

# Embodied Ethical Decision Making

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The intention of this article is to introduce research questions and some initial findings about the place of embodiment in ethical decision making. This approach to ethics has yet to be discussed in the literature of dance/movement therapy, and with few exceptions, has only been hypothesized in the ethics literature of other fields. Because this is a new area of exploration, data were gathered primarily in dance/movement therapy educational contexts, such as graduate classes and conference workshops. I have also drawn from the literature in dance/movement therapy and related fields to help establish the meaning and relevance of three concepts central to this discussion, *embodiment*, *decision making* and *empathy*. The findings indicate that ethical decision making can be enhanced with an embodied approach. Questions for future research to develop the practice of embodied ethical decision making and to understand the bases of ethical practices of dance/movement therapists are suggested.

**KEY WORDS:** Dance/movement therapy; decision making; embodiment; empathy; ethics.

**W**hy *embodied* ethics? What need exists within the study and application of professional ethics for an embodied approach?

At this point I have scant support from the professional literature, and am relying primarily on evidence for such a need from my experience as

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an educator. My field of expertise within dance/movement therapy is in teaching research, a subject not inherently popular, and I've learned a lot about dance/movement therapists in the process. Ethics, like research, does not draw multitudes to classes and workshops offered on the topic. It is often perceived as an uncomfortable requirement, and thus studied begrudgingly, without enthusiasm, and at times with trepidation. Ethics seems to be associated with dull lists of obvious rules, intellectually articulated universal principles, or inscrutably numbered legislations outlining equally inscrutable regulations.

My pedagogical intuition tells me, in cases such as this, that the topic has become disembodied. In general, dance/movement therapists rarely express much interest in disembodied fields of study or disembodied learning experiences, with good reason. If it is not grounded in bodily experience, it seems to have no meaning, no intrinsic value.

Yet, ethical conflict can create some of the most violently felt body-based responses we may have as clinicians, so how could the study of ethics have become so disembodied? Why don't ethical guidelines feel more meaningful? Is it *because* ethical conflicts can stimulate such powerful emotional responses and *because* unethical temptations can tap into our most basic and compelling desires, that ethical principles, codes and decision-making models draw us *away* from the embodied emotional response, toward a more cognitive approach to our ethical problems? When we are in a tight ethical squeeze, swamped with emotion, can those obvious, previously dull lists of rules become voices of clarity offering simple, direct unambiguous guidance? In developing ethical guidelines, perhaps ethicists have intentionally directed us around the body by mandating the engagement of our most evolved neurological functioning (Damasio, 2003), our highest moral reasoning powers (Kohlberg, 1981), and our critical thinking (Stinson, 2004) to override powerful emotional approach-avoidance responses to ethically challenging situations. Do we thus now find the study of ethics has become disembodied, perhaps to our disadvantage?

Ethical decision making is so much more than simply following rules or directives; it is a heuristic process that requires our full participation to be meaningful. How can the disconnection that seems to have split body and mind in ethics be remedied? How can ethical decision making be studied in a way that includes body-based learning, working, caring and meaning-making? How can concepts so central to interpersonal relations once again become grounded in bodily experience? These are the questions I have attempted to answer in the series of classes and workshops I have offered on embodied ethical decision making.

This article proceeds by identifying the evolution of the concept of embodiment in various fields, and examining the work of those few who have linked it to ethics. I then consider the embodied nature of empathy and its natural connection to ethics. This is followed by a brief look at the

embodied dimensions of decision making before concluding with pedagogical methods demonstrating the potential value of embodiment in ethical decision making and its application to dance/movement therapy.

## Embodiment

What do I mean by embodied or embodiment? In one sense, I mean it as equivalent to the dance/movement therapists' directive to "move out" a situation, image, feeling, idea or word. In the workshops I will describe later, I directed participants to "embody" ethical concepts. Fortunately, dance/movement therapists seem to know what this means, but I doubt this usage would be easily understood in other contexts.

It is also a term enjoying a period of popularity with philosophers, ethnographers, cognitive scientists, educators, psychotherapists, neurobiologists and virtual reality designers, among others, with a variety of meanings. I will attempt to clarify my use of the term by discussing the concept, (not always called embodiment) as used by a number of influential authors.

A very concise definition of the term embodiment that is consonant with my usage has been developed by cultural anthropologist, Thomas Csordas. In an article entitled "Somatic Modes of Attention" he described embodiment as "attending 'with' and attending 'to' the body" (1993, p. 138). Csordas proposed a *paradigm of embodiment* for research (1990, 1993, 1999) and traced the idea back to phenomenological philosopher Merleau-Ponty who introduced the idea of *lived-body* or the body-subject, in contrast to body as object. *The Primacy of Perception* (Merleau-Ponty, 1962) has been the referent for many scholars who have subsequently applied the idea of embodiment within their diverse fields of study (Abram, 1996; Bresler, 2004; Dreyfus & Dreyfus, 1999; Gendlin, 1962/1997; Hamington, 2004; Johnson, 1999; Leder, 1990; McGuire, 2002; Shapiro, 1985; Sommerville, 2004; Stinson, 2004; Thomas, 2003; Varela, Thompson, & Rosch, 1991). (For a very thorough review of the development of embodiment as epistemology, see Peters (2004)).

In 1962, the same year that *The Primacy of Perception* was published in English, psychotherapist and philosopher Eugene Gendlin proposed the significance of *experiencing* as a source of intersubjective understanding (1962). Of particular relevance to this discussion of embodiment, Gendlin described experiencing as the "inward receptivity of a living body" (p. 15). He went on to develop *focusing* as a method of psychotherapy, and *thinking at the edge* (Gendlin, 2004) as a method of developing theory from experiencing. His theories and applications of experiencing have had substantial impact in psychotherapy and research

(The Focusing Institute, 2003) and have provided support for an embodied epistemology.

In a later work Gendlin shared his struggle to find the right word for what he had called experiencing:

Isn't it odd that no word or phrase in our language as yet says this? "Kinesthetic" refers only to movement; "proprioceptive" refers to muscles. "Sense" has many uses. So there is no common word for this utterly familiar bodily sense (1992, p. 3).

If kinesthetic specifically refers to awareness resulting from movement, then it does not include sensations that can arise even in stillness and from other body systems, emotions, intuitions, and the mind's complex interpersonal "flow of energy and information" (Seigel, 2006, p. 248). As valuable as movement based perspectives are to the practice of dance/movement therapy, I believe it is also important to include awareness beyond that based in the muscular/skeletal system, and for this reason I prefer the broader terms *embodied* and *embodiment*.

Thomas Hanna coined the term *somatics* in 1976, to describe a practice of attention to the body from the "inside out, where one is aware of feelings, movement and intentions, rather than looking objectively from the outside in" (as cited in Stinson, 2004, p. 154). As dance scholar Susan Stinson (2004) has pointed out, this kind of knowing is familiar to dancers, who refer to their *kinesthetic* sense of movement. Dance scholar Sondra Fraleigh (1987) developed a phenomenological approach to the lived body in relation to aesthetics, epistemology, education and dance-making. In *The Primacy of Movement*, philosopher and dance scholar Maxine Sheets-Johnstone (1999) extensively examined the centrality of kinesthetic consciousness or her preferred term, *animate form*, to the foundations of human knowledge.

A discussion of embodiment would not be complete without acknowledging its place in the historic and ongoing traditions of Eastern philosophies, medicine, martial arts and spirituality (Nagatomo & Leisman, 1996; Ozawa-De Silva, 2002). As Japanese philosopher Yuasa Yasuo explained, "the Eastern tradition of philosophy and science has emphasized, not the observation of outer nature, but the investigation of inner nature based on practical, lived human experiences of self-observation" (1993, p. 2). In order to clarify this point, Yuasa described the Japanese concept of *karada*, or "one's own body" (p.72), as distinctly different from the concept of the material body or body-as-object. It instead is understood as the compilation of sensations associated with the feeling of being alive, which is consistent with my use of the word *embodiment*. This practice of self-observation is the core of the centuries old practice of mindfulness, which interpersonal neurobiologist Daniel Seigel (2006) has

linked with the function of mirror neurons. After looking at the role of embodiment in ethics, I will return to Seigel and mirror neurons in the subsequent discussion of empathy.

## Embodied Approaches to Ethics

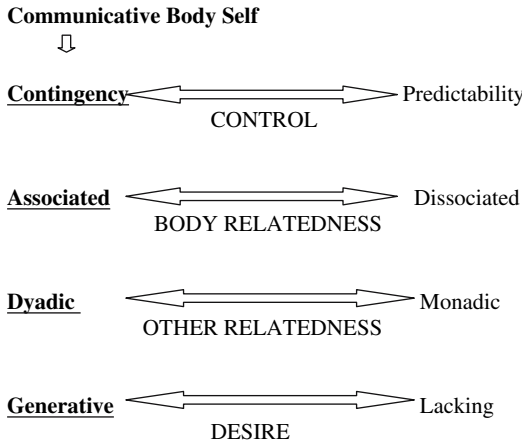
Ethics, a major branch of philosophy, is the study of values and morals. Over the centuries the theory and application of ethics continue to evolve, reflecting how almost everything (religion, science, war, politics, the environment) changes the way humans perceive their responsibilities to each other and how they understand basic ethical principles such as truth, justice, care and morality. Purely theoretical or philosophical ethics differs from applied ethics, which is concerned with using such principles to guide behavior in specific areas, such as politics, science, research, human services and healthcare. For the purposes of this study, there is barely a path to follow in examining embodiment in applied ethical thought.

In 1924, Robert Chenault Givler, a professor of philosophy at Tufts College, wrote a small book claiming that the meaning of all ethical principles was derived from the natural mechanical and physiological functions of the body. Much of his theory was based on contemporaneous neurological and physiological interpretations of phenomena that might now be attributed to mirror neurons. His research traced the development of the meaning of words representing ethical concepts (such as *good* and *right*) back to their body based origins. Being a pragmatist, he contrasted his theory to an ethic based on divine ideals or essential truths. Neither his theory nor his research would be called embodied by Csordas' (1993) definition, but his results suggest that the inception of human ethics was embodied, or based on the lived experience of the body, and could possibly be again. Although Givler's work made no acknowledged impact in the subsequent literature in any field, it foreshadowed similar strains in the phenomenological philosophy of Merleau-Ponty (1962) and Sheets-Johnstone (1999), the recent neurobiological discoveries (Gallese, 2001) and their theoretical development in relation to ethics by Antonio Demasio (2003).

In a more recent effort to develop "an ethics of the body" (Frank, 1995, p. 52) sociologist Arthur Frank conducted research about people's attitudes toward their bodies, as illustrated by the language they used in narratives about their illnesses and health seeking experiences. Frank identified four *body problems* that all people must come to terms with, especially when confronted with illness: *control*, *body-relatedness*, *other-relatedness* and *desire*. Attitudes toward the four body problems were

conceptualized as lying on four corresponding continua, each spanning two extremes (see Figure 1). He posited that ideally, there is only one combination of locations on these four continua that is ethical in relation to one’s body and the bodies of others, especially those in one’s care. In relation to *control*, the ethical position is accepting one’s body as contingent upon and responsive to infinite variables, versus striving for predictability through control. In terms of *body-relatedness*, the ethical position is to be associated or identified with one’s body as an “I” or another’s body as a “you,” versus an “it” in either case. In *other-relatedness*, the ethical attitude is to perceive self and other as interdependent bodies in a dyad, family or team rather than independent or monadic body-selves. And fourthly, one must not be apathetic, but instead feel a sense of passion or *desire* for vitality of life in oneself and for others. Frank identified this composite of ethical attitudes (contingent, associated, dyadic and productive of desire) toward one’s own or other’s bodies as the “communicative body” (pp. 48–49) because “the body itself is the message; humans commune through their bodies” (p. 49) and they cannot commune unless they embody this ethical position. I have been impressed with how clearly Frank’s ethical body attitude, the communicative body, matches the attitudes and values of dance/movement therapists.

Although I have found the above two resources helpful in linking ethics to embodiment, neither of them is as directly relevant to the practice of dance/movement therapy as the work of ethicist Maurice Hamington (2004). Hamington developed the idea of *embodied care*, which extends the philosophy of Merleau-Ponty and a feminist ethic of



**Figure 1**  
**Frank’s body problem (Frank, 1995)**

care (Gilligan, 1982; Manning, 1992; Noddings, 1984). His definition of care “denotes an approach to personal and social morality that shifts ethical considerations to context, relationships, and affective knowledge in a manner that can be fully understood only if care’s *embodied* dimension is recognized” (italics added, p. 3). Hamington’s explication of care’s three embodied dimensions: *caring knowledge*, *caring imagination*, and *caring habits*, is so coherent with the practice of dance/movement therapy that it can be applied directly, with no translation needed.

Briefly, Hamington’s *caring knowledge* “expands traditional understanding of knowledge to include that which is known to the body” (2004, p. 4). He explained that knowledge of the other is essential for caring, and embodied knowledge gives us implicit, multi-sensory, and affective understanding of the other. It is also oscillating, in that we alternate our perception between a focus on self and a focus on other as sources of information.

Hamington explained his second concept, *caring habits* this way:

The body “knows” many things, including how to care, through its transactions with its environment... The body acquires habits that are an expression of its knowledge. These habits have an epistemological significance. Not a mere repetition of movement, habits are physical practices of knowledge held in the body... Caring habits are the practices of embodied beings that contribute to the growth and well-being of self and others. (2004, p. 4)

Finally, Hamington explained how *caring imagination* occurs when there is embodied knowledge of the other. It is “a product of the mind and body working in harmony” through which we can imagine the other, and “place our caring in psychosocial contexts” (2004, p. 64). Caring imagination enables “empathy: affective responses to an ‘other’ that integrates knowledge and emotions to better apprehend their situation and feelings” (p. 62).

According to Hamington (2004), the link between embodied caring and ethical practice is an empathic approach to ethical issues that expands our knowledge of the problems of the other, allowing us to find appropriate solutions to those problems. The awareness of our shared embodied experience of the problem facilitates resolution while maintaining our dignity and our relationships with those involved. It helps us move beyond a disembodied ethic informed only by moral principles, toward an ethic that values embodied individual beings, their relationships and the contexts of their lives. I find this intimately compatible with what I have witnessed and experienced as the embodied ethical practice of dance/movement therapists.

## Embodied Empathy

Hamington's conclusions about empathy lead us to the conceptual link between embodiment and empathy. To support this link I will revisit a few of the authors already identified and will refer to a few crucial additional resources as well.

Firstly, although embodiment requires an inward turning toward one's body and its movements (Gendlin, 1962; Sheets-Johnstone, 1999; Yuasa, 1993) it also has an interpersonal dimension. Csordas for one, pointed out that "because we are not isolated subjectivities trapped within our bodies, but share an intersubjective milieu with others, we must also specify that a somatic mode of attention means not only attention to and with one's own body, but includes attention to the bodies of others" (1993, p. 139).

Frank (1995) clarified that identifying with the body as an "I" or a "you" rather than an "it" and understanding ourselves as interdependent rather than monadic are essential to an ethical stance toward our bodies and those of others. Both of these body attitudes are also essential to empathy: My body as an "it" cannot have feelings about your body as an "it." Similarly, an understanding of "we" is essential to a sense of universality of experience. "We" are in this world together. "We" have similar experiences. He cited Albert Schweitzer as writing "I can understand the nature of the living being outside of myself only through the living being within me" (in Frank, 1995, p. 50).

Philosopher Kenneth Shapiro (1985) in his explication of a body-based method of phenomenological research pointed out that "any relationship, whether human or nonhuman, is in part appreciated and known bodily" (p. xvii). In describing Marcel Marceau's classic mimed encounter with a wall, Shapiro provided an example of how embodied knowing of self and other enables empathy and subsequent sensitivity to ethically evocative situations:

Through the immediately meaningful movement of his body [Marceau] invokes in us our own correlate of the experience of a wall. He shows us that implicit bodily sense of being at or up against the wall, of being trapped. That bodily sense is the way in which we originally lived and knew what it was to be imprisoned. (Shapiro, 1985, p. xviii)

Dance/movement therapist Miriam Berger has been credited by Brooke (2006) with the first usage of the term *kinesthetic empathy* in the DMT literature. Since that time, kinesthetic empathy has become a term used commonly by dance/movement therapists to refer to a way of knowing one's client through embodied identification with that client.



Empathic reflection, somatic countertransference, synchrony, mirroring, echoing, and attuning are embodied methods used by dance/movement therapists that engage and support empathy. (Although it is beyond the scope of this article to examine each of these and other similar methods' relation to empathy, it is a project well worth doing). Kinesthetic empathy may also be experienced without moving, as in witnessing the movement of another from a place of stillness.

This embodied caring knowledge of dance/movement therapists has now been explained scientifically. Recent discoveries in the field of neurobiology suggest that kinesthetic empathy is a function of mirror neurons (Berrol, 2006; Gallese, 2001). Interpersonal neurobiologist, Daniel Seigel (2006) has also confirmed that empathy is necessarily an embodied interpersonal phenomenon. Recently dance/movement therapist Cynthia Berrol (2006) has explained the link between neurological development, attachment, empathy, moral development and dance/movement therapy practices. Thus the connections between embodiment, empathy and ethics are becoming more evident.

## Embodied Approaches to Decision Making

There is very strong evidence for the embodied nature of decision making. Dance scholars such as Maxine Sheets-Johnstone (1999) and contemporary dance researchers such as Kent DeSpain (2003) have provided extensive grounded theory and qualitative evidence that support the essential involvement of the moving body in many cognitive processes, decision making being one. Even more compelling is the work of Warren Lamb, who developed a system, called *Movement Pattern Analysis* (MPA), of describing a person's decision making preferences or their *Action Profile*, (Moore, 2005). The determination of a person's Action Profile extends Laban Movement Analysis by focusing on posture-gesture mergers. Essentially, the system suggests that the way a person makes decisions is very much an embodied process, of which their movement is an observable indicator. The application of the MPA in corporate settings has provided extensive evidence that the way a person approaches any kind of decision is strongly reflected in their movement preferences. None of the researchers mentioned here has addressed ethical decision making however, which may have additional dynamics such as moral conflict, that add complicating factors that are unexamined at this time. I will refer to Lamb's system further in the following discussion as I believe it has the greatest potential to enlighten an embodied ethical decision making practice.

## Embodied Ethical Decision Making

### *Ethical Decision Making*

The ethical dilemma is at the heart of applied ethics. There would be no need for ethical decision making if there were not dilemmas: difficult situations in which the course of action is not clear, and conflicting and compelling options for action present themselves. Multiple guidelines for ethical decision making have been designed to assist human service professionals through ethical dilemmas (Ford, 2006; Gottlieb, 1993; Vonk, 1999). Although valuable, what they all have in common is not surprisingly, the absence of the body as a resource for sensing, deliberating or knowing. In the absence of a model based on an embodied epistemology, I have used one developed by Elizabeth Welfel (2001) for counselors and psychotherapists, which is accessible and provides thorough guidance. Welfel recommends nine steps for individual practitioners to follow when confronted with an ethical dilemma. In an abbreviated form they are:

1. Develop ethical sensitivity.
2. Define the dilemma and options.
3. Refer to professional standards.
4. Search out ethics scholarship.
5. Apply ethical principles to the situation.
6. Consult with supervisor and respected colleagues.
7. Deliberate and decide.
8. Inform supervisors, implement and document actions.
9. Reflect on the experience.

The following section describes several experiential learning methods based on Welfel's model, and the corresponding findings about re-embodiment ethical decision making.

### *Pedagogical and Research Methods*

Over a period of two years, classes and workshops on embodied ethical decision making were offered to a total of approximately 80 dance/movement therapists and students. Records were kept of participant responses to various learning experiences and questions. The following sections summarize these experiences and questions, and offer brief rationales for many of them. Some actual responses of participants are included, as well as some generalizations based on analysis of their

responses. The questions that guided this inquiry were both pedagogical and practice oriented. They were: What can embodiment contribute to ethical decision making? And, how can embodiment make the study of ethics more meaningful for dance/movement therapists?

### *Developing Ethical Sensitivity*

The first step in tackling an ethical dilemma is recognizing that there is one. One way to do this is to become aware of the shifts in our bodily states when confronted with a particular situation. This may not be identified at first as any particular kind of response, other than a bodily change. The presence of a response is supported by Gendlin's description of experiencing:

Experiencing is a constant, ever present, underlying phenomenon of inwardly sentient living, and therefore there is an experiential side of anything, no matter how specifically detailed and finely specified, no matter whether it is a concept, an observed act, an inwardly felt behavior, or a sense of a situation. (1962/1997, p. 15)

Unfortunately, as Csordas recognized, "although our bodies are always present, we do not always attend to and with them" (1993, p. 139). Gendlin also identified this problem in describing the effects of what I would call disembodiment: "Nothing is as debilitating as a confused or distant functioning of experiencing" (1962/1997, p. 15).

Fortunately, dance/movement therapists rarely need to be reminded to attend to their bodies. When workshop participants were read various narratives of ethical dilemmas and asked what they felt in their bodies, they richly described what I heard as two levels of embodied responses. The more basic or primary level responses were what neurologist Antonio Damasio (2003) would call emotions that had not yet been identified as feelings, such as: tight chest, agitation, shivering, trembling, increased blood flow, nausea, or energy moving through the body.

A second level of bodily responses to the same narrative included specific movement images, impulses, and identified feelings. They seemed to fall into the categories of compassion, attraction, shock, active avoidance, passive avoidance, active intervention and passive intervention. An example of a movement image was "pushing back" (categorized as active avoidance) and one impulse was a desire to "jump in and do something" (categorized as active intervention). Examples of identified feelings included "curiosity" and "titillation," both categorized as forms of attraction.

For clinicians, these may typify initial embodied warning signals that something is wrong. Sometimes they signify danger, imploring you to stop what you are doing or what is being done by or to others. The signals

can be large and loud, warning boldly of danger. But they can also be small and creepy, suggesting that something subtly unscrupulous is happening. They can also be empathic signals of someone else's quiet vulnerability.

In the first step of ethical decision making, it is not necessary to know exactly what is wrong. To prevent premature or inappropriate action at this point it is also not advised to *act* upon these warning signals or impulses. Just attending to the signals and recognizing the need to consider their source and their meaning is enough. One participant's response illustrated this sensitivity to timing, with the image of "quiet vertical containment – waiting/holding." Of course in emergency situations, action may be required before complete deliberation is possible, and at those times attention to warning signals and impulses may prove valuable as well.

If embodied responses are so useful, why are they not sufficient for coming to ethical decisions? There are several good reasons. Embodied and affective responses are uniquely personal, and as dance scholar Susan Stinson has written "sensing myself from the inside is only the beginning to knowing myself... What I feel on a body level may require critical thinking in order to interpret accurately" (2004, p. 155). With careful attention we can create meaning from our felt experiences (Gendlin, 1962), and decision making models can also assist in the interpretation referred to by Stinson.

Furthermore, embodied responses vary tremendously in intensity, from overpowering to below the threshold of awareness. Perhaps the most dangerous situations within which professionals find themselves result from ethical blind spots. These are situations in which we get no ethical warning signs, while others' are going off like fire sirens. This may be due to ignorance, naiveté, lack of experience, cultural differences, or it may be due to emotional issues blocking typical embodied responses to ethically dangerous situations. These issues can be discovered over time through personal therapy, supervision, experience and unfortunately, through making mistakes.

This first step of ethical decision making, and the next, correspond to what Warren Lamb calls the *Attending* stage in which one investigates and explores through the use of Space in the horizontal plane (Moore, 2005). In the decision making process it is essential to be informed before weighing the options, selecting the best, and taking action.

### *Defining the Dilemma and Considering Options*

The second step in Welfel's (2001) model extends and builds on the embodied response, allowing for integration of new information from different sources. Gendlin (1992) advised attending to the bodily felt

sense, as “it also implies a next move to cope with the situation” (p. 3). Dance/movement therapists have found it valuable to “move out” the dilemma at any point in the process, to more fully embody the various characters involved and options for action that emerge. Recreating the movements and postures of different people who play a part in the dilemma has reportedly increased participants’ caring knowledge, caring imagination (Hamington, 2004) and subsequent empathy.

In classes and workshops, as part of this step I also suggest participants move out or dramatize the most outrageous options they can imagine. In a safe and confidential setting, any action may be considered and embodied without hurting anyone. In workshops, often laughter and creative collaboration in movement will unlock alternatives that participants have not allowed themselves to consider for fear of making the wrong decision, or of being perceived as unethical, even in fantasy.

The next set of Welfel’s decision making steps correspond to Lamb’s *Intending* phase in which one evaluates the options, and determines the best course of action, building a case for support of one’s decision through the use of Weight in the vertical plane (Moore, 2005). Although I did not structure participant’s movement explorations by suggesting the use of Weight in the vertical plane, readers will see evidence of these movement qualities arising spontaneously in participant responses.

#### *Relying on Standards, Rules and Regulations*

Welfel’s (2001) steps 3 and 4 draw on resources from professional literature, codes of ethics, state and federal regulations, and agency policies and procedures to inform the decision. But this need not be done in a disembodied manner. In a movement experience, one workshop participant discovered an interesting dynamic in relation to her reliance on agency rules to quickly resolve a difficult situation. In moving out her dilemma, she found that initially evoking the rules, (embodied with a vertical gesture of her hands in front of her body, signifying “wall”) allowed her to move unseen behind the wall, “bobbing and weaving” in her ambivalence and doubt. Perhaps this is one of the functions of rules for others as well. When we don’t know what to do, rules provide a safe structure behind which we can deliberate, bobbing and weaving until we are clear about what to do. After all, our clients usually don’t need to see us bobbing and weaving. The rules provide structure, clarity, safety, anonymity, and enforce many of the ethical principles explored in the next step.

#### *Applying Fundamental Ethical Principles to the Situation*

The ethical principles that Welfel (2001) identified in step 5 were: respect for autonomy, nonmaleficence, beneficence, justice and fidelity. These are principles that are especially prone to becoming abstracted,

intellectualized, disembodied and meaningless. In classes and workshops, I have asked participants to move out each of them in turn, notice their embodied responses, and then share them.

In response to “respect for autonomy” participants found themselves creating imaginary space and boundaries for themselves and others through movement, and found that moving in the vertical plane supported respect for their own autonomy. In relation to an imaginary other in need, one participant felt an embodied tension between the urgency to act and the need to back off in order to respect the other’s autonomy.

In response to “nonmaleficence” or the mandate to do no harm, participants reported feeling careful, cautious, tentative. They identified bound flow, and lightness in their movement, as if walking on eggshells.

“Beneficence” stimulated smiling, feelings in the heart chakra and compassion. Participants identified shaping, widening, opening, and horizontal movement. They imagined themselves moving with intention, while preparing, allowing and discerning in relation to the other. One participant felt the urge to be “doing” in the sagittal plane. Another identified that “doing good” was equated for him with “being good.”

“Justice” provoked some strong mixed feelings. One participant felt “yuck” in response to an internalized image of a policeman. Another moved with strong cutting hand gestures, dividing yes from no, good from bad. Another felt a sense of life not being fair, that “justice does not feel good to everyone.” Others felt a sense of objectivity in their bodies; felt themselves standing back and witnessing from a distance. Balancing movements, like the scales of justice were common.

“Fidelity” also stimulated some very strong responses that led to interesting insights. Participants described their movement as “unwavering” and “weighty.” One person felt herself moving as if “resigned to a single path,” while another felt like a “loyal dog.” Others made associations to secrets and promises while imagining conflicted loyalties between family and others, like “being a gang member.” Some reported feeling an embodied sense of truth to role, integrity, honesty, innocence, clarity, trustworthiness and commitment.

Something I appreciated about these embodiment exercises was their ability to evoke the shadow or dark side of principles that we often see as positive, one dimensional ideals. The embodied experience helped participants appreciate some of the real conflicts humans feel in attempting to live out these ideals.

#### *Consult with Trusted and Respected Colleagues or Supervisor*

Participants shared their dilemma (real or hypothetical, verbally or in movement) with another workshop participant of their choice. Then switching roles, they played trusted colleagues or supervisors who were chosen by other participants. They were given several options for how to

structure this interaction, and were also free to design their own methods of sharing. Some related their dilemmas verbally, asking for feedback or advice from their colleagues. Some chose an authentic movement form, in which the therapist/supervisee moved and the colleague/supervisor witnessed, and both shared as mover and witness afterwards. Others chose a structure in which supervisors were free to make either verbal or movement interventions as they felt appropriate to assist the therapists in moving toward a decision.

Participants have reported this step to be very helpful, even in this hypothetical situation. It gave them a chance to practice being in both roles, building confidence for a real consultation in the future. They found that having an embodied, nonjudgmental, attentive, respectful, knowledgeable and empathic peer or supervisor witness created an intersubjective context in which another's perspective confirmed their insights and/or broadened their options.

#### *Deliberate and Decide on a Plan of Action*

By the end of the consult, most participants have come to a decision, but in an ethical decision making model the emphasis is on being responsible *as an individual* for the final decision. Therefore, moving alone and/or journaling to reconnect with one's own clarity of intent can be an important final step before acting on a decision. Plans need to be made at this stage for implementation of the decision, and rehearsal through enacting those plans in movement or imagination may also be helpful. This step initiates Lamb's *Committing* phase, which involves the use of Time in the sagittal plane (Moore, 2005). Exploring the embodiment of one's decision by accelerating and decelerating while advancing and retreating in space can also assist in clarifying appropriate timing of the necessary actions.

#### *Reflect on the Decision*

Although Welfel's (2001) step 9 of decision making has not been a part of classes and workshops, it seems evident that reflection upon actions taken can also be an embodied process, to facilitate closure. An important part of this step is also evaluating the effectiveness of the entire process, considering what has been learned, and how the situation might be handled differently in the future.

## **Application**

In addition to the moment to moment instances in which a dance/movement therapist must make embodied ethical decisions such as

whether, when and how to touch a client, there are larger ethically challenging situations that require deliberation of the sort outlined here. Typical dilemmas are similar to those faced by any therapist, such as whether to accept a gift from a client, whether and how to share confidential information, how to negotiate dual relationships in complex community contexts or how much autonomy to give an intern with your clients. Essential to remember is that there is no easy and correct “answer” that can be accessed quickly by following the process like a recipe. Each unique situation needs to be mindfully embodied through the process until a decision can be made, behind which one can stand with integrity, if not comfort.

## Conclusion

Although dance/movement therapists seem to be an ethically fortunate group, as evidenced by the infrequency of ethical complaints made about their practice (personal communication, Susan Kierr-Dyer, Chairperson of the Standards and Ethics Committee, Feb. 1, 2007), this by no means excuses us from being sensitive, informed, alert to and conscientious about our ethical responsibilities. There are obviously aspects of the practice of dance/movement therapists that make us more vulnerable ethically, such as the use of touch. Are there also aspects of dance/movement therapy practice, such as embodied empathy, in which we can feel ethically secure or confident? In considering this, other questions have emerged for me: Do those who are attracted to the profession have traits or skills that pre-dispose them to an ethic of care? How does the training of dance/movement therapists contribute to this ethic of care, and how must it be improved? How can more thorough knowledge of one’s Action Profile contribute to more effective ethical decision making, and recognition of blind spots? How else can the concepts intrinsic to ethics, such as care, safety, risk, danger, boundaries, vulnerability and power be explored through the body to enrich our understanding of ethical practice?

In answer to the questions that have guided this educational and research project thus far, I feel confident saying that the study of ethics *can* be made more meaningful through embodiment by using the methods such as those described in this article. I believe that the practice of dance/movement therapy can be more intentionally ethical by knowing and being deeply familiar with one’s own embodied responses. I have hypothesized, and hope that further research may confirm, that the embodied nature of our practice offers a unique dimension of support for ethical decision making.



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