

# Learning to Be a Sensitive Professional: A Life-Enhancing Process Grounded in the Experience of the Body

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## Abstract

This article focuses on the bodily engagement of professionals in the context of formative adult education. It examines how the body can be lived and sensed from different angles, based on two experiential studies: one with student-teachers, in somatic education, and one with physicians, based on *Awakening the Sensible Being*. The research results are compared to demonstrate how participants engage in their relationships with themselves and with others and how this enriches their coherence. The research suggests that teaching body perception can be as beneficial for teachers and physicians as it is for their students and patients. In our findings, it seems that body awareness and consciousness allow professionals to process information that is not available through other channels, enabling them to offer services that respond more humanely to the demands and needs. With body awareness, they can move toward a more grounded and coherent professional practice.

## Keywords

body perception, teacher education, physician education, professional education, somatic education, adult education (being)

## Introduction

Teaching, nursing, social support, medical treatment, and even clinical psychotherapy: What do these professional activities have in common? They all offer support, at

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different levels of intimacy, to a person in a situation of learning or distress within a helping relationship. Being sensitive to the other's needs, feelings, demands, and even sensations seems to be an important condition for these actions to be adequate for both the person and the professional. The professional's attention and presence engage the persons not only in their own experience, through a process of attunement (listening to oneself and to others) that is necessary for the relationship, but also through the emotions and sensory signals felt by the professional. We propose that if professionals are in touch with their own bodies as a means of developing their self-sensing capacities through their own experience, they could offer better services to other human beings, through a keen relational sensitivity toward themselves and others (Emond, 2015; Lachance, 2016; Vinit, 2007).

Despite the current advances in neuroscience that challenge cartesian body–mind duality, most relational professions do not include competencies as relational sensitivity in their essential list for professional development (Green & Hopwood, 2015). Western professionals are often pushed to perform and compete in institutional and social settings where increasing complexity and diversity, rapid pace and changes are part of everyday practice (Maranda, Gilbert, Saint-Arnaud, & Vézina, 2006; Lantheaume, 2008). This pressure to perform, which often curtails reflective time turned inward toward one's own sensations, is, more generally speaking, a characteristic of the world view advocated by contemporary society (Ehrenberg, 1994). Rather than valuing skills focused on Being, while integrating existential life experiences (Su, 2011), professionals (teachers and physicians) are more driven to acquire knowledge focused on Doing (Roessger, 2012).

Thus, professionals may be in a difficult position if they wish to add a unified body perspective to their professional development and integrate subtle or intense experiences stemming from contact with others into their support role. Their training often has not given them the opportunity to be in contact with their own embodiment, conceived as a body of openness and relation to the other (Merleau-Ponty, 1945). This situation, in which the body itself is often forgotten, is counterproductive to adult education concerned with integral learning processes.

As Sodhi and Cohen (2012) remind us, adult education has long been focused on cognitive knowing reflecting the mind–spirit domination over the body. This division resulted in a growing dissatisfaction from which a movement was born, the “exploration of other ways of knowing [. . .] resulting in a refocus on the body” (p. 121). Most recently, adult education directed its attention on noncognitive ways of knowing, including somatic knowing and embodied knowing. For example, Sodhi and Cohen (2012) explore the embodied knowing in a variety of social practices. Their study validates the body as a site of knowing, from which arose sensations enabling autoregulation (Damasio, 2018). Practitioner's social work “engage their bodies in both their decision-making process and in relating empathically with clients” (p. 133). Thus, the authors suggest that social work teachers should share their embodied knowing experience and allow students to explore their own embodied knowing experience.

The following pages share our common vision for the development of formative adult education approaches that take body experience into consideration as a constructional

part of professional experience. Our arguments are based on two different studies conducted in recent years with student-teachers and physicians. Our concluding remarks bring our research and our work together. Our whole article bases itself on how the body can serve as a learning site with references to adult education and embodiment literature. Adding to Sodhi and Cohen's (2012) perspective, we attempt to shed light on how professionals can benefit from an enhanced learning process grounded in the body offered by specific trainings while describing the impacts on their personal and professional lives as Swartz (2012) suggested.

## **Beyond Body/Mind Separation: The Emergence of the Self-Sensing in the Literature**

Following the philosopher Husserl, who differentiated the body as an object (*Körper*) from the lived or personal body (*Leib*), the vector of a being in the singular world, Merleau-Ponty (1945), in his *Phenomenology of Perception*, rejects the opposition between the conscience and the object. His phenomenological concept rethinks the body beyond the traditional philosophical dualism as a body that is both sensed (*sensible*) and sensing (*sentant*). The success of this concept led to different nomenclatures in fields related to the *lived body* experience, such as in dance, in somatic education or in psychocorporal approaches. The terms used do not necessarily coincide and are not necessarily related, which contributes to the complexity or outright confusion around how to talk about bodily experience.

### *Approaches That Place Bodily Experiencing at the Heart of Learning*

Somatic practices first developed through diverse practical experiences with the body, led by pioneers in various fields of expertise (dance, education, therapy, care, spirituality). These practices led to the emergence of a theoretical field (Hanna, 1983; Johnson, 1992) that views the human being as a holistic or integral being. At the origins of Somatics lies the term *soma* (Hanna, 1983), which refers to the body as an integral process in perpetual internal and external movement and dialogue with itself, others and the world. In Somatics, body and mind are not considered as two entities but exist as a whole (bodymind = soma).

The *lived body* concept, directly inherited from a philosophical tradition anchored in the somatic consciousness and movement (Eddy, 2016), means, as used in this article, a set of dynamic and complex intertwined sensations that a human being is *conscious of*, coming from the five external senses (as a traditional definition) and the inside sense, proprioception (our sixth sense), that can be achieved through kinesthesia, the sense of movement. These sensations can vary in the physical, emotional, and/or cognitive forms they take for individuals, but are always lived as a dynamic integration, in a temporal and spatial process. Before sensations *become conscious* for the person, they are already present in the *lived body*, which is directly linked to a prereflective stage of experience (Merleau-Ponty, 1945). By changing the ways we perceive our bodies (soma), we gain access to new physical and psychological behaviours patterns (Feldenkrais, 1967).

**Table 1.** Intervention Tools Included in Awakening the Sensible Being Training.

Intervention tool	Brief description
DBM Fasciatherapy	Remobilize the areas of the body that are static and allow the individual to develop a new capacity to perceive their inner body. The moves are gentle and respectful and aim to stimulate inner movement in all the body.
Sensory gymnastics	The individual becomes more active in their own process and learns to tune in to their own inner movement and to the sensorial effects experienced in their body as well as to the thoughts that inhabit them. They develop their capacity to act without losing the depth of their relationship with their own bodily interiority. They become more self-sufficient.
Sensorial introspection	A guided procedure offers a moment of silence with the attention tuned in to the body. The learner explores the perception of their inner movement and its effects within the body. He draws meaning from the experience.
Verbal dialogue centred on the bodily experiencing	This dialogue facilitates another level of integration by allowing the individual to express the value of the experiencing and draw meaning from it that can be transferred into daily living.

Note. DBM = Danis Bois Method fasciatherapy.

According to Eddy (2016), somatic education is defined as “The experience of bringing attention to the living body while in stillness and moving” (p. 6). It arises from body-centred approaches including the Feldenkrais’s method and Alexander’s technique. Concretely, participants are lying on the ground, sitting, or standing. “Using the suggestions and questions of the teacher, they explore their own bodily universe as they feel it on the inside” (Joly, 1997, p. 158). As for Awakening the Sensible Being (ASB), the approach uses four intervention tools: Danis Bois Method fasciatherapy (DBM—manual approach), sensory gymnastics, sensorial introspection, and verbal dialogue centred on the bodily experiencing (see Table 1). ASB experience involves a reflective portion by means of a verbal dialogue or with moments of descriptive writing.

In somatic education, lived experience encompasses the five senses, proprioception and the kinesthetic sense. Bois<sup>1</sup> (2007) adds a seventh sense, the Sensible,<sup>2</sup> which emerges when the individual connects consciously with the inner movement in the physical matter of their body. He defines inner movement as “a force capable of endlessly altering everything that comes in contact with it” (Bois, 2001, p.114—translation) and places it at the core of the protocols that explore the *Sensible*.

Awakening the inner movement in the physical matter of the body opens up a unique perceptual ability (Berger & Bois, 2011; Bois, 2001) that paves the way to new sensations. Berger and Bois (2011) add that “it is mainly the nature and quality of available sensations that change: it is another phenomenal field that appears with its

**Table 2.** Comparison of the Various Categories of Perception.

Perception category	Function
Exteroception	Relates to the five senses: sight, hearing, smell, taste, and touch, which grasp information from the outside.
Proprioception	Conveys information linked to movement, provides information about the position of the body in space at all times, participates in the organic grounding of identity
Kinesthetic perception	Links the exteroceptive and the proprioceptive senses in their function of grasping movement, self-perception as the “effector” of movement
Perception of the <i>Sensible</i>	Connects with the range of inner tonalities that are perceived in the depth of the body, bodily experience that carries prereflective meaning

Source. Bois (2007).

own universe of meaning” (p. 123—translation). One of the characteristics that emerges from most of the research<sup>3</sup> is “the newness of the inner-body experience, the newness of the sense and meaning that arises from the experience, the newness of the possible postures and ways of being that emerge, for both the individual and the researcher” (Berger & Bois, 2011, p. 123—translation). Bois (2007) divides perceptual abilities into four separate categories, as shown in Table 2.<sup>4</sup>

### *Teachability of Perception*

Various research projects allow us to posit that perception can be taught from the somatic education perspective (Eddy, 2016) or the ASB protocols<sup>5</sup> (Bourhis, 2007). The statuses we attribute to the body are directly related to our perceptual capacities. These aspects of the body and of perception allow us to sketch the outline of bodily and self-experiencing. In the perceptual enrichment process, it is not necessary to move from one status to another gradually or in a particular sequence; multilevel leaps may occur. But the person must be *consciously* aware of their own bodily experiencing to experience themselves other than as a body that is mainly an object. When perceptual enrichment occurs gradually through experience, it creates an opening for the person to encounter themselves in their body in a different way and to attribute a different status to their body. The person can progress from a body-as-object to a body-as-subject in the way they predominantly experience their body, remaining aware they are experiencing themselves at different levels at the same time. In Table 3, Bois (2007) describes the different functions of the body based on its status. The out-of-the-ordinary experience offered by the Arts and the ASB aims to stimulate a type of attention that changes status to become presence to the experience as explained by Danis Bois (2007):

Attention which is first a cognitive tool changes status and becomes a tool for conscious perception, then more subtly a “presence to the experience” and finally a tool to “relate

**Table 3.** The Different Statuses of the Body.

Status of the body	Functions
"I have a body"	Utilitarian body, body as machine, body as extension.
"I experience my body"	Felt-sense body (pain, pleasure) requiring a perceptual connection.
"I inhabit my body"	The body takes on the status of a subject, which implies a more elaborate act of perception. Felt-sense becomes a locus of expression of the self through inner-body perception.
"I am my body"	The body becomes an integral part of the person's reflective process through tonalities that convey a strong sense of existence.
"I learn from my body"	<i>Sensible</i> body: A resonance chamber of experiencing capable of receiving the experience and channelling it back to the subject who is experiencing it

Source: Bois (2007).

to the experience," the notion of relating being seen here as the finest way of grasping an experience and its significant bodily effects. (p. 104)

## Learning From the Body: A Study With Student-Teachers

As Dewey (1947) proposed in his pedagogy of experience (*Education and Experience*), human beings learn from what they already know, building new knowledge through meaningful experience. He stresses the importance of direct action as a project embedded in the learning process itself through the human being's body in dialogue with itself and with the outside world. Despite Dewey (1947), these days most learning theories and pedagogical practices and programs still partly or entirely ignore the body (Barnacle, 2009). Some studies have nevertheless been conducted on the teacher's body, among which Estola and Elbaz-Luwisch, 2003 stand out as examples for their work on the teacher's *lived body*.

Teaching, a complex act that involves a dynamic relational process, is understood as a self-regulated mediation process between a teacher and a student in order to foster the student's learning acquisition (adapted from Maubant, 2011). As well, if teachers have a better understanding of the way they teach, they can move toward improvement (Korthagen & Vasalos, 2005). The internal-external coherence of teaching (Korthagen, 2004) is a key component teachers can rely on while working to improve their teaching. For Korthagen (2004), this coherence represents the relationship between the teachers' sensations and intentions (both standing for the internal side) and their actions (the external side). Thus, it could serve as a mean to achieve greater presence in teaching, proposed by Rodgers and Raider-Roth (2006) as

a state of alert awareness, receptivity, and connectedness to the mental, emotional, and physical workings of both the individual and the group in the context of their learning environments, and the ability to respond with a considered and compassionate best next step. (p. 265)

Teachers can gain a lot from an enhanced presence in their everyday practice (Rodgers & Raider-Roth, 2006).

### Research Intervention

Emond (2015) conducted an exploratory study with student-teachers in their last semester of a primary school bachelor of education program in Montreal during which they underwent a final practicum. Of 90 volunteers, 26 students were chosen to participate in the study. To explore whether and how they perceived their *lived body* while teaching, these students took part in eight hours of somatic workshops prior to their practicum, as well as focus groups and interviews until the end of their practicum. The 5-month project also included an intensive weekly individual somatic practice while teaching, adapted to the individual. Finally, eight students provided the researcher with some journal excerpts and participated in a more in-depth final interview.

Emond (2015) used combined somatic approaches (simple somatic exercises to foster vitality and relaxation) interspersed with moments of reflection on teaching practice. The somatic exercises used basic somatic principles such as breathing, posture, tonus variations (using weight, speed/time, direction of movement, etc. to modify muscular and posture tonus), and so on, and were followed by explanations of how they could relate to everyday teaching practice. To foster and nourish reflection, individual and group explanation techniques were used, as well as questions from teacher education models (Korthagen, 2004; Korthagen & Vasalos, 2005). Drawing on Korthagen's concept of internal-external coherence (2004), Korthagen and Vasalos (2005) developed questions to help teachers reflect on different levels of their teaching practice and ground it in their feelings and observations. In Emond's recent work (Emond, 2018), an explicit somatic component was added to Korthagen's models and questions.

### Results

*Relation to Self.* Although the study was conducted over a rather short period of 5 months, most of the student-teachers identified changes in their self-relationship while teaching or at least became *conscious* of their lack of presence to themselves. As Laurence put it, "When I teach, I don't take time to think about it. We tend to forget ourselves when we teach." Or, in Lili's words: "I am tired but I do not feel my tiredness during the day. I am not aware of my body while teaching." These 26 student-teachers became sensitized to the presence of the self as a body in the environment while teaching. Beatrice expressed it as follows: "It may be obvious, but when we don't know [our *lived body*] exists, it is impossible to take it into account. We don't realize what's going on so nearby in our bodies! It is too close."

*Relation to Others.* Seven of the eight student-teachers who became more engaged in the research found parallels between the way they perceived their *lived body* and the way they perceived their teaching in terms of their relationships with their students. When a situation was perceived to be positive through the *lived body's* experience, the teaching was also perceived to be positive. The student-teachers reported having a great or better connexion with their students during these positive moments. Aurélie said:

Suddenly, I am placing myself in my body. I can breathe better and I am better anchored in the ground. I can hear that my words to the students are working better with them. They are listening to me. I think I would be more able to cope with the unexpected, if it were to arise.

On the other hand, if the situation was perceived to be difficult and the student-teacher felt unable to control it well, in most situations it became so dominant that it created a shadow over the *lived body's* perception. This is how Justine described it: "I do not feel my body calmly; I only feel the way it panics." In panicked moments, the student-teachers' bodies reacted strongly. They felt and perceived their bodies. They remembered their perceptions afterward, even though these perceptions are often muted by a back-and-forth *desensitization* experience, a momentary disconnection between the person and the senses when the situation becomes unbearable (Kepner, 1993), even without *consciously* knowing it. If, however, the desensitization was performed *consciously*, it was likely to be positive for the student-teacher who needed protection from a perceived threat in the environment. Before the desensitization is complete, the teacher can work backward and seek out the opportunity to act differently, either immediately or later, in a process of regulation.

*Justine: Internal–External Coherence in the Teaching Regulation Process.* By way of illustration, we will present a student-teacher story: the achievement of coherence through a specific teaching regulation process. To bid farewell to her Grade 1 group, Justine presented a song that she had composed for the occasion, accompanying herself on the guitar. Although she enjoys singing, she has little confidence in her musical abilities. In her teaching moment, Justine identified the complementary and essential factors of letting-go and control in front of the class. The letting-go was represented by the trembling of her legs and voice. She then identified an emotion—"almost a loss of control"—that she kept inside. It was a pivotal moment that gave her confidence in herself. Here is an excerpt of what she said:

In the beginning, I felt an emotion, nervousness, like a ball rising. I took a breath I continued. It was the ball of emotion I felt going down. To put the ball back where it belongs, I cut myself off from my body. Just a few moments, so the ball will go down and then I can reconnect with myself. I cut myself off from the emotion more than from the sensation. I shut down the emotion to make it go down. But I still felt the ball.

The moment of control occurred just afterward, toward the end of the song. For her, it was located in the upper body, the arms and the head. She described what happened in her head (thoughts, images), listened to what was being said in the background and saw her fingers plucking the strings of her guitar.

Reflecting on her teaching moment afterward, Justine identified her *lived body's* sensations and described her perceptions of her teaching, understood here as a sensitive connection with her students. She saw herself as “genuine,” a professional value that has meaning to her. Justine's *lived body* and Justine's teaching are the two sides of her internal–external coherence, as described by Korthagen (2004). An adequate teaching regulation (letting-go and control), with physical sensations and emotions, enables Justine to feel this genuine moment.

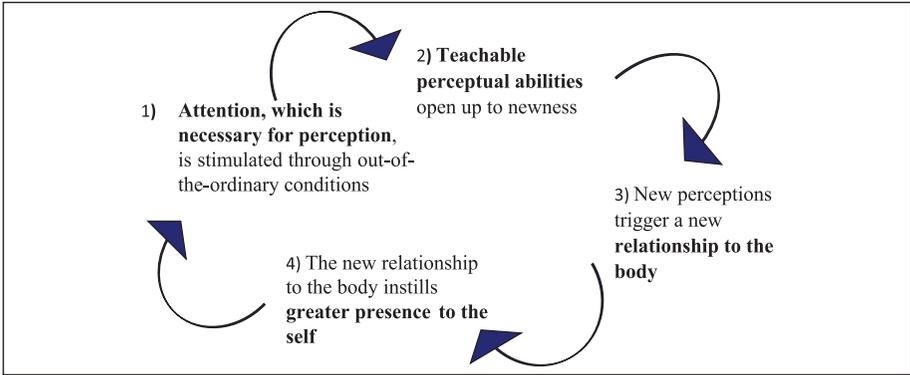
## **Learning Through the Body: Research With Physicians**

As for the world of the medical profession, epistemologically speaking, medicine is practised on a body that is seen as an object for science to be studied anatomically, deciphered for diagnosis, and treated through various protocols. As a result of their practice, physicians often gradually distance themselves from their own body, as Maranda et al. (2006) describe: “The side effects of a professional culture based on work and endurance express themselves through the relationship physicians have with their own bodies” (p. 79—translation). Self-denial is also valued in the culture taught in this profession, for example, through the expectation to constantly push one's own limits (Maranda et al., 2006).

The concept of integrative medicine that emerged at the end of the 1990s embraces a more unified perspective taking into account various dimensions of the individual (body, emotions, psychology, and spirit) (Rakel, 2007) and, from a preventive perspective, integrating complementary and alternative medicines (CAM) that have proven their efficacy. Integrative medicine encourages physicians to learn about and experience CAMs so they can refer patients more appropriately.

Research seems to show that teaching body–mind approaches through experiential learning over a substantial number of hours has a greater effect on medical students than a general lecture on CAMs (Rosenzweig, Reibel, Greeson, Brainard, & Hojat, 2003). In addition to transforming the students' attitudes (Saunders et al., 2007), this type of training, which brings body and mind together, improves their well-being (Rosenzweig et al., 2003; Saunders et al., 2007), as well as their presence to themselves and to others (Saunders et al., 2007). The ASB protocols offer this type of experiential training.

Although no studies have been carried out specifically with medical students on ASB protocols, as there are no programs of this type in place in any medical school, a number of studies on the ASB protocols offer enough interest to warrant exploring this field of research further. The results suggest that the approaches generate a shift in representations (Bois, 2007) and body relationships (Duprat, 2009; Duval, 2010) among the participants. Large (2009) also notes the creation of a particular quality of presence, which is desirable for a relational profession such as medicine.



**Figure 1.** Wheel for growing in conscious awareness.  
Source: Lachance (2016).

### Context of the Research

Before engaging in the research process (Lachance, 2016), the six physicians (five women and one man) had voluntarily been trained on the ASB protocols through 500 contact hours over 4 years. One participant had no medical experience as she was still training to become a physician, four participants had between 15 and 20 years of experience, and the final participant had more than 30 years of experience. Their motivations for taking part varied: considering a change of profession, looking for healing from within the body, personal quest, looking for a manual approach to suit the person, curiosity about the approach or search for an approach to complement medical training. During the ASB training, the participants learned four intervention tools: Danis Bois Method fasciotherapy, sensory gymnastics, sensorial introspection, and verbal dialogue centred on the bodily experiencing (see Table 1). These four tools are used in “out-of-the-ordinary” conditions, meaning outside of daily life habits. This enhances the level of attention, as shown in the first step of the wheel for growing in conscious awareness presented in Figure 1.

With their attention awakened in this way, the learners become more open toward the possibility of experiencing new perceptions within their bodies. It seems that perception can transform and evolve in three ways: quantitatively, when the subjects perceive more inner phenomena than before; qualitatively, when the subjects perceive them more accurately; and relationally, when the subjects are more touched by what they feel (Courraud, 2002). These new perceptual abilities allow learners to develop a new relationship with their bodies and enrich their quality of presence.

### Results

*Self-Relationship.* The researcher (Lachance, 2016) focused on the changes experienced by the participants in their relationship to their bodies and their quality of presence,

observing a change in the relationship to the body for five of the six participants (the women). The participants felt closer to their body and more aware of it. They also had the impression that they were listening to it more. Their bodily felt-sense experiencing was richer and carried more meaning. All the participants reported a quality of presence that was enriched by the quality of their connection to their bodies. This quality of presence made them more receptive to information relating to their bodies and their inner states. We established that there is a link between their quality of presence to themselves and their capacity for insights regarding their lives. According to the author, the quality of presence is linked to more comfortable inner states.

*Relating to Others.* With regard to quality of presence to others, the majority of the participants reported an improvement in their professional relationships. Four of them even talked about a transformation in their way of communicating. On one hand, there were more verbal exchanges, and on the other, the participants' engagement seemed more appropriate, neither too much nor too little. These transformations of communication seem to have a direct link with lived personal transformations.

Our research also analysed the transformation of the participants' quality of presence with regard to their patients. They all reported experiencing a better quality of presence and availability toward each patient. Most of them also said they were better able to find the right therapeutic distance and establish a unique relationship with each patient. The transformation of the relationship with the body provided the backdrop for a range of changes affecting the therapeutic relationship. Our analysis shows that the relationship to patients was modified in terms of communication in general, and particularly in terms of verbal communication, touch and listening. The body appears to be an important base on which all these transformations rest.

*The Impact of Identity Change on a Physician's Sense of Coherence.* The results show varying degrees of connection between the participants' personal and professional transformations. The bodily grounding of their presence gave them more information about their way of life and living, which generated significant insights that allowed the participants to make new choices for a life that is more coherent and centred on inner life. In this way, they regained power over their life and health. The dialogue between sense-feeling, reasoning, and emotional states allows the individual to access a deeper experience of the body that brings a more centred inner sense of coherence. He or she is able to perceive, to listen himself or herself, and to accept what is, including discomfort. In this way, he or she develops the capacity to encounter what is, to remain there despite the discomfort and from this place, to let the body speak to him or her. He or she is thus able to adapt to inner information, from self to self.

Practising the ASB protocols created a transformation for the five female participants, and the male participant acquired new tools for his practice. Moreover, the greater the participants' disharmony at the beginning of their training, the bigger the transformation. All the participants learned to place greater value and importance on their internal cues, which took on greater weight in their life choices than external cues. Placing higher priority on internal cues that emerged from the bodily

experiencing of the *Sensible*, generated a higher degree of internal coherence. In this new inner coherence, another type of coherence can be achieved toward the external world from self toward the world. Indeed, we can articulate and affirm ourselves within our external context, or sometimes change our circumstances to be able to preserve our own inner coherence.

Here is an excerpt of Suzanne's experience during her 4-year learning process with the ASB protocol. First, she became aware that she did not generally listen to herself. She became more present to her body: "I realized that emotions, some words and actions have effects on me. It's unpleasant, but I have to listen to it. It is important for me not to get stuck and then just go on to something else." Then she became aware of her state of malaise and what was not right in her life: "Little by little, I realized why I felt depressed, what wasn't working, what I had to change in my way of being." Suzanne wanted to stop practising medicine and became a fasciatherapist. Ultimately, it was fasciatherapy that reconciled her with medicine. Since completing her training, she has taken initiative and changed her professional practice: "I gradually realized that I wanted to be a gynaecologist but that I had put that aside. I gave myself the means to achieve it. I used to be a victim of my circumstances."

## **Discussion: Relationship With the Self and With Others to Support Professional Coherence**

This section discusses the data from the two studies on professionals in teaching and health care. Our intention is to connect the effects on the relationship with the self and with others to the existential coherence that is expressed when these people engage in experiential learning from their body.

### *Relationship With the Self*

The two studies demonstrated the importance of the length of practice and its integration in daily life. Without comparing, a parallel can be drawn. The exploratory study with the teachers, with a few hours of workshops on the *lived body* and teaching, revealed the first steps taken by the participants toward a sensitizing intervention on the body. The participants became conscious of their lack of awareness of their bodies and of the possibility of being able to live their teaching differently. In the exploratory study with the physicians, where the intervention lasted far longer, the participants took the experience further and built a relationship with their bodies, with greater proximity and felt-sense. It transformed their relationship with their bodies and with themselves in their personal and professional lives. The emerging bodily experiencing became a springboard for their lives, adding a depth of meaning.

### *Relationship With Others*

For the student-teachers, the bodily experiencing served as a *thermometer* to assess the temperature of their teaching and regulate it if necessary. From a professional angle, it

was a tool in the service of their practice. The length of the somatic practice may have affected the fact that they experienced fewer existential effects than the medical professionals. For the latter, the bodily experiencing outside their regular daily lives was an opportunity for personal transformation. It allowed physicians to move toward the capacity to inhabit their lives and their practice with greater freedom of being and to accept and transform discomfort. The body supported the transformation, which was greater for the participants who were in greater disharmony at the beginning of the training.

### *Bodily Experiencing: A Trigger for the Search for Coherence*

As they grew into more mature individuals ready to engage differently in their profession, the education and health care professionals underwent the beginning of an internal–external coherence-building process (Emond, 2015; Emond & Fortin, 2016) or engaged in a deeper coherence process: self to self and self to the world (Lachance, 2016), all being rooted in their bodies. They got to know themselves, their values, their behaviours patterns and their relational preferences better. As they developed a more acute internal perception of themselves, they learned to equate it with the way they perform their professional actions in the world (Lachance, 2016; Emond, 2015). They took charge of their own Being and Doing in action. They were able to engage on their own in a learning process grounded in their bodies. These results suggest that this new way of connecting to their own experience could lead to greater professionalism and accountability for their actions.

## **Conclusion**

Adult education has recently opened itself to an embodied knowing, capable of enriching professional practices (Green & Hopwood, 2015). This embodied movement is fueled by the various body approaches that have been developed for decades now. But it is not always easy for professionals to engage their learning with and within their body. Whenever they wish to engage in relational sensitivity, they find themselves considerably restrained by institutional policies and settings, for example by evaluation protocols (Emond & Fortin, 2016). Like Sodhi and Cohen (2012) and Swartz (2012), we suggest that the body is an important place of learning and for learning. Our studies, in the field of education and health care, illustrate the importance for professionals to really pay attention to their own body, to take the space and time to inhabit it, and to experience it. Thus, we propose to integrate a pedagogy of the relationship with the body as part of adult education and professional learning settings (Lachance, Paillé, Desbiens, & Xhignesse, 2016).

In this proposed pedagogy, beyond knowledge *about* the body, a *savoir-être* develops (Lachance, 2016) that engages the person in their entire being. This “*savoir-être*” stands as a “state of serenity, calmness, and confidence from which thoughts and actions emerge” (p. 424). A return to a clearer awareness of one’s limits and the development of a sensitivity to the world appear to be a potential component for the prevention of professional burnout, characterized by a loss of meaning and the impression of being crushed by the task (Schneider-Levil, Mitnik, Zafrani, Goldman, & Lev-Ari,

2017). By developing the ability to better sense his body, the learner is thus in a better position to be learning through Being rather than Doing. And with the learning deeply rooted from inside, the learner becomes engaged in a changing process where even the way he relates to the existence could be affected. As mentioned by Su (2011), the learner might therefore hold a Heideggerian standpoint: “as the true disposition of being of a lifelong learner, resisting to exclusive mention of the functional being” (p. 67). This article complements the neurobiological view of embodied learning (Swartz, 2012, p. 23): It connects to a form of empowerment.

In a broader sense, the development of attention and perceptive skills can help professionals achieve deeper, subtler coherence, paving the way to a greater maturity in their professional action. This learning based on attention and perception allows the adult to be fully involved and existentially invested with the process, as already suggested by Roessger (2012). Our research results point to a need for developing bodily perceptions among professionals so that they can learn to rely on their internal references (Lachance, 2016). A coherence shift emerging from the inner life of the body makes it possible to limit the alienation brought upon by an adult learning focused on factors that are external to the person (including performance), as denounced by Brookfield (2002). Beyond codes of professional ethics and institutional prescriptions, this establishes a personal professional ethic (Vinit, 2007) that does not involve denying one’s humanity (Lachance, 2016). In some cases, these professionals will hold influential positions in their institutional or social environments where they may be acting as agents of change. When the individual transformation process is involved (Sandlin, Wright, & Clark, 2013; Su, 2011), adult lifelong learning can be paramount to the transformation of society itself. Engaging professionals in a life-enhancing sensitive learning process grounded in their own body may, ultimately, have an effect at the sociopolitical level.

Finally, in terms of further avenues of research, these exploratory results lay the groundwork for more projects with an increased sampling in order to add weight to the findings and consider the place devoted to the body in the training of professionals who interact with humans. It would also be interesting to compare various body approaches, such as somatic education and ASB protocols.

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### **Notes**

1. Danis Bois has a PhD in the Sciences of Education and is professor emeritus in human and social sciences: psychoeducation. He is the founder of the Centre for Applied Research and Study in Perceptual Psychoeducation at the Fernando Pessoa University in Porto, Portugal ([www.cerap.org](http://www.cerap.org)).

2. The term *Sensible* (the French word, in italics, with a capital S) refers to a particular quality of relating to inner perception. “Whereas the ‘sensitivity’ of sensory perception relates to our connection to the external world or to an object, the *Sensible* refers to a direct, intimate and conscious perception of phenomena that occur within the bodily interiority. The perceived object is exterior and at a distance, whereas the *Sensible* only exists through the subject’s self-perception in the moment, in a form of self-intimacy. This is not sensitivity dedicated to grasping the world but perceiving the *Sensible* that emerges from a relationship with ourselves” (Bois & Austry, 2007, pp. 12-13—translation).
3. Research related to this approach: [www.cerap.org](http://www.cerap.org) (Centre de recherche et d’étude appliquée en psychopédagogie perceptive).
4. The Arts and Practices of the Sensible have a kinship with the phenomenological movement. In the same way Merleau-Ponty (1945) did, they assert the primacy of perception over consciousness, and the fact that it precedes any judgment. Embodying of subjectivity, the body-subject (corps propre) is the vector by which the being relates to the world (Merleau-Ponty, 1945). The ASB relies on the inner movement specific to this approach. The inner movement echoes also the ideas of the movement of life and thought as seen by Henry (2004).
5. The *Awakening the Sensible Being* protocols include Danis Bois Method Fasciatherapy (the therapeutic part) and Somatic-psychoeducation (the pedagogical part). In Table 1, we present the four tools of this approach.

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**Florence Vinit** teaches at the Psychology department at the University du Québec à Montréal. Her main area of research deals with the phenomenology of the body, particularly in the dimensions of care. As a massage therapist and instructor in affective communication through touch, a practice related to haptonomy, she has always sought to connect theory with practice. In 2014, she plunged whole-heartedly into the field of somatic education and especially body mind centering. She has authored many articles on touch and the relationship to the body as well as the book *Le toucher qui guérit* (the healing touch).