



Lisa Dowler with participant on Cardiac ward. Photo: Leila Romaya

# Invisible duets: multiple modes of documenting the significance of dance to health

**Lisa Dowler**, Senior Lecturer in dance, Edge Hill University and Co-Artistic Director, Small Things Dance Collective, reveals the approaches Small Things have successfully developed to document and evaluate the effects of their practice at Alder Hey Children's Hospital, Liverpool

**Dance as an ephemeral artform transforms moment by moment, often communicating something beyond words, a sense, a feeling. It can be challenging to document and create evidence that conveys the true potential this artform has in shifting our perceptions of ourselves, others and our environment.** As a mover myself, I'm not sure any form of writing, photography or film, however beautifully crafted, can fully do justice to the lived experience of participation in dance.

However, in all contexts dance practitioners need to document and evaluate their work to support its evolution and sustainability. This is especially true for dancers working in health and wellbeing contexts, where there is growing pressure amidst the economic squeeze to show the 'value'

of art to health and wellbeing. However in this context we are practicing within another paradigm, where ideas about the body can be widely divergent from our own. How do we create a case whereby dance is not seen as adjunctive to healthcare but an essential part of it?

Over the last seven years I have been working as a dance artist alongside Cath Hawkins as Small Things Dance Collective for a day a week at Alder Hey Children's Hospital, Liverpool, in 2008 the project was named From Where You Are (FWYA). We practice improvisation and Somatic Practice across three hospital wards. Two of these are the surgical wards, Cardiac and Orthopaedic and we work with children and young people both before and in the days following their surgery. The other ward is Neuromedical where patients are >

undergoing rehabilitation for neurological conditions such as acquired brain injury or complex and multiple learning disabilities. These patients can be long-term and we may work with children and young people for over six months.

Alder Hey Arts considers our work to be ground-breaking and after so many years most clinical staff see what we do as an important part of the patients' recovery and also their experience of being in hospital. Alder Hey has a progressive approach to care in this way. To have two dance artists in residence at a hospital is not the norm, as Miranda Tufnell, Small Things mentor reflects after visiting the project; "Small Things is a unique dance in health initiative... They have now been working a day a week with children at Alder Hey Hospital for over seven years. This in itself is a small miracle in a context of one-off arts in health projects. It is also a tribute to the dedication of the artists and trust the hospital health team feel for their work and its contribution to the wellbeing of children in their care." (1)

So when we were successful in securing funds for a two year development (2011-13) of FWYA, through Edge Hill University, ACE and Awards for All, we knew that in the longer-term to sustain this work we needed to create robust evidence around the multiple values of this work both to the field of the arts and of health.

To do this we explored creative approaches to documentation and also dipped our toes into the world of scientific research. First of all through Invisible Duets, the film and performance strand of FWYA, we developed a multi-disciplinary approach to documentation and sharing, which offers some 'lived' sense of the experience of our work and our process. Central to this project was the creation of three films by filmmaker, June Gersten-Roberts. June spent 12 weeks shadowing me and filming the intimate duets I had with children on the Neuromedical ward. With great sensitivity she observed several sessions and was able to attune to a way of working and find ways to film, without affecting what was happening. Two of the children we created the films with had acquired brain injury, one of which was very serious and had occurred as a result of respiratory arrest during routine Cardiac surgery. This had completely decimated her neural functioning, she had very little movement or vision and there was no way of knowing how she would recover. Over the weeks her function began to return and these sessions were a vital channel for her to express herself as she recovered, exploring her senses and movement in a playful and light-hearted way, where she could lead and have control.

The second was a young man who had sustained a head injury. His physical functioning was good, his memory and attention however, had been affected. Again these sessions allowed him to express himself, let off steam and explore his memory and attention deficiency through improvisatory games and movement. At the end of often very energetic and physical sessions we would use body balls and touch for relaxation to help settle him back onto the ward.

The third film was created with a young boy with epilepsy, whose condition is one whereby he will continue to deteriorate. For him to have the opportunity to play and explore moving and making connections and relationships

was vital to his sense of wellbeing. It was also important to his mother to see him enjoying himself during one of many hospital stays and the film we created beautifully captures a moment in time when he was able to move for himself.

Neurological conditions can be unpredictable and each child or young person responds to treatment and rehabilitation in different ways. This can be an incredibly distressing time for both the patients and their parents/caregivers, a time when making a film necessitates considerable consideration.

I had concerns around the ethics of creating arts and health films, the idea of informed consent didn't seem to safeguard individuals who are living through such difficult experiences. Also parents are constantly signing documentation to consent for procedures in the hospital. It was important to me that they fully understood what they were consenting to and that they felt involved in the project and had a say.

To this end, we shared raw footage with parents and posted them a first edit of the film of their child. Parents had choice about where the films could be shown and for how long and we gave them the option to change their mind at any time and withdraw consent. This was a risk and informed our decision to make three films instead of one longer one. However we felt this was an important risk for us to take and is informed by our person-centred approach. The patients and their carers will always be at the heart of our work and a sense of empowerment and control in this process is fundamental.

In our experience this inclusive and participatory approach to creating arts and health film is effective. I still receive updates on the participants from their parents and all involved are currently happy for the films to be used by Small Things in all contexts and for as long as we like. There is no sense that they have given over control of an important part of their



journey with their child, this is a shared experience.

In sharing the finished films we wanted to offer a multi-sensory experience offering an insight into our process. We worked with dance and visual artist Paula Hampson in creating costume and sound artist Phillip Jeck. Both artists joined us at the hospital to observe our work, which informed what they created for us. Paula used materials from the clinical environment, whilst Phil recorded the sound of our sessions and this material became the basis of the soundscapes he created. We utilise hand-held projectors for the films and in this way it has become a mobile performance installation, responding to context.

We have shared this work in a variety of contexts; on the hospital ward with other patients, at arts and health and

dance conferences. We were also invited to perform at the launch of the Clinical Research Facility at Alder Hey. This was to international clinical researchers. We had a very excited and positive response, a senior research nurse stating, "This is long overdue!"

The second stage of evaluating our practice at the hospital had also developed in response to our experience of working with patients, parents and hospital staff. Throughout our pilot qualitative study in 2008-9 we documented many instances of children and young people experiencing a reduction of or complete relief from acute pain.

With support from the hospital's Research Department, the Pain Service and Play Specialists, Helen Traynor and Lorna O'Brien, we devised a mixed method study across the three wards. Utilising validated pain assessment tools appropriate to the patients' ability to communicate, an assessment of patient's pain was made before and after the somatic dance session by a third party.

We explored improvisation, including touch and sensory objects, gently listening to subtle signs and allowing duets

to unfold whereby the patients were able to lead as well as co-create.

Moving towards a quantitative study for us was in response to a clinical context, not a move away from narrative. We have continued throughout the process to write our own reflections and encourage patients, parents and staff to write or draw theirs. This provides us with stories to support the statistical data from multiple viewpoints.

Our findings have been quite astounding, 92% experienced a reduction in pain and for 80% this was more than a 50% reduction.

The following are a selection of narratives from the study;

"Absolutely fantastic! My son who is 14 years old has just had major heart surgery and Lisa and Cath did a brilliant job relaxing him. Thank you!" Mother on ward.

"She has been struggling to sleep and has been very restless. This has been excellent for her, relaxed her a lot and she fell asleep. When she woke her pain had gone." Mother on Orthopaedic ward.

"My legs feel lighter, I will use this every day." Orthopaedic Patient.

"After the session the nurse came to discuss his pain medication. His mum said he didn't seem in pain, so they decided not to give him his scheduled medication." Artist commenting on a session with a 14 month old boy post cardiac surgery.

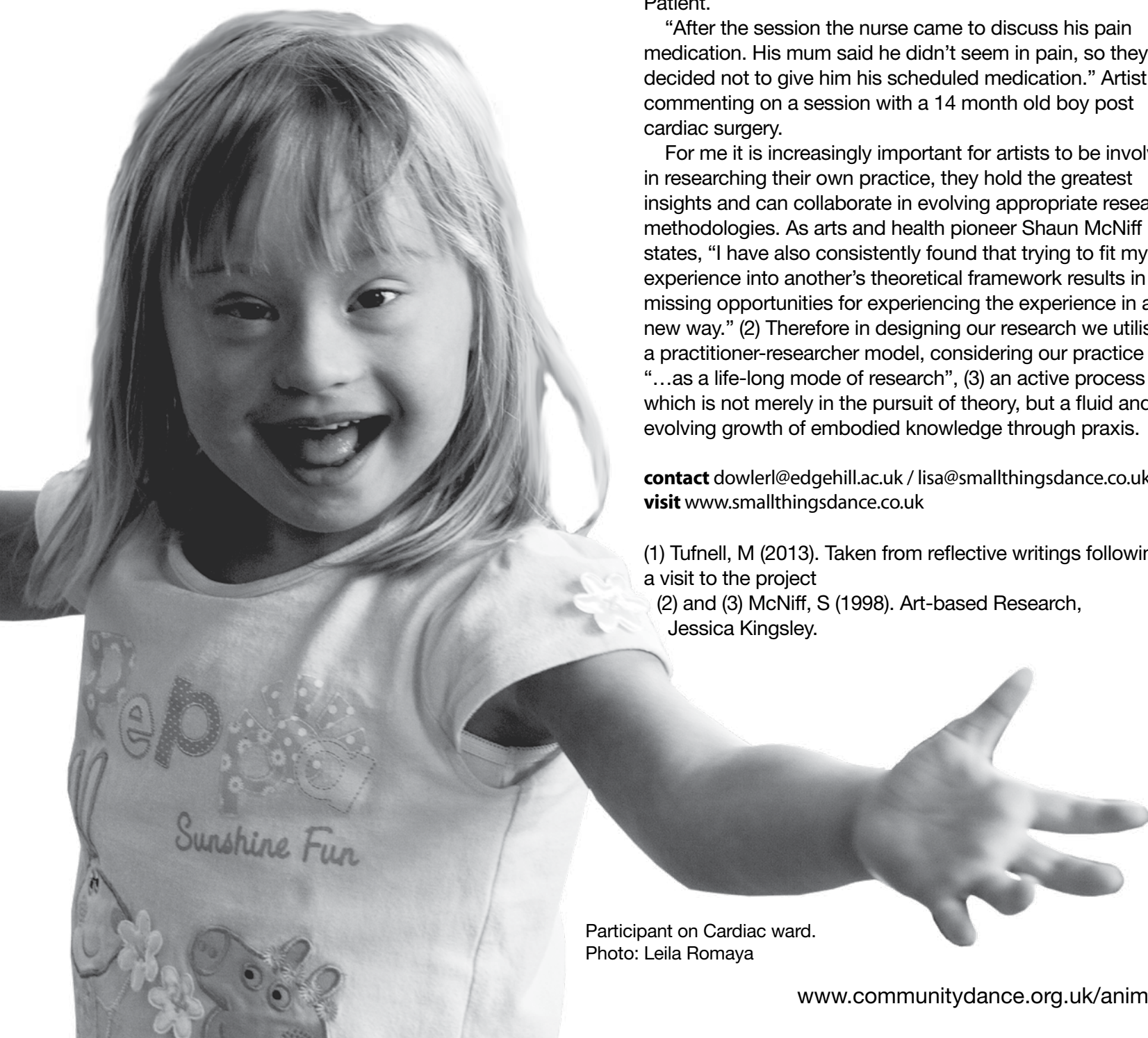
For me it is increasingly important for artists to be involved in researching their own practice, they hold the greatest insights and can collaborate in evolving appropriate research methodologies. As arts and health pioneer Shaun McNiff states, "I have also consistently found that trying to fit my experience into another's theoretical framework results in missing opportunities for experiencing the experience in a new way." (2) Therefore in designing our research we utilised a practitioner-researcher model, considering our practice "...as a life-long mode of research", (3) an active process which is not merely in the pursuit of theory, but a fluid and evolving growth of embodied knowledge through praxis.

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(1) Tufnell, M (2013). Taken from reflective writings following a visit to the project

(2) and (3) McNiff, S (1998). Art-based Research, Jessica Kingsley.



Participant on Cardiac ward.  
Photo: Leila Romaya