



**Making Movement Irresistible WORKSHOP TWO**  
Cardiff School of Art and Design,  
Product Design Studios  
**21<sup>st</sup> June 2022**

**Participants**

Rachel Adams, Diane Crone, Wendy Keay-Bright, Abdul Seckam, Aidan Taylor,  
Cathy Treadaway, Heidi Wilson, Cardiff Metropolitan University  
Catherine Young, Dawns i Bawb

Joanne Sullivan, Paula Wilfort, Cwm Taf Morgannwg University Regional Partnership Board

Renee Groenevelt: Hywel Dda UHB

Natalie Ravenscroft: National Activity Providers Association

Sandra Harnisch-Lacey, Harnisch-Lacey Dance Theatre

**Online**

Julie Dorgan, Dawns I Bawb

Dr Lise Amy Hansen, Felicia Nilsson, Oslo School of Architecture and Design

Joel Gethin Lewis, University of Arts London:

**Aim of the project**

Making Movement Irresistible (MMI) is a research project funded by Arts Council of Wales, National Lottery Health & Wellbeing award. Hosted by a multi-disciplinary academic team from Cardiff Metropolitan University, the aim of MMI is to develop digital, online and wearable accessories that encourage improvisational movement interactions with older adults in residential settings.

Working within a co-creation model, this pan-Wales project will be developed with dance practitioners, Dawns i Bawb, and health professionals from Cwm Taf Morgannwg University Regional Partnership Board. This collaboration is designed to ensure that any proposed intervention can attune to the creativity in everyone, whilst at the same time targeting health and wellbeing objectives. Our primary activities are five iterative, co-design workshops, that address *who, what, why, where, when*.

Workshop One asked: **who are we designing for**, and **what might make movement irresistible** for this audience?

In this second workshop we asked: **What could we be creating?** The objective was to scope the technological, artistic and bio metric potential of MMI in relation to the findings from workshop one.

The event comprised of four sessions: making movement, digital movement, making more movement and moving on. This outline of these activities is described below.

**Making movement:** The positive reflections from workshop one supported the idea of re-using the original sock puppet as a 'way-in' to creative movement. All participants were shown how to sew a simple electronic microprocessor into the socks.

The aim was to evoke curiosity by generating light effects in response to tilt or flick movements and acceleration. The focus on hand movement stimulated conversation about *can-do* movements, always starting with the individual and drawing on personal experience. Our observations of the *wave* activity in workshop one supported the idea that waving is easy to perform and invites many responses that could lead to more creative and energetic movement. Using a simple hand gesture would also allow for movement in a limited physical space and could be extended depending on connections with others. Hand movements could begin as a seated activity with the chair offering a familiar and safe 'home base'.

Ideas for *Can do* movements extended from the *wave* to include flick, shake, pronate, supinate, (tilt) leg lift, extension, and flexion. These movements could be perceived as both creative and therapeutic.

Questions emerged on the value of the electronics, with the discussion addressing the need to arouse curiosity, using the addition of light or sound to draw attention and trigger interest. However, concerns were expressed at trying to control particular movements rather than let the movement emerge at a pace desired by the mover.

Further ideas emerged on how the addition of electronics could assist a connection with the sensation of movement when it is made visible on a screen. For example, lights could leave a trace of a movement and feedback a map of the mover's interest.

Digital Movement: The potential to trace and map movement was addressed in the digital movement session when Joel presented the Apple Health Developers Kit and asked whether this would be feasible to implement in care settings. Lise talked about the impressions movement data could make through a digital interface. Although there are concerns about the learning curve for new users of technology, the widespread use of personal devices was acknowledged. Technology infrastructures within care environments would need further consideration.



We took some of the mapping and tracing ideas back into the studio as Heidi and Catherine invited participants to experiment with the spatial dimensions of their movement. Following a short warm-up activity, we used our hands and our socks to sense our body positions in space and to experiment with proximity and linearity. Using a ribbon as a map we start making connections, sending and receiving movement messages. The ribbon invited weaving and stretching, this also made it easier to choreograph movements as a group.

Making More Movement: During the afternoon we ran an open atelier during which the studio became a free space for experimentation. Participants continued to work on their electronically enhanced puppets, sharing ideas and testing the interactions.

Moving on – the concluding session was a ‘show and tell’, during which some of the ideas and puppets were presented to the group. The participants documented their experience and ideas the exercise books, which were collected at the end of the workshop for analysis. The ideas emerging from this session are summarized below.



### Summary of findings

The responses to the activities and the intention to incorporate magical technology artefacts to making movement irresistible were entirely positive, ideas emerging from the workshop reinforced the need for a people first approach.

1. The notion of a **can-do** movement provided a useful focal point for what movements we may want to encourage from both a creative and functional perspective. Clinical lead physiotherapist for neurological and stroke rehabilitation, Renee Groenevelt described the importance of acknowledging these basic movements and to ensure that interventions develop can-do movements in a motivating way. This can help to address the more complex fine-motor actions as well as improving exercise targets. A big question for the MMI project at this formative stage is how to draw attention to the can-do movements in a way that arouses curiosity, and a desire to explore and improvise?
2. A key consideration must be the **role of the artist/carer**, the desire for more movement is unlikely to emerge independently and must be nourished through a series of **meaningful interactions with an appropriate partner**.
3. How might the **interpersonal interaction** progress? How do we make the human connections more palpable before any other connections are attempted. Examples may include using eye contact, gentle touch, smiles, ‘hello’ gestures, to begin to engage in non-verbal ‘conversation’.
4. We need to be wary of personal boundaries and what may, or may not be, acceptable for individuals, and to be attuned to **non-threatening social interactions**. See Pool Levels and People Dancing Appendix Two
5. **Curiosity** can be aroused through sensations such as texture, which could instigate the desire to make connections for example, hand to cheek, hand to hand. For the movement to become irresistible we need to address **relationship building** in a gentle and reassuring way. It was also agreed that the intervention would need to be irresistible for carers/clinicians before any interaction with older beneficiaries.

There was a consensus in reviewing the exercise books that we are at a point when we need to make the ideas more tangible. We have some very useful feedback on the potential for making movement irresistible, but participants need to be able to critique the feasibility of implementing any intervention within practical contexts. For this reason, our focus for workshop three is to arrive at a concept that can be imagined in practice settings.

Although we discussed the potential to use screen-based devices to make the interaction more visible, this will be explored in more detail in workshop three.

**Wendy Keay-Bright July 2022**

## **Appendix one**

### **Summary of findings from workshop#1**

From reviewing the exercise books and interviews we have identified that certain factors that need to be considered, these are summarised as:

- Bringing a puppet/prop to life can be an opportunity to extend movement, to experiment with character and to tell stories. Props can be a way to make a connection with people who may feel inhibited to move, they can inspire curiosity and support improvisation.
- There may be an additional investment when the mover has created their own puppet.
- Props could provide introductions into new movements, and then left behind to focus on movement sensations.
- Props can invoke feelings of playfulness and expand energy levels.
- Waving is easy and invites many responses that could lead to more creative and energetic movement.
- Movement possibilities with older adults are framed by available physical space, furniture and participant numbers. Seated activity (in suitable chairs) is usually desirable (at least to start with). The chair offers a 'home base' and safety.
- Having the physical connection to the floor, or things you can touch.
- Partner work.
- Music is a big factor. Working with different (age) groups, finding play lists tailored to the different ages can trigger all kinds of explorations.

- Noticing one's own natural impulse toward movement rather than more conventional societal norms of what exercise is.
- Working at a person's rate of how they want to engage is very important.
- Seeing movement as relational - somebody else's movement in relation to the facilitator's movement, a group movement, so that people engage in a natural language together that is related to the body as well as to the mind.
- If a (stroke) patient finds it difficult to move and they can't see where they are going, a reflection on a minimal movement, and sound and vision can create a bigger movement. When patients can actually see direct results then maybe they will be more enticed to move and want to put the hours in to get that end result.
- In group activities, a circle formation allows the session leader to see all participants and it offers a democratic structure. The MMI technology is perhaps more likely to be used in one-to-one or as part of small group activities. The use of a prop needs to be strategic, used at the 'right' time to encourage interaction and to instigate or expand movement. Over-use can lead to an uneven physical experience (e.g. over-use of 'puppet arm'). Ownership of the sock-puppet was an important motivator for participants.
- Technology enhanced movement, particularly when situated in care/service settings will need to mitigate the risks of poor digital literacy, lack of funding, provision and access to up-to-date hardware and software and connectivity. Prototypes need to be quick to set up, easy to use and make minimum demand on staff time.
- The need to offer training needs to be considered early in design, particularly the opportunity to maximise on partnerships with other organisations who already offer activities and training.
- Longer term opportunities could include a 'toolkit' of activities to support staff in the wellbeing of residents? The suggestion that we should consider how much the intervention is used independently, without the involvement of other people (staff, family, dancers, artists), needs to be carefully considered.
- If we are intending to gather biometric and other wellbeing data, we need to address this early in the technology design. A priority is to decide which aspects of health and wellbeing are the most important, and what is the feasibility of trialling this alongside the 'irresistibility' of the application.

## **Appendix Two**

### **Recommendations from Heidi**

#### **People Dancing Professional Code of Conduct and Values**

[People Dancing :: Professional Code of Conduct :: Foundation for Community Dance](#)

#### **The Pool Activity Levels**

Planned activity level: A person can work towards goal directed activities. S/he looks in obvious places for tools and objects, but may not be able to solve any problems that arise in the process. A person functioning at this activity level is able to carry out activities that have a tangible outcome, such as: crafts with an end result; cooking and baking; traditional board games and larger group games; group discussions and quizzes.

Exploratory activity level: A person can carry out very familiar activities in familiar surroundings, but is more concerned with the effect of doing the activity than the actual outcome. A person functioning at this activity level is able to carry out creative activities, for example: painting and pottery; reminiscence, music, dance and movement.

Sensory activity level: A person is primarily concerned with the sensation being experienced and so moves his/her body in response. A person functioning at this activity level is able to complete simple, one-step activities to provide a range of sensations, for example: simple ball games, dancing, folding, dusting, sweeping, rummaging, massage, soft toys and dolls, animals.

Reflex activity level: A person is probably no longer aware of their surrounding environment, nor their own body, so movement is a reflex response to a stimulus. Direct sensory stimulation is needed to raise the person's self-awareness. It is important to avoid sensory overload so activities should utilise single sensations. A person functioning at this activity level is able to engage in: music, massage, touch, multi-sensory stimulation.

[The use of the Pool Activity Level \(PAL\) Instrument to support intervention planning for people with cognitive impairments: a case study example of person centred practice \(pacificu.edu\)](#)