

Right: Caroline Schanche  
and Jayne Devlin.  
Photo: Nick Mott



# Moments of breath and hand jive

Community dance artists **Jayne Devlin** and **Caroline Schanche** describe their work on Lanyon Ward, a stroke rehabilitation unit in Camborne Redruth Hospital in Cornwall

## What does dance offer that other creative activities don't?

Readdressing the disembodied body. "Movement makes you feel good." Patient, Lanyon Ward.

We are conceived, born and live in movement. Our bodies are designed to move and suffer from lack of movement. Movement integrates experience. We cannot help but move ourselves, our emotional sentient selves, when we move our bones, muscles and flesh. Much of the process of stroke rehabilitation involves coming to terms with a new sense of self, an unfamiliar embodiment.

Rehabilitation is extremely complex because the effects of stroke can mean that a patient's perception of movement or orientation in space is confused. Sensory feedback may be muddled so a light touch of a hand could be felt as painful, or words that a patient wants to say come out as something entirely different.

## Session notes 4 August 2010; dance artist – Jayne Devlin, supported by Rehab Support Worker (RSW)

We began, as usual, with fine motor control of hands and fingers to up tempo music, moving swiftly on to concentrating on core torso muscles. We incorporated the legs, ankles and feet. Participants mirrored my movements and followed spontaneous movement impulses of their own...

Tapping, pointing, picking, brushing...  
Grasping, grabbing, releasing, unfolding...  
Swaying, stretching, turning...  
Fluid... continuous!  
Staccato, forceful!  
Rotating, kicking, connecting...  
Responding, reacting, feeling, sensing.  
Eyes tracking, following, leading.  
Horizon.  
Resting.

These movements could occur in a physiotherapy session so why is dance different? We think it is because the movement starts from a creative impulse rather than a functional task. During one of her sessions Caroline was struck by a patient's response, "so frail yet deeply connecting with movement and eliciting a richness of engagement that seemed to come from a place deep within her."

We wanted people to respond and be motivated by our movement for movement's sake. Motivation is deeply significant in successful recovery and depression, the antithesis of motivation, is often one of the many debilitating side effects of a stroke. We felt that a creative approach to movement would encourage motivation by its playful nature. For us facilitation was about easing the way, encouraging patients to feel relaxed and enabled by the sessions. We were also aware that many medical interventions require the patient to be passive while they are tested or treated. In dancing the participant is self-activating and not a passive recipient.

## The subtle and delicate act of creativity

"I could see she had really enjoyed it, her face was really lit up." Patient's husband, Lanyon Ward.

Due to the brain's wonderfully intricate wiring, and each individual's unique personality, no two people will display the same effects post-stroke. One of the many challenges on the stroke ward was to see beyond the results of the stroke, to the individual person. This is particularly difficult when speech and movement are impaired because they are such vivid indicators of personality. Here creative interactions can play a valuable role as an expressive mediator between the patient and staff. Creative dance provides potential for the expression of personal and universal qualities. Creativity walks hand in hand with play and in our sessions this was evident in the spontaneous, often joyful responses of the participants. Supporting one of Jayne's sessions Caroline observed,



Participant with Caroline Schanche, Arts for Stroke Rehabilitation dance session. Photo: Jenny Atkinson



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“...a gradual change in the atmosphere from quiet, perhaps a little uncertain, to full participation, laughter and smiles. Jayne transformed the ward from a space of serious illness potent with stroke’s challenges, into a joyful playground.”

**Session notes 10 September 2010; dance artist – Caroline Schanche, supported by RSW**

Working with tissues last week led me to thinking about developing this theme by working with different weights of paper because they would provide a different challenge to coordination and the bright colours are stimulating and cheerful.

To lively music we played with reaching for paper, choosing favourite colours, ripping, throwing and scooping up more paper. Everyone was encouraged to use their weaker hands. Tidying up we started to assemble different colour combinations, flattening the paper out, gathering it together and talking about favourite colours or what the shapes made us think of.

Moving with paper reinforced the warm-up activities by using them in a different way. Sitting at the table and reaching for the paper engaged the torso in alignment and stimulated fine motor control.

**Participation and collective consciousness**

“When I go back to my room I feel the benefit of attending this class.” Patient, Lanyon Ward.

During our sessions the participants ceased to be patients but became members of a dance community. The significance of participation was in overcoming self-consciousness and simply ‘having a go’. Dance is a challenge because when the material for the session is our bodies, rather than clay or paper, we are very exposed. This is particularly pertinent post-stroke when your body feels completely different. Dance offers an opportunity to overcome vulnerability and to be carried along by the moment. Some patients were anxious about not being able to achieve but the positive effect of seeing other people in a similar condition joining in was encouraging. When the activity is about a group focus, attention is taken away from one’s own disabilities and a shared sense of achievement brings a sense of pleasure. The social nature of the sessions meant that there was a lot of chatting. This was in striking contrast to arriving on the wards and noticing how quiet the patients were, often alone in their beds.

**Practical tasks and the creative impulse**

“My arms feel less stiff after the session.” Patient, Lanyon Ward.

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Dance springs from the body we inhabit. For a stroke patient to regain their previous independence, it is crucial that they begin the arduous task of learning to move again. Dance stimulates multiple processes at once. When a patient reaches out, muscles, neurons, breath, fun and relationship are all interrelated. There is no hierarchy in these processes because they all need each other.

Added to our creative approach to movement were the physical issues that we learned about from the physiotherapists. These included:

- Postural alignment, locating and activating core muscles
- Stretching of contracted muscles
- Coordination and control of sequencing movements
- Increasing concentration levels
- Relaxation.

We wanted to incorporate these tasks into our sessions so that the dance could be a creative response to a practical concern. Sometimes patients' responses were so slight and subtle they were almost indistinguishable. However, it was clear that these tiny physical responses were taking an enormous amount of concentration and determination. The smallest of physical responses can stimulate the neural pathways that need to be reconnected in order for movement to be regained. Visualising movement triggers responses in the brain even if the movement cannot be achieved so we encouraged patients to imagine moving and used visual images to inspire a physical response.

#### **Session Notes 30 June 2010; dance artist – Caroline Schanche, supported by RSW**

We used spongy tubes as giant crayons drawing in the air. 'D' suggested a snowman. 'G' was trying to suggest something and getting frustrated because she could only think of the German, so we settled for an angel. 'M' suggested a robin and to finish the picture off a moon, stars and fir trees were suggested. What was interesting for me was how much more freely everyone moved when they were thinking about drawing a picture and how it felt good to engage the imagination. It's curious that an instruction like 'reach towards the ceiling' appears to be harder to follow than 'draw a snowman in the air'. I wonder if it's because the first feels like exercise and the second feels like play.

#### **Dance and the art of transformation**

"That was fun! It's good to do something different!" Patient, Lanyon Ward.

At the start of the project our work took place in the day rooms to the side of the ward and physiotherapists and RSWs selected participants. As the project progressed Jayne felt the sessions were hidden from view and the selection process did not fulfil an inclusive approach. Her concern was that patients unable to leave their beds

were not given the same opportunity to participate.

Moving the sessions onto the ward was a pivotal time in our work. The ripples of our interventions were no longer to remain solely in the day rooms but became visible to all. At this point we also began to shadow each other, providing peer support and fulfilling the role of 'witness'.

#### **Session notes 18 January 2011; dance artist – Jayne Devlin, supported by RSW, physiotherapist and Caroline**

The session revolved around my intention to evoke 'engagement and contact'. My aim was to stimulate, activate, transform and subtly gain movement in the patient's upper bodies by them watching me set in motion the floating fabrics. All the women became animated during this time.

Caroline's observation was, "The event that really validated being on the ward was that towards the end of the session the very frail lady in her bed suddenly began to engage, swaying her arms and humming with the music and reaching for the bubbles that Jayne blew towards her. Had the session taken place in the day room this would not have occurred."

#### **What does dance offer that other creative activities don't?**

Dance springs from the body we inhabit. For a stroke patient to regain their previous independence, it is crucial that they begin the arduous task of learning to move again. Dance stimulates multiple processes at once. When a patient reaches out, muscles, neurons, breath, fun and relationship are all interrelated. There is no hierarchy in these processes because they all need each other. As facilitators we danced through the sessions hoping to illicit a kinaesthetic response in the patients and to make every movement count whether it came from us or the patients.

We called this article 'Moments of breath and hand jive' because it brought to mind something of the scope of our work. Sometimes the dance was to sit and breathe with a patient and breath was the sound score. Sometimes the dance was a hand jive, the music was Elvis and the group was 'rocking'. Dance has a seemingly infinite reach and it all begins at home in our bodies.

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This project was a partnership between the NHS Regional Stroke Nurse Consultant and Arts for Health Cornwall, who commissioned a group of eight artists from different disciplines.