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# Improvising on the ward

**Lisa Dowler** of the Small Things Collective describes how deeply children in hospital show her the way

**In 2006, as community dance artist at the regional dance agency Merseyside Dance Initiative (MDI), I initiated a relationship with Alder Hey Children's Hospital whereby I provided weekly group movement sessions and, later, one-to-ones on the neuro-medical ward. In 2007, in my new post as senior lecturer in dance at Edge Hill University, I continued this work as my research.** Concurrently independent dance artist Cath Hawkins began sessions on the hospital's oncology ward. In 2008 she and I secured funding from Awards for All to develop the work collaboratively through our company Small Things Collective. Our proposal was to research the effects of intuitive, one-to-one dance improvisation sessions with children on both wards. We see the work as a shared process between us, the artists, the hospital staff and, most importantly, the children who show us the way.

## **A way to connect**

Improvisation and contact are non-codified forms that require an attentive 'listening' to yourself and those with whom you're moving. They offer a means to let go of pre-conceived ideas of how we should, or could, move and just be in the present moment, open and ready to respond in relationship with others. As inclusive forms each participant brings something of themselves to a shared dance. This stance underpins our work with movement in all contexts because it values individual expression. Our practices are strengthened by studies in Body-Mind Centering and Klein technique. Such a somatic approach

looks at the whole person and celebrates health, not illness, connecting with what's functioning well as the basis for promoting further health and wellbeing.

We see the 'lived body,' or embodied experience, as a methodological starting point for research. The body isn't an object of study but a place from where perception begins. During in utero development perception begins with movement. This essential function of survival is our primary mode of learning and provides a baseline for our perceptive processes. Therefore, when working with those who are unwell, supporting the child in generating movement could offer them the opportunity to perceive themselves and their environment in a transformative way and reconnect with early organisational patterning.

With an open and descriptive attitude we've been gathering observations of our own and also inviting responses from parents, children and hospital staff. We're guided by the child's response, giving them space and time, witnessing and listening. The children have been our teachers, and each unique experience has helped to inform and develop our practice. Here are examples that give insight into how we engage with them.

## **Shared dances**

Jake (18 months) had endured a serious head injury causing spasticity and dystonia. He'd lost the ability to communicate verbally and we weren't sure if he could see and hear. He also had movement of one arm that was

jerky and disconnected from the rest of his body. I first connected with him through gentle touch, listening to his breath and movement through my hands. This touch quality is about 'being with' as opposed to 'doing to'; it's restful, non-directive and offers a steady presence. In response Jake's muscle tone softened, and he became more relaxed and his breathing easier. During the weeks following I continued this and began to offer other touch qualities. I worked with the naval radiation pattern that develops in utero, whereby the naval is the mouth and organizing centre of movement. I supported Jake in connecting the movement he had in his extremity to his centre.

Finding new movements and sensations through touch and other sensory stimulation could begin the selection of new patterns for Jake, and/or awaken pathways that have been damaged. This re-education or re-patterning has a relationship with the physiotherapy the children receive at the hospital. Nonetheless the approach is very different to physiotherapy. Through listening to and witnessing the children, we move with them; it's a duet. They have an opportunity to initiate and guide; we don't know where it will begin and end, and we have no goal or target. If anything, what's important is that the child directs the session and feels empowered, providing a sense of ease that creates the foundation for all that follows.

Laura, 12, is a long-term patient. She has Cerebral Palsy (CP) and an undiagnosed condition whereby she can become comatose and therefore >

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cannot leave the hospital. She is fully cognitively aware and can sometimes feel depressed at her situation. Also due to her excessive muscle tension she can struggle with physiotherapy. With her I tend to begin with touch - ‘the chronological and psychological Mother of the Senses,’ as Deane Juhan puts it (1) - and then allow her to guide the session. Laura responds by softening in her tissues and releasing her joints, allowing her to move more freely with a smoother quality uncharacteristic of someone with hypertonic CP. When she’s more at ease I offer large make-up brushes with which to stroke her skin, which she enjoys very much. There’s a clear association between the skin and central nervous system (CNS) in that both are produced from the same primitive cells, from the ectoderm in the early embryo.

Again, in the words of Juhan, ‘the skin is the outer surface of the brain, or the brain is the deepest layer of the skin.’ Gently caressing the skin could, then, be affecting and calming Laura’s CNS. From here I may offer her more active props including scarves and ribbons that she can move for herself. In a hospital setting the children are often quite passive, and this can be more so for children with CP who have difficulty with movement. It can be empowering for her to have control, and so in a duet I encourage Laura to lead by listening and responding to her desires and connecting with her interests. By listening and responding to Laura she’s allowed to connect to her ‘self’ and enjoy being and moving in a way she can’t always do living at the hospital.

Other children have also found the



**Above:** Patient on Oncology enjoying dance.

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sessions a place where they can express themselves. Sarah, aged ten, was able to walk until diagnosed with Arnold Chiari malformation and osteoporosis. Whilst at the hospital for about seven months having her shunt valve changed and receiving rehabilitation, she enjoyed lively sessions coming out of her wheelchair and onto the waterbed and hoist in the sensory room. Like most ten year-old girls she liked popular music and making up dances. These sessions gave Sarah an opportunity to express her creativity and improve her confidence, while at the same time improving her movement and possibilities. By extending out through her upper limbs she connects with her core and lower limbs, mobilising an area that's often compressed and quite static in her wheelchair. She's generating movement outside of her usual vocabulary, including moving her legs.

Cath's experience on oncology has been equally encouraging. When meeting Sam, a reluctant seven year-old boy with osteosarcoma, Cath gave him space to choose and engage with the objects she'd brought. After a few minutes he was smiling and laughing, connecting with her and becoming more boisterous in his movement. He played tug of war with lycra and enjoyed the lightness of the balloons. When Cath passed by him an hour after the session had finished he was still playing with the balloon with his mum, and out of his bed. His mum wrote, 'Sam wasn't feeling great and wasn't very enthusiastic, but once the balls and stretchy cloth came out he really enjoyed the throwing, pulling and tugging. Just the simplicity of the

balloons made all the difference - not just for Sam, but me too!'

Small Things has been disseminating and sharing the project with other artists and students from Edge Hill University. This includes inviting artists to observe our sessions. After visiting one of Cath's sessions artist and shiatsu practitioner Wendy Thomas wrote, 'I found it moving to see Cath step gently yet purposefully into these children's spaces to offer something that can distract from their pain and transform their tired or fed-up state, I was also moved to witness a shift in a child's mood from withdrawn and stressed to happier, motivated and with energy to create. I saw how this contact with Cath, this being seen and heard by someone in this way, can support their healing.'

Although the sessions are primarily about creativity and expression, without a therapy-orientated goal, the therapeutic benefits of this work are obvious. I believe the children see the session for what it is: an opportunity for them to be themselves and how they feel at that given time.

### **The healing body**

Dance artists working in the field of improvisation and somatics have a lot to offer to health and wellbeing. Their embodied knowledge of anatomy provides them with a language, whether verbal or non-verbal, to communicate. The value placed on personal articulation and choice, and the seeking of possibility and potential in a structured hospital setting, is empowering to the child when for medical reasons they cannot have choice. In supporting this work Alder

Hey is acknowledging patient-centred approaches to health care. The Planetree (2) model in the US recognizes this central concept: 'If we only focus on the patient's body, we are missing three quarters of who that person is ...What we are discovering is that as we treat the patient as a multi-dimensional being, we suddenly have the ability to heal in ways we have not had before.' (3)

Our active research is part of a wider programme of arts activities at the hospital organised by arts co-coordinator Vicky Charnock and supported by Alder Hey arts chair and consultant, Dr Jane Ratcliffe, and play specialists Julie Sellers and Helen Traynor. Small Things is continuing to develop this work and providing opportunities to share it with artists. The research has also fed into the development of a new programme at Edge Hill, BA Performance and Health.

If you'd like to be on a mailing list for future opportunities please **contact** Lisa at [dowlerl@edgehill.ac.uk](mailto:dowlerl@edgehill.ac.uk) / Cath at [cathhawkins@yahoo.co.uk](mailto:cathhawkins@yahoo.co.uk)

(1) Juhan, D (2003) *Job's Body: A Handbook for Bodywork*. Station Hill Press

(2) The Planetree Institute has pioneered patient-centred approaches to healthcare and their model has been adapted in health centres across the US

(3) Kaiser, L (2003) in Frampton et al (eds) *Putting Patients First: Designing and Practicing Patient-Centered Care*. John Wiley and Sons, Inc.

(The names of the children in this article have been changed.)