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An account of Patrick Dineen's music residency at the Kidney Dialysis Unit,
Royal Liverpool University Hospital, February-June 2011

Foreword.

Does art contribute to health? If so how, and how do we know? Can we measure changes in wellbeing before and after people have had an artistic experience?

The rapidly growing literature on arts and health suggests that, while more and more people believe that the arts have a valuable role in health care, we are still far from being able to answer such questions.

The difficulty lies partly because the knowledge systems (the epistemologies) of art and medicine are so different. Subjectivity is valued in art, while science is committed to objectivity. And yet, like oil and vinegar, these contradictory human activities do seem to create something special when they are brought together.

Perhaps it is precisely their difference that produces value. It is because art doesn't think, work or feel like medicine that it adds something to healthcare. Equally, the thinking of the health profession tests arts practice.

But if the differences between art and health do create something new, we surely need new ways of describing what's going on. Scientific methods are vital in areas of health that can be objectively measured, like lung capacity or blood pressure. But they struggle to observe, assess or explain people's subjective experience of health.

And yet two patients with scientifically indistinguishable forms of kidney disease may have radically different journeys and life outcomes. It is because art engages in just these subjective areas – where human beings find meanings that shape their whole lives – that it has so much to add to the work of health professionals. Art can be a truly complementary medicine when it engages those parts of a person that are untouched by medical treatment.



The Royal Liverpool and 
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Art can also be a valuable way of understanding and accounting for those important, experiential aspects of wellbeing, especially when it has been used as a complementary strategy to support health.

This booklet uses art's own strategies and methods to describe a small, intimate art project, which took place in the Kidney Dialysis Unit of Royal Liverpool University Hospital during the spring of 2011. Over a few months, musician Patrick Dineen worked with staff and patients to record a 20-minute sound piece called *Footsteps through Time*, drawing on the memories and hopes of the ward's users.

The process involved rich conversations between artist, patients and staff that have left each person somewhat changed. Because those changes are in people's feelings, ideas or perceptions, they are not measurable. But that doesn't make them unreal:

"It has been a moving experience for me. It's changed me a bit – given me more sense of perspective and made me feel grateful."

The following pages are not an evaluation of the project, still less of its impact. Such a clinical approach to understanding what happened would be difficult in a project of this scale. Rather, it is an account of experience, which invites the reader to respond to it actively and with imagination. Mik Godley's drawings, produced as part of the process of reflection, are therefore not illustrative but a different insight into the experience.

A Different Heartbeat opens a door onto a ward, lives and relationships that are usually unknown by outsiders. It offers a glimpse not only of life-saving health processes but of the personal meanings that make a life worth saving.

* Note: sources for quotes are given at the end of the book; the names of all patients and staff have been changed for reasons of privacy.



Ward 6B.

'It was about the experiences within the hospital, all to do with sound, the noise in the lifts, coming on the ward, talking to the receptionist, talking to staff and the patients.'

WA
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6B

Going in

Royal Liverpool University Hospital stands above the city centre, a few minutes' walk from the shopping streets and the dockside that once made Liverpool so prosperous. It's one of those big grey blocks, all concrete and glass, that dominate their surroundings like citadels. Huge notice boards announce its imminent replacement, but that feels a long way off.

The main entrance on Prescott Street is always busy. Visitors weave through ambulances and taxis circling like seagulls. Patients come down for a smoke, dressing gowns held close in the chilly air. Medical staff in green and blue work clothes hurry past.

It's the same at reception: everyone has somewhere to be, something to do. Anxious people take appointment letters to the desk. Consultants step briskly by, keeping to heavy schedules. A cheery man sells tickets for the fundraising lottery. Everywhere bright notices commend hygiene and the importance of handwashing.

But as you go up in the lift, the buzz falls behind. Push the doors of Ward 6B, the kidney dialysis unit, and you're in a quiet world where few voices interrupt the steady hum and beeps of medical equipment. People lie still on high beds like machines, connected by lines to other machines. Mostly, their eyes are closed. Some wear headphones, others doze: a few read. There's a sense of withdrawal, of a willed privacy created around the person.

In a ward without visitors, a stranger, such as a visiting musician, needs to find a place, a way to be with people.

'To be quite honest, when he first came on I said "What do you want love?" I was very protective for my patients, you know.'

Everyone knows each other here. Some compare it to an extended family, with close and evolving relationships that may be life long. Patients get used to the same room, even the same bed, and to those who come in at the same time. Although the thrice-weekly routine is a huge burden, for some, especially those who live alone, it becomes part of a social life, a regular conversation with familiar people and friends.

Patience

'Chronic diseases are diseases of long duration and generally slow progression.'

Chronic disease. It's in the name, from the old Greek god of Time, 'Chronos': illness lived in time, marked out in stages with new horizons – days, months, years. Not normally urgent or dramatic, though it has its crises, chronic disease must be managed, constantly. Mostly, it seeps, eroding us like water over stone, washing away strength, grain by grain.

'Chronic diseases, such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes, are by far the leading cause of mortality in the world, representing 60% of all deaths.'

There's no sudden dislocation, except on diagnosis, and even that can take months to establish. Something's not right, not the same. There are tests and investigations and eventually the explanation: kidney disease. Life is changed in every way. It becomes dependent on a machine able to remove waste and excess fluid from the blood.



'It's three times a week. I do four hours on the dialysis; I keep occupied with crosswords and reading, but you've got to hold it back a bit, because it is four hours and that's the end of it.'

Diet must change to avoid a build up of fluid between sessions.

'When I first got on dialysis, and they gave you this list of all the things you couldn't have, I found it really hard. Potassium is potatoes, mushrooms, tomatoes, bananas, mangoes, lots of things like that, chocolate, coffee, nuts, seafood...'

'Energy levels are up and down a lot and it's unpredictable how you feel when you get off the machine, so it's hard planning social things. It does affect your social life.'

Planning becomes a necessary routine. Meals, days out, journeys, work – only careful preparation now permits so much that was once taken for granted.

Where others talk of the work-life balance, with kidney disease it's more of a life-life balance: life on dialysis and life away. Simply feeling well, that animal comfort healthy people may not even notice, can become an achievement.

'Between a 48 hour dialysis I might have seven or eight hours when I'm actually good and then the other bits of that are either groggy or I'm feeling really drained.'

'I've got to slow down now. I walk a little bit, and I stop; walk a little bit further and stop. It takes me about half an hour to get home, maybe a bit longer. I'd rather walk, take my own time. I think my record was about an hour and fifteen minutes...'

Life is segmented by time horizons, the next dialysis session, the next appointment and the furthest horizon of all, the possibility of a kidney transplant:

'I'm just waiting on a transplant, but that's another agenda like, if something'll come up. I'll have to write a letter off to Santa Claus, I suppose.'

And sometimes, for those who do get a transplant, leaving brings new challenges away from the regular support and routine, the companionship and the structure. There is another dislocation, another life to adjust to, again. The machine saves lives but keeping well is a human business, shaped by knowledge, feelings and character.

Liverpool's Decade of Health and Wellbeing is structured around Five Ways to Wellbeing – lifestyles that have been shown by international research to promote health and extend life expectancy: Connect - Be active - Take notice - Keep learning - Give

The simplicity of these words belies the complexity of the lives we live when we enact the Five Ways to wellbeing. Being with friends and family, staying physically active, enjoying life as it happens, keeping the mind fresh and having something for others at the end of it - these are never more important than in chronic disease.

So what helps people strengthen themselves in that journey is invaluable: human contact, shared experience, hopes and dreams. All that makes us people. Not machines.

Enacting those simple words makes a life-saving difference to people, slowly, over time, strengthening the spirit alongside the muscles.

Because that difference is made over time, the five ways of wellbeing offer a powerful antidote to chronic disease: chronic health.



A musician on the kidney dialysis ward.

'To have somebody just pay attention, and take them into a different world, a world of memory or association, with bits of music or writing or radio programmes ... what their passions are, what they feel, what they think about things as human beings...'

MUSIC

From drama to conversation

Between February and June 2011, patients and staff of the Kidney Dialysis Unit at Royal Liverpool University Hospital worked with Patrick Dineen, a sound artist and musician, on a project about memory, music and the passing of time.

This initiative built on foundations laid by a much larger art project with dialysis patients and primary school children that had been a highlight of Liverpool's 2010 Year of Health and Wellbeing. *For the Best*, a multimedia theatre piece by Mark Storor, had originally been developed in London but was redesigned for the city with Liverpool Culture and the Unity Theatre. It culminated in 22 promenade performances seen by some 700 people, followed by a symposium in November 2010 and a report that drew out the real, varied and complex benefits experienced by the patients, children and others involved.

For the Best Liverpool was an ambitious art in health project and a large investment of people and resources. Afterwards, patients, ward staff and consultants were all keen to see the work continue through approaches suited to the daily work of a busy dialysis unit and offering sustainable models for supporting health.

Patrick Dineen's process, of thoughtful conversations with patients and staff over several months, was very different from the dramatic experience of *For the Best*, but proved equally valuable. The title of the resulting piece, *Footsteps through Time*, itself suggests the gentle pace and intimacy of Dineen's style and it is these human qualities that made the project so enriching for those who took part.

The people behind the roles

Liverpool Primary Care Trust saw this patient-centred work at the dialysis unit as a way to promote the five ways to wellbeing. It provided a small budget and worked with Nicky Duirs, Arts in Health Lead at the hospital, on the commission. They agreed that the project should create space in which patients and staff could set aside, however briefly, roles imposed by the dialysis process and connect as people rather than parts of a clinical system.

'There's a human side that's about them as people, validating them as who they are, away from the uniform. They're getting that kind of breather, if you like, that space within the working day, which is incredibly rare.'

It was important that the work should involve staff as people in their own right. Health is a universal experience: illness is not. A commitment to supporting health and wellbeing means involving, at the least, all those coping with disease and injury – patients and staff. Nurturing wellbeing on either side of a hospital bed creates a virtuous cycle in which each person contributes to the quality of the other's daily experience.

Supporting staff morale and valuing them as people, not only professionals performing skilled and demanding work, was seen by both the PCT and the hospital as essential both to being a good employer and to achieving good health care.



Learning to listen

Patrick Dineen has wide experience of working creatively with young people. He had previously interviewed people at the hospital for a piece about workplace stress, but he had not been in the kidney dialysis unit and he found it initially rather daunting.

Ward 6B has a quiet, still atmosphere unlike more bustling acute wards. Some patients find it clinical and cold; others like the quiet and appreciate its familiarity. People tend to know each other well, because they may meet every other day for years. Dineen found that his initial expectations of writing music with people were unrealistic.

'I was very nervous at the beginning. I went through some struggles with it. It's quite disorientating to begin within because it feels like you're not doing what you should be doing.'

Such feelings will be recognised by many artists, used to the insecurity of creative processes. The best arts work thrives on uncertainty because it responds to each unique situation rather than repeating a formula – perhaps something it has in common with good health care.

'I got to know people a bit; I started to build up relationships. I talked to them in the ward and away from there, quietly, and they sort of opened up. I gave up on the idea of them writing their own music.'

Dineen's experience gave him the confidence not to force the issue, but to wait, listen and learn. His qualities as an artist and his respect for others, allowed him to find a way forward. He began simply to talk to people about themselves, their lives and musical tastes, gently building trust and a basis for exploring ideas that might develop into creative work.

Happily, there was no predetermined outcome for his work. It was understood that any results had to emerge from the people he worked with and that this would take time. The key was to create an opportunity for patients and staff to work with him, confident that, wherever it led, the shared experience of paying attention creatively would be valuable.





Footsteps through time.

'It was about the experiences within the hospital, all to do with sound, the noise in the lifts, coming on the ward, talking to the receptionist, talking to staff and the patients.'

Memories

Patrick Dineen's conversations with patients and staff on Ward 6B became the project's heart, though it was not always easy to encourage patients to take part. Some were tired or unwell; others unsure what might be involved or where the project might lead. Sometimes, the experience of undergoing dialysis seemed of itself to create a degree of personal reserve not easily overcome.

But three patients became deeply involved, meeting Dineen several times on the ward and at home to talk about past and present lives, music and stories, enthusiasms and dreams. One person loved the poetry of the First World War. His reading of Edward Thomas' *Roads* was recorded in an early session.

The poem gave the project a unifying metaphor to which everyone was invited to respond:

'I asked everybody what road they were on, what it looked like, what it sounded like. Somebody said the road always had the sea at the end, and somebody else said it had an opera house on it...'

The title, *Footsteps through Time*, was a natural link between these journeys and the memories people evoked, the whole connected by a score in which the artist responded to the patients' imaginative worlds.

Although they had far less time, the ward staff were enthusiastic participants, snatching moments to talk with Dineen in breaks or at the end of shifts, glad to be asked.

'I loved that I got to talk to staff and include them on the same thing. I was amazed – they couldn't wait. Everyone's got a story and if you can unlock that, people relax more and a sense of community emerges.'

He recorded stories, memories, dreams and hopes, imagined landscapes, experiences and feelings about life. Some were so private that their owners asked that they should not to be used or even repeated. But mostly people were happy to share personal stories and feelings, trusting the artist's judgement about how to use them.

'They're giving me little bits of treasure; I'm very aware of that. Memories are one of the most important currencies we have, they make us who we are. So I treasure those and treat them with absolute respect.'

As the conversations developed, Dineen's own thinking about the final piece clarified.

'I didn't want it to be a music and song thing. I wanted it to be a collective voice. The sound installation piece is more open, but it's quite profound in what they're talking about.'

The conversations were important to people, as shared moments of friendship and in the reflections they sometimes opened up:

'The things that you talk about – you learn a little bit more about yourself, so that's a good thing, always a good thing.'

'We had quite deep conversations on a few occasions: life experiences, what happened with the illness, where I came from...'

Their purpose was not, of course, therapeutic. On the contrary, their value lay precisely in making room for personal, human contact in a place where medical intervention was the dominant form of interaction. Where pulse and blood pressure are constantly measured, this was a chance to listen for a different heartbeat.

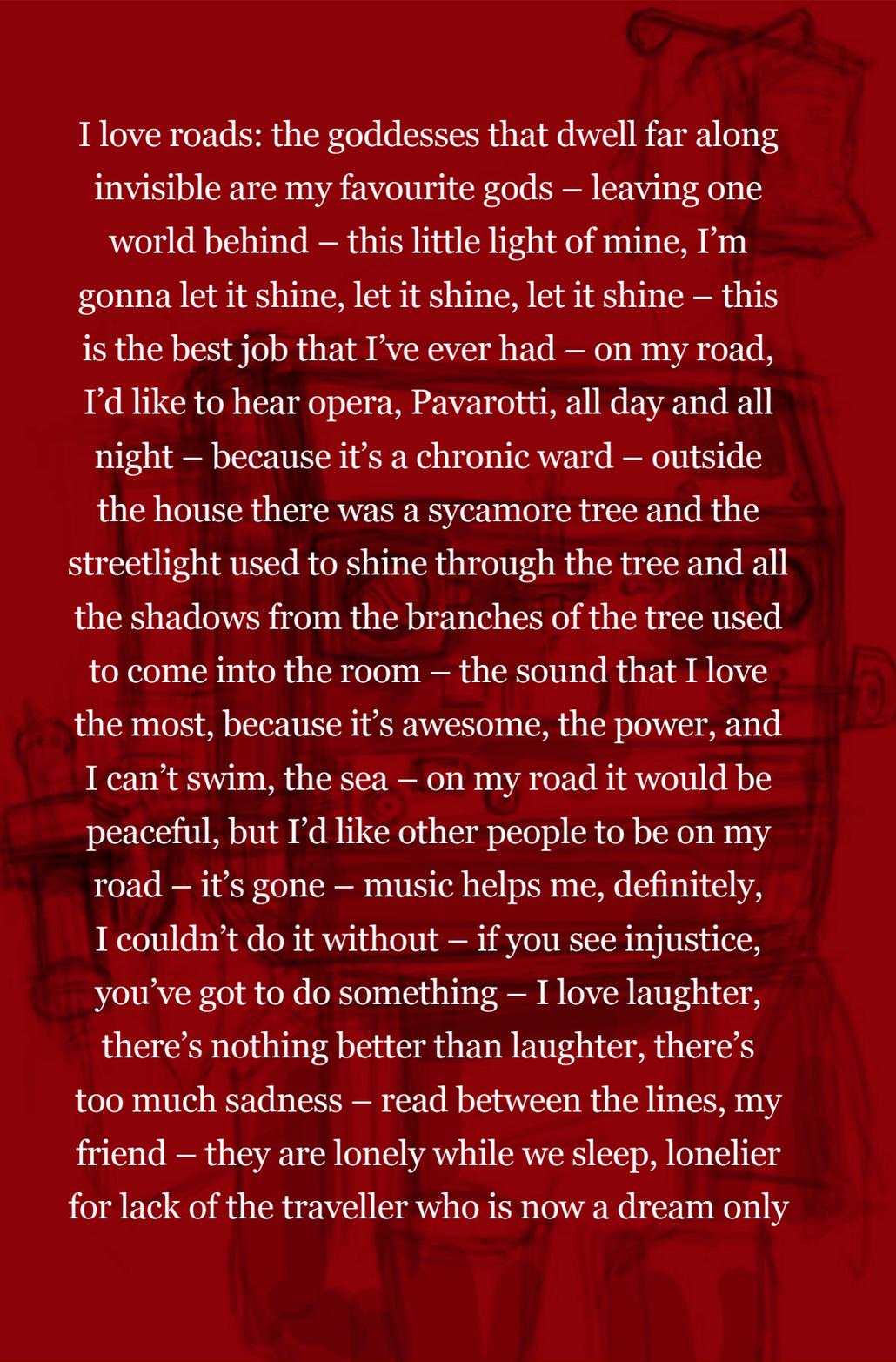
Unity

Warm June sunshine seeps in at the edge of the curtain, but the room itself is dim. A dozen people have gathered at the Unity Theatre to hear Patrick Dineen's completed work, the sound piece edited from his interviews with people on Ward 6B during the spring. There's a sense of intimacy and shared expectation as a wash of music slowly fills the room and a woman's voice can be heard saying 'Welcome to the Royal Liverpool Hospital...'.

A succession of sounds passes: footsteps, doors opening, voices and the listener is carried from the everyday world into the imaginative lives of some of Ward 6B's regular users. The hospital's ambience gives way to the sound of the sea, snatches of song, traffic, distant clarinets, a bellowing ox, electronic echoes, middle eastern melodies, marching troops, birdsong, a piece of TV soundtrack, a car driving away, guitar, keyboards and voices, voices – Liverpool voices, echoing as in a dream.

The voices speak of crystal radio sets and powder blue suits, Kensington, record shops, unions, the sea and the palace at Knossos, archbishops and prime ministers, boxing, the Beatles and choirs – the memories and ideas we all are made of.

The sound fades and the last voice is still. There's a collective



I love roads: the goddesses that dwell far along invisible are my favourite gods – leaving one world behind – this little light of mine, I'm gonna let it shine, let it shine, let it shine – this is the best job that I've ever had – on my road, I'd like to hear opera, Pavarotti, all day and all night – because it's a chronic ward – outside the house there was a sycamore tree and the streetlight used to shine through the tree and all the shadows from the branches of the tree used to come into the room – the sound that I love the most, because it's awesome, the power, and I can't swim, the sea – on my road it would be peaceful, but I'd like other people to be on my road – it's gone – music helps me, definitely, I couldn't do it without – if you see injustice, you've got to do something – I love laughter, there's nothing better than laughter, there's too much sadness – read between the lines, my friend – they are lonely while we sleep, lonelier for lack of the traveller who is now a dream only

breathing out, as the small audience relaxes its attention and comes back to this warm room and a Liverpool afternoon.

Slowly people start to talk about the piece and the experience of being involved in its creation.

'You captured that busy atmosphere, coming into a space that's not intimate and then going into people's worlds that became completely intimate.'

'The way that everybody spoke was so elegant, and poignant and beautiful, I just wanted to concentrate on that.'

'It was very relaxing; having that beat flow through made you slow down and listen.'

'We don't listen any more; it's nice to sit and listen and not look at a screen.'

'People have a past, they have a future – hopes and dreams – and some of that came through for me.'

'There's always a story to tell. You don't just have to sit there and have dialysis: you can have a conversation, you can talk about other things. There's that opportunity to open up.'

One of the patients later commented simply that it was

'Beautiful, warm, touching, and like a story of all people of all time.'



A breathing space.

... to make life good for people, to promote not just health but wellbeing in lives with purpose, pleasure and wonder.

Bodies as machines

In the sciences, it is now impossible to think about notions like life or mind without invoking machines or information systems. As children of the industrial age, we find it easy to imagine our own bodies as machines. When they go wrong, they're fixed in wards that look like the high-tech workshops where cars are now serviced. Blood and oil are contained. Bodies are put into scanners, irradiated and x-rayed. Dialysers filter the impurities from blood.

Millions of lives are saved by these extraordinary technologies, but that should not mask the boundary between machines and people. Humans are living beings connected to and affected by everything around them. They are constantly changing so neither their actions nor their reactions can be reliably predicted. And so, despite its achievements, conventional medicine offers probabilities, not guarantees. There are no infallible methods or treatments.

Of course, everyone knows this. No one really sees bodies as just complicated machines. And yet... medicine remains focused on remedial interventions in which patients are essentially passive recipients. No one forgets that patients are not the instruments but the purpose of medicine. And yet... how often do conversations still happen about patients rather than with them?

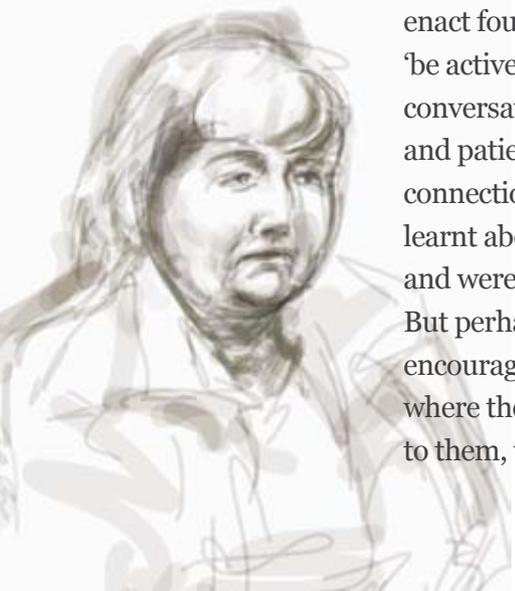
Happily, such attitudes are passing as society moves away from industrial models of organisation. Metaphors of ecology, complex systems and networks increasingly shape our thinking (with their own limitations, of course). We do things differently, in health care as in every other field: using an artist to support the care of people with kidney disease is an example of this.

A quiet education

People's experience of *Footsteps through Time* was uniformly positive. Both patients and staff enjoyed talking with Patrick Dineen because it was a chance to step outside those roles and be themselves for a time. It reminded them of the essential humanity on either side of the professional divide.

The project gave staff a chance to slow down and remember what was important to them and why they valued their work. Both they and patients found themselves opening up about things they had not imagined speaking of in this situation. No one had any subsequent doubts or regrets. On the contrary, the final piece was appreciated as an honest and moving expression of Ward 6B's shared experience.

Footsteps through Time enabled people to enact four of the five ways of wellbeing – only 'be active' was beyond the project's scope. The conversations with the artist and between staff and patients created new and different social connections that each person valued. People learnt about art, music and each other's lives, and were able to give something of themselves. But perhaps most importantly, the project encouraged people to take notice of their lives, where they had come from and what it meant to them, what other people valued and how that



connected with them.

The only reservations expressed were about the amount of time available. Several people would have liked more contact with the artist and certainly more patients could have been involved in a longer project. Some staff felt it would be better if an artist could simply be there rather than planning specific times: a familiar presence on the ward might encourage more people to take part. But they accepted that there were limits to time and resources.

Ultimately, the principal outcome of a project like *Footsteps through Time* may lie in humanising a medical environment governed by life-saving machinery. It was a breathing space in lives where simply keeping well is a constant and urgent preoccupation.

As such, it was also a powerful experience of health education, not because it passed on new knowledge or skills, but because it reconnected those who took part with the underlying human purpose of their interaction: to make life good for people, to promote not just health but wellbeing in lives with purpose, pleasure and wonder.

That this is not mere sentiment became clear when Mark Storer and Anna Ledgard were invited back to the dialysis unit in November 2011, a year after *For The Best*. The project that emerged was conceived jointly by artists and staff and involved patients, nurses and doctors. The result, a booklet of ideas called *A Model Patient*, will be a valuable resource for this and perhaps other hospitals.

Working together like this – involving so many people in a creative process – was possible only because the earlier art projects had fostered trust and empathy. They enabled people to talk openly about feelings, memories and hopes. They nurtured a community where there had been individual people.

Coda: A reflection on being well.



More than the absence of disease

'It is modern medicine's great achievement, which I am the first to applaud, to have found effective methods in situations such as heart attack or pneumonia. But we can neither understand nor maintain health if we rely on a narrow model of specific interventions. Health is only conceivable on the level of the whole organism, or even of nature itself, such is the interconnectedness of things.'

David Servan-Schreiber wrote these words in his last book, published in June 2011. A month later, this renowned psychiatrist and medical researcher succumbed to the brain cancer that appeared when he was 31 and which he had done so much to understand and to overcome in subsequent years. He was 50 years old.

Dr. Servan-Schreiber had good reason to applaud the scientific basis of Western medicine. First, he was a clinician and neuroscientist, trained in France, Canada and the USA. Secondly, it was a chance MRI scan that diagnosed his original condition, while surgery and chemotherapy saved his life. He understood medicine from both sides of the desk.

But his training and experience also led him to ask whether more could be done to resist the progress of cancer or to reduce its likelihood of appearing in the first place. They enabled him to examine the scientific literature on environmental, behavioural and psychological aspects of the disease and of wellbeing itself.

That investigation led him to establish a Center for Complementary Medicine at the University of Pittsburgh. Through his clinical practice, research and books he developed responses to illness that combined conventional medical treatments with patient-centred work on diet, stress reduction, exercise and psychology. His ideas, and commitment to patient empowerment, connect closely with the Five Ways to Wellbeing which underlie Liverpool's Decade of Health and Wellbeing. In 2010, Servan-Schreiber's cancer reappeared, larger and more aggressive than before. His final book, full of courage and humanity, faced up to the challenge implied by the recurrence of his own illness – that complementary strategies had failed him. He categorically rejected this view:

'First, because I, alone, do not add up to a scientific experiment: I am just one clinical case amongst others. Scientific experiments take in data from thousands, even tens of thousands of clinical cases. The analyses, research, conclusions and proofs I set out in *Anti-cancer* are not based on my personal experience but on scientific literature.

Secondly because all treatments, whether established or experimental, have success and failure rates. There is no 'miracle cure' for cancer, no 100% success rate, even in conventional medicine, with its countless achievements. There is no infallible method, whether in surgery or chemotherapy, that succeeds every time. So it is not surprising that no dietary plan, fitness regime or stress reduction technique can eliminate the possibility of a relapse.

On the other hand, the means of maximizing one's natural defences by taking care of one's wellbeing – physical and mental - are available to everyone. One may hold all the trumps, but the game is never won in advance.'

The success of modern medicine has had the side effect of casting other aspects of health and wellbeing into the shade. Because drugs and surgery can do so much, and often with such dramatically beneficial results, we can easily believe that a medical intervention is the only answer, all that is needed.

If health is only a matter of remedial medicine, naturally other approaches will seem unimportant, even irrelevant. And none more so than art: at least diet, exercise, even meditation relate to the body, but art?

So commissioning a musician to work with kidney dialysis patients may seem a surprising step for the management of a large acute hospital. How could that lead to better health?

In fact, just such doubts were expressed by one of the patients who worked with Patrick Dineen at the hospital in the spring of 2011:

'Obviously, there's got to be some sort of benefit, something along the line, for people like myself. Although I've enjoyed doing it and it's been interesting, it's not going to give me any benefit as such, because I'm very much aware of my medical situation and the only way I can cure that is by getting a transplant. But I can see it could benefit other people.'

This person did not see enjoyment and interest as benefits – and certainly not as connected to his health, which he felt would be improved only by a kidney transplant.

But, as the work of David Servan-Schreiber, among others, has shown, people are more complicated than that. The limitations, even the dangers, of applying mechanical metaphors to human bodies are becoming clearer. Our complex, living systems depend on the interactions of our cells, our organs and even our bodies in the world. We need more than one response when we are ill, just as we need more than one activity or nourishment to be well.

Medical interventions are critical. Nowhere is that clearer than in a kidney dialysis unit where people's lives depend on sophisticated machinery. They are critical – but not sufficient. As Servan-Schreiber has written, no one would put a person having a heart attack on an exercise bike. Equally, unless that person subsequently does take exercise, the surgery is likely to be a short-term benefit.

What we think and feel and believe shapes what we do; and that may have a profound influence on our health. That is why the five ways to wellbeing, taken together, can be such an important aspect of people's health and lives.

Acknowledgements

This account of Patrick Dineen's work at Royal Liverpool University Hospital would not have been possible without the generous cooperation of the patients and staff involved. For reasons of privacy, they are not named here, but we are very grateful for their trust in allowing themselves to be interviewed and sketched. We are equally grateful to Patrick Dineen and Nicky Duirs for their time, insight and honesty, and to Polly Moseley, whose idea it was to tell the story of the work. Finally, without the confidence of Sarah Dewar and Liverpool PCT, none of this work would have taken place.

Sources

All the quotes in italics are taken from interviews with people involved in the project and have been reproduced with permission.

Both quotations beginning '*Chronic diseases*' are from the World Health Organisation website: http://www.who.int/topics/chronic_diseases/en/ (accessed 4.7.11)

Information about the Decade of Health & Wellbeing and the five ways may be found at: <http://www.2010healthandwellbeing.org.uk/index.php> (accessed 25.9.11)

Information about For the Best Liverpool, including the project report may be found at: http://annaedgard.com/?page_id=393 (accessed 25.9.11)

The complete text of Edward Thomas' *Roads* may be found in his *Collected Poems*, edited by R. George Thomas, (London, Faber, 2004); only verses 1, 2 and 4 are included here.

The quotation beginning '*In the sciences, it is now impossible...*' is taken from *The body made machine: On the history and applications of a metaphor*, by Andrés Vaccari, which can be found at <http://mq.academia.edu/AndresVaccari> (accessed 1.10.11)

The two extracts from David Servan-Schreiber's book, *On peut se dire au revoir plusieurs fois*, may be found on p. 141 and 57-8 of the original edition (Paris, Grasset, 2011); they have been translated by François Matarasso for this publication.

