
Dance for health in rural settings

After relocating her life and work to North England five years ago, dance artist, facilitator, educator and manager **Susie Tate** talks about making connections, fitting in and dancing for health with people in rural settings

For the last five years, I have lived in Northumberland, 'the last wilderness in England'. It is the most sparsely populated county in England with large pockets of uninhabited countryside and more sheep than people. My exact location, the Allen Valleys, lies in an Area of Outstanding Natural Beauty bordering Cumbria and County Durham. We are the area that gets snow and hurricanes when no one else does, that has no mobile reception, but the views are astonishing. Red squirrels are frequently seen amongst the trees, birds that have left the rest of England due to population and industry still nest here, and on clear nights, the skies are filled with bright stars. I could go on but I am not writing for the Northumberland tourist board.

Before moving here, I had only lived and worked in cities: London and then Auckland, New Zealand. How was I going to develop my work delivering community dance living in the middle of nowhere? When in London, I was used to being contracted by dance companies. Up here, there are few dance companies and paying for a freelancer who lives over an hour away, in a location that can be snowed in and has a poor communication network, is neither cost effective nor sensible.

When working as Westminster Dance Officer for English National Ballet in the 90s, I couldn't understand why dance in hospitals or healthcare was not really happening – the value of dance in these settings seemed so obvious to me. At that time I did not

have the experience to take my interest forward but knew it was something I would return to. What I didn't realise was how dance in health was going to grow and start to hold value within healthcare for its physical, mental and social benefits. So now the time felt right: a new location, new environment, new community and a growth in the dance and health sector.

Through involvement in a project for dementia in Cumbria, I saw how only a few pockets in the region were receiving dance in health programmes and that the richness of work taking place in hospitals around the UK had not reached Cumbrian hospitals. This was not through a lack of effort but a rather limited dance infrastructure throughout the region: Cumbria has no >>

Susie Tate at Cumberland Infirmary. Photo: Carrie Calvert





Photo: Jonathan Russell

major dance company or organisation, and few dance companies tour to the county. Furthermore, towns and villages are extremely geographically isolated, which limits the reach of work.

With funding from Arts Council England, I designed a project to pilot work in Penrith hospital, Cumbria Infirmary (CI), Penrith day hospice and a community group for Parkinson's disease (PD) and multiple sclerosis (MS). My initial conversations with physiotherapists, occupational therapists (OTs) and ward sisters were met with hesitation and curiosity: "so what will you do with them? Most of our patients can't stand." I tried to describe how I would deliver a session, but found myself meeting confused faces: healthcare practitioners and artists have very different languages. I then shared examples and evidence gathered from my visits to existing dance in health projects, and I found openness and interest – it was 'something different' and a form of 'exercise'. The benefits of the creative richness that underpins dance had not quite been understood, but I had to start somewhere!

Dance involves connecting with yourself, others, an environment, an audience. It is about finding a place that feels right in the body and amongst others. There may be places along the road that don't 'feel quite right' but that is all part of the journey. Dance in health can't work towards defined outcomes or measures, or the essence of creativity and individual

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expression is lost.

When unwell, you can become identified by your illness: the focus is on what is unwell rather than well. People can suddenly find themselves having to 'fit in' to a new life that they have not chosen and find a connection with their body that has shifted in some way. In response, my work began to grow out of questioning how I could support people to reconnect with their body, so that, with others, they could accept their current environment, and offer a place for agency where wellness is recognised and valued, whilst illness is respected. In turn, I could explore how my practice might shift in order to connect with each group of individuals.

Many participants, due to their illness, struggled to get out into the surrounding nature, which is so much a part of living in this county. The Cumbrian landscape is different to

Northumberland: rolling hills, lakes and mountains take the place of expansive rugged horizons. At CI, some only had brick walls as a view from their window but they were connected to the land and so connected to each other, and this was where we started. Fortuitously, a physiotherapist at CI happened to be a very talented landscape and wildlife photographer. She gave me a range of stunning photos of Cumbria, which I took to each group and let the images do their magic. Memories and stories emerged – "At Ullswater I canoed to an island, by myself" – and they, along with the pictures, became the starting point for movement.

At the day hospice, we created landscapes in the body as if painting a picture in movement. One volunteer, an artist, captured the sessions on paper and this led to us all exploring drawing into movement. Pastel in hand, we moved from paper into the space and back to paper. Over the weeks, a loose structure emerged comprising playfulness, listening to each other's stories, moving guided by images, touch and breath, and an invitation to 'do as much or little as you wish to'.

In contrast, the PD/MS group favoured starting with short phrases of movement that we developed over the weeks so they could feel the progression of their physical skill. As physical confidence grew, so did creative exploration, resulting in a danced recreation of the Cumbrian landscape accompanied by a poem

inspired by the photos and their experience of living with PD and MS.

My work at CI was an eye opener. The wonderful, selfless staff were rushed off their feet but never showed any stress. Their care for patients came from the deepest place but the relationship between staff and patients carried the traditional hierarchy where 'the Doctor is always right'. I, in contrast, came in as neither a patient nor medic – I was a visitor of sorts – and could provide an opportunity for them to find a place to fit in on the sterile ward. Strangers became companions who would hold hands when dancing together; a gentle squeeze in silent recognition of 'you're okay, you're not alone'.

On the neuro ward where language for some was affected by a brain injury, stories in response to images, such as a bird swooping over the fells or a hike up Scafell Pike, were told vividly through eyes, facial expression and gesture, and then, with gentle encouragement, through the body. All patients had a voice that could be fed into the collection of moving stories. Over the weeks, I let each group know of the other sessions taking place and used ideas from one to inform another.

During the project, I have met artists who have struggled to start dance projects in hospitals or get support from community healthcare to signpost people to groups. I feel enormously fortunate to have come across extraordinarily generous, open-minded physiotherapists and OT's in Cumbria, but we cannot rely on the keen OT or physio who 'used to dance as a teenager and loved it'. The work needs to be seen as an integral part of supporting people living with an illness and of their recovery. As a sector we need to pull together to ensure the work of dedicated dance artists is not lost within the mechanics of healthcare structures, especially in rural settings where the dance infrastructure is not as well established. We may feel like a square peg in a round hole, but that is also the beauty of our work: we will find a way to fit in that does not push and shove, but happens through connecting with others.

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Breakdance and visual impairment

Breakdance and visual impairment seemed like an unlikely link to Artistic Director **Nathan Geering** until he decided to learn more about the experiences of visually impaired theatre audiences and practitioners. In this article, Nathan shares how this journey of discovery provided new perspectives, unlocked creative possibilities and motivated him to create more accessible experiences for people in the arts

With over two million people in the UK living with sight loss (that's one in 30 people), the chances are that over the course of your life you will either know somebody who is visually impaired or perhaps become visually impaired yourself. But how many of us are actually emotionally prepared for this? We can all become visually impaired at any time due to a variety of factors such as illness, being involved in accidents or by simply getting older. In some cases people become visually impaired overnight. I was once asked the question, "What if you were to wake up tomorrow and you weren't able to see your four year old daughter again?" I was not emotionally prepared for that possibility. It was this that motivated

me to find out more about visual impairment.

I got in touch with the Partially Sighted Society of Doncaster and began working with visually impaired Director Andrew Loretto with the aim of exploring aspects of accessibility in breakdance. Andrew and I had worked closely at Sheffield Theatres and CAST in Doncaster – he was a great mentor who encouraged my honesty about, and inquiry into, visual impairment. Andrew then suggested inviting internationally acclaimed playwright Kaite O'Reilly to work on the project too and after many emails back and forth between us, she could feel my interest in the work was genuine and we developed a strong mutual respect. This solidified when Andrew >>



Photo: Leigh Redhead