Care ethics and improvisation: can performance care?

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Acting is a gateway to living more. (Zamir, 2014: 17)

The only hope we have of building societies that are peaceful and prosperous for all is to train the members of these societies to respond creatively, rather than fearfully, to the challenge of tradition versus progress, and to see all of the other members of different communities that make up this larger political society as engaged in variations on the same project. (Nicholls, 2012: 5)

This chapter suggests that reimagining the relationship between caregiver and cared for as one of improvisational moral performance can provide the means to not only understand the emergent dynamics and phenomena of care but also reorient our approach to teaching ethics and cultivating ethical behaviour. To accomplish this reimagining, I suggest that care is aligned with ‘performance philosophy’, a term that I use to denote the use of a framework of reflection that privileges performance and that valorises the aesthetics of what emerges from intentional experiences in the phenomenal world.¹ Although most humans have the capacity to emotionally, cognitively and physically care, we seldom attend to our caring capacities and develop them to their potential. A *caring improvisation* is a moment when we draw upon a set of rehearsed cognitive and bodily skills of enquiry and action to responsively perform care on behalf of the needs of others. Perhaps it seems odd to claim that improvisation is rehearsed, but many elements are indeed practised albeit not in rote or deterministic ways. The learned habit of improvisation is still a habit. All care is ultimately improvisational because we respond to the other in the moment including their needs and circumstances. The label ‘caring improvisation’ is an effort to focus attention on the seemingly paradoxical combination of skilful and extemporaneous elements of care that emerge in relationship.

How is the term ‘performance’ defined in this chapter? As Shannon Jackson describes, ‘performance’ is a highly contested term: ‘For some philosophers, performance is an intentional realm of purposive action; for others, it is an unintentional realm of spontaneous or habitual enactment’ (2004: 14). In this chapter, caring is described as existing within the tension

of Jackson's two poles. Performance, then, as it is used here is any purposeful action taken in front of an audience, even when that audience is only the person taking the action.² The analysis offered below is intended to enrich and inform the daily performances of care. Nicholas Ridout describes performance 'as an opportunity to experience an encounter with someone else' (2009: 8). Most of our interpersonal encounters come without a script. The performative and aesthetic aspects of care ethics have received little attention. I contend that care ethics has much to gain from performance philosophy and a focus on improvisation. Although I am endeavouring to comment on everyday uses of care performances, this chapter often draws from stage performance as a source of insight.

Care ethics was born of women's experience and feminist theory in the 1980s as a relational approach to morality that eschewed formulas, abstractions, generalisations and absolutes in favour of valuing particularity, context and emotion. Care ethics reframes the fundamental condition of humanity from one of atomistic agents to that of interconnected beings situated in webs of relationships. Early formulations of care ethics focused on dyadic personal relationships but theorists quickly moved to addressing social and political practices and policies of care. Today, care ethics enjoys intellectual attention across a spectrum of disciplines in both theoretical and applied analysis. The growing adoption of care ethics has resulted in a number of attempts to adapt it to traditional conceptions of ethics. For example, in Stephanie Collins' thorough examination of care ethics, she endeavours to make care palatable to analytic philosophers and claims that care ethics can be captured in abstractions (2015: 3). Of course, the mere fact that we can write about care ethics means that there is a certain amount of abstraction and theorising. However, approaching care ethics from the standpoint of performance and improvisation is to contend that there are elements not entirely reducible to cognitive abstraction. Caring improvisation offers an emphasis on the surprising and untamed aspects of the caring relationship that must be adapted to.

The chapter begins by introducing the reader to the notion of care as embodied performance. This characterisation of care as performance situates care ethics as distinct from traditional moral approaches that tend toward reinforcing cognitive hierarchies within mind-body dualisms. Although embodied care (Hamington, 2004) stands within the intellectual stream of feminist care ethics literature, it emphasises the visceral in a holistic approach to morality. In the second section of the chapter, the significance of improvisational caring is established by challenging the current concept of the moral domain to include methods and practices rather than simply cognitive concepts. The next section of the chapter contends that improvisation can provide a structural framework for caring interactions that are extemporaneous by nature. Accordingly, normativity, or the right thing to do, is understood as emergent within relational experience. Care ethics is offered as providing both a method and a theory here rather than an abstract and a priori moral system. Within an improvisation

model, normativity emerges from the performance. The fourth section of the chapter engages performance philosophy and in particular the idea that ‘performance thinks’ to suggest that performance also ‘cares’ in creating singular human connections not easily obtainable through cognitive processes. The epistemic and ontological aspects of care are emphasised in this section.

The conclusion of the chapter argues that within the framework of performance philosophy, care ethics reaches its radical potential as a critical theory. As an aesthetic approach care ethics can challenge the hegemony of normative theory as it simultaneously confronts non-caring political policies and practices. In particular, it challenges the primacy of a priori moral structures. In other words, as one who cares, if I recognise that I am improvising, even if I am doing so with great skill, I cannot be complacent or smug in moral knowledge as is the case for the epistemological and ethical certainty found in Western philosophy. Improvisational care implies a more egalitarian approach to the caring relationship just as it suggests humility and mutual respect. Caring improvisation is a means of describing caring practice, broadly construed to include action, reflection and rehearsal. Accordingly, the notion of attention training or rehearsing for *disponibilité* is explored. Because improvisation is deeply relational and responsive, it requires intentional openness.

Embodied care

Care is like the air we breathe – we cannot live and survive without it, but it is often invisible and unacknowledged except when it is lacking. (Mayseless, 2016: 3)

Within the dominant forms of modern Western moral theorising, bodies and ethical philosophy generally do not mix. René Descartes went so far as to declare that bodily sensation cannot be trusted, and the only way for a person to know that they exist is through their mind. Despite widespread critique, the Cartesian framework persists. Christianity’s notion of the ‘sins of the flesh’ is symptomatic of a morality that eschews embodiment because it is a source of moral detriment. Sexual revolution notwithstanding, the idea of corporeal sensation leading us astray of ethical ideals also endures. For their part, contemporary philosophers generally favour elaborate normative systems that answer the question ‘what is the right thing to do?’ in a cognitive exercise that resembles a decision science. Bodies need not participate.

Perhaps surprisingly, the literature of care ethics rarely addresses corporeality as well.³ Although ‘care’ is an all too common term, care ethicists use the idea of care in a particular, albeit not unified, manner. What care ethicists agree upon is that care is founded on a relational ontology, which is to say that humans are fundamentally social and relational. This claim

is significant because traditional approaches assume atomistic individuals who transact with one another rather than humans who exist and assume their identity from a relational web of people. For example, rights, duties and virtues are often theorised as tied to discrete agents without regard to other human entanglements. Furthermore, care ethics is profoundly contextual. To care is to take into account the rich circumstances of the one cared for. In this manner, care is often tied to moral epistemology because effective care requires particular knowledge of the one in need. Finally, care is effective when there is responsive action. Caring is not enacted unless an actual reaction to explicit and/or implicit needs occurs. The insights of care ethics have attracted worldwide scholarly attention that traverses disciplinary boundaries, nevertheless, embodiment is seldom integrated into the discussion.

Another salient characteristic of care in the contemporary literature is the notion of responsiveness (Noddings, 2010a: 180–204). In the effort to avoid any hint of relativism, most ethical theories do not value responsiveness. However, care ethicists embrace the particularism of responding to the context and needs of individuals. Care is a response to a particular need. Klaartje Klaver and Andries Baart claim that responding with care can be described as ‘attending’ – presence, listening and understanding (2011: 689–90). We can experientially affirm this phenomenon when we recall how good it feels to be genuinely and deeply listened to. Ends and means are collapsed in the process for preparing for the caring response (i.e. listening, attending), which is itself an act of caring. As Virginia Held describes, ‘An ethic of care focuses on attentiveness, trust, responsiveness to need, narrative nuance, and cultivating caring relations’ (2006: 15). Similarly, Marian Barnes emphasises care that observes and acts accordingly: ‘Being attentive to needs and taking responsibility for making sure that these needs are met in order to enable people to flourish’ (2012: 5). In her original work on care, Nel Noddings went so far as to refer to the necessity of attention within care ethics as ‘engrossment’ (2013). We can understand how important the notion of attention and responsiveness is to care from our own experiences of caring. We do not attribute rich experiences of care to interactions where we are treated superficially or stereotypically. 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.

In 2004, I described care as ‘*an approach to personal and social morality that shifts ethical considerations to context, relationships, and affective knowledge in a manner that can only be fully understood if its embodied dimension is recognized. Care is committed to the flourishing and growth of individuals; yet acknowledges our interconnectedness and interdependence*’ (Hamington, 2004: 3, original emphasis). What is not addressed in this definition is temporality and the improvisational character of caring performances, which is the subject of the rest of this chapter. Embodied care resonates with James Thompson’s contention that there is an aesthetics of care – a ‘sensory ethical

practice' (2015: 437). At the most experiential level, all care is received and delivered through the body. Our bodies are the epistemological and imaginative basis for care. We first grasp care through the senses in the satisfaction of needs. As we grow and develop to intellectualise care, the source of understanding remains the body. Many of our metaphors, including those for sympathetically appreciating others, are grounded in schemas of the body: the mapping of the unknown on to bodily experience; i.e. claims that people have moral 'strength' or the person was being a 'pain' (Johnson, 1987). I understand the value of feeding, protecting or comforting someone because I have been fed, protected and comforted. I can conjecture about elaborate social systems that augment care, such as health care or welfare, but ultimately the success or failure of these imagined systems rests with the experience of individual bodies in relation with other bodies. Our bodies not only retain muscle memory, they provide originary metaphors for understanding experience including the experience of others.

To summarise, caring is a holistic and integrated investment of thought, sensation and emotion. Because it lacks the prescriptive a priori baggage of other moral approaches, care ethics is particularly well suited to engage performance philosophy and improvisational theatre in particular. In encounter, the moral domain is confronted and possibly changed by the experience.

Trusting ourselves to redefine the moral domain

Depending upon one's reading of history, our theoretical structures have been in the grip of modernism for several centuries (Aylesworth, 2015). Modernism's manifestation in contemporary theorising is characterised by a quest for certainty, categorical delineation, clarity and control. These are not unusual or unworthy goals given the precariousness of the human condition. We all seek the comfort of certitude and precision. However, the intellectual pendulum has perhaps swung too far in favour of theories that rely too heavily upon abstraction and rule. One such manifestation is in ethical theory, where the reliance on authoritative texts, formulae and ideas has produced moral approaches so far removed from the human experience that we often have to engage in intellectual gymnastics to make sense of them for our complex existence (see, for example, Bauman, 1993; Caputo, 1993). For instance, prohibitions against killing are almost universal and yet a variety of exceptions are often made including for self-defence or war. However, even in battle, not all killing is sanctioned. Although perfectly serviceable in existing moral systems, such prohibitions and their machinations read more like guidelines for adjudication of particular acts rather than anything that addresses the underlying conditions for morality. In legal cases 'mitigating circumstances' are taken into account, however they still serve as assessment techniques rather than proactive moral approaches to ameliorate harm and

need. One can easily characterise much of the modernist analytic theorising around ethics as a kind of decision science or game rather than serving the complexity of human moral reality to build a moral environment. I am not claiming that ethical exceptions are wrong or not well intentioned, but they do seem to indicate that human experience is sometimes uncomfortably forced to fit abstract analytic systems.

An active question in philosophy and moral psychology addresses the nature of the 'moral domain'. Typically, the moral domain is understood as including a rational and objective analysis to adjudicate the rightness or wrongness of particular actions. For example, Elliot Turiel defines the moral domain as 'prescriptive judgments of justice, rights, and welfare pertaining to how people ought to relate to each other' (1983: 3). In 'Mapping the Moral Domain', Jesse Graham *et al.* (2011) endeavour to broaden the standard understanding. The authors take an inclusive approach going beyond normative questions of justice, to address spirituality and non-Western characteristics of morality. Based on moral foundations theory, the authors create a questionnaire to gather data on scales of 'harm/care, fairness/reciprocity, in-group/loyalty, authority/respect, and purity/sanctity', labelled the 'Moral Foundations Questionnaire'. They conclude:

People disagree about the size and content of the moral domain – that is, about what 'morality' means. Researchers therefore need theories that encompass the true breadth of human morality, and they need measurement tools that can detect a broad array of moral concerns. In this article, we presented Moral Foundations Theory as a way of thinking about morality that goes beyond harm and fairness (with inspiration from Shweder *et al.*, 1997). And we presented the Moral Foundations Questionnaire as a reliable, valid, and easy-to-use tool for exploring this expanded moral domain. The MFQ, and its progeny, will be useful for extending, critiquing, and otherwise improving psychology's map of the moral domain. (Graham *et al.*, 2011: 17–18)

This is a useful and informative project that is admirable in many ways, including its recognition of multiple modes of thinking about what moral domain means. However, the concept of 'moral domain' utilised here continues to suggest a container with 'size and content': making morality a thing, separate from humanity yet accessible to us. In this chapter, I am arguing that care, as understood in care ethics theory, is embodied and thus *embedded* in our improvised performances of interaction. Accordingly, the radical implication is that moral normativity is not a domain of items or categories but intimately tied to our relational being that is dynamic and unfolds in each interaction. Performance matters.

In some respects, caring improvisation is about trust. In regard to ethics, Western moral philosophy has indicated that largely, humans cannot be trusted. They are too self-interested to handle moral situations and need some outside help, whether that help is a rubric or a rule or a sanctioned authority. Care ethics is entangled in issues of establishing trust. The care-giver engages in varying degrees of risk in order to care: risk of time, effort

and emotional energy. Caring enquiry – the listening and questioning required for the understanding necessary to truly care for another being – is predicated on creating a climate for the exchange of information. Can we learn and train to trust ourselves, our bodies and one another to respond in our moral performances?

Improvisation and emergent normativity

Solving of problems together; the ability to allow the acting problem to evolve the scene; a moment in the lives of people without needing a plot or story line for the communication; an art form; transformation; brings forth details and relationships as organic whole; living process. (Spolin, 1963: 383–4)

In this section, I concentrate on improvisation as a method of interaction, the performance of which provides a model for caring. The suggestion here is that skilful improvisation is a moral methodology, a way of creatively interacting and responding with openness, enquiry and imagination, such that the right thing to do emerges from engagement with others. This ‘emergent normativity’ is improvised but not happenstance. Caring action flows from our experience, training and rehearsal and unfolds in the relational circumstance. Within this framing, trust in our performances becomes a source for subverting traditional configurations of moral authority. This chapter asks, what if we trusted our humanity in that moment of confronting the other as much or more than the authority of the socially constructed moral rules (content or domain) we have been taught? What if improvisation was at the heart of a robust relational ethic? This exploration is aligned with what Thompson has described as an ‘aesthetic turn in care studies’ (2015: 432) to find in improvised performances of care a richness and dynamism that extends beyond modernist approaches that favour the analytic.

The interest here is not merely the passive observation of the trained actor but the integration of improvisation skills and thinking into the lives of caring human beings. Perhaps just as significant as the interplay of bodies, improvisation has a creative function. As Naphtaly Shem-Tov describes, improvisation is the heart of creativity: ‘There is no creative process if there are only known procedures’ (2015: 36). Something new and unique is generated in each improvisation. In this sense, the improvisation performance ‘thinks’: offering novel phenomena for audience consideration. The improvisation spectacle exists at the nexus of intention and unintention; the known and the imagined.

It is striking how many definitions of improvisation are expansive beyond merely describing stage performance. We can see Spolin’s definition above offers both stage and non-stage elements. John Hodgson and Ernest Richards claim that improvisation is a form of cognition: ‘Improvisation

is a means of training people to think. It aims at the inculcation of clear mental habits and training of the expression of these thoughts in a concise and orderly way. Because it places people in a human situation involving other people, it calls for fairly quick thinking and at times for different levels of thought at one and the same time' (1966: 22–3). Anthony Frost and Ralph Yarrow offer a skill-based characterisation of improvisation: 'The skill of using bodies, space, imagination, objects and all human resources to generate or to reformulate a coherent physical expression of an idea, a situation and a character (even, perhaps, a text); to do this spontaneously, in response to the immediate stimuli of one's environment, without pre-conceptions' (2016: xv). In *Theatrical Improvisation, Consciousness, and Cognition* (2013), Clayton Drinko explores several of the important schools of improvisation and how their theories mesh with developments in neuroscience and philosophy. He notes how Spolin thought her students could bring their improvisation skills into their everyday lives. Drinko concurs with Spolin, suggesting that improvisation may 'open up people to stronger identity formation, more empathy, and changes and changes in consciousness where time, memory, and space can all be altered [...] improv and the mind is a topic about empathetic social interactions as much as it is theatre' (2013: 9). This is a crucial notion for our purposes. Although improvisation by professional actors offers an outstanding model, the concern of this chapter is an inclusive notion of improvisation: adopting the skills and disposition of improvisation in our everyday lives to serve human flourishing, which is often called 'care'. Improvisation describes the reality of the care experience: robust care is always a form of extemporaneous action. There must be the performance of enquiry, imagination and risk.

The taxonomies of improvisation characteristics are many and varied. One possible description of improvisation is that it entails underlying intention, playfulness, risk, responsiveness, action and communication. These six elements are used to describe the foundation for serviceable care including its epistemology, ethics and psychology. 'Underlying intention' indicates that improvisation is not pure spontaneity, but rather it is driven by a relational commitment toward a goal such as entertainment, dramatic preparation or, as in the present context, care. Improvisation uses the actor's skill in service of a goal as caring applies the caregiver's proficiency in responding to need. 'Playfulness' describes the creative and innovative aspect of improvisation. Caring often involves problem solving and playfulness represents the requisite novelty of thought. Improvisation entails 'risk' as one commits to the character and circumstances created. Caring relationships also involve risk because one does not always know the physical and emotional labour that caring will require. The one cared for must also risk to admit vulnerability and share information if the care is to be valuable. 'Responsiveness' is an essential part of improvisation and care. It is in responsiveness where performance catalyses knowledge creation. Without depth of contextualised knowledge, care is superficial and possibly misguided. Improvisation also includes expressive 'action'. Care without action is simply disposition,

which lacks ethical import. Felt concern is 'nice' but unless it manifests into responsive caring enactment, it has accomplished very little. Finally, improvisation communicates and is expressive. Similarly, care conveys both explicit and tacit information between the caregiver and the one cared for. Improvisation implies a high degree of awareness in the moment rather than 'going through the motions'. Caring improvisation is an engaged activity of personal effort and investment. Taken altogether, the improvisation framework can be utilised to understand care ethics as a set of skills that can be actualised when called upon.

Given the desire to understand care ethics in terms of improvisation, it is not surprising that care is described here as a responsive function of both mind and body, or perhaps more appropriately, head, heart and hand. Our bodies provide the fodder for imaginatively and creatively understanding others. Our corporeality, including our senses and comportment, is the grounding of metaphor and the basis of empathy. As Roberto Ciulli describes:

With the mind, everything does go much more quickly, but the path from the mind to the heart, to experience to life, that is the difficult process. Acting renders this process possible, it is precisely this path which improvisation opens up. For what one has understood only at the level of the understanding is of no use in life. Through acting I can reach the point where I myself determine how I behave towards myself and others and where I take the decisions. That is more than understanding, it is performing actions. And that is why I believe that acting in the theatre in this way is one of the most important methods of practising for life. (Quoted in Bartula and Schroer, 2003: 55)

In the quotation above, Ciulli claims a high degree of agency for the improviser: 'I myself determine how I behave towards myself and others.' Embodied care shares this notion in something that can be referred to as 'emergent normativity'.

To care is not only to improvise what to do, it is to determine the moral parameters that unfold in the given situation. As such, the caregiver is humble before the one cared for and their context. The lack of a priori systems in care ethics should not be seen as a negation of normativity altogether. Care offers a moral approach or moral trajectory without the need for strict abstract prescriptive detail: I can care for you but I best determine what form that care takes once I know your circumstances and expressed needs. Similarly, an actor may know they will engage in improvisation but not know the make-up of that improvisation until the parameters are revealed. As performers who engage in improvisation must trust themselves in the moment of the performance, improvisational care suggests that one cannot simply bring a predefined moral domain to the performance. Care provides an open-ended telos or notion of the good in caring but the nature of that good is always responsive, adaptive, reacting. Such an approach should not be confused with relativism. Responsiveness in service of human flourishing

is the measuring stick of care. Circumstances cannot lead me to determine that beating someone is for their own good or that opposing same-sex marriage contributes to the caring and flourishing of individuals. If care ethics is not relativistic, neither is it purely abstract or formulaic. Caring is the disposition and trajectory that guides moral interaction but never in a deterministic manner. There is always an element of improvisation in responding to the needs of others in a meaningful way. Robust and individualised care is always emergent. Performance philosophy elevates the moment and experience of performance as if it were an entity or a creative phenomenon beyond and somewhat autonomous from the sum of its parts.

If performance 'thinks', can it also care?

To act, to think, to speak 'without delay', such urgency requires the skills of an improviser, a performative, intellectual, and rhetorical agility that does not await the arrival of a thought that in all of its fullness can be attached to a methodology that would only then launch a thought process that carries its origin along with it like a lead weight. (Peters, 2009: 154)

Performance philosophy provides a lens of analysis (as well as an 'anti-analysis' – a way of being and appreciating that is not merely more analysis) that can highlight the similarities between robust acts of care and improvisation.

Laura Cull succinctly describes performance philosophy 'as an emerging field of research concerned with the myriad potential conceptualisations and enactments of the relationship between philosophy and performance, including drama' (2013: 499). More specifically, Cull finds performance philosophy in conflict with the traditional hierarchy of intellectual understanding regarding philosophy and performance:

Precisely by erasing 'the &' between Performance and Philosophy that prompts a renewed attention to their relation particularly insofar as it allows for the possibility of seeing performance as philosophy: as equally capable, as traditional forms of philosophy, of doing philosophical work; and more radically still, perhaps, as the site of new kinds of thinking that present a challenge to Philosophy's sense of itself as *The* discipline licensed to determine what counts as thought. (2015: 2)

In her subsequent work, Cull argues that performance 'thinks'. What Cull means by this is that performance not only creates something but 'it is *performance itself* that is doing the philosophy' (2015: 8, original emphasis). Tony Fisher helps explicate the idea of performance thinking and teaching by describing performance as an 'event of thought' (2015: 178) every bit as valuable and meaningful as philosophy. Cull and Fisher critique the modernist intellectual hierarchy (an extension of the Cartesian mind-body hierarchical dualism) of performance over philosophy. Accordingly, philosophy

is the authority and performance is an object of theoretical application. Fisher recognises that more than an intriguing new intellectual field, performance philosophy may proffer a revolution in how we regard the relationship between experience and theory, including how we view ethics. His claims are nothing short of postmodern in character: performance philosophy is ‘irreducible to the particular’ and a ‘hypothesis of the *revolt* of thought: a revolt that brings thinking back from its transcendental and normative pretensions, and its flirtation with power, to its properly democratic dimension, as the thought of the one and the “anyone”’ (Fisher, 2015: 182, original emphasis). Care ethics often seems misplaced and uncomfortable within the parameters of traditional moral theory. Performance philosophy offers care ethics a radical intellectual framework that matches the post-modern approach to normativity suggested here.

In exploring the notion of whether performance can care, the work of Nicholas Ridout is particularly instructive. In a clever play on words, Ridout opens *Theatre and Ethics* with the simple question ‘How shall I act?’ (2009: 1). This is not just a question of dramatic performance but it restates the classic question of Western moral philosophy. Ridout concludes with an aporia: ‘Theatre’s greatest ethical potential may be found precisely at the moment when theatre abandons ethics’ (2009: 70). On the intellectual journey that Ridout curates, he establishes that performance spawns both sympathy (2009: 34), an ability to feel with others, but the critical distance of reflexivity (2009: 36). Drawing from Levinas, Ridout suggests that explicit ethical content is not needed for a performance to be moral (2009: 69). It is in deeply engaging with the relationships within a performance that morality emerges. By extension, performance does not require the overt ethical content of a philosophical treatise to offer rich moral insight. Similarly, although the number of books about care ethics has burgeoned, there is an aesthetic quality to care that defies explicit articulation. It may be that performance captures care in ways that words cannot.

Particularly pertinent to the discussion of improvisational care are the notions of immanence and ontological participation. Cull draws from the work of Deleuze in developing her notion of attention training (2011: 82). Although traditional philosophy has emphasised transcendence in the primacy of theory, the idea that performance thinks refers to an unmediated experience of reality. Similarly, caring improvisation is responsive in the moment without the mediation of a prescribed moral outcome. Cull makes the broad claim:

One implication of this affirmation of immanence, in Deleuze at least, is a resistance to any ontological separation of thought and being (or subject and object), which in turn, proffers the possibility of a direct (rather than always-already mediated) encounter with the real. More broadly then, an immanent perspective also suggests that there is no ontological basis for a separation or hierarchy between the nature of body and mind, self and others, human and nonhuman, words and things, theory and practice and so forth. (2011: 82)

Our embodied connections that are the basis for care require the ability to traverse the alterity of other minds/bodies reinforced by this immanent approach. As Cull describes, Deleuzean immanence resides in tension. Although there is no separation, our existence participates in difference (2011: 82). Such a notion is essential to care. To responsively care is to find connection *but across difference*. The attention, enquiry and engrossment of care must confront the difference of the other to create the activity of caring. Perfect alterity and perfect identity are two poles that do not exist. Having ultimate knowledge of the other would render care unnecessary (or at least incredibly easy). If the other was an unknowable other or ineffable, then care is impossible. Because as an immanent phenomenon, performance thinks, by extension, it also cares through confronting others in the moment. Because care and knowledge are such intimate companions, it is difficult to discuss one without the other.

The 'thinking' or the knowledge generated by relational performance is the foundation of caring. Knowledge and caring go hand in hand as has been described by many authors (Dalmiya, 2002; Puig de la Bellacasa, 2012; Code, 2015). Care ethics reintegrates emotion in the form of motivational displacement or empathy with its basis in enquiry. Given Cull's notion of performance thinking, María Puig de la Bellacasa offers a particularly apt notion of 'thinking with care' that she describes as 'a style of connected thinking and writing that troubles the predictable academic isolation of consecrated authors by gathering and explicitly valorising the collective webs one thinks with' (2012: 202). Although Puig de la Bellacasa does not use the term 'emergent normativity', she problematises traditional understandings of normativity by describing care as a singularity, much like performance, it offers something unique: 'Care is a good word to exhibit the singularity of the non-normative ethics carried here. Not only because caring is always specific – a mode of caring is not necessarily translatable elsewhere – but because it cannot be reduced to a moral disposition, nor to an epistemic stance, a set of applied labours, not even to affect' (2012: 211).

To reiterate, caring improvisation is a set of mental and physical habits activated when circumstances of perceived need call for it. In leaving the definition of performance philosophy undetermined, Cull offers that it might be the enactment of the immanent, an embodied attitude or act of pluralism open to continuous revisioning, or a practice of openness (2014: 33). It is the latter idea that we conclude with.

Conclusion: caring improvisation and rehearsing for disponibilité

It is rehearsing *itself* that must be rehearsed; the very act of rehearsing – as a life-long task – bespeaks a decisive commitment far more significant than the choices made while rehearsing or performing. Without 'contracting' the

habit of rehearsing, the ‘contemplation’ necessary for the habitual to become transformative and ‘make a difference.’ (Peters, 2017: 147, original emphasis)

In this final section, I suggest that a notion of ‘caring improvisation’ frames a moral activity of life-long skill development through humble openness to the other. Our bodies and minds have the capacity to care, but the habits must be honed to care with proficiency. Accordingly, the contention here is that despite its extemporaneous appearance, one can indeed rehearse for improvisational care. For example, when I take public transport, I never know what experience will manifest from the close proximity to others. I have variously experienced individuals yelling, weeping quietly, requesting money, engaging in pleasant conversation, etc. I cannot prepare myself to be caring for every expressed need that arises from engaging another human being. However, I can prepare or rehearse an architecture of caring skills including physical, emotional and intellectual habits that not only help me navigate the performance of care but also influence who I am and how I subsequently address others.

First, a note on terminology. I use the terms ‘rehearse’ and ‘practice’ interchangeably; however, some theorists (Peters, 2017: 145–7) have ascribed particular parameters to these terms. The important distinction to be made is between preparing for a performance that is a rote replication of what was practised and preparing for a performance that will improvise within the context. Peters describes: ‘At its most radical (if that’s the right word) practice can create a practice that is self-aware enough and agile enough to outwit the habitual’ (2016). It is this form of agile practice that I am referring to when I describe rehearsing for caring improvisation. An authentically caring performance is one that is capable of adapting to the circumstances with deft enquiry and responsive action.

Cull, in the process of defining what makes performance philosophy distinct from conventional philosophy, emphasises both attention and collaboration – two ideas that are also crucial to care (2015: 12–15). Attention participates in how performance thinks but it entails an openness to novelty: ‘Attention is not about a decision to think harder, look harder about X; rather attention occurs when an unexpectedly forces us to think anew’ (Cull, 2015: 14). Here, she is emphasising the fluidity and openness of attention rather than a routinised focus. Important for my argument regarding preparing for improvisational care is Cull’s subsequent discussion of ‘attention training’. Drawing upon the work of Deleuze, Allan Kaprow and Henri Bergson, Cull offers attention training as a mindful way of being in the world through ‘exercises that affirm our ontological participation in immanence’ (2011: 91). Without explicit reference, Cull is offering a kind of preparation for caring improvisation through embodied and intellectual habit development. Although perhaps not with the same theoretical foundation as Cull, Jacques Lecoq developed a similar understanding of the significance of attention training in his performance practice.

Lecoq is an important figure in modern Western theatre having founded what is now known as the School of International Theatre in Paris. His teaching emphasised physicality and movement. Among his important acting themes was *disponibilité*, which he described as ‘a state of discovery, of openness, of freedom to receive’ (2000: 38). Although the term does not translate precisely into English, Jennie Gilrain indicates that Lecoq uses the term *disponibilité* to mean ‘available, open, present, listening, sensitive, pliable, flexible, and ready’ (2016: 130). Simon Murray suggests that what Lecoq asks for in terms of *disponibilité* may not appear that much different than other dramaturgical approaches, but Lecoq emphasises a whole-body openness and readiness rather than simply a cognitive disposition (Murray, 2004: 70). Co-founder of the Pig Iron Theatre Company, Gabriel Quinn Bauriedel describes how Lecoq sought personal integrity around the notion of *disponibilité* and challenged those around him to embody this openness:

Lecoq charged his students and, indeed, himself to stay disponible. First and foremost, this was a deep belief about theatre; that its innate power comes from its ability to pose questions rather than answering them, and to activate an audience’s imagination. But it was also a way of living, a way of absorbing the world and staying available to the contemporary moment [...] To be disponible was to move, to be curious, and to be alive. It was the opposite of stuck, fixed, inert, dead. (2016: 358)

Bauriedel’s last few sentences are particularly pertinent. Caring improvisation implies a nimble ethics that is humble and open to experience. *Disponibilité* is not a passive stance but one that is assertively engaged with enquiry from a position of active openness. To effectively care, one must paradoxically be both respectful and truly hear the other (thus humble) and simultaneously vigorously involve oneself with the other (thus proactive). Noddings describes the declaration ‘I am here for you’ (2002: 26) as indicative of a caring disposition, which resonates with how *disponibilité* is described. However, Noddings adds that there must be consistency in the claim. The implication is that ‘I am here for you now and in the future’. To care is to establish something of an enduring relationship. It is more than a one-time performance or improvisation of care. Accordingly, care suggests that a series of improvisations will occur in a similar trajectory, creating a relationship of trust and *disponibilité*.

Whether it be training for attention or for *disponibilité*, rehearsing for improvisational care suggests a more embodied and holistic approach to moral education that shifts the normative authority away from a priori structures to a method or practice that integrates the self with the immanent. Greater empathy and understanding and, of course, more care, are in the offering if we take our relational performances seriously. Ultimately, life is an improvisation and as Caputo declares, ‘one is rather more on one’s own than one likes to think, than ethics would have us think’ (1993: 4). We can offer others unskilled, unreflective moral performances or we can do better by developing our *disponibilité* and caring responses. As skilled performers,

we can learn to trust ourselves to see the emergent caring norms of a situation and respond accordingly.

Notes

- 1 The boundaries of what constitutes performance philosophy are contested. According to the Performance Philosophy website: 'What counts as Performance Philosophy must be ceaselessly subject to redefinition in and as the work of performance philosophers. Performance Philosophy could be: the application of philosophy to the analysis of performance; the philosophy of performance and/or the performance of philosophy; the study of how philosophers and philosophical ideas have been staged in performance or how ideas and images of performance have figured in philosophy; the theoretical or practical exploration of philosophy as performance and/or as performative; and likewise, experiments emerging from the idea that performance is a kind of philosophy or thinking or theorising in itself. But it could also be much more besides' (see <https://performancephilosophy.ning.com/page/about>, accessed 28/02/18).
- 2 One might argue that actions taken alone do not normally qualify as performances. However, even when we are alone there is an audience. Humans have the ability to be both the *subject*, or agent of action, as well as the *object* of our own perception and reflection. We are always our own actor and audience. In discussing the ethical work of Adam Smith, Nicholas Ridout describes, 'each of us carries within us an "impartial spectator"' (2009: 35).
- 3 There are a few examples of embodiment being addressed in the care literature including Hamington (2004) and Kittay (2013). For example, Eva Kittay interprets this statement of caring presence as having a distinctly embodied form: 'I will posit that the body to whom one gives care is itself a place, and moreover that it constitutes a here for the caregiver' (2013: 206).