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Reasonable Adjustments: Movements of Care

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Abstract

This article explores the relationship between performance and care within socially engaged dance. It offers a practice-led exploration of the movement of care with specific reference to a screendance (dance and film) called *Reasonable Adjustments (2020)*, which was made with people living with chronic pain. The retrospective analysis of this artwork, made by the author, focuses on the quality of responsivity, which is a term used to describe a sensitivity to affective states, a heightened capacity to respond and the fluctuating exchange between stimulus and action. Here, responsivity is explored as a participatory dance method that is potentially valuable within both social and medical care contexts and in refining understandings of what Thompson (2022) calls the aesthetics of care. Responsivity is also observed as an integral part of practice-based research, where care operates as a method for generating knowledge.

Dedicated to John

In their 2020 report evaluating the use of dance in NHS settings, Collinson and Herd advocate for the integration of dance-based practices into healthcare delivery and training. This recommendation reflects a growing recognition of the advantages of collaboration between arts-based, social, and medical care practices. It also emphasises the importance of paying attention to the embodied aspects of care, resonating with work by care scholars such as Hamington (2004, 2020) and Thompson (2022). But what are the specific skills that need to be shared and how do we articulate participatory dance methods that may be relevant for those working across different fields?

This article examines movements of care within social engaged dance practice, focusing on the quality of responsivity. The term responsivity is used here to describe a sensitivity to affective states, a heightened capacity to respond and the fluctuating exchange between stimulus and action. I explore these relational qualities with reference to my work in the field of socially engaged dance, focusing on a screendance (dance and film) called *Reasonable Adjustments*, which was made with people living with chronic pain. Through delineating the quality of responsivity, this article aims to enhance comprehension of the embodied dimensions of care. It also seeks to articulate a methodological aspect of participatory dance that has the potential to enrich work with persistent health conditions in both social and medical contexts.

Reasonable Adjustments emerged from a project called *Circling (again)* (2020)¹ run in collaboration with Ceri Morgan and Anthony Wrigley, which brought together Morgan's use of geopoetics, combining creative walking practices and writing, Wrigley's philosophical work on hope, and my own work in somatics and screendance.² The combination of geopoetics, philosophy and somatics, is an interdisciplinary method that merits future exploration.³ This article, however, focuses on the role responsivity plays in the dance

¹ This work was developed within a fellowship awarded by Keele University's Institute of Liberal Arts and Sciences (2018/19). The online artefact and document of the project can be found at www.circlingartproject

² Morgan, Ceri. (2019) 'Walking, writing, reading place and memory', in Sarah De Nardi et al. (Eds) *Routledge Handbook of Memoryscapes*, London: Routledge, pp.261-7. Wrigley, A. "Hope, Dying and Solidarity" (2019) *Ethical Theory and Moral Practice*, 22.1: 187-204.

³ Joint papers about this methodology (Macdonald and Morgan) were given as part of Outside the box series, University Bournemouth (2021) and the Somatics and Pain Network: Persistent pain webinar (2021).

methods used in this project. Here, responsivity is examined as a dimension of somatic attunement, where care takes the form of improvisation between artist and participant and participants and their pain. Responsiveness is also explored within the care-full, small, unsettling and continuous adjustments that *Reasonable Adjustments* performs, which mirror the movement of relapse and recovery, or the constant reparative shifting of weight often demanded by pain. Lastly, responsivity is observed as an integral part of practice-based research, where care operates as a method for co-generating knowledge.

Care and Movement

As a participatory dance artist my work often involves three main stages. The first consists of a long slow engagement with others, often up to a year, using movement-based scores within somatic workshops to listen to and explore people's embodied lived experiences.⁴ In the second stage, findings from these workshops are used to create or sometimes co-create screendances that aim to generate a felt sense of the findings from stage 1 for those that watch them. The final stage involves writing which, as with this article, often happens several years after the practice and involves folding the practice-based findings in and out of discourses of screendance, feminist care ethics and socially engaged practice.

My practice sits within the developing field of performance and care in which writers, such as Amanda Stuart Fisher and James Thompson (2020), describe care as something "constitutively implicated within the concept of performance" (Stuart Fisher 2020, p. 7). In broad terms, both care and performance involve embodied and relational actions performed in a particular moment and time. But Thompson (2022) calls for a deeper examination of what he refers to as care aesthetics – the sensory, embodied and relational qualities of care - that he argues are at equally at play within artistic and social contexts. Through the lens of responsivity, this writing explores both the choreographic qualities of moving with chronic pain and how care informs creative practice with those who have chronic pain. In doing so, it aims to expand understandings of what Thomson terms 'careful art and artful caring' (Thompson 2022, p. 83).

Both dance and social practices require what I, and others such as Kay Hepplewhite (2017), have termed a state of responsivity in the body. Here, the noun form 'responsivity' is used to describe a qualitative state or way of being with others. Within my work, responsivity is understood as a state that combines processes of listening, acting, and remaining open to change. It involves practices of attunement, a term used in somatics to describe an embodied

⁴ Examples include *Falling for everything* (2014), *Ways of doing things* (2020-2022), *Circling (again)* (2020).

form of listening which writers such as Yang Yeung (2023) have used to describe the reciprocal ways of being with others within socially engaged practice.⁵ Responsivity also involves acting – doing something in response to others’ actions, which brings with it resonances of response-ability: a term evolved within feminist relational ontologies to articulate the ethical imperative to respond to another conjured within the entangled relationality of care (Tronto 2006, Haraway 2016, Barad 2014).

Hepplewhite argues that it is the quality of responsivity that distinguishes socially engaged practice from other types of performance work involving people. “These are *responsive* artists’ she argues whose ‘expertise is specifically focused around the ‘actively committed relationship’ they dialogically nurture with participants” (Hepplewhite 2017, p. 7). I look now at the way responsivity acts within my socially engaged dance work, and in the movement connected to chronic pain, to reveal something of the movement of care. I do this not as a way of offering my work as best practice but to share some of the nuanced realities of creative work with others which the movements of care may be less directional than responding, more active-sounding than processes of attunement, and less ethically bound than response-ability.

Not Getting Anywhere

Over the last ten years my work has focused on chronicity, on time as something that is both moving and still, a suspension or stasis where time flows but nothing changes, or perhaps everything keeps changing but without reaching a resolve. I have looked at this within the time of motherhood, where the day starts and ends in the same place, I have looked at the idea of stasis in palliative care, in the time of dying, which Alphonso Lingis describes as “the time that goes nowhere” (Lingis 1994, pp. 178-179) and I have looked at it in the time of bereavement where for many, such as Denise Riley and Gary Peters, time both moves on in the world and stops for the bereaved. (Riley 2012, Peters 2004).

In 2019, I began to develop this work on stasis and suspended time in relation to the temporality of chronic pain. This project involved working for over a year with six participants with a variety of ongoing health conditions. This project focused on the relationship between movement, time within the experience of living with persistent pain, a state that intrinsically resists notions of fixity, or arrival.

The temporality of chronic pain, which operates without end points or cure, offers a direct challenge to neo-liberal wellbeing agendas which seek to position art as a potential response

⁵ There are many excellent frames from which the notion of attunement could be considered including Pauline Olivero’s practice of deep listening (1999) and Nel Nodding’s work on engrossment (2003).

to social challenge. This project was not a response to pain but a practice-based attempt to find out more about the way people with chronic pain respond to a situation that does not offer linear models of cure. And so, an early decision was to avoid workshop tasks aimed at generating ideas of progression or end points for participants and instead to offer somatic activities that might lean into, and reveal something, of the experience of not arriving.⁶

1 Move from, or moving with, the in between places in the body rather than joints and end points.

2 Only do things that feel good/don't hurt/hurt less for ten minutes.

#3 Chose a place in the room where you want to be. Move for ten minutes without arriving there.

#4 Expand the space by imagining a landscape running across the sternum.

[Examples of tasks offered in *Circling* workshops, 2019-2020]

Attunement

These scores are both directional and open. They read like instructions and on paper it looks as if the activities are one-directional: I set a task and people respond. However, the tasks act more like throwing a pebble into a pond and my work is to track and respond to the ripples that are created. I may add to, or nuance, the prompts, I keep time, change the duration of activities, and find ways in and out of the tasks to create a space where participants can explore their own responses to the ideas. This practice involves an intense process of listening into the waves of collective and individual affect in the room. Many of the responses made are subtle and involve moderating the quality of our energy, enacting small changes and shifts that are felt rather than conscious. It is tiring and a large part of the work is enduring a felt sense of getting it wrong, experiencing the chasms of waiting for something to happen and the anxiety of losing people, or causing disconnection or distress.

For the tasks to 'work' I need to create a state of responsivity in the room.⁷ This starts from

⁶ The workshops with participants also featured geopoetic prompts, combining walking and writing, from Ceri Morgan.

⁷ The aim of these workshops was for participants to explore their felt sense of what it is to move through the world with chronic pain, and for me to listen to this.

tuning into my own somatic, felt sense of what is happening. I do this, like many dance practitioners, by slowing down, dropping into the body, focusing on breath, bone, skin, muscle and fascia systems to heighten my capacity to ‘hear’ felt responses. I need to do this before I can invite others with me to do the same. Often, this process of dropping into my body starts in everyday preparatory tasks rather than a dance-based warm up. It happens through preparing the room, noticing the sound and light, and moving chairs, food or blankets around until I find the ‘right’ place for them. This somatic attunement to material and embodied affect— to create a responsive state - is an active part of the movements of care that I practice, along with many socially engaged dance artists. Drawn attention to in this way, these everyday acts of preparation are simple, transferable practices of somatic attunement with the potential to be used in multiple contexts outside of dance.

Dance is an artform that is often described using terms associated with care because of its relational form which invites connection and support.⁸ Thompson, for example, with reference to Rosie Lee’s community dance work, describes dance as having “an intensity, a heightened quality and a sensation of attention that is itself caring” (Thompson 2022, p. 92). Much of the discourse surrounding dance and care focuses on its use of touch, which invites direct and vulnerable relations between people, materials and contexts.⁹ However, care, as the capacity to act in response to another and to allow that action to emerge within the moment of encounter, is a quality that also runs through the dialogues of dance improvisation, which form part of my background.

Collinson notes that in participatory dance, improvisation offers a less “goal-oriented interaction” (Collinson & Herd 2020, p. 26), that differs from medical interventions aimed at meeting specific needs. Hepplewhite further explains that improvisation in social practice necessitates an openness to emergent elements, embodying an “ethos of change” (Hepplewhite 2017, p. 2). Yeung Yang also celebrates the capacity for openness to change in social practice, drawing from Lipari’s concept of a “listening being” characterised by deep, responsive listening that resists rigid structures and narratives (Lipari 2014, p. 359).

Although a highly active state, responsivity is considered here as a quality of being-with rather than a method for responding-to an externally identified need. Responsivity, as a form of embodied listening, is therefore a particularly useful practice when working with

⁸ Key practitioners and writers within this field include, Diane Amans on community dance (2017) Petra Kuppens on disability and performance (2003) and Sarah Houston on dance and ethics (2019).

⁹ A recent example includes Katy Dymoke’s (2023) book on touch: ‘Inclusive Dance: The Story of Touchdown Dance’, Intellect Books.

experiences of chronic pain, which don't offer an end point. The capacity to listen, to not look for an arrival point, within projects such as this, is a privilege and is one of the distinctive qualities of practice-based research done with others. However, whilst dance improvisation is valuable in social practice, the term carries disciplinary associations that could be alienating within medical or social settings. Responsivity, as described here, embodies a broader quality akin to attentive listening, which is potentially more transferable across other professions. It is important to note though that *Circling (again)* was funded and so afforded the slow, reflective way of working that 'careful art' demands (Thompson 2022, p. 75), a privilege significantly less evident in many medical and social settings.

In this type of practice, responsivity forms part of movements of care, which in themselves form processes of knowledge production. Hepplewhite uses the term 'practice responsive' (Hepplewhite, 2017, p. 2) to describe research predicated on care, and Hamington argues that "[r]esponsiveness is an essential part of improvisation and care [...] where performance catalyses knowledge creation" (Hamington 2020, p. 28). Central to responsivity is the capacity to respond. If something happens and there is a response, there is a sense of collaboratively knowing/generating what the situation needs or at least trying something out as we move towards knowledges connected to this. Not having to know beforehand what a situation needs is a relief. I am very aware of moments where I misjudge what I offer, but holding a sense of collective care as research takes the burden off me as the artist because "normativity, or the right thing to do, can be understood as emergent within [our] relational experience" (Hamington 2020, p. 22).

Celebrating the capacity to 'respond' as opposed to the capacity to 'know' intrinsically resists epistemological hierarchies that are common within medical care (Méndez 2021). Being recognised as an expert in responding, as opposed to resolving, may empower more artists to go into social practice or create confidence for professionals in socio-medical contexts. Placing a responsive dialogue at the centre of work with people with chronic conditions also creates agency, placing value on the knowledge that participants bring, as I explore next.

Aiming to the Side

Some of my memories of peoples' responses to the tasks include:

1

*Fragmented movement with many stops and starts, rest points and refusals.
Leaning on surfaces for support*

2

An internal focus, as people sensed how they were feeling as they moved

Spinning

#3

Moving through the room looking at the light, touching surfaces.

A sudden flight of waltzing through the room

Sitting, in pain, uncomfortable

#4

Moving calmly and slowly, remembering other times of sitting, walking and moving.

The participants were not asked directly about their experience of chronic pain in my work on this project, which is an approach I often use that I call ‘aiming to the side’. Although we would talk about these tasks afterwards, they are essentially invites for participants to explore their own embodied experience of self-care within the context of living with chronic pain rather than try to articulate it or make sense of it in words. These are moving research methods designed to invite iterative rather than summative insights into the experience of moving with chronic pain. My role was to listen, as a response to things that came up in the workshops and use screendance to play back rather than salve what emerged. And so, the next stage was to create more scores, in response to the workshop tasks, that invited more movement. These further scores acted as the basis for a series of artworks which were exhibited in *Circling* and then *Circling (again)*.¹⁰ Some of these artworks bear witness to the way people’s movement is affected by their pain. Others, have a more abstract, durational quality designed to generate the effect of chronicity in the viewer.

It is important to note that these screendances, and this retrospective reflective writing, offer my own inevitably ableist responses to the lived experience of chronic pain. Whilst very aware of the importance of crispistemological perspectives, a term coined by Johnson and McRuer to describe knowledge generated from “from the critical, social and personal position of disability” (Johnson and McRuer 2014, p. 134), the work assumes that “the production of knowledge about disability comes not only from being disabled but from *being with and near* disability, thinking through disabled sensations and situations, whether yours or your friend’s” (Johnson and McRuer 2014, p. 141). Responsivity – the sensitivity to one’s own and others fluctuating experience is key to this process of being with and near. It enables the process that I reflect on here, which is to listen carefully to my sense of the embodied experience of people moving with chronic pain and make artworks that aim to generate something of this affective experience in others. The next section focuses on the quality of responsivity in one of the

¹⁰ *Circling (again)* is an online reimagining and document of the process and exhibition *Circling*.

screenances in the exhibition called *Reasonable Adjustments*.



Figure 1a. Reasonable Adjustments still at 0.33 seconds

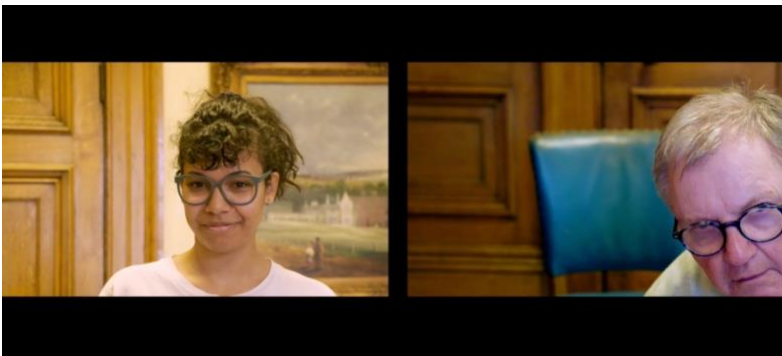


Figure 1b. Reasonable Adjustments still at 0.58 seconds

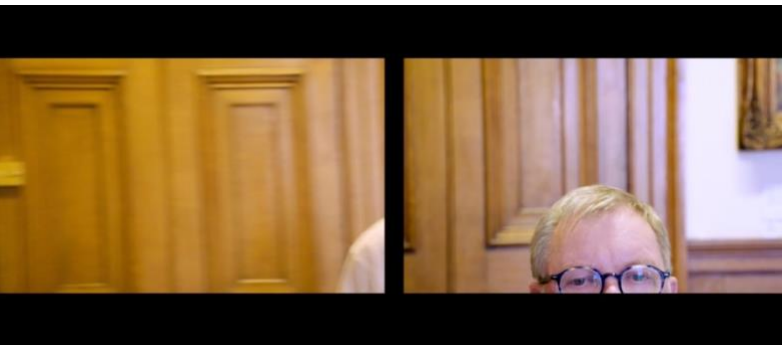


Figure 1c. Reasonable Adjustments still at 1m 40



Figure 1d. Reasonable Adjustments still at 1m 50

Figure 1. Reasonable Adjustments.

Reasonable Adjustments was one of the screendances made for the final exhibition. It is a five-minute screendance (an artform combining dance and film) where the task for the performers Sophie Powell and John Mills was to keep in the centre of a traditional head shot frame as the camera continues to move.¹¹ The individual shots of each performer are placed side by side to make a split screen work where it appears they duet together. The performance score forming the basis of this work generates an on-going loop of change and response to change.¹² It invites small movement shifts rather than larger actions: a series of re-positionings, as if the performers are trying to keep their balance. Participants in the project spoke about the endless adjustments, and tiring dynamic planning, that moving with pain requires. This film responds to the creativity shown by participants as they adapt continuously to their changing capacities, and the almost total lack of adjustment (reasonable or otherwise) in the ableist environments they are required to move through.

John and Sophie are improvising both with the camera and with their pain: their movements performing acts of self-care. The work performs adjustments that are often hidden or ignored. The choreographic skills of self-care are, according to Stuart Fisher, both “crucial to the successful functioning of a society as a whole [and] persistently denigrated” (Stuart Fisher 2020, p. 6). These movements of care are ways of knowing, they are embodied knowledge about pain, endurance, bloody mindedness, labour and creativity. In making *Reasonable Adjustments*, my aim was for viewers to experience the creativity, rigour and relentless attentiveness of Sophie and John’s movement.

Caring, like improvisation, requires those involved to be abundantly present and to respond accordingly. What goes largely unstated is that all of this attending occurs through the body (Hamington 2020, p. 24).

When I watch this work now, I see John and Sophie as fully engaged in their performance. There is an intricate responsive quality to their movement, as they adapt to the constantly changing conditions. I become aware that what I see as their heightened state of responsivity is demanded less from me, as someone who lives without pain.

Because all elements in the film keep moving (as soon as the performers move the camera moves again) John and Sophie’s movements don’t reach definite points of resolve. They are still, at times, but this feels more as if they are waiting rather than at rest and their physicality

¹¹ I use the term performer, rather than participant, to refer to Sophie and John here firstly because of the performative quality of this task and secondly in recognition of the aesthetic and embodied dimensions of care.

¹² By score, I refer to a series of instructions that when followed produce the performance/artwork.

retains a playful and watchful sense of readiness. Instead of peaks or endings, what is offered is an ongoing series of actions and responses that do not cohere into a traditional choreographic progression. Although there is shape created by the structure of the music, connections between the movement and sound are not choreographed as the music was placed over the movement after the event. These types of small, responsive movements of care are not often seen in screendance, which tends to favour works that are more choreographic and narratively shaped.¹³

Baraitser (2017) argues that there is, an urgent imperative to examine the relationship between temporal forms of suspension (where time moves but no longer seems to progress) and acts of maintenance and care not predicated on ideas of recovery. In this context, Sophie and John's movements onscreen perform the continuous adjustments that are intrinsic to living with chronic pain. Their performance enacts an attentive means of 'staying where you are' that resist teleological models of time, cure and endpoint. They offer the movement of care, the quality of responsiveness, as a creative and enduring response to contingency: a choreographic form of embodied maintenance.

I would argue that *Reasonable adjustments* both performs the finding outlined above and is this finding. This is the performative shift, the blurring of performance and care, that Thompson alludes to in the following description of Jonathan Petherbridge's practice.

[T]his is not 'care 'like' a dance, as if the dance were a metaphor for or representation of care. Instead, high quality care was shown in and of itself to have the aesthetic dimensions of dance – and the more graceful the dance, the higher quality the care (Thompson 2022, p. 84).

John and Sophie's movements do have a gentle sense of grace that can be common to dance and care. However, their movements are also small, irregular and continuous, offering another significant quality of care, which is perhaps less easy to watch. Whilst *Reasonable Adjustments* does act, for me, as a celebration of the choreographic creativity of the performers' adjustments, their highly responsive movement also has an intense and relentless quality. Their continuous adjustments make it hard for me to settle anywhere and after a few minutes, I want the performers to keep still. Sophie and John's responsive movements of self-care begin to act as sources of kinaesthetic irritation, potentially because the performers

¹³ I have written elsewhere (Macdonald 2024) about the apparent need for narrative structure in screendance in relation to concepts of Mastery.

remain too present, too much *where they are*.¹⁴ It is hard to watch people that are constantly moving but not getting anywhere.

Another factor that might make the movements of care in *Reasonable Adjustments* more complex to witness than qualities of grace or softness is that small, irregular and continuous adjustments, such as shifting weight or position in response to pain, can draw attention to that pain.¹⁵ In being subject to pain, bodies become evidently subjective, entangled in complex vulnerable ways with other materials and people and ideas. The not-settling and un-settling quality of the movement in *Reasonable Adjustments* arguably performs a responsive body that does not transcend its situation but remains immanent and connected to it. These responsive movements of care may be complex to see because they bring attention to the in-timeness of the watcher's body, my body in this case, as vulnerable to contingency and change.

Potentially, the shifting, attentive movements of care in *Reasonable Adjustments* performs something other, more complex than cure. They resonate for me, in retrospect, with Paulina Mendez' provocative question, '[w]hat if we consider that the bodies we inhabit are simultaneously living and dying?' (Méndez 2021: 321). Sophie and John's adjustments perform both, providing an answer to Mendez' impassioned call to resist the dominant logics, linked to colonial and patriarchal binary thought practices, that position the body as either sick or well.

Not Responding

Models of reciprocal exchange and co-production are currently dominant in social practice. The importance of moving away from hierarchical models of artistic creation with its dangers of participant appropriation, is not to be underestimated. I am also mindful, as Stuart points out, that "[f]or people living with a disability, care [is] [o]ften associated with paternalistic forces, unequal power-based relationships and coercive processes" (Stuart Fisher 2020, p. 9). However, whilst I work with, in that I respond to the ideas, images and experiences of the people I move alongside, the roles of participant and artist remain distinct in my work. I listen carefully, and I am affected by the experiences of those I work with, but I remain the artist

¹⁴ This resonates for me with what film theorist Mary Anne Doane describes as 'an overly present body' within film (1985, p. 206). Doane is referring here to the abject horror of women's bodies that are too much *there* to be forgotten within the film's narrative movement.

¹⁵ A responsive body, making continuous caring adjustments, may also signal an unreliable body that has to change plans, drop out, come late, have to lie down and draw attention to itself by taking up (from an ableist perspective) too much time and space.

with an artwork to make.¹⁶

In this final section, I think about the quality of responsivity as a form of not responding. In *Reasonable Adjustments*, the camera moves, and the performers try and follow in order to remain in the frame: to be seen. In a sense, alongside performing movements of care, the film also performs “the endless deferral of comfort within [a] system of compulsory able-bodiedness” (Johnson and McRuer 2014, p. 137). I am aware, as I watch the film now, that I caused participants pain by asking them to do this task.¹⁷ We did it in one take, to minimize the discomfort,¹⁸ but I didn’t change the task and they did not stop.

A responsive state is often applauded within social practice but there are times in my work when my response is not to respond. Although I may be attuned to others’ experiences, I do not always respond to what I perceive as people’s needs, or rather my response is often to continue to listen. In this sense, the quality of responsivity in my practice is potentially less active than some models of co-production that foreground response-able practices. I kept going with the moving camera score in *Reasonable Adjustments* because this is what the artwork needed.¹⁹ This was part of a collective decision with the performers to put something above the pain for a bit, to temporarily make something else more important. John said afterwards that he was not going to be outmanoeuvred by a camera.

Responsivity is a state, which, whilst moving, also has a quality of stillness. I would argue that not responding, not reacting, not stopping the take and continuing to listen is also a movement of care. I am wary here of my desire for this decision to appear more ethical than it was, in retrospect.²⁰ My aim is not to promote wellbeing but to bear witness to and find embodied ways of sharing others experience. Sophie and John, and all the participants in

¹⁶ There are rich discourses within social practice that explore the intersection of artistic autonomy and care ethics (see Kester 2004, Kwon 2002, Thomson 2012, Bishop 2012). This literature contributes to the arguments presented in the works of Thompson (2022) that I draw on here, which assert the interrelated agendas of art and care.

¹⁷ The camera operator, referred to this practice later as ‘going the full bastard.’

¹⁸ My own ‘reasonable adjustment.’

¹⁹ I have written about the process of holding within social practice in Macdonald, A. (2018) Touch and Containment. *Journal of Dance and Somatic studies*. 9(2).

²⁰ Yang writes, that ‘[f]rom the artists’ perspectives, the relation between the question of artistic intention (autonomy) and whether artists are doing the right thing (ethics) is more complex and indeterminate than can be structured as a dichotomy.’ (Yang 2023:286)

Circling (again) are continuously generating knowledge about how to move through life with chronic pain and my role is to find ways of sharing this expertise with other.

It is important to note, in the context of not-responding, that John and Sophie are not simply responding to the camera's movement, they are performing. Their actions are intentional and consensual as they move to realise the artwork's score. This brings us to another aspect of responsiveness. Perhaps it is not the right word as responding to events as they occur through time (whether that's a flare up or an unexpected set of steps) suggests a lack of agency.²¹ Whilst responding may be an essential process within care, responding can also imply that you do not lead. It lacks the active forward movement of enquiry and suggests that you are at the mercy of events, at the mercy of pain. It has potential connections with the hyperresponsivity of trauma. I would argue, however, that Sophie and John's movements in *Reasonable Adjustments* are careful and creative responses to their constantly changing capacities and environment. At times, their movement is playful and inventive. They are not simply responding to events but being responsive to them. Theirs is intentional movement, as I experience it, which is attentive to what is needed.

Dance is often praised for its caring qualities as an artform, its movements described as gentle, giving and tender. In this article, the movements of care have been explored, through the lens of responsiveness, as a more nuanced state that fluctuates between careful, uncomfortable, intense, unsettling and joyful movement qualities. This embodied, attentive quality has been explored in the interwoven processes of making the screendance *Reasonable Adjustments* with people with chronic pain, qualities of movements connected to pain, and the affective experience of seeing movement made in response to pain. These explorations point to the significance of responsiveness in facilitating empathetic interactions within my own and wider forms of socially engaged practice. They help reveal something of the detail of care "as an embodied, practised and artful phenomena" (Stuart Fisher 2020, p. 3), and articulate dance-based methods of care that have the potential to enrich medical and social practices.

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²¹ Although this is not to say that an instinctive reaction to an event doesn't offer its own form of agency and insight.

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About the Author

Dr. Anna Macdonald is a dance artist/scholar whose work moves between moving image and performance practice. Her work focuses on the relationship between the body, time and affect and uses film to expose the resonance of simple movements, such as, moving from ‘here to there’, ‘holding’ or ‘getting slower’. Her work is regularly exhibited internationally in both festival and gallery settings and has generated interdisciplinary findings in the fields of health, science and law, within large-scale projects funded by AHRC, Arts Council England and Wellcome Trust. Anna is a Reader in Movement at UAL: Central Saint Martins, London and an Associate Research Fellow at the Institute of Advanced Legal Studies, London.

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