Developing dance theatre practice for communities living with brain injury

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Acknowledgements:

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The context

Disability Dance Theatre in the UK has an established tradition including but not limited to professional dance companies like Candoco based in London, and StopGap Dance, based in the South East, community dance companies delivering programmes of dance for disabled people like Corali Dance and Frontlines Dance based in the West Midlands.

I founded Rosetta Life in 1997 to enable people living with life limiting illness to tell the stories that matter to them and perform them to an audience of their choice. Our practice grew out of health-care contexts and, although we have never framed our practices as therapy, the therapeutic outcomes were always very significant.

In 2010 we began working with people recovering from brain injury and between 2015 and 2018 co-designed a 12-week dance theatre performance practice with South London Stroke communities which was designed to support people to make powerful performance work and also to improve health outcomes. We named this practice Stroke Odysseys and as the practice widened to include people living with brain injury we renamed it Brain Odysseys.

Our community of people who have been through this programme become our ambassadors, as emerging artists. However, they do not necessarily define themselves as disabled. Up until the moment of their stroke they lived as able-bodied people and consider themselves recovering from illness, rather than as people living with a disability, who might be interested in defining a disabled practice.

We sought to understand how we might grow our community co-creation practice and whether and how we might grow a company of professional artists and community artists. The outstanding and consistently excellent model for devising practice internationally is that of Back to Back Theatre, Australia, and so I travelled there seeking to explore differing models of professional performance. The most radical disability dance theatre research artist is Petra Kuppers, and so I also sought to engage with her to understand the framing of this practice.

Research questions

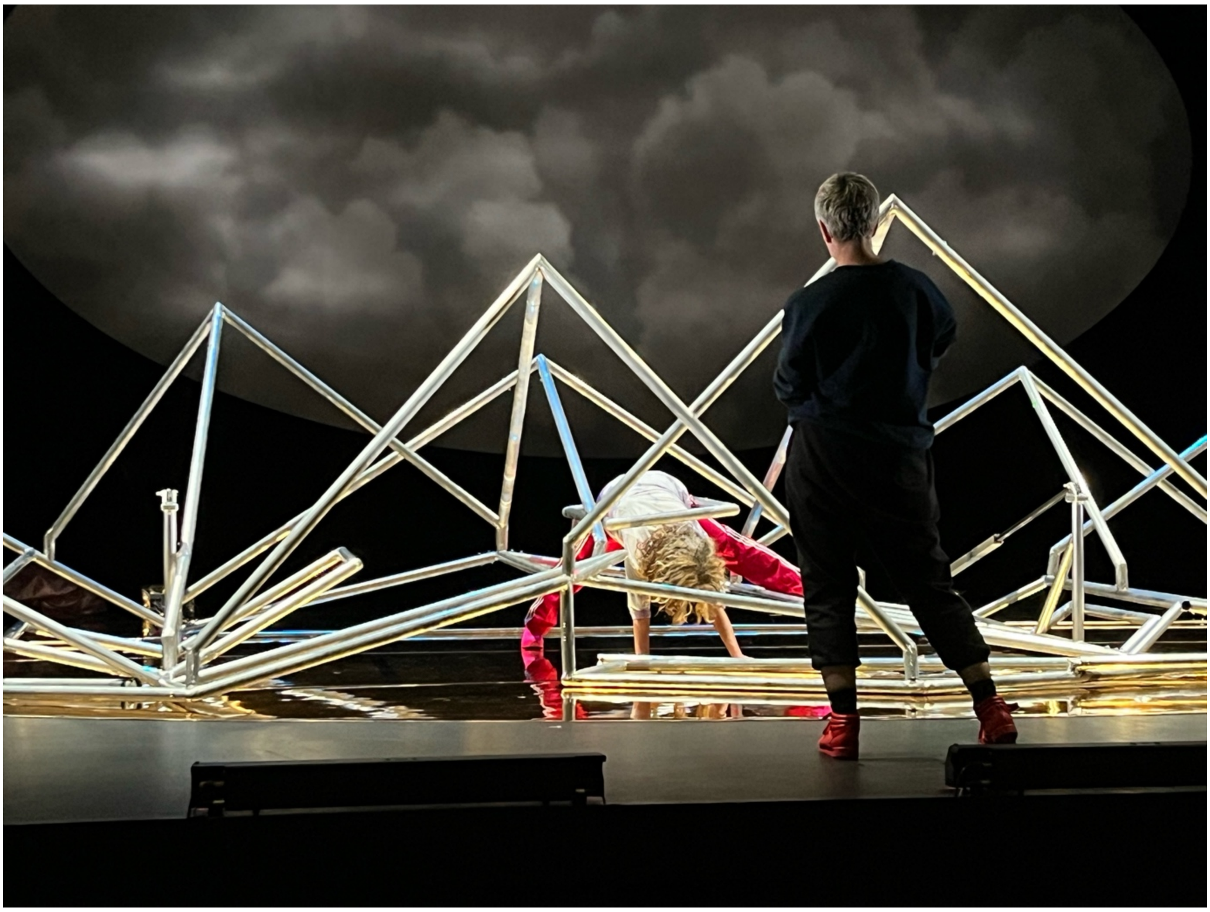
- What is an appropriate form or practice for devised and co-creation performance arts for people living with brain injury?
- How do we develop this for public audiences?
- What might be the progression pathways?

Methodology

I used a reflective journal to draw together my thoughts and reflect on my experiences. I was travelling to be a resident observer at Back to Back Theatre and took the opportunity to explore and visit other companies while I was there. I now draw upon my notes from the residency to share those reflections.

Findings – case studies

1. Back to Back Theatre



Multiple Bad Things, Back to Back Theatre, April 2024

The ensemble in rehearsal for Multiple Bad Things

Week one

The first day of my residency in Geelong, a suburb of Melbourne, Australia, with Back to Back Theatre was 12 March, 2024. I walked into a shared space where the artistic director, Bruce Gladwin, was sitting at a long table with two members of the ensemble. I found their speech really difficult to understand – spoken quickly with consonants scarcely enunciated; it took me a while to work out speech patterns and I realised how familiar all the cast were with the ensemble when I saw how easily they all communicated.

Bruce is a very kind presence, listening to everyone's difficulties and responding with understanding. He is democratic and open. He sits at the shared table and works surrounded by the cast.

I was initially astonished that the company was an “ensemble” of three – the same three artists who have quite literally grown old with Back to Back Theatre. I watch them age through the posters of the shows exhibited throughout the building.

In the rehearsal room stood the ensemble. Behind them were desks in a row creating a long barricade: Ingrid and Tamara (both female directors), Zoe (female composer), Ana (set designer), Elana (stage manager) , videographer and lighting designer (both men), tour manager and production manager (both male).

Tamara said at the beginning of the day “we need to make decisions now”. The script was devised over a year ago with a sharing in February 2023 and had now been in rehearsal since 8 February 2024. The rehearsal was very clearly directed and led by the creative team.

So at this stage of the process I understood that there was little space for devising. Decisions needed to be taken and authority needed to be clear. They rehearsed three different options for the ending of the play. These were scripted development options, with very little movement on stage. The script was read out by the directors and lines repeated by the cast. Very, very precise blocking was clearly remembered: for example, “pick up headphones, try to fit headphones into PA deck, turn round and face audience … ”. The cast trusted the production team completely. The ethos was complete support of their decisions. There was incredible precision around where people moved to in each moment of the staging “ … down stage right to back stage centre. Exit stage left”.

Week two

I returned to the rehearsal room after a week in Adelaide to join an improvisation around “friends and enemies” (choose someone to stay close to and someone to stay far apart from and get in between them). This was reworked to stage complex dynamics of power – both static and mobile. It was a clear improvisation task that provided solid foundations for staging.

Week three

In late March the set arrived – it was a dominating, vicious sculpture. The concept of the piece was partially an exploration of boundaries and the process of the narrative was also the set construction of a building with boundaries and frames on stage. Large poles of metal were wielded and swung by people living with challenges to balance and their movement. There were moments of incredible beauty from one of the cast members, Sarah, but it was also hair raising in its danger. In our processes with Stroke and Brain Odysseys in the UK, we relish creative risk-taking but our risks never operate at this scale.

As the show emerged, I realised that this practice is really far removed from my comfort zone. I find it difficult to watch the violence and the confrontation of the show. There seemed to be a mockery of one of the ensemble members, who says of his role, "I just dick about with a pink flamingo": the tail of the flamingo between his legs like a limp rubber cock, his autistic rage and scream, the staging of his refusal to help with what is being built. He had an amazing facility for line recall and when we ran lines I was astonished to see how perfect and quick his recall was.

The aesthetic is very different to mine. I was keen to engage in an aesthetic practice that was different from our practice of care and the processes of the world-renowned excellence of Back to Back Theatre were fascinating to bear witness to, but it was not a practice I could bring back easily to the brain injury company.

On a simple level, our staging needs to be loose because of the brain damage and cognition challenges many of the cast face. Our company are not professionally trained actors with decades of experience of making and touring work. Our practice of care involves physical risks but our vulnerable communities would not be able to manage the confrontation of the aesthetic of Back to Back.

Encounter with Artistic Director, Bruce Gladwin

Where did the devising process arise from?

> *"I was drawn to a practice where there were long devising periods that enabled stories to unfold. This originally grew out of the work of European companies like Forced Entertainment who took a long time to make work."*

How do you navigate the staging of disability?

> *" Often we make work where it is not clear who the characters are on stage and whether they have disabilities or not. Sometimes we use a tension in the piece where we don't reveal whether the characters have a disability or not. We all understand that the person telling the story – it is not happening to them. There is a degree of sophistication around how we read things. For example, In Food Court there is a horrific story where two women meet a third woman, and the third woman is brutally abused. We don't ever reveal whether these are characters with disabilities telling this story."*

How do you navigate the politics of being a disabled company led by able-bodied artists?

> *"In Australia the focus has been on art making not politics. However, now there is a focus on disability-led practice which is starting to affect how funding is disseminated.*
>
> *Our funding is through the Theatre Fund. As a company Back to Back Theatre has been recognised as theatre maker not service provider for the disability community."*

What is important to you in your theatre practice?

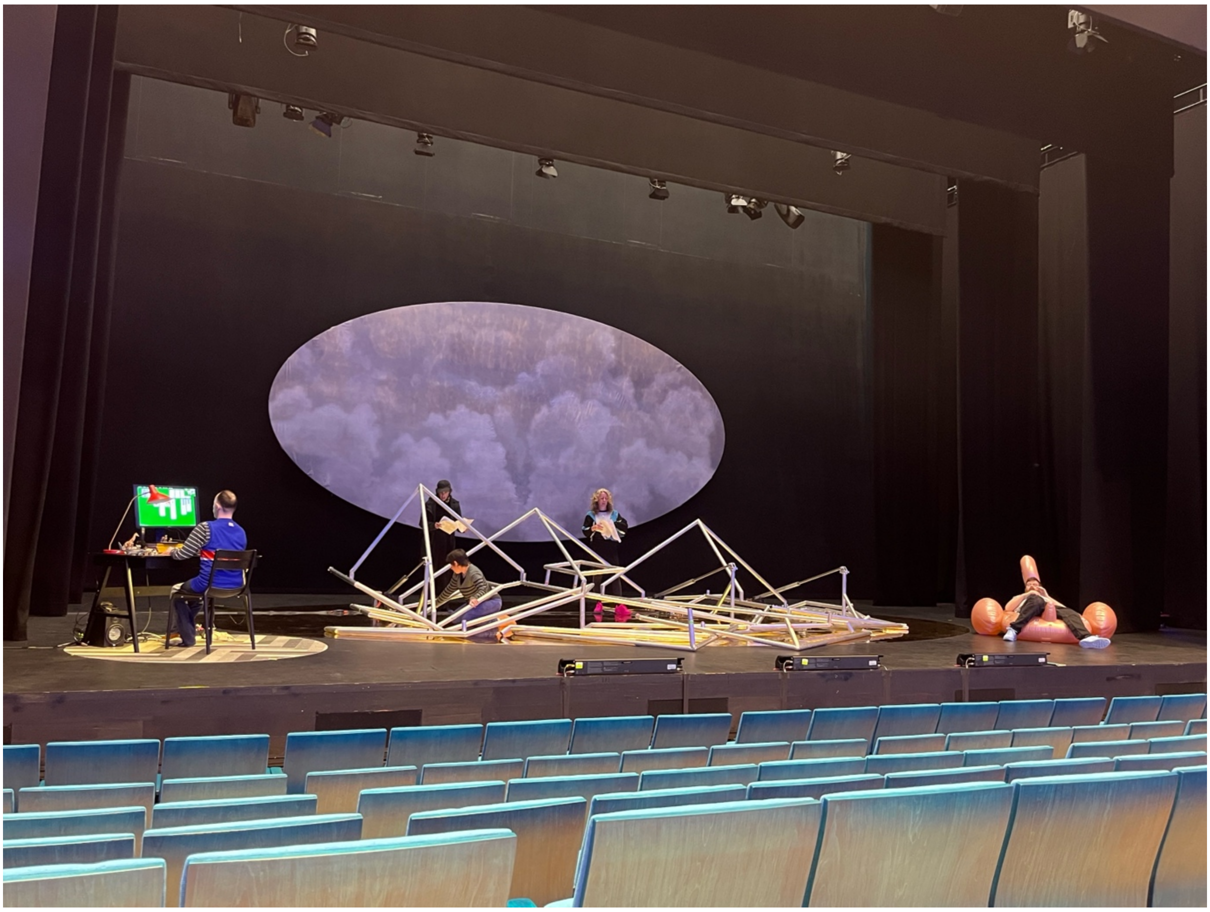
> *“My work is story driven. I am driven by narrative. The process is about story creation and the creation of the story with the cast as co-writers. In rehearsals conversation is really important. Or if it is too difficult to talk about, it is an obstacle you have to push through. Conversation is the way to push through.”*

What are you looking forward to in the future?

> *“The revitalisation of the ensemble is really important. I would like to work with actors who are less verbal and less articulate.” “I feel that as the work has developed in the last ten/fifteen years we have become more text driven.”*

Week four

Precise changes were made throughout the production week to ensure that the performance had the potential to meet the outstanding aesthetic standards of the company. With two days to go before the opening night, dramatic script changes were made: two monologues were cut by two thirds; Sarah’s movements dramatically simplified and the opening transformed by a new comic wit given to Simon’s lines. In the dress rehearsal sound cues, lighting and video cues were still changing. Even after the opening night the ending was changed and I realised when I left much more work was planned to develop the show further. This fluidity of form I found fascinating; the piece was transformed and changed dramatically not only week to week but even day to day. It is a huge tribute to the professionalism of the cast that all these changes are managed smoothly and without tension or difficulty. The 11th of April was the opening night. The show closed to a standing ovation. It has emerged with timing, rhythm and form.



Multiple Bad Things, April 2024

Reflections and recommendations

The pursuit of excellence was extraordinary to watch and a delight to witness. The commitment of every member of cast and production team to deliver an outstanding performance was astonishing. I was aware that people were working all through the night and all weekend to rethink the script and the text to ensure that it worked for an audience. This intense commitment and pursuit of excellence is one aspect of the stage I will definitely take home.

I recognise that the confrontational aesthetic that challenges audience assumptions by affirming them, and the hair-raising risks that are taken are very different to our gentle nurture of each individual and the joy we aim to manifest in each session. This may mean that our work will always be less “edgy”, less directly confrontational and maybe less engaging for audiences, but our practice is transformative for all those who engage and it is an emerging and fluid ensemble we need to nurture.

Community education

Theatre of Speed (TOS) is Back to Back's community education programme. It is a filter for the ensemble (two of the three members of the ensemble came through TOS). It is a company of between 10 and 20 learning disabled adults.

The practice I witnessed in Theatre of Speed is much closer to my practice. Edgy in its risk taking with individual capacity, risky in its potential to stage amateur and less "professional" or "polished" performances, and brilliant. There was a warm up, and it was clear people could remember simple choreography. Individuals offered a stretch, a shake, step or a rhythm to contribute to the warm up. Improvisation task 1 was with chairs. Everyone made an improvisation and then shared it. There was one man who seemed to have no language at all; I could not understand what he was saying at all and neither could either of the other members of staff. However, although his speech may have seemed poor, he was remarkable in his improvisation skills – witty, engaged and playful. Another very disabled adult who sat at the edge and, seemingly, was unable to stand, repeatedly surprised with his improvisation skills. After lunch, a second improvisation involving the transportation of a cupcake encouraged people to take huge risks – travelling blindfolded, unstable constructions of chairs and cushions etc – and stage presence was held supremely. I loved this company. The risks felt all shard between the facilitators and the participants' capacity to measure what and how they wanted to take risks. The risks lay in what was safe to stage and witness, and how much can we as artists risk in enabling this person to represent himself/herself fully on stage.

2. Restless Dance

Restless Dance in Adelaide is in a similar situation to Rosetta Life. It is a company emerging from a community practice into a professional practice. It is a company of people living with learning disabilities integrated with professional dancers. The artistic director lives with MS and the executive director lives with MND, so the leadership is also living with disabilities acquired as a result of health conditions.

Restless Dance operates with a practice of care and when the company is on tour it contracts a support person who comes on tour; the support worker's wage is paid through the dancers' NDIS (National Disability Insurance Scheme) fees. Through the NDIS, dancers have a range of goals and this becomes part of their individual plans. Sometimes the goals are brought into the organisation and sometimes they are individual conversations with dancers.

A practice of care

The dancers are also prepared to act as support for the learning disabled. The company also wrote and published a dancer's induction pack which includes information about a practice of care. It operates a “buddy” system, where artists are buddied up and the buddy system is in place throughout that entire tour.

This practice recognises that we are all humans and all need support in different ways – and that artists without disability also require support and have different needs. Restless Dance is dedicated to supporting artists with disability and the company will not exist without them – therefore they need equity in professional relationships, and this must extend to social relationships as well.

Touring

Touring can be challenging in an integrated company because artists want time to unwind after a show and can feel as if they are still being asked to work if they are asked to eat and spend leisure time with the members of the company living with disability. The challenge is how to build a genuinely shared practice both at work and out of work and whether this is feasible. At Restless Dance the tour manager has breakfast with everyone and a dancer without disability is scheduled for dinner once a week with people living with disabilities.

The tour pack includes the results of a tailored questionnaire for each person living with disability and includes how each person needs to travel, their individual medication and food requirements. The whole team has this induction pack so everyone is aware.

A professional company

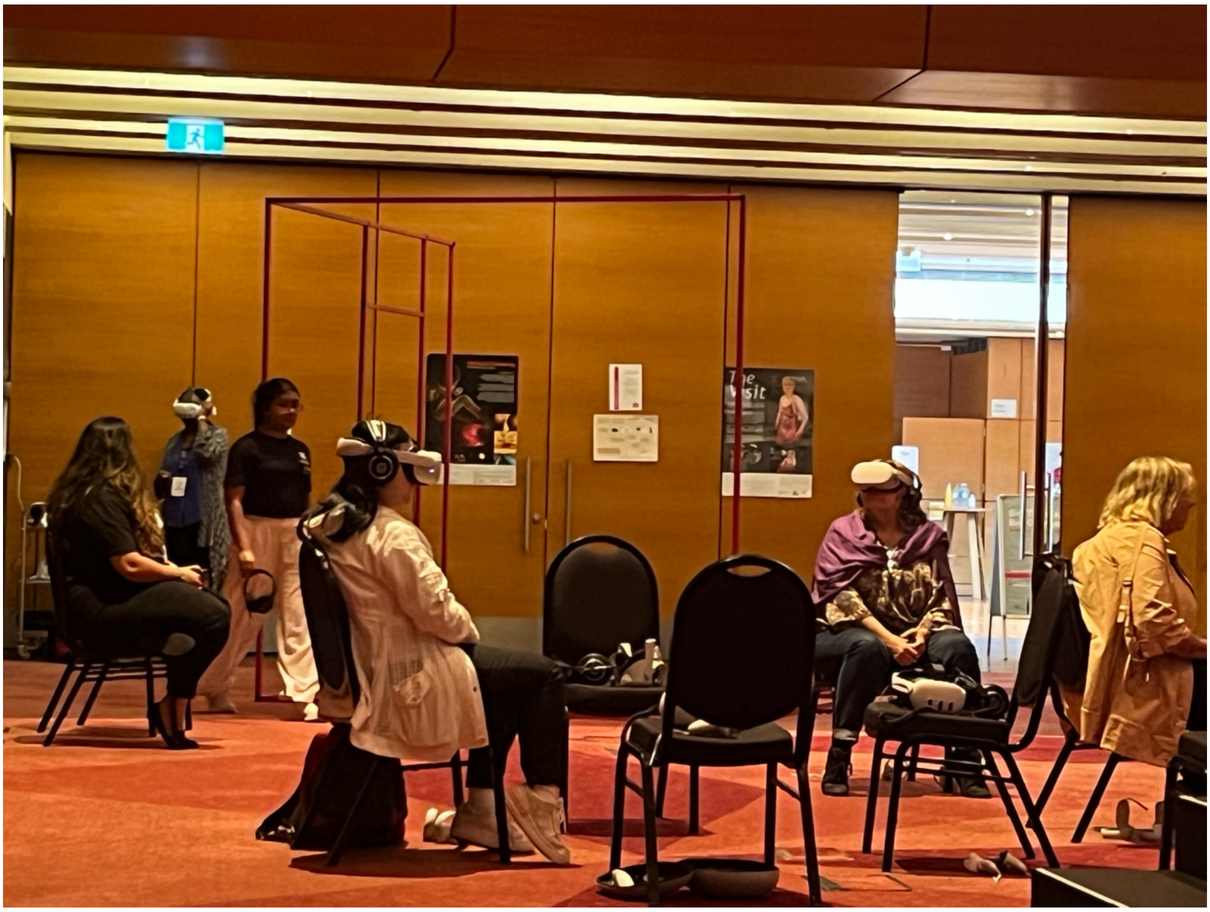
Restless Dance is a professional company and artists are paid a wage. As it emerged from a community practice, it sought to challenge the view that a person with disability cannot achieve the same schedule as a professional dance artist. It moved from three-day training running with shorter days to five-day training operating from 10am to 5pm daily. The schedule accommodates times for rest.

The company follows the model of Back to Back Theatre and plans to collaborate with the company later in 2024 to present a new version of Café Muller directed by Pina Bausch. The performances are director-led by Roz and Michelle.

Reflections and recommendations

We will definitely introduce a handbook for new artists and will adopt many of the practices employed by Restless Dance when we tour.

3. VR and immersive storytelling



VR viewing at The Big Anxiety Festival, Sydney, Australia March 2024

Developing a digital aesthetic is another option for performance. It enables people to contribute to an experience that allows an audience into their world. Professor Jill Bennett has pioneered and led this work in Australia and I was keen to discover what these experiences felt like for an audience. In the third week of my travels I flew to Sydney to participate in an immersive VR festival and to understand immersive arts at the cutting edge. I was also keen to meet Professor Michael Balfour who has pioneered the introduction of VR in children's hospitals in Queensland, Australia.

Immersive experiences

In Perinatal Dreaming with Mariane Wobke there is a real commitment to "pre-flight" and "post-flight" conversations, a commitment to taking care of people experiencing VR and a commitment to a vision that this immersive experience will be "transformative, you will be changed by this process". The first experience I engaged in was a rebirthing experience, an immersive journey in the womb and from the womb into the outside world. I could not engage with it because of the seamless beauty: the emphasis on the joy of skin-to-skin contact, the passage through the birth canal like a slide through a tunnel into radiant light. There was none of the searing physicality, the gut and blood and violence of birth – personally I remember feeling deeply distressed at the image of the cord attaching me to the placenta and I felt trapped, imprisoned by a rope rather than nurtured.

However, on the third day of the conference I took part in two fascinating experiences: the first was an Aboriginal fable for mental health. The piece told the story of being trapped inside the hollow trunk of a tree. A community of people waited outside the tree and kept trying to encourage [me] to come out of where I was trapped but only when I broke a hole in the tree myself and let the light in could I step outside.

A second immersive experience explored the experience of domestic abuse. This immersive animation was drawn from the stories of survivors of domestic abuse and the imagery of broken rooms, shattered glass, the sound of police sirens and cells was deeply evocative and powerful. The animation enabled the VR experience to feel more like a poem and the authenticity of fragmented recordings was deeply moving. I can imagine designing an experience like this for the communities of people living with brain injury and also for a community of unpaid carers.

I was able to meet Volker Kuchelmeister, the VR artist who led on all three programmes. He is a gentle, unassuming and very talented artist. We spoke about empathy and walking in other people's shoes and the rights and ethics of this and the importance of process. We will try to raise the funds to bring him to England for a creative exchange and enable him to co-design an immersive experience with our programmes.

I spoke on a panel that was chaired by Volker Kuchelmeister at the festival exploring immersive and VR technologies and also encountered a remarkable young artist, Troy, exploring the complex worlds created by young people living with psychosis.

During the course of the festival I also led a movement workshop with Australian artist Diana Busuttil. This was a joy to deliver. I felt deeply connected to her creative caring practice for elders and it was great to share delivery of a workshop together.

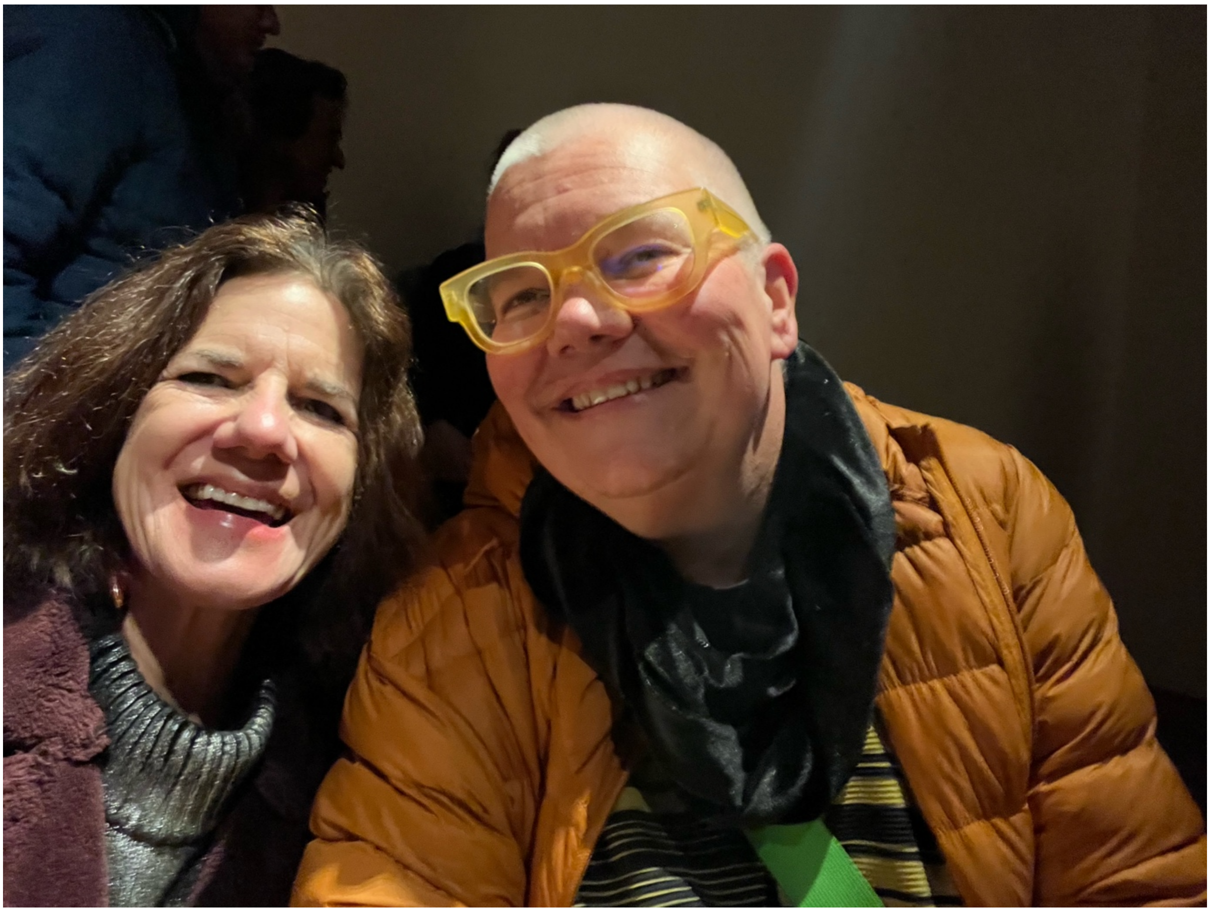
I also loved meeting Professor Michael Balfour, a generous warm-hearted presence. He shared his co-design creative process with young people in children's hospitals, how he enabled young people to design their own worlds which they could then invite siblings into. He works with open access platforms – for example, found footage of the moon that enabled a young person to travel to the moon. He spoke about the growth of arts and health in Australia and how he was bidding for significant amounts of funding to improve staff wellbeing and the environments staff were working in.

Reflections and recommendations

There is potential to develop these practices in the UK with the communities I work with. Essentially, communities collaborate on script development and then animation and filmmaking to illustrate the stories which is led by professional digital and XR specialists.

This is not a co-creation practice, but the project is co-designed with the communities and very dependent upon the authenticity of the stories to generate the VR experience. It is not appropriate for our brain injured communities who love to perform, but for other communities we work with, for example our unpaid carers who are unable to tour because of caring responsibilities, it would be an amazing opportunity to develop an ambitious work of art, while still working as a carer.

4. Petra Kuppers: leading disability dance practitioner, writer and researcher

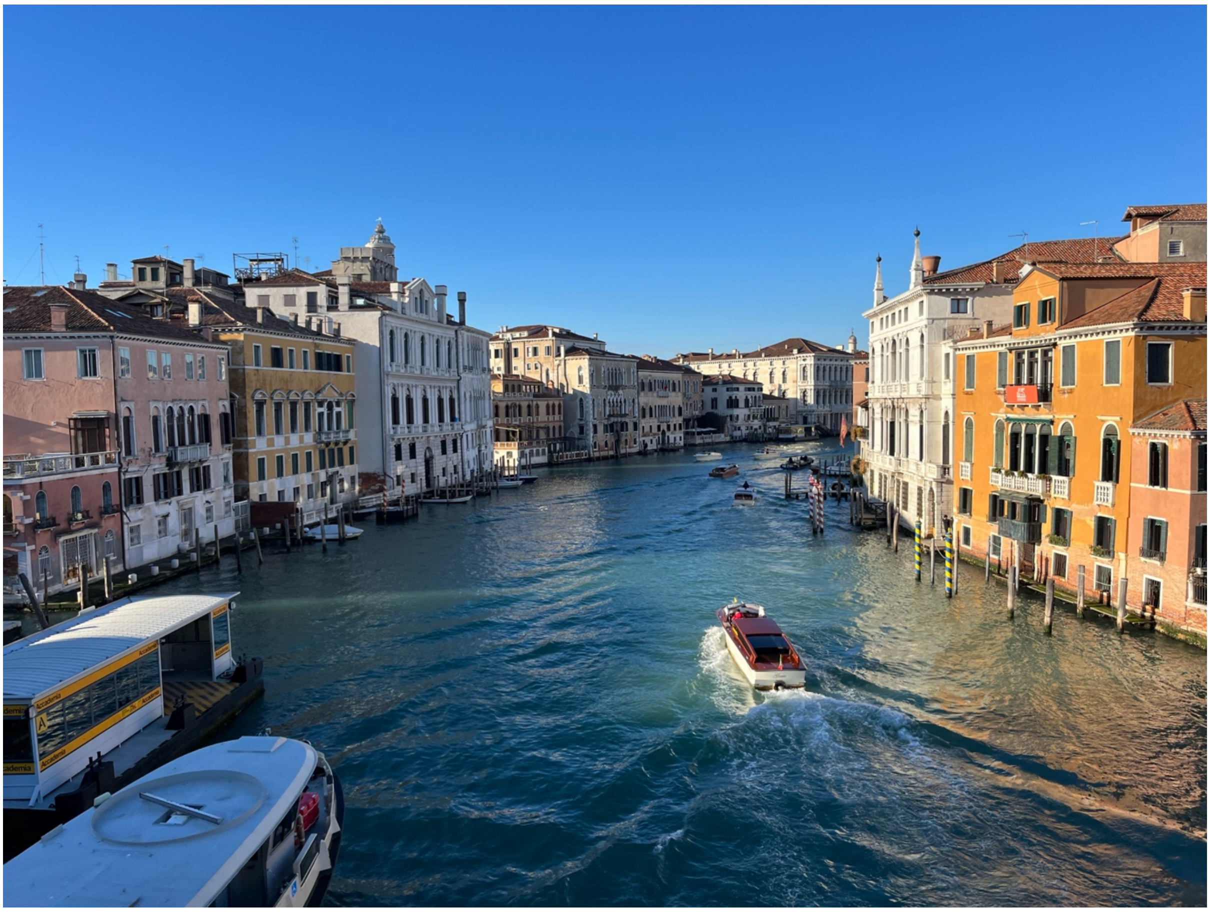


Lucinda with Petra Kuppers at The Guggenheim Museum, Venice 2024

Petra Kuppers

Petra Kuppers is disability culture activist and a community performance artist. She creates participatory community performance environments that think/feel into public space, tenderness, site-specific art, access and experimentation. Petra grounds herself in disability culture methods, and uses ecosomatics, performance and speculative writing to engage audiences toward more socially just and enjoyable futures.

I had read widely about Petra Kuppers' practice and was keen to understand her performative practice. I travelled to Venice International Performance Arts Festival to take part in a workshop she led in the festival. It was a participatory visualisation of the salt that had built the city and an imagined journey through a history of trade. Everyone engaged in a performance that connected us through history and space. Petra is a charismatic and captivating speaker and her imagined sensory journey enabled everyone to both engage in the performance and find their own path in and out of it.



Venice, December 2024

I also travelled to the Guggenheim Museum to meet her and we discussed different options for participatory performance for disabled communities. We talked about the ableist standards of theatre and the need to discover and fashion alternatives. I also attended a week-long residency online exploring ancestry and home and attended several online workshops exploring imagery of travelling through the body.

The online experience was very individual. Many participants kept their video off and many remained invisible throughout the sessions. I made my own response that was visible to myself. It was dependent upon the imagery of Petra Kupper’s narratives and the participants’ ability to respond to this in their own environment. The sessions end with a period of automatic writing that leads to a found poem. In a strange inversion of co-creation, we each made something but we did not make it together. It was essentially a prompt for an experience I chose to make for myself. The shared narrative of the story held the structure for the found poetry that was then elicited from all participants and brought the experience to a shared ending.

Petra Kuppers also introduced me to other artists, Alito Alessi, Denise Leto and Birgit Huppuch who have helped me develop a new professional practice. I met all practitioners online through the duration of the online Fellowship.

Reflections and recommendations

After my encounter with Petra Kuppers I reflected on her practice and as a result wrote significant contributions to my PhD thesis exploring dance theatre practice for recovery from brain injury. The thesis was submitted in May 2024 and passed in September 2024 and is now being drafted for publication. I include a draft extract here:

> For people living with the effects of a stroke, the experience of impairment or disability is one that is newly acquired. For many this leads to feelings of shame. One participant in the workshop process spoke about never leaving the house after her stroke. The workshop process enabled her to leave the house, find people who were experiencing the same challenges and this gave her hope about life in the future … I would like to cite here her feeling that “It is a lovely thing. It makes us normal people.” This oscillation between ability and disability is significant here. At home she felt disabled but that feeling was not stable because in the workshop process, mixing with artists, she was able to engage as a “normal” person. This had given her the confidence to go out again, go to parties, drink wine.
>
> It is tempting to explore this through the phenomenological lens. Carel (2016 p 17) makes the distinction between illness and disease in order to distinguish between the objective body as examined by medical practitioners, the site of disease, and the lived experience of illness through the body.
>
> “Disease is to illness what our physical body to our body as it is lived and experienced by us.”
>
> We can hypothesise that as artists our focus is the story of the experience of life with effects of stroke but not the cure or treatment of the disease. We therefore focus on the illness not the disease. This focus is one that enables us to build a community where all participants share the same lived experience of stroke, in this context they are able to feel “normal”: it is essential that the community is not only one where the lived experience is shared but also where that experience is valued.
>
> The focus on the experience of illness rather than the disease of stroke may be part of what healthcare researchers define as the “mechanism” in the emerging performance programme, or a key ingredient.
>
> However, for many people living with the effects of a stroke, disease and illness are not an ongoing dynamic. Newly acquired disability as a result of stroke, which is itself a chronic long term condition, means that the challenge is living with newly acquired disability rather than a disease or illness.

A disabled activist once reminded me that I am “temporarily able bodied”. Our experience of our body holds within it the future possibility of loss and illness. In that sense we oscillate between illness and wellness in more complex ways than the simple interaction between the ill body of a patient and the healthy body of the medical practitioner. Carel (2016) is keen to explore Sartre’s term of intersubjectivity to render more sophisticated this opposition and explores the differences between the body as object, the body as experienced through the gaze of the other and the lived experience of the body and the reciprocal complexity through the other.

However, every interaction between an able bodied person with a person disabled through illness holds not only the immanent experience within the interaction but also a temporal possibility, each interaction holds within it a future possibility of the experience of disability for the able bodied. Similarly, the experience of recovery for people living with the effects of a stroke means every encounter with an able bodied person holds within it a possibility of future better health. It is the oscillation, the shivering between perceptions that is significant in the emergence of a new aesthetic for disability arts in healthcare.

This temporality questions the essential features of illness defined by Toombs and outlined by Carel (2016 p 41) as “the perception of loss of wholeness, loss of certainty, loss of control, loss of freedom to act and loss of the familiar world”. As we age we anticipate these losses: as they begin to age many people move to single storey bungalows anticipating loss of freedom; when we write our wills or take out insurance we anticipate the loss of wholeness, loss of control and loss of certainty and loss of freedom to act. When illness and disease take away freedoms – driving licences, the right to work – we try to recover them.

This oscillation is resonant in the metaphor of the rhizome for Petra Kuppers. Kuppers invites us to consider the use of Deleuze and Gattari’s image to construct a disability aesthetic, to avoid the vertical axis of the tree and the root and replace it with the horizontal oscillating growth of the rhizome, more complex and less binary. This image also helps artists working in neurological rehabilitation, allowing experiences of ability and disability, health and poor mental health to coalesce and separate and speak from difference and also from similar spaces.

Ability and disability are experienced contiguously. When someone living with the effects of a stroke joins an integrated theatre company exploring the story of stroke the experiences of making theatre are shared and communal, the rhizome is at once multiple in its expression of multiple voices and singular as particular voices express different experiences. The choral and collective abut against the separate experiences and stories of stroke and brain injury.

Petra Kuppers (2003) argues that cultural history has meant that people living with disability are at once made invisible because they are marginalized, deemed less competent, less aesthetically acceptable, less able to participate, and at the same time highly visible because of a disability. She argues that people need to challenge this current binary negativity and find a new way of representing themselves that re-presents disability in a new frame.

> " […] to operate on existing terms by thinking them in non-dialectic connection, in a vibrational move that oscillates and dances. This means that different states/definitions are in contiguity, one plant is both singular and communal, stems, roots, and shoots aren't easily distinguished, or, to shift metaphors, one country abuts another." (Kuppers 2011 pp 101)

Kuppers demonstrates this through the discussion of Arlene Croce's infamous refusal (New Yorker 26 Dec 1994 pp 54– 60) to review Bill T Jones' tribute to his partner, Arnie Zane because the performers were all diagnosed with HIV/AIDS:

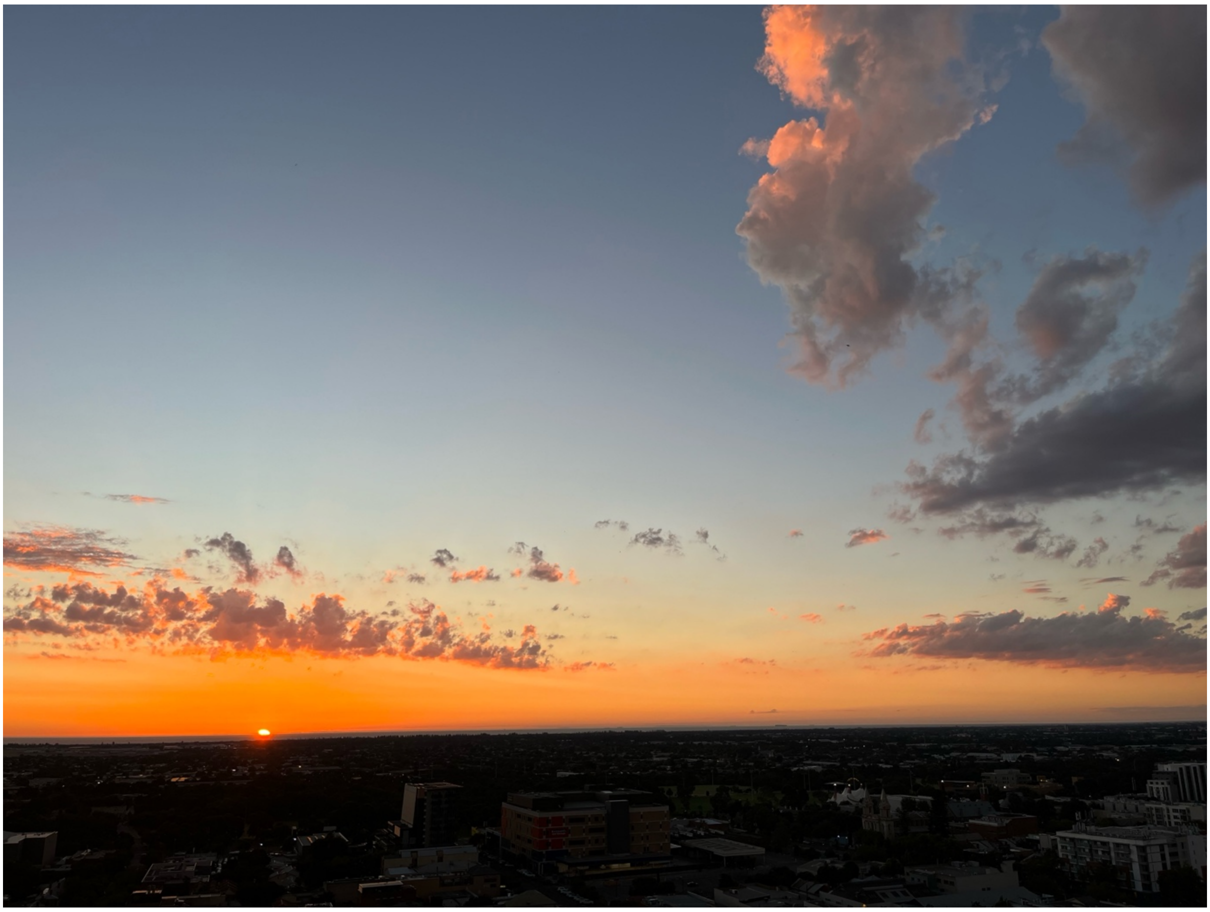
"In theatre, one chooses what one will be. The cast members of *Still/Here* – the sick people whom Jones has signed up – have no choice other than to be sick"[5]

Kuppers argues that this emphasis on the lack of choice in disability performance leaves disabled performers with few options, either the work is therapeutic and is designed to enable a person to move towards acceptance or "wholeness" or the work is designed for political advocacy where the opportunity is to challenge current representation through the agency or lack of agency of a disabled body. She argues that one avenue open to disabled arts practitioners is the use of film and new technology where the assumption that the disabled body is "naturally" about disability is challenged through the fragmentation of the body on film and the juxtaposition of metaphor and imagery open up new possibilities of viewing the narrative of disability for the viewer.

"The reframing of the disabled body through the lens of filmdance and performance … point to the un – natural body in discourse, and allow a different perspective on the active embodied person to emerge." (Kuppers 2003)

The key words in that quotation are "active" and "embodied". Active implies agency and ownership. Embodied implies a practice that is felt, understood and possibly communicated physically.

Petra Kuppers recognized that improvisation and contact improvisation in particular is a useful technique. Its emphasis on flow and fluidity focus on processes that are becoming and emergent. No position is held long enough at any point to become fixed as a represented image of an able or disabled body. This enables the disabled body to challenge any fixed representation.



Sunset in Adelaide

Outcomes and recommendations

On my return to the UK I had the immediate opportunity to test the reflections in two separate performance research practices.

The first was Butterfly Time, a community co-creation practice that celebrated the community of brain injured emerging artists. The performance took place in June 2024 in Queen Square, London in front of the National Hospital for Neurology and Neurosurgery. Petra Kuppers happened to be in England and was in the audience and witnessed the outcomes. This piece attempted to stage the oscillation between community life and emerging artists, between life and art, and between ability and disability by staging the work outdoors without the support of the proscenium arch but with the support of professional musicians. The event was a gentle disruption in the life of the square, a moment where people who were resident in the hospital, recovering from brain injury, could witness the lives of those who were living independently as emerging artists.

The second piece was developed with a script and a small cast. Using screens to bring artists who are housebound or unable to participate in a touring work to the stage, we worked with a professional dancer, a professional singer, a professional composer and three emerging artists living with brain injury.

We devised six scenes to present at a scratch performance in Reading in July 2024. We held on to a co-creation practice and shared decisions and authority. This was messy and unsettling for the professional artists and empowering for the brain injured community. It created a democracy that was unsettling but also freeing. The work is now being submitted to the Arts Council as a touring proposal.

We will continue to try to develop a model of small scale professional touring that nurtures our ensemble, employs a practice of care and also takes risks and encourages an audience to take risks. We are developing a professional training programme that provides a pathway to professional development for our community. It is being introduced at Old Diorama Arts Centre, Camden in Spring 2025 and this will lead to a new semi-professional company of emerging artists. I passed my PhD in September 2024 and was awarded the doctorate in March 2025. The training programme for artists has now been formalised and will be introduced in partnership with The Place, London Autumn 2025 to support the training of professional and emerging artists.

We will also continue to celebrate our community of people living with brain injury and continue to challenge audience perceptions about ability and disability through these large scale performances.

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