The Art of Touch

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RosettaLife

TRINITY LABAN CONSERVATOIRE
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1. Background to the Project

> *"Healing through the arts and particularly through dance is one of the oldest cultural practices in every region of the world. The arts heal by activating the powers of the imagination. If we can liberate the creative process in our lives it will always find the way to whatever needs attention and transformation."* (McNiff, S. 2004)

The Art of Touch was a programme of workshops set up by Lucinda Jarrett, Director of Rosetta Life, in collaboration with Trinity Laban Conservatoire of Music and Dance, London. Supported by Guys and St Thomas Charitable Foundation, the Art of Touch explored touch and movement in End of Life Care settings, through apprenticeships for dance practitioners. The project ran for ten weeks in two hospices and two continuing care homes in South London. A group of nine dance practitioners (comprising Trinity Laban staff, current students and alumni) followed Lucinda's work through that time.

This project followed on from work Lucinda had been doing with people living with neurological illnesses, Motor Neurone Disease, PSP (Progressive Supra nuclear Palsy) and Multiple Sclerosis. The benefits people experienced from the work were profound.

> "*People who have lost, or are in the process of losing, movement through muscle or motor neurone degeneration, also face speech loss and the ability to communicate with loved ones and friends. Touch facilitated movement offered a way of getting back in touch, of communicating with others. As one participant commented "I speak and listen with my fingers now." Working from movement into image and poetry offered people a way of finding and expressing meaning*." Lucinda Jarrett

> *"I use this kind of movement to keep in touch with the people I love. I want to keep in touch with my grandson and this is the only way I can."* Patrick Duke

Although this project was called 'The Art of Touch', physical touch was not always appropriate. Dancers in the project agreed it was ultimately the challenging art of getting *in* touch, of finding a way of connecting through the language of movement: that the movement work offered ways of being listened to, witnessed and valued.

Lucinda Jarrett and Susanna Recchia took small teams of 'apprentice' practitioners into each of the four settings. The situations were such that both the lead artists and the apprentice practitioners were essentially working one-to-one in situations that demanded infinite flexibility and creative resourcefulness. Each context made particular demands on the artists involved.

1.1 Project Locations

Guys and Thomas Charitable Foundation specified that the work should happen across south London. Rosetta Life's work had begun at **Trinity Hospice** in 1997 and it seemed that this long-standing partnership could support the new project.

Rosetta had delivered several musical and songwriting projects with children's hospices but had not been able to offer workshops for children who were non-verbal or profoundly disabled. They felt that this project might offer **Richard House Hospice** a resource for children in their care.

Two care homes also expressed interest. **Minnie Kidd** is a continuing care home in Lambeth that serves people with very complex needs. Some participants had no speech and all participants were chair bound. **Tower Bridge** is a residential care home in Southwark that offers specialist care for people living with dementia. A group of local primary school children visited on Tuesday afternoons, initially to read with residents, but the activities co-ordinator agreed that movement work might bring about a richer connection for both residents and primary school children. Lucinda had worked at both homes previously and had a strong connection to the activities co-ordinators; these strong relationships made both sites good partners for the project.

2. The purpose of this work

The aim of the work was to find connection – to listen and support the intrinsic movements of breath as it moves in the body – small dances - and to explore the gestures and stories that arise through the experience of moving. Like music, movement has the power to relax and alter the state of our body mind. In all instances this work was perceived to calm and reduce stress levels.

Movement focuses awareness in the body, altering posture and impacting on all other physiological rhythms of the body - heart rate, digestion, etc. Pain is often eased as focus shifts from the local to the unified field of the whole body. Whether or not we are aware of it, the body is always in movement: like a river, it is a weave of constantly moving stories, of buried thoughts, emotions and feelings. Coming into focus on this river world of sensation and movement allows memories and feelings to become visible, enabling a person to open out from illness and diagnosis and reconnect to the wider field of their lives.

How we interpret and read the world about us is a bodily, kinaesthetic and dynamic experience. In the first few years of life movement is our first language. Everything that happens stimulates a bodily response, it is the way we communicate to others our feelings and needs and it establishes our basic orientation in the world. So when we enter the world of healthcare, the small dances we seek and listen for are not an artistic overlay, rather, we are returning to our oldest language, something to which we later become deaf in our adult more sedentary lifestyles. Rediscovering movement as a communicative and relational tool is not about sign language but rather about sensory reawakening and expression.

In this work, touch was an important means of initiating dialogue and movement. This approach is founded on sensitive listening - *being with*, rather than *doing to* – and differs fundamentally from other more functional approaches to the body where movement is used to increase mobility or fitness Touch facilitated movement. The potential of this approach is as yet insufficiently articulated or understood in either dance or health care and at present there is no specialist training for this strand of dance/health work. The bodily perceptual skills of a dancer have much to contribute in social care since they are trained to perceive movement for itself; a dancer listens and senses the barely perceptible, nuanced, shifts of quality and impulses in the physicality of another.

In its essence this practice is about creating a communicative space, where meeting and exchange takes place through the moving body. Each session in the project offered a context for listening and finding ways to bring the body-self into movement: movement as communication, as play, as response, as story, as a way of communicating with and without words to bring back a more connected sense of self. It is essentially a relational practice, where a person is listened to on many levels and supported into expression. It is not easy to explain the depth of change this can bring about. Away from the familiarity of home and in contexts where there is little time to communicate losing a sense of self is inevitable – we become patients, administered to, looked after, but rarely heard, or heard at the level at which we hear and recognise ourselves.

The need to be heard, to express ourselves, to have a voice, is fundamental to wellbeing - and our sense of self. Feeling available to ourselves begins in the body through which we feel, see and hear. Everyone has the need to tell their story and to have it valued and our individual and collective experience of illness and dying is harsher and lonelier when this basic human need is unfulfilled.

2.1 Trust, understanding and consent

The theme of consent was constantly aired throughout this project: how can you know if someone is with you or is feeling imposed upon? All those participating spoke of the challenge of slowing down, letting go of one's own preoccupations in order to be available for each movement 'dialogue'. This slowing down was vital to reading the barely perceptible signals of ease or discomfort.

Working with people with high dependency needs means it is often difficult to understand what people are feeling. Without voice and, in many instances, without clear cognition how can we know if we have consent? In such situations how can we know what people are seeking/needing or clearly identify what benefits are gained from sessions? Lucinda commented: "A member of staff once said to me, patients walk with their feet. If they want to be there, then they will get there and that signifies

consent." However this vastly simplifies what is a challenging process. Feeling for consent is a sensitive moment by moment process that calls for a profound bodily and imaginative empathy.

> *"It is challenging - feeling the moment when things can go forward, when it is right to make suggestions, when to offer something new, or when it is best to simply be with a person and wait till they initiate. How do you know when they are ready?"* Susanna Recchia

The process of building trust and participation is a delicate moment by moment process, an unfolding of you to another and the other to you, and calls for the utmost spaciousness of presence and a letting go of expectations or drive for targets or specified outcomes. And slowing down enough to sense the moments of resonance; changes in breath or body tone that signal invisible signs of consent, curiosity, and willingness to engage. It is this quality of quiet and steady spaciousness, along with an acceptance of whatever arises, that opens the way into movement dialogue and engagement.

3. Getting going

3.1 Liaising with care staff

In setting up the sessions the presence and engagement of care staff was crucial. Each centre was offered a training session for the staff. At Richard House Hospice this was embedded in an annual staff training day so all staff were aware of the sessions. At Trinity, this was offered to all Day Care Staff and the physiotherapy and occupational therapy teams. At both care homes the activities leader felt staff could not be released for training.

In a political climate where elderly care is under scrutiny and poorly resourced this may be inevitable but wherever possible engaging the care staff in the process is important. In the building of communication it is important that the artist can communicate clearly and positively with care team and equally important that the care team can interact with and support the arts team. This is vitally a two way process. Clarity from an early stage (pre-workshop) with care staff about the nature of the work is essential so that the remit is clear and expectations appropriate. If this work is to become sustainable it depends on the participation of care staff - it is they who hold continuity for people between sessions as well as being responsible for recommending and bringing people to sessions: their understanding and presence in workshops is vital.

3.2 Preparing oneself

As dancers working in contexts where people are fragile, sensitive and easily overwhelmed, it was important that the dancers took time to prepare. All spoke of the need to get in tune with oneself before attempting the subtle process of attuning to the needs of another. This work called for a depth of attention and bodily empathy to feel out how a movement dialogue might begin.

> *"Switching mind states is hard. This work demands the utmost moment by moment focus from me. I notice how busy I am in my everyday life and find it hard to make the switch to the presentness demanded by this work."* Helga Kutter

3.3 Time for the team

In the face of these challenges the artists usually arrived early and spent time together talking through what might happen. They spoke of the value of taking this time to get in tune as a team: time to share observations and concerns, time to slow down so that their attention field was receptive, steady and available in whatever situations they might encounter, and taking time together to identify an overall intention for the session. This created a steady team-holding presence.

4. The Locations

4.1 Trinity Hospice

Trinity Hospice was a very challenging context. The Day Hospice Service had close at Trinity several years previously and had reopened in a newly refurbished building with an entirely new staff team in November 2011. The Art of Touch project was initiated in January 2012 with a very new and embryonic staff team. Participants were new to the centre, new to the service and new to the staff and, for many, the movement project was one more concept to grapple with. Many participants were coming to the centre for the first time when they encountered the movement work.

The sessions were communicated to participants but many seemed unclear about the intention: was it relaxation? Fun physio? Dance therapy? It was difficult to establish the necessary trust, as one experienced artist commented to Lucinda: *"for many people dance is challenging and exposing when one is fit and well - so to take it on in these more vulnerable circumstances needed careful and imaginative introducing".*

Kathy Crick wrote:

"Trinity [Hospice].... *was a new day service offering advice, support, group activities and a café. The Staff team was relatively new, and our Art of Touch team also only recently formed. The potential participants were often attending the hospice for the first time and did not attend every week. How could we meet such a context? [on the one hand] I felt there needed to be clarity in what we were offering so that people had some sense of what they might be choosing, but on the other it felt really important to meet the context, meet the people so that the form of the work emerges in relation to them.*

The space was beautiful, with large windows looking out onto a garden. It felt like a welcoming space, used both as a place for clients to gather, relax, chat as well as for activities such as ours. There could be different people in the group every week which was challenging and needed to be embraced as part of how we chose to work. Finding themes that allowed something personal to be shared – a favourite place or recently viewed film could give people a sense of being recognized.

What might people's needs be, what were their expectations and anxieties? They did not know each other and they do not know us. I felt these are things that needed to be acknowledged in order to build trust and participation.

The people we met may be experiencing / pain, uncertainty about recovery, depletion due to surgery, medication which may mean they are quite fragile and sensitive. But also they have lived full lives, have passions, opinions, experience, memories and hopes for the future. It felt important to meet the people and have time to unravel any assumptions about what might happen in a session.

I felt it important to allow space for people to express how they are feeling about their bodies, their illness, and their treatment - if they want to - but at the same time we also want to connect to what is - in each person. These things are challenging and take time particularly in a changing group context. As artists coming into this context we arrive with our own assumptions of how people might express themselves in movement, touch, drawing but the form of the work needs to able to evolve in response to the people participating.

M. attended most of the sessions. He seemed keen to be part of the group. His energy was quite depleted. It was difficult for him to speak and when he did, he spoke softly and I noticed I felt concerned about missing what he was saying because it appeared to take such effort to form the words. I worked with him in the first session. He seemed comfortable working with movement. We touched each other's fingertips lightly and we exchanged leading and following each other's movement. The connection felt very easy, clear, and light. A few sessions later I worked with him again. At one point we were going around the circle and speaking about our experience of moving. I remember sitting next to him and feeling as though I became very quiet inside and I had a sense that I wanted there to be enough time for him to say what he wanted to say. With difficulty he said a few words but he seemed frustrated as if perhaps there was more. For me this was an important place to be with in terms of the work unfolding in response to the particular needs of individual people. "

4.1.1 Movement into image (introducing drawing, painting and writing)

Because participants were mostly mobile and did not suffer from dementia Trinity Hospice was the only one of these contexts where drawing and writing as a follow on from movement seemed appropriate.

Movement alters our body/mind state, slowing us down and awakening sensation and feeling. Drawing, painting or writing in the wake of moving can bring into view the invisible world of a person's life - it offers a way of remembering who we are. In awakening the senses, movement stirs up memory of places, people and events - fragments that open doors into the unique landscape of a person's life.

Answers to questions that are there

> *"Trying to free yourself*
> *From this confined life*
> *A form of giving and love*
> *There is care*
> *Colours and a sense of balance*
> *Starting from a still point*
> *And then you can go anywhere"* (Trinity Hospice participant)

The images and stories that arrive through this kind of process are a way of reconnecting to the wider field of one's life, a way of feeling like oneself again something obscured or lost in the experience of becoming a patient. Imagery invokes the senses – our sense of touch, sight, hearing, movement, balance – in this it communicates between the layers of who we are, between feeling, sensation and memory. Imagery, metaphor and story express the complex landscapes of our thinking, feeling and being which can seem to vanish when we encounter the institutions of care. The stories that arise in the wake of moving often contain seeds of insight about our lives, offering a way of expressing and so becoming more visible to ourselves and to others.

> *"Quite often we would encourage taking movement into drawing. This involved a physical transition from sitting in a circle to sitting around a table. This felt a bit awkward at first but it did become a little smoother and easier later. We all sat around the table together and people could choose to draw or not. Most did. The drawing was often accompanied by spontaneous banter and exchange which was a mixture of philosophy, self deprecation (I can't draw, or my granddaughter could do better than this) humour and poetry. It seemed to support people being with their own process – with themselves and with each other."* Kathy Crick

> *"It is all about searching and looking. I started with the river, the countryside and fields from above. Then lines move in a different direction I am introducing a change. The important thing is not to try to be too clever. Don't analyse it. Let it be and know when to stop."*
> Tony (participant) talking about his own drawing

4.2 Minnie Kid

> *"This is contact improvisation under a microscope"* Lucinda Jarrett

> *"It opens so many channels that are there, that every person has no matter how old or incapacitated they are. Channels that don't seem to be used much in everyday life. A whole new world accessible from under the surface…It is amazing to see how much has developed creatively in the course of these sessions. A lot of small details and subtleties come to the fore: toes wriggling, shoulders rolling, eyes blinking, fingers tapping. Movement is being expressed more spontaneously and offered and shared generously with the group."*
>
> Helga Kutter

At Minnie Kidd all the participants were resident and chair-bound often with severely disabling conditions. The care staff were always present and this enabled the work to grow each week. A core group of patients attended with occasional new people dipping in.

"No one knows anything about me here," said one man to a dancer as she departed after his first movement session. *"I love fishing"*. He was reaching for someone who had reached for him. This was the essence of these workshops – a reaching for and reciprocating connection offered through gesture, and warmth of touch.

Another man was initially not referred to the sessions because it was not clear that he could understand or respond to simple instructions. He was chair bound, attached to a drip and had neither speech nor movement. After the first workshop a dancer reported a "*softening".* Another noticed "*a smile*". After the second workshop we noticed choices made in gestures and some leadership in movement games. After a third workshop we noticed a "*thumbs up"* independently and in the following engagement facial animation, smiles, independent gesture, movement and dance. It became clear that connection through touch and movement was a route to forging relationship and communicating.

One woman enjoyed chatting and at times it was not clear if she engaged with the movement. Was she moving to please us? Or was there something of benefit for her? Was her chat a way of feeling safe? Perhaps the wordlessness of movement felt too intimate, and exposing? In one session she ran her fingers through a blanket and commented *"as if making pastry".* When a dancer mirrored the gesture she looked up and said "soft", and smiled. Then she sat peacefully as they continued this dance together of mirrored gestures. It is in these small shared moments that engagement takes place and the dancing can happen.

The activities co-ordinator was central to the planning and success of the workshops. She offered the following feedback on her observations:

> *"For the 5 patient participants in the Rosetta Life dance movement workshops run at Minnie Kidd House, the opportunity to engage with each other as well as members of the wider community proved invaluable. The regular time slot of the sessions gave a sense of continuity and structure for the patients as did the well thought out and executed workshop structure, which helped to contain any anxiety the patients felt about participating…Two patients seemed to particularly benefit from the sessions. One of these patients struggles to engage in activities due to his physical limitations and as a result is generally unmotivated to participate in groups run at the unit, however during these workshops he maintained a level of alertness and was active in his engagement. When asked before the sessions if he wanted to attend he always indicated that he did and seemed to really enjoy being part of the group. The other patient that seemed to particularly benefit from the workshops also finds it hard to maintain engagement in an activity. Throughout the sessions he managed to stay alert and this had an effect on the rest of his week, as he would often show other members of staff some of the dance moves he had been doing in the session and often commented on how he needed to practice more. Overall the sessions proved very beneficial for the patients involved, it would be interesting to see the long term benefits these projects could have for this patient group if the sessions were less time limited."*

4.3 Tower Bridge Care Home

At Tower Bridge Care Home the challenge was to bring the wild energies of the primary school children into connection with the frail older people. This was a space where action, rather than listening was needed.

Susanna devised a session on the heart and lungs. She asked people to touch their heart and then to feel the movement of their breath. She pummelled a piece of paper into shape and demonstrated the pulse of the heart and the expanding/contracting rhythm of the lungs. Everyone played with these different rhythms imagining the speeding up and slowing down of the heart, the slower expansion and contraction of lungs. Then each child became a 'heart' and demonstrated their pulsing rhythm to the group. The adults contributed their movement for lungs alongside the children. There was a great sense of pleasure and exhilaration in the room.

> *"I have to focus on movement - sensation is too abstract a concept for them – and I have to make it BIG to attract their attention, or else they go to sleep - I have to keep finding something to interest them - every 3 minutes - or else they will wander off"* Susanna Recchia

> "*There are times when I felt an exercise was not working, people did not seem engaged but others in our team felt positive. I realise now in these contexts where so much is going on, your attention is working so hard to keep alert to everything - a single person cannot take it all in. We needed to work in threes to be able to respond effectively to whatever was going on."*
> Elise Phillips

In some contexts peoples' sensing only seemed to come awake with bold and active movement, at others (Minnie Kidd) a creative connection came through movement and touch - small, slow and gentle micro –movements. In Richard House music and touch were the way the dancers came into connection with the children.

4.4 Richard House

Different children (of all ages) came each week. This was an intensive hour for the dancers involved - to find a way into connection - small dances with whoever arrived. None of the children had speech, so music and rhythm were an important part of what established a welcoming and creative space.

On arriving the dancers set up the space – cleared it of all obstructions – making an open space. They laid down mats so that the children would have more freedom to move and have bodily contact with the ground. Eight children arrive in wheel chairs with their carers.

A thin boy of 8/9 years old arrives. He has a heavy cold, nose running, dark circles under his eyes. Susanna helps him out of the chair onto the floor. *"My first reaction was to mirror his positions so as to understand something of his mobility - his hands could push but his legs dragged. By following exactly what he was doing I could begin to feel what was mobile and what was unable to move/compromised. He seemed to enjoying travelling around the room, dragging himself around to visit other children in the room. I just followed. Noticing he was holding his feet - on impulse I offered him my feet - he responded straightaway by squeezing and playing with my feet – and I responded by pushing back into his hands. I wanted to respond at his level and not just passively mirror him. I wanted to meet him equally not through pity. He began falling forward – putting his head on the floor I copied him and at times made direct contact with his head and spine, which he seemed to enjoy. Suddenly I realised he was fast asleep, a small curled up child on the floor."*

Ayaka is working with Emir (3 years old) on his first visit to the unit. He rocks and cries piteously. His carer keeps his wheelchair in constant motion which seems to quieten him somewhat. At one point she tries to soothe him by taking him out of his chair and cradling him on her lap – but the physical contact seems to increase rather than calm his distress. After a while Ayaka moves towards him and tries several approaches - lightly touching his feet, his hands - yet whatever she does seems to intensify his distress. He finally quietens when she sits down in front of him and moves his chair in swinging circling ellipses. *"I am the still point"* she said afterwards. Emir had fallen asleep: something his exhausted parents say he is never able to do.

Susanna moves to join another younger child lying passively on a bean bag. His carer had been trying to engage him with touch, talking and touching him as she observes the dancers doing - but the child does not seem to respond. His carer sits back confused, tired. There was a gentle and rhythmic pulse in the music and Susanna began lightly brushing and tapping his legs in time to the music, *"tapping like raindrops - to see if touch would be welcome or not. I was waiting for that signal that seems to imply a YES - I will come with you. His face spread into a smile. Since he could not see or move I began to make sounds as I touched him - and again his face responded - smiling and smiling and turning his head from side to side to join this touch dance...Later I introduced a piece of fabric. I felt his legs were uncomfortable and perhaps the light falling weight of the cloth on his limbs might help him connect or feel some easing. His delight was unmistakeable - his face still shining with smiles - he fell asleep*."

A girl in a wheel chair, rocking intensely and biting a towel – without the towel she bites herself. Susanna kneels on the floor and places her hands on the child's knees and began to follow her rocking, gradually pushing her knees yet staying with the rhythm of her repeating movement. She seemed to enjoy the pressure and arched her back up and away before falling forward again. Susanna followed, giving some contact front and back, *"a little bit of resistance. She was rubbing her hands and I put my own hands in between hers to see if she would rub mine. In all this time with her I felt I was being her edges - I am with the movement whatever it is".*

Katy moves to sit alongside Chloe whose arms swing and flail constantly. Then she lies down beside her mirroring her movement - it is unclear what Chloe sees but something in her knows she is being listened/attended to in a new way and her smile is radiant (we heard later she had been distressed and crying all the previous day). And now it is palpable to see how she delights in being met and played with in such a sensitive responsive way.

5. Reflections - what is this practice?

Listening for the clue that may awaken a desire to move; listening with body, and inner attention. All attention goes to the subtle motions that take place within the body. Within this process subtle places of rest and balance begin to happen, places where the vital forces are animated and become available. Through this a state of possibility arises where a transformation can occurs throughout all aspects of being, both physical non physical.

> "*Movement allows a shift in perception of oneself - it is the tool for change to happen – it makes one FEEL and notice more and to become visible"* Susanna Recchia

In each of these instances the dancers I witness are playmates who demand nothing – are willing to do whatever it takes to engage – to listen and respond. They seek openings to meeting, in whatever way they can, their intention is always to connect, to listen deeply to the body and to sense its invisible messages. These dancers are uniquely present; available to whatever emerges, offering themselves into the contact - recognising each of those they work with as unique and precious. Though the dancers all spoke of the difficulty of knowing how to engage with people whose medical situation seems to isolate them from normal human contact, often expressing grief and a sense of feeling overwhelmed yet in each context I found myself profoundly moved by the tenderness of their presence. A child's distress is soothed by being met through movement play, able to rest. Their carer too can rest and the tone of their relationship eased.

> *"Moving a little moving a lot*
> *Rest and share the rest*
> *Share movement smiles and waves*
> *Share what's already there*
> *Give a magnifying lens - to see more - to feel more*
> *To feel oneself more*
> *Rest in the space in which listening is allowed*
> *In which movement possibilities are open*
> *To exist and be acknowledged*
>
> *Welcome to the island that acknowledges small things*
> *That for many might be considered insignificant*
> *Value is an option – isn't it?*
>
> *I have to breathe before asking someone else to breathe*
> *I have to feel before suggesting someone else do so*
> *I have to be specific in what I suggest*
> *Even though I do not know how the dance is going to develop and progress."*
>
> Susanna Recchia

Illness inevitably narrows and contracts our attention to problems, loss and fears. At the best of times most of find it hard to express what we feel, and when we are ill this intensifies still further. Life contracts around the anxiety of coping with illness. The unique contribution of the arts and of this project is to offer a creative space for reawakening sensory awareness and a place for stories to be found and shared. It is a challenge to convey the transformation that these small dances can bring about, shifts of quality palpable yet barely visible to the eye - or brilliant as a change of sunlight - suddenly illuminates a forgotten corner of a room or garden. When a smile softens a face or a child falls asleep. In our everyday lives few us notice or pay attention to this world of small movement – what Steve Paxton has called 'the small dance', movement that is going on all the time below everyday awareness. Movement is an expression of life '*We are movement*,' (Emilie Conrad); moment by moment our bodies feel, move and respond to whatever is going on around us. It is in this deeply personal world of subliminal movement that this 'small dance' work exists. It is not the 'big dance' which is what we generally associate with the word dance, but movement as it enables us to reclaim feeling, movement that wakes up our sensory and physical responsiveness to the 'island of small things' that give our lives value and purpose. It is difficult to quantify its profound human and humanising potency. *"I wanted to go in a dustbin"* one woman said of herself - it is this loss of a sense of value in one's life that this work seeks to address.

We all need intelligent listening and know how differently we feel in ourselves when we are heard, and when we feel recognised for who we are. It might be said that this is the realm of therapy but the role of the arts in expressing what matters for us predate that of therapy by thousands of years. This is not movement to solve a problem but moving into being, moving to feel and to find connection, something vital to us as human beings. Inertia and sensory numbing dissolves as we move, and we regain a sense of our own pace, rhythm and time through which feelings and perceptions can make themselves known to us.

5.1 Listening to the exchange

> "*Living alongside someone for a moment"* Susanna Recchia

This work is essentially about listening. Where mainstream dance trains the body to move, this work is a profound practice of listening and developing a reciprocal relationship with whatever arises. Dancers with a somatic understanding of the body are uniquely able to listen, sense and support these small dances with people who have lost the capacity to move. Sensing the nuances of stillness and developing a bodily empathy that can hear the buried physicality of another is challenging. It is work that calls for a bodily sensitivity and imaginative resourcefulness that can meet the ever-changing situations of these contexts; the artist is partner and play companion, witness and interpreter.

> *"For people to experience themselves as movement is one of the most important perceptions they can have about the world. That means no longer thinking of body/mind, inside/outside, physical /spiritual, but seeing that a person is actually a nexus of many kinds of movement happening together, movements that are flowing and affecting each other. Movement and being human mean the same thing. Every confluence, every conflict in this universe is in us."* (Conrad, E. 2007)

How effectively we meet and connect with another's needs is determined in a large part by how we are in ourselves and the relational field we create with our presence. It takes time and patience to develop the perceptual skills that enable a dancer to confidently accompany and support another's movement. Being able to stay connected to yourself as practitioner, to your breath, and a feeling sense of your own body and your surroundings are fundamental in developing the capacity for this work. As Gwyneth (project participant) put it, *"we have to be our own magnifying glasses*".

5.2 Qualities of presence

Spacious flexible curious comfortable sensitive grounded responsive creative compassionate playful interested

Nothing can really prepare one for working in this field except the actual experience of being there. The work demands a generosity of presence and a refinement of perceptual skills to be receptive to whatever movement is possible. These skills probably can only truly be 'taught' through apprenticeships and shadowing as set up in this project - and observing how others more confident or experienced negotiate and sustain a connection.

5.3 The audience of one

In these times when we are deluged by the rhetoric of quality assurance and health promotion, when the NHS is increasingly driven by short term contracts and short term objectives and when the numbers involved in any project drive the government arts agenda we need to remember that though this work seem to only reach a few that in as much as illness impacts on family and community so a shift in one person cascades to all those with whom their life is connected: siblings, parents, spouse, carers and teachers all benefit from the empowerment or wellbeing of those who are sick/suffering.

6. Summary and recommendations

To an observer, there is no doubt about the immense value of this work, the benefits participants experienced were palpable – in every instance people seemed more at ease in themselves, more able to express, more engaged with what was going on around them.

The contexts demanded very different input. At Richard House there was never 'a group 'as such, every week brought a different group of children of widely varying ages and conditions. But for the artists involved working one to one in proximity to one another offered support as well as giving the children a shared space even though they rarely engaged with one another. This was a place where an understanding of touch was valuable. At Tower Bridge the mix of elderly with dementia and lively primary school children meant finding a theme to unite interest was not easy. The artists involved created a space for engaging in dialogue through movement. Though the adults' pleasure in seeing the children could divert attention from engaging, people came each week and the sessions were immensely popular and enlivening. It was not possible to engage with physical touch in any significant way but the movement games enabled children and adults to connect (making hand sculptures worked). At Trinity, the newness of all services at a newly launched centre challenged the artists, but movement, touch and image was negotiated slowly and began to take shape and form led by the needs of an embryonic service user group. At Minnie Kidd the presence of the key staff supported a group activity and the work built successfully over the ten weeks.

These kinds of projects are unique in that they offer participants an opportunity to feel normal – to be engaged creatively as a person not a patient. The artist's role is to engage with what is well and through movement to reawaken a sense of self through sensory and imaginative engagement. The skills for this work are complex - alongside of the above mentioned need for physical and emotional empathy the artist needs a clear understanding of the kinetic dynamics of touch to initiate and sustain a creative connection. Beyond any other practice this is one that requires infinite improvisational skills, a willingness to be available for however a connection may unfold, a capacity to listen and adapt to what emerges and, above all, to play.

Even though the focus is to meet the person not the illness, it is important for artists to have both an understanding of the context and the physical conditions they will encounter as well as understanding the perspective and intentions of the regular care team. This helps to keep the work safe and helps the artist negotiate contact with confidence. In this, knowledge of experiential anatomy is important as this trains one to perceive more of what is going on in another.

There is an embryonic understanding of the poetics of movement: the power of movement gesture to suggest image and story. In all contexts this poetics was introduced to enable participants to access their imagination, their creative wellness. At Trinity Hospice, the relationship to image was clearly signposted through drawing and made concrete: the images were wide ranging: from the daffodils of English gardens to the expanse of the Caribbean coastlines. At Tower Bridge Care Home, the images of anatomy enabled children and adults to play together, whilst at Minnie Kidd the subtlety of touch and connection forged relationships that recalled past friendships and connections.

Dancers have a unique and humanising role to play in health – to work with an embodied self as artists rather than therapist supports a person to reconnect to the whole of themselves, not just the part or aspect that is 'ill'. To develop a clearer understanding of the practice we need to engage more fully particularly and rigorously in dialogue with the health service and although this project intended a narrowed focus on end of life care – in actuality the range of different contexts meant we have still not moved beyond generalities. The art of touch is indeed an art and we dancers need to become articulate in this precious and life enhancing work.

"Touch made the movement feel real and me feel more real." Gwyneth (project participant)

Bibliography

Conrad, E. 2007 *Life on Land; The Story of Continuum* North Atlantic Books: Berkeley, California

McNiff, S. 2004 *Art Heals: How Creativity Cures the Soul* Shambhala Publications: Boston, Massachusetts

Appendix: Project Details

1. Project Team

Project Lead:	Lucinda Jarrett (Director, Rosetta Life)
Project Lead (Trinity Laban):	Sue Akroyd (Head of One Year Programmes, Trinity Laban)
Lead artists:	Lucinda Jarrett Susanna Recchia
Support artists (apprentices):	Kathy Crick (Dance lecturer, Trinity Laban) Ayaka Furukawa (Trinity Laban graduate: PGDip Community Dance) Katy Geertsen (Trinity Laban graduate: BA Hons Dance Theatre) Stella Howard (Dance artist: Trinity Laban Learning & Participation) Helga Kütter (Trinity Laban student: MA Creative Practice) Heidi Mettiainen (Trinity Laban graduate: PGDip Community Dance) Elise Phillips (Trinity Laban student: PGDip Community Dance) Justyna Sochaj (Trinity Laban graduate: PGDip Community Dance)
Project evaluator/reflector:	Miranda Tufnell
Project Administration:	Helen Corner (Rosetta Life) Sian Myers (Graduate Intern, Trinity Laban)
Project Advisor (research):	Dr. Jonathan Clark (Head of Research, Trinity Laban)
Participating homes/hospices:	Minnie Kidd House Richard House Children's Hospice Tower Bridge Care Home Trinity Hospice

2. Project Overview

2.1 Phase One (Oct-Dec 2011)

2.1.1 Project launch

Wednesday 26 October 2011, Trinity Laban
Co-hosted by Rosetta Life (Lucinda) and Trinity Laban (Sue)

An informal 'launch' event to introduce the project to relevant people and generate interest from potential participants:

- Introduction to the work of Rosetta Life (spoken presentation and showing of films)
- Background to the Art of Touch project
- Sharing of initial planning/proposals for the project
- Information on recruitment process, timescales, level of commitment etc for potential participants
- Q & A

Invites extended to:

- Staff from the hospices/hospitals/nursing homes
- Trinity Laban Dance Faculty: Learning and Participation team; teaching staff; researchers
- Selected staff from Trinity Laban Music Faculty (esp. Learning & Participation)
- Selected colleagues from Greenwich Dance (Trinity Laban partners)
- Potential project participants (apprentices): current and ex-students from PGDip Community Dance

2.1.2 Project Preparation

- Recruitment of 'apprentice' practitioners
- Induction and preparatory workshops
- Finalising project teams
- Confirming participating centres

Open Workshop

- Monday 5 December 2011
- Led by Lucinda, observed by Sue
- Participants: current and ex-PGDip Community Dance / BA programme students, practitioners from Laban's Learning & Participation team, Laban dance staff

Interested participants were asked to submit a written application and invited to attend an open workshop, in which they were introduced to improvisatory approaches central to the practices Lucinda uses in her work in EOLC settings.

Based on their engagement with this, and supporting evidence in the written application of their experience, background and availability to commit to the project, Sue and Lucinda invited a number of the participants to follow through the full project.

Those who accepted then undertook a further day of induction and training in preparation for the placements in the healthcare settings.

Closed Workshop

- Monday 12 December 2011
- Led by Lucinda & Helen (Rosetta Life), supported by Sue (Trinity Laban) and including visits from representatives from some of the participating centres

Revisiting practice from the first workshop: building confidence / working relationships between Lucinda and the group. The session also involved discussion / training around Duty of Care, ethics and issues particular to working in EOLC settings. Representatives from some of the participating centres came to talk about their organisations, the nature of the residents/users; the philosophy and culture within their centres and so on.

Planning for Project Delivery

At this stage, we began to draft up the artist-apprentice teams for each of the 4 centres. Liaison with the centres was led by Lucinda, and communication with the teams, and finalising of practical arrangements was co-ordinated by Lucinda and Helen (Rosetta Life) with support from Sian (Trinity Laban)

Tracking / evaluating the project

Alongside the training programme and delivery we identified a role for an additional person who would accompany/track the project. Their role was to observe / participate / evaluate and to capture questions and possible areas of further enquiry coming out of the work. This was with a view to the possible formulation of research questions to inform future work.

Miranda Tufnell was invited to take on this role and joined the project from January 2012.

2.2 Phase 2 (Jan-Mar 2012)

2.2.1 Delivery

There were four practitioner teams: each with a lead artist supported/accompanied by 1 or 2 apprentice practitioners allocated to each of the four centres as follows:

- Richard House Children's Hospice (Newham)
  Lead Artist: Susanna Recchia
  Supporting practitioners: Katy Geertsen & Ayaka Furukawa

- Trinity Hospice (Clapham Common)
  Lead Artist: Lucinda Jarrett
  Supporting practitioners: Kathy Crick & Justyna Sochaj

- Tower Bridge Care Home (Tower Bridge)
  Lead Artist: Susanna Recchia
  Supporting practitioners: Elise Phillips & Heidi Mettiainen

- Minnie Kidd Nursing Home (Lambeth, Clapham South)
  Lead Artist: Lucinda Jarrett
  Supporting practitioners: Stella Howard & Helga Kutter

In early January, each of the four centres had an introductory session led by Lucinda.

Before commencing work with the centres, the practitioners came together for a workshop / discussion with Miranda Tufnell so she could introduce herself, get familiar with the group, and establish a common connection with the project and practice before the placements commenced.

From January-March, the project teams led sessions in the centres for a half day a week over 8-10 weeks. (Scheduling issues meant there was some variation to this format at Richard House).

Miranda and Sue visited/participated in sessions (on a one-off basis) during this time.

2.2.1 **Interim reflection day** (5 March 2012)

During the delivery phase, the project team came together for an interim reflection day facilitated by Miranda. The day was an opportunity to meet and move together and to share findings, questions and challenges from the different contexts at this midpoint of the project. Prompt questions included:

- *How are things developing?*
- *What are the processes that seem to be working well?*
- *What factors seem to affect the session going well or less well?*
- *What are the pitfalls/challenges?*
- *How is the work impacting on you personally?*
- *Can we between us reflect on the purpose of the work in each of the context?*

2.3 Phase 3 (April 2012)

2.3.1 Reflection / Consolidation

A full day reflection session for the whole project team, facilitated by Miranda.
All the practitioners were invited to share their individual reflections on the work, through guided discussion face to face and subsequently by invite to submit further thoughts in writing to Miranda.

These reflections, shaped and framed by Miranda, form the basis of this report.