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Performance and Bodily Anchoring of Care: Dance's Power to Care

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Abstract

My contribution focuses on the roots of an *ethos* of care, which I call a *kinaesthetos*: I locate in the lived and neurological body the origin of empathy. More specifically, through movement practices, I explore the ways in which the distinction between lived bodies conditions the concern and disposition to care for others. Edith Stein was the first phenomenologist to emphasize how access to the kinaesthetic experience of others depends on the ability to distinguish between others and oneself – me. Recent discoveries in neuroscience confirm this idea: I can only empathize with others if I perceive them as other than myself. But what is the limit in a subject, what allows one to distinguish between ego and non-ego, if not the bodily envelope? This hypothesis is not sufficient, and my proposal aims to demonstrate what contributes to the delimitation of this lived envelope. In particular, I emphasize the extent to which movement practices, such as contact improvisation, which require on the one hand the experience of gravity and the reception/lifting through movement, and on the other hand the contact, increase the perception of the limits of one's own body. In doing so, these practices sharpen the performer's kinaesthetic sense and proprioception. Therefore, I argue that they contribute to the development of the ability to care by increasing the awareness of the rupture between the bodies. They

also contribute to the refinement of the kinaesthetic empathy of the audience in perceiving the bodies on stage.

Introduction

Care ethics suggest thinking about moral action/*ethos* independently of a normativity based on reason/*logos*, be it deontological (Kant) or utilitarianist (Mill, Bentham). If we contrast *logos* with *pathos*, that is, with being the seat of an emotion rather than the actor of a decision, care ethics cannot be equated with an ethics that promotes sensibility and affect, which would reduce the act of caring to a psycho-physical impulse. On the contrary, care ethics takes affect into account: the question is how to act, not independently of affect, but precisely because of it. There are arguments, for example, against rescuing drowning migrants; but it is to cut oneself off from affect that one does not feel how unbearable the sight of people perishing is, even though one could help them. In *Why does patriarchy persist?* (Gilligan & Snider, 2018), Carol Gilligan and Naomi Snider argue that patriarchal societies were able to make room for normative morality only by disengaging from affect. Care ethics rehabilitates affect, not to make it the sole motive for ethical action, but to make it one of its driving forces. So, when we see someone drowning in the waves, care ethics wouldn't encourage to react impulsively by jumping in to save them – that would expose ourselves to the perils of certain death. Rather, in this example, care ethicists would suggest recognizing in ourselves that visceral call for help from the other and deploy the necessary rescue resources: helicopters, lifeguards. Care ethics is about finding solutions because something has to be done, and this “something has to be done” is rooted in affect.

Does this mean that the ethics of care is an ethics of *pathos*? As said previously, it's still a question of ethics, not the law of the strongest impulse. My point here is to emphasize the extent to which what underlies *pathos*, namely an embodied *sôma*, is the basis of empathy. In this sense, if care is sometimes conceived as an ability, but also and above all as a gesture, a practice or a *praxis*, it is precisely because the body is its foundation: not only as a motor, but also as an empathic receptacle, i.e. as kinaesthesia. In this respect, if Maurice Hamington prefers to speak of the *ethos* of care in order to think of the psychophysical anchorage of care, I go so far as to formulate, following him and inspired by him, the idea of a *kinaesthetos* that grounds care in kinaesthesia, as an aesthetic experience of both the one who moves and the one who observes him or her (also see for instance Hamington 2004, 2015; Leroy, 2021a, 2021b; Thompson, 2020, pp. 46-47, 2022, p. 28).

From Kinaesthetic Perception to Empathy

Quoting Paul Valéry, Merleau-Ponty asserts in *L'Œil et l'Esprit* (1961) that for the

Impressionist painter observing a landscape, “nature is inside.” The figures do not move in front of him, but within him. Many dancers interested in philosophy have felt an affinity with Merleau-Ponty when reading this book: he describes the experience of the dance spectator as an extension of the experience of the dancer in movement. While he was mainly talking about static representations, i.e., paintings, Merleau-Ponty’s approach makes them beings animated by the painter’s intimate movement, i.e., the support of his emotion, which emotion is itself the result of the impression made on him by the external landscape. This means that the reception of a landscape is not passive: it is the occasion for an inner movement. To perceive is to be moved internally; and to be moved by it is to respond to a movement of reception with an expressive movement. Perception and kinaesthesia thus go hand in hand, in a synaesthetic interweaving of the senses so well described by Merleau-Ponty.

This is the starting point for kinaesthetic empathy: we are endowed with the ability to feel the movement of others, whether they resemble us morphologically or are far removed from our appearance. Thus, we can feel a certain envy when we see a seagull flying in the images of the movie *Jonathan Livingstone the Seagull*¹, but also a sense of grace when we observe a plastic bag flying in the air, for instance in the short movie *Plastic Bag* directed by Ramin Bahrani in 2016, or clothes being blown up by a fan in *100% polyester, objet dansant n°(définir)* choreographed by Christian Rizzo in 1999. If this apprehension is based on a projection of ourselves in the object, it is no less a matter of empathy: a kinaesthetic empathy whose conceptual derivation in the form of ethical empathy benefits from not concealing its bodily foundation.

History of the Concept of Empathy

Before explaining the history of the concept, I would like to distinguish my way of understanding empathy from those usually criticized by care ethicists, even those to whom my work is particularly indebted: I absolutely agree with their critique (summarized in Van Dijke 2018, 2020), and I read in Maurice Hamington’s first book (2004) a crucial understanding of the ethical stakes of Merleau-Ponty’s writings made possible by the distinction between care and empathy. But very often in the literature on the ethics of care, the criticism is directed at a misuse of the term ‘empathy.’ Indeed, empathy in the common sense is often understood as its outcome: a feeling that moves toward someone to help them because we feel their distress (Pulcini, 2017). Major care ethicists discuss the connection and difference between care and empathy, which is then seen as good will (the will to the other’s good), but such discussions might rely on conceptual misunderstandings.

¹ Movie directed in 1973 by Hall Bartlett, adapted from Richard Bach’s novel *Jonathan Livingstone* (1970).

The first and most obvious point is that empathy is *not* a moral faculty, which makes the distinction between compassion and empathy, as Martha Nussbaum argues (2001, p. 300). But it is neither an imaginative one: it is a *physical one*, actually a neurophysiological one (see below, section “Neuroscience”), that can be linked to the mind and that leads to a moral feeling, *i.e.* something that allows mammals to survive because their babies cannot survive alone (unlike other animal classes). This is why *empathy is not care*: caring is an act, being careful requires intention and presupposes good will, caring might presuppose affect and empathy, but care and empathy are not at the same stage of behavior. Would empathy be the good will that somehow precedes care? Neither, because empathy is *bodily, not moral*. Empathy is neither good nor bad. It’s not normative. Although it is something that has kept our species from splitting apart (so far).

Another problem is that empathy is supposed to make people share negative feelings, or if this good/bad distinction is criticized, at least, to share feelings and sentiment: commenting on Nussbaum, Elena Pulcini notes that “we can feel empathy, indifferently, towards joyous or sad experiences” (2013, p. 234). More radically, I insist on the fact that empathy can also be experienced when I see a bird flying, when I see people kissing or hugging, when they yawn. I can experience empathy when I hear, just hear, someone eating crispy bread. In this sense, empathy is more related to synesthesia than to any moral sense, because it is physical: it converts the aesthetic perception of someone else into a proprioceptive and kinaesthetic experience of oneself. This is why I don’t conclude, as Elena Pulcini does on the basis of Martha Nussbaum’s work (Pulcini, 2013, p. 234), that because empathy is not moral, it doesn’t move us to take care of the other because we don’t feel compassion: on the contrary, I assume that *because empathy is kinaesthetic, it moves us*. And paradoxically, in saying this, I relate empathy to Elena Pulcini’s thoughts on care and how it differs from compassion: “care does not need the other’s suffering in order to be mobilized” – let’s observe here that care is considered a mobilization, so that it requires an impulse, rooted in and felt as kinaesthesia. Pulcini goes on, saying that, unlike care, compassion involves the “risks” of “stopping at pure sentiment without converting into practical action.” Not only can physical training, as well as watching physical shows, improve kinaesthetic empathy, as the physical ability to be moved by the other; I suggest that dance, as both a practice and a show, can participate in a more caring world.

The main difficulty in discussing articles or writings about the difference between empathy and care is that they very rarely consider the fact that empathy is a bodily experience (except Maurice Hamington, 2004), whereas I insist on it. They rightly focus on the relational dimension of empathy to emphasize that it is not an individual experience (Van Dijke, 2020), and that ethics requires considering connections more than individuals (something Judith

Butler insists on in *The Force of Nonviolence*, Verso, 2000). Care ethics scholars emphasize the fact that empathy results from a relationship between the empathizer and the empathized, so that it is not a moral sense of an individual. The problem is that in doing so, however cautiously, they tend to reduce empathy to a feeling of good will that depends on listening well to the person who is suffering. But empathy doesn't depend on 1.) someone suffering 2.) someone being kind and therefore empathetic. One can be empathetic and not be nice. In this way, my thoughts are close to David Hume's: you are not empathetic because you are nice, but because you listen to yourself, because you are in touch with your feelings, what you feel in your whole mind-body. In this way, one could see a homogeneity in being a caregiver and an empath: if you are not a woman, you will be called feminine and perhaps harassed for being too nice, at least underpaid, because "it is in your nature to do such tasks." A feminist position on this should be to say that *it is in the nature of every human being* to be empathetic, because every human being is a body – be it male, female, or intersex (Blackman, 2021). *However*, in this way of understanding empathy, it is clear that empathy is a corporeal, neurophysical response to another person's experience. My phenomenological research has mainly focused on how someone's felt experience can be transferred to someone else *who doesn't really care*, and *then make them care* because they bodily feel that they are *now* affected – and concerned.

All my thoughts may seem to be based on a personal understanding of empathy. Indeed, French is my mother tongue, and I had to study the difference between the French and English uses of 'sympathy' and 'empathy,' as well as the German root of the concept. This made me very cautious about using this word. The same problem, if not worse, exists in French, so that today fewer people dare to use the French word *empathie*, preferring to use the word *care* (even in French); in my opinion, this renews the problem, because it tends to reduce care to a misunderstanding of what empathy is, and leads to confusion between care and self-sacrifice or a supposed good will that is disrespectful to the vulnerable person (who can reversibly be disrespectful to the caregiver). In order to properly distinguish between care and empathy, and by the way to properly consider what care is, it seems absolutely necessary to reconsider the corporeal root of empathy. Therefore, I will synthesize the genesis of the concept of empathy and emphasize how this lived phenomenon is embedded in the neurophysical body, *as an experience and not as a moral tendency*.

Friedrich Theodor Vischer and Robert Vischer (1873)

Friedrich Theodor Vischer coined the term *Einfühlung* in German, but it was his son, Robert Vischer, who formalized its use in 1873 (Vischer, 1873). The word names the source of emotion in art: it posits that this emotion results from the art lover's "entering into" the piece of art. It is described as "aesthetic" in reference to the Greek word *aisthesis*, but on the fringes of aesthetics, which emerged in the mid-eighteenth century to denote the philosophy of art: if

Einfühlung is aesthetic, it is in the sense that it is “born in feeling.” Above all, the moment of emotion is that in which the art lover recognizes himself in the formal unity of the work of art: not only does he project himself into it, but he also grasps a unity that he feels to be both the unity of the work and his own unity. *Einfühlung*, in other words, contributes to the art lover’s sense of individuation, and this is pleasant. Strangely enough, *Einfühlung* is both communion with the work – a projective movement felt by the viewer towards the work – and a radical separation between the viewer and the work – a movement felt as reflexive, i.e. backwards from the work to the viewer. This double movement, projective and reflexive, is made possible by the projection of the viewer’s center of gravity into the art object: *Einfühlung* results from “emotional projection” understood as “muscular activity” (Hochman, 2012), so that it is immediately described as “linked to kinaesthetic stimulation.” In other words, from the very beginning, Vischer conceives of *Einfühlung* in its original kinaesthetic dimension.

Theodor Lipps (1907)

Following in their footsteps, Theodor Lipps (1903, 1907) emphasizes the importance of the aesthetic concept of “*Einfühlung*” in the field of social psychology. It is through my body that I understand others. The information I receive from them passes through their expression on the surface of their body, but it is also mediated by my body. I see somebody cry or laugh and feel pity or tenderness. *Einfühlung* conditions my knowledge of others as psychological persons. In other words, my psychological access to others is aesthetic because it is bodily, mediated by the senses and by gravitational proprioception. In this way, we gain access to another’s experience because we are able to anticipate their imbalances, to experience their motor impulses, through our own body and our capacity for bodily empathy. This is not moral empathy, but physical empathy:

“Lipps notes that when I watch and admire a tightrope walker moving forward on a rope, I can’t help but covertly imitate his successive movements of losing and regaining balance. During the observation, this imitation remains unconscious. The subject plunges undifferentiated into his action, confused with the action of others, while at the same time becoming aware of himself as author or spectator” (Hochman, 2012, p. 21).²

It should be noted here that during the *Einfühlung* phenomenon, I experience a common experience with others, but also my difference: I experience myself as distinct. This empathic fusion increases my awareness of the inaccessibility of others, and paradoxically strengthens my sense of self.

² All quotations from French writings are translated by the author of this article.

When translating the German *Einfühlung* in 1909, the Englishman Edward B. Titchener preferred to coin a neologism rather than borrow the term *sympathy*. While Adam Smith and David Hume suggested a “sympathetic” basis for aesthetic feeling and a bodily anchor for moral sympathy, Titchener recognized a conceptual disjunction between *sympathy* and *Einfühlung*. Sympathy presupposes a community of feelings, while *Einfühlung describes a kinaesthetic mode of knowledge mediated by the body*: “Not only do I see gravity and modesty and pride and courtesy and stateliness, but I feel or act them in the mind’s muscles. This is, I suppose, a simple case of empathy, if we may coin that term as a rendering of *Einfühlung*” (Titchener 1909; Lanzoni 2017, p. 299). This first use of the neologism *empathy*³ in order to translate the German *Einfühlung* subsequently led to a misuse that missed the kinaesthetic and embodied grounding of *Einfühlung* and assimilated empathy to either a moral disposition, or a mimetic one.⁴

Edith Stein

Edith Stein devoted her doctoral dissertation under Husserl’s guidance to the “problem of *Einfühlung*” (1917). She makes a clear connection between *Einfühlung* as cognition and concern for others: *Einfühlung* is the foundation of the moral sense, because it does not presuppose *feeling* what others do feel, but only *knowing* their emotional experience. *Einfühlung* understood in this way differs from David Hume’s *sympathy* in that it does not relate the feeling of another to a personal experience, which would presuppose that I experience identically what another person experiences. It’s precisely because my empathic experience is *different* from another’s, while at the same time providing me with knowledge of another’s experience and feeling, that I can be a moral person, i.e. act rationally while at the same time acting *because I feel* the need to do so. Edith Stein achieves the feat of reconciling rational morality with empathic experience, by freeing the latter from the illusion of a sympathetic communion of feelings. In this way, the body can be seen as the root of the moral

³ In fact, Titchener was neither the first nor the only person to attempt to translate the word *Einfühlung*. His translation seems to stem from his work with James Ward, although his specific understanding of the word *Einfühlung* is most interesting in relation to *kinaesthetic* empathy. Indeed, as Susan Lanzoni explains: “Titchener defined empathy according to his structural psychology as an imagined kinaesthetic entry into various stimulus objects through the mind’s capacity to form a *kinaesthetic* image” (Lanzoni 2017, p.299, emphasis put by the author of this article).

⁴ “Allport [...] note[d] [in 1945] that the complex psychological, epistemological, and aesthetic phenomenon of *Einfühlung*, debated by a generation of German psychologists and philosophers, had become a simple motor imitation for American psychologists by mid-century. Already by the 1920s, American psychologists had been moving towards behaviourism, and were less interested in the rich philosophical and epistemological meanings that had circulated around *Einfühlung*.” (Lanzoni, 2017, pp. 287-288, quoting Allport, 1945, p. 118: “Empathy [...] was embedded in a whole self-psychology and in an epistemology of *Wissen von fremden Ichen*. [Empathy became a] greatly oversimplified version of what Lipps originally intended. Motor mimicry was all we wanted. What would we be doing with a “mental act that held a guarantee of the objectivity of our knowledge?”)

sense, insofar as it is the locus of empathy in the kinaesthetic sense of the term.

So we need to think in terms of anchoring empathic ability in the body, i.e. the nervous, muscular and postural systems. In other words, the ethical sense requires embodiment. The latter is experienced kinaesthetically, i.e. as gravitational experience and motricity. And it's precisely because the experience of the body's weight in motion is the foundation of ethical aptitude as well as action, that care is necessarily to be thought of as a gesture rather than a disposition; or, precisely, as a performance rather than a normative hypostasis. In other words, we need to think of the performative as well as the intuitive character of a kinaesthetic judgment that precedes the act of caring. There are kinaesthetic truths (Leroy, 2021a) that precede the act of caring, without making this act the fruit of an individual and arbitrary contingency of opinion. Just as, according to Spinoza, *verum index sui* ("the truth is its own sign"), so certain acts of care are apodictic: a child who cries while stretching out his arms will be received in the adult's arms, unless the latter is cut off from his own empathetic experience by reason (when suffering from alexithymia, for example). It is *from the body* that the gesture of *care* begins, provided that the body is listening to the other. Conversely, without listening, there is a great risk of projecting oneself onto the other, by virtue of empathy, which is its limit: empathy without listening becomes a projection (of oneself) and then an encroachment (onto the other). Maurice Hamington (2024, p. 36-41) emphasizes the essential nature of listening in *good care*, of attunement (putting one's heart in tune with the heart of another). When we care for somebody, we attune our bodies to the other one in order to better hear what is being said about their needs or experiences, without interfering with them: we are not listening to the other's heart, but to our own bodies. In other words, the practice of listening to one's own body and heart increases one's willingness to listen to and empathize with what's going on in the other person; and conversely, as recent discoveries in neuroscience attest, the physiological grounding of empathy promotes the very sense of self and attention to self through attunement with others. Empathy is reflexive, and it's worth starting from a concern for others in order to take an authentically empathetic look at ourselves, rather than egotistical.

Neurosciences

Recently, Vittorio Gallese (2001, 2017) has shown how the discovery of mirror neurons has enabled us to better understand the lack of empathy in schizophrenia. Mirror neurons are neurons coupled to motor neurons that are activated not only when we make a gesture, but also when we see others making the same gesture. So when I see someone else yawn, my mirror neurons activate and even make me yawn in return. The activation of the mirror neurons doesn't necessarily mean that I will actually make the gesture, but at least I can sense it in others. On the other hand, the neural information is stronger when the gesture is performed by the subject than when it is only seen in others. This difference implicitly allows the subject to perceive whether he or she is actually performing the gesture or merely

perceiving it in another person. In schizophrenia, however, the neural information is equivalent whether the gesture is being performed by the subject or by another person. In other words, it is impossible for a person suffering from such a psychosis to distinguish between his or her own experience and that of another; paradoxically, this is precisely what prevents empathy. The discovery of Gallese and his team thus confirms the intuition of Edith Stein and Lipps before her: empathy not only mediates the experience of others, but also contributes to the knowledge of the self as a closed entity, distinct from the rest of the world.

It seems, then, that 1.) empathy promotes self-awareness itself through the separation that it conditions and the sense of separation that it reinforces; 2.) the ability to feel what the other is feeling is present even in people who suffer from empathy. The conclusion is that, surprising as it may seem, it is *the sense of separation that makes caring for others possible*, and it is through the sense of separation that empathy *promotes caring for oneself*. In other words, the feeling of separation fosters the moral sense, a sense of separation that takes place in the body. That's why I use dance to reinforce the sense of separation and self-protection that makes self-care possible.

Dance, a Medium for Exercising Kinaesthetic Proprioception and, In So Doing, Healing Separation

Towards a Kinaesthetos

When we dance, we specifically learn how to manage our balance, i.e. our weight and support in space. Dance is played out precisely in the interplay between gravity, falling and the grace that results from our ability to rise. Dance thus arises from the play with gravity, and it is into the play with gravity that it draws bodies (Preljocaj in Leroy, 2021b). The resulting increase in kinaesthetic proprioception is therefore the fruit of playing with gravity and gravitation.

Yet kinaesthetic proprioception is also the basis of kinaesthetic empathy. Indeed, the spectator who appreciates the grace of a dancer can only do so because he is “carried away,” “lifted up”: he experiences a kinaesthetic gravitational sensation, because he is receptive to the other's body. Kinesthetic empathy is at play in him when he is carried away, “transported” (Godard, 1998). In other words, it is because empathy is corporeal that the spectator can experience the sensation of the other's body. It is also because empathy is corporeal that an osteopath can feel what's going on in his patient's posture. Through our bodies, and by honing our ability to listen to our own kinaesthesia, that is, by training ourselves to play with gravity, we increase our capacity for kinaesthetic empathy – and indeed, the dancer will feel the movement of the other's body all the better that he has trained himself to listen to what's going on in his own. This is the mirror neuron principle.

That's why I argue that the practice of dance can undoubtedly contribute to a better understanding of other people's experiences, and thus to better care and self-care, because dance increases sensitivity by sharpening sensuality.

The fact that dance heals, that it does good, that it helps, is no longer open to debate. Rather than generalize, I will focus here on how the relationship between dancers and their bodies, and between spectators and dancers, unfolds the central problem of empathy, namely that of the singularization of the subject through his relationship to others: I will insist here on the reciprocity of care and self-care *in dance*, which radically distinguishes self-care from selfishness. Dance heals through the body because it reveals to the subject the bodily anchoring of ethical care for others as well as for oneself. Such care makes it possible to care for others without invading their territory, and at the same time to mark the boundaries of one's own territory in order to refuse to be invaded.

So what I'm proposing is innovative in that dance's power to care does not seem to rest on the connection it creates with others, but rather on the separation that this connection makes possible. In order to dance with someone, one must maintain a distance from the other that is made sensitive to the point of physical contact. To dance with someone, and even to dance close to them, is to experience the irreducible otherness of bodies, an otherness that underpins our sense of ethics – others are my alter egos – and our own singularity. Through dance, I give myself contours and separate myself physically; I come into my own as an ethical subject.

A Clinical Experiment With Gravity and Contact: At the Principle of Individualization

Hubert Godard (1998) considers the shared experience of gravity to be the cause of empathy or gravitational contagion. In addition to this, contact, both gravitational and proprioceptive, seems to foster communion between performers and between spectators and performers.

I propose that while gravity and contact certainly enable empathy, this empathy reveals not a contagious fusion but a separation, a demarcation between bodies, and fosters the very sense of self by heightening the sense of boundaries (also see Brennan, 2004). In other words, if dance awakens concern for others and enhances concern for oneself, it's because of the reversibility of empathy for others, which turns back on oneself. The other as such is inaccessible. For the spectator, empathy for the other is an opportunity to perceive oneself as a subject distinct from the other, endowed with limits. For the dancer, the practice of dance, which is relational to the world and to otherness, is an opportunity to perceive the limits of one's own body, which is redrawn as a result. My thesis is that separation and the awareness of boundaries enhance ethical sense, boundaries that do not break the bonds between two beings, but rather allow them to connect.

This hypothesis leads to the consideration of a *kinaesthethos*, understood as an ethos of care (Hamington, 2022) rather than normative ethics, rooted in the lived body. Its reversibility (the capacity of caring for others as that of caring for oneself) is based on the kinaesthetic knowledge of separation and limits. I built a clinical experiment (Leroy, 2022) with adolescent girls hospitalized for anorexia nervosa. Their anorexic behavior was their way of dealing with the fear, if not the feeling, of getting bigger and fatter, of not having clear boundaries and being subject to any intrusion. Even when not eating, the anorexic girls participating in the experiment were said by the doctors to feel their bodies expanding beyond their own limits. Such a body, felt to have no limits, was experienced as having no form, as being lazy and, in a way, as becoming liquid. Following my hypothesis as well as studying the incestual root (which differs from incestuous: see Racamier, 1980, Defontaine, 2002, Denis, 2014) of such an anxiety, I postulated that the symptom expressed their endeavour to limit themselves, to build frontiers in order to protect themselves from at least a psychich encroachment over their desire. In order to evaluate my hypothesis that giving contours to the body through dance practice is an ethical care, if not an ontological one, I proposed a six-workshop contact improvisation practice, supported by a short questionnaire that I adapted from the standardized Bruchon-Schweizer Body-Image Questionnaire (BIQ). The BIQ indeed asks “Do you consider your body as...” while, as a phenomenologist, I see this question as too much mental. I modified it into this one: “Do you *feel* your body as...” I wanted the questionnaire to give me clues to validate or invalidate the assertion that contact improvisation improved the feeling of having contours, being separated; and to answer the following question: does contact improvisation, by increasing the sense of the limits of one’s own body, increase the sense of freedom and decrease the anxiety of the relationship with others as well as with oneself? So I simplified the questionnaire, eliminating questions such as “Do you consider your body as feminine/masculine; erotic/non-erotic” etc. The alternatives I proposed were the following: “Do you feel your body as 1/here or elsewhere; 2/stable or unstable; 3/light or heavy; 4/free or forced; 5/in danger or safe; 6/blurred or sharp; 7/worried or confident.” The participants had to fill out the questionnaire before and after the practice, so that they could compare, putting a mark on a line in a different colour. They also had space to qualitatively answer an open question: “what is different now that you have practiced a contact improvisation session?”

The workshop consisted of three main phases. First, while lying down, the participants were asked to mobilise their imagination to scan their bodies. In the first three sessions, I suggested that each limb was being drawn towards the centre of the earth, either by strings, gravity or a magnetic force; then, varying the images, I suggested that each body part was either liquid and spreading on the ground, or that they were sandbags sinking to the ground, etc. During the first few sessions, the participants had difficulty relaxing, and one was particularly prostrate. Gradually, they began to enjoy the moment. In the third session, some participants fell asleep

after the exercise and then woke up, explaining that it was amazing because they had great difficulty falling asleep at night. In all cases, they showed an ability to relax that surprised even themselves and contrasted with what the health care team described as a tendency to self-control on a daily basis. This exercise, which may appear to be relaxation, but whose aim is to develop proprioception, was followed by a progressive movement. Depending on the session, the participants were invited to roll over and feel how letting go of their body weight on the ground opened them up to more mobility; to move their arms and legs in space as if they were rooted to the bottom of the sea. So many sensory images or metaphors invited them to experience their body in connection with space and the ground. After a period of self-massage, they were invited to stand up to experience the sensation of weight transfer, the anchoring of the feet to the ground and the momentum provided by support from the ground. They began to use the walls in the same way: they rolled against the wall, pressing it with their weight and thus relieving themselves; they leaned against the wall to bounce off, always entrusting it with the weight of their bodies. The support surfaces varied: pelvis, hips, shoulders, arms, forearms, buttocks, head, cheeks, hands... The final step, made possible by the first two, was to make contact with a partner by finding their shared center of gravity. Each partner gave enough weight to the other so that the center of gravity was shared and the duo was balanced. This exercise was slow because it required paying attention to each other's bodies. Back to back, the partners sat cross-legged and took turns carrying each other before standing up and playing with the counterweight. Face to face, one carried the other, who bent over the back of her partner until she was lifted off the ground. The duos then experimented with other gestures, making turns, exploring and playing with the counterweight using only the palms of their hands. Finally, they practiced and experimented with the movements they had experienced during the session, alone or with others. At the end of the workshop, the participants gathered in a circle and were asked to verbally end the session by giving an adjective to describe how they felt. They then completed my questionnaire again, comparing how they felt with how they felt at the beginning of the session. The girls, often shy at the beginning of the workshop, sometimes prostrate and anxious, were led to relax. By the end of the six-session workshop, they were able to make contact with others without the slightest anxiety and could testify to this. Contact is known to be difficult for such patients. It was still difficult for some of them at the end of the session as well as at the end of the six-sessions, but it became easier for all of them when comparing it with the beginning. At the end of each questionnaire, answering the open-ended question: "What has changed for you since the

beginning of the session?" one participant wrote:⁵

⁵ Original writing in French, published in *Leroy*. « Phénoménologie, danse-contact improvisation et clinique : doter le corps-vécu de limites. » *Implications philosophiques*. Dec. 2022, as follows: « – Séance 1 : « Je me sens

Session 1: “I feel more relaxed and self-confident, while I have difficulty letting the other person carry me.”

Session 2: “I feel more in touch with my body! Much more here (in the moment).”

Session 3: “My trust in others has definitely changed! I feel more secure. It feels really good. I also feel that people trust in me.”

Session 4: “I feel closer to others. This time I really feel like I’m doing a sport.”

Session 5: “I feel much more confident and safe. And also closer to others! I see more and more interest as the sessions go on.”

Session 6: “As always, I feel closer to others! More secure and confident. I feel better!” [The word ‘others’ is underlined in this participant’s statement.]

For her, at least, – but she did not come into contact with others alone – the practice improved her relationship with herself through her relationship with others, because of the focus on experiencing gravity and balance: the fact of “letting the other carry her.”

Other Findings of This Experiment

There are some striking points that emerge from the questionnaires. On the one hand, the vast majority of participants said they felt “freer” (100% of questionnaires) and “lighter” (83%); to a lesser extent, some of them expressed the feeling of being less afraid of others (71%), of communicating better with others and of feeling more peaceful with themselves. In other words, the feeling of inner security increased after the session, the fear of being endangered by others decreased, which allowed them to enter into relationships more easily and justified the recurrence of the word ‘freer’ in their comments as well as in their questionnaires.

The other differences were in the direction one would expect, though less marked: more confident than worried (71%); more here than elsewhere (62%); more sure than uncertain (62%); more sharp than blurred (54%) and more stable than unstable (53%). In particular, the “sharp/blurred” distinction, which I wanted to use to accurately assess the original premise: gravity and contact together can improve contouring of one’s own boundaries, did not seem very clear to participants, probably because it was poorly worded. In fact, there is no

plus détendue et en confiance tout en ayant du mal à laisser l’autre me porter. » – Séance 2 : « Je me sens mieux avec mon corps ! Bien plus ici (dans l’instant présent). » – Séance 3 : « Ma confiance aux autres a nettement changé ! Je me sens plus en sécurité. Ça fait beaucoup de bien. J’ai aussi l’impression que les autres me font confiance. » – Séance 4 : « Je me sens plus proche des autres. Cette fois j’ai réellement l’impression de faire un sport. » – Séance 5 : « Je me sens bien plus confiante et rassurée. Et aussi plus proche des autres ! Je perçois de plus en plus d’intérêt au fur et à mesure des séances. » – Séance 6 : « Comme toujours je me sens plus proche des autres ! Plus en sécurité et confiante. Je me sens mieux ! »

guarantee that the increase in the feeling of freedom and lightness is the result of the improvement in the contouring of the body.

Conclusions Based on the Findings Presented Above

The question I wanted to answer was this one: does contact improvisation, by increasing the sense of the limits of one's own body, increase the sense of freedom and decrease the anxiety of the relationship with others as well as with oneself? According to my participants, the *feeling of freedom* is increased. This practice seems to *improve the relationship with others*, on the basis of several testimonies and especially on the basis of observation. It remains to be seen whether the relationship with oneself is improved, if it makes sense to think of a "relationship with oneself." Above all, it remains to be seen whether the feeling of being psychophysically separate from the world is improved by the practice of contact improvisation.

So I conclude that the practice, which emphasized weight and contact, unanimously increased their sense of freedom, although I couldn't conclude anything concerning their feeling of having boundaries. However, here again, it may come as a surprise that contact makes us feel freer; my hypothesis is that contact and the test of weight in movement work on the limits of the body itself, putting it back into motion. The underlying psychoanalytical hypothesis is that the pathological need for separation results from the psychological feeling of intrusion and of potential fusion of identities. The benefits of my practice don't necessarily validate the upstream psychoanalytical hypothesis, but the fact remains that it has served as a foundation for my thinking about a care practice through dance that has its ethical, if not ontological, benefits.

Opening and Stakes

A Kinaesthetos: On the Reversibility of Self-Care Through Dance Practice, Towards Dance Spectators

The question arises as to whether dance performance has any benefit for the audience, and whether this benefit does not lie precisely in the sense of separation heightened by the spectacle of dance. Etymologically, the Indo-European root *sker-*, from which the Greek word *skêna* ("stage") derives, refers to the rupture between the space of the stage and that of the audience. The word "dance," on the other hand, derives from the Indo-European root *ten-*, which used to design a cord that connected dancers at collective festivals (Parmenter, 2008). The term dance thus shares a common etymology with the word "tension." To dance is to be stretched towards; but to be stretched towards requires at the same time to be stretched apart. In the same way, the reception of the performance that takes place on stage is conditioned by the separation between the stage and the audience, because the audience is stretched towards

the stage just as the dancers are stretched towards each other, at the same time as they are distinct from each other. It follows that the spectator's experience of observing a contact-dance improvisation consists in experiencing and at the same time feeling enclosed by a kinaesthetic contagiousness. I postulate that the benefit is twofold: on the one hand, the spectacle of choreography enhances the ethical sense by exercising kinaesthetic empathy; on the other hand, this spectacle enhances the feeling of having boundaries, limits, of being a designed self with defined contours, and as such enables what Aristotle calls *catharsis* – a benefit sometimes described as therapeutic. I would argue that this benefit is that of feeling more individualised through a heightened awareness of the limits of one's body. The more bodily delimited we feel, the more attentive we are to others and the better able we are to care for them appropriately. The reversibility of care is what prevents self-care from becoming egoism and care for others from becoming excessive abnegation or encroachment.

All these considerations now need to be validated by clinical tests and, if possible, by neuroscientific experiments. This very objective would contribute to the nascent field of dance neuroscience, as called for by neuroscientists (Foster Vander Elst et al., 2023):

“Many studies have been carried out on the physiological and behavioral benefits of dance therapy, but relatively few on neurological changes. Most studies to date [...] are on older adults, rather than for specific health conditions. [...] Further research on the neuroscience of dance generally, as well as dance therapy specifically, could also help to improve the future design and implementation of dance therapy interventions [...], e.g. by providing more information about the specific ways in which dance therapy affects the brain, such as its effects on neuroplasticity, reconfiguration of neural networks, and the emergence of compensatory neural mechanisms. [...] more research on the neuroscience of dance therapy for specific health conditions [...] would be particularly beneficial” (2023, p. 23).

It would also contribute to a greater awareness of the fact that genuine care cannot economize on the experience of embodiment, gravity and movement.

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Christine Leroy is a French Ph.D. researcher in the philosophy of embodied movement and of dance. Her work focuses on kinesthetic empathy and the embodied roots of ethics and mental health care. Her publications include *Phénoménologie de la danse. De la chair à l'éthique* (Hermann, 2021), which will be translated and published by Routledge in 2025. She has also published *Le Corps* (Atlande, 2022) and co-edited *Pesanteur et portance. Une éthique de la gravité* (Hermann, 2022). She is an associate member of the University Paris I Panthéon-Sorbonne and teaches philosophy at the Classe préparatoire aux Grandes Écoles in Lille.

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