

Introduction to *Frontiers of Dance and Health*

Presented by Penny Collinson, in the Bluecoat Arts Centre, Liverpool, on

Wednesday 10th May 2017.

This event was led by members of the Knowing Body Network, hosted by LIC (Liverpool Improvisation Collective), and supported by Cheshire Dance

The title of these two days – Frontiers of Dance & Health – reveals something of how we perceive our work with dance, movement and embodiment practices in healthcare settings. A ‘frontier’ represents uncharted territory...a remote piece of land, or, a new field of study. I quite like ‘the wilderness at the edge of a settled area’. The word is derived from the front line of an army...a front line which is *pushing forward*.

What are we pushing forward?

Each in our own ways we are pushing forward that which can be forgotten, numbed and ignored through illness. We are remembering *body* as living, feeling, imaginative, receptive – a landscape of movements, feelings and emotions.

Within illness, disease, stress or overwhelm we can lose touch with our bodies, and in doing so lose a sense of connection to those around us and our place of belonging. It can be very frightening. The role that dance and the arts and humanities, play in health and healing can be to reconnect with our body. Engaging in physical activities is restorative and hugely valuable in recovery. ‘Exercise – the miracle cure’. Furthermore, when we develop our felt sense through creative and experiential processes, we awaken our awareness in our bodies.

Becoming present to our bodies in this way helps us to reconnect with a sense of personal meaning... “to remember who we are”, to tell our stories, in celebration, in grieve, in play –

to connect with our bodies helps us connect with our physical bodies in ...the here and now....as *I see you*, touch and move with you ...here we are.

I've come across several articles written by nursing professionals who are campaigning to 'bring bodies back' into health and caring professions (Sakalys 2006, Airoso, et al. 2013, Draper 2014, Ellis-Kempner 2006). They share concerns that despite the body being central and the patients' experiences in illness being at the forefront of their work, in nursing and healthcare in general there is a dominance in seeing the body as an object. Sakalys suggests that in this way the object body is viewed "as a fixed, material entity: a passive object to be seen/observed/manipulated, the body as 'it' (Sakalys 2006:17).

The subjective body is the lived body, the body as known from the 'inside'. The body that is experienced. When ill our bodies don't feel familiar, we don't feel ourselves. People lose a sense of agency in illness. This is increased through the effects of the medical lens which "frames the subject as an object [-] requiring diagnosis and treatment... as a source of data, rather than an active knower – a living person (ibid). Gadow writes "Thus the body a patient experiences and the body a practitioner treats are seldom the same" (1982: 86 cited in Sakalys 2006), and "patients report that a powerful experience of personal disunity and self-alienation ensues" (Frank, 1990, cited in Sakalys 2006). Sakalys's article focuses on how embodiment is understood and theorised in Caring Practice and Caring Science and the challenges in training and professional practice. It focuses on how to bring the subjective back into nursing care. Our practice addresses ways to do so, and our work, in participatory arts, can play an integral role, complimenting and working alongside the hospital care teams.

Many of you may be working in health setting already, and you'll know the challenges of establishing and sustaining the work. As a member of the KBN I've spoken with many practitioners who share their stories of the joys and despairs. Spurred on by such discussions, Nicola Herd and I are currently doing a field study to find out more about practitioners working in NHS hospital settings. It's called Embodying Health. It includes gathering information through a national survey and interviews with leading practitioners around the UK. The survey has been sent out on networks, associations, agencies, and databases, inviting movement, dance and somatic practitioners to participate in questions which capture information regarding location, setting (wards worked on), remit and evaluation processes, and if supervision and training is undertaken. It will be a step in discovering more about the field and we hope many of you here will participate.

Already from the data and through network discussions, we see clearly that movement, dance and somatic practitioners use different approaches and practices when working with groups and individual participants. Their sessions may include improvisation, play, movement, sensory perception, touch, meditation, the use of objects, and other art forms. The methods are individual, remits are wide.

Practitioners aim to support and connect patients, to help them find bodily resources and to build agency. For those experiencing ill health, grief, isolation, or who are depleted and stressed, embodied practices can broaden our perception of health. In hospitals nurses report their patients shift in mood and vitality, that as they participate themselves in sessions they discover more about their patients than they knew, and they observe that their patients are more open to ongoing medical intervention procedures afterwards.

Over the next two days we will have the opportunity to network and share our stories. There will be workshops and presentations, and we encourage you to find time to meet and chat.

I'd like to introduce you to the various facilitators: Miranda Tufnell, Lisa Dowler, Daphnie Cushnie, and Susie Tate

This is the first collaboration between the KBN with support from Cheshire Dance and hosted by Liverpool Improvisation Collective, and we're very grateful to be housed here in the Bluecoat Arts Centre.

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