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To cite this version:

Isabelle Ginot. “ Body Schema and Body Image. At the crossroad of Somatics and Social Work ”. Journal of Dance and Somatic Practices, 2012, 3 (1&2), pp.151-165. hal-00798808v1

HAL Id: hal-00798808

https://univ-paris8.hal.science/hal-00798808v1

Submitted on 10 Mar 2013 (v1), last revised 25 Oct 2019 (v2)

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Body schema and body image.
At the crossroad of Somatics and social work.

Isabelle Ginot.

Abstract:

This research has begun to respond to fieldwork difficulties met in bringing somatic practices, particularly Feldenkrais, into the field of social work. The endogenous discourses produced by the Feldenkrais community to describe and analyse the practice proved to be counter-productive to convince social work professionals of the relevance of Somatics to participate in the global support of people living in a cluster of social difficulty including health (chronic disease), ethnic and cultural differences (migration). The analysis of endogenous discourses has shown discrepancies within discourses themselves, and between discourse and practice. This article presents an alternative Feldenkrais description based on Gallagher's model of body image and body schema, and the relevance of such a model to the Feldenkrais method, but also to social work, as a model allowing describing the experience of social exclusion as a somatic experience.

Keywords:
Feldenkrais, body image, body schema, social work, politics

The present article belongs to a set of research I've been sharing in France, for a few years, with a group of scholars, dancers and somatic practitioners. After presenting the background and outline of the long-term research program which came out of these fieldwork issues, this paper will present some outcomes of our work: constructing a descriptive model for the Feldenkrais practice, based on Gallagher's theory of body image and body schema. The last part will introduce theoretical and political reflections opened by such a model in its uses in social work contexts.
The history of this research is rooted in our project to bring somatic practices in to the world of social work, and to contribute some support to migrant people, people suffering chronic diseases as HIV, or in situation of social exclusion. Our plan was simple: people living in social difficulty could benefit from somatic work to support their lives, yet they couldn't afford it (financially and culturally, since most of them have no idea about "somatic work" and how they could benefit from it). So somatic practices needed to be *afforded to them*, through the institutions in charge to give them support and help. We would meet those institutions to propose our project and they would organize group workshops and/or one-to-one sessions, after reflecting together about what was more appropriate.

The first action to take was, therefore, to meet with professional social workers, sometimes with benevolent persons or HIV activists, to present our project so that they

would open doors to the persons we offered to work with, in order that project could start[1]. But it turned out that this first step wasn't that simple at all, and finally became a major aspect of the whole project. When meeting with professionals, we found out that the vocabulary and conceptual framework of somatic practices, as we were using it in more usual contexts (in the dance world or in the "well-being" world) were difficult to share. Discussions were endlessly revealing new obstacles; some of them had to do with gaps between the professional culture of social working, and our own original professional cultures (contemporary dance, academic work in humanities, critical studies). But most of them had to do with representations of what « the body » and « body work » could be. Some of the vocabulary and concepts we were using (as « Somatic », « embodiment », « enaction » and more over method names like "Feldenkrais") were unknown to our interlocutors; some had completely different meanings (such as "body image" and "body schema", sensation, perception, etc.). Our insistence on holism[2] was leading to various confusions – psychologists often associating it with body-psychotherapy they had been trained to consider with suspicion, while others would just understand holism as a lack of structure and categories. Touch was probably the most interesting misunderstanding, since we realized how much we were lacking a specific and acceptable vocabulary to describe the kind of touch somatic practices use, and therefore clarify the other kinds of touch they don't do[3].

I. A LONG TERM RESEARCH PROGRAM

The difficulties we were meeting were multi-causal and multi-level; part of it was due to the lack of representation of somatic methods in the social work community; part of it was due to the lack of a common vocabulary and conceptual framework. And another part, we were to find out, had to do with the reframing of the practice itself, in order to adjust to such a context. Gathering both practitioners and scholars in humanities, we then decided to engage in a long term - several years - and practice-based research program focusing on the use of Somatics in the world of social work. The choice to remain in the field of humanities was not only motivated by our academic backgrounds, but also a long-discussed political decision. Approaching social work through the door of HIV, we found out that medical ideologies and discourses were prominent, even for social issues, and even within the HIV activism culture, which has a long history of deconstructing and criticizing medical models. This was true even with non-medical professionals such as social workers and activists. If activists have largely criticized the subject's objectification and the distribution of power produced by the medical world, they have done so within the medical paradigm, in other words they have considered the misuses of professional practices, while accepting the paradigm as the only possible one. Particularly, their concepts of knowledge, data, causality, and assessment are profoundly pledged to medical models. This "conceptual monopole" of the medical paradigm appeared to us as a dead end for our work, since it literally constructs subjects as patients, therefore as

[1] Most of this field work was developed in the project "Pratiques somatiques et qualité de vie des personnes vivant avec le VIH", ("Somatic practices and the quality of life of people living with HIV"). This project was proposed and carried by AIME, and association of dancers and somatic practicioners, to bring Somatics into the fight against HIV and social exclusion. The project was accepted and financed by Sidaction, a fundation supporting AIDS research.

[2]. The terms "holism" and "holistic" are very common to describe somatics as approaching the global aspects of the person. Within somatics, it is most often claimed to encompass "Sensing, feeling and action" (Cohen 1993), or in Feldenkrais' terms, "movement, sensation, feeling and thought" (1972, p. 10)

[3] Those difficulties have been described in an other article to be published (Bottiglieri, Ginot, Salvatierra 2012)

objects of the medical knowledge, while we hope to construct Somatics, in such a context, as a dispositive or apparatus for de-subjection (Bottiglieri 2008).

We designed a working plan in 3 areas of work and chronological overlapping phases, which I'll call "Critical research", "Situated description", and "Political activism".

I.a.Critical research

The critical research is concerned with analyzing and deconstructing "endogenous somatic discourses", that is, the body of theory and discourses produced by practitioners themselves, and particularly the founders (Ginot 2010). As practices, Somatics evolve as long as living practitioners in also evolving social and historical contexts activate them. Yet, their conceptual framework often remains attached to the body of written material produced by the founders and the followers, and/or to oral tradition. This is particularly true in the Feldenkrais Method, Moshe Feldenkrais having written several books. As a scholar and a Feldenkrais practitioner, my experience is that the Feldenkrais community lacks a critical distance towards Feldenkrais' writings and the oral tradition of his teaching. While these texts are also conveying material relevant for the practitioners - for instance by giving clear definitions of key-concepts of the method, such as reversibility (Feldenkrais, 2010), or developing case-studies as in *The Case of Nora* (1977) or *The Elusive Obvious* (1981)[4] -, they depend on the cultural, scientific and ideological context of their authors. With Feldenkrais, a striking aspect of his writings is their double level: one level could be called a "universal theoretical model", encompassing phylogenesis, development, neurosciences, social systems (while curiously ignoring cultural variations). This theoretical effort might be seen both as an echo of his former training as a doctor and Physics, and as a need to build legitimacy for new and marginalized knowledge. The other level – in the same texts – is one of local examples, illustrations, stories and anecdotes, where is most often located reference to the actual Feldenkrais practice. It is not always easy to find consistency between the "general theory" and the practical examples. For instance, the general Feldenkrais theory claims the practice to be educational rather than therapeutic, emphasizing the agency of the student in education, as opposed to the objectification of the patient by the medical approach. Yet many of his examples are stories of people he could help where doctors and science had failed[5]. When discussing with social workers, the use of such examples seemed to be the easiest way to represent our work; yet, it also brought confusion – particularly in the world of HIV, very medically oriented – presenting the Feldenkrais method as similar to "complementary therapies" or "alternative medicines". This critical phase has led us (and particularly me, as the Feldenkrais practitioner of the research group) to a rather provocative position within the Feldenkrais community. What I hope to show in this article is that such a distancing from the Feldenkrais discursive doxa is not a distancing from the practice, but rather, a move to bring Feldenkrais practice more in tune with social spaces where it might be crucially effective.

I.b. Situated description

[4] *The Case of Nora* is a famous and full-book case study; *The Elusive Obvious*, Feldenkrais's last book, is interesting in a different way as it includes many short stories to exemplify explanations.

[5] . See for instance the many stories in *The Elusive Obvious*. For an analysis of the rhetorics of story-telling and uses of exampla, see Ginot, 2010.

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Moshe Feldenkrais's writings do not include a descriptive system of the practice, and this is exactly what was making discussion with non-Feldenkrais professionals impossible. The second phase of our research has been dedicated to the building of a "situated description" of Somatics within social work. In this second phase, we have been working at a positive vocabulary that would be both functional to the practices, and acceptable in the contexts where we meant to introduce them. What we have been looking for is a conceptual apparatus relative to the *uses* of Somatics in our historical and social context, and even more, relative to *our own uses* of Somatics, that would be accessible to social work professionals. Rather than a "general theory" of Feldenkrais and Somatics, we wanted to focus on specific aims of somatic practice for social work; we wanted those aims to be shared, understood and supported by the multi-disciplinary teams who were to engage around them.

This article is presenting this specific phase of the research. In the (too) many improvements or learning that are promoted by Feldenkrais practice, what are the most urgent for people living in social exclusion? Among the needs identified by professional social workers, which are encompassed by somatic work? And is there a conceptual model that can describe those social needs in somatic terms, or translate somatic theory into social work vocabulary?

This paper is presenting the outcomes of this situated analysis: Feldenkrais *as interplay of body image and body schema*. This perspective has shown to meet many of the needs of our context of work. First, those two notions are prominent in Feldenkrais writings, and are also subject to contemporary researches and interest that may reframe and give new precision to Feldenkrais' intentions. Second, as descriptive vocabulary, they are part of the professional cultures of many social workers; third, they are transversal notions that include social, psychological, perceptive dimensions of the self. And lastly, most professionals agree that the many aspects of social exclusion and chronic disease massively affect "body image".

I.c. Political activism

A last phase of our program will be to challenge the notion of agency as "inherent" to Feldenkrais practice, and investigate the *political uses* of Somatics in social work context. Introducing Feldenkrais to people living in social exclusion has raised many questions about empowerment, and particularly about the *doxa* that pretends that Somatic work, and Feldenkrais, are by nature empowering practices. As Fortin has shown, any training of body and perception, of any kind, might turn as an empowering technique as well as a subjecting technique, depending on context and use (Fortin 2008). Working not only with people socially vulnerable, but also within apparatus of institutions in charge of "supporting", "integrating", "helping" them has led us to reflect upon the collective and social dimension of Feldenkrais practice. Feldenkrais has written a lot about the social aspects of the construction of self-image. Yet, his response to that through his practice is clearly individual: by developing a better self-image, individuals will evolve towards more autonomy, self-reliance and freedom, and this is the way to social change. Fieldwork has taught to us that, while Feldenkrais' theory insists on adaptation to context variation, the Feldenkrais *practice* relies implicitly on a rather specific context: people coming privately to a practice because they have identified a need for a change, they trust this change is possible, and they believe somatic approach is the possible instrument

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of that change. Such an individual approach is contradictory to working in social institution, where the possibility of a change for a person, the nature of the change to be obtained, and the role of the person him/herself are not carried individually but collectively. And this doesn't go without conflicts, contradictions and what Feldenkrais used to call "cross-motivations", or contradictory desires and intentions. Agency of the person, in such a context, appears to be a major issue, and the complexity of the context does interfere – sometimes to the best, sometimes to the worst – with the apparatus of the lesson. This complexity has led us to recast our *somatic uses* as *political uses*. The next step of our research is, therefore, to investigate and construct somatic practice *as a practice of empowerment*. This phase of the research is still in process and will therefore not be part of this paper, although the issue of agency and empowerment are very obvious questions of somatic practice for disempowered people.

II. Body image, self image, body schema and "awareness" in Feldenkrais

Following Hubert Godard's suggestion (Godard 2006), we have approached concepts of body image and body schema as possible key-concepts for Somatics, and we did so with various results according to which somatic style was concerned (Bottiglieri 2011). I hope to show in this section that this pair of concepts, as Shaun Gallagher's (2005) has defined them, is particularly relevant to describe the group work of the Feldenkrais Method, namely "Awareness through movement" lessons (ATM)[6].

II.a.: Body image and body schema in Moshe Feldenkrais' writings

In his writings, Feldenkrais uses a constellation of notions linked together: body image, body schema, self-image, awareness, and habits. When writing about "self image" Feldenkrais refers to Paul Schilder *The Body image and the Appearance of the Human Body* first published in 1935 (Schilder 1950). Schilder's book is seminal for it sets crucial representations for later researches: body image (or self image) is not static, but continuously evolving according to perceptive flux of information; it is also dynamically composed by a variety of sources that Schilder sets as equally important: the brain functioning (and the crucial importance of proprioception, which Schilder is one of the first to promote), the subconscious, and the social (although in Schilder "social" turns out to be approached as the interpersonal aspect of subconscious moves). As we'll see later, Gallagher has recently criticized not the content of Schilder's book, which sets the bases of later researches on those notions, but his lack of rigour and precision in the vocabulary he is also setting up. Feldenkrais borrows much from Schilder (the notion of dynamic body image, or in more contemporary terms its plasticity, is crucial to Feldenkrais, just as its multi-layered nature), including the lack of discrimination in vocabulary. Just as Schilder, he uses both body image and body schema, without differentiating between the

[6] . The Feldenkrais Method is taught in 2 techniques. "Functional integration" (or F.I.) is a hands-on technique taught in a one-to-one lesson, which we will not approach in this paper. "Awareness through movement" (or ATM) is the group technique; among other specificities, the teaching of an ATM includes verbal instructions without demonstration by the teacher. Instructions are increasingly specific and complex, building up step by step complex coordinations, while encouraging self exploration and evaluation.

two, and maybe even more often the term "self image"[7] – a term that many contemporary Feldenkrais practitioners are also favouring. Moreover, in his effort to approach theory in a holistic way and demonstrate how different aspects of the self are in fact linked together, he will present the same concept, throughout his writings, with non-consistent descriptions or definitions.

A first version of Feldenkrais' concept of "self image" is neuro-scientific: this is when it is explained or described through another concept, the "homunculus", or the theory of brain localization —very prominent at the time he is writing (Feldenkrais 1972, pp. 13-14). In those fragments of his texts "self image" might be very well confused with an image in the brain, and maybe even an image of the brain. We can think of this first concept as the result of Feldenkrais' own researches to understand the experiential method he was developing.

A second version of the same concept might be said anthropological or sociological, although Feldenkrais himself does not use such terms; this in the many parts of his books where culture, society, education, family, appear as the main causes of faulty development of the self: "Scolastic practice is responsible for parents beliefs, and understanding of learning. It seems that well-meaning parents interfere with organic learning to the point that many therapists trace the real start and development of most dysfunctions back to the parents. This findings are so general that one would think we would be better off if we never had parents at all." (Feldenkrais 1981, p. 32).[8] Quite interestingly, this aspect appears at length in the writings, while it is difficult to find evidence in the practice of any acknowledgement of cultural or social differences…

At last, a third version appears to be mostly experiential and belonging to the subject's use of him/herself: "A complete self-image would involve full awareness of all the joints in the skeletal structure as well as of the entire surface of the body – all the back, the sides, between the legs, and so on; this is an ideal condition and hence a rare one." (Feldenkrais 1972, p. 21). Quite interestingly, such description of the ideal self-image appears very marginally in his writings (as opposed to the two first which occupy many pages and entire chapters) while it is the one that illustrates most clearly what is the aim of every Feldenkrais lesson. One can also observe that in this definition, "self image" is actually equal to "full awareness", and appears both as an ideal and as the final goal of the practice.

II.b Body image / body schema in Gallagher

The lack of discrimination in those notions by Feldenkrais is congruent with Schilder, one of his main sources, and with the historical context of knowledge he was working in. But while body image appears to be a key of the Feldenkrais Method (as of many other somatic techniques), what Feldenkrais really means with it, and how the practice is building it remains quite unclear, due to the definitional discrepancies within Feldenkrais' texts, and also between texts and practice. In fact, as Shaun Gallagher has remarked, the concepts of body schema and body image have a long history of confusion and

[7] Such a variety of terms also varies according to translations, so a deeper research on his conceptual uses would require an exhaustive reading of original texts. For instance a chapter of *Awareness Through Movement* (1972) appears as "The Self-Image" in the English version, while the French is "Le schéma corporel".

[8] This is a constant theme in Feldenkrais's writings: entire chapters of his books are dedicated to it, and it also appears in most other chapters on other themes.

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inconsistency since Schilder's book (Gallagher 2005, p. 19). Gallagher proposes to define quite strictly body image and body schema as two distinct sets of functions, so as to observe how one interacts with the other in the "normal" subject.
In this model, "The body image consists of a complex set of intentional stages – perceptions, mental representations, beliefs, and attitudes – in which the intentional object of such state is one's own body. Thus the body image involves a reflective intentionality. Three modalities of this reflective intentionality are often distinguished in studies involving body image […]

1. *Body percept:* the subject's perceptual experience of his/her own body;
2. *Body concept:* the subject's conceptual understanding (including folk and/or scientific knowledge) of the body in general; and
3. *Body affect:* the subject's *emotional* attitude towards his/her own body."
(Gallagher 2005, p. 25. Italics by the author).

Body image is therefore mostly in the field of consciousness; and it is particularly involved in new motor learning.
In contrast, body schema "involves a set of tacit performances —preconscious, sub personal processes that play a dynamic role in governing posture and movement. In most instances, movement and the maintenance of posture are accomplished by the *close to automatic* performances of a body schema, and for this very reason a normal adult subject, in order to move around the world, neither needs nor has a constant body percept." (Gallagher 2005, p. 26. Italics by the author). It is said to be « pre-noetic », in other words it is the non-conscious set of processes that make consciousness possible. It is particularly difficult to describe, since its operations are not accessible to consciousness. It includes three main fields: information about posture and movement (mostly produced by proprioception, visual and vestibular information); motor programs and motor images (our repertoire of habitual actions); cross-modal communication of the senses (pp. 45-55).
Body image and body schema also include different functions of space. While body image is only concerned with one's own body, and therefore separates itself from space and surroundings, body schema may include non-body objects such as tools and prostheses, as well as elements of space that are inherent to movement (the kind of implicit knowledge that allows us, for instance, to walk through a door without having to consciously calculate how to adjust our trajectory). What they share is permanent re-adjusting and modulating, which aspect is important since, in popular thinking, both body image and schema tend to be reified as fixed things that one "has". Last, body schema and body image are obviously intimately interacting; certain functions or actions integrated by body schema may migrate to body image (by way of « awareness », for instance, as most Somatics would do) just as vice versa (by way of learning and integrating new motor schemas).
This summary of Gallagher's categories is not making justice to the complexity of his book; neither does it include possible remarks on aspects of Somatics that are completely ignored[9]. But how body image and body schema interact and co-operate in movement learning, how "pre-noetic habits" and awareness dialogue to facilitate or add constraints

[9] For further discussion about Gallagher's BS et BI categories, see Hubert Godard (2006) Carla Bottiglieri (2010).

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to action is precisely the field of work of the Feldenkrais Method, particularly in the ATM technique as taught in group classes.

IIc. Reading an ATM lesson through Gallagher's model

An ATM lesson is structured about a "movement theme" (walking, shifting from lying to sitting, rolling, reaching, etc.), and its general aim is always to « improve » this global movement or coordination. The practitioner leads the class through verbal instructions, avoiding demonstration, and students interpret those instructions according to their conceptual understanding (what is being said) and their movement experience (how they usually move). Movements are quietly and many times repeated, while the practitioner might rephrase and enrich the same direction.

The verbal instructions given by the practitioner may be split in 4 categories that will either remain distinct or be woven, depending on the practitioner style and the moment of the lesson:[10]

1. Position instructions (were to start from); e.g. "*please come to the front of your chair, with 2 feet flat on the floor")*

2. Movement instructions (what to do)*; e.g. "please turn your head to the right as if to look back"; or "please turn your head to the right while your right shoulder move forward")*. In their first presentation, these movement instructions might be mostly cinematic, that is, they name one or several body parts as well as a direction in space, and they will not at first mention movement qualities, rhythms, etc. Suggestions of movement qualities, rhythm, amplitude, effort, etc., will be added while the same instruction is repeated and rephrased several times.

3. Perceptual indications: (where to bring attention); *e.g. when you turn to the right, is your weight remaining equally on your 2 buttocks or does it move more to the right? Or to the left? If you bring your weight to the right, does it feel easier or heavier than if you bring it to the left?* These perceptual indications are mainly given in a form of question and optional choices, and will stick to interrogative form, aiming at the minimal possible induction (they should never sound as "this is the right thing to feel").

4. Conceptual information of various kinds (why we do or feel so): anatomy, physiology, biomechanics, how the Method is supposed to work, why do we rest so much during a lesson, etc.

The popular experience of standing up after an ATM is a very perceptible change in standing, and/or in walking and any daily movement; this change may be felt in shorter or longer term. Part of it may be conscious and clear (« my weight falls more to the middle of my feet now »), and part of it feels much more obscure ("I feel different"). In Gallagher's terms, part of this change has happened in the « pre-noetic functions » (the gravitarian activity or/and the motor schemas), that is in the body schema, AND in the awareness of this gravitarian activity (my noticing that something changed), or body image. If the change persists it will become « more habitual », says Feldenkrais, or « integrated ». Which means that my weight is now always more to the middle of my feet

[10] I'm offering here samples of directions that could pertain to a (classic) lesson in a chair-sitting position, so that the reader may take the time to experience them, although s/he will certainly not find here a full "Feldenkrais ATM".

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than it used to be, but I don't notice it anymore. The new gravitarian organization has become « pre-noetic », it has integrated the body schema.

Hence the structure of ATM instructions and their goals can be described as a weaving of actions upon body schema and body image as defined above:
- Body schema is mobilized in all instructions about position (group 1) and movement (group 2). The rawest they are ("please come to sit to the front of your chair" or "please turn your head to the right"), the more they will be followed by the participants in their spontaneous movement style, that is, without consciousness and following their habits.
- Then instructions of group 3 and 4 (perceptual and conceptual directions) come to bring awareness and new representations in the action engaged by instructions of position and movement, therefore acting upon body image to reach participants body schema.

But the relationship between body schema and body image cannot be said to be acted upon only by words in an ATM. A lot of it also happens through the specificity of some of the movements instructed. This is what happens when a cinematic instruction has to evoke new representation to be performed, for instance in this kind of Feldenkrais classic: "turn your head to the right while you move your eyes to the left". Before to be able to perform such a non-usual coordination, most people will have to proceed various try-and-error steps, to become aware of their motor automatic habit (here, moving head and eyes in the same direction), before succeeding in differentiating head and eyes. Another built-in device is the sequential composition of movements (what I use to call "the syntax of the lesson"). See the following sequence (in a chair sitting position)
- Turn your head to the right
- turn head and shoulders to the right
- turn head to the right and shoulders to the left
- turn head and shoulders to the right while moving your right sit-bone backward
- turn head and shoulders to the right while moving your right sit-bone forward

Through the exploration of this series, even without the usual Feldenkrais suggestions (guiding awareness through various body parts others than the ones named by the movement direction; and guiding attention to movement qualities changes and variations), most people will navigate their own dialogue between pre-noetic habits and new awareness. Gallagher's concepts of body image and body schema may appear as a new vocabulary for the classic description of Feldenkrais as changing unconscious habits through awareness of movement. But his more clear-cut definition of the respective functions of body image and body schema allows to describe how an ATM is organized. Social workers often agree and understand that the people they work with do have body-image-related difficulties. Describing the effects of Feldenkrais practice with respect to body image is therefore a way to help them situate Somatics as a possible resource for them, while the sub-categories (body affects, percepts, concepts) helps in differentiating different kind of somatic approaches from one another.

III. THEORETICAL PERSPECTIVES

III. a. Towards a situated theory of Somatics

What I want to emphasize here, is that this pair of concepts (body image and body schema), while omnipresent in Feldenkrais discourses, have not been sufficiently considered as a possible tool for a description of the practice, for two main reasons: first, Feldenkrais, following Schilder, is not using them as distinct categories. Second, because Feldenkrais himself has not considered "description", giving priority in his writings to general explanation. In contrast to Feldenkrais attempt for a "general explanatory theory" of his method, I argue that we need today urgently a description of the work, and that Gallagher's definition of "body image and body schema" offer a possible tool for this description. Such a description doesn't attempt to be exhaustive, and may even appear reductionist compared to the general issues of the Feldenkrais Method or other somatic methods. But such a reductionism also opens to transdisciplinary discussion and comparative studies, by observing how each method is presenting itself as a specific articulation of the link between BI and BS, through a specific use of BI and BS subcategories.
In Feldenkrais ATM, the specificity is certainly to build this articulation within the structure of the lesson and through the « navigating » of verbal instructions between the 4 levels of position, movement, perception and concepts. But one can also see how Feldenkrais is modulating body image by acting upon only two of these three sub-categories – body percepts and body concepts. Most often described as parasympathetic reactions in Feldenkrais writings (blushing, heart accelerations, sweating), body affects are considered as *effects* of dysfunctional education (Feldenkrais 1985, pp. 7-13). They are therefore as much as possible left apart by the structure of the ATM, and considered as an *indirect* target of the work. Practitioners and Feldenkrais users often argue that Feldenkrais (as most Somatics) is actually *also* acting upon emotions or affects. I do agree that affects, as fully part of body image, are impacted by Feldenkrais practice. But I'd like to argue two nuances: for one thing (and this is an argument rarely mentioned within the community) Feldenkrais approaches *directly* (or explicitly) only percepts and concepts, through the 4 types of instructions described above. This doesn't mean that there is no implication of body affects within Feldenkrais pedagogy (through the voice of the practitioner, his/her gaze on students, etc.); but the prominent insistence on body concepts and percepts tend to fade the role of affects both in the experience and the representations of students. The other nuance –and this is a much more discussed topic among practitioners— in terms of impact or efficiency of the method, we do expect a balancing or regulating of body affects. But again this is an *indirect* target for the work. In other words, Feldenkrais has an ideal of the "perfect body image" which explicitly relies on the development of acute perception, and implicitly expects of the impact of affects on action to fade. This distinction seems a useful one also to discriminate between various "holistic" methods, while other approaches, as psycho-corporal methods (such as "Somatic experiencing") will explicitly set up direct approaches to emotions and affects[11].

III. b. interdisciplinary discussions

[11] For a proposal of classification of somatic and therapeutic body-oriented approaches, also see Godard, 2006.

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Developing a descriptive vocabulary out of exogenous concepts and discourses has a strategic advantage: it sets Somatics within a larger field of academic discussions, and gives them the support of multiple researches, references and assessments, making Somatics both a possible object, and field, of research. More important, it enables us to participate in such an interdisciplinary debate and contribute in a rather specific way. Gallagher's categories offer a new descriptive vocabulary but nothing new to somatic practitioners. More over, Somatics have a vast body of experiential knowledge that may support such a theoretical framework, but also stimulate further refining. For instance, Gallagher's theory is for a large part built upon multiple observations of the famous case of Ian Waterman, who has lost the sense of proprioception. Not only such a case is extremely rare, but also it leads Gallagher to leave rather unquestioned what "normal subject", as in the above quote on body schema means. Hence his work follows the long medical tradition that Canguilhem has described and deconstructed in his classic book *Le normal et le pathologique* (1966). In Gallagher's description, "normal" body image and body schema seem to be homogeneous and universal. Somatic practices have departed from this categorization in many ways, not the least being to step out of the "therapy" position in favour of the educational one. All somatic practitioners have an embodied knowledge of the tremendous variety of "normal" body images and schemas people live with, many of them presenting striking "lacks" according to the model, yet functioning "normally". In his description of "normal" body image and schema, Gallagher also implies that "normal" is neither impaired, as is Ian Waterman, nor exceptionally trained, as are dancers, yogi masters, artists, high-level sportsmen, etc. By doing so he implies that those with exceptional body training have developed functions that are just as foreign to the "normal subject"(i.e. different in nature) as is the case of I.W. The whole field of Somatics stands against this. Feldenkrais is a good example of how Somatics may address with the same tools and principles the needs of people as different as impaired people, "normal" (in Gallagher's terms) subjects, and virtuoso performers such as dancers.
Following Hubert Godard, Carla Bottiglieri has also pointed how BMC contradicts Gallagher's rejection of interoception:
"[…] following Merleau-Ponty, Gallagher's phenomenological analysis focuses on the "proprioceptive body", that is the body as taken in a vectorialized and oriented space of action. It neglects a very important aspect of self-perception, which is the interoceptive mode that circulates a visceral experience of the self as territorial density, volumetric space, internal content of the skin-envelope. […]
Gallagher expurgates the interoceptive issue by affirming that there could be no distinct awareness of internal organs: "Indeed, it is phenomenologically impossible to have a consciousness of some of the specific parts or functions of what is objectively one's own body — for example, certain internal organs, adrenal glands, or the reticular activating system. More precisely these are not parts or functions of 'my own body, in a phenomenological or experiential sense. To consider these types of internal functions one must think of them in an objective fashion, as happening, but not as experienced, in one's body" (Gallagher 2005, p. 29).
How then describe or qualify the empirical contents that pertain to other somatic approaches as Body-Mind Centering® (…) that seem to escape phenomenological grasp?"

(Bottiglieri, 2010. Translation from the French is mine)[12] If Gallagher's model helps building up a proper descriptive vocabulary and appears to be instrumental in installing Somatics in wider interdisciplinary debates, then Somatics may also contribute this discussion by challenging some normative aspects of his model such as the categories of "normal" and "pathological" body-image.

III.c. The body image is political

As I've shown above, Gallagher's theory of body image and body schema is a new and operative descriptive model for the Feldenkrais Method. This is certainly not the only possible descriptive system of Feldenkrais, but we have favoured it because it appeared to us to be also operating very well in the context of chronic disease and social exclusion that has been the source of this research.
In our discussions with professional social workers, as I mentioned in the introduction, a major difficulty was to offer a satisfying description of somatic work. It was also to explain how this work was relevant to the persons we wanted to work with. We have analyzed previously how "the body" (and moreover somatic work) is absent of practices in social work, but also in its theories. As long as it remains absent of the conceptual and professional landscape, "somatic work" can only be considered as a complementary, marginal and, finally, unnecessary luxury (Bottiglieri, Ginot, Salvatierra 2012). In a world where emergency, lack of economic means and burn out dominate, it will just not happen that time and subsidies be spent on it.
The body image and schema theory offers a model not only describing somatic work, but also, describing the effects of social exclusion on the subject's experience from a bodily perspective. Stigmatization (often a combination of stigmatization due to chronic disease as HIV, ethnical difference, gender, sexual orientation, addiction) can be described as impacting body image through its sub-category of body affects. Body changes due to disease or/and medical treatments (neuropathies, stiffness, lipodystrophies, sleeping difficulties, out of many very common "side effects" in HIV) impact both percepts and affects. Medical discourse, omnipresent for persons with chronic disease, saturates them with "body concepts" that produce the "own body" as a medical object. Space being inherent to body schema (Gallagher 2005, Godard 2006, Bottiglieri 2011), all marginalizing effects of social exclusion is touching the subject's body schema.
In previous articles Carla Bottiglieri (2008), Violeta Salvatierra (2010) and myself (Ginot 2011) have begun this articulation and description of social marginalization as a somatic

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[12] […] l'analyse phénoménologique que Gallagher fait sienne, dans le sillage de Merleau-Ponty, en se concentrant sur le corps « proprioceptif », c'est-à-dire pris d'emblée dans un espace d'action orienté et vectorialisé par ses mouvements, néglige un autre aspect tout aussi essentiel de la perception de soi, à savoir le régime intéroceptif, qui relaie l'expérience viscérale d'un soi appréhendé comme densité de territoire, espace volumétrique, contenu interne de l'enveloppe-peau.
[…]
En effet, Gallagher congédie la problématique intéroceptive en affirmant que des organes internes il ne saurait y avoir conscience distincte :
« Certes, il est phénoménologiquement impossible d'avoir une conscience de quelques parties ou fonctions spécifiques de ce qui est objectivement notre corps propre – par exemple, certains organes internes, ou les glandes surrénales, ou le système réticulaire d'activation. Plus précisément, celles-ci ne sont pas des parties ou des fonctions de mon corps propre, au sens phénoménologique ou expérientiel. Pour pouvoir considérer ces types de fonctions internes, il faut penser en termes objectifs, comme quelque chose qui a lieu, mais qui ne peut pas être perçu, dans son corps »[12].
Comment, dès lors, qualifier ou décrire ces contenus empiriques propres à d'autres approches somatiques, comme le Body-Mind Centering® (dorénavant abrégé en BMC), qui semblent se situer hors d'une portée ou d'une saisie phénoménologique ?"

experience. By doing this we hope to open a new or complementary understanding of what this marginalization experience is, and at the same time, clarify how somatic practice may be a place where to reorganize this experience and rebuild agency and empowerment. Described as a work on body image, favouring the tools of body percepts and body concepts, and aiming at reorganize body schema, somatic work can match with the larger picture of social work agenda (Ginot 2011).

Last, I would like to point to the political uses of the body image and schema theory, in the specific context where this research has originated in. As I have insisted, social exclusion is recognized as a cluster of physical (or organic), psychological, social and economic difficulties. Just as the notion of "holism" in Somatics point to a theory of the subject as a global entity, social work is striving to understand exclusion as a global phenomenon in which medical care, psychological, social support need to be combined. The notion of "accompagnement global" (social support) defines such an approach that echoes the somatic term of "holism". This doesn't mean that an implicit hierarchy between various needs and priorities is not operating. Social work and "social users" (the persons identified with social needs) are quite strictly, though implicitly, territorialized according to the hierarchy of knowledge and powers that organize the field. For instance, the "well-being", or quality of life, of the subjects, might weight less than their "autonomy" (reading as economic independence); health assessments will hierarchise patients' sufferings and complaints according to medical knowledge and measurements rather to subject's experience, etc.

The theory of body image and schema might be instrumental in de-territorializing conceptual hierarchies and offering a new categorization of social exclusion. Particularly, it builds an observational framework where the features of social exclusion, such as disease, immigration, addiction, etc., do not operate as definitional of the subject, but as moments and aspects of the continuum of his/her body image construction[13]. Bodily experience anterior to diagnosis, or not pertaining to the medical definition "health and pathology" is fully acknowledged. Positive histories (such as somatic or sport experience) often abandoned after diagnosis, changes of country, loss of economical support, etc. may become supportive for a positive present experience, since somatic work doesn't give a definitional value to those events. Choice making is structured according to self-experience rather to medical or other external authorities. Bodily experience is constructed as a knowledge that can be modulated. Positive and negative values are self-defined, etc. In other words, by offering different hierarchies in values, somatic practice also appears as a political instrument allowing an alternative reading to the implicit values of social work, just as social work imposes a political and ideological reading of the somatic values.

Conclusion

Endogenous theory in Feldenkrais fails in supporting the integration of somatic practices in social work, while the theory of body image and body schema by Gallagher is a good alternative descriptive system. Within this system, the Feldenkrais method can be described as a method to reorganize the body schema, through a modulating enriching of body image favouring body percepts and concepts. Such a theory is particularly relevant

[13] Feldenkrais trainer Elizabeth Beringer (2011), in a case-study article, proposes the term "self imaging" to render the processual aspect of self image.

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to the use of somatic practices in social work, since it also allows making a description of social exclusion as a somatic experience, therefore helping to pledge somatic issues within the larger goal of social work. Once equipped with a relevant theory, Somatics may offer a new perspective and understanding of social exclusion. It is also a political instrument to question the dominant conceptual hierarchies in social work, such hierarchies supporting the actual distribution of power within the spaces of social care. Finally, Somatics within social care may open new spaces where people are offered values alternative to those dominant hierarchies.

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