Frontiers of Dance and Health with Miranda Tufnell and Knowing Body Network

(*automated transcript*)

SPEAKERS
Miranda Tufnell, Tony Burch, Cai Tomos & Lisa Dowler

(Introduction: Renée Bellamy speaking in 2021 over spare guitar chords)

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(2016 audio file begins)

Miranda Tufnell
Hello, thank you very much for joining in with us this evening, and this grand topic of frontiers of dance and health. My name is Miranda Tufnell. What we thought we'd do is we would introduce ourselves and talk a little bit about our work. And then the intention really this evening is that we make it a conversation so that we're growing the articulation together, we have a film we'd like to share with you as well. So, when we need to just quiet down a bit, we can look at that, and then come back into into talking about this territory. I'm afraid I've missed the earlier parts of the series that Frank was just saying earlier that right through this autumn, you've been having talks on issues around dance and health. So sorry, I missed those. I am a dancer by profession, I sort of ran away into dance out of English literature, and ended up working up in Cumbria, where there was a wonderful doctor up there called Gavin Young, who played the bagpipes and wrote poetry. And I agreed that I would, I would start working part time in his surgery every week, and if it began to make any difference to his patients, he would pay me so I sort of went in, first of all, as a sort of a risk. Let's see how we get on here. And the people that I worked with, were referred for muscular skeletal problems of one sort or another, but increasingly, I was finding that just hands on bodywork was not enough but there was something else that was needed, which I can only describe as, connecting body and soul. So sometimes, initially, people who kindly came to me with the official terms, they're called patients, but I would say people, would come back to my studio, and we would explore different avenues. It might be, sometimes it was drawing, sometimes it was cooking, sometimes it was sewing, it was whatever would enlarge our dialogue, our play together. Then I thought this is probably more helpful than anything that I'm doing one to one. In the surgery, I set up this group called The Breath of Fresh Air, I didn't mention the fact that I was a dancer, because nobody would have turned up if I used that D word. But the Breath of Fresh Air, the intention was to come and find easier ways to breathe and relax, and find creative ways to manage pain or to manage symptoms. So, we ran projects throughout Cumbria and Northumberland, connected to surgeries for four years. And then, as is so often the case with these projects, we didn't get funding to continue. It is one of, in this frontier territory, one of the most painful aspects is the lack of, that you're living on, you're working on very short-term projects. So, you never know how long you're going to be able to work with people. It's the same kind of thing that doctors in the NHS are dealing with all the time. Except that if we want to build health, and the intention of working with the arts is to build, is to strengthen the health, is not to try to cure illness, no way I was looking at that, as looking at how do you strengthen the resources? How do you build resilience through creative practice? So that's, that's my background. That work stopped, and now I work mostly one to one with people still doing creative work and finding a language through creativity and through the body, first of all, through the body. So that's a little introduction about where I come from. So, I did talk to Tony Burch

Tony Burch

Who is a now recently returned GP and I still work for the health service. I don't see patients, but I'm setting up educational networks in primary care. And I do quite a lot of teaching and examining and stuff. I discovered dance when I was 40. I discovered it, I fell into it. I'm not quite sure how to describe it, but I was as surprised as anybody else. But I came to it through a friend of mine who was a music improviser, and to cut a long story short, I was suddenly going to contact improvisation classes, and loving it and discovering a playful side to myself, which I didn't really realise was there or was such a long time ago, that was in the dim and distant past. I did use it not consciously, unconsciously, to recover from a period of depression, but discovering a playful side of yourself is the best possible cure for depression. I discovered that moving brought up all sorts of feelings, not necessarily so pleasant, but it was something that's engaged me and embraced me, and I was able to engage an embrace back. And then I didn't do a lot, I've got more back into dance recently. And as I've come coming to the end of my paid career, I'm looking forward to spending more time and dance and health. I'm going to stop there because I promised I wouldn't prattle on, but I can I say I'm very honoured to be invited here. So thank you, Miranda, my attempts at writing about things have really not got anywhere, I just don't seem to have it within me. And I do really take my hat off to people who write because there it is the record for other people to pick up and use how they will. So, thank you.

Lisa Dowler
Thank you. Okay, I'm Lisa Dowler and I'm dance artist and researcher. I lead a small arts organisation and based in Liverpool and we've been doing a project at Alder Hey Children's Hospital for the last 10 years and although it's kind of been a seamless project, it hasn't been seamlessly funded. So, there is a perception that we've got this really like well-established project but we're just constantly, just want to echo what Miranda said, we're kind of constantly fundraising to make it, continuous and sustain it. We work on acute wards with children with cardiac conditions, orthopaedic, after orthopaedic surgery, neuro medical wards with children with acquired brain injury or disabled children. I also lead two research projects at the hospital. One was an interpretive phenomenological analysis. So, we just kind of gathered lots of qualitative data and interpreted that, and then we also did a study looking at the effects of the practice on children with acute pain. We did that in 2013, but the video we're going to show is about my projects and maybe I won't say anything more.

Cai Tomos
My name is Cai and my journey to this has been quite a nonlinear in a way. I grew up in north Wales and somewhere that I go back regularly to lead workshops and classes for older people, whatever that means. And that project has been developing over the last seven years and started as a kind of relaxation class and gradually evolved slowly into improvisation and performance group. Currently, I'm working at the Chelsea and Westminster hospital doing one to one work on the older people's ward, people living with dementia. That's been going about eight weeks and previously there was another block and I think I don't know what's happening next for that, too. So yeah, that's it.

Miranda Tufnell
So, for me there is a real question about how we can reach our languages because the way a dancer perceives the body is very different from the way a doctor or someone who's medically trained will perceive the body I don't know how many of you resonate with that from different positions. I mean, Tony's interesting because he crosses over between the two perspectives. I think probably way back in time, the way that we look at the body was perhaps more similar, but our science has become increasingly more evidence based but I will actually say, industrialised. The curiosity has gone out of the science. I mean, I take my hat off to doctors working in this current climate where so much of how you have to work is based on standardised protocols, which doesn't take into account the unique individual and the way illnesses are played within them. It's enormously difficult within the pressures to make an effective intervention, and that's where I feel that we could be coming in much more broadly than we don't I mean, if I had my my maniacal dream, it would be that there would be artists in every surgery and every hospital, I think that the beds would empty faster. We have a long way to go until that's possible, but that's in a way that's the frontier and I've watched it shift people say to me, 'well, how come you were paid within the NHS?' And at the time that I was working there, which was 1990 to 2006 there was a budget GP's had for managing stress, and I came in under that. There was no mention of, sort of play or creativity or anything like that but anyway, that's what we did. It did meet the funding criteria. That's gone now, I think, I don't know quite. I mean, medicine has been organised and reorganised and reorganised so many times, I think it probably doesn't, you know, it must be very, very hard continuing. So, my question to actually the doctors in this audience is, how can we? How can we broker, can we create more bridges between the world of medicine and the world of the arts? Can I turn that over to you?

Audience
Well, I think, so I'm a GP, and there is sort of a growing awareness, certainly among GP's I guess the cinicism of the way that big pharma drives a lot of what we do. It's very sort of, objective science numbers and stat and all the rest of it and also,

because of the increasing specialisation, you've got the cardiologists to look at the heart and then your someone else to look at this. Sometimes the federal licences say, 'oh please will you refer them to such and such for their hip pain...' You know, general practice and perhaps paediatrics and maybe geriatrics are the only one's who try to see the whole person. But unfortunately, particularly with money, and funding, the government is just looking for what will in a statistical way, make a difference for people? And I think so for example, there's a lot of funding now for CBT. Yes. Because originally, it showed that it got people back to work. Yeah, and of course, when you roll something like that out, you don't ever get the same efficiency. So yeah, it's sort of big model really. I think starting a conversation, there's people who are listening or who are asking questions.

Miranda Tufnell
Yes. There is this wonderful organisation, the British Holistic Medical Association, which Patrick Pietroni, I think set up. And then there's a wonderful group of doctors and people who are associated with medicine, inquiring, I think it's published three times a year, and they are really looking at trying to reclaim a more holistic approach to health: "Whole person healthcare seeks to understand the complex influences from the genome to the ozone layer, that build up or break down the body mind. What promotes vitality, adaptation, and repair? What undermines them? Practitioners are interested not just in the biochemistry and pathology of disease, but in the lived body." That's a place where we come in, " emotion and beliefs, experiences and relationships, and the impact of family community and the physical environment." So it's a really, putting call out for a broader, you know, a vitally broader concept of what they're doing. You know, as many people say, now we've got a national sickness service, not a national health service. It's a bit of a cliché that, but it is what, to a certain extent has happened, even though we have the most extraordinary advances in medicine. Do you want to speak to that?

Tony Burch
Yes, I think that's particularly difficult because the proponents of technological industrial, technological, as much as you want to call it will quite rightly point to massive advances. I can't say that I don't owe my life to modern medicine in one, one very important way. And yet, on the other hand, what are we losing? And I think it's like when a patient comes in, and you don't know whether their symptoms are based on some physical disease, or on some psychological disease, or at least, dis-ease, something. And time and time again, it's easy to forget one and concentrate on the other and I think whichever you're going to concentrate on in that moment with a particular patient, it's important to bear both in mind, because you can be wrong. And, and there can be both, and there's that very complex interaction, and I think the technological medicine is also reductive. The objectivity is the price of losing the person, losing the whole person, I think, as I was saying, Patrick Pietroni was my programme director when I was training to be a GP, so I got the benefit of him some time ago now. In the consulting room, you have a person in front of you, and remembering that is really important. And when I did a lot of contact, people say, "oh, do you tell your patients to do contact improvisation?" and "no", because they look at me like I was mad or madder than usual, possibly, and like you don't, you didn't tell people, you're a dancer. There is something about the way that this work, we're talking about this evening has informed my practice in all sorts of ways, and I don't want particularly concentrate on that, but I think you have to just hold both and understand that you can't argue against technological medicine, head to head, but you can say, well, what's the price of it? What is the price? And you can't argue for holistic medicine, which is what a lot of, whether it's Chinese, or Indian, or whatever was trying to do was to encourage the person to heal from within which I think what you've been talking about. And we need both and that isn't easy, and it's not easy on a busy hospital ward; it's not easy in a time limited consultation with a GP; and it's certainly not easy, Cai, where are you? When you go as a dancer onto award, and you need to persuade the healthcare professionals of your value and your worth and your presence and justify your presence before you get near a patient. So there's all sorts of things which we need to play with, without many resources, but to hold in mind, and to value each in turn, and that sounds a bit wishy washy, but it's really, really important, and it's so easy to lose. It's so easy to lose. It's so easy to lose. And I think we're talking about regaining that space, and in different ways, and the value of pursuing that and despite the funding issues and the time issues and all the pressures and it's not just pharma, it's too easy to blame pharma, it's too easy to blame governments. It's bigger than that and as doctors, we're part of that, even if we rail against it, and I think that's something that we really have to be to articulate and be terribly aware of.

Audience
There's something about feeling good, is as problematic as feeling bad, like feeling good is not actually something that we think about something we need to learn and tolerate. And when you talk about making a bridge, I also think, well, how can you? Because pragmatically, the scientific medicine, slices up the body, into specialisms, we have this other slice, which we now call mindfulness. So that kind of body mind is introduced as another slice. So I don't know whether a bridge is possible. I don't know whether there's any point to try and create a bridge into a system that has no bearing, the foundations are not there to even see that and talk about energies, to talk about soul, to talk about wellbeing because wellbeing is talked about

purely in terms of getting people to work, right, well-being has been instrumentalised for political reasons. It's not for the sake of a fuller life.

Miranda Tufnell
Well, yes, and no, because I think that every doctor is, you know, they are human beings, just like we're human beings and actually, I think that you know, the numbers of GP's that are resigning and leaving early and doctors taking early retirement is huge. So, I think we are at there is a there's such a crisis in this sliced up, I love your image. Absolutely, we have separated and separated. So, we have this great thing we can come in and connect the body up through movement and creative work. That's exactly what it is, and so in a way, it's very simple, the link and the shift of perspective, which I think most doctors would actually agree with, I mean, I haven't come across I have conversations with doctors whenever I can grab hold of them. It isn't that we want to take over but I think we need to provide almost like backing up of coming into cracks, coming into those between places and we need to have a voice for that. I think that will take some of the burden off the GP's and I think it has the capacity then to teach us to look after ourselves better because that's the other big piece that's really lacking just having a developed, thought for flexible attitude towards care. I mean, self care in our culture is lousy. I mean, we go to the gym, but, you know, what does that teach anybody besides for a bit of puff?

Audience
Well, there are some newish initiatives like encouraged to go walking together and also gyms in parks, I mean, you know, that anybody can access. So there are, I mean, they're very small, but I kind of noticed them, because I'm in that park, and I see people doing these things. And you can see that because they've got a social situation a bit like the group that would come to you that it's not just about them and you it's about their social contexts, come together to walk together to do that. Now, I don't know where that's funded from, because I don't think it's being funded from the National Health. And it's not being funded from from dance and it's I mean, does anybody know where those initiatives are? But it does, it does create a sense of well being because you're breathing as you're walking, and as you're chatting, and so you, you know, it's a small but it has quite a big impact in people's lives.

Miranda Tufnell
Yes, it does.

Audience
Some of its public health funded. So now boroughs and councils have a responsibility for public health initiatives, so it will be the local councils. Or some of them, like park run is volunteer led. I think frontline clinicians, are very open to, a new way of doing things and to resources really, because you have this growing problem, I think that everyone realises that something needs to happen because people are coming in more and more wanting a tablet for this and a tablet for that, you know, they want something for their stomach and something else for their bowel, and something else for their bladder. And so, you know, these are people in their 20s, you know, and that's just not sustainable financially, let alone actually doing anyone any good. Are there senses of GP practices that because they're semi-autonomous on you, but you can decide how you allocate money, and how you use space and what kind of spaces are created in GP surgeries? What kind of innovative situations are people experimenting with? There's not many that are doing that because everyone's trying to run around and keep the ball rolling, but there's one in Bromley-by-Bow, which is a health and wellbeing centre, so they run pottery classes.

Tony Burch
They run all sorts of things, but they're they have 90 different sources of funding. So it's I'm sorry, I'm going to use the word advisedly, it's an industry is Bromley-by-Bow with some people who know how to get their hands on money, wouldn't we all like that? But it isn't your run of the mill GP surgery.

Audience
I find this bridge question really interesting. My Dad is a GP who dances Five Rhythms and runs pottery classes and my stepmom is a psychotherapist and my brother's a psychotherapist, my Mum's an artist and my grandpa was a doctor, and I'm nearly an osteopath so I feel like I'm the bridge between. I go into my Dad's GP surgery, and I observe with him treating patients in a very, very difficult area to work in with people who have many complex problems, and it's really incredible to see him at the end of his career, juggling the emotional, personal, physical needs of these people. I remember my Grandma who was a nurse talking about how when she trained as a nurse, nurses were there to take care of people and now nurses are just there to quickly enter some numbers, and that sort of thing. I feel really lucky that my patients who come to see me in my osteopathy clinic, they often say to me, "wow, it's really amazing to have the time for you to listen to me", and a lot of them come with physical problems, it seems like more and more I noticed that the hands on is about people having the

space to have touch and wellness. So, yeah, I feel like an interesting bridge and I think it's a really feels like a very pertinent question or idea.

Miranda Tufnell
Yes, that's wonderful having a father who is practising in that way, great.

Audience
But he's also about to retire because he can't hack it, he can't take the system. I wonder what's happening in places like the Bromley-by-Bow practice and practices that I wouldn't go to and I don't believe in, that are outside the NHS, you know, you can go see private GP. I wonder if there are different models happening in those places. You know, we're talking about the NHS, which we're great at unbelieving in, but I just wonder if there are different models and different ways of thinking and breaking down the slices, or is that very much within the medical model of education. I just noticed, we're really focusing on the NHS which is so dismantled and I'm wondering what's happening outside of that model?

Miranda Tufnell
I suppose the principles behind this work, as the principles of the NHS was: health for everybody. And to make try and make that accessible, and available, I think a lot of the principles that lie behind the NHS, are similar to what, you know, we don't want to make the arts exclusive and only available to people who have a certain amount of money, because anybody who's long term sick, there's no way that they can afford to, you know, go to a private, to go to a an arts class or whatever. Because, and then higher, and then, you know, adult education has been cut. So, it's difficult for people to get access that way. I mean, I hear what you're saying. I think that already people are working in as many corners as they can find themselves. I mean, city lit was very good wasn't it? And you know, I've always run classes at as low, I do still actually run groups, but I don't work on a weekly basis, and try to keep the prices as low as possible.

Audience
I suppose my point is, I wonder if there's any access to this kind of work in those kinds of places?

Miranda Tufnell
I haven't seen any.

Audience
I remember when HIV and AIDS was at it's height, there was the lighthouse which was very interesting, the building didn't look like a hospital, it looked like a home, and there were real efforts there to make it very different healing environment.

Miranda Tufnell
Yes and hospices. Yes, hospices and also

Tony Burch
Maggie centres

Audience
The homeopathic hospital which got renamed, I lost track of that because I was a patient at the homeopathic hospital, which then, when I was there, Dr. Baron was like the head of the department and he actually, left because what happened was, he said, "this hospital used to only be about homoeopathy and acupuncture and everything." Then basically the Children's Hospital, the neurological hospital started taking over wards, they got less and less space, and I lost track of it. But I remember talking to the practitioners there and it was funny because it was there but then it was also difficult, because they would give you like a certain amount of sessions but then there was only one acupuncturist. So you maybe could, it was kind of a token thing, because they could give you the acupuncture but you really needed to go twice a week, but you couldn't get the appointments. So, it was almost like then they were proving it wrong. So, it was almost like, "okay, we're doing this, but then they're also kind of, like, undoing it at the same time, and they renamed it I forgot what, but I don't know if that's I don't know if anybody knows what's going on there because he used to be able to just get. My doctor referred me there and it was great but then I just saw more and more people leaving because they couldn't cope with the cuts, and it was a shame because that was a resource that was there for a long time, and it wasn't just homeopathy, it was acupuncture, it was cranial all different types of things, which you could get referred to from your GP, which wasn't going against anything. It was a whole part of a whole thing but then they got cut into by the neurological hospital and I don't know what happened after that.

Miranda Tufnell
It's true and what was the Centre for Arts, Health and Humanities at Durham, which Mike White was part of and a few other people, if you know his work, wrote a fantastic book on community medicine, Arts Development in Community Health: A Social Tonic Absolutely, first class, wonderful book and a passionate advocate for the arts in healthcare. Now sadly, that's been cut out, it's now the centre of Humanities and Medicine, the arts bit has gone, because it's the soft, it's seen as the soft bit. That's where I think it's really interesting that even though Lisa would say, you know, I'm trying to fundraise, month by month pretty much on the work. When I visited Lisa in the hospital, it'd be great if you could talk a bit about your work. And as soon as we arrived into the hospital, people were asking for her, the physios were asking for her, the play specialists were asking for her to come and see certain children. And so, they really were drawing on those, on your skill. Do you want to talk a little bit about your work there, and then we can look at your film?

Lisa Dowler
Well, I was really lucky. When I started in 2006, it came on the back of Invest to Save you know, that big project that was kind of headed up by Clyde Parkinson with the Department of Health. And there's a little pot of money left and they didn't have any dance in this huge Arts and Health Research Project. So, I think they thought oh, we better throw a bit in anyway at the end, and it was just like, I don't know, £5000 or something like that. I was then, I was community dance artist MDI, then the regional dance agency in Liverpool and I'd worked with the arts coordinator there when she was at Liverpool Tate working with older people. So, she knew my kind of person centred approach to working with movement and so she invited me in, but I started on doing group sessions. So children who are well enough to come off the ward would come with a play specialist and it was really, it was really beautiful, and really interesting but I'd have like children with completely different conditions, all ages, like babies, teenagers and teenagers with bladder problems, disabled children that had been in car crashes and without the play specialist, it wouldn't have been possible at all. Then I kind of started to find strategies and setting like little groups within the group and doing little bits of one-to-one for some of the children who weren't be able to actively participate themselves. And the lead, the manager then again, she's been cut now, but there was a manager for all of the play specialists then and she worked on the neuro medical ward. And she said, "you know, it'd be really great if you came onto my ward. Do you want to give it a go?" And I was like, okay, and, but it was really with an attitude of experimentation, there was no expectation that I'd achieve anything, actually, which I don't think is possible today, either. That's another issue that I was really well supported. And when I went the first day, I remember her saying to me, "anything's a bonus, Lisa, anything's a bonus for these kids", and then and it was just, it was just successful, straight away, I worked with children with acquired brain injury, and kind of, you know, with improvisation with touch, play, objects, you know, whatever we bring in. And they seemed to respond better with me than they did with the physios and the OTs, which didn't go down really, very well at first, but then they kind of started to look at me as a bit more of a collaborator. So, if they were having a tough session with someone, they'd send them, "go to Lisa", you know, I remember them saying like, "maybe you can do something with her". Okay, so there's kids in rehab who do really well and just kind of go on this journey of getting better, and then there's other kids who kind of don't, you know, they kind of hit a plateau or you know, and I think that the physios and the OTs, they're the kids that they really struggle with because they're just they're not hitting their targets. They kind of don't know what to do with them.

Miranda Tufnell
So what do you think you were doing that's different from what a physio or an OT would do? What's different?

Lisa Dowler
Starting with what's there, starting with the child and where they are. In that project, we called it From Where You Are and it was because we started from where they were, where as, they come in with "we're going to do this today." And as soon as I met the children like that, like I might meet a child who we thought was really tired or might not engage, but if I spent some time in that energy space with them and kind of softly came in, it would be quite surprising that by the end, they'd be rolling across the sensory room or, you know, and so yeah, I think just meeting them. As I did the work, I also started to train in body mind centering, which really helped for the developmental movement stuff, it really supported the neuro-rehab, and actually, then I had a common language with the physios who always talked about homolateral and contralateral movement and all of that. And, but yeah, I think just the fun side, the creativity and, just meeting them where they were, and we didn't have to do anything, actually, we could just lay on the floor together and that was okay.

Miranda Tufnell
You've got incredible results with your pain. Do you want to say a little bit about your pain group?

Audience

Well we started in 2006 and quite quickly, we realised that it was really impactful. And in 2007, I took a post Edgehill University as senior lecturer. I think, actually, I got the job because of this project, because they saw it as a good bit of research. So I was kind of steered into thinking about it as research, which I think is actually benefited me on the work, and the head of research at Alder Hey Hospital is just an amazing, amazing guy, Dr. Matthew Peake, and we met with him. I was really intimidated to go and meet with him, but it was lovely, and he just helped us devise a question. This was the first study, we didn't want to measure anything. We wanted to just improvise and just see what happened but we wanted to have something at the end of it. So he actually came up with the question, I'm going to get it wrong now, but it's something like 'An investigation into measures to evaluate the practice of improvisation on the neuro medical and oncology wards. So we were just looking to see that, if we were going to measure something in the future, what that might be, so we didn't have to find anything, and that was lovely. But what came up through that, was that a lot of children, their parents or the hospital staff were reporting that their pain had reduced. So we kind of knew when we came to the next study that we would capture that and that was a mixed method study. So we still got all the qualitative stuff, and made film and did nice creative things but we also used the clinical pain validated pain assessment tools before and after the session. I think 92% had a reduction in pain. And 80% had effect more than 50% reduction, which we were like, "wow", everyone was like "wow." And it was just a small study group of like 25 children across orthopaedics, cardiac and neuro medical and we use different tools that are aid appropriate or you know, we used a PPP, which is a paediatric pain profile, which is brilliant actually, for dancers, it's for disabled children. And, it's really detailed and complex but when you read through it, it's all body based signs of paying. So like arching the back or grimacing, or knees drawn in. So it was all stuff that we read anyway, as a dancer, you kind of see somebody looking really uncomfortable and so some of them are body based and the older children, they could verbalise how they were feeling, but what was interesting is the reductions happened with the body based ones. So it was real transformation in the body

Miranda Tufnell
Shall we see your film then?

Tony Burch
Just to say around a bit, there are some really lovely descriptions of your work in Miranda's book.

Miranda Tufnell
If you haven't bought it already.

Audience
I'm probably one of the few people that have time to read it. Yeah, great accounts.

Miranda Tufnell
Yes and yours, Harry's story yes, which is in there.

Lisa Dowler
Yes and it was lovely because the little boy Harry that I've written up in there with his mom, actually, his mom was so passionate and amazing. She came and we did a symposium at Edgehill she came and spoke. We both spoke that day, didn't we? But she was she just blew us all the way didn't she? She was just, she was like, she's like the CEO of Divya hotels. So, she's really good at, not like me. She's really comfortable at getting up and wow. But I've transcribed it and it's in there.

Audience
What comes over in the book is, in a sense how small the interventions are and yet they have these, as you're describing you know, these bigger effects. Very, very amazing. I don't know, I haven't seen the film. So, I don't know whether that shows on the film.

Lisa Dowler
A little bit. Yeah, this is, I mean we've moved now to a new hospital. This is, I think this is 2012 or 13. We filmed this it's a little bit old but it's worth seeing if you want to.

Miranda Tufnell
So is there anything you want to, or people there, would like to speak to on that?

Audience
I guess I'm curious about what's happened since then? I don't know at the end something was mentioned?

Lisa Dowler
Well, there was a little bit of an upturn after we did the pain study because he won an NHS England Award for Excellence and Participation, for children and young people. So, I think from 2013 to 2015, we didn't have to fundraise ourselves. So, we kind of, the hospital but found a lot of money to sustain us for two years but then, we've just moved to like a multi million pound, amazing new facility. And, yeah, a lot of the money is, well, the charities money is, I shouldn't really say what happened to charity's money, but it went where it shouldn't have gone. So, yeah this year we've been, we're about to fundraise and so we've been working for an Arts Council grant, we get a bit of money actually from the hospital. So, we tend to get a bit of match from them, which helps us with the Arts Council stuff, so yeah, no, it did make doing the research definitely made a difference, even though that's not our focus of like, trying to find children who it, because that was a bit of a weird kind of, ethical thing of looking for children in pain who we could work with, although, there's always children in pain, in the hospital so it wasn't that hard, but yeah, it helped our relationships actually with the pain sedation service. So, they will quite often come looking for us when they give the maximum pain relief they can after surgery, but the child's still in agony and can't rest and can't sleep, if we're around, they'll refer. Yeah, I think it just made us a little bit more recognised within the hospital of the impact of the work that just wasn't a bit of fluff or a bit of fun. You know, which the arts can be perceived as like, the first thing to go when things get cut back.

Tony Burch
Have you published it?

Lisa Dowler
I have published it. Yes, it just came out last month in, it took a long time. Children and Young People's Nursing it's in, because I wanted to get it into a health journal as well. I didn't want to publish it in a dance journal. So it's just going into Children and young Peoepl's Nursing last month.

Audience
Sorry. I'm being devil's advocate here but can I ask, for instance, if somebody is watching a film, which is engaging the imagination, and what the difference is between active imaginative play and passive imaginative play in terms of controlling stress or anxiety or pain? And are there any sort of , because I've seen research on TV programmes and things, you know, if people are watching something, and you know, they're watching the game, or they're watching something, then they report that the physical pain that they've been given, administered, in the situation is less painful for them was, so I'm just wondering how much of it is just the fact of distraction? And how much of it is to do with physical engagement and development?

Lisa Dowler
Yeah, I think it's all of it, I think there is an element of distraction. But I do think there's a physiological process that happens as well and some of the children that I worked with actually, Harry, who's in the book, um and who Miranda met as well. When I first met him, he was in an induced coma. So, I worked with him, like, two weeks after a huge brain injury, he was in a traffic accident and then he was really agitated and high tone and we watched his heart rate drop, and his oxygen saturation increased. So, there was a physiological, I just worked with, like, what we call the listening touch. That's what we did. So, I think there's both going on. I mean, the play specialists use distraction a lot with children when they undergo painful procedures and for children in pain as well, when we're trying to mobilise them. But I think touch is really powerful.

Audience
I was interested in the way in which you worked with the play therapist, the combined approach and what it was that you felt at the play therapists learned from you? And what it was that you took from their practice?

Lisa Dowler
We might do combined sessions sometimes like, after cardiac surgery, a big surgery and they want to get a child up and mobilised, it's really, it's often that's the play specialist's responsibility to do that, rather than a nurse or somebody else and if I'm around maybe they'll, asked me to do it with them. So, I kind of improvise around what they would already do in a way, which is, you know, play with bubbles play with, you know, lots of crossover. But when I started on the ward, they used to stay with me. I mean, this was back in the days when there was two play specialists full time on the neuro medical ward, there's like, half of one now part time, so that's really dissipated. And I'm pretty comfortable on my own now, but I think I

wouldn't, you know, wouldn't necessarily want to put a young artist in, who has never worked in a hospital before. So that's something to consider. They just used to stay with me and, reassure me that what I was doing was, was okay, because I've never worked in a hospital before, and I had no training in it. So, I was working with children who were on like, SATs monitors and stuff like that, which when they started beeping, I thought like they were going to die but, "oh, no, that's fine, you just turn the alarm off". But yeah, and they just knew that child really well, like better than I did, so they could say, "they're really enjoying this, it's okay." And I think that was huge for me and that was the first couple of years I had someone with me all the time who didn't, didn't necessarily well, sometimes if I did little groups they'd participate then but when it was one to one, they were just there as a support and to give me feedback, which was amazing, really lucky to have that.

Miranda Tufnell
I wonder whether there's something about how we're listened to really determines what we're able to say and in the same way, how we're listened to through the body really makes a difference to how the body responds. There's a kind of resonance thing that happens and I would wonder, dancers the language for the dancer is in the body and a sort of trained sensitivity to movement as being fundamental to who a person is and how they are. Where there's movement and where there isn't movement and it's almost like an automatic tuning that happens. I wonder whether that resonance comes through when you're working in those contexts, because some of the things could seem like, well, that's very similar to what the plain therapist would do. Except is there? Do you think there's a difference? Having watched you work, I think there is a difference, because you're so tuned to shifts of movement, which probably are not visible on a film, are not visible to the eye, that they're visible to touch.

Audience
I think as well, on that particular film, you know, the really acute children, critical children that I work with, often, you know, they were the well, children whose parents are happy to be filmed knowing that I'll be showing it forever. So, the children who are more critical that tends to be more slowing down and bodily empathy. I wonder, what the caregivers or parents pick up because you're doing something's that very specialist and something that is very refined, but at the same time, it's a communication that can also be absorbed, and it's very human and accessible to some degree. I'm just curious to some degree about what the parents see?

Lisa Dowler
We work a lot with the parents, and because particularly this listening touch is really powerful but it actually doesn't, you know, looks like you're not doing anything. So, they'll be kind of like, you know, they'll see like a change and then they'll say to me, where did you touch her then? And then like, oh, it's not like they think you're touching a magic place on the body, so then I'll do it for them so they can experience the quality and let them do it. We've talked about this with another mother, because it is different with your own children as well. I can get lots of children to sleep and to rest but I can't get my own. There's a different relationship, but yeah, children who are having difficulty with movement that is certainly stuff we can pass on? And we do, we kind of do it informally, you know, show them, you try and things like that.

Miranda Tufnell
I'd love to talk a little bit about your work in the hospital. Because that's another another perspective, and you're working with older people in hospital.

Cai Tomos
Yeah, I think that's been spoken about already, in terms that the foundation of the work is relational, and that the arts and the relational kind of meet and I think that I know, you spoke about it, but the dancer is like, my experience is that the dancer is like a tuning fork, and that you're constantly adjusting and relating to your own nervous system in order to be able to relate and to kind of measure proximity, really in the hospital. Sometimes people want to be really close and sometimes you got to back right off and that's something that's hard to even put into language or measure because the information for the dancer, comes this way through the body. I think what's been mentioned already about time, and I think the artists relationship to time can kind of be one that is really quite spacious in a hospital, which the nurses and the doctors, don't have that. I think the patient's pick up, that you're not going to maybe go away in five minutes that you're going to stay there and that in itself I think is already doing something, the fact that your presence is perhaps has a different quality of time, does something so I think the listening it engages. The arts and the relational then, the imagination, and the stories that come through from sensation, and how important that is, it seems that people have the opportunity to recount their story of coming to hospital and when they might leave and what's happening now. There's some of the arts which is also, kind of I wonder if I'm distracting maybe that's what I'm supposed to do. It's distracting kind of coming in to, because the pain narrative is quite strong. Sometimes people get stuck in that but there needs to be a sense of listening to that first and then you can come in

some of the work, we were working with natural objects. It's quite a thing that the Chelsea and Westminster hospital, let me come in there with, you know, flowers and grass and a flower seems to be a some kind of bridge to something relational and something alive in the ward that isn't clinical feels kind of radical. So, an intervention might be, perhaps there might not be language, but I, you know, I poke a flower through the door, and the eyes might start to kind of gaze and once that's there, then there's a kind of a way in, in a way. I think that the, the natural object as well as the relational has this kind of effect of regulating of the nervous system and also allows mystery in and I think that's the thing that gets lost perhaps is the body as a mystery. Once that's open, something comes in which I kind of understand as help or healing, when there's a space for mystery to kind of be there. And imagination in that, whether that be 10 seconds of a kind of space of that, or whether it's five minutes, I think my hope is that, that stays somewhere. That experience of mystery kind of stays somewhere in the body and lots of it is kind of trial and error and experimentation. There's a lot of unknowing in the work, which has to be there to be able to meet someone in a way that's honest.

Miranda Tufnell
I think that, I have trouble with this word distraction. I don't think I go with it because I think what, you know, there's a huge span of different kinds of work that happens. But I think that what this work that comes from the body, often into some either movement, or language or poetry, it makes connection. It's not distraction, it's connecting and through connecting, you get a sense of meaning. Well, here I am, you know, maybe you've never been in hospital, I remember when I had a brain aneurysm, and I was in hospital for a while and felt completely, I had no clue who I was and this is me who's had years of, you know, worked in the body for years, and I couldn't, I couldn't feel who I was, everything was so unfamiliar. I was in this sort of regime of painkillers and tubes, and even my name didn't seem to belong to me anymore. I remember the point that another dancer friend came in, and she just put a hand on me and I could feel that I was being heard at some level, we did a tiny, tiny bit of just, I found myself breathing into that touch and then it was then, like the door of my imagination came back. I began to feel coherent again but all that time previous to that I was somehow boxed in to somewhere so frighteningly unfamiliar and dislocating so I think what this work does is it slows us down in order to notice where we are and how we are. I think there's an astounding beauty in that, of what emerges with people with that permission to feel and to speak from that feeling place and that one of the, however, wild the stories may be that emerge through that context, it actually creates a better bridge between patient and health care practitioner, because it kind of wakes up a broader language than the, well, "how are you feeling? Well, I'm fine." It actually is quite helpful if somebody said, "Well, I feel like I've got all this lead, pouring down my spine." Actually, I think that's quite helpful for, it gets you more into the feel of what is happening and I think that somatic practice is wonderful in terms of tuning us to feeling and from feeling into meaning and I will just put this wee plug in because as we fall on and off, on this front here, this edge, a group of us got together first of all, We called ourselves the living the Living Body Project as opposed to the almost dead project body and we met once a year, and we got together and we moved and we talked about our practice, and we realised that there was no context that we could really do this in, we're working separately in hospitals, hospices, whatever but we weren't getting together. Partly, because we couldn't travel that much, but and then thought this needs to be rolled out wider, which is why this event is absolutely fabulous, because it's wider again. And we set up this thing called the Knowing Body Network, not that we know the body, but is the sense of knowing through the body, what is it that we know through our sensing body? How can we know more through the body? And there is this extraordinary bodily intelligence, which, you know, in the main medicine doesn't give time for because it's on this terrible conveyor belt but if we can learn to listen to the body, and respect this extremely incredible knowledge that we all have within us, we baby our systems of health, our capacity for wellbeing, whatever word you want to use, I mean, there's so hackneyed these words like well-being and health aren't they are sort of warring, you almost want to go back to the Norse "Halen how" You know hale and well so that was part of this wonderful invitation that ID gave us to come and to be here and to share some of this thinking and these kinds of ideas and to put forward to acknowledge that we are trying to set up we're trying to take somatic practice I mean, a practice that's based on the felt experience in the body, and how, in different ways can we apply that? And how does the practice change? Because, in fact, the language pure and simple within its discipline, it gets hackneyed and it's only when it comes into relationship with community that it begins to wake up again and broaden.

Audience
I think that maybe we can have a middle way, that maybe we can cure things, and also have like, a tiny bit of distraction in them as well.

Miranda Tufnell
That's great. You're right. Yes, sometimes the distraction is the way in, I mean, Cai coming through the door with a sunflower, instantly stopped thinking about whatever, that's a glorious distraction.

Audience
But, I mean, there's also the thing in hospitals, if you confined for a while the day to day, the people who come in to see you, doctors and nurses and people with clipboards and actually, having a bit of something else.

Miranda Tufnell
Yes it brings another language, another. It's just this word distraction, is this putting something down?

Audience
No, I was being devil's advocate, in order to get that out of you, with what you've just said. Is the distinction between distraction and to investigate that end.

Miranda Tufnell
Well I think we're widening the field as Chris Crickmay and I have worked so extensively on

Lisa Dowler
It's interesting though, with this word distraction. Because I know from reading loads of pain stuff, clinical pain stuff, it is a method, a non pharmacological method of pain. So it's quite, I mean, I didn't realise you know, is drawn on in medical contexts as a method for pain quite interesting.

Tony Burch
So your next paper is Beyond Distraction.

Audience
I think it's actually the connection that causes the distraction for instance with the flower, the patient's or the people will connect, a flower is in our lives and it has a connection, usually to joy. So just that image, and then all the touch and smell and the whole sensor causes to distraction. So it's connection and then distraction. Whereas maybe in medical terms, it's the pill that causes the distraction. I don't know.

Lisa Dowler
The play specialist's use distraction as a method.

Audience
But what they do then causes the distraction. Yeah, absolutely. So it's re-focus rather than distraction

Lisa Dowler
Yeah, it's not a good word is it really?

Audience
And the visual as well is remembering seeing but I think that the tactile is so much stronger. Yes. So I'm just sort of picking up on and trying to try to get clear about where these things are, and why they're different I've got a voice that keeps on prompting me to say something which I wonder whether I should read, but it keeps on occurring to me that all of this should be prompting us towards bringing the skills that you're describing, towards an attention of wider social change, frankly wider social and political change. Because all of the constraints that you're describing, are determined by structures that, quite clearly we all know, value economic growth above and top down decision making above the values that you're quite plainly expressing and seeking to nurture.

Miranda Tufnell
But I think we do, I think

Audience
But I have no solutions.

Miranda Tufnell
But yes, up the revolution. Thank you so much for coming and joining us.

(Outro: Renée Bellamy speaking in 2021)
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