

HOW IS IT THAT 'I' PRACTICE (IN) THIS BODY?

A conversation dancing at the intersection of health, choreography and somatic practice between Victoria Gray and Roberta Jean

Victoria Gray and I first met in 2002, as students at the Northern School of Contemporary Dance in Leeds. We shared common ground in that we had both grown up in Newcastle upon Tyne. At 'Northern,' we appreciated the rigour and intensity of our technical dance training, and greatly admired our teachers who included Sharon Watson, Leesa Phillips, Sue Hawksley and Andile Sotiya.

I have a happy memory of Victoria and myself dancing to the Pixies in a pitch-black studio late at night, after a day of what would have been intense physical training in front of mirrors. We were eager to experiment with our creative practice, finding ways of extending beyond the physical and philosophical walls of a school that, at the time, was considered a strict dance conservatoire.

After graduating we became closer and continued to follow each other's practices. Over the last eighteen years we've initiated moments of working together through dramaturgy, consultation, curation and writing. Parallel to our working relationship, we've shared a scattered dialogue around our health, and I noticed we were having similar but not the same experiences.

I have an illness called Pre Menstrual Dysphoric Disorder (PMDD), which affects around 1 in 20 women/AFAB individuals. Approximately 30% of those with PMDD will attempt suicide, and suicide ideation is a common symptom. Although I haven't made work directly about my PMDD, I recognize that the experience of this illness has shaped my practice to date.

Q: Victoria, how have your own experiences with health influenced your practice?

VICTORIA:

I'm glad you framed the word "experiences" because for me, a conversation about health needs to foreground embodiment. By that I mean there are many codified words that have attached themselves to the somatic experience of being within and without my body - words like depression, generalised anxiety disorder (GAD), autism spectrum condition (ASC), disassociation, and post-traumatic stress disorder (PTSD). For me, these names tend to over-code a nuanced language of the experiential, with a hegemonic clinical language.

Undoubtedly, these diagnostic terms have an important function, in for example gaining access to health-care. But clinical criteria is often an expedient and inadequate diagnostician of complex experience. From the somatic perspective of my neurodiverse body (*a sentience that is anomalous in relation to the predominant neurotype) I prefer to think about the way in which, in all of the conditions named above (e.g., GAD, ASC, PTSD) the defining characteristics are sensory in nature. Neurodiverse experience is for me a reorganisation of the (common) senses, and as such, produces differences (not disorders) in sensory perception.

This is where (my) practice comes in. I think from an early age it was the absence of a language with which to describe these differences in perception that led me deeper into my body. Way before I would consider myself an artist with a movement practice, I'd developed idiosyncratic techniques for communing with my body. Which is to say, retreating into my body so as to make meaning out of my seemingly different experience of the world. I remember as far back as reception class in school feeling "out-of-body" and "out-of-place" in a way that I couldn't quite articulate. A bit like being locked inside my body.



That said, it's still strange to me that I would have trained in dance, since I was incredibly shy and to be honest had (and still have) no desire to be a performer as such. It's just that I've always been more able to communicate and make sense of the world intuitively through the kinaesthetic sense. Again, as far back as I can remember I was highly attuned to bodies, my own and other peoples. And since I wasn't much of a talker, my capacity to "body language" developed instinctively as a way of navigating and understanding the world.

So to go back to your question, my experiences of health are inextricably related to my movement practice. Movement is a lifelong practice of integrating, understanding and articulating the different sensory experiences that at times, have been radically destabilising. I've come to understand that health can't be measured by the absence of illness or underlying condition. Rather, it's the way in which a body develops the capacity to be in healthy relation to illness. For me, this has meant developing concrete techniques - moving, writing, drawing, and sounding - that enable me to subsist, even thrive, at my sensory limits.

In that sense, my practice is pragmatic. It is realised in daily application, i.e., swaying from side-to-side to temper the sound of a passing plane, breathing from the back of my neck to dim the brightness of a bright sky, quietly humming into my temples to pacify the tinnitus in both ears....

Q: I wonder Roberta, do you consider your own practice as a “practice/ing of health, too?”

ROBERTA:

Over the years and while trying to understand what was happening in my body, I've been drawn towards mindful movement practices and systems for meditation. This certainly influenced *Brocade*, which explored mindfulness in relationship to work, craft and play.

PMDD can be an uncomfortable issue to talk about, and many still don't believe in its existence. The term or medical diagnosis of PMDD is under-used. There is some cultural baggage left over from the out-dated diagnosis 'Hysteria' which doctors used in the past to pathologize women's behaviour. Although the scientific evidence is there, doctors aren't generally educated about PMDD. Women describing symptoms are often gaslighted and dismissed in medical contexts or misdiagnosed with more well known or similar conditions, quite often with bipolar disorder.

I feel compelled to talk about PMDD as I'm familiar with the data and how many people go undiagnosed. My younger sister also has it, and the science suggests it's a genetic disorder. Whenever I hear of female suicide, I can't help but wonder.

Anyone suffering without a diagnosis is quite vulnerable, not only because of lack of health care but because they can't reference or make sense of their experience. PMDD turns on and off in a disorientating loop in reaction to hormones and people with it are often chemically drawn to the idea of death (through low levels of GABA) in the luteal phase of their menstrual cycle.

Although I've been mostly symptom free through use of alternative medicine and practice for some time, the lockdown has reduced this stability to an extent. I'm aware that others both with and without pre-existing mental health issues are struggling at this time.



From a practical perspective, cardiovascular exercise helps me to increase my brains serotonin levels, which helps lessen my PMDD symptoms. It's been difficult to find the space to run during lockdown and so I've ended up practicing the movement from *Brocade* in our communal garden. This is essentially a kind of skip on the spot, and works well as a cardio exercise. I can latch onto a meditative mode/flow state through practicing this, and can also tap into some of the somatic principles from the work. Cardio fitness has been referenced by doctors in relationship to helping to develop a good immune response to Covid-19. In that sense, my choreographic practice has become a health practice!

But really, at the core of my work, I've always been interested in the potential for transformational experiences within the audience. I'm missing live performance a great deal and I think it will play such a valuable role in reconnecting us all.

Q: It's so interesting to me to think about how your unique sensory experience of your environment informs your work, which to date has solely been performed by you. I know that others and myself cherish our memories of watching you perform. What are your thoughts around performing going forward?

[V:](#)

I haven't performed since 2015, and so the further away I get from that last performance, the more estranged I feel from a notion of myself as a performer. As I said earlier, I really didn't have a desire to become a performer, but since my primary fascination was the body, performance seemed the most direct mode to explore corporeal ideas and experiences. I am a reluctant performer, let's say. In fact, I can remember after a performance at Chisenhale Dance Space (London) that you co-curated, the sound designer Jonathan Webb commented that my presence was almost an anti-performance performance, which felt like a huge compliment!

The last work I made was *Ballast*, made between 2013 and 2015. This was an iterative series of solo works where each performance bled into and out of the last. This is fairly typical of the way I work since I prefer to foreground the processual as opposed "object" nature of a work. I suppose this relates to the anti-performance sensibility, in that I've always been allergic to performances having beginnings and endings as it seems to pronounce the work and my body as a discreet "thing" rather than an unfolding process. So for that reason, durational performance or furtive performances have always appealed to me. I could trick myself into performing if I told myself the performance was just a slightly different framing of a movement activity that I'd be activating anyway in daily life.

In that sense, performance is really just a way for me to frame the questions that I am asking of myself through the locus of my body. But since the questions I've been consistently asking have been fairly existential (!), I've found myself in deep water.



For that reason, I feel wary of performing these days since in my experience, the process of making and showing works has had a deep and lasting impact on me both psychologically and physically. I made *Ballast* at a time when, to echo your words

Roberta, I was trying to understand what was going on in my body. Due to prolonged and persistent anxiety, and no language with which to ground my then undiagnosed neurodiversity, I started to develop physical symptoms such as panic attacks, overactive metabolism, complete loss of menstrual cycle (secondary amenorrhea), and low iron, B12, and vitamin D. Basically, I'd been living out of my adrenals for probably most of my life, and so my sympathetic nervous system was seriously overstimulated. There's a parallel here between PMDD and autism in that women and girls are often misdiagnosed, diagnosed late in life, or are never diagnosed. That said, I found the clinical route very unhelpful in treating these imbalances. So my practice became a laboratory for experimenting with various techniques, particularly Body-Mind Centering, in the hopes of reengaging my organs and glands such that I might nurture a period, and rebalance my nervous system.

I did a lot of in-depth work over a two-year period, practicing every day for several hours a day - breathing, sounding and moving into and out of the various systems of my body. In hindsight, whilst I have decades of experience, a conservatoire training and have taught professionally as a university lecturer, I was (perhaps irresponsibly) "dabbling" in somatic techniques that had the nascent power to fundamentally alter my consciousness and physicality. It's never "just" a performance you see ...

I also did extensive research making *Ballast*, through workshops, mentoring and interviews. Over a period of several years I worked closely with Katy Dymoke (Program Director of Embody Move and Teacher of BMC). I initiated dialogues with Jane Bacon to explore Authentic Movement, Frank Bock to explore Existential Psychotherapy as it relates to movement practices, and with Miranda Tuffnel to consider retreat and healing. I was heavily into Bowen technique at the time, and had started receiving Reiki. I also participated in workshops with Anna Halprin in California, interviewed Simone Forti on the relationship between dance and health at her home in LA, and wrote to Bonnie Bainbridge Cohen to talk about electromagnetic sensitivity and chronic fatigue. So you can see, when the process itself is so rich, in many ways, the performance feels surplus to requirement. You can appreciate that with such a soup of influences and (life) altering experiences, there's no wonder that my body has taken five years (and counting) to make anything "new," at least publicly.

Paradoxically, whilst the "function" of *Ballast* was to temper my systems and senses, it seemed to have the opposite effect! A Body-Mind Decentering, if you will. Due to the acute way I'd been meddling with the already sensitive endocrine and nervous systems, I'd produced a hyper-stimulation such that post-performance, I had to invent further techniques for recovery. The only way I can describe it is that at times my body felt like an antennae; sharp like a needle, zingy like when you taste the metal of a fork on your tongue. Other times I'd feel like I was under a blanket and that my skin was made of insulating felt. It was hard to swing from one quality to the next, particularly as this would interrupt daily life, like when getting on a bus or having a shower, for example. Whilst this excess and residue is so affirming, in that it testifies to the transformative potential of somatic practice, it's also frightening if you practice solo and without the right "after-care," buffers and support.

Q: Going forward, then, I'm looking for ways of performing that feel discreet and sustainable, almost practicable from home. Despite performance and movement having a clear therapeutic function for you Roberta, has your practice ever induced any adverse or overstimulating effects?

R:

For me, it's not the performance or practice itself, it's more everything that surrounds it. The PR, travel, organisation, reviews, social media, lack of sleep and the energy of some festivals. The constant juggling of jobs and focus can trigger my mental health to decline, especially after a tour has ended and my adrenalin dissipates.



In the luteal phase of my menstrual cycle, the connection between my mind and body can weaken. I often end up dropping things and tripping over. This disorientation doesn't exactly bode well for being reviewed. My relationship to my body isn't consistent. Most of the time, I'm ok and able to access my physicality as I normally would, it's just in certain moments when my sense of the world suddenly changes, I can often lose my footing mentally and physically. This can be perceived as something else in dance performance and in regular life also!

PMDD was classified as a disability in 2010 under the Equality Act, but I've never spoken publically about having a disability before. Also, it's more often classified as an invisible disability, and is compounded by obvious taboos that silence having 'menstrual problems'. But since I've always been driven by my interest in creating transformative experiences for audiences, I'm very happy to be working from the outside of performance going forward. I hold onto my practice for myself and for the creative process, as a way of understanding the inner/sensory experience of the dancers I collaborate with. Although, I'm certainly not saying that dance should only be performed by able-bodied people, I'm just not personally driven to fight for my place within dance as a performer in future works.

One positive aspect that has come from us experiencing illness is that, through years of questioning and enquiry, we now have an intimate understanding of our body-minds. I do however wish we could have developed this understanding and knowledge earlier. Anyone struggling with mental health has a very personal and complex puzzle to tend to. I tried to avoid mine for a long time but it caught up with me.

Q: If someone was interested in commissioning you to perform, could they work with you to create a safe and supportive performance context? Is the door still open under the right circumstances?

V:

Hmmmm! Sometimes when I can't sleep (which is often), or when I get a surge of curiosity in my body (which is often), I ask that question. I get the urge to make, definitely, but the feeling evaporates just as quickly when I imagine what surrounds the work. As you say, the PR, travel, organisation, reviews, social media, and public requirements of performing and touring can be exhausting and emptying.

To be honest, the surrounds of the performance have created massive anxiety for me. Particularly in terms of sensory overload. So I've gone through the same cycle over the course of my practice, with periods of touring and performing intensively, and then complete burnout, isolation, and nothing for months. In this present case, years. Recently I've accepted that based on a normative understanding of performance as requiring physical presence, and a social media driven promotional mechanism, there is perhaps no place for my tendencies; having no social media account, being vulnerable to burnout in touring and festival formats, and an inability to perform (i.e., make myself visible as an artist /art-object) according to the conditions (demands) of that milieu. In the end, I just found that I stopped applying to opportunities or said no to invitations to perform. And for the most part, saying no has felt affirmative. It's also the case that taking care of my body, re-investing in personal/familial relationships, and finding stability in my home life takes precedence now. As a younger practitioner, being an artist seemed synonymous with foregoing that stability - as if precarity was a necessary condition of being a ("real") artist. But as you said, you can ignore the adverse effects of this instability, but it does catch-up with you, it certainly did me.

I don't wish to be combative, but compounded with this I feel that there are disability access issues and unquestioned assumptions about modes of visibility and presentation in dance-art contexts, particularly as it is a visceral art-form. The capacity to be visible and stay visible in certain pre-formatted ways is something that I've consistently struggled with, politically and physically. Although interestingly, this appears to be shifting due to the experience of lockdown during the Covid-19 pandemic. It's encouraging to see that organisations are considering unfinished works, low-production value video, epistolary address, dialoguing and unfolding processes as performative work, rather than (promotional) appendages to the performance "proper." In this context, I'm especially interested in ways in which the domestic space folds into the public space. As mentioned previously, I've had several cycles of burnout in my life since my early 20's. I've been fortunate in that, during these periods, I've been supported by friends and family. This afforded me an ability to mine these fallow periods, documenting movement ideas in my domestic sphere. I've literally hours and hours of "low-fi" footage of me in a series of rented accommodations - in living rooms, kitchens, bedrooms, corridors etc., - trying out movement ideas to the sole audience of my laptop. Perhaps there is a project imminent there?

And yet despite being fallow since 2015, certain invitations have come my way. It seems people can still see you even when you think you can't be seen! What is most interesting to observe are the commonalities in themes that seem to be arising. For example, I was recently invited to give a workshop, alongside Florence Peake, in the context of a

residency exploring the relationship between art, near-death experiences, and spirituality. I'm often asked to mentor artists, and have noticed a similar connection in that they all seem to be dealing with the fallibility of the body. And of course, your invitation to talk about the intersection of health and dance practice is pertinent here. So there's a constellation that I need to pay attention to, because it's telling me something about what's immanent, what's (in)forming...

Q: You mentioned stepping out of your work as a performer, but of course continuing your personal practice for health and embodied research reasons. I'm aware that you've been exploring psychedelics in relation to your health and new choreographic work, could you say more about this?

R:

In 2015, the gruelling effects of PMDD had caused several periods of depression in my adult life. I felt I should pursue a full hysterectomy and at times I was planning out my suicide in detail (even in the good part of my month). A full hysterectomy is known to cure PMDD but it can also cause other types of health problems (although many will accept the trade-off). It's also quite hard to persuade a doctor to perform this procedure, especially if you're under 40, and even if you're adamant you don't want children. Although I recognise SSRIs are a lifeline for many, after experience with various medications, which caused traumatic side effects, I was concerned that any more psycho-pharm would be too numbing and so impede my work as a choreographer and with my body. At the time, my work was pretty much what I was living for. What was to come was a period of self-exploration with the aim of cultivating happiness for myself, outside of making my artwork or the idea of being successful.



In 2017 I noticed the online discourse on psychedelic science and started to enquire further. Having a psychedelic experience (in a country where it's legal) was like coming home to myself. My perspective completely shifted, which in turn deepened my practice. After experiencing what felt like an almost constant state of anhedonia, (much like Ayelet Waldman) I could suddenly enjoy and engage more with my body, relationships, my environment and nature, in a much more consistent way. I was literally obsessed with trees for months, because they seemed, well, so much more like trees. Previously, I

couldn't properly register plants as living organisms. It's proven psychedelics can strengthen our relationship with nature, and that this effect is lasting.

I support psychedelic researchers who encourage caution. Psychedelics are amplifiers, and they can often intensify the environment or headspace you're already in. They can be dangerous if taken in the wrong context, not to mention illegal in many countries. With no quality support, you can end up having an experience that traumatises you, that actually gives you PTSD. The prefrontal cortex area of the brain doesn't fully develop until the age of 25 and scientists can't yet fully comprehend the effects of psychedelics on anyone younger than this (let alone with older adults). Rick Doblin (founder and executive director of the Multidisciplinary Association for Psychedelic Studies (MAPS)) imagines a future where psychedelic therapeutic centres exist to safely guide people through these experiences. I also support the move to decriminalise certain substances in line with harm reduction principles. For people who have run out of other medical options, psychedelics might be appropriate, and they deserve access. Not least those with, for example, cluster headache who use psilocybin quietly - albeit illegally - to curb suicide inducing pain.

I'm aware some women with PMDD are also microdosing psychedelics with anecdotal success. We can't fully understand the long-term health implications of this and I don't imagine anyone will research psychedelics for PMDD any time soon. Women are currently in this precarious position where it's difficult to access health care to meet specific needs outside of childbirth, while at the same time their bodies are policed. I'm so grateful to the psychedelic community I have connected with. They stretch across academia and community activism groups. In all my research into meditative practices and yoga etc, I've never fully been able to understand the term ego or my relationship to my own ego. That was until I learned more about psychedelic science, including research on the Default Mode Network and psychedelics from Imperial College London. With or without a psychedelic experience, I find this research in and of itself valuable and healing.

My DanceXchange residency in 2021 seeks to bring together psychedelic researchers and collaborators from contrasting art disciplines to see if we can translate aspects of the experience of illness and psychedelic therapy into live performance. I've invited long term collaborator, Stephanie McMann, as well as dance artists Maëva Berthelot and Katy Coe into the studio to begin work. Due to lockdown we postponed some of our initial work but we're trying to figure out how the project can be part of the coming-back-together process, hopefully in a post-Covid setting.

Q: Victoria, I know that you have been developing research on the relationship between stimming in autism and the development of your movement language. Could you say more about this?

V:

Roberta, so much of what you describe in relation to PMDD and psychedelics resonates with my experience and research regards autism. I'm sort of bursting with connections and noticing that I actually just want to move in response to you. To give a bright "yes" gesture; arms up, fingers splayed, shoulders to ears, tickle-spine, jaw out, smile-body...

ok, the typing of words is slowing me down ...

So, you mentioned your obsession with trees and properly registering them as living organisms. Some autistics testify to a similar intensity in terms of sensory-aesthetic perception, a sense of resonating or riffing on/with their environment. I'm thinking of Naoki Higashida and Donna Williams for example, who each describe a sense of losing a notion of discreet body or self (perhaps ego), such that the edges of where the subject/person/body begins and ends is unclear. Amanda Baggs bodies this so clearly in the video 'In My Language,' as we see her commune with her surrounds such that everything has vitality, including so-called inert matter.

Speaking to this, Erin Manning writes of autistic perception as the 'direct perception of the forming of experience.' She suggests that autistic perception "begins" in the "middling" of experience. Yes, for me everything is always already moving to the extent that my sense of world(ing) and body(ing) feels vibrant. But it can also feel violent because of this turbulence too. Gravelly ground can dizzy, a tree is a million green-brown pixels edging into treeness, skin can be felt as a trillion stinging cells stretching and growing around bones...

It's hard to dial it down.

Since childhood this has been my experience. I was known in my family and with school friends as "hyper-sensitive" / "too sensitive." Autism theorist Olga Bogdashina has written about autistic experience as being at the edges of the known world, almost a sixth sense. When you say sixth sense it sounds spooky. But this doesn't make me clairvoyant. It just means that aside from the five basic senses I have a highly developed sixth sense which - as dancers - we know is essentially the kinaesthetic sense!

But if you describe such experiences in certain contexts it can seem at best like a psychedelic experience, and at worst, a pathological one. Or, that you're making it up - the myth of autistic perception. This was my experience of clinical psychiatric assessment after an intense period of hypersensitivity that turned into an extended systems shutdown; a sort of protracted several-week catatonic phase. Despite my protestation that I was experiencing a too-fast flipping of hyper into hypo-sensitivity, my sensory overload was officially reported as an aggravated depressive episode. And this is where stimming as it relates to my movement practice comes in to save me.

Stimming is known as self-stimulatory behaviour - in my case, this would involve riffing on / repeating a movement or sound until I forget I am doing it / I start to merge with it. Stims are often described as mechanisms of defence against sensory overload in autistics, and it's certainly my experience that if there is an overstimulation of visual or auditory stimuli, swaying from side-to-side helps me to process what's incoming. Similarly, if there's a sound in my environment that I'm finding hard to process, humming so that I feel my temples compress seems to help. I also love to hyperextend and rotate my hand around my wrists, stretching and spreading my fingers in a spiky kind of way. But what I really love is the feeling of pressure on my forehead and heavy blankets on my body. These movements, as a repertoire or tool-kit, seem to consolidate everything and stop me from spinning off.

But. But. It's very hard, particularly as an adult, to have permission to do this. Since, as we well know, bodies, particularly adult bodies, are supposed to be composed, controlled and rational. Sadly, I don't always allow myself to stim even when I feel I really need to. Not even with my closest loved ones and family. If I do, I've learned to

make it so small as to be imperceptible. Finding ways of swaying cellularly, humming silently. Stealth-stims. From an early age I must have learned to mask my stims, which is to say, mask my difference in daily life. So in that sense, my impulse to move and dance may not be so strange after all. Perhaps dance and performance was a cover in that it gave me permission to stim?



My live performance work ended in 2015, before my diagnosis in 2017. So I certainly didn't think about what I was doing at the time - either in my dance training or making - as stimming. Now, I see both as a practice of stimming. I am stimming.

There I am, pressing my forehead into the ground, trapping my hair under my knee. Getting that exquisite pressing and pulling sensation. There I am, crawling on the ground for hours on end, sometimes with bricks on my back. Feeling the concrete massage my belly and the bricks squash my spine. There I am squatting, humming and swaying from side to side.

Often my performances consisted of repeating these same movements again and again, again and again, unsighted, over hours, over days. Losing my "self" in the pleasure of moving.

To be honest though Roberta, I don't move so much these days, at least not in a dance context. In my job I mentor autistic students and support them to navigate Higher Education. I'm completely engrossed in my job such that I'm able to apply my experience of autism and my background in philosophy and somatics to my role. Occasionally I'm able to integrate movement practice. Sometimes students teach me their stims. Sometimes we "perform" them together so that I can share an embodied understanding of their needs and what settles their nervous system. During lockdown

I've been working virtually with students, and there's been a lot of stimming-to-camera which, funnily enough, is not unlike the performances-to-camera I mentioned earlier!

For about 18 months I've been developing a partnership with The Retreat, York, at the Autism and ADHD diagnostic service. I'm interested in exploring stimming and movement practice in terms of self-care and self-advocacy in autism, so that embodied experience is foregrounded. Like you, I'm interested in working with other bodies in this project, and not as a performer. I'm especially keen to work with movement practitioners who are neurodiverse, including those who have self-diagnosed or have a working diagnosis. Due to Covid-19, however, the project is on indefinite hold.

So, here I am again, in a fallow period at home writing an invisible project into existence. Wearing my noise-cancelling headphones, swaying to appease the sound of my neighbour as he drums in his summer house. The vibration makes me feel queasy. Neurodiverse experience can be exquisite, but feeling the world shake so acutely can be nauseating too ...

Phew. I think I've tired us out ... ?

R:

I think this conversation has been a long time coming...

We used to sit in coffee shops together questioning why we experienced the world differently, and it feels good to have some of the answers.

Part of the reason I wanted to talk to you is that, I'm aware the issues we've been working through are often dealt with so quietly. I'm hoping this exchange can provide a reference for others who are struggling with their own mental health questions, especially in this strange time.

Hope is such a valuable state of mind, and I know we've both lost touch with this hope at times in the past, mainly through not being able to understand our own bodies.

Thank you Victoria for your work, time and friendship.

Thank you to DanceXchange for hosting this conversation.

LINKS & RESOURCES

- [Amanda Baggs. In My Language.](#)
- [Erin Manning. Me Lo Dijo un Pajarito Neurodiversity, Black Life, and the University as We Know It](#)
- [Neurodiversity Reading Group London](#)
- [Donna Williams. Autism and Sensing: The Unlost Instinct.](#)
- [Melanie Yergeau. Authoring Autism. On Rhetoric and Neurological Queerness.](#)
- [National Autistic Society](#)

- [The International Association For Premenstrual Disorders](#)
- [Ayelet Waldman. A Really Good Day](#)
- [Rick Doblin. The Future of Psychedelic Assisted Psychotherapy](#)
- [Dr. Rosalind Watts. Researching Psilocybin's Effects on Depression](#)
- [Michael Pollan. How To Change Your Mind](#)

- [Victoria Gray Website](#)

- [Roberta Jean Website](#)

IMAGE CREDITS

- *Welter*. Film Still. Performance: Victoria Gray. Camera: Sam Williams
- *Brocade*. Rehearsal Image. Dancers: Stephanie McMann, Charlotte Baker, Helka Kaski & Roberta Jean
- *Ballast*. 4th Thessaloniki Performance Festival, Greece. Photograph: Dimitris Mermigas. Victoria Gray & The State Museum of Contemporary Art, Thessaloniki, Greece
- *Road Postures*. Stephanie McMann. Photography: Emli Bendixen
- *Road Postures*. Stephanie McMann and Roberta Jean
- *Ballast*. VIVA International Performance Art Festival, Montréal, Québec, Canada. Photograph: Paul Litherland