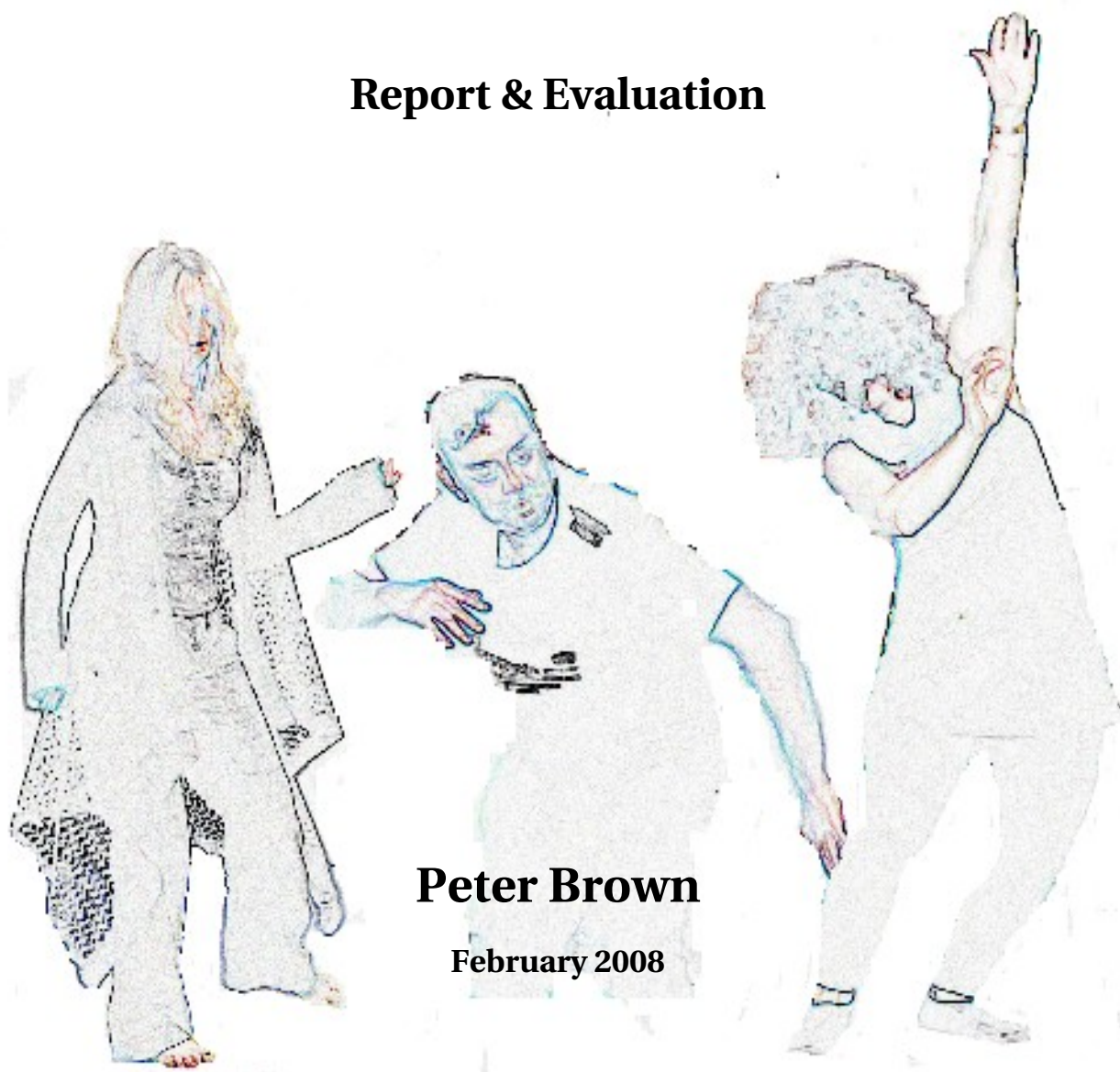


Creative Movement for Mental Health



5Rhythms® & Mental Health Pilot Project

Report & Evaluation



Peter Brown

February 2008

Acknowledgements

I'd like to thank everyone who's been involved in and supported this project from its initial conception through to the end.

I'd like to thank all those who came along and gave the sessions a try, for stepping into the unknown and taking a risk.

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1. Introduction

Background to the Project

I am a 5Rhythms creative movement teacher who also has a background in mental health, dramatherapy and community work. 5Rhythms is a creative movement practice devised by Gabrielle Roth. It is a very simple, but also powerful form that offers a workout for body, heart, mind and soul. It's not just physical exercise – it also provides a means of emotional expression and release, and usually brings a greater calmness and peace to the mind. Many find it a very soulful practice that catalyses their own creativity.

I have been dancing 5Rhythms personally since 1997, and have found it to be a powerful catalyst for my own healing and creativity. In 2000, I secured a Millennium Award through Mind, the mental health charity, which paid for me to travel to the USA to train to teach 5Rhythms. Since that time, I've been running 5Rhythms classes, workshops and courses mainly in the Leeds area.

Both before I began to dance 5Rhythms and since, I have also worked in mental health. Between 1995-8, I set up a voluntary project supporting adult male survivors of sexual abuse. From 2000-02, I worked for Victim Support, at which time I also began work for North Kirklees Mind. I worked mainly with people with severe and enduring mental health problems at Mind, until June 2006, when I left to pursue my 5Rhythms work on a full-time, professional basis.

However, I want to do more than teach classes and workshops to those who are able to attend. I want to take the practice to those who are for various reasons unable to come through the door into my class.

What I noticed most in my work at Mind, was how little movement there was: many service users would sit, smoke, drink coffee and sometimes talk. The time in the week working at Mind, was invariably the time in the week when I personally 'moved' least.

At a recent open class, I carried out an informal straw poll, asking how many of the 35 or so present identified themselves as having or having had some kind of mental health problem. Around 20, more than half of those present raised their hands in response. I do not believe this is an accident: many find the practice very beneficial to their mental health.

For the last five years, I have been seeking ways to bring together my experience of the power of movement, and 5Rhythms in particular, into my work in mental health. In 2006, I gained a Community Champions Award to begin to explore this at Mind. The result was less successful than I'd hoped, with very low attendance. This was the result of a number of factors, but in particular it became clear that the Mind Day Centre was not the right setting for my work. This project is a direct result of that experience.

The Proposal

To take 5Rhythms creative movement to people who would never come through the door of a class or a workshop.

Specifically, to make the practice accessible to people with mental health problems, by taking it to them, in

ways and places that make it possible for them to participate. This project was a pilot project that sought to find those spaces, integrating skills and experiences gained in mental health, community work and other settings with a more intuitive approach on the dancefloor.

Arts Council funding was sought and received to support this initial development phase of the work.

By the end of this project I hoped to have a clear idea of some of the settings that work best to enable people with mental health problems to participate.

The idea behind the activity: 5Rhythms & mental health

There are many approaches to understanding mental health, distress and healing, including social, psychological and medical models. Social factors such as poverty, employment, housing, and family issues, as well as racism, sexism, homophobia and other forms of discrimination, can all affect any individual's mental health. This is not to mention the discrimination people with mental health problems face as direct result of those problems. In addition people with formal diagnoses often face further obstacles and discrimination.

This project sought to meet many of these issues from a creative perspective. Rather than beginning from theory, 5Rhythms begins with the physical body, as it is in the moment, and seeks to find creative ways to allow that body to expand its range of movement. In the course of this, many life-issues, including the discrimination those physical bodies experience on a daily basis, are brought to the fore, and experienced physically and emotionally in the moment, as well as mentally. It provides a forum for exploration, expression and release of feelings and stories, all within a creative form.

Movement and dance in general have been demonstrated in research to be an effective way of supporting people with mental health problems. Dr Rosalia Staricoff noted some of the most basic benefits, including recalling past events, self-expression and expanding the range of movement ('Arts in Health: A Review of the Medical Literature' Arts Council England, Research Report 36). Cook, Ledger & Scott documented the effects of 5Rhythms on women's emotional well-being in 2003 ('Dancing for Living' UK Advocacy Network 2003).

5Rhythms is a specific form which is based on, but is also much more than, simple creative movement. Whilst it is most definitely not a therapy (such as dance movement therapy), it nevertheless can function as a powerful catalyst for positive change.

On the physical level, 5Rhythms includes the use of focussed attention and awareness of body and breath in movement, which leads to increased spatial and sensory awareness. The mind and body become more connected, and the participant becomes more aware of their body and its needs.

The dancer is not required to be fit, young, able-bodied or have any previous experience: the only requirement for this practice is to have a body, and to be willing to move. I have taught vigorous high energy classes in some settings, and others where the participants have spent the whole session sitting on their chairs. My role is to meet the participants where they are at, and find ways to expand the range of movement from that point, whatever impairments any individual may have.

The Plan

To try ways of working and offering 5Rhythms within four different settings in Leeds & Bradford where people with mental health problems come together.

The Intention

The primary aim of this pilot was to identify, through trial runs, settings that enable people with mental health problems to participate (other than open workshops and classes).

Funding and Support

The initial proposal to run sessions at Mind was successful in gaining a **Community Champions** award of £1850. However, this project quickly proved unworkable, and the bulk of the funds from the award (£1550) were put forward as match funding for this larger project.

Community Champions paid for specific items such as an MP3 player & speaker system, some venue hire costs, and a variety of other items including travel, admin, software and training.

Arts Council England provided a grant of £10 189. This covered most of the costs of running the project, including artistic expenditure, marketing, overheads, and professional development.

In addition, in-kind support was also provided by the partner organisations and others. These included **Community Links, Bradford District Care Trust, Evolving Minds** (Bradford), and **Space2** (Leeds).

Some equipment, materials and other items were provided by my existing business, All I Can Do Is Dance.

The conception of the project was also supported by Gabrielle Roth and The Moving Center, and by The School of Movement Medicine.

2. Aims & Objectives

The primary aim of the project, as stated in the proposal to the Arts Council, was to

'identify, through trial runs, settings than enable people with mental health problems to participate [in 5Rhythms sessions] (other than workshops and classes)'.

In addition, the project also sort to begin to look at ways of recording the impact of 5Rhythms sessions on participants, mainly informally, with a view to developing more in-depth approaches to recording and measuring this impact.

Furthermore, the project also aimed to develop partnership working with relevant host organisations to take the project forward beyond the life of the funding.

The accepted proposal stated that, by the end of the project:

- (i) I will have run four sets of five sessions, in different settings
- (ii) At least 30 service users in total will have participated in those sessions
- (iii) I will have made a number of contacts with individuals and networks supportive of the aims of the project
- (iv) I will have a clear idea of what works in each setting – what forms of teaching 5Rhythms with which I am already familiar, work well, and I will have developed new forms and structures which meet the needs of these specific groups.

3. Statistical Data

The data below shows that all of the quantitative objectives were met in full, and in terms of numbers, greatly superseded. The target was 30 participants, when there were over 150 individuals who took part.

- Total Sessions Completed: 20
- Total Number of Participants: 182 - includes some who attended more than one session.
- **Total individuals participating in projects approximately 150.**

There was no formal monitoring of the background of participants in this project. However, it is possible to say the following from informal recording:

Including people from different **ethnic backgrounds**

- white (approx 80)
- black/black british: caribbean (approx 35)
- asian/asian british: indian, pakistani (approx 40)
- chinese (approx 4)

Participants included both **men and women**, though women were in the majority in each setting except Lynfield Mount.

Sexuality of participants was not recorded.

Ages ranged from 18 – 97 (since 80 of the participants came through the Home Support Service for Older People, most of these were aged 65 – 97).

Some participants had **disabilities**, including but not limited to mental health issues.

Participants lived principally in Leeds and Bradford.

Almost all were at risk of, or experiencing, **social exclusion** due to issues around age, hospitalisation, stigmatisation, being users of mental health services, & disability.

4. Settings

(a) Oakwood Hall (Community Links, Leeds)

Venue: At Oakwood Hall itself

Number of Sessions Completed: 5

Participants: 19

The Service

“Oakwood Hall is a twelve-bed registered domiciliary care home for people whose mental health support needs cannot be satisfactorily met from other services. It is a community that aims to provide a culture where its members can:

- learn to respect themselves and others
- learn about caring, sharing and contributing
- recognise personal strengths and limitations
- develop new skills and improve quality of life
- work towards being more responsible for themselves and sharing in a more stable and inclusive lifestyle.

The service provides consistent and responsive support to encourage change in the behaviours that have led people to be excluded from other services. Eventually, the clients should be able to move on from Oakwood Hall into more independent accommodation with support from other community services. One of the twelve beds is for respite care, usually for two days to a week.

Clients will:

- Be 18 or over, and live in the Leeds area
- Have mental health problems
- Exhibit problems that are challenging to service providers
- Have lifestyles that are chaotic and elusive, or who are isolated and vulnerable
- Have difficulties that exclude them from other mainstream services.”

(taken from the Community Links website description of Oakwood Hall)

Following a meeting with the staff team sessions at Oakwood Hall were first scheduled to begin in July, with a Community Meeting & barbecue to enable service users to meet me and find out more about what was planned. Unfortunately I was hospitalised with a severe throat infection only two days before the planned event, and wasn't able to attend. The sessions had to be re-arranged, which was very disappointing.

They finally took place between 29th August and 3rd October. Each actual session lasted for one hour, and took place in the communal living room of the Hall.

(b) Home Support Service For Older People (Community Links, Leeds)

Venue: Various, see below

Number of Sessions Completed: 5

Participants: 80

The Service

“The Home Support Service for Older People (HSSOP) works with adults aged over 65 experiencing moderate to severe mental health problems. The service supports people living in their own homes across the Leeds 7, 8 and 9 postcode areas and is community based.

The service works with individuals at their own pace for as long as there is purpose to the involvement. Support offered may be in addition to other services provided by health or social services. Personal care or cleaning is not included in the services offered.

Carers (family and friends) have their own needs and may lack the information or support necessary to help them in their caring role. The Home Support Service also offers support to carers by helping them to access other appropriate services, providing information and enabling them to have a break for a couple of hours.

The service can support clients who: are aged 65 or over with mental health support needs and who live in the Leeds 7, Leeds 8 or Leeds 9 postcode areas in their own home, including sheltered housing. The service is aimed at older people with depression, anxiety, psychosis, dementia and issues with drugs and alcohol misuse”

(from Community Links Website)

As with Oakwood Hall sessions, initial dates had to be cancelled due to illness (extra care had to be taken as I was ill with a severe throat infection, and this client group are a very physically vulnerable group – I had to be completely recovered before beginning the sessions).

The sessions in this setting were organised in a very different manner. Rather than having one central point for service users to attend sessions, each of the five sessions was offered in a different venue, in day and community centres where service users usually met:

Session 1, 12th September Louis Le Prince Court

(Louis Le Prince court is a sheltered housing development; the session took place in the community room, mainly but not exclusively with residents)

8 Participants; 2 men, 6 women; mixed ethnic backgrounds; ages 60s – 90s; 2 staff members

Session 2, 13th September 2007, Apna Day Centre

(Apna Day Centre is for the South Asian Community; most of the service users were Indian Sikhs)

This was split into two sessions, at the request of the centre – one for the ladies, one for the gents. The centre is organised around a central dining area, with a ladies room off to one side, and a gents room to the other.

Ladies session: 14 participants; all elderly south asian women; mainly non-English speakers; one staff member, translating.

Gents session: 7 participants, all elderly South Asian men, mainly Sihs; mainly non English speakers. Tabassan (the only woman in the room) translating once more.

Session 3, 24th September, Stratford Court Friendship Group

(a group based at a residential home, but open to others to drop in)

18 participants; including 3 staff; ages 60s-90s; mixed ethnic backgrounds.

Session 4, 7th November, Button Hill Community Centre

(drop-in mainly for residents of the Button Hill housing scheme)

14 participants; including 2 staff; 12 women, 2 men (1 of these was staff); mainly African-Caribbean women elders.

Session 5, 22nd November, Mary Sunley House Community Room

(drop-in mainly for residents of sheltered housing)

18 participants; 16 women, 2 men; mixed ethnic backgrounds, some non-English speakers. 3 staff.

(c) Lynfield Mount Hospital (Bradford District Care Trust)

Venue: Lynfield Mount Hospital

Number of Sessions Completed: 5

Participants: 43

The Service

“Lynfield Mount Hospital provides 24 hour in-patient nursing care and continuous assessment of the mental health state of service users. These clients are seen in the Adult Acute Admission Unit, which comprise of four, twenty-one bedded wards on the Lynfield Mount Hospital site.

The service takes from the postal districts of the Bradford Metropolitan Council, not including Keighley and Bingley. Referrals come from Primary Care sources such as General Practitioners, the Accident and Emergency Department and from consultants following visits to people's homes. There is also a small group of patients who are known to the service and who, as part of their discharge Care Plan, may self-refer for assessment and in some cases for admission.

Each ward has a staff compliment of 27 WTE staff, who aim to provide a balanced rota providing a range of staff throughout a 24 hour period.

The wards are:

Ashbrook 21 bedded female only ward serving the City and North localities, with two alcohol detox beds

Birchwell 21 bedded female only ward serving the South and West localities. Birchwell also serves the Adult Rehabilitation Unit

Oakburn 21 bedded male only ward serving the City and North localities, with three alcohol detox beds

Maplebeck 21 bedded male only ward serving the South and West localities and the Adult Rehabilitation Unit ”

(from website)

Sessions at Lynfield Mount were originally timetabled to begin in March 2007; however, it proved very difficult to set up the sessions. Not only was it very hard to get hold of either of my two contacts (two extremely committed and therefore extremely busy individuals), but once a meeting was set up it became clear that before going ahead, the Trust would require their own Criminal Records Bureau check (despite the fact I already held an up to date enhanced disclosure certificate). This took some time to come through, and consequently, the first session was not booked until July – the same time as I became ill. In the end, the sessions began in September 2007.

Sessions were held in the Recreation Hall on the first four occasions, and in the smaller and more appropriate Visitors Centre on the final session (the Rec Hall was in use by a group of consultants). Each session lasted one hour.

(d) Evolving Minds (Bradford)

Venue: The Love Apple Cafe

Number of Sessions Completed: 5

Participants: 39

“Evolving Minds in West Yorkshire is a pair of public forums which meet monthly and are open to anyone and everyone to encourage public debate and dialogue on subjects related to mental health. The Bradford Group meet at the Quaker Meeting House, Russell Street, Bradford on the last Thursday of the month at 6-8pm. The Hebden Bridge Group meet on the first Monday in every month, upstairs at the Stubbing Wharf Inn from 7.30pm, .

At Evolving Minds in West Yorkshire there is recognition that there is no one superior way of understanding mental health. Evolving Minds holds the belief that each person has wisdom and expertise about their own experiences and what is likely to be real and / or helpful for them. This wisdom needs to be valued and respected. Evolving Minds upholds the right for people to self determine their experience.

Evolving Minds in West Yorkshire is democratic, in that we encourage everyone who attends to contribute to decision making about both the content of the meeting and the way it is organized.

Evolving Minds in West Yorkshire aims:

- To promote positive images of mental health

- To educate the public in mental health issues

- To provide a forum for discussion of mental health issues and related topics

- To generate an increased level of acceptance and understanding of experiences of distress and confusion (and creative ways to deal with this) in the wider communities we live in.

- To promote economic, social, environmental and cultural integration of users/survivors into mainstream society and their active participation and integration into community life

Evolving Minds in West Yorkshire wishes to increase understanding of unusual experiences and distress. We hope to give people the confidence to act positively around these subjects. In order to do this we would like to hire known and credible guest speakers to talk and facilitate discussion around different understandings and approaches to mental health problems. These will include social, spiritual and personal approaches.”

(from website)

Originally planned to take place in April, these were the last sessions to get underway, beginning in November. These sessions were different to the other 3 settings, in that they were open to anyone to come along, although directly aimed at those interested and involved in Evolving Minds. I was careful not to promote the sessions too strongly to members of the local 5Rhythms community. I felt it could too easily end up being similar to my regular class, with little space for those it was aimed at. In the event, this was far from the case.

Each session lasted two hours.

5. Reflections & Arising Issues

(i) Preparation: setting up & publicity

This was much harder to carry out than I had anticipated. Arranging sessions in four different settings effectively meant four times the work. It was very time consuming and at times frustrating.

In addition, the difficulty of arranging sessions – and subsequent cancellations – meant that publicity could not be produced early in the project as envisaged. A planned A5 brochure with details of all of the sessions was simply not possible to produce. Most of the sessions finally took place with very little advance notice. The initial designs had to be abandoned in favour of a much more basic postcard, which had only basic details of the project with no dates. What it did carry however was contact details, with an emphasis on the website pages produced to carry more information. This meant that the printed media would not go out of date, whilst the website could be amended and updated as necessary.

The postcards were also designed to carry small labels with details for particular sessions. This was done for the Evolving Minds sessions. Labels were printed with time, date and venue information and attached to the postcards, thus creating tailored publicity for those sessions that still carried the general information.

A limited number of posters were also produced for the specific venues themselves, but these two were of very limited effectiveness. In the two settings where they were used, some staff weren't aware of them.

(ii) Illness

There's no doubt that unforeseen illness in the summer, just when three sets of sessions were due to begin, had a big impact on the project, causing delays of several months, and necessitating repetition of the process of setting up those sessions.

At Oakwood Hall, for instance, a community meeting and barbecue had been arranged where I could meet services users and staff informally, play music and chat about the project on a one-to-one basis. Being ill meant I missed the event entirely, and effectively went in 'cold'.

When sessions were re-arranged following the illness, between 4-8 weeks later in three of the four settings, some of the value of the initial meetings had been lost. This was very unfortunate, but time and financial pressures meant there wasn't the space to start again from scratch with new rounds of initial meetings before beginning the sessions themselves. This had a knock-on effect, for instance, on staff relationships.

(iii) Staff relationships

Relationships with staff in the different settings were very central to the development of those sessions, and to a large degree the engagement of service users. Where staff were interested in the project, involved, able and willing to participate, this had a very positive impact on wider participation. In particular, Rufus May's support in Lynfield Mount was crucial.

Conversely, where staff didn't really engage with the project this made it much harder to engage service users. I also noticed in the beginning that it was very easy for me to be highly judgemental about individual staff members reluctance. Only as the weeks went on did I begin to get some idea of what might be involved in that reluctance.

Though time was built into the project to try to build good relationships before sessions took place, this was of limited effectiveness. This is partly about the reality of many mental health services – settings where there usually is a high level of crisis on a daily basis, requiring immediate attention. In an ideal world, perhaps there would be enough staff to both deal with crises and to try out new projects – but this was not the case here.

In two of the four settings, I met new staff members every week – and consequently had to explain who I was, why I was there, and what I needed and was offering all over again. This was quite frustrating, but a fairly inevitable effect of shift patterns interacting with a fixed weekly session over a short period of time. In both of these settings, staff more or less knew what I was there for by the final session. Five weeks simply wasn't long enough to build up effective working relationships and mutual understanding.

Where projects depended on relationships with specific individuals, this could be highly problematic. Some of those involved are committed to their work to the degree that it was very difficult to get hold of them to arrange these sessions.

A key problem in several of the settings, related to staff relationships, was perhaps a sense that this project was very much a sideline – perhaps seen as a bit of a dance for people, nothing too important, certainly nothing that would make much difference to anyone. Therefore having a very low priority.

Staff were reluctant or unable to join in in some of the settings for a variety of reasons:

- lack of time/resources
- lack of awareness before the sessions began
- lack of understanding – just a bit of a dance
- too challenging – joining in with service users, movement work itself

(these are based more on observation and casual comments than detailed feedback)

(iv) The Settings themselves

Each setting had its own set of challenges. For instance, at Lynfield Mount, I was surprised by the strength and rigidity of the power dynamics. They were what I expected, but played themselves out in surprising ways. So for instance, the fact that a staff member would only sit and watch didn't have any kind of impact of the self-consciousness of the participants, since it was what all were used to, it was within the comfort zone of both service users and staff.

It was frustrating to feel limited by the structures and routines of the hospital setting. I had hoped to be able to follow up sessions with one to one conversations with some of the participants; unfortunately,

lunch was served at midday, meaning participants were very keen to get back to the wards – if they weren't there when lunch was served, they would go hungry. Without more established relationships, it was difficult to find any way round this.

Running a series of sessions in a friendly cafe bar setting seemed like a more accessible way to offer the Evolving Minds sessions, particularly as it was a venue the group had used before for a 'Mad Arts' exhibition. In practice, the floor wasn't great, there were many interruptions and it just didn't feel like a great place for this kind of practice.

(v) Finance

Illness in the middle of the project presented a number of unforeseen problems. Firstly, much of the work setting up the sessions had to be repeated. Secondly, it as with any sole trader based business, it created cashflow problems too.

(vi) Recording Sessions – Photography

It was planned to use a photographer to produce visual records of some of the sessions. However, once the project was underway, it was clear this would not be as straightforward as I originally envisaged.

Firstly, it had been very difficult to set up the sessions in some of the settings, especially the hospital. The issues involved in gaining authorisation for a photographer to also attend (requiring extra police checks, issues of confidentiality and consent in a formal mental health setting) was beyond the scope of this project.

However the main issue was how the presence of the photographer and the camera affects participants. As a 'dry run' for the photography within these sessions I invited an artist along to photograph simply the warm up session of a 5Rhythms day workshop 'maps to ecstasy' in September 2007. This was aiming to both give the photographer a good sense of what might be involved in photographing 5Rhythms generally, but also to explore practical ways of doing it, and what it might be like for experienced 5Rhythms dancers (all those participating in the workshop were experienced dancers that I know fairly well).

Useful practical information was gained from the day. However what I hadn't foreseen was the degree to which the presence of the camera affected the experience of the dancers. Even this group of experienced 5Rhythms dancers, who were only being photographed during the warm up session reported some very difficult issues and feelings. In addition to the day, I did further work with the photographer to explore some of the issues involved, and work out practical solutions.

With this in mind, I had to reconsider the appropriateness of bringing the camera and photographer into the specific mental health sessions.

I decided to be very careful about how it was done, and to focus only on one of the open sessions being hosted by Evolving Minds. Once those sessions were underway, I further decided not to try to photograph the session itself, but to invite those participants who were willing, to stay on at the end of a session to

dance further, with the camera. In the event, there were three willing volunteers on that occasion.

(vii) Individuals

In three of the four settings, though there were widely varying degrees of 'success' in terms of numbers participating, or staff involvement, nevertheless particular individuals found an immense amount of value in the sessions.

Thus at Oakwood Hall, one individual came to most of the sessions, even when no-one else came along.

At Lynfield Mount, despite the general chaos, a particular individual came to 4 of the 5 sessions, and clearly grasped how simply dancing really helped his state of mind.

One of the participants in the Evolving Minds sessions has gone on to become a regular student at my open classes, and is participating in much more intensive work (this individual had been wanting to try 5Rhythms for several years; it was the fact that the sessions were specifically promoted for people with mental health issues that made the difference).

These are just the individuals who were the most obvious in terms of what they gained from the experience. Others too may have gained a great deal, but this project didn't seek to examine that in any depth.

It's hard to weigh up how valuable these individual gains are in the context of the whole project. But I know from personal experience that finding 5Rhythms transformed my life, not only helping me move on with my own personal journey with mental health issues, but also giving me a clear sense of my life-path, and the motivation to raise thousands of pounds to train to teach the practice.

(viii) Personal Development

I have learned an enormous amount through this project, about the potentials and problems of working in these settings.

I was very scared beforehand about even setting foot inside a psychiatric hospital. It was a place that held a lot of fear for me. In the event, I had to get over that very quickly – on the one hand I wasn't allowed in on the first session as no-one seemed to be expecting me; on the other, I was handed a set of keys and an alarm from someone I'd never met with no questions asked. I found it astonishing. It was another hurdle on the third week, to go around the wards on my own, talking to service users. I ended up sat for a few minutes in an interview room, alone. It played on my fears of what it would be like to be admitted here.

The sessions with older people were also very rewarding. With each, I learned a lot about working with groups of elders, from very diverse backgrounds. The most challenging – and rewarding – was probably the ladies' session at the Apna Day Centre. Without any real prior knowledge, I went into a setting where I

only discovered on arrival it was a centre mainly for elderly Indian people, divided into a ladies' and gent's sections; within a few minutes I was in a crowded room of 14 elderly women, few of whom spoke English, some asleep, some doing their knitting, ready to do my first ever session through a translator, and very unsure if I could find the right music. Though all looked very serious at the beginning, by the end of the session there had been laughter, smiles and much relaxation, along with compliments on the choice of music. Incredibly satisfying!

6. Conclusions & Recommendations

General Points

Effective relationships are key to this type of project, where an artist is entering a setting already challenging for both service users and staff. Time needs to be allowed for such relationships and mutual understanding to develop, for the sessions to become established. If its not possible to effectively do this before sessions begin, then this should be taken into account when judging their success or otherwise.

The unforeseen is bound to happen: significant and unpredictable illness of the artist had a major impact on the way the project was put into practice. Though carefully planned in advance, time and financial restrictions meant most of those plans were not able to be followed in the same way. Flexibility became key. The original timescale (6 months to run the sessions and right up the project) was clearly unrealistic. 9-12 months would have been a better guide.

Photography is not an easy medium to work with in this context, as it introduces a whole series of additional issues. The use of photography in the context of 5Rhythms focuses on the many ways in which the camera is more than a simply recording device, and thus the camera becomes central to the experience all too easily. If this is intentional, it can provide a very rich experience, but in a project where basic participation is the aim, it can be an extra barrier. Photographing sessions for the sake of producing evidence of participation is counter productive.

Which settings worked?

Oakwood Hall, or perhaps any small residential community for people with mental health issues, would require months of work to build up relationships with service users and staff, so that all would gain some understanding of what the practice offers; but even so, this wouldn't necessarily result in a greater take-up of sessions. It's simply the nature of the setting. Particular individuals may gain a great deal from such sessions, but its unlikely that more than a few would participate.

The Evolving Minds sessions were those closest to the successful weekly drop-in class structure that I am most familiar with. I had imagined that these would be the groups with the biggest attendance, and that having enough space might be a problem. In the event, the opposite was the case, and for whatever reasons, EM and I were not able to attract people along to give it a try. This may be another issue related to a short-lived project. An ordinary 5Rhythms class could not expect to attract significant numbers in the first five weeks of running. On the other hand, I imagined the very specific nature of these sessions and who they were aimed at would have brought in significantly more participants.

The sessions for the Home Support Service for Older People were, based on numbers alone, clearly the most successful. However, this isn't necessarily the case. The structure of running each of the five in a different community setting had definite advantages and disadvantages.

On the one hand, it made it possible for about 80 elderly people to participate, many of whom got a lot out of the sessions. This particular client group is much less able to travel to one centre to take part, so it would not have worked to invite all 80 (!) to central sessions.

On the other hand, it also meant there was no possibility of further development beyond one session. The effect of this is that most of the participants were able to access the benefits of gentle, relaxing chair based movement, but few were really able to grasp the simplicity, power and meditative effectiveness of the 5Rhythms as a specific movement practice. This is something that for most people of any age or physical ability, takes time and repeated participation, to gain familiarity with the form.

In effect, these were more like chair-based exercise and movement sessions than specific 5Rhythms sessions. Whilst that is very valuable in itself, this is not what I'm offering – though it includes chair-based movement in this setting, for the 5Rhythms practice, this is simply the starting point; this is reflected in the level of experience, training – and therefore cost – of providing such sessions. They are qualitatively different.

Lynfield Mount hospital was, surprisingly for me, perhaps the richest experience. An incredibly chaotic environment in which to work, with rigid power structures yet nevertheless a setting where I would suggest 5Rhythms could be very useful for service users, as a means to access everything from a simple break from being on the ward to powerful movement meditation for mental stabilisation and recovery.

Recommendations for Future Development

- A longer series of sessions, allowing time to build effective working relationships and mutual understanding with staff and potentially service users.
- Whilst further sessions could usefully be run in any of the four settings, the two most effective were the hospital setting and the older people's service. Therefore it would be best to focus on these settings.
- The next step would be to explore ways to measure and record the impact of 5Rhythms on participants. Therefore, a longer-term research project (6-12 months) would be a useful way forward, to be run alongside a suitably experienced researcher.
- This would be most usefully done in a hospital or similar setting, to have the widest usefulness as a piece of research into the use of 5Rhythms with people with mental health problems.

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