining the narratives of their experiences, including their psychological and behavioral state during that time. Guided questions were intended to open up a space for the participants to talk about their feelings/emotions, their physical health, the impact of the pandemic on their teaching practice, and strategies to confront any difficulties that emerged over the period. The interview was held online, via Zoom. It was recorded on the researcher's computer (with password protection), transcribed in its entirety using Microsoft's voice typing application at first, and then passed on and corrected any errors in the transcription by the researcher, and initially analyzed using Bardin's (1993) Content Analysis for the definition of semantic units and meaning cores, based on the phenomenological approach (Stein, 2019; Holanda, 2007). The collective of narratives was thus based on the phenomenological method, which is an important resource in understanding how the COVID-19 pandemic affected individuals, in this case, medical teachers. This is because this method takes account of access to the essence of the experienced phenomenon, by remembering the experience through narrative (Holanda, 2007).

The inclusion criterion was to be a professor of medicine at one of the three institutions. As an exclusion criterion, non-response to two invitations was adopted, and then the next teacher on the list was contacted.

The interview questions were constructed by the authors, taking into account the objectives of the postdoctoral project. Two interviews were conducted with professors from other courses to assess the clarity of the questions and make adjustments if necessary.

The project was submitted to the Research Ethics Committee at UNIFESP and granted a Certificate of Presentation of Ethical Appreciation (*Certificado de Apresentação de Apreciação Ética*: CAAE), no. 52536221.9.0000.5505.

3. Results and discussion

Twenty-eight teachers responded to the online questionnaire, agreed to participate in the study and were then interviewed. Two federal university teachers declined our invitation and, once the other interviews had been concluded and taking into account the criteria of saturation, we decided that the sample was complete.

The group was composed of 17 women and 11 men, with an average age of 53 years and with most self-declaring as white (18 of the 28 participants). There were 10 teachers from the state, 10 from the private and 08 from the federal universities. Half the group declared their income to be above 12 minimum wages, while the other half declared that this fell between 06 and 12 minimum wages. The full range of working semesters were represented in the sample and 05 teachers did not come from medicine, but from other areas in health. In this brief description, it is important to note that the participants reflect the level of diversity that is found in teachers on medical courses today (Table 1).

Table 1. Socio-demographic description of participants

Variables	Mean/sd	n/%
Gender		
Female		17/60,7
Male		11/39,3
Color/race		
White		18/64,3
Black		2/7,1
Brown		7/25
Indian		1/3,6
Age (years)	53,11±10,19	
Institutions		
EBMSP		10/35,7
UNEB		10/35,7
UFBA		8/28,6
Income range (minimum wage)		
6-9		4/14,3
9-12		10/35,7
>12		14/50

Source: Elaborated by the authors based on the data collected between the years 2021-22.

As mentioned above, this article focuses on an extract from the main study, which concerns the interview as a moment of meetings and remembrance and recognition of a space for speaking and listening. As Walter Benjamin says (2020): "The storyteller takes what he tells from experience—his own or that reported by others. And he in turn makes it the experience of those who are listening to his tale." (p. 26, our translation). This project is a tale of stories from the pandemic, experienced by medical teacher and told by me.

As a medical teacher myself, I saw my story reflected in those of several colleagues and realized that I had got to know them in that moment in a different way. Another relationship was formed, one of greater fluidity and proximity. During the interviews, moments of sadness were relived, reflections were made and thoughts were organized.

After reading the transcribed interview material, I identified 03 units of meaning:

- **Retrospective**: an opportunity for remembering, for listening to unique stories about the pandemic in retrospective and for establishing a relationship with time; the various types of time.
- **Meetings**: an exercise in otherness, in discovering and reencountering people, and oneself. The discovery of a unique opportunity during the pandemic, as well as a "new time"; a time of the other and a time of the self.
- **A space for speaking and listening**: a safe space to talk, to be heard and to elaborate thoughts about these experiences in order to find meanings for that time.

In accordance with the phenomenological line of research, I tried to uncover what the narrator wanted to express through their words; to shape, in the end, a summary, in order to understand the phenomenon experienced by all (Holanda, 2007), including what I experienced, since there is no neutrality in this dialogue process, but rather an experience of intersubjectivity (Menin, 2017).

In order to ensure participant confidentiality, interviewees are identified by the letter E (*entrevistado* – interviewee) followed

3.1. Retrospective

Memories of the pandemic followed chronological time, with the reported facts starting at the declaration of lockdown, but these also followed teaching practice pathways and changes made to them, or the remembrance of important feelings, emotions or dates that the participants experienced over this period.

- E1. ...it began right at the end of Carnival last year (2020, my emphasis), on 26 February, my father's birthday, Ash Wednesday; it was easy to note. And our government was saying that it wasn't anything really... that thing there in China, then in the north of Italy... until that case appeared here... so it was evolving, evolving, and then came the beginning of a lack of beds.
- E3. At first came fear of the unknown, we didn't know what it was - they will, they won't suspend classes. At the beginning it was just that issue, it was something mild - it will reach Brazil, it won't.
- E17. And so the 16th is my birthday, March 16th. So I had a party here at home... and I said: it's for us to say farewell, because I think it'll be a long time before we'll meet again. We got together and the next day they suspended activities, and everything began.
- E25. I think that at the beginning I felt, I think I felt, literally like the whole world, just like the whole world, very afraid and suddenly you have that feeling that things have got completely out of control.

In these speeches, each interviewee returned to the moment that struck them most, their most vivid memory, and tried to organize it better, temporally. The time factor is present in all the reports, but various perceptions of time can be seen: specific and sequential dates; the relationship with incorporeal events, the time of feeling; and even opportune time, which established itself. This demonstrates that the pandemic penetrated in very specific ways, and, here, I am thinking of language and human experience, of what Benveniste (1974) does with time. He brings us the concepts of "physical time", continuous, linear, which each individual measures according to their emotions, and "chronic time", which is the time of events and encompasses our life. In addition to these two times, there is also "linguistic time", where language translates human experience, and is ordered according to the individual's discourse. This is a time that is always present, since when we remember the experienced phenomenon, I (the one telling), bring it to the here and now. This is exactly what happened in the interviews. The possibility of describing past events, in private discourse, marked by each person's emotions, brings us to the present and enables us to reflect on the lived experience. This linguistic time establishes itself, since it is through language that we make manifest, that we describe our lives and understand ourselves as subjects. It is through metaphors, through the images that emerge and which are translated into language, that we reveal ourselves, we describe ourselves and we create existence.

- So, as well as chronometric time, we have lived time; a concept given to us by phenomenology, one that enables us to think about time in intersubjectivity, in relational order: "the personal and lived time interacts and resonates with the time of the other and the time of the world" (Souza et al., 2020, p.7, our translation). The time of the interviewees resonates with me and interacts with my lived experiences of the time of the pandemic.

- It was also a time to stop, albeit forced: "it was an obligatory stop". (E21)

- Byung-Chul-Han (2017) tells us a lot about the performance society, which engenders enormous fatigue and exhaustion. Which does not allow us to stop and think, to reflect, to look at the world around us, at others. A fatigue that isolates the individual in a world of performance and activities. A time of speed, without solidity, one which can generate a great deal of anxiety (Tonelli, 2008). By taking time for themselves, for their performance, the individual does not see the other, does not have time for the other (Han, 2021). This rationale, brings me to the second category, one of meetings and reencounters.

3.2. Meetings

In this category I was able to perceive a tendency for discoveries of the other and of the self. The pandemic led to a change in frames of reference, a review of paradigms and habits, by creating the perception of a different time. A time of rupture, of innovations, of challenges. At this point, people talk about themselves and the other, of changes they had to make, and of the impact they felt from this movement.

- E11. The impact was really great; overnight I found myself without any daily teaching... we looked aside and said: what are we going to do? …. We came back with something very subtle. Subtle and at the same time dense, which was working with literature and medicine... So what happened at the beginning was an enormous interrogation, and little by little the possibility was built of a new way of being a teacher, a challenging but rich one.
- E25. I discovered many possibilities that I hadn't explored... and sometimes I saw younger colleagues who were intimidated, right, and I, a more mature person, a woman, a more experienced teacher, I felt almost like a child with new toys... the pandemic allowed me to discover so many things that were dear to me, and I feel stronger now that I am in this new phase of my life, focused on my personal interests.

It is interesting to note the discovery of new possibilities in such adverse times, following a reflection about moving out of one's comfort zone and making the most of learning. By decelerating, the interviewees come to meet themselves, the "other" who had not previously had space for expression or dialogue. It may appear paradoxical, but this internal encounter favoured an encounter with people in the world and the development of a new form of dialogue. As Han (2021) says: "the time of the other as a gift that does not allow itself to be accelerated" (p.41, our translation).

- E22... because you never know whether the worst is coming, in an unknown world, so we asked each other, and everyone said something... I didn't believe everything, but I had to move away from the responsibility of caring for myself on my own, I also had to trust others.

This participant is talking about a time when he contracted the virus and had to trust others, faced with so much controversial information, not based on science; there were controversies and false information even in the medical environment. At this time, he was confronted with his need to be taken care of by another and his recognition of his own vulnerability. And this trust in the other, this surrender to the unknown, is not always easy to experience. For this experience, he had to find a new form of dialogue and way of positioning himself in the world.

- E12... so I took the option, a moral, personal option, which was that, given that the residents were in the field and they hadn't been vaccinated, I, in the position of tutor, would also go into the field and give them support, with all the protection...understanding that I would also be exposed and vulnerable.
- E16. I am someone who, I believe, today more than ever, knows that we grow in relationships, through them, someone who goes to a desert island doesn't have much

> chance to evolve. So, but I think what we're doing here is a relationship… I might know you better this year, know this group I hadn't seen before.

- E2. .. at the end of the first semester I was stressed out.. when I came to the end, I'd given out the grades, I got a message from the representatives saying that the group wanted to talk to me, I went to this meeting feeling awful, what did they want from me? When I went in, everyone had their cameras on, with thank-you cards, saying it had been the best class of the semester… I was so emotional I couldn't even take a photograph… because it used to be assessed as the worst class and it turned into the best.

These words provide a reflection on the use of technology and online meetings for the teaching-learning process. These are powerful spaces, not well understood by us, as teachers, before the pandemic. But, they were ended up constituting an essential anchor when in-person meetings were impossible but teaching had to continue (Rocha et al., 2020; Martins et al., 2020).

Technology enabled dialogue to take place. By speaking to someone and listening to this other, we define ourselves as human beings. We maintain our role as subjects that relate to one another and we cultivate intersubjectivity in another way. Whether in physical or online spaces, it is the reality of the meeting and the need, here as well, to develop new forms of dialogue and relationships with the other and with oneself. The bond is made and the relationship is established. And by establishing itself, it gives the individual and the group the strength to continue with the experience and to confront difficulties.

- E4. It was a very gratifying process for the institution, for the people who were involved here. I didn't feel alone in this group and it made a lot of difference. The door I knocked on asking for help, provided me with help.

But these meetings did not always reveal positive aspects, as the following speeches demonstrate. The shadows were more visible and brought up painful reflections. With deceleration comes contemplation of the self and the other: "This was a very powerful issue during the pandemic. Dealing with people, respecting them. There are people who, after the pandemic, I don't know if I want to relate to them after what I found out." (E4).

- E21. I saw some examples of how selfish people are, how people only think about themselves… not collectively. While someone else is suffering, while we are asking people to use masks, others were concerned about going out, about getting together socially, not missing out on their holidays and being able to travel.

We can reflect on the human relationship with inhabiting the world, based on a thought taken from Heidegger (2002), in which he writes about building, inhabiting and thinking. In these speeches, the participants are talking about people's failure to listen. There is no connection between the human and the place and, consequently, no habitable space, no collective thought, is built. The other is made invisible and excluded and begins not to inhabit the same space as those who don't want to miss out on their holidays (Millen, 2019). The issue which is posited is: if living in a society means building bridges between time and space (Tonelli, 2008), and thus being able to build a place that safeguards the human essence, when this connection does not occur, there is no room for thinking or building an inclusive society.

Perceiving this situation generated great discomfort for some of the interviewees, who initially thought there would be an awakening of a collective, constructive and supportive consciousness. But they discovered something very different. Dealing with this reality was painful, but it also provided them with a broader view of the world and the differences that exist in it, as well as a reflection on the human role of building a more equitable

3.3. A Space for Speaking and Listening

Here, I will address not only the participants' words, but also the perceptions I made throughout the interviews. At many points these were not made explicit by the interviewee, but I observed them, in

the feelings they expressed, in their reflections about their experiences over this time, in agreeing with some observation I made during the interview, or in their actual words.

This was, for me, a privileged moment of listening. Listening to the experiences, fears, discoveries of my teaching colleagues, about a time that was so difficult for everyone. It also meant I was affected by each of their experiences, provoking reflections about my own experiences, fears and discoveries; it was almost like looking in the mirror. As Benveniste (1986) says, we are only aware of ourselves in contrast to others, through language.

The following examples are from parts of our conversations, since, as this item is called, the interview constituted a space for speaking and listening, as well as for dialogue and reflections. So, the conversations are identified here as C (conversation) and the sequential number of the text (1, 2, and so on), while the participants are identified as *Eu* (I, the author), the letter E (*entrevistado* – interviewee) and the corresponding interview number (E1, E12 etc.).

- C1.
- Eu: It's so good to talk to you! I hope it will feel the same for you. It's a time for me to listen, right? But when we talk, we also think of things and sometimes we say what before we have perhaps only said to ourselves, we haven't put into words …
- E3: You talked about putting it into words, about talking to a friend, to your husband, we just talked, seeing where it went. It's that, working with the mind, so you can have hope in this universe of despair.
- C2.
- Eu: Thank you for taking the time to talk to me. I hope it was good, even though it brought up certain memories, feelings….
- E4: I think it's good to see what was happening, to stop and look at what happened over this year and a bit, in so many areas of life. If we had more time, we could have talked more.

The human being is an animal endowed with speech, something that differentiates us from other animals and allows us to express our thoughts and feelings. From a Homeric point of view, it is important to balance gestures with speech, to transform actions into memories, into narratives (Gallian, 2022). By describing what we have lived through, we share our experiences, we give sense to the experience and we reconcile it with ourselves; and this keeps life moving forward, and can bring healing; healing through speech; speech that carries the poetry of the soul, that rouses the imagination. The interviews were not supposed to become a place for therapy, but they ended up providing a therapeutic space, in which we created the possibility of an imaginative word within an established conversation (Barcellos, 2021).

- C3.
- Eu: …I think it was a very good space. What you said is very rich.
- E13: I really liked doing it, running through this thread of memories, I think it's interesting.
- C4.
- E15: I really liked meeting you again. Doing it was so interesting. You begin to talk and you start playing a film in your head. Perhaps some things don't return, don't come up, perhaps others come back too forcefully, but it was important to conduct this analysis and see that I am here, that everything's here, seeing what we passed through, went through.
- Eu: to have a look, right?
- E15: it was a great exercise.
- As Benjamin says in his book The Storyteller (2020): "It has seldom been realized that the listener's naïve relationship to the storyteller is controlled by his interest in retaining what he is told." (pp. 39-40, our translation).

I tried to inhabit this naïve relationship, to promote a memory of the experience and be able to repeat it. To perpetuate a memory, to open up space for stories that happened during the pandemic, but were not heard. While always maintaining the perspective that I wasn't a naïve listener, that I was affected by these memories too, that my subjectivity was impacted (Menin, 2017).

In these speeches, I also found a relationship with time, when the interviewees ran through their thread of memories (E13), placing the past experience in the present, and creating the possibility of thinking about a future marked by these experiences. It was, for me, an experience of time in intersubjectivity. In fact, in my relationship with the other, I saw my personal time interacting with other times and the resonance this produced (Souza et al., 2020). Being able to look at these memories, in a free, imagetic way, provided the possibility of healing for all those involved in the interviews.

- C5.
- Eu: ...I hope this time, despite touching on old wounds, or even because of it, has also been good for you; I can only thank you.
- E27: I sincerely hope that this particle I represent in the universe can improve your perception and that of everyone else, about everything we're going through, because this is something this journey gave me: the perception that, however difficult it is, when we are connected, its gives us meaning, purpose. So I should thank you... and I hope my experience helps others.

This work addresses the role of the interview as a space for exchange, going into greater depth and including revelations, for a group of health professionals involved in teaching. It attempts to reclaim the voice of people not heard during the pandemic, or at least not in the way they were heard here. Despite the scientific nature of the research project, we found a space for healing through speech, through the poetry of what was said and through the participants' expressions. The interview as a relational space was essential to this purpose, since it is based on the interviewer's flexibility, respecting the interviewee's narrative flow, but maintaining focus on the addressed phenomenon (Moré, 2015). Conversation, this sharing of versions generated between people, creates a narrative, which has a social and individual function in human reflection. In this sense, the narrative is humanizing.

4. Final considerations

This article considers a part of a study that attempted to describe, and maybe understand, what medical teachers went through at the time of the pandemic. Here, we try to focus on the experience of the interview itself and what it provided the interviewees and the interviewer. It was something discovered as we progressed, which did not initially form part of the work's defined objectives. But this is one of the gifts that qualitative research gives us.

After reading the transcribed material, we can see how the three themes identified and described in the results are intertwined and reveal narratives full of sensitivity and poetry. In analyzing the material, we perceive a mosaic formed from the memories and reflections of these teachers, which reveal the intensity and the impacts they suffered during the pandemic. Without memories we do not have identity. Memories shape us, perpetuate us, and these reports can help us understand a little more about what happened to us during the pandemic, and forged other possibilities for the exercise of medical teaching. Living with oneself and with the other in the unknown, in uncertainty, in fear.

In Retrospective, time was a subtopic that emerged with a reflection about the concept and perception of time itself. Lived time, narrative time and the need to stop in order to be able to think and reassess life. And even reassess the concept of time itself.

In Meetings, the impact of discoveries, both positive and negative, also brought time into the discussion. Because time is essential to a meeting (either with oneself or with the other). It also set in motion reflections about what it means to inhabit this world. What space is created that enables humans to inhabit it? An online space, which insinuated itself into the daily lives of teachers, versus a physical one, which existed before, but which became impossible at the time. It also prompted the perception that there is not enough habitable space for everyone, at a time when the collective should

have prevailed over the individual. Shadows occupy the space where bodies should be. Bodies that were not visible in society, forced their way into certain people's field of vision. And through this, encouraged, often painful, but necessary reflections, if we are to think about building an inclusive and fairer society.

The moment for Speaking and Listening demonstrated the interview's potential as a space to practice otherness, to recognize the self through the mirror of the other. It prompted a pure and simple teaching narrative. It was a therapeutic space and one for healing, enabling the free expression of thoughts, feelings, questions, fears and anxieties.

Through these interviews, we managed to develop a view, albeit a partial one, of the life experiences of a group of medical teachers during the 2020-2022 COVID-19 pandemic. And with these, came an entire thread of reflections about the perception of time, about meetings and divergences between human beings and about how important it is to have a space for speaking and listening in order to organize these reflections. Here, perhaps we come up against one limitation of the work, in that it was carried out with a group of teachers from three institutions in a single city in Brazil (a city where there are other medical courses).

Although this is not an exhaustive text on the issue, it creates new openings for the analysis of a group of professionals who had to reformulate their routines for teaching and medical care, to reconsider their relationship with time and their subjectivity. But who, at the time, accessed a space for speaking and listening for just this exercise.

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