

Complementary Approaches, Stress Management Practices for Future Physicians, a Way to Cultivate a “Savoir-Être” and Contribute to Becoming a Better Physician?

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Abstract

Purpose: Awakening the “Sensible” Being (ASB), a complementary approach, is a formative practice that examines how use and movement of the body allow for the development of one’s awareness, sense of self and of others, which are desirable qualities for healthcare professionals. Our goal was to explore if and how ASB training followed by healthcare practitioners modifies the quality of their self-awareness, their presence to others, as well as their relationship with respect to health and their medical practice. **Methods:** Qualitative research based on two types of semi-structured interviews (comprehensive and elicitation) conducted with six physicians from France having completed their ASB training (500 hours over 4 years). The content of the interviews was first analyzed thematically then grouped into categories linked by items and sub-items. **Results:** A summary of the results is presented in relation to transformation in both the personal and professional spheres of physicians. Thereafter, we describe the identity-transforming effects of education creating favorable conditions for the emergence of a quality of “savoir-être”. We then discuss the relevance and necessity of “savoir-être” both in the learning path of future physician and in medical practice. **Conclusion:** We conclude with the positive impacts of this learning: on stress management, a way to cultivate a “savoir-être”, an identity construction of the health-promoting professional and the need for an ethical posture enriched by a new perspective. It seems that ASB training is ideal for building the artistic part of the medical profession.

Keywords

Medical Education, Complementary Approach, Awakening the Sensible Being, Identity Transformation, “Savoir-Être”, Health Education, Health

1. Introduction

The goal of this article is to present and discuss the research findings of our thesis (Lachance, 2016) regarding what future physicians need to learn and their future medical practice. The different sections (problematic, objectives, and practical background) of our research are presented in French in the article Lachance et al. (2016) and in English in the two following articles: Lachance, Emond and Vinit (2019) and Lachance and Desbiens (2022).

Our research project aims to provide an understanding of the process of perceived transformation that physicians trained to Awakening the Sensible Being (ASB)¹ may experience; we therefore seek to better understand their singular experience (Pourtois & Desmet, 2009) and to do this, qualitative research is ideal. The quote chosen is that of a survey based on interviews with physicians who have undergone training to ASB. Two types of semi-structured interviews were used: the comprehensive interview (Kaufmann, 2011) and the explication interview (Vermersch, 2010, 2012). The comprehensive interview provides access to how the person represented their training experience, while the explication interview provides access to the lived experience through its description. The first is based on interactionism (Charmillot & Dayer, 2007), while the second is based on phenomenology (Giorgi, 1997). Our grounded theorization is the culmination of a six-step analysis process: codification (thematization), categorization, linking (with items and sub-items), integration, modeling and finally theorizing (Paillé, 1994).

Our general research question was the following: Does learning ASB generate transformations on the personal and professional levels of physicians trained for more than 500 hours in this complementary approach? The answer to this question is definitely: yes, physicians who have been learning ASB are transformed. This transformation can vary depending on the individuals and particularly on their state of harmony or disharmony at the beginning of the training. Our research objectives allow us to open on this statement by discussing personal and professional transformations.

We will present a summary of the results in relation to the personal and professional sphere of the participants. Then, we explain the distancing necessary for the emergence of “savoir-être” and the displacement of identity appearing in contrast through bodily experiences. We expose the effects of “savoir-être” with oneself in the process of learning and practicing the future physician. We discuss the impact of personal “savoir-être” on the professional life of the future physician or physician. We address the issue of consciousness in relation to health. Finally, the concluding discussion describes the beneficial effects of this complementary approach (ASB): stress management, emergence of “savoir-être”, an identity construction that promotes health as well as a new ethical posture.

¹These practices included four intervention tools (Bois, 2007): manual therapy (fasciatherapy DBM®), sensory gymnastic, sensory introspection recently called the Full-Presence Meditation® (Bois & Eschallier, 2019) and verbal interviews regarding the bodily experience.

1.1. The Personal Sphere

Our participants show an increase in the perceptive capacities of their bodies and a better quality of presence to themselves. Many of them also talked about the benefits of a somatopsychic tuning that helps them to be as present to their reasoning as their inner and emotional body perceptions. They also developed an important awareness of their lives and they learned to bounce back by recentering themselves and sometimes by going beyond their personal limits. Depending on the state of participants at the beginning of the ASB training, this experience can transform them or give them access to new tools for their personal health and their professional practice (Lachance et al., 2016).

In all cases, participants take a more active role in their lives. Most of them experienced an identity shift, more positioned in their lives from internal referents emerging from their bodily experience. For some, this practice is internally nourishing and allows them to maintain an inner calm. For others, it offers tools to care for themselves and their patients (Lachance & Desbiens, 2022). This learning has contributed to the health of participants in many ways: they notice a better inner-body perception, a somatopsychic tuning that allows them to be more present to themselves overall, while allowing them to be more present to others; they are more in contact with their internal reality and have a better perspective of their life, finally, the tools of this approach help them to recenter on themselves, to increase their energy and to self-heal. Personal transformations seem to echo in the professional practice of physicians in many ways; it seems that a “savoir-être” took shape over the course of their training and is radiating on their professional practice (Lachance & Desbiens, submitted 2020).

1.2. The Professional Sphere

Our participants experienced ASB during their training as much in the role of a practitioner as a patient. This experience seems to have been beneficial in their personal lives while also impacting their concept of health. In fact, many of them have broadened their concept of health with factors related to a quality of the body material, a better balance between the body and the mind and a certain form of proximity and dialog between the self and self (Lachance & Desbiens, submitted 2020).

Participants of our research also show a better quality of presence to others, both with other professionals and with patients. Where there used to be little to no communication, a dialog is taking place with other professionals. Many mention that their resolved internal state of discomfort (a person who is depressive, timid, or too involved) eases communication with other professionals. Many express in their own way that professional relationships are taking place with a more appropriate level of involvement, not too close, not too far.

The improvement in the quality of presence to others is also noticed in the relationship with patients. In fact, participants confided that, in overall, they are more present and available for their patients. More specifically, four of them mentioned that they have managed to find the right therapeutic distance. They each expressed in their own way that communication and listening have im-

proved. As a matter of fact, it seems that all the relational dimension has improved through the body presence, as if the body had become an entire organ, more sensitive to perceive greater subtleties. Four of our participants have overcome a difficulty related to touch. The dimension of touch added to the care also enriches the type of listening and communication.

The relational dimension with the self and others is central in our research findings. In fact, our findings analysis shows an important link, in terms of relation, between personal and professional transformation. Our research participants who recentered themselves in their life from their internal referents move forward in a more serene internal process. It seems that the recentering process is the necessary way towards learning a “savoir-être” that produces beneficial impacts in relationships with other professionals and with patients. Developing a “savoir-être” transforms the medical practices and improves the relational world of the physician. Learning ASB could be a healing training that also creates health for the students. Participants develop relational abilities with themselves (intrapersonal) and with others (interpersonal). This recentering is made possible by the bodily experience. It is embodied when they choose to listen and act based on their internal referents. Attention, listening, and action generate recentering (a form of internal shift) as well as the identity change upon which participants can build themselves (Lachance & Desbiens, 2022). Our results from the personal and professional spheres can have an impact on considerations surrounding the question of training for future physicians, as well as the challenges currently encountered in the profession.

2. The “Savoir-Être” the Cornerstone

2.1. Distancing, a Meta Position from Which Emerges a “Savoir-Être”

The status change of the relation to the body has several impacts in the way a person experiences their body and their experience (Lachance et al., 2016). Participants adopt a form of distancing with their experience and simultaneously a proximity with a proven richness. Their experience is more internally felt and filled. Participants notice a greater proximity with themselves and at the same time, for some of them, experience a certain form of distancing. Four participants mentioned that they now take situations in a broader way, with more awareness of the problems and greater distance in relation to these. Four participants also stated that they feel a greater accuracy in their therapeutic distance and more proximity with their patients. It seems that this way of experiencing it is the result of a status change in attention. As a matter of fact, Bois (2007) provides a definition of attention with four different statuses. The last one is characterized by an attention to presence, a witness awareness. According to Bois (2007), at this stage, the person has the experience at “the finest level of receptivity” (p. 104). This type of relation to the experience seems similar to the research stance of Berger (2009): “the proximity distance” (p. 235). In identity work within a professional master’s de-

gree in education, [Rondeau \(2014\)](#) also notes a “distancing-rapprochement dynamic” that triggers a transformation process among participants.

The medical participants of [Beckman et al. \(2012\)](#) research report: “that by developing the self-awareness to appraise their own reaction, as practitioners, they became more accepting and responsive to others’ needs” (p. 817). [Angibaud et al. \(2013\)](#) mention that search participants have more distance and discernment when it comes to situations and others are less under the influence of their fears. Like ours, [Angibaud et al. \(2013\)](#) results seem to validate the wheel for growing in consciousness ([Lachance, Emond, & Vinit, 2019](#)). It is a wheel presented in four steps to broaden the field of consciousness of a person: 1) attention, a necessary tool for perception, is solicited by extra daily conditions; 2) educable perceptive capacities give way to novelty; 3) new perceptions establish a new relation with the body and 4) the new relation creates more presence to self. Awareness and distance seem indirectly connected to the participants inner dialogs that arose due to a greater proximity to their bodies, their feelings, and their ability to think, after following ASB training.

2.2. An Identity Shift

Where our participants used to lack perspective regarding themselves, the bodily experience outside their habits enables them to experience themselves in another way and to create a contrast in comparison with before. Many authors ([Bertrand, 2013](#); [Bois, 2007](#); [Large, 2007](#)) talk about this notion of contrast that highlights an identity change in our participants, a form of internal shift ([Courraud, 2012](#)). The contrast intensity highlights the shift distance and the extent of the change that took place. Four of our participants have changed considerably, as suggested by the work of [Bois \(2007\)](#). Paradoxically, people have changed and, as suggested by the results of [Large \(2007\)](#), participants are a bit more themselves. In fact, the identity shift suggests that they are more connected to themselves from their bodily experience, and, at the same time, they change because they are less on the outskirts of themselves ([Lachance & Desbiens, 2022](#)).

Researchers in ASB, [Duval et al. \(2013\)](#) agree with an identity renewal that changes the way of being of a person: “The discovery and the validation of this new self-identity lead the person to reconsider their lifestyle, their relation with the body, the self, their health and the world” (p. 53). Meanwhile, [Bertrand \(2013\)](#) mentions a kind of renewal of “a plural relation to self” (p. 42).

Following ASB, participants have access to a “savoir-être” built as they went through their transformation process and identity change. According to the definition of attention by [Bois \(2007\)](#), it seems that the mobilization of attention is the first step required to enrich our “savoir-être”. In fact, afterwards, attention changes status to become a “relation to the experience” and brings about a quality of presence allowing self-observation. Meanwhile, the quality of being seems to stem from the choices made by the person with a greater respect of their internal referents. Disregarding internal referents creates a gap between self and self. By prioritizing external referents, the gap in our own referents is the place

where discomfort arises. The gap can be lessened by the person experiencing their body and who makes choices in agreement with their internal referents. Obviously, the person remains totally free in the way they choose to act their life according to their internal or external referents. The identity change takes place at the core of the person, from their intimate bodily experience, when they change the significance given to internal referents compared to external referents.

According to Rondeau (2014), during the identity work within the master's degree in education, each student, "without exception", has experienced transformations of varying nature and intensity (p. 176). The author also discusses an impact between the internal and external life of students; she mentions that a protective and transmissive veil separates these two universes. A first function relates to protection: "Protective in the sense where it [the veil] was restricting (sic) the reach to the true self who may have been afraid to show what it truly is, afraid of embarrassment, afraid of ridiculousness, of judgment, rejection and often, of simply not being loved by others" (Ibid., p. 179). A second function relates to transmission: "Transmissive in the sense where it [the veil] was letting through waves of resonance that touched the person and triggered a series of sensations, emotions, questions and reconsiderations" (Ibid., p. 179).

This second function speaks of the communication model proposed by Myers and Myers (1990) that people communicating are resonating with one another and are constantly transmitting information. It seems that the expansion of perception in our participants and the commitment to a dialog between self and self have contributed to highlighting this veil. According to Myers and Myers (1990), the first goal of communication is to allow us to "discover who we are and get to know ourselves more" (p. 2). The veil has been brought to light, and interpersonal communication is more conscious. Our participants show an increase in their communication, which is more fluid, abundant and enriched by perception and touch.

2.3. A Quality of "Savoir-Être" with Self

Repeated bodily experiences allow participants to get closer to themselves. They prioritize their internal referents when taking decisions and therefore are building a quality of "savoir-être" over time that creates more coherence in their lives. It seems that relying on their internal referents provides them with healthier foundations for their internal state and their lives. Following ASB training, Angibaud et al. (2013) also talk about a notion of recentring and well-being for participants from a more internalized experience. In the educational environment, Villeneuve (2013) notes that teachers experienced in ASB are inhabited by a "feeling of internal solidity and stability [that] provides a state of confidence" (p. 76). She adds: "a state of well-being takes place during the professional activity, with less pressure and stress coming from the professional context" (p. 76). Research in somatic education also refers to a decrease in effects from external elements among participants with eating disorders: "Based on our finding, we can say that increasing subjective sensorial experience has helped most of the participants reduce the effect of external influences on them" (Fortin & Vanasse, 2011: p. 138).

In the medical field, many articles discuss the notion of “savoir-être”. Dobkin and Hutchinson (2013) suggest that a “savoir-être” and a quality of being in physicians could benefit their stress management and their capacity to connect with patients. According to other authors, well-being is obtained at the cost of overcoming performance, perfectionism (Irving et al., 2014). Shapiro, Schwartz and Bonner (1998) propose the hypothesis that mindfulness nurtures a: “‘way of being’ that may foster healing and growth in their own lives as well as skills to effectively help others heal and grow in the future” (p. 597). “Savoir-être” helps to be more accurate in a clinical situation: “When we are able to free up our cognitive capacity from the anxieties of uncertainty, reputation, ego, and inadequacy, our limited resources can then be devoted to the challenges of the clinical situation at hand” (Leung, Epstein, & Moulton, 2012; p. 173).

Within training programs for future physicians, a good amount of time and attention is usually dedicated to obtaining skills in order to act properly when performing the physician’s task. Jarvis-Selinger, Pratt and Regehr (2012) argue about the necessity of including “savoir-être” instead of being solely oriented on expertise (“savoir-faire”). Authors see a risk of excessive reductionism and a possibility to lose the interconnection of the physician’s different roles required for a good practice. They argue for a viewpoint that goes beyond skills, by including the identity formation during the process of medical education. McNaughton and LeBlanc (2012) argue for an attention on the quality of “savoir-être”, beyond the expertise. “The idea of competency as a set of skills focuses on ‘doing the right thing’, while the idea of emotion as a unique aspect of one’s character focuses on remediating the internal moral ethical landscape of the individual, or ‘being the right thing’” (p. 88).

Miller (1990) proposes a pyramid to conceive a comprehension frame useful for clinical evaluation of future physicians. Very popular, Miller’s (1990) pyramid is the subject of many quotes, around 140 each year (Cruess, Cruess, & Steinert, 2016). He makes a distinction between knows (knowledge), knows how (competence), shows how (performance) and doing in the action of this knowledge. Figure 1 represents this pyramid, but to which we added a tier at the bottom because we feel that “savoir-être” is at the basis of an internal disposition that allows a better learning, both intellectual and practical.

It seems that this “savoir-être” provides a better anchoring of knowledge within the individual who is in a more serene state of mind. And, when the individual is not in a serene state, they are more aware of it and better equipped to embrace themselves and let their state evolve. An atrophied “savoir-être” weakens the individual and the quality of their learning and practice, as we can see in Figure 2 which attempts to describe this internal fragility² that unsettles the top of the pyramid.

A form of “savoir-être” within the person is upstream of the expertise in the medical action. A “savoir-être” must have reached maturity in order to give an

²Several studies note a high level of burnout among medical students (Brazeau et al., 2010; Colombat et al., 2011; Ishak et al., 2013; Llera & Durante, 2014; Rodrigues et al., 2012).

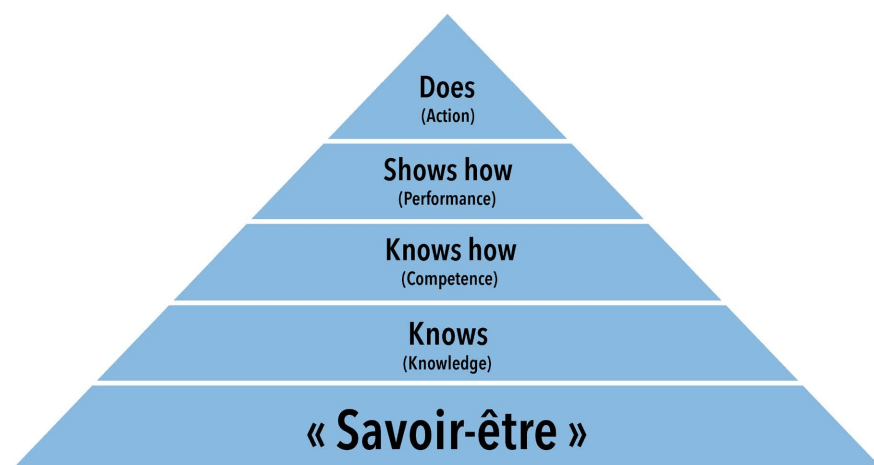


Figure 1. Learning dimensions towards a capacity of medical practice. Inspired by the diagram from Miller (1990).

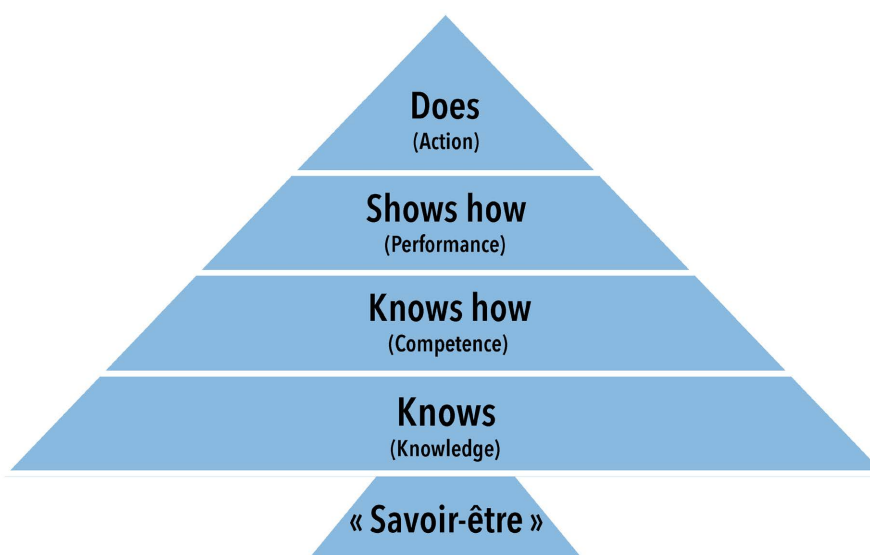


Figure 2. Learning dimensions within an atrophied “savoir-être”. Inspired by the diagram from Miller (1990).

individual their full professional influence. Then, it’s a physician “savoir-être” that evolves with the development process of the individual who goes through different roles: medicine student, junior resident, senior resident and clinical physician. Cruess, Cruess and Steinert (2016) have positioned at the top of the pyramid, above the tier for “does”, doing in the action, the capacity of “being” directly connected with the constructed identity of a physician.

Some steps of the identity movement are heavily influenced by the exterior, as suggested by Jarvis-Selinger et al. (2012): “At this stage, they are very sensitive to how others perceive them and whether they are doing things right. They are likely to want to know the rules of appropriate action and will look to authority figures for direction and for reassurance that they are doing well and fitting in (p. 1186)”.

Authors indicate that the identity changes do not happen gradually but abruptly. These changes often arise in crisis periods. In the field of medical teaching, sometimes, the time, the openness and the competence required to welcome and support these disruptions are limited. These crisis periods can then create states of discomfort within students instead of being a place to welcome and transform their experiences to benefit them, especially in order for them to experience these with more maturity by rooting down their physician identity, while better accompanying patients with their own obstacles.

For our participants, ASB training was a trying and emotional period. It was also stirring, particularly for individuals who were in a state of lesser harmony at the beginning of the training. It seems they have not experienced the ASB training in the same way. In fact, participants were sometimes very involved in the training program, while others were simply developing new personal and professional tools. As suggested by Mongeau and Tremblay (2002), a state of discomfort or lesser harmony, terms used by the authors, is fertile ground for transformation as the individual is more permeable and they are looking for relief. “Comfort restrains risk taking and the desire for change, while discomfort inspires action and sparks a desire to restore the situation” (p. 30).

Josso (1991) proposes that “existential experience” and “learning from experience” be distinguished. “Existential experience refers to the person as a whole, it refers to their profound identity, the way they experience themselves as a being, while learning from experience only refers to minor transformations” (pp. 197-198). It seems that the identity shift experienced by our participants is of a different nature: more centered on the individual’s identity and less in relation with the professional role. Despite this, our findings suggest that this identity change has impacted both the personal and professional levels.

2.4. “Savoir-Être” in the Personal and Professional Life

In light of our results, it seems that participants have built a presence to self enabling them to construct their personal identity and thus giving more range to their professional outreach. In fact, it seems that a quality of presence from which emerges a form of “savoir-être” creates a magnifying effect in the professional life, as illustrated in Figure 3.

Beckman et al. (2012) report that the conscious communication program has allowed physicians “to make time for self-development and to realize how lack of attention to oneself can erode the capacity to engage more effectively with peers, family, and patients” (p. 818). Large (2009) presents this quality of presence to self as a capacity to clearly see oneself and one’s operating modes, prior and actual, with a distance allowing them to be less a victim and more an actor in their life. It is worth pointing out that two of our participants were in a depressive state and another one in a state of great physical and psychological fatigue at the beginning of their training. As observed by Maranda et al. (2006) research group, sometimes you need to go very deep in denial to find yourself.

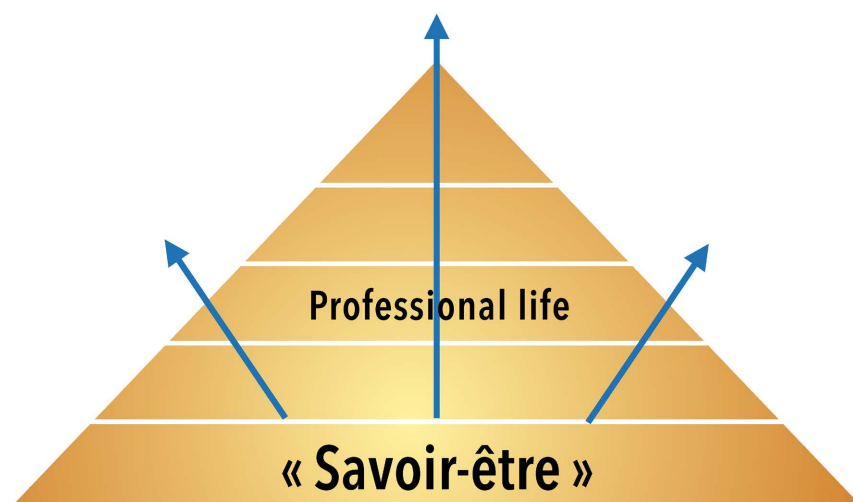


Figure 3. “Savoir-être” outreach. Inspired by the diagram from Miller (1990).

Duval’s (2010) research puts in perspective that an individual who goes to fasciatherapy for health problems will transform themselves, in the way they are living. There is no distinction between their personal and professional life. As shown by the praxeologists Schön (1994) and St-Arnaud (1999), reflecting on and within action favors both the transformation of individuals and practices. Bourassa et al. (1999) also note the importance of knowing yourself better in a process of deepening your way of acting. “And it is in part this representation of self that shapes our ‘savoir-être’ and our know-how and allows us to find a satisfying level of personal and professional efficacy in the action” (p. 169). As mentioned by Hodges and Lingard (2012), different professional sectors and universes (sports coaches, chief executive officer (CEOs)) believe that a better performance involves “‘looking in the mirror’ to openly and honestly identify one’s weaknesses and take steps to improve on them” (p. 11).

It would be illusory to think of transforming professional practices without considering the person behind the physician. Learning from new experience enables change in the subject’s personal life and, by doing so, changes their relationship with themselves, with others and the world while renewing their professional conduct. Shapiro, Schwartz and Bonner (1998) mention that mindfulness interventions can help with the personal and professional spheres of medicine students. Melo da Silva (2013) also supports the relation between personal and professional life through a testimony where she notices a reciprocal relation between: “the personal and professional, between myself and other educational actors, ‘a state of being in myself, which extends through my relationship with others in a dynamic of mutual interactivity” (p. 67). Many times, Beckman et al. (2012) article discusses transformations related to both the personal and professional spheres of physicians. Following the first year of training of the professional masters in education on the identity work, Rondeau (2014) concludes that “most people confirmed the connection between the ‘personal self’ and the ‘professional self, one that doesn’t go without the other and one that depends on the

other” (p. 189).

2.5. More Awareness for More Health

The relationship a person has with their body and mostly the educability of this relationship are a significant opportunity to operate change thanks to an attentional and perceptive development. In fact, this opportunity makes it possible to envisage a relevant instrumentation of a project to broaden the consciousness of caregivers, and of patients, as advocated by the integrative medicine³ current through the wheel of health (Centre Duke de Médecine Intégrée and Servan-Schreiber, 2007). Thus approached, the health question is inseparable from the education one. Apart from this attentional and perceptual training effort allowing the human being to expand his consciousness, he remains prisoners of his motor, perceptive and mental habits. These habits do not contribute to the well-being and therefore are harmful to health (Newman, 1990, 1997).

According to Goldmann (1966), two natures of consciousness exist: real and possible. Within the real consciousness, available to an individual or a group, specific obstructions take place in the story of both the individual and the group that prevent access to the second nature of consciousness, the possible. The latter is free of singular or social obstacles that allow objectivation. As mentioned by Goldmann (1966): “Real consciousness is the result of the multiple obstacles and deviations that different factors of the empirical reality oppose and subject to the realization of this *possible consciousness*” (pp. 124-125).

This objectivation seems difficult to achieve within professions where there is experiential learning from seniors. As if objectivation involved an appropriation of our subjectivity rather than a denial of its existence. In fact, we have mentioned several times different searches and authors arguing the influence of the teaching environment and the dominant culture surrounding the medical world and the physician profession. Over the experiential learning, the future physician is sometimes conflicted between the teachings provided and how to work in the field. These are the effects of the hidden curriculum⁴. It’s a knowledge transmission which, to some extent, keeps a profession and a population away from the consciousness of possibilities. These effects are harmful for an integrative medicine project which invites a relational quality with collaborators or patients: this hidden curriculum perpetuates the barriers with patients and other professionals, as expressed by Michalec and Hafferty (2013): “this is accomplished through

³Appeared at the end of the 1990s, the term integrative medicine has made it possible to combine the two approaches, conventional and unconventional, on the condition that it has been the subject of scientific evidence (National Center for Complementary and Integrative Health, 2022). This approach was born following a significant increase in the use of alternative and complementary Medicine by the general public (Lachance, 2016: p. 49). “This institution (NCCAM) changed its name at the end of 2014 to better reflect the nature of the research and the concerns of the community. It became the National Center for Complementary and Integrative Health. It should be noted that, since then, the institution speaks more in terms of integrative health than integrative medicine” (Lachance, 2016: p. 62).

⁴“The hidden curriculum refers to cultural mores that are transmitted, but not openly acknowledged, through formal and informal educational endeavors” (Hafler et al., 2011: p. 440).

the hidden curriculum by mechanisms such as the consistent reinforcement of hierarchical boundaries between doctors and patients and other professionals” (p. 396).

According to many studies, the beginning of internships is a key moment where the students experience a personal difficulty within their professional training curriculum. Our results suggest that this transition time could be facilitated by building an identity upon internal referents in order to better prepare students to this new reality and better promote health as defined by Huber et al. (2011): “the ability to adapt and to self manage” (p. 235). The results from Shapiro, Schwartz and Bonner (1998) strengthen the hypothesis that mindfulness approaches can be taught as preventive medicine to physicians who can then develop abilities to support people around them. Furthermore, this type of training could create a balance between internal and external referents while fostering the learning of “savoir-être” through the multitude of learning of a know-how. As pointed out by Jarvis-Selinger et al. (2012): “early in the adoption of any new role the developmental models of identity suggest that there will be a strong focus on the externally generated expectations and activities of the role—on the doing” (p. 1188).

From an integrative medicine perspective, the dynamic of reciprocity between real and possible consciousness determines concern for individual and community health. In fact, this meeting is a place of choice, a choice to either become a victim of the shock of such an encounter or to become the author of your life, by opening your eyes to the new consciousness elements interacting with others or the world. Honoré (2003) addresses this question of relationality: “Relationality” is the name I gave to the phenomenon by which man and the world reveal themselves to a co-belonging, in correspondence of shape. Being out of yourself in the relation does not mean to be in a space between self and something else, but where man discovers himself as is own shape, in his face. The connection is still unfinished. Engagement in a training process is not stabilization in a form of relation” (p. 155).

Such a vision of health presents the body consciousness as an essential element. The relation to the body thus becomes a concrete tool for the permanent construction of unfinished beings in the making within an evolving community. In fact, growing in consciousness leads to renewing the vision of health, medicine and even education. Concerns for the health of individuals and communities become a process of educating people in their different spheres. Caregivers will no longer be able to focus only at pathology but will have to target the potentiality of people and their communities, through a specific care that creates creative conditions for health and collective and ecological mindfulness.

Extra daily experience of ASB allows the deployment of a superior attention quality like other body/mind approaches. This quality of attention facilitates access to new perceptions of the body in specific interventions settings (Lachance et al., 2016; Lachance, Emond, & Vinit, 2019; Lachance & Desbiens,

2022). This experiential process leads the individual to develop new experiences of their body that allows them to experiment themselves differently and even open up to a quality of presence allowing them to meet the gap in order to move towards a better personal and professional well-being.

The installation process of a “savoir-être” unfolds in a continuous cycle that allows the person to always deepen their recentering. According to participants of Rondeau’s (2014) study “the identity work will never be done. Identity will always be, for them, the turning point of a hesitant waltz between protection and unveiling of self, between a past story and one to come, between dream and reality” (p. 190).

3. Closing Discussion

3.1. Stress Management in the Medical Field

The initial training of future physicians reports a high level of depression, varying between 20% and 50% (Brazeau et al., 2010; Colombat et al., 2011; Ishak et al., 2013; Llera & Durante, 2014; Rodrigues et al., 2012). It also appears that the educational environment is related to the students’ exhaustion (Brazeau et al., 2010; Llera & Durante, 2014). As stress and pressure appear to be a part of the physician’s professional environment, it seems important to support the future professional in their capacity to manage their stress and to adapt to unpredictable situations related to the profession. Our research findings suggest that this type of experiential learning is healing and emancipatory for participants on many levels. Shapiro, Schwartz and Bonner (1998) believe that the preparation for the role of physician must encompass many aspects, including “care of the personal well-being of students in training” (p. 592).

Unlike the medical culture in which the physician’s body is often mistreated by values of endurance and exceeding personal boundaries for the benefit of the profession, it is interesting to note, through our findings, to what extent the body plays a central and precious role in order to bring about a reversal. It appears as a way to access to the entirety of the individual for both the physician and the patient. The relation to the body seems to be the support upon which the individual’s transformation relies, like tectonic plates that modify the foundation of a person. The relation to the body is the stand upon which is built the internal identity of the person in training, all the while creating more health.

3.2. A Way to Cultivate a “Savoir-Être”

ASB training has allowed participants to be more in contact with their bodies while expanding their self-perception. For many, this training also contributed to a better balance between their minds and bodies and to building a “savoir-être” in their relationship with themselves and others. The “savoir-être” is defined as a state of serenity, calm and trust from which thoughts and actions arise. ASB could allow future physicians to consider the internal and emotional

world when acting personally and professionally. This “savoir-être” is the foundation of all useful competences for the profession, for example, the relational competence with other professionals and patients. Therefore, the profession could work in a way to unite the body and the mind as valued by somatic education approaches. Separation between the body and the mind and between reasoning and feeling seem expensive to maintain: “At worst, perpetuating the dichotomy between emotion and reason will be detrimental to students, practicing health professionals, and the profession itself” (McNaughton & LeBlanc, 2012: p. 96).

3.3. A Healthy Professional Identity Construction

As the awareness process evolves, the choice to prioritize internal corporal referents for one’s own life represents a walk towards an enriched life of well-being and freedom. An identity change established from one’s own self instead of only external elements builds the person. This identity supported by internal referents allows a better stability and a greater internal solidity on which the professional identity of the physician can take root. Mavor et al. (2014) provides a new outlook on the importance of identity within medicine students.

We agree that examining medical students’ identities is an important avenue for research and we propose to extend this further by suggesting that medical students’ identities are not only important for their professional development, but also play a significant role in their well-being (p. 353).

A personal identity built from inner bodily referents offers more freedom in their way of being in their life and allows them to be well along with being better informed of themselves upstream their professional role. For physicians, this construction of themselves acts as a shield against burnout. In fact, they don’t exclusively exist based on their professional identity anymore; a person exists upstream the professional. Furthermore, the quality of their well-being deepens the quality of their professional relationship.

Experiential learning of ASB creates multidimensional benefits for the participants. These experiential training could become an ingredient for the health of future physicians and for the overall population. Furthermore, it could also participate in the development of many roles included in the Can Meds of the Royal College of Physicians and Surgeons of Canada, including the roles of health promoter, professional, communicator and collaborator.

3.4. An Ethical Position

According to our research, ASB training has transformed the physician’s position within their profession. Many participants specifically mention the shift of position. They become a support, a person who accompanies patients in their process towards health. In that respect, the physician diagnoses the body, and they also support the body in its healing potential while accompanying the person in their quest for meaning around this period of their life.

A position recentered on the physician allows them to maintain their health capital and well-being and to be more available for others, and to encounter fewer obstacles related to their discomfort. This concept goes in the direction of the ethics of imperfection of Shapiro (2008) that suggests learning to deal with the discomfort related to human vulnerability, mistakes, and the uncertainty in order to experience a healthier relationship with the human reality. This new position is possible because the attentional capacity is turned towards oneself, through the body, bringing a better balance and dialog between the body and psyche. This internal position of presence to self becomes a responsibility towards oneself for one's own health and towards patients, the profession and the overall community.

We believe that this position is essential for actors in the health field, like physicians, and it becomes an ethical position in the sense that it becomes both a professional and a personal responsibility. It's an ethical movement from which can emerge a social engagement that imbues the social fabric. This process towards an internal identity is the path to an "internal sovereignty", sovereignty within the person, the profession, and the community. According to Goldmann (1966), a capacity to enter in the objectivity and consciousness of possibles without entering self-denial of our humanity, it prompts us to dive in our humanity to better extricate ourselves from our subjectivity tainted by our conditioning. As a matter of fact, it is necessary to enter our body subjectivity to navigate the process of disidentification and to fully appropriate our states and reactions in order to better understand ourselves and to free ourselves from them. The article of Wald (2015) and Holden et al. (2015) on the professional identity puts in perspective how this edification relies on many factors related to our research: connection to self and capacity for reflection, a predisposition of mind and heart, the deepening of an engagement with values, the quality of interpersonal relations and ethical foundations through the development of an internal compass that regulates the professional in their work.

4. Conclusion

A medical student chooses to devote many hours of training to science in order to acquire the knowledge necessary for their profession. It is a formative experience that exposes the students to suffering and death and sometimes weakens and confronts them to themselves without necessarily having the support and attention that would be essential to go through this busy, stressful and demanding life episode. ASB seem to be a practical tool to help establish more resilient conditions in this phase of their lives, while preserving their health.

ASB allowed participants to be present to their state, to establish a quality of being in themselves in order to be on the lookout for their perceptions, their emotions, their intuitions as well as their intellect to build a richer dialogue within themselves. These are all essential elements to enable future physicians to develop the art of practicing medicine. Thus, they could fully appropriate the

identity of a physician in their own right with their scientific and artistic dimension for the greater good of all.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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