



# The Language of Kindness Resource Pack

Wayward Productions  
**THE LANGUAGE OF KINDNESS**  
By Christie Watson

Adapted and Directed by	Sasha Milavic Davies and James Yeatman
Set and Costume Design	Zoë Hurwitz
Lighting Design	Jess Bernberg
Sound Design	Gareth Fry
Video Design	Hayley Egan

### **Cast**

Tina Chiang  
Janet Etuk  
Rina Fatania  
Etta Fusi  
Keziah Joseph  
Clive Mendus

### **Production Team**

Production Manager	Niall Black
Stage Managers	Rob Perkins, Surenee Somchit
Production Technicians	Laura Hammond, Tom Pritchard
Costume Supervisor	Kate Hemstock

Executive Producer	Judith Dimant
Producer	Philippa Barr
Finance	Lucy Williams
Assistant Producer	Jessie Anand
Rehearsal photographs	Sarah Ainslie

Resource pack written and compiled by Emily Greenslade

THE LANGUAGE OF KINDNESS opened at Warwick Arts Centre on 19 May 2021  
before playing at the Assembly Hall Theatre Tunbridge Wells 26 to 29 May and London  
Shoreditch Town Hall 2 to 12 June 2021





# Introduction

Wayward is a theatre production company. It's a new company which was set up in 2018. It's slightly different from other theatre companies because it doesn't have one Artistic Director or produce the work of one particular group of theatre makers.

Wayward works with a variety of artists across a wide range of work. The company is particularly interested in adapting books and novels into theatre. Books that wouldn't seem to be obvious for the stage.

**THE LANGUAGE OF KINDNESS** is one of these books. It's a personal memoir of Christie Watson's time when she worked as a nurse for the NHS.

This pack goes some way to show how a group of theatre makers created a piece of theatre out of a book, that on the face of it, seems very untheatrical.

Judith Dimant is the founder and producer at Wayward. A year before **THE LANGUAGE OF KINDNESS** was published, she was given the **treatment** for the book by a **literary scout**. A literary scout is someone who looks at all the new

books coming out and tries to find the most excellent ones. These are then sold to clients – who will be publishers and also film and television production companies all over the world.

A treatment is a document that outlines what a book is going to be about and what each chapter will cover. The treatment is shown to different publishers who bid against each other for the rights to publish the finished book. The publisher that pays the most will then publish the book, hoping it will be a best-seller.

From reading the treatment, Judith thought **THE LANGUAGE OF KINDNESS** would make a very interesting piece of theatre which explored empathy and kindness and so she approached the writer **Christie Watson** to ask for permission to make a stage adaptation.

The first workshop exploring the book and its themes was led by **Sasha Milavic Davies** in early 2019. Sasha is a director and a choreographer who trained at the **Jacques Lecoq School** in Paris and her method of working has suited adapting this book into live performance.



Left to right: Judith Dimant, author Christie Watson and co-director Sasha Milavic Davies



“Wayward Productions has been working for the last three years trying to translate nursing and exactly what it is that nurses do onto the stage. The challenges have been great.

**COVID restrictions. Testing. Illness. Grief. Loss.  
A collective numbness of creativity.**

But by far the biggest challenge for all of us was getting to the thing, the beating heart of nursing, what nurses have to teach us all.”

Christie Watson, April 2021



# Creating An Ensemble



Director and choreographer Sasha Milavic Davies trained at Jacques Lecoq's theatre school in Paris. While of course Sasha has her own directing style, there are clear Lecoq based influences in the direction of this production - notably the focus on the body to show meaning.

Jacques Lecoq (1921 – 1999) was best known for his teaching methods in physical theatre, movement, and mime. He wanted to shift conventional word based theatre to a body centred approach by exploring the relationship between movement and acting, between the human body and its place in the world.

While he never sought to create a 'method' as such, rather wanting students to find their own way, most of his teaching practice is laid out in his book, 'The Moving Body: Teaching Creative Theatre'.

The following exercises are focused on generating an ensemble and creating movement templates.

## Exercise

### Balancing The Space

Leave your stimulus or text to the side and focus on developing a relationship between the people in the room. This exercise is useful for the beginning of the devising process to get the group working together.

#### Aim

> To move as a group

#### Set up

> Use a space for everyone to move around in comfortably. This exercise works socially distanced.

#### Exercise

- Find a space in the room, making sure you are all equidistant. You don't want gaps. Imagine the floor is balanced on a point in the centre of the room.
- Begin to walk around the room at a steady speed, aiming to maintain a balanced space.

- Try to match the timing of your walking with the group, so you're all walking at the same pace.
- Keep your eyes up, making eye contact with each person you pass. Smile. You're tuning into the dynamic of the group.
- When your teacher/facilitator calls 'change', immediately change direction. Continuing at a steady pace and balanced space.
- When your teacher counts down from 4 to 1, without speaking and without a leader, you must all slow down and stop together.
- Extension: try slowing down, sitting down, getting up and walking again (increasing speed each time).

NOTE: This should all happen without a leader. It might take a while, but by concentrating on the people and the space around you, you will get there eventually. And when you do, you will be moving as an ensemble.





## Exercise Chorus

### Aim

> The whole group copy the actions of the leader, so from the outside it looks as if you're moving as one.

### Set up

> Space to move in.

### Exercise

- As a group, face forward. Whoever is at the front of the group will lead. Start to move slowly, gradually adding gesture, and changing rhythm while continuing to move. The rest of the group follow as accurately as possible.

### Changing the leader

- The leader should stop, turn 90 degrees - everyone following turns as well, which produces a new leader at the front of the group. This leader then moves off on a new track. If there is ever any doubt who is the leader, someone at the front of the group will assume the role.

### Taking it further...

> This is a useful exercise to generate a sense of ensemble and also how to move more in unison.

NOTE: You could make this exercise socially distant, but works better when not.



## Exercise On The Grid

Often to describe a physical game makes it sound more complex than it actually is to do. So with this in mind....

### Set up

> Using electrical tape, mark out a grid of 9, 6, or minimum 4 squares.  
> A leader volunteers, and there should be 2/3 followers, queuing behind the leader. This number can increase as you become more proficient at the task.

### Exercise

- The leader stands at the corner of the grid. Everyone who follows must follow the pattern the leader sets. The leader walks one side of the first square to the point where the sides of the square intersect (i.e. the tape ends meet). They pause there.
- While the leader walks, the first follower moves to the same starting point at the corner of the grid as the leader chose.
- When the leader moves off again the first follower walks to the point on the grid where the leader paused. Meanwhile the leader has moved to another side of any connecting square and has paused again. During this second pause, the second follower has readied themselves at the starting point. As the

leader makes their third move along the side of a square, the first follower moves at the same time to the point the leader just left, and the second follower moves to the point on the square the first follower just left.

- The followers must move only when the leader moves and at the same time.
- Gradually the numbers can increase and the leader can start to make more complicated patterns. They are not trying to make it difficult for the followers but can challenge their ability to keep the pattern and rhythm of movement. So the leader may choose to double back along the side of a square and stand on the same point as a follower. Invention is encouraged! (Once the group have understood the task).

### Taking it further...

> It is important not to look at the floor but to keep your eyes on the horizon and each other. Make eye contact, say hello when you meet, use gesture, but always move together.

> Now you can vary the rhythm by changing the interval between leader and follower and also between followers e.g. the leader moves off, but the first follower leaves two moves before starting and maybe the second follower leaves one move between them and the first follower etc.



# Theatrical Language

“Nursing is all the sciences and all the humanities and all the arts. And we’ve discovered now that nursing is theatre too. **Theatre is taking something concrete and making it abstract, and nursing is taking something abstract and making it concrete.** We need that concrete understanding more than ever, to feel solid ground beneath our feet.”

Christie Watson

## Exercise

### Creating Expressive Gesture

#### Set up

> Refer to the book *The Language of Kindness* or use the extract below.

Extract page 122 from *The Language of Kindness*

*‘There is a spider in my head.’ Tia is five years old and has the ear of a soft toy rabbit in her mouth as she speaks. Her aunt, Caroline, is sitting next to her. Her parents have gone off the ward, after speaking to the doctors. Both of them are crying. ‘Tia, you know it’s not a real spider.’ Caroline half-smiles at me, but the smile doesn’t reach her eyes. I kneel in front of Tia. ‘The type of lump in your head looks exactly like a spider,’ I say. ‘I know what you mean.’*

#### Exercise

- You can use the extract from Chapter 4 ‘At First the Infant’ page 122 or choose another extract from the book.
- Either in partners or on your own, find a moment from the text that you find interesting.
- Create three expressive gestures from this moment. These gestures are not re-enacting or miming the moment, but thinking about representations of it. How it feels. Keep the gestures short.
- Put all the gestures together to create a sequence that you can repeat. If you are working in partners, label each other A and B and try combining both sets of gestures to form a new sequence. Maybe: A, B, A, B, B, A
- Show the sequence to the rest of the group.
- Try the sequence with different kinds of music underneath.

#### Taking it further...

> Now you have your movement sequence, you can keep adding. Add a moment of slow motion, a moment where both feet are off the floor at the same time, a moment of fast forward or create distance between you.

## Exercise

# Creating Verbatim Movement

Verbatim Theatre is theatre using real people's words. It often uses transcripts of interviews from real life situations, which are then edited together to form a script using all the **ums and ahs** of everyday language. This kind of theatre aims to shine a light on the real people whose stories the piece is telling and words it's using.

So, what is Verbatim Movement?

This is a new concept created by Sasha Milavic Davies and James Yeatman. During rehearsals, Sasha worked with Christie to recreate a cardiac arrest situation. Unlike expressive gesture that is representative, the challenge of verbatim movement was to recreate movement exactly as it would be performed in real life. It requires a calm and clear director and for everyone to move through the movements very, very slowly.

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## Exercise

- Watch this simulation of a cardiac arrest situation from Oxford Medical Education [HERE](#)
- Cast your scene. Who plays who?
- Write the script. The director/facilitator can transcribe the text before the rehearsal or each performer can watch the video separately and write down their individual lines.
- When everyone has their lines, the director/facilitator leads the group through the sequence.

NOTES: You are trying to re-enact a cardiac arrest situation, movement-for-movement, word-for-word. This process will take a while, so it's best to keep the sequence you choose quite short.



# Performing Nursing

Interview

Clive Mendus - Deviser/Actor

## A show about nursing during COVID-19...

The first thing to say is that having work of any kind in the last year has been both very welcome and unusual. Our industry has been shut down by the pandemic.

We have been on a mission to stage this adaptation for three years now and initially it seemed that the material, Christie Watson's memoir of her nursing experience, was entirely appropriate to the times we were living in. However it soon became clear that we couldn't simply present a version of her book, without reference to the crisis both in the country and the NHS. But when the book was written there was no pandemic, and yet to talk about a nurse's life story which ignored the crisis seemed both perverse and ignorant. This was a dilemma.

When we last met in September 2020, the solution seemed to be to totally embrace the situation. Stage management acquired the full Personal Protective Equipment (PPE), we rehearsed in masks and we kept social distance between the actors. We started to find ways of staging that we thought held interest by forcing a type of stylisation onto the movement of the actors. The show was becoming about the pandemic.

By the time we met in March this year everyone's thinking had moved on. Sasha and James were clear we were not there to make a show about the NHS and the pandemic. We were there to make a piece of theatre that is a response to what Christie had written about, seen through the lens of our lived experience of covid-19. We all know people who have been touched





by Covid's deadly finger. And then, as actors, we are all tested twice a week, some of the team have been vaccinated, others will be. We use masks when we must and hand sanitiser regularly. This is how we deliver the show but it is not what it is about. The experience of nursing and the skills needed to do it, notwithstanding the trauma of the last year, remain the same as before.

### The similarities...

Actors will pretend they can do anything. Can you play Doctors and Nurses? Yes of course, I could when I was 6, so why not now? Will we be found out? Yes we will! Our abilities to truthfully represent something sometimes are only as good as the director's ability to stage it. Then the question is: is it better to show our response in a literal way; real machines, real instruments, real uniforms, or to use theatre's ability to transform the banal into the poetic? Sasha and James have quite deliberately pushed this piece in the direction of dance. A lot of the movement is stylised, sometimes balletic, other times jazzy. It is not 'Casualty', i.e. there is no attempt to imitate the literal truth of a hospital ward or operating room. But when we do want to present a movement version of that, it still needs to function correctly - as we found when Christie came herself to teach us how a Crash team (emergency resuscitation) behave. What we had created was well wide of the mark and it took her expertise to put us on the straight and narrow.

I would never claim similarities between actors and medics. Those who work in the NHS are daily confronted by a level of reality most of us would shudder to see. My daughter insists what I do is not work, merely 'mucking about in a room'. She's not entirely wrong, though it takes a degree of seriousness that might surprise many. However there is a similarity of sorts between the professions in the level of precision and attention to detail a nurse and an actor are required to uphold. Both professions are vocational - you cannot ring up the West End manager and throw a sickie because you fancy a night off, just as you cannot ignore patients during night shift and have a sleep instead - unless you're very crafty! Both demand your time, attention and often long unsociable hours - and often for low pay. I suspect nurses need to master their emotions too to communicate better with patients and colleagues much as our characters do in theatre. And there's that word - the place of greatest drama in a hospital where the surgeon reigns - **the Theatre**.

### My devising experience...

Perhaps one thing we did, both in the past and this time, was to individually find a series of gestures, say to do with the word 'care' for example, and then make little movement sequences based on those gestures. We have had quite a short amount of time to create this show, so have not spent a long time building it up from exercises but rather jumped in to the deep end and started creating straight away. Sasha's unhurried confidence

makes that seem normal and straightforward - which gets results. After years of making devised shows with Complicité, I am used to taking apart a book and attempting to bring it to life. The difference this time is that Sasha and James do not always require the work to be based around text but at times to be pure movement alone. A book of this sort cannot be 'told' in the usual way, it must be transformed. There is no handbook on how to do that. So you improvise, try things out, throw things away, try again. As Beckett said: 'fail again, fail better.'

My only advice to students who are devising is to be prolific. Create as much material as you can, but always go back over it and play with it again. Test it, does it hold up? Does it fit in with what you are creating? It's not a nice phrase but we always say that 'sometimes you have to kill your babies' - meaning the favourite bit you've made that you love doing, may not fit into the show and so has to be discarded. Don't worry, create more. Remember, we see what you see. If you can imagine it and believe in it so will we. Remember too that theatre does not have to be a pale naturalistic imitation of TV soaps. It is three dimensional, aural, visual and can be poetic absurd, surreal and funny - sometimes all together.

### Style...

One of the inspirations for this piece is the work of the great Pina Bausch, the late German choreographer and inventor of Dancetheatre (Tanzteater) in Wuppertal. There is a wide variety of styles in the piece from domestic naturalism to Daft Punk and Harry Belafonte by way of choreographic precision. We have made a playful collage of stories and ways to tell them that range from harrowing to hilarious.

You don't get to do that everyday.



Stage manager Surenee Somchit

# Making Collaborative Theatre (in a pandemic)

## Check list:

378 x lateral flow tests

36 x PCR tests

20 x face masks

6 x individual PPE kits

1 x large rehearsal room

1 x covid safety policy

6 x bottles of hand sanitiser

1 x infrared thermometer

6 x large packs antiseptic wipes

“The more rules, the more creative you can be.”

Sasha Milavic Davies

## Is that a prop or a real object?

Making a show about nursing, in a pandemic, has conjured up some peculiar parallels. During rehearsals, the props table was laden with hand sanitiser, masks and full PPE.

Were these fictional props for the show or items to keep the cast and creative team safe? The line between ‘covid safety’ and ‘performing nursing’ has been thin.

## What if you're not able to touch?

This show is about nursing - a profession that relies on touch. So how do you make a show about nursing when the actors are not able to do that?

When creating new material or devising, limitations can be extremely useful. One limitation might be that no one must touch. Another might be that an actor must sit, while another must stand. If the actor who is sitting then stands up, the other actor must sit down. Another might be to do the scene in slow motion. If we throw new limitations at a scene or moment we have just devised, we might be able to find new meaning in that scene or moment that we hadn't thought about.

During one moment in rehearsal, the company were exploring a flashback moment when a nurse ‘talks’ to her dad who has recently died. Sasha and James developed a piece of movement where the actors danced in couples as if they were hugging, but leaving space between them and never actually touching each other. The effect was particularly poignant as the space between the performers highlighted a sense of emptiness - that something was missing in the character's life. It opened up a new meaning.



London nurse in full PPE during the covid-19 pandemic, Summer 2020



# From Page to Stage

Interview

James Yeatman - Co-director

## **My first response to Christie Watson's memoir...**

The stories it tells completely floored me – and still do! I've read and re-read it and still find myself welling up when we read bits out loud in rehearsals or whatever.

## **My experience...**

I've had quite a lot of experience adapting books as part of a devising process, with Complicité and with my own company, Kandinsky. So after the first workshop I was brought in as a director with a kind of eye for the dramaturgy and text, pursuing Sasha's instinct that this should be a show that had movement at the heart of it. I wanted to be part of it because I love working in more movement/dance-based theatre and don't know how to do it, so it's been a real privilege to work with Sasha on this.

## **A living author...**

It's a lot. Not only do we have a responsibility to Christie, but I think she also feels a great responsibility to all the nurses she's representing and speaking for, so we have a responsibility to them, too. At the same time we have to trust ourselves as theatre makers to make decisions in how we translate the book to the stage that might not be obvious ways of dramatising it, but preserve more of the energy and feel of the text.



Co-directors Sasha Milavic Davies and James Yeatman with sound designer Gareth Fry in the background

Christie has always been supportive of mine and Sasha's approach, and has also come in to give advice for particular scenes. There's a very big scene in the middle of the show that involves resuscitating someone who's had a cardiac arrest. Christie came in and taught us how to do that in rehearsals.

### Challenges...

Christie's book is brilliant, but not obviously adaptable as a piece of theatre. We have had to find various theatrical languages for representing the world of the hospital and of illness, while also carving a theatrical arc out of the material. These have all been exciting challenges though, and forced us to create something that's not like anything I've ever worked on before.

### The ensemble...

All my work is made in collaboration with an ensemble. While I do loads of work before rehearsals start in terms of working out a shape and style for the performance, ultimately everything is made with and for that particular group of actors.



# Designing The Show

Interview

Zöe Hurwitz - Set and Costume Designer

## My process...

After reading the script, or in this case the book, I always start with a lot of image research - a kind of visual map of responses, which I organise into different ideas about the piece. Then I try and narrow the images down, with the directors, so we can have some key images that really speak about the piece. This will inspire sketches and models.

I tend to do a mixture of hand sketches, physical models and digital sketches depending on what feels best to communicate a particular idea. For instance, photoshop to try and imagine the design in the space with lights, and to collage images together. A model is more useful for thinking about the space in accurate dimensions. But for this show because mostly our meetings were on zoom, I didn't model as much at first. Hand sketches can often be most useful to quickly get a rough idea down.

I have a lot of meetings with the director prior to rehearsals starting to offer up ideas of what the space might be, and then keep developing it from the conversations we have.

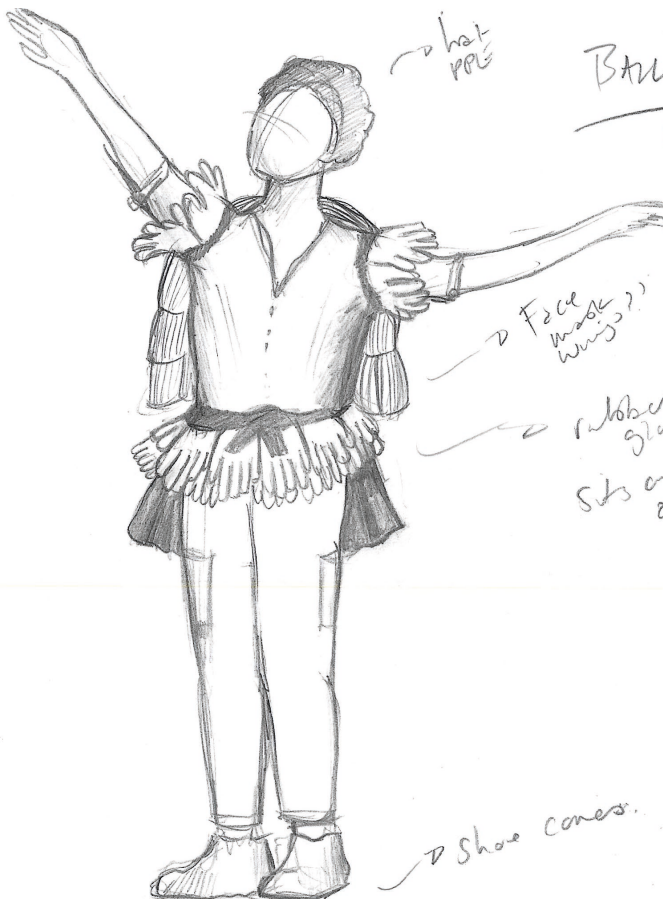
## Research...

I gather research from multiple sources, such as the internet, books, and real life. I usually have a very big pinterest board that I add to a lot! I try and research things that are real but also more abstract or metaphorical/emotional responses to the piece. I do a lot of written response too, to help me break down the script or book and the journey of the characters.

I try to think about how the set and costumes might change throughout the piece to help highlight particular moments and set the tone for the action. This involves sharing ideas with the other creatives, so we can explore how all elements work together.

## References...

Christie's book was incredibly inspiring, not just because it really explores what it means to be a nurse, but also because the hospital felt to me like a microcosm of life. This led to many visual ideas that explored things like scale (zooming in and out of stories) and movement through a building, encountering all kinds of lives being lived. This led us to the idea that the boxes could represent lives themselves, and play multiple roles, as well as giving the nurses practical tasks that could feel real, or become magical.









## Exercise

### Opinion Continuum:

#### Aim

> Creating Discussion

If you don't have space, your students can use their fingers - rated from 0 - 10, while sitting down.  
0 = Strongly disagree, 10 = Strongly agree.

#### Set up

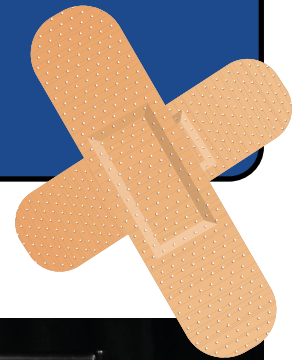
- > Paper and Pens
- > Space to move in. No obstacles.
- > Decide on a facilitator to begin.
- > Create an imaginary scale on the floor, where at one end is 'strongly agree' and the other end is 'strongly disagree'.

#### Exercise

- Get the group to write a list of statements around the theme you're investigating. If the theme is nursing, an example might be "Nurses are undervalued in society".

- You might want to throw in some fun ones, e.g. "I prefer mayo to ketchup on my chips"
- The facilitator reads out the statement.
- Everyone thinks about their opinion and silently positions themselves on the line.
- The facilitator can ask participants to justify their position and in turn persuade others to join them at their point in the scale. The facilitator is there to manage any possible disagreements.

NOTE: This exercise is a way for generating discussion around your theme and figuring out what's the 'hot potato' of the idea you're exploring. Whatever group you're working with, you'll need to set up a safe space where disagreements remain professional and focused on creativity, rather than a personal interrogation.





# Nursing Through Time

Nursing was not an activity which was thought to demand either skill or training, nor did it command respect. As Florence Nightingale put it, nursing was left to 'those who were too old, too weak, too drunken, too dirty, too stupid or too bad to do anything else'.

It wasn't until the mid-nineteenth century that nursing began to be seen as a profession that required medical skills and training. Before that, those that were sick were seen at home by a family doctor or looked after by female family members or servants.

With the advancement of medical techniques and the discovery of anaesthetics, patients began to seek treatment in hospitals and required skilled nurses to administer drugs. Nursing training schools were set up to respond to the demand, producing large numbers of educated women, which, with the help of Florence Nightingale and Mary Seacole, helped to slowly change public opinion towards nursing - a profession that needed both domestic and medical skills.

The Voice of Nursing, RCN 2017



## TIMELINE

**1854** Florence Nightingale goes to Turkey to lead a team of nurses caring for soldiers in the Crimean War

**1855** Mary Seacole establishes the British Hotel, a convalescent home for soldiers in the Crimean War

**1860** Nightingale Training School opens at St Thomas's Hospital in London, one of the first institutions to teach nursing and midwifery as a formal profession. The training school was dedicated to communicating the philosophy and practice of its founder and patron, Florence Nightingale.

**1887** British Nurses Association created; bringing together nurses who sought professional registration.

**1908** The first meeting of the National Council of Trained Nurses of Great Britain and Ireland was held in London

**1914-18** World War One; Queen Alexandra Imperial Military Nursing Service (QAIMNS) developed with 10,500 nurses enrolled

**1916** Royal College of Nursing founded with 34 members, headed up by Sarah Swift, Matron-in-Chief of the British Red Cross

**1919** Nurses Act established the first professional register held by the General Nursing Council

**1928** Scottish bacteriologist Sir Alexander Fleming discovers penicillin

**1932** Lancet Commission on Nursing explores how to make nursing more attractive to young women in order to deal with shortage of trainees

**1948** National Health Service offer free treatment for all at the point of care

**1951** Male nurses allowed to join the professional register

**1953** James Watson and Francis Crick at Cambridge University describe the structure of the DNA molecule

**1967** Salmon Report proposes the development

of nursing to include the management of hospitals

**1972** Briggs Committee suggests a move to degree preparation for nurses and that practice be based on research

**1978** First test-tube baby is born in the UK

**1983** Griffiths Report establishes general management in the NHS, largely taking leadership away from nurses and doctors

**2000** First draft of human genome is announced; the finalised version is released three years later

**2002** Nurses are able to prescribe medication

**2005** Nurse numbers hit 397,500 – an all-time high

**2008** Nursing research demonstrated on the world stage

**2009** All nursing courses in UK become degree level

**2016** Following the EU referendum, applications to become a nurse from outside the UK fall by 96%

**2017** The student nursing bursary is abolished in England and Wales, resulting in a 23% fall in the number of nursing applicants

**2020** The number of nurses in the UK reaches 669,000 compared to 397,500 in 2005

### **The global covid-19 pandemic of 2020 changes public opinion of nurses and nursing**

**2021** The number of enquiries to undertake nursing training increases by a third - record level

**DID YOU KNOW?** In the second century AD, there was a belief that veins contained natural spirits, and arteries contained animal spirits.

# Further Resources

- > The Language of Kindness by Christie Watson
- > The Courage to Care: A Call for Compassion by Christie Watson
- > The Language of Kindness review: <https://www.theguardian.com/books/2018/apr/26/language-of-kindness-nurse-christie-watson-review>
- > Shifts Between the Ears, BBC Radio 3: [www.bbc.co.uk/programmes/m000lw1z](http://www.bbc.co.uk/programmes/m000lw1z)
- > Nursing Matters Podcast from the RCN: [www.rcn.org.uk/news-and-events/podcasts/nursing-matters-podcast](http://www.rcn.org.uk/news-and-events/podcasts/nursing-matters-podcast)
- > Royal College of Nursing website celebrating its centenary: [www.rcn.org.uk/centenary/the-voice-of-nursing](http://www.rcn.org.uk/centenary/the-voice-of-nursing)
- > Clap for Heroes, Gemma Mitchell in the Nursing Times: <https://www.nursingtimes.net/news/coronavirus/clap-for-heroes-nurses-say-they-do-not-want-return-of-applause-07-01-2021/>
- > Memories of Nursing Project: [memoriesofnursing.uk/category/video-clips](http://memoriesofnursing.uk/category/video-clips)
- > The Moving Body: Teaching Creative Theatre by Jacques Lecoq
- > The Pina Bausch Sourcebook: The Making of Tanztheater (Edited by Royd Climenhaga) [www.danceonline.co.uk/the-pina-bausch-sourcebook-the-making-of-tanztheater](http://www.danceonline.co.uk/the-pina-bausch-sourcebook-the-making-of-tanztheater)
- > Wayward Productions: [www.waywardproductions.co.uk/](http://www.waywardproductions.co.uk/)
- > Complicité: [www.complicite.org/](http://www.complicite.org/)

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