

Studies on Fantasmical Anatomies

Anne Juren

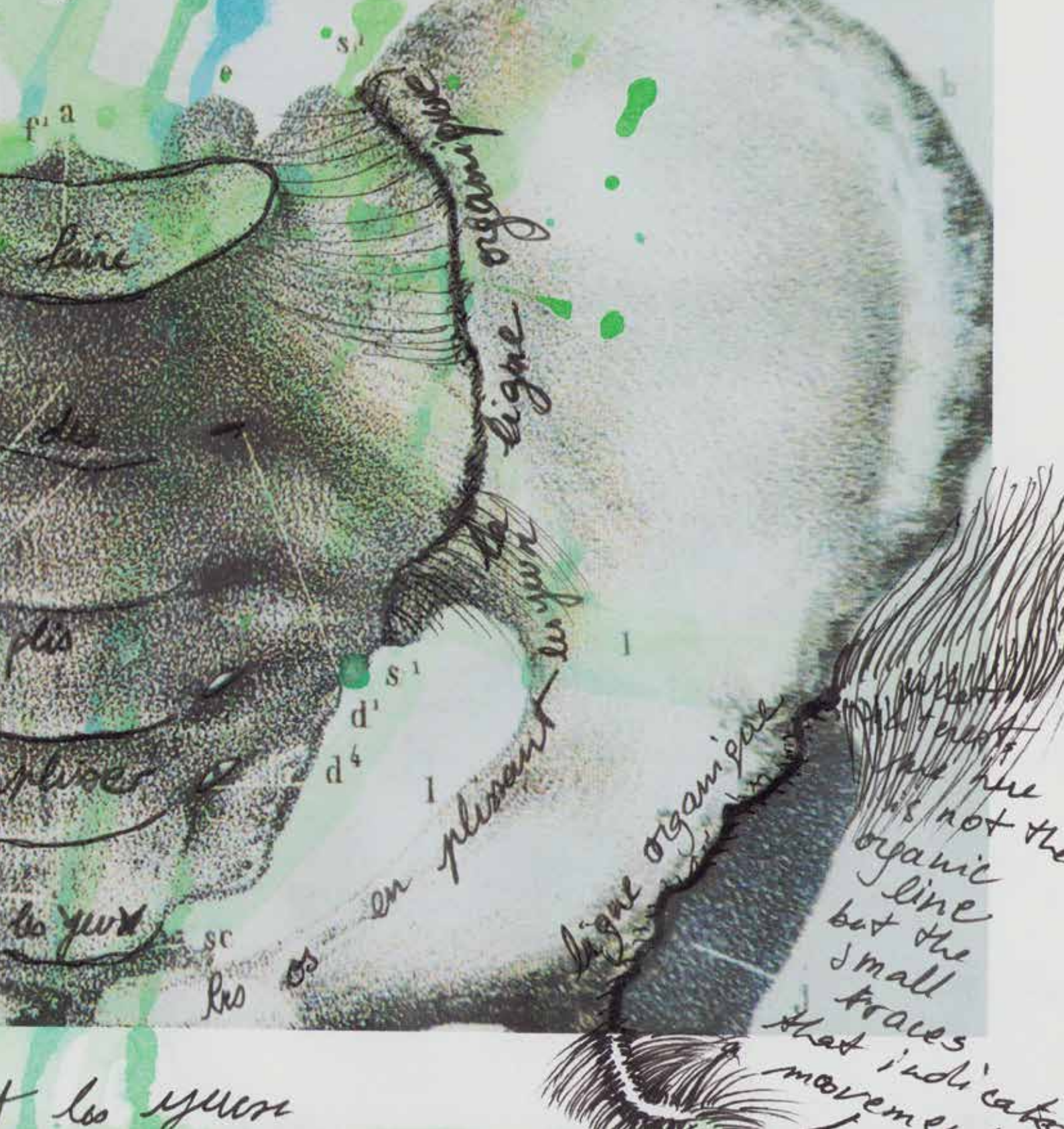
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in the
They have
different
origine



Faire des plis dans les os en plissant

all is present
petals even though
widely

Fig. 1.
Stories



thoughts are made from the brain, they are the activi
hard to know how you think about it
time to realize if you do the separation or not
and to elicit thought

... exactly where is a bit my problem / interest in terms of re
because you have some assumption, let's say there is no dichotomy b
in a way, it could be seen as an assumption
you could claim and say that's it!
in science you have to measure this
in art you can claim it
let's do it know

? : it's nice to talk about it
there are some questions that you don't have to answer scientifically
we would gain a lot to bring art and science together

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RADIOLOGIE LA MIOTTE - Dr ARHAN / VUILLARD BELFORT

... years to go, my main concern is like I
ask them to lie down and speak freely
It's like I am looking for some kind of
emotional state appears or where people
kind of moments, how you can survive
to find out how you can invent totally
post-human society/
person (?) the out body experience
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Studies on Fantasmical Anatomies

A Doctoral Thesis in Artistic Research




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OLOGIE LA MIOTTE - Dr ARHAN / VUILLARD BELFORT

I. *Studies on Fantasmical Anatomies*. A Doctoral Thesis in Artistic Research

1. Introduction

Studies on Fantasmical Anatomies is the title of my ongoing and transdisciplinary artistic research, which encompasses the spectrum of experiences and practices that I have developed as a choreographer, dancer and Feldenkrais practitioner.¹ Based on my artistic and therapeutic body-oriented work, the research addresses the relationship between the body, language, and the symptomatic within the choreographic realm and beyond it. By drawing on a wider array of fields of knowledge – medicine, psychoanalysis, the clinic, poetry and literature, and somatic practices – the research has expanded choreography towards disparate discourses, practices, and perceptions of the body. I have explored the various ways in which these discourses have not only mapped, fantasised, and (re-)invented the body, but also envisioned ways of treating it. At the core of my practice is an expansion of the Feldenkrais Method® from its initial somato-therapeutic goals into a “po(i)etic” address of the body. In my research, the “poe(i)tic” is both a written form and an activity, poetry and *poiesis*. Referring to the Ancient Greek *poiesis* (ποίησις), it denotes the bringing into being of something that did not exist before. By means of language, I produce displacements, collisions and associations in an attempt to generate movements, somatic responses and felt realities. Notions of Feldenkrais have shaped my choreographic work and, simultaneously and inversely, choreographic tools have come to inform my therapeutic treatments.² Unfolding an uncanny space of experimentation in the commonplace, I have formulated a set of methods and concepts that I use within my different body-related practices that – depending on the occasion – take the shape of sessions, lessons, seminars, performances, conferences, and workshops.³

As research that foremostly takes place within, between, and across bodies, *Studies on Fantasmical Anatomies* is always dialogical. It involves my voice, the sound of objects, haptic touch, and the touch of language entering bodies; the body of others and my own. At best, it takes place in a trans-interiority⁴ where the idiosyncratic poetics of singular bodies open up in the encounter. This requires care and time. It experiments with how verbal, sonic and kinaesthetic languages affect the body and how this can be used in choreographic and therapeutic contexts.

Studies of Fantasmical Anatomies are simultaneously a set of practices, a method and a place where the *corps fantasmé* is tangible. The bodies that are brought forth in lessons and sessions are what I call *Fantasmical Anatomies*. Equally fantasmical and bodily, these experiential entities call into question some of the dichotomies that undergird Western culture, such as representation and materiality, body and mind, idea and thing, fantasy and reality.⁵ I’m not interested in (re)defining what the body *is* or reaffirming the functional construction of the anatomical system. Following Rosi Braidotti, I rather want to emphasize that the body is an “assemblage of forces or flows, intensities, and passions that solidify in space and consolidate in time”.⁶ It is always paradoxical, a combination of transgressions, transferences, and movements. Bodies are porous surfaces with holes, cuts, marks; perforated and penetrated with openings everywhere. This is the reason I’m turning to the notion of anatomy – as an operation on the body – rather than the body. It is the treatment and clinical notion that matter here, not the definition of the body itself.

At the intersection of the therapeutic, the choreographic, the somatic, and the poe(i)tic, I have developed a number of body-orientated practices based on Feldenkrais’ use of language, imagination, and touch. Revisiting and subverting the formats of the Feldenkrais Method®’s private session *Functional Integration*® and group classes *Awareness Through Movement*®, I developed both one-on-one performances as well as performances for larger public settings: *Fantasmical Anatomies* sessions and lessons.⁷ In terms of theoretical input, my artistic research has been nurtured by a speculative-pragmatic interlocution with Lacanian psychoanalysis, posthuman, feminist, and queer philosophies, and *écriture féminine*.⁸ Ultimately, it is these transdisciplinary displacements and expansions that have allowed me to develop *Fantasmical Anatomies*.

2. From the Feldenkrais Method® to *Studies on Fantasmical Anatomies*

From the outset of the doctoral research, my interest in the Feldenkrais Method® lay beyond its therapeutic function. I approached it as a poetic machine that creates unexpected ways to relate to the body, creating the surprise of relationality within the individual, but also proposing new forms of agency and responsibility. When I first embarked upon my artistic research, I had just completed four years of training at the Feldenkrais Institute in Vienna and two years of intensive training with Jeremy Krauss in Tegernsee, Germany, focused on the work with children in need of additional support.

The Feldenkrais Method® focuses on awareness and bodily coordination to improve one's movement patterns. Using very simple but unusual actions, it explores qualitative aspects of motion, bringing forth the singularity of each individual's sensorimotor and perceptual experience. The method builds on the assumption that deeper differentiation, integration, and articulation of movement and expression may enable a dynamic and transformative process, which can affect one's body image and functional abilities. Moshé Feldenkrais, the founder of the method, used to say that movement is the vehicle of our relationship to the physical and social environment. Without doubt, my training as a Feldenkrais practitioner was a major turning point in my choreographic practice and research. My interest for the Feldenkrais Method® originated in the need to gain another form of attention for my body, which until that day had been trained in the context of dance and choreography. After four years training, I remember the intensity of lying down on the mat for hours and the level of exhaustion I felt sometimes when I entered the room full of mats on the floor. I realised how much effort it is to keep oneself functional, upright, or standing up and to experience the room, my body, and other present bodies lying down next to me. I am not sure if I followed all the lessons; sometimes I would float away, not completely sure whether my body was still responding to the instructions or not. I experimented with this effortlessness as a place of dispossession of my body, resisting the desire to be in control and fully functional. Encountering collective zones of *dérive* (drift), uncanniness, and unpredictability, on the one hand, and remaining aware and active, on the other hand, are the premises for the *Fantasmical Anatomies* lessons. Lying down – going from verticality to horizontality and withdrawing from uprightness – is the first choreographic movement.

The Feldenkrais Method® has two different practices and methodologies: a one-on-one session called *Functional Integration*® and the group lessons called *Awareness Through Movement*®. During a traditional class the patients are usually lying on the floor with closed eyes and attention turned towards their own sensations and perceptions. A specificity of teaching the *Awareness Through Movement*® lesson is that it doesn't involve any demonstration of movement; the teacher guides students through movement mostly by describing situations and directions. To me, this non-visual demonstration and use of language opened up many ways of addressing movement and the body. I practised one-on-one sessions in my studio in Vienna and transformed the *Awareness Through Movement*® lessons into choreographic lessons, which I later named *Fantasmical Anatomies* lessons. I performed a sort of displacement and distortion of the Feldenkrais Method®, implanting some of its principles, insights and methods in order to choreograph different experiences within and across bodies. The traditional Feldenkrais lesson usually contains concrete descriptions of bodily functions such as grasping, bending, or crawling. In my lessons, however, I rather address impossible or dysfunctional bodily behaviours. The textual support of my lessons is a collision of medical terminology, my own fantasies, and the voices of authors such as Anne Boyer, Hélène Cixous, and Monique Wittig that eminently address the female body.⁹ Movement patterns are fragmented.¹⁰ They lose or forget their functionality and direction.

During the *Fantasmical Anatomies* lessons, I use language not only to orient and direct the movement as in an *Awareness Through Movement*® lesson, but more specifically to evoke poetic and speculative ideas of the body. I am not only interested in the Feldenkrais Method® as a form of learning and therapeutic method, but more as a machine that generates collisions and aggregates.

There is a clear intention to propose disturbances of vision and make hallucinations, the erotic, and the phantasmagoric an integral part of a choreographic experience.

Pay attention to the inside of your left hip joint
Pay attention to the air that goes in through your right nostril
Pay attention to her big toe, his vulva, its arms
And pay attention to the right upper corner of the room
Now bring these things together
Closer
Relate them inside your navel¹¹

We do not perceive our own body or that of others without the ability to imagine, fantasise, or distort it. We are all anatomists. We cut our bodies. Our languages constantly create their own poetics. The poetic act of fragmenting and reconfiguring was already present in my understanding of the Feldenkrais Method®. I suspended it by resisting the desire for functional integration and letting previously unrelated things collide into new fantasmical anatomies.

away to the elsewhere / And you let me

3. The Dislocated Shoulder, Crises and Encounters

3.1. The Dislocated Shoulder

The first time I dislocated my left shoulder was in an accident in 2001. To grasp the complexity of this event and overcome the fear that it would happen again, I became obsessed with anatomy. Nevertheless, I kept dislocating it several times after that first accident. The last time was in 2014, as I had just started my PhD at UNIARTS. At the time, my arm was already living an independent life, detached from the rest of my body, and I couldn't fully understand its behaviour. I was intrigued by the phenomenon of dislocation. The incapacity to connect with my arm and the desire to retake possession of it led me to the study of anatomy.¹² I had to understand how I used my limbs, or rather how my limbs used and created me. I looked at shoulder joints, different bones, and muscles, and explored various anatomical drawings, terminologies and functions in an attempt to understand the embryological development of joints. After a while, I also investigated the multiple medical pathologies of shoulder joints as well as the current surgical possibilities and treatments. It was not only the start of a still-ongoing research into the anatomical, the medical, and the therapeutic, but also one of the reasons I became a Feldenkrais practitioner.

In retrospect, the shoulder dislocation functioned as a catalyst for this PhD. First, it seemed easy to locate the shoulder in the body. Anatomically, it is a complex joint, but the shoulder itself is a space, a no-thing. The shoulder is not a discrete thing, but it exists as a place of articulation. There is a dynamic movement here between the *existence* of a thing (i.e., the relations, meanings, representations that constitute it) and its *material* reality, which remains as a central tension in the *Fantasmical Anatomies* research and practices.

Secondly, my initial observation was that dislocation – supposedly pathological, accidental, and traumatic – divides the body and thereby takes it out of its “normal” state, in a way that creates a new body with a different agency. My experience of shoulder dislocation was symptomatic of a state of fragmentation, of fear, of loss of control, and of alienation vis-à-vis others and myself. As artistic research, my PhD process did not consist in moving from a passive state of suffering towards a reintegrated, functional body. Rather than coming to terms with the symptom as a form of resilience or recovery, I emphasised the point of rupture that questions, relocates, and reorients. This research has allowed me to artistically experiment with the potentials of dislocation, fragmentation, and falling apart as the starting point for a choreographic movement of disfiguration and reconfiguration of the body.

Etymologically, the word symptom comes from the Latin *sinthoma*, “symptom of a disease”, an alteration of the Greek *sympnoma*, “a happening, accident, disease”, with the stem *sympiptein*, “to befall, happen, coincide”. I became interested in the movement of falling that is inherent in the symptomatic, what I call a “falling together”. This “falling together” does not only occur in individual bodies; the symptom is a collective accident. In my research, the body itself is already always collective. Not only by the way in which a body is already always a constellation of many parts, but also with regards to how other bodies participate in it. This is also the reason why the notion of anatomy – and not of the body – is at the centre of my interests. The notion of the “body” often lends itself to misunderstandings and misrepresentations of a closed-off and singular unit. Instead, I acknowledge that the body is open to its environment and plural. Moreover, the “falling together” is the choreographic gesture by which I invite the audience to lay down on the floor at the beginning of a *Fantasmical Anatomies* lesson or session. This collective, accidental movement has no fixed form. However, it does create an echo in the audience-body, a body-event, just as the one I experienced with the dislocated shoulder.

During the course of the PhD research, a question that arose was how I could deal with the discomfort of my dislocated shoulder and let it remain a motor for my artistic practices. In *Staying with the Trouble*, Donna Haraway suggests that instead of trying to escape the troubles that we might encounter due to our messy, earthly entanglements (a form of escape that would be a mere techno fantasy), we rather need to cultivate

ethical response-abilities.¹³ In a similar way, by staying with my symptom, I've been interested in exploring therapeutic and artistic responses to symptoms that not merely try to erase or fix them, but rather reveal them in a way that allows for creative and poetic processes.

A symptom is not a fixed pathology with a stable diagnosis or healing procedure, it is rather something that trans-forms, dis-locates, and rearticulates itself permanently.¹⁴ This essentially dynamic and shape-shifting quality of a symptom is also reflected in the process of my artistic research. Like a symptom, the set of practices¹⁵ that I have developed functions much like an autopoietic system which creates and articulates itself constantly. This leads to the question: how can one possibly finish a research project that builds on an ongoing practice that constantly transforms itself? Where to start and where to stop a research that, just like the body, manifests itself incomplete with holes, gaps, mistakes, and inconsistency?

*Where to start, where to stop, how to be in touch, to stay in touch with a research that, just like my body, is constantly changing and moving, and is therefore constantly traversed by holes and cuts (no longer direct lines or points). The cuts become the commas.*¹⁶

3.2. Crises

During this process, I went through several crises at physical, psychological, and emotional levels. The years of my PhD (2015-2021) were marked by the intensity of socio-political movements,¹⁷ ecological disasters, and the still ongoing pandemic. Processing the complexity of these changes and attempting to situate myself within it, I worked with shifting perspectives and scales, between the bodily and the planetary, the personal and the socio-political, the *very too close* and the *very too far*. The last pair of notions plays with *proximal* and *distal*, two anatomical terms of location that address the different focuses and contacts during a treatment.¹⁸ While the proximal refers to body parts being near the centre, the distal indicates body parts being further away. With *very too*, I address the limit zone where a phenomenon – be it a gesture or a sensation – goes from being *very*, e.g. being emphasised or occurring in a high degree, to becoming *too* much, excessive, or overwhelming.

All the crises and troubling events shuffled, but also profoundly informed my research in unpredictable ways. Troubled by these different encounters, throughout the years I became the researcher, the object of research, the student, and the patient; the performing body in my work and research.

In January 2015, after having met three different surgeons – a French-speaking one in Grenoble, an English-speaking one in Stockholm, and a German-speaking one in Vienna – each proposing a different operation, I ended up having an arthroscopic surgery in Vienna. The arthroscopic surgery tightened the torn, overstretched tendons and ligaments of my shoulder. The different poetics of the three medical languages affected my body. Furthermore, the experience emphasised that even within European medicine there is no univocal response to a specific symptom. Tightening, compressing, and pulling the skin are dynamics present in the surgery I underwent, as well in my choreographic work. It makes me wonder how the research would have developed if I had undergone a different surgery, in another country, with another surgeon.

In June 2016, I underwent a crisis in my private life, another so-called *incident*¹⁹ – a radical cut that forced me to abandon some of my deeply held beliefs and preconceptions about how life is to be lived. Despite the radicality, the new paradigms which emerged remained invisible, not expressed in any social realm. At that time, I started to follow the work and teachings of François Combeau, a Feldenkrais practitioner and teacher who in his courses elaborates on the notion of “non-expression of movement”. The “non-expression of movement” describes invisible radical neurological changes that act without expressing any movement. From that movement of transformation that disfigured, but also powerfully reconfigured the conditions of my life, I started to approach *Fantasmical Anatomies* as non-expressed and non-visual forms of actions and agencies; as underworlds of untranslated languages.²⁰

In September 2017, I started psychotherapy with a neo-Freudian analyst, but stopped a few months later. In September 2019, I began a psychoanalysis, which I am still continuing.²¹ Being in analysis put me in touch with psychoanalytic theory, something which was already extraordinarily present in my childhood, as my mother is Lacanian and my father is a psychologist. Without doubt, being in psychoanalysis and reading Lacan with my mother equally influenced the research and the practices that I have developed. Even if I have started to study Lacan and psychoanalytic theory more thoroughly, I nevertheless want to emphasise that I encountered psychoanalytic discourse from the position of an analysand and as a child growing up with parents speaking Lacanian. This means that I encountered psychoanalysis both as an embodied analytical practice and as a maternal element, or even a mother tongue. In my research, I call this the *L'Effet-Mère*, *L'Éphémère*, *The Ephemeral*.²²

3.3. Encounters

My research was not done from an outsider's perspective or in isolation. It met audiences, peers, and patients who all informed it deeply. I regularly opened it up to the public through performative actions, seminars, and workshops.²³ I met with people from various fields – fellow artistic researchers, choreographers, therapists (osteopaths, psychoanalysts, somatic practitioners), anthropologists, neuroscientists, as well as healers from non-European contexts.²⁴ I invited into the research languages and procedures which address different concepts of the body and of health, each conditioned by their surrounding cultures and ethics. I observed therapists at work and conducted interviews. At other times, I collaborated and exchanged views on therapy, ethics, and methodologies. Many of these people remain collaborators or friends. Some encounters were ephemeral or personal, often not spectacular, but always rich, insightful, and intense. It kept my research vulnerable, intimate, and always dislocated.

*What does it mean to be in movement, together, on earth; to be a living organism, an agent in a world with or without pain? How to operate, move, think and sense across bodies in the continuum and community of the living?*²⁵

The work with my Feldenkrais patients is also crucial to the research. In the therapeutic set-up, my responsibilities demand a different relationship than those I have with peers or audiences. Together with my patients, I encountered various troubles, illnesses, and symptoms which we had to face and treat. Working with them generated many questions regarding the status of somatic therapies in relation to both poetry, creation, and ethics. First, to me, there is something fundamentally poetic to be found in the way that patients and therapists alike speak about their bodies and symptoms. More importantly, addressing bodies and symptoms through language produces certain effects and cuts. Therefore, not only the act of touching, but also the question of when to speak and what to say during a treatment raises utterly ethical questions. Secondly, I tend to emphasise the poetic moments in conversations with patients, but while acknowledging the power of language, I have to navigate how long, far, and intensively we can go in this poetic drift. Thirdly, given that my therapeutic experience intertwines with my artistic research, I have to negotiate how and to what extent I can incorporate the role of my patients as collaborators.

I am part of a network, interconnected with many people, their issues, and their struggles. I am placing myself in the lineage of artists, choreographers, and practitioners, people who have come before me, who have thought, written, taught, and performed in ways that have created a basis for what I do today.²⁶ At the same time, I do these practices from my own position with the knowledge and experiments I have gathered and encountered.



What helped me to continue?

*Disconnection, stress, time,
dilemma, discontinuity, alterity
misunderstandings and
many mistakes*

*Appetite for more, no clear answers, dissolution as often as possible,
uncanniness, no truth, sadness
but no melancholy, absolute
trust on the crown, shyness of trees,
follow the water*

*Be on the alert like an animal, embrace paradoxes
not always following my emotional state but cultivating my angriness
and disagreement*

Nothingness and no consistency²⁷

*Ligamentum
Flavum*

*Root of
vertebral
arch
divided*

*Lamina
of
vertebra*

*transverse
process*

parfois juste un versant de montagne

4. On Studies, Anatomy and the Fantasmical

4.1. On Studies

The use of the word “study” underlines a wide range of realities, from a topically and temporally limited research to an unfinished drawing. It can name both a finished research project and an experimental, preliminary outline. To study something is to investigate it in detail, to look at it both closely and with distance, to devote time, attention, and care. It is not foremostly about finding solutions to a problem or answers to a question, but rather about countering the desire to control and direct it; discovering knowledge without possessing it. Study is a practice.

From the outset of this PhD in artistic research, I took the word practice seriously. I studied anatomy books and literature, but the process happened essentially through body-oriented practices and encounters. I was drawn to the research of other artists who also work at the intersection of art and therapy, notably Brazilian artist Lygia Clark. In Rio de Janeiro, I met two practitioners that both had worked with Clark: Lula Wanderley, an artist who studied medicine, and Gina Ferreirais, a psychologist and specialist in social psychiatry. They invited me to spend a day with them at the *Museo de Imagem do Inconsciente* at the Psychiatric Centre of Rio de Janeiro, in which Clark used to work. On this day, Lula was teaching some of his psychology students and he asked me if I could present my work as well. It was an exchange of our different practices in which he and I could explain and compare how we work with patients. We focused on the difference between a person with schizophrenia and a person with autism. At the centre of this conversation was the place of the imagination and different imaginative systems that we, as artists and therapists, develop to get in touch with people with other mental abilities and realities. Study is a journey.

At this point, I also realized that my writings, as well as my practices, oscillate between three languages: German, French and English. Three languages that I live and work in, but do not fully master, as I rarely use French in the work. Since my studio is located in Vienna, I have mostly German-speaking Feldenkrais patients. *Poèmes patients (Patient Poems)* are texts – often written in German – before, during or after sessions. I transform my notes into poems, short verses in which grammatical mistakes, misspellings or unusual word choices can be integrated. At times, these appear like serendipitous moments expressing something that I might not have intended to write in the first place. This semantic detour often comes closer to an adequate account of the case than a straightforward, explicatory patient journal.²⁸

Being a transdisciplinary researcher means to accept always being in translation. A whole world of ethics, hospitality, and tolerance is inscribed in the act of translating. Translating is trying to inhabit the language of the other in order to understand, before seeking a functional analogue in the system of one’s own language. This implies “experiencing” otherness, accepting to be foreign. Being in translation, being never in one’s own language, but always in many, is a fundamental aspect – if not the central practice – of *Studies on Fantasmical Anatomies*.

The texts that I have been writing as part of the studies are transformed into *Fantasmical Anatomies* lessons.²⁹ For instance, my essay “Gravity” became a lesson on the desire for symmetry and *Plastering the Skin* became a lesson on the skin. My notebooks contain anatomical drawings with legends similar to those found in an atlas, as well as fragments of texts, small quotations, sudden thoughts in the form of aphorisms, unfinished poems, lists, and excerpts of letters from my mother.

The word study also describes a room, a place devoted to studying. A lot of my research took place in my studio in Vienna, where I experimented, received Feldenkrais patients, and met with different collaborators. The studio itself became an integral part of my studies, transferred into public venues (theatre, museum, galleries, etc). It became a performative installation, a *décor* with various performers, materials, and objects. The books of my *Fantasmical Anatomies* library and the content of the *Fantasmical Anatomies Boxes* are

part of the treatments.³⁰ To a certain degree, everything and everyone who entered the studio became a collaborator, a participant, a specific voice. My *Studies* address the fact that studying is an endless process that never happens alone.

4.2. On Anatomy

4.2.1. Anatomy as Dissection

Derived from the Greek *anatome* (*aná*, “up”, and *témnō*, “I cut”), anatomy developed as a practice of dissection; the fragmentation, amputation, and dismantlement of the body. As a field of biology, anatomy is the scientific study of the structure of organisms, including their systems, organs, and tissues. Cultivating an art of cutting bodies, anatomy gives rise to problematic encounters between the living and the dead, humans and non-humans, the organic and the inorganic, the inner and the outer.

Anatomy is also a “public thing”, captured in representations, ideologies, intrigues, religions, and rituals.³¹ As a practice, it involves cutting into bodies, studying their interiors, and making visualisations of what is inside. When the body was opened, it was as new territories in which the scientist defined rules and categories.³² The “culture of dissection” marks the beginnings of what Michel Foucault has analysed in terms of a surveillance of the body within regimes of judgment and punishment, as well as an early crystallisation of the modern Western sense of interiority.³³ Western societies perfected a conception of the body as an impenetrable “protective shield”,³⁴ preserving the body from any possibility of fragmentation, dislocation, and disorientation.

The sense of interiority and enclosure of the body as described above has been challenged by the field of bodywork,³⁵ somatic practices, and Experiential Anatomy.³⁶ Here, “somatic” is the field of study of the body through the first-person experiential perspective. Thomas Hanna – a philosopher and somatic educator – uses “soma” to designate the “experienced” body in contrast to the objectified body or the Cartesian body as a *res extensa*. Within somatic practices, the body and mind are not separated substances but experienced as a whole.³⁷ The somatic does not pretend to restore a so-called natural or original body, but rather contributes to the reorganisation of the diversity and heterogeneity of what we call the body; a body that is intrinsically in relation to the environments it inhabits.³⁸

4.2.2. Anatomy as a Disfiguring and Reconfiguring Practice

Anatomy is practically and epistemologically often represented as something fixed and objective. However, the body can never be thought of in a bound, essentialist way; it is plural and always in contact with other entities that affect it. Anatomy remains a science full of holes, misinterpretation, blind spots, omissions, false affirmations, imperatives for the body, and desires for governance. While studying anatomical representations from different atlases,³⁹ I have been confronted with notions of hierarchy, privilege and inequality, for instance in the way that anatomy often reflects stereotypical representations of the sovereign, national and ethnic body. Well aware of the problematic ideologies inscribed in such anatomies and their claim to represent *the* body, I have essentially been researching anatomy as a disconfiguring practice and a dismantling process.

Anatomy is a platform of discoveries. For instance, anatomists “discovered” (and thereby also invented) the clitoris in the 16th century.⁴⁰ More recently, doctors and researchers have found new secretive organs in the centre of our head.⁴¹ Other recent studies show that the endocrine glands are not only present in certain organs but in fact everywhere, in our cells, skin, and fat.

Anatomy is a reconfiguring practice. It arranges elements in patterns or forms that compose hierarchical, sensorial, or fluid orders. Anatomy offers a platform for reconfiguration which allows for an understanding and questioning of commonplaces about bodies. A practice and a concept in equal measure, *Fantasmical*

Anatomies propose a platform for expanded anatomies and different ways of operating in the world. They trouble conventional categorisation, which usually proceeds through systems,⁴² anatomical body planes,⁴³ and delimitations of the inner/outer body.

4.3. On the Fantasmical

“Fantasmical” is an invented word combining fantasy, the *fantasme*,⁴⁴ and phantasmagoria. The word “fantasy” comes from the Greek *phantasma*, which means apparition, ghost, or visual hallucination. It is derived from *phainein*, “to make visible, to make shine”, which also means “the ability to imagine”. As mentioned above, the potential of the imagination is central to the Feldenkrais Method®. Moshe Feldenkrais often asked his participants to imagine the movement instead of doing it. “Phantasmagoria” is a sequence of seen or imagined images, like those seen in a dream.

In *Fantasmical Anatomies*, I intentionally propose phantasmagoric misrepresentations, disturbances of vision, and erotic sensorialities as an integral part of a choreographic experience and expansion of the body. The concept of fantasy is central to psychoanalysis.⁴⁵ Freud’s recognition that traumatic memories are sometimes the product of fantasy rather than traces of real events does not imply that fantasy is opposed to reality. Rather than seeing fantasy as a purely illusory production of imagination which stands in the way of a correct and objective perception of reality, it acknowledges that reality itself is not a given, but always discursively and imaginatively constructed.⁴⁶

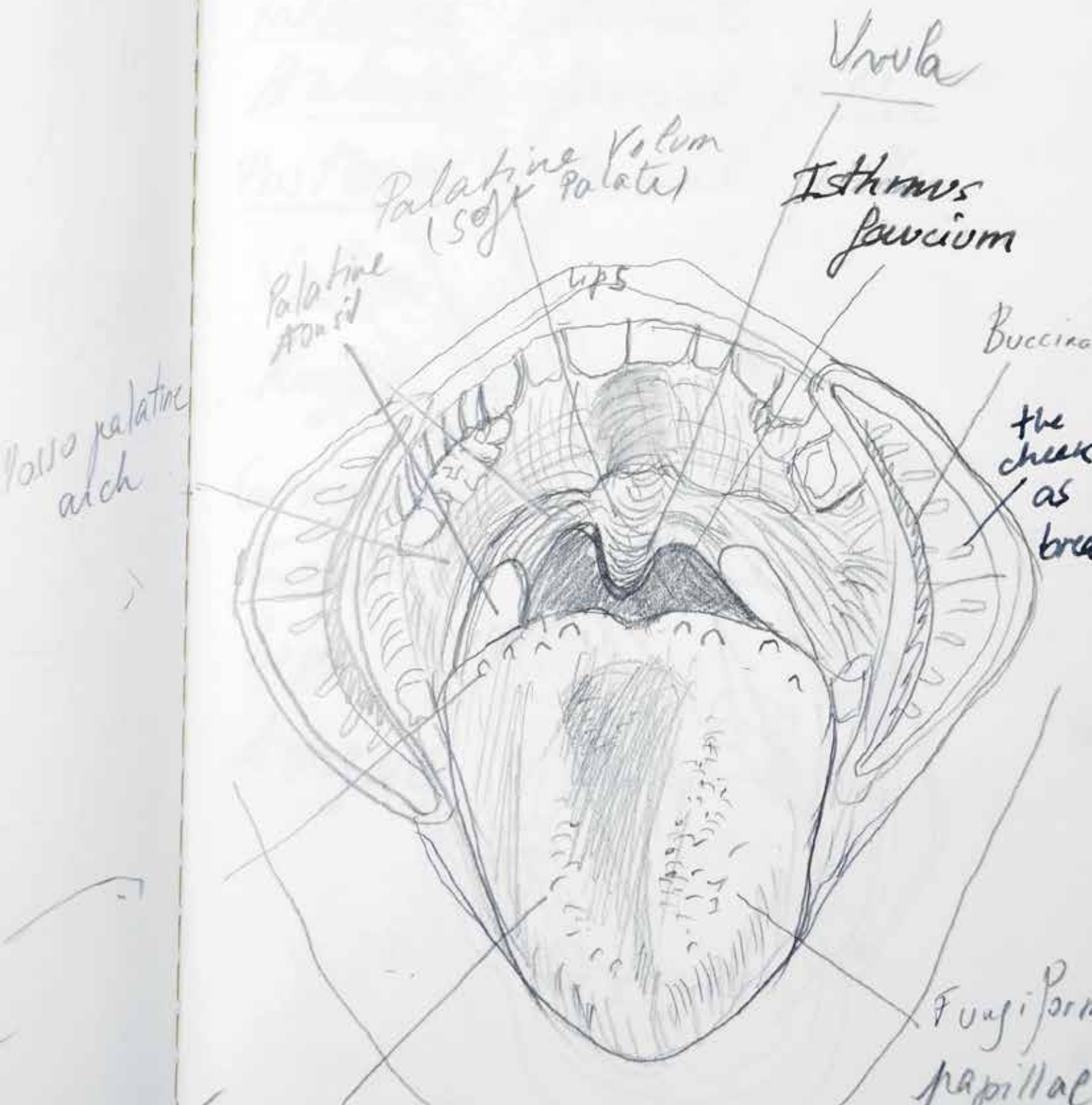
Stemming from the same etymology, the phantom limb – the sensation that a missing, amputated, or denerated limb is still present – is a striking example of body misperception in a clinical environment.⁴⁷ This phenomena shows the ambivalence between tangible presence and absence, between bodily sensations and the visual, opening up a wide field of experimentation in medical, neuroscientific, and artistic contexts. Phantom limbs show that the material lack of a body part cannot be understood in terms of pure lack or absence. Through imagination and the nervous memory, the phantom limb is sensorially present and responsive.

In a similar way, *Fantasmical Anatomies* are not an idealized version of a deficient, vulnerable, and perishable body. Addressing fantasmical body parts creates phantom limbs that are felt as concrete as pieces of bone. Language is used as a phantom limb. As a somatic practitioner I know that by focusing on one body part – fictional or real – it comes into existence and starts to expand.⁴⁸ By paying attention to the back of your head, it expands, and one starts to sense and locate it.

Fantasmical Anatomies is a collective place. Beyond individual fantasy, there are collective types of fantasies. To borrow a term from Félix Guattari, these are transitional fanstasms (*fantasmes transitionnels*),⁴⁹ collective formations of the imagination, specific to moments in which social and collective foundations are altered. From here, another question arises: what are the possible oscillations between fictions and realities, between imagination and materialities? What are the expansions and actions associated with these fantasmical realities? What actions and agencies are possible within this entanglement of events that affect perception and alter our collective structures?

your pubic bones were particularly

The mouth cavity.
 The cheeks have been
 slit transversely and the
 tongue pulled forward



helpful / Je me suis agrippée à ces

slightly
gifted
more

"Dissected skull
Bones of the skull
and face separated
then re-assembled
slightly apart from
each other

show
their
relationship
and

strips

with their
neighboring
bones.

multiples prises de corps sur lesquelles

II. Index of Practices

1. *Fantasmical Anatomies Sessions*
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8. *Symptom Pieces*, public sessions with bodies in treatment
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 - a. *Collective Lessons*
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 - d. *Symptom Workshops*

Since 2014, I have had patients coming to my studio on Pernerstorfergasse 5 in Vienna for Feldenkrais one-on-one sessions. My artistic works developed alongside this therapeutic practice. People arrived in my studio after an accident, with an illness, or with physical pain. I often asked them to bring their IRM, scans, and medical diagnoses. The expectation to get better, to be healed is present in a session. The Feldenkrais one-on-one session known as *Functional Integration*® uses touch and language. It is concerned with the body's singular function and the integration of new variations of possibilities of movement. It opens up ways of doing and promises an ever-expanding sense of agency. Feldenkrais lessons – *Awareness Through Movement*® – take place with the teacher talking to students while they are lying down; they address common aspects of the body's functions.

The *Fantasmical Anatomies* are the result of my encounters with the Feldenkrais Method®, readings ranging from écriture *feminine* to medical revues, and symptoms I treated with my Feldenkrais patients. Furthermore, they draw on the various somatic practices that I explored during the PhD research such as Body-Mind Centering,⁵⁰ Continuum Movement,⁵¹ autogenic training⁵², and osteopathy. These approaches not only broadened my understanding of anatomy, but also of therapeutic procedures and the different uses of language for the body. The sessions and the lessons follow certain procedures that are typical of the Feldenkrais Method®, but often operate with free associations and a poetic use of language, an approach which allows the patient/listener to maintain a sense of reality while enabling a certain form of detachment and poetic association.

In the research, I am less interested in the efficiency of the movement as such. Unlike a conventional medical treatment, I resist the associations of diagnosis or prognosis. The *Fantasmical Anatomies* sessions are structured like *Functional Integration*®, but contrary to the Feldenkrais Method®, they do not aim for integration or functionality of the body. Indeed, I try to avoid the terms *function* and *functionality*, which are central to the Feldenkrais Method®. Instead, I treat different parts of the body with the dynamics of desire, be it singularly named (in the sessions) or presumably shared (in the lessons). As an example, there is a lesson in which the spine “hangs from”⁵³ the desire to see. Desire is a loaded word. It conveys the implication of a continuous force, a propelling movement *towards* something. This movement is essential to the corporeal and sensorial experiences that the *Fantasmical Anatomies* sessions and lessons propose.

1. *Fantasmical Anatomies* Sessions

The sessions were developed together with people under various forms and agreements:

- Feldenkrais patients, whose symptoms I treated (therapeutic relationship)
- Feldenkrais patients who became artistic collaborators and co-researched poetic expansions that might respond to their symptoms (from therapeutic relationship to artistic collaboration)
- Artist peers who offered me their symptoms as material for my research (artistic collaboration)
- Piece patient: a choreographer brought the piece he was creating. Through his body, the piece became the patient of the session

Some of these sessions were then turned into *Fantasmical Anatomies* lessons and presented in the contexts of theatres or museums. Other sessions, in which the patients agreed to become performers, were staged again in front of audiences.

2. *Fantasmical Anatomies* Lessons

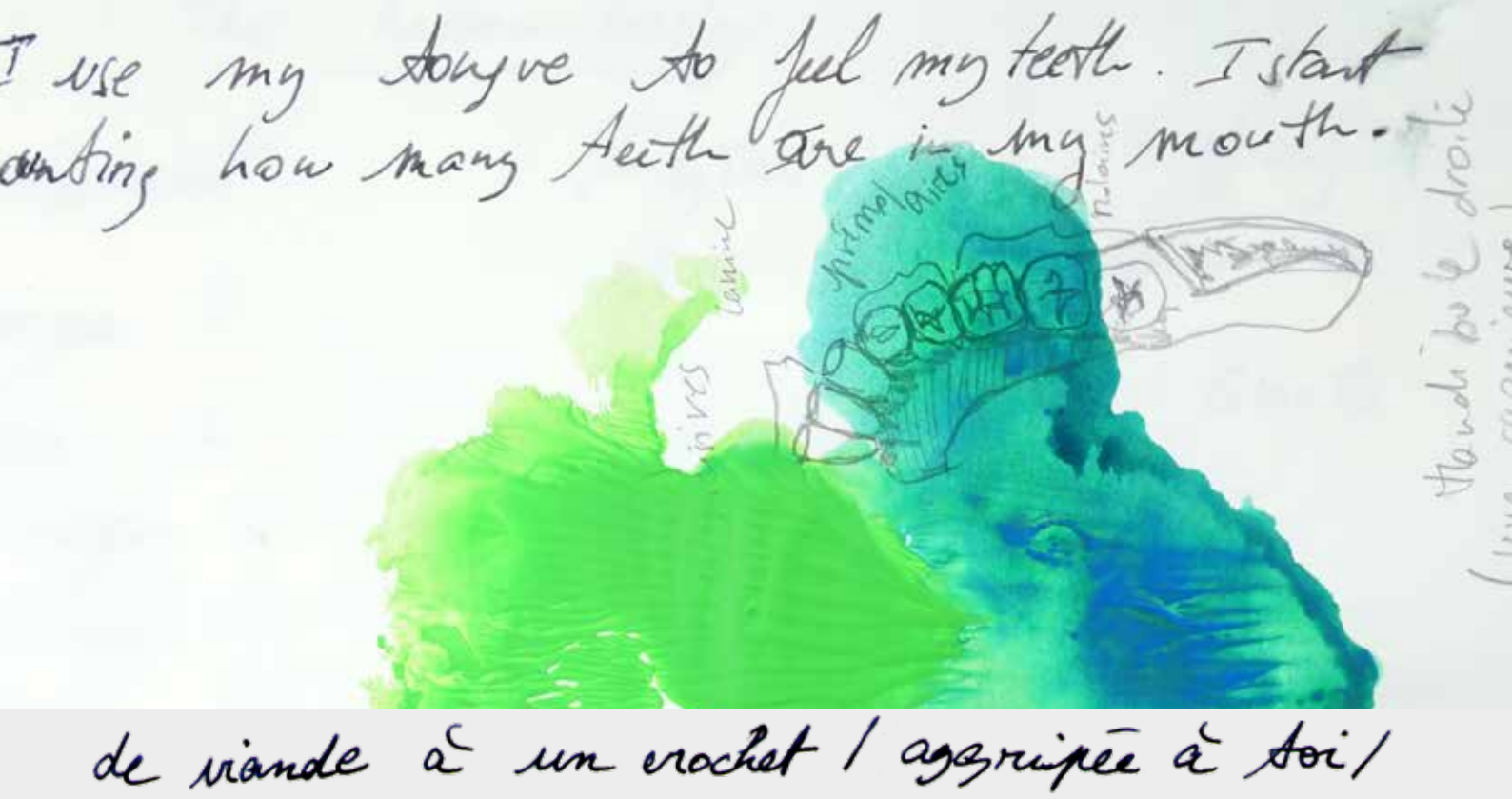
The *Fantasmical Anatomies* lessons are an ongoing collection of choreographic lessons that I have developed in relation to corporeal, therapeutic, and anatomical concerns. The lessons differ from one-on-one sessions; they take place in public contexts and address a group of people instead of an individual.⁵⁴ The participants are invited to lie down on a more or less comfortable mattress and to close their eyes if they feel like it. Extending the format of *Awareness Through Movement*® as practiced in the Feldenkrais Method®, *Fantasmical Anatomies* lessons suggest dysfunctional relations and speculative actions of the body using poetic and scientific-anatomical language. The instructions can be taken in, but also rejected. Each lesson is given live and sometimes my voice is accompanied by the sound of objects. The objects and materials used are later collected and kept in a *Fantasmical Anatomies* box carrying the same name as the lesson.

Ways of rejecting the proposal inside a lesson:

Invent an avatar, think of something, fall asleep, leave the place, pay a small amount of attention.

Go inside the liver, go to the place you love and from there get into your liver, give a small amount of attention to the liver's whisper.

Take up the right to non-expression of the movement, the right to dériver (drift), the right to disappear, the right to be gone.⁵⁵



3. *Fantasmical Anatomies Lessons and Studies*

At some point of the research, I wanted to examine the limits and overlaps of the academic, therapeutic and art contexts in which I was presenting my work and conducting my research. I therefore organised a platform in which these three different worlds could interfere or learn from each other. *Fantasmical Anatomies Lessons and Studies* was a series of events that I organised in three different venues in 2018: at the Impulstanz Festival in Vienna, at the Black Box Theater in Oslo, and at the Tanzquartier in Vienna. I presented a series of *Fantasmical Anatomies* lessons, invited lecturers, and organised talks.⁵⁶ Moreover, I invited participants from the audience for a one-on-one session in a theatrical space, focusing on a topic relating to a specific body part that they could propose themselves. For the duration of each event, elements from my studio in Vienna – books, drawings, sculptures, the working table, a skeleton, and curtains – were transferred to the museum or theatre. The recreation of the site in which my work takes place in private on a daily basis into a public installation was an important feature.

Impulstanz Festival, Vienna July 23–31, 2018:

July 23, From *Awareness Through Movement®* to the *Fantasmical Anatomies Lesson*

July 25, Lesson #1, *The Body. Desire for Symmetry*

July 27, Lesson #2, *The Tongue. Desire for Language*

July 29, Lesson #3, *The Sexual Organs*

July 31, Lesson #4, *The Mouth. Cannibal Desire*

Black Box Theater, Oslo, October 7, 2018 (as part of *Waiting for the Sun*, an event that focused on peculiar listening and hearing experiences):

21:30-22:15, Lesson #2, *The Tongue. Desire for Language*

22:15-23:30, Readings and talks in my studio

01:00-01:45 & 03:00-03:45, *Anatomies Far Away* (radio)

02:00-04:00, Readings in my studio and talks

06:00-06:45, Lesson #1, *The Body. Desire for Symmetry*

Tanzquartier, Vienna, November 5–8, 2018:

Nov 5, *Die Zunge. Verlangen nach Sprache*

Nov 6, *Die Schultern. Verlangen nach Symmetrie*

Nov 7, *Die Haut. Verlangen nach einer Hülle*

Nov 8, *Die Sexualorgane*

Nov 9, *Das Auge. Verlangen zu sehen*

4. *Poèmes patients (Patient Poems) and Symptom Poems*

When I use the term “patient”, it is not so much about the patient “suffering” (as the etymology suggests), but rather about the notion of patience. The patients are the ones who are patient with me. Together, we listen with patience. It is a shared practice. We patiently suspend time, in the same space.

Composed from notes that I take during the sessions, the *Patient Poems* elucidate what happened. They name the body and medical terms. They deviate from the objective tone of a medico-scientific report as they include emotional, subjective, and ambivalent accounts. The particular relationship to language at work when one thinks, feels, and imagines the body put to work in the treatment is not consistent. It is cut, full of holes, omissions, gaps, and blind spots. Unlike a conventional medical or psychological procedure, I resist formulating a diagnosis or prognosis. Instead, I listen to the patients’ words as poetic declarations. I use analytic methods to arrive at a place where analysis disappears. Attempting to grasp the enigmatic aspect intrinsic to the session, each *Patient Poem* refers to the lived experience and the *dérives* (drifts) embedded in the situation. The *Patient Poems* point towards the difficulty to render in a written form something that is situated within the elusive realm of affect and experience.

Agrippée à toi / J'ai senti mes doigts crispés

The *Symptom Poems* are literary texts: a delirium on a symptom, lists of pathologies, a proliferation of symptoms in form of lists, prose, or verse.

5. *Sensorial Transference*

In psychoanalysis, the term “transference” refers to the analysand’s relationship to the analyst as it develops during treatment. The positive value of such a transference lies in the fact that it provides a way for the analysand to be confronted with the earlier relationship with the force of the immediacy of the present. Freud introduced the term transference in his explanation as to why the treatment had failed in the Dora case.⁵⁷ Writing in German, he used the word *Übertragung* which literally suggests the activity of carrying (*tragen*) something over (*über*), but also to translate, to transfer.

My interest lies in the phenomenon of transference itself: the potentiality to carry something from one body to another, to translate things from one body to another, and the possibility of imagining, sensing, and thinking from another body’s perspective. *Sensorial Transference* is a session, during which two or more patients are invited to take part in the sensorial and bodily experience of another. One person becomes a representative for all bodies present in the space and receives a treatment. The others lie next to the table and receive the treatment by proxy. I also developed this form for smaller groups, in which the treatment addresses individual issues and historicities of the people involved, through the one body I directly work with.

I started to experiment with *Sensorial Transference* in 2017. For my 80% seminar at UNIARTS, I re-enacted a *Sensorial Transference* session. It demonstrated how a session is constructed, rehearsed, and performed and how it can be received or rejected by sensorial, affective-imaginative, and choreographic means. The seminar participants could observe the session as an integral component of the overall treatment; it was addressed to them as well. Ideally, these artistic strategies and aesthetic experiences function as a catalyst for perceiving bodies from multiple, situated perspectives.

6. *L’Effet-Mère, l’Éphémère, the Ephemeral*

L’Effet-Mère, l’Éphémère, the Ephemeral addresses intimacy, proximity, and familiarity. It addresses things that are sometimes too close to be entirely rejected or fully digested.

L’Effet-Mère, l’Éphémère, the Ephemeral is about the maternal and mother tongues, which for me is intrinsically linked to psychoanalysis. The Real, the Imaginary and the Symbolic were terms present in my childhood. My mother is a Lacanian. My father, also a Lacanian, is a psychologist working with children in an IME (Institut Médico-Éducatif). At the age of twenty, I also studied psychology for two years, before quitting in disagreement. When I injured myself, my father would tell me “*Ton corps a parlé! (Your body has spoken!)*”. It was probably to let me understand that things do not come by chance, but I encountered it more as a metaphysical language that operates within us and which might require analysis. Perhaps the present research is partially a result of this discourse, an attempt to understand the logic of this speaking body. As a kid, I rejected this psychoanalytic discourse, but it without doubt influenced me and the way I think. For me, psychoanalysis is a familiar language, a sort of mother tongue.

I involved my mother in the research by reading the seminars of Jacques Lacan with her. I asked her to study the psychoanalytical use of language in one of his last seminars, *Le moment de conclure*. The reading sessions took place between October 2015 and March 2018 in my studio in Vienna. They were sometimes recorded and the audio files will be presented in the Research Catalogue. As a practice, *L’Effet-Mère, l’Éphémère, the Ephemeral* was never a face-to-face encounter. It needed the book as a “third object”. It opened up many moments of *dérives* (drifts) and delirium. As a witness, the recording devices allowed for a more external perspective and thereby the possibility of gaining a certain distance to our dialogue in order to digest it.

7. Telepathic Treatments

L'Effet-Mère treats the *proximal* whereas the *Telepathic Treatment* deals with the *distal*.⁵⁸ In 2017, I gave a streamed *Fantasmical Anatomies* lesson called *The Far Away Version*, in which I addressed the bodies of the participants in an art gallery in Copenhagen from my hotel room in Phnom Penh.⁵⁹

I was in Beirut, and you were in Stockholm.

I was in Phnom Penh, and you were in Copenhagen.

I imagine you there. What does it change if I am here with you or far away?

The voice is an avatar that can travel without our bodies.

*Language is a prosthesis that extends our bodies.*⁶⁰

During the Covid-19 lockdown, I experimented with further possibilities of proposing and receiving long-distance *Fantasmical Anatomies* treatments. As part of the online Feldenkrais international conference *Practices of Freedom* in 2020, I gave a session for an imagined body, sensorially transferred to the conference participants via Zoom. Throughout this period, I also developed combined artistic and therapeutic *Telepathic Sessions* in collaboration with practitioners living in Vienna and Berlin, where we experimented on each other with distant, sometimes voiceless sessions.

8. Symptom Pieces

The ongoing performance work *Symptom Pieces* are *Sensorial Transference* sessions addressed to a specific person's body, focusing on the particular position it represents and aimed at resonating in all bodies present in the space. The treated body, as representative of a collectively inhabited position, is understood as a symptom of this position.

I created the following public *Fantasmical Anatomies* sessions for specific symptoms:

Body of a Woman Artist of the 70s, with Valie Export at mumok, Vienna, January 2018

Object Husband, with Roland Rauschmeier at the Kunsthalle Wien, October 2019 and at 12.-Februar-Platz, Vienna, July 2020.

Object Friend, with Krõõt Juurak at the Zirkuswiese in Alterlaa, Vienna, July 2020.

9. Chromopoems

Chromopoems – one of my more recent practices – are writings restituted in coloured lights. Composed out of poems, interviews, and lessons, the textual material is transformed into the colours of 32 theatrical lights, which translate the letters of a text or the sound signals of recorded readings. Like a one-on-one session, the resulting light composition directly addresses the body of one spectator lying down, alone, in the middle of the space. Each written letter, each read sound is translated into a coloured theatrical light following Piet Devos' synaesthesia alphabet.⁶¹ The electricity acts on its own. Generating a world of sensorial distortions, it allows the person to receive and interpret the poem sensorially through light and rhythm, rather than just "reading" its words.

10. Fantasmical Anatomies workshops

Throughout my research, I guided several workshops in art universities and other contexts. Here is a short description of the different workshops derived from my artistic practices:

a. Collective Lessons

*Collective Lessons*⁶² is a series of workshops that involves studies on anatomies and collective writings. It is conceived and conducted as a *Fantasmical Anatomies* lesson by several participants. Each participant is invited to write a small text on a body part that they have chosen beforehand. The text paragraphs are put together in a collective lesson and performed live for the group.

For several *Collective Lessons* workshops, I proposed to navigate through parts of the different gendered sexual organs; from the ovaries to the perineum, from the perineum to the testicle, from the testicle to the scrotum, from the scrotum to the prostate, from the prostate to the urethra, from the urethra to the labia, from the labia to the uterus. Anatomy is a hard science, a societal governance which proposes and maintains a division of genders. Nevertheless, there exist some (often undermined) representations of intersex anatomies in the history of anatomy, for example in Gaspard Bauphin's 16th century illustration *Hermaphroditorium Natura*. The workshop tackles the task of collectively working on *trans-anatomies*.

b. Plastering the Skin

Between 2017 and 2019, I led several choreographic workshops entitled *Plastering the Skin*.⁶³ I proposed to think about the act of plastering – making a plaster cast, as a doctor would – as an artistic strategy, in order to examine the ambivalent relationship between the exterior and the interior of the body. Put differently, I wanted to question what we see as the contours and boundaries of our bodies. The workshop also served to investigate methods for imagining the skin as a part of the body that disposes a logic in its own right.

Like other bodily surfaces and folds, skin exposes bodies to other bodies. My investigation of the skin's other functions goes beyond the predominant understanding of skin as an envelope encasing the body. *Plastering the Skin* offers a corporeal and sensorial experience in which the "envelope-skin" is made palpable in its manifold layers and qualities. During the process of plastering, the surface is detached from the physical materiality of the body and becomes an abstract object in itself – a skin-object – that can be looked at as a sculpture.

The casts were realised with plaster bandages traditionally used for the casting of broken arms and legs. Made out of dehydrated gypsum, the plaster has the capacity to dry relatively fast. After being soaked in water, the plaster bandages are placed on the skin of selected areas of the body and need only a few minutes to dry and transform into a solid form. This dried, second skin separates the inside of the body from its outside. It exposes how the skin is viewed as a boundary, a site of exposure and connectedness, and how it frames our individual and collective imagination.

c. Blind Gazes

Blind Gazes is a practice developed through workshops with groups of visually impaired and blind people within the framework of *The Human Body Project*. Throughout 2016 and 2017, it took place in different cities, including Vienna, Kortrijk, and Antwerp. It is a collective practice relating to the visible and the invisible, descriptive language, and the use of automatic poetic writing. The constructed scenario allowed participants to look at someone else's body – or rather perceive something that was not necessarily visible at first glance – and allow them to expand the capacity to observe and read the body.

The audio file *The Blind Tape* contains excerpts from interviews I conducted during those workshops. We can hear the voices of Piet, Yannick, Jempie, Tonia, Margarete, Marion, and Claudia. The project provided an exceptional opportunity to meet the writer and literary theorist Piet Devos, with whom I continue to exchange on *Blind Gazes*. The *Fantasmical Anatomies Lesson on the Eye* and the *Chromopoems* grew from this collective exploration.

d. Symptom Workshops

In the *Symptom Workshops*,⁶⁴ I propose collective research on symptoms expressed in the works of the participants. Starting out from the assumption that artistic practice is symptomatic of a crisis or a cut, we talk about their research, their bodily experiences and about specific artworks – without hierarchies between these spheres.

Fantasmal
anatomie
library

opposition

videos^{KA}

WHITE PANE

travail
work

Notebooks

Plaster
table

SKULL
plate

SKIN

tapis

Notebooks
?

Feldenkrais
Table

Semiotic
Floor : Atlas

corbuier

FA mats

Plats
with audio
recordings
(FA)

SEA

TEA
&
Drinks

- bonnet écrits
- poème patients

- Atlas

comme l'ultime lien possible /



D'une prise d'escalade / Montagne métamorphi-



que / Mon corps se pend le long de ton flanc

- 1: canvas 3,35m wide by 2,20m tall hanging about 80cm below the rig
 - 2: shelves 1,6m wide 2,3m tall 28cm deep (2 units of 0.8m wide)
 - 3: table 1: 1,6m long 78 cm wide 74cm tall
 - 4,5: table 2&3: 2m long 1m wide 75cm tall
 - 6: table 4: 80cm long 60cm wide 75cm tall
 - 7: sofa 60cm wide 1,6m deep 70cm tall
 - 8: couch 2m wide 1,1m deep 1m tall
 - 9: therapeutic table 184cm long 84cm wide 50,5cm tall
 - 10: 13 pcs moving boxes 60cm wide 34,5cm tall 32 cm deep each
 - 11-13: white boards 201,5cm tall 100cm wide each, 3 pieces
 - 14: 6 curtains 1,3m wide 1,6m high on a tail-down pipe
or metal thread approx. 100cm under the rig, fixed
(maybe a pipe with sliders? to be clarified, we do not have the system)
- North corner painting on the wall I forgot to measure but about 1m tall 75cm wide

rest on floor: mats 89cm wide 203cm long each

required:

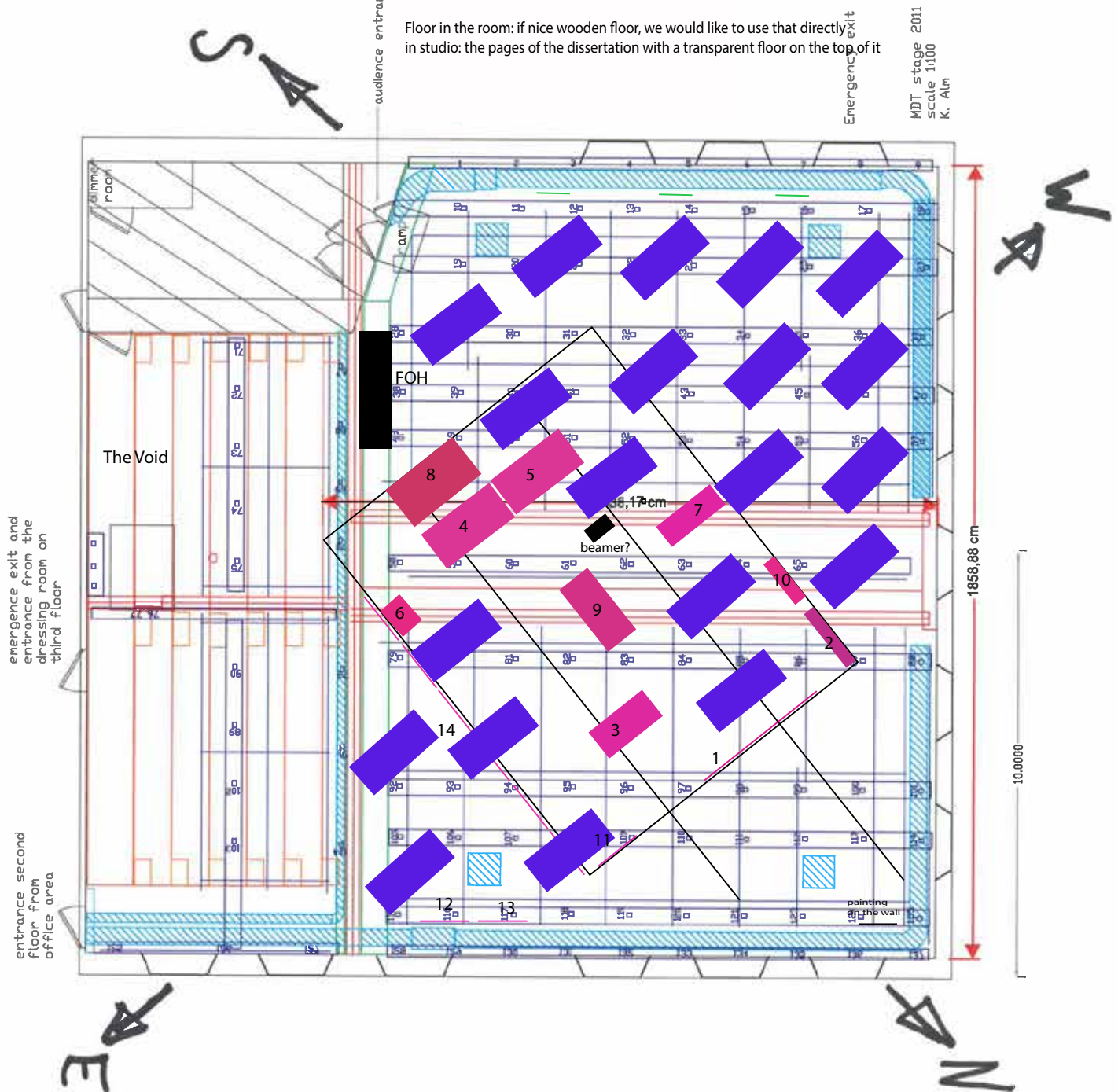
maximum 20 foldable chairs leaning towards the wall
(perhaps at the green locations)

Tech booth/FOH

Beamer on rig with shutter and two HDMI cables, one to the studio one to the FOH

The void: we would cover the tribune with velvet (curtains?) to make it seem like a void, except for the south corner where we would use the tribune as seating of FOH, preferably behind not too tall table.

Floor in the room: if nice wooden floor, we would like to use that directly
in studio: the pages of the dissertation with a transparent floor on the top of it



I felt your clavicle rotating along its axis,



like little keys that open the multiple



entrance of your sternum / Je me suis

IV. Inventory of *Fantasmical Anatomies Boxes*

The *Fantasmical Anatomies Boxes* contain the references I use for the *Fantasmical Anatomies* lessons and sessions. Arranged in boxes according to the lesson they belong to, the references form a constellation of objects with histories, rather than a bibliography. My references are what I carry with me (from *re-* + *ferō*, “bear, carry”). They have a materiality, texture, and weight. Books and textual sources are presented alongside objects and notebooks. In the inventory, I trace how some of the references entered the research.

1. *L'Effet-Mère, L'Éphémère, The Ephemeral, The Mother Effect*

- Letters from my mother with envelopes
- *Dictionnaire de la psychanalyse* by Roland Chemama & Bernard Vandermersch, a present from my mother for my 40th birthday in June 2018
- *An Introductory Dictionary of Lacanian Psychoanalysis* by Dylan Evans
- *La psychanalyse excentrée* by Sabine Prokhoris, recommended by my friend Fred Gies
- *Fabriques de la danse* by Simon Hecquet & Sabine Prokhoris, with annotations from my mother on pages 19, 39, 81, 98, and 116
- *L'envers de biopolitique: une écriture pour la jouissance* by Éric Laurent
- *Dora. Fragment d'une analyse d'hystérie* by Sigmund Freud, taken from my father's bookshelf
- *Cinq Leçons sur la psychanalyse* by Sigmund Freud, taken from my father's bookshelf
- *3 minutes pour comprendre les 50 plus grandes théories mathématiques*, a present from my mother to my son Theo
- A letter to my mother with things I couldn't tell her, written anonymously by someone I met during a performance at brut, Vienna, in 2016
- *Le moment de conclure. Le séminaire 1977-1978* by Jacques Lacan, present from my mother with annotations made during our readings 2015-2018
- Notebook with notes from reading Lacan with my mother (the so-called *L'Effet-Mère* notebook)
- *Le séminaire de Jacques Lacan. Livre VI. Le désir et son interprétation (1958-1959)*, a present from my mother
- *Le séminaire de Jacques Lacan. Livre XXIII. Le sinthome (1975-1976)*, taken from my mother's bookshelf
- Transcript of 'La voix et autres lieux', a seminar by psychoanalyst Jean-Paul Hilttenbrand, a present from my mother



My body will have to disappear

2. The Skin

- 500g Maizena (corn starch)
- Plastic bag
- *L'architecture du corps-humain vivant: le monde extracellulaire, les cellules et le fascia révélés par l'endoscopie intratissulaire* by Jean-Claude Guimberteau et Colin Armstrong
- *Le Moi-Peau* by Didier Anzieu, taken from my father's bookshelf
- *Queer Phenomenology. Orientations, Objects, Others* by Sara Ahmed
- *Thinking Through the Skin* by Sara Ahmed and Jacqueline Stacey
- A jar of vaseline
- A plaster cast of my left lower leg, with the writing "*the skin is a form that unfolds itself in the light of the...*"
- Objective lens of a mini-microscope
- OMEGA light, Low Level LED Therapy
- *What does it take to cross a border?*, an exhibition catalogue from the ifa Gallery, containing my essay "Lesson on the Skin, Plastering the Body"
- White Lyra Super Ferby pencil
- White permanent marker and other pens
- Sponge
- Six small Fabriano notebooks with different paper fabric textures

If there is not the possibility to



hang out here for a while

3. *The Tongue, Desire for Language*

- *My Notebook of the Throat* with anatomical drawings
- *La langue éponge (the Sponge Tongue)*, sponge and scotch brite
- *Voyager en Portugal: guide de conversation*, parts of the body on pages 166-167
- *Pourparlers* by Gilles Deleuze, with formulations such as “fantasme de groupe, fantasmer le groupe” and “le désir est historico-mondial, pas du tout familial”
- A periodic table
- DPA vocal microphone

Je tire sur la peau / Tais les épaules



sont collés / le radiateur marche toujours /

4. *Seismic Activity*

- 1kg sesame in a bag (mixed from different places)
- Microscope
- Broken terracotta brick with holes from Poznan (POL)
- Small volcanic stones from Helsinki
- A net with pine cones
- Two tubes of aspirin tablets and vitamin C & D
- A piece of grey tube insulation with white tape
- Pebble-shaped stone (limestone with marble)
- A piece of Chelyabinsk meteor
- Sea shell, bought in Amsterdam in 2013
- Ammonite fossil
- Video Home System (VHS) tapes

Ich drücke noch fester auf die Wunde!

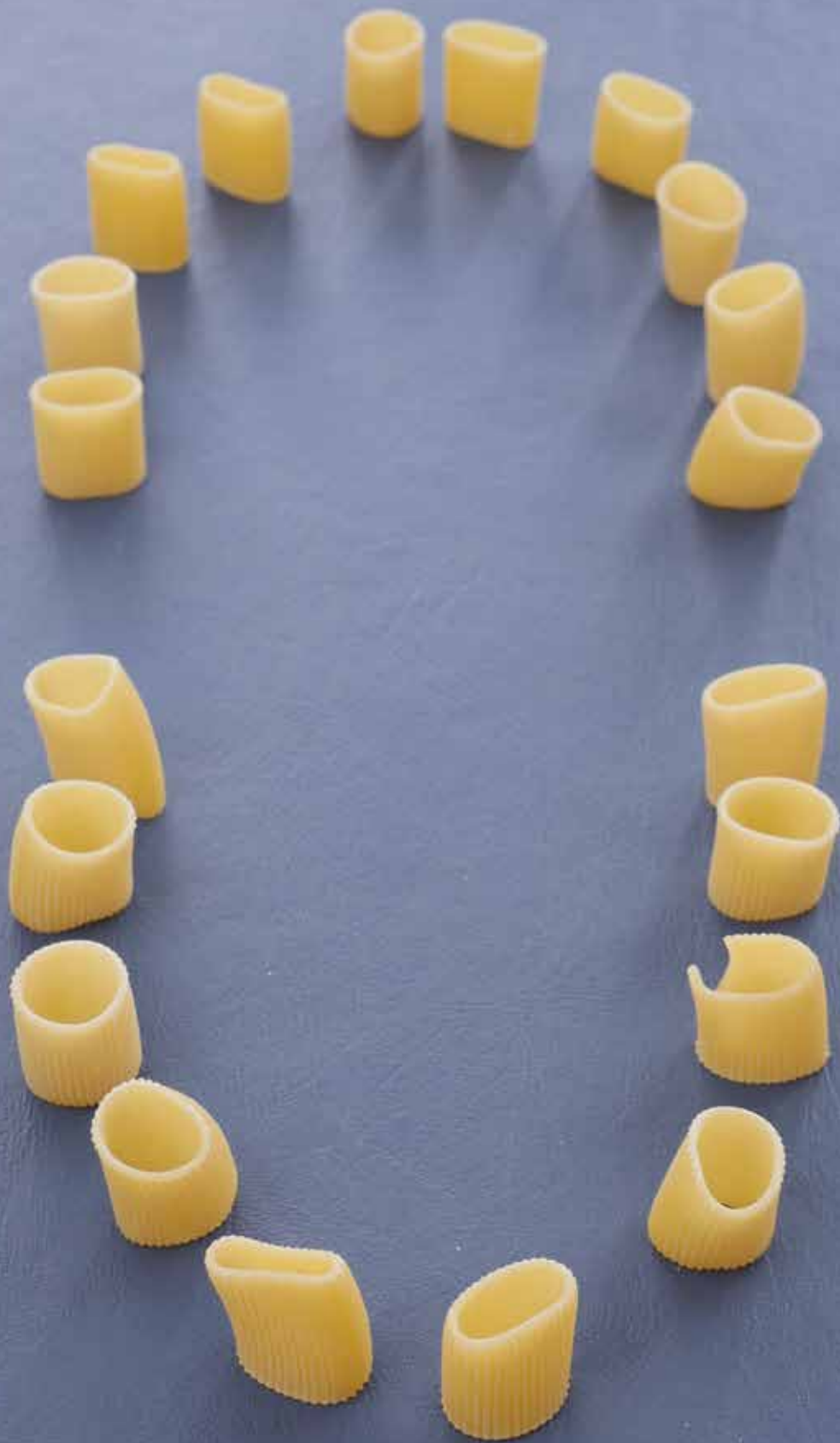


There is a knowledge there, a knot of

5. *The Teeth*

- A transparent bag with big, uncooked pasta rigatoni
- 5 walnuts
- 6 sea shells
- 2 oyster shells
- 3 big sea shells
- My *Notebook of the Teeth* with anatomical drawings

A issue, wound around, entangled /



My finger slides on the contours of

6. *Plastering the Skin*

- Plaster casts of different parts of the body, from my workshop *Plastering the Skin*, ifa Gallery Berlin, February 2019

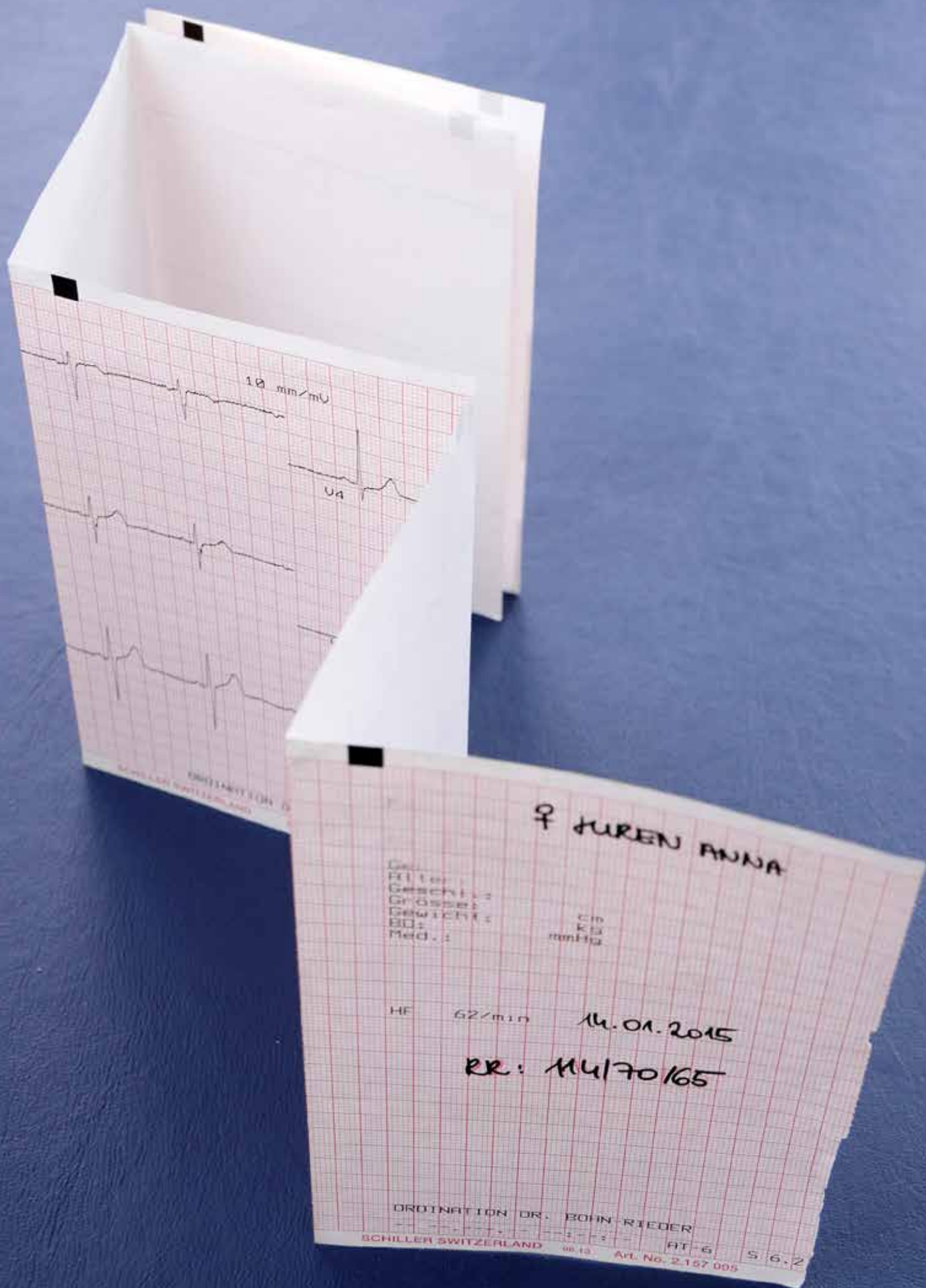
The skin
is a form

that unfolds itself in
the light of the

S' immiscer entre / Dein Immunsystem /

7. Operation, Scanning, Radiography as Delirium on the Body

- Magnetic Resonance Imaging scan (MRI) of my dislocated shoulder
- Scan images of my ankle fracture
- Electrocardiogram (ECG), made during the birth of my first son
- Scan images of my ankle fracture and dislocated shoulder superposed on the building facade in front of my studio
- 'Medizinischer Befund, Anne Juren' (my medical results)
- My *Notebook de di dé-dis*. Important extract: "... de Beauvoir, decolonised, decoff, decastified, de Clerambault's Syndrome, decluttered, deconditioned..."
- VHS tape (pornography and Disney videos), July 2016
- VHS tape (anonymous private videos), Berlin, Feb 2019
- VHS tape (dances from Brazil videos), July 2018
- Electrocardiogram (ECG), made during the shoulder surgery



Immuniser contre les systèmes

8. Artificial Floor

- *Contemporary Dance. An Anthology of Lectures, Interviews and Essays with Many of the Most Important Contemporary American Choreographers, Scholars and Critics* by Anne Livet, a present from my first dance teacher
- *Oxford Advanced Learner's Dictionary*, from my school years
- Braided rattan ball
- *Animal Earth. The Amazing Diversity of Living Creatures* by Ross Piper, found in a flea market in Vienna
- *Livet* by Lennart Nilsson, present from Mia, neuroscientist at Karolinska Institutet, Stockholm, Sweden
- Mirror
- Metallic, circular tray
- *0,23mm Embryo*, a painting for Anne Juren by Manon Vargas
- Feldenkrais table
- Desk
- The *Fantasmical Anatomies* Library, a bookshelf with approximately 279 books
- *The Elusive Obvious* by Moshe Feldenkrais, which I read during my Feldenkrais training
- Video Home System (VHS) tapes



Tu es toujours là / It's me who is not here /

9. Anatomies

- *Atlas of Human Anatomy and Surgery*, by Jean-Baptiste Marc Bourgery and Nicolas Henri Jacob, bought at the beginning of my research
- Braided rattan ball
- *Bodies in Code. Interfaces with Digital Media* by Mark H. N. Hansen, recommended by Maaïke Bleeker
- *The Image and Appearance of the Human Body* by Paul Schilder, recommended by André Lepecki
- *The Anatomy Lesson* by Philip Roth, a present from my father
- Two hands made out of silicon
- Grey rubber band with hair leftovers
- A stamp with the representations of a vagina, a uterus and ovaries
- A file with a list of anatomical words
- *Gray's Anatomy: Descriptive and Surgical* by Henry Gray with drawings by H. V. Carter, the second anatomy book I bought for my research
- *Human Anatomy. Depicting the Body from the Renaissance to Today* by Benjamin Rifkin, Michael J Ackerman & Judith Folkenberg, recommended by a friend
- *Bodystories. A Guide to Experiential Anatomy* by Andrea Olsen in collaboration with Caryn Mc Hose, borrowed from a Feldenkrais colleague
- Gesture of an arm in supination, 2017
- Gesture of an arm in pronation, 2017
- Anatomical model of an ear (ratio 1:3) mounted on a white base and separated in 3 parts: *tympanic membrane* with *malleus*, *incus* and *labyrinth* with stapes that can be removed
- Boxes with a microphone and a headset
- *Le sens du mouvement* by Alain Berthoz, recommended by a Feldenkrais colleague
- *Le corps lesbien* by Monique Wittig, a present from Fred Gies
- A transparent plexiglass (30x40 cm)
- *Anatomy Live: Performance and the Operating Theatre*, edited by Maaïke Bleeker, who also gave it to me as a present
- *Le Style des gestes, Corporéité et kinésie dans le récit littéraire* by Guillemette Bolens, recommended by Narly Golestani, a neuroscientist and friend
- 'Monique Wittig et Judith Butler: du corps lesbien au phallus lesbien' by Natacha Chetcuti in *Lire Monique Wittig Aujourd'hui*
- *Sensing, Feeling, and Action: The Experiential Anatomy of Body-Mind Centering* by Bonnie Bainbridge Cohen, Lisa Nelson & Nancy Stark Smith, encountered during the BMC training in the year 2010
- *Basic Neurocellular Patterns: Exploring Developmental Movement* by Bonnie Bainbridge Cohen, encountered during the BMC online training in spring 2020
- *Awareness through Movement* by Moshe Feldenkrais, read during my Feldenkrais training
- *The Case of Nora: Body Awareness as Healing Therapy* by Moshe Feldenkrais, read during my Feldenkrais training
- *The Elusive Obvious or Basic Feldenkrais* by Moshe Feldenkrais, read during my Feldenkrais training
- 'What is Somatics?' by Hanna Thomas in *Bone, Breath and Gesture, Practices of Embodiment*
- *Body Consciousness. A Philosophy of Mindfulness and Somaesthetics* by Richard Shusterman, read during my Feldenkrais training
- *Le plaisir effacé: clitoris et pensé* by Catherine Malabou
- *The Body Emblazoned: Dissection and the Human Body in Renaissance Culture*, by Jonathan Sawday
- *Visceral Poetics* by Eleni Stecopoulos, recommended by Alix Eynaudi
- A copy of 'From Shusterman's Somaesthetics to a Radical Epistemology of Somatics' by Isabelle Ginot

les sens des corps / les sens se décorquent



Les sens decortiquent les corps / Des corps figurent

V. *Fantasmical Anatomies Lessons*

Similar to Feldenkrais' group classes *Awareness Through Movement*®, the *Fantasmical Anatomies* lessons are conceived to be orally transmitted. The lessons are living entities, a co-regulation process between the teacher and the participants. Once the lessons land on paper, this most important element disappears. Although those familiar with teaching *Awareness Through Movement*® may be able to imagine it while reading a written version, others may perhaps not. Moreover, the lessons are altered each time they are presented, and adapted to the different contexts (workshops, conferences, theater venues, dance festivals, museums, performance laboratories, etc). Each context requires different attention, explanations, and enunciations. Even if the lessons are slightly modified depending on the space, some rituals remain constant: a moment to find a place for the body in the space, a welcome as an acknowledgement, an awareness moment, *des dérives* (drifts), and an open end. A lesson is a cut, it has a beginning and an end. It offers itself to be repeated, re-encountered, and re-visited, knowing that it will never be the same. A lesson invokes the desire of repetition and variation. An open repetition, knowing that a strict repetition is inherently impossible, since the lesson is affected by many factors (the space, the presences in the room, the context, the environment, the improvised moments, the modulation of my voice, unexpected interruptions, etc.).

The lessons are partly improvised. There is preparation beforehand, but when the lessons take place, there are echoes from the walls, the temperature, and the presence of bodies. As I become more familiar with each lesson and with anatomical language(s), I improvise the *Fantasmical Anatomies* lessons to a greater extent.

The written text for each lesson is to be seen as a rough draft, a support. Still in process, the texts contain mistakes, crossed-out parts, and modifications to come. The lessons echo one another, but can be read individually.

your teeth are at your lower leg, they pull apart the two bones of your lower leg, the tibia and the smaller fibula. The tibia is the shinebone, "shine bone" shiny bone, the larger of the two bones of your lower leg your teeth pull apart these two bones, the space in between the two bones widen.

Here in the middle of your lower leg, in between the two bones, there is a section of a house.

The walls of the room, crooked and curved, follow the shape of your bones. The floor is particularly sloping. The room is cold and humid. The window of the room has a view on a huge tree, which provides a lot of shade. Behind the tree, a small street, the bend of a dangerous curve.

la rue voit / L'odeur d'autour et

I find myself at the end
of your spine at the level of
your neck, my body crawls
slowly in your throat
the muscles of your throat
activated by you are getting
tighter, the granular surfaces
of your throat rub on my chest
My half-open mouth is dry
a taste of dust coming from
your bones

your throat muscles contract
one of my legs fall off

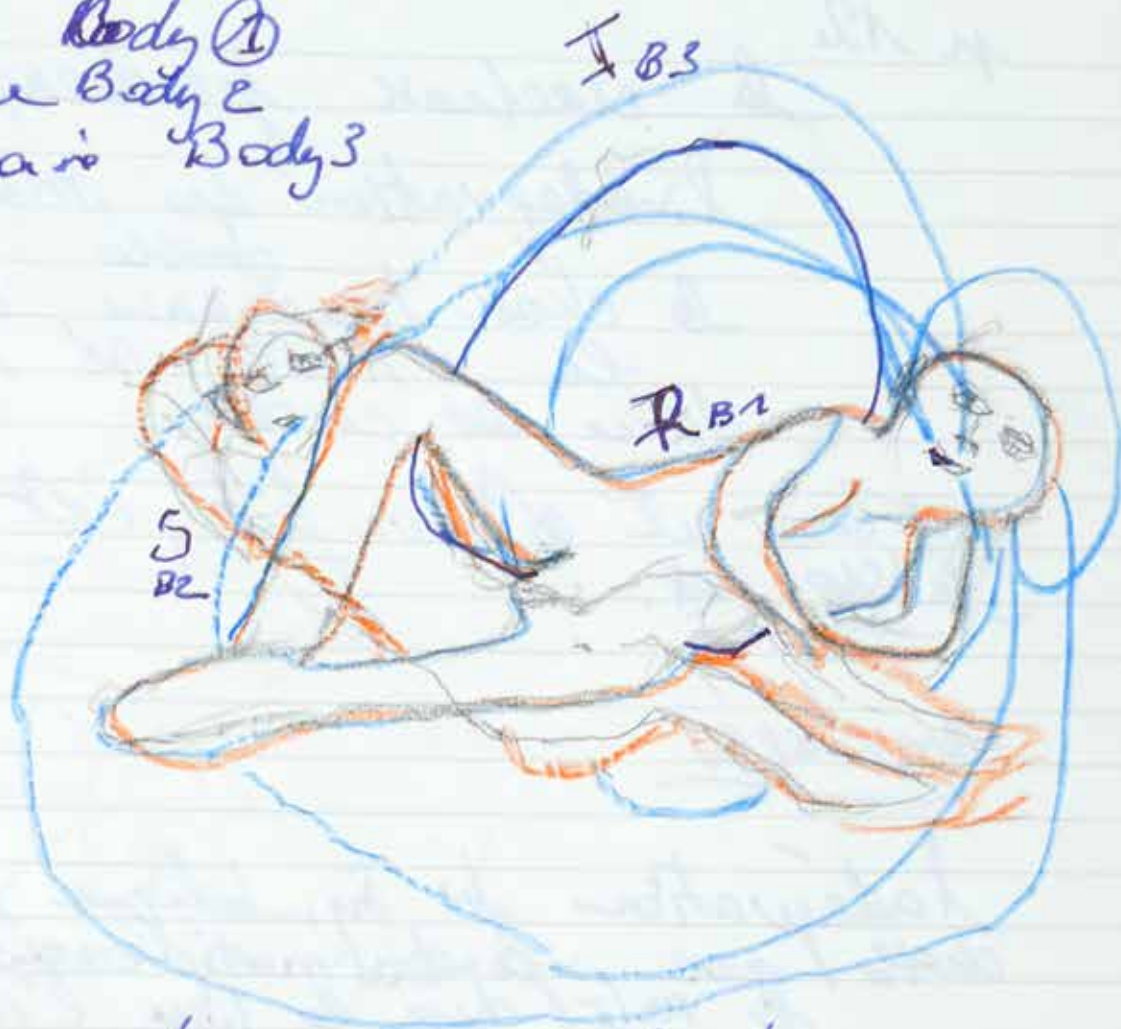
torn from the pelvis
the space is getting tighter I lost
an arm dislocated my arm falls
on your throat

my eyes, my ears, my nostrils
my mouth are obstructed

You want to tell me something

d'ailleurs / Ou l'odeur de parfum / Ou des

R: réel Body 1
 S: symbolique Body 2
 I: imaginaire Body 3



ouïce du corps. le trou
 où on peut
 la corde
 peut passer

ouïce borroméen :

si tu captes
 un rond une
 diamètre
 circonférence
 les deux autre
 ne sont plus
 liés, accroché

la corde de
 l'imaginaire
 peut
 passer

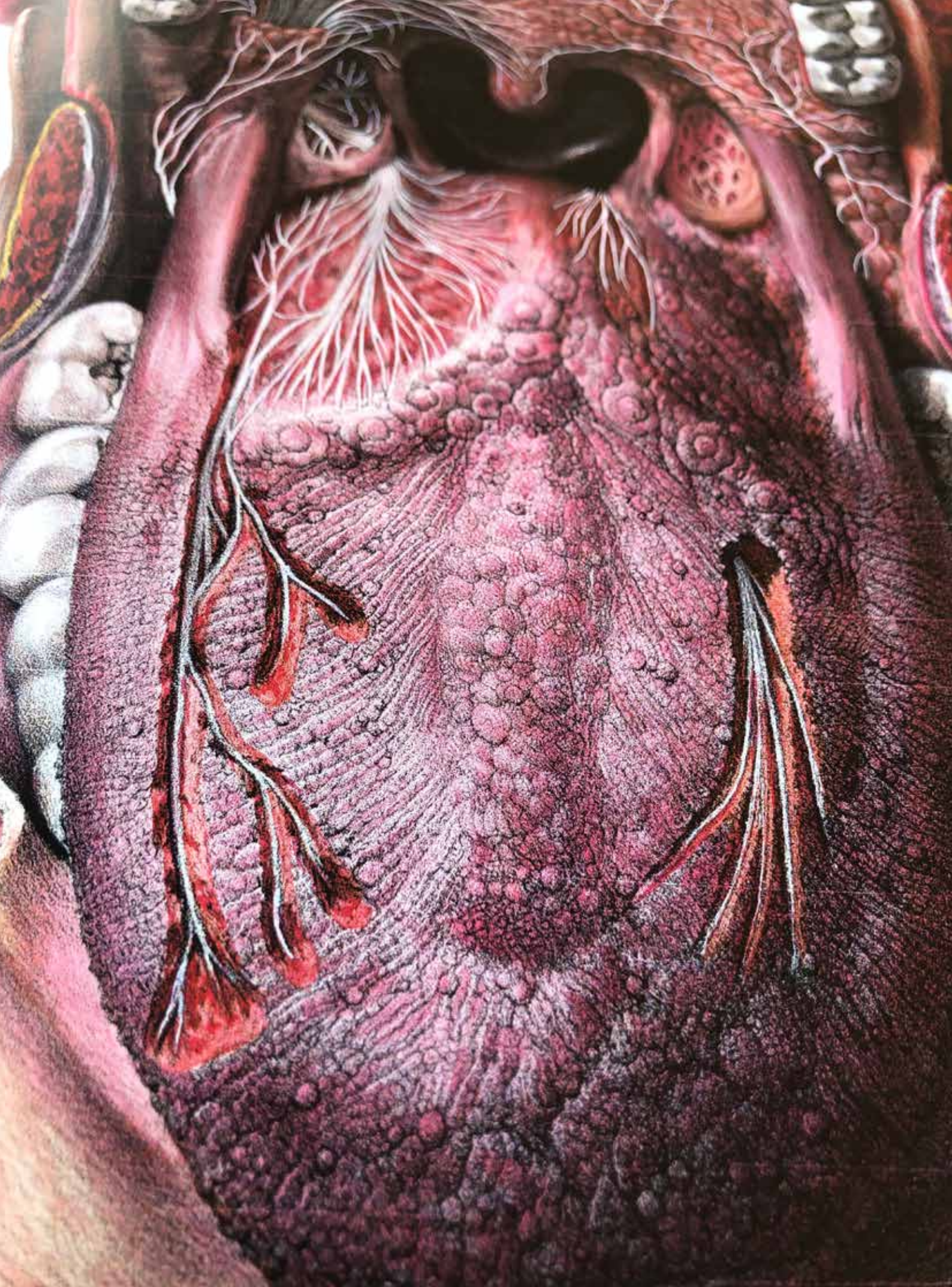
si seulement le
 corps est
 représenté par
 une corde
 au deux l'ouïce



nato / Tu m'appelles, tu me touches, tu

VI. *Glossary* (in process)

With this *Glossary* (in process), I propose another navigation through the texts, concepts, and gestures at work in *Studies on Fantasmical Anatomies*. The *Glossary* does not aim at delivering objective clarity or fixed definitions of the terms. It weaves delicate threads between the words I appropriate, use, and manipulate. It dissects my body of work in other ways, allowing for transversal connections to emerge. The terms are those I have researched and feel close to. They are those I invent, write, and speak during the lessons.



spirituels / The senses are always spiritual

Alterity

[in process]

Anatomy

Phantasms, parable, poetry, dream, spirituality, religion, metaphor, weights, articulations, desire for systems, unclosed systems, circuits, vibrant matter, pale green, pink, yellow, violet, fiction, repetition, fragmentation, polyphony, infinitude, creation, endless abductions.

Anthropophagy

Cannibal desire. The desire to make the body disappear yet maintain its presence. Letting the body transform through digestion.

Appendix

Located at the beginning of the colon on the lower right side of the abdominal cavity, the appendix is medically said to have no function. The appendix is also a central but subsidiary part of the research.

Artificial floor

During the Feldenkrais session *Artificial Floor*, the participant is lying on his or her back, with their legs comfortably supported by rollers, while the practitioner touches one foot with a flat board. The artificial floor reverses the usual relation between body and support surface; rather than the foot seeking support from the floor, the flat board approaches the foot sole, thereby eliciting a learning process that may influence subsequent use of the foot in standing and walking. In *Fantasmical Anatomies*, artificial floors are conveyed using books, words, images, and different objects.

Atlas

The superior cervical vertebra of the spine. It is located in the neck. Just like the Titan Atlas who was deemed to carry the heavens on his shoulder, the anatomical atlas supports the head.

Attention flottante (*gleichschwebende Aufmerksamkeit*; evenly-suspended attention)

Evenly-suspended attention, also known as open attention. To be present, to take care of, to abandon oneself to a state of associative floating attention without fixing perceptions and memories.

Blind gaze

The gaze of blindness, a gaze that does not need vision.

Body

The notion of the body is a fiction created by the effects of language.

Choreotherapy

Choreographic approaches and attitudes intertwine with my Feldenkrais treatments. Besides choreographic gestures (repetition, contraction, release, spiraling, reverse, etc.), the therapeutic sessions include speculative movements and fictional anatomies. The sessions are choreographic and therapeutic experiments in the field of treatment. They address singular and collective bodies, the suspension of medical diagnosis, and the possibilities of listening to non-expressive movements.

Cicatrice (scar)

The scar can be the point of departure for a session. From a physiological point of view, a scar is an adhesion. Scars have no physiological axes of movement. They can be present between fascia layers, organ and fascia, or tendon fibres within a tendon sheath.

Compression

Compression is a choreographic gesture and one mode of generating a fantasmical anatomy. In my notebook *La rage de dents (Toothache)*, I connected the body parts that are traversed by pain and pulled them together tightly into one small entity.

Corps parasite (parasitic body)

The parasite is a microbe, a guest, a noise, the static in the system or the interference in a channel (such as tinnitus), the mother's voice. Para-site is another site, a counter-site that opens up a new space of interactions.

Dérive (drift)

A state in which uncanny thoughts, stances, actions come about. Research that is drifting, groping, exciting, full of detours, an exploration of a somatic universe at the intersection of dream-like experiences. The right to inconsistency and incoherency.

Desire for symmetry

A desire which is embedded in the body and reinforced by education and therapeutic practices. A struggle that I encounter in myself and with patients. A binary desire which is deeply embedded in our ways of being. The Fantasmical Anatomies lesson on the symmetrical body disturbs the desire for symmetry by displacing the body in a space in which everything appears to be weightless.

Devisualisation

Non-expression of movement.

Dis-section

Contrary to the dissection that one usually associates with anatomy, I work with dissection as a form of re-orientation through fragmentation. I associate it with *dis-section* as a *dire section*. It is the capacity to name a section. It is not a cut.

Dis-sociation

An echo, but nothing comes back.

Distortion

A movement of torsion which provokes transformation. I use it as a therapeutic gesture and as a methodology, distorting the Feldenkrais Method into *Fantasmical Anatomies*.

Fantasmical

A term I invented to name the intersection of the fantastic and the *fantasme*.

Fantasmical Anatomies

Surplus, excessive energy beyond life, whispered expansions, invisible prostheses and supports, sensorial thoughts which act, achronological sensations that avoid an immediacy of meaning, of logic, of sensation; connected inner voices, polyphonic somas.

Glossary

Glossa (γλῶσσα); tongue and language. *Fantasmical Anatomies* draws on etymological detours and dictionary entries. It contains the tongue, tongues, unknown voices and obsolete languages.

"Glossary: for readers *from elsewhere*, who don't deal very well with unknown words or who want to understand everything. But, perhaps to establish for ourselves, ourselves as well, the long list of words within us whose sense escapes or, taking this farther, to fix the syntax of this language we are babbling. The readers *of here* are future."

- Édouard Glissant, *Malemort*, 231. Quoted in Glissant, É. (1990) *Poetics of Relation*. Michigan: The University of Michigan Press, xxii.

like you, for a few weeks now / Remember, "to con"

Gravity

During my research I gave a lesson in which gravity does not exist anymore, but remains a vague memory in the body. In this environment, the notion of reversibility needs to change, as the point of departure no longer consists in being pulled towards earth. The lesson proposed to re-sense weight, direction, and body masses, opening up new possibilities for orientation.

Inhibition

A state of bind; a situation where the body is restricted in the direction of movement.

Insect

A figure that introduces a non-human perspective in the research.

Inside bones

Sediments, ancient constructions. Many voices inside the bones, many movements. It is moving, it is not fixed.

Listening

Study method of the practitioner within a *Fantasmical Anatomies* session.

Lying down

The way many of the lessons start; a choreographic movement.

Mères porteuses

[in process]

Midline

Midline in the sense of the milieu of the body, which do not necessarily define right and left, but just a middle environment.

(M)other

[in process]

Mother tongue

[in process]

Objet de traitement

Both the object that I use for the treatment and the object that is being treated. Body-objects and object-bodies.

Operation

Everything by means of which one leaves a familiar territory, creates other anatomies and generates worlds. Language is an operation. Images are operations.

Patient

When I use the term *patient*, it is not so much about the patient suffering, but more about the notion of patience. The patients are the ones who are patient with me. Patient with me, but also patient with the world. Together, we listen with patience. It is a shared practice. We patiently suspend time, while being in the same space. In this sense it is an act and not a passive state.

Plaster/Plastering

Plaster is the material that shows how artificial skin is. It dries in 3-10 minutes depending on its components and the humidity of the plastered body and the room.

***Plasticité anatomique* (anatomical plasticity)**

The ability of anatomy to become a dynamic organism that takes form but also gives form.

Poe(i)tic

The poe(i)tic is both a written form and an activity, poetry and *poiesis*. In Ancient Greek, *poiesis* (ποίησις) denotes the bringing into being of something that did not exist before. By means of language, I produce displacements, collisions and associations in an attempt to generate movements, somatic responses and felt realities. Throughout the research, all discourses on anatomy were taken as poe(i)tic.

Prosthetic body (*corps prothèse*)

[in process]

Proximity and distance

Getting closer and getting far away. Proximity and distance are not two polar entities, as something far away can feel close and something close can be estranged. They determine the sense of rhythm and quality in a private session, always facing the question: “How far away can one go, and how close can one be?” The “very too close” and “the very too far” address our ambivalent relationship to proximity and distance in the light of the social distancing we face during the pandemic, as well as the different ethics of touch in a therapeutic session.

Reference

Iterations of the wandering. *Re-faire l'errance*.

Seismographic body

The body is an instrument that measures and records details of earthquakes, such as force and duration, though not only geological. A body impacted by upheavals, sudden changes or disruptions, reflecting the planetary movements – quakes that take place beneath the surface. The seismographic bodies are condensations of these processes of social upheaval.

Sensorial countertransference

Holding, being held by, inter-holding. A non-dual relationship. The sensation of gravity.

Somatic

From Ancient Greek *soma*, “body”. In somatic practices, *soma* refers to the living body beyond the body-mind dualism. I use the term “somatic” to describe how the materiality and characteristics of things or individuals is achieved by bodily changes, environmental impact or practices.

Sponge

The sponge is a sedentary aquatic invertebrate organism with a soft, porous body. Sponges absorb water to extract nutrients and oxygen. They clean and absorb information. In *The Lesson on the Tongue*, the sponge is a tongue that licks the floor. It scrubs and erases traces. A sponge is a subject of a personal body-event. Sponges have history.

Still point (the right to non-expression)

In osteopathy, the still point is the point of lowest tension of a tissue. This stillness can be very potent. When the body stops expressing what it expressed before (the rotation of a bone, an expansion,

means together, with, jointly / I am with

a contraction, etc.), it pursues internal work that it will not let you see. However, at the end of that stillness everything is improved.

Support

The support is different from the surface. The support is not only a premise of movement, but might also be a movement in itself.

Tinnitus

I asked one of my patients to sing their tinnitus, to try to understand its voice. I thought that tinnitus could be the ability to understand the song of other languages. Something that needs urgently to be communicated to us humans with an unbearable and annoying tone, like oracles that scream in our ears. A form of paralinguistics.

Touched apart, together

“Touched apart, together” plays with a verse from Mallarmé’s poem “Le Nénuphar Blanc (The White Waterlily)”: “séparés, on est ensemble”, which one can translate as “apart, we are together”. The contradictory relation between the *apart* and the *together* addresses whether there can be touch without contact. I expanded this notion in a practice called *Telepathic Treatments*.

Trans-corporeality

“Trans” denotes a movement across, above and beyond. Trans-corporeality speaks to the way bodies are interconnected and traversed by each other. “Trans-corporeality means that all creatures, as embodied beings, are intermeshed with the dynamic, material world, which crosses through them, transforming them, and is transformed by them”

- Alaimo, S. (2018) ‘Trans-corporeality’, in Braidotti, R. and Hlavajova, M. (eds.) *Posthuman Glossary*. London: Bloomsbury Academic, 435.

Trans-interiority

I draw on the notion of *trans-interiority* to problematize the strict opposition between exterior and interior, between container and contained. It pertains to a desire for deferral of the limit between inside and outside, between private and public. Trans-interiority is not foremostly an opposition to exteriority, but rather a shared interiority; a communication of experiences and of sensing together.

VHS (Video Home System)

A body that transports memories, but also the sound of the waves and thunder.

Vibration language

Vibrations speak for themselves. The foetus develops itself through vibrations, moving its lips in response to its sonic environment and the palpable sounds of voices therein.

Voice

One voice carries many voices. As I speak English, you hear my French. I speak through and with the voices of others. It is a timbre, a granulation.

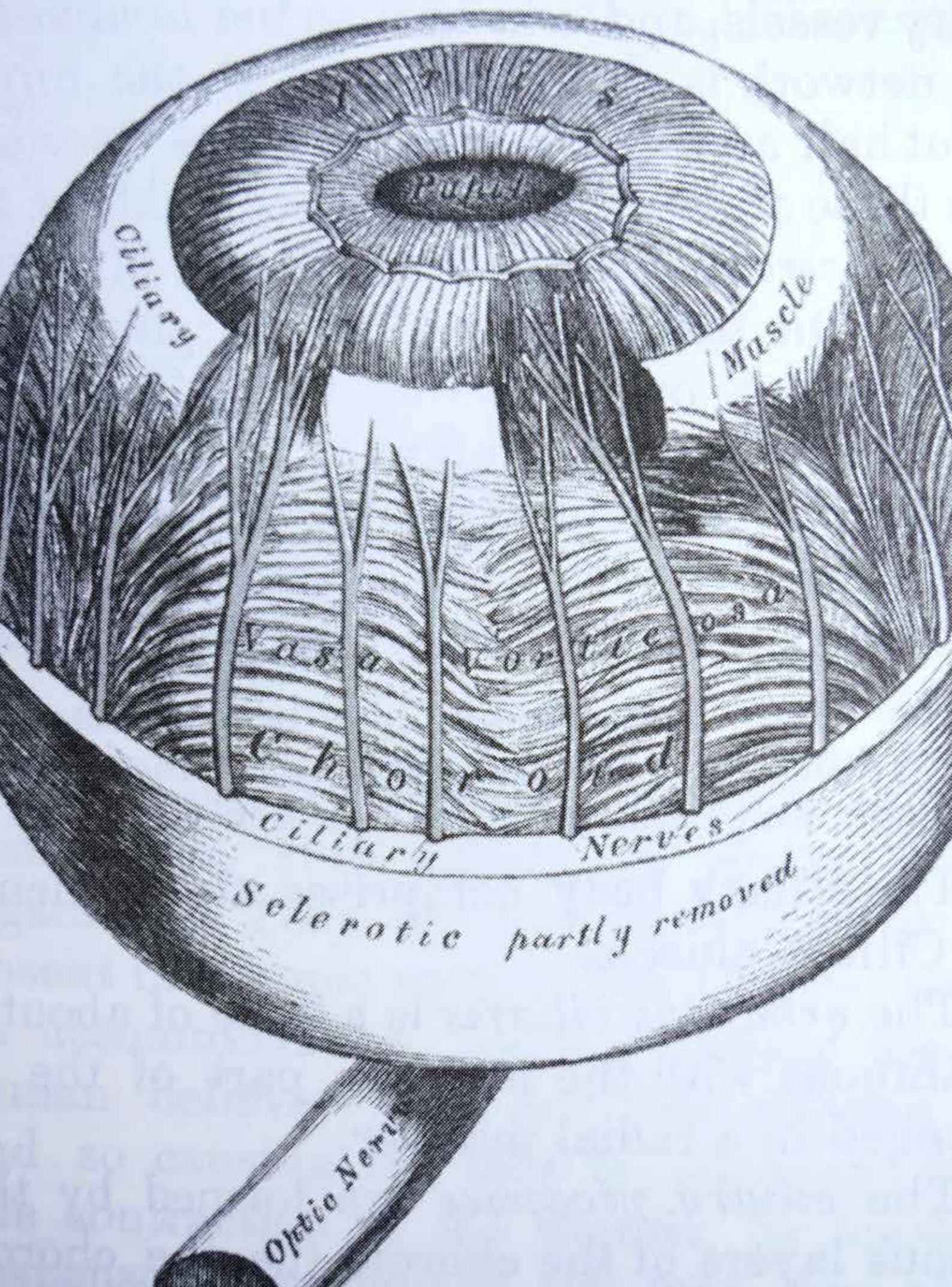
you in this trickery I cannot meet you,

is the contact, the
greeting of the
stranger
within
of others - other
times -
moved.

3.6.19
The bodies through
skins of our
bodies should the skin
why should the skin
end or include other
bodies
between
dynamic
and if I
the

Am

nor touch you but I am thinking of you



I am dreaming of you / My thoughts are

VII. Endnotes

Studies on Fantasmical Anatomies. A Doctoral Thesis in Artistic Research

- 1 “Moshe Feldenkrais (1904-1984) founded the Feldenkrais Method, a technique that is practiced in collective sessions (“awareness through movement”), or in individual sessions (“functional integration”). In the former, the instructor guides the participants’ movement primarily by vocal cues, whereas in the latter, s/he mostly guides by touching. It is a more educational than therapeutic method and aims to improve coordination based on a varied repertory of combinations, often on the floor, and through space at many levels.” See Ginot, I. (2010) ‘From Shusterman’s Somaesthetics to a Radical Epistemology of Somatics’, *Dance Research Journal*, 42(1), 26.
- 2 These notions and tools are further developed in what follows. To name only a few: reversibility, emphasising patterns, variations of the same, distal and proximal, speculative movement, difference and repetition, compression, pulling, falling, spiralling, symmetry, moving with/through, and synchronicity.
- 3 These are further developed in the “Index of Practices”.
- 4 See “Glossary”.
- 5 Wünsch, M. (2021) ‘Phantasmatische Körper’, in *Körperglossar*. Wien: Turia + Kant. 112.
- 6 Braidotti, R. (2006) ‘Affirmation versus Vulnerability: On Contemporary Ethical Debates’, *Symposium: Canadian Journal of Continental Philosophy*, 10(1), 238.
- 7 I return to this expansion of Feldenkrais in the following section “From the Feldenkrais Method® to *Studies on Fantasmical Anatomies*” and in the “Index of Practices”.
- 8 Besides the philosophical works of Sara Ahmed, Rosi Braidotti, Paul B. Preciado, Donna Haraway, Catherine Malabou, Suely Rolnik, and Isabelle Stengers, the writings of Anne Boyer, Hélène Cixous, Julia Kristeva, and Monique Wittig have been constant companions throughout the PhD project. See Bibliography.
- 9 See Boyer, A. (2019) *Garments Against Women*. London: Penguin Books; Boyer, A. (2019) *The Undying*. New York: Picador; Cixous, H. (1986) *Dedans*. Paris: Des Femmes; Cixous, H. (2010) *Le rire de la Méduse*. Paris: Éditions Galilée; Cixous, H. (2017) *Correspondance avec le mur*. Paris: Éditions Galilée; Wittig, M. (1973) *Le corps lesbien*. Paris: Les Éditions de Minuit.
- 10 I also use fragmentation as an operation on words that I dissociate and reconfigure. For more insights into fragmentation as a poetic device, see Guignery, V. and Drag, W. (eds) (2019) *The Poetics of Fragmentation in Contemporary British and American Fiction*. Malaga: Vernon Press.
- 11 Personal notes. Anne Juren, July 2020.
- 12 Bourgery, J.-B.M. and Jacob, N.H. (2005) *Atlas of Human Anatomy and Surgery*. Edited by J.-M. Le Minor and H. Sick. Köln: Taschen; Gray, H. (2010) *Gray’s Anatomy. Descriptive and Surgical*. New York: Cosimo Classics; Rifkin, B.Ackerman, M.J. and Folkenberg, J. (2006) *Human Anatomy. Depicting the Body from the Renaissance to Today*. London: Thames & Hudson.
- 13 See Haraway, D. (2016) *Staying with the Trouble. Making Kin in the Chthulucene*. Durham: Duke University Press.
- 14 My psychoanalyst once talked about symptoms in an almost sculptural manner, as if one could turn symptoms into malleable forms, thereby constructing, destroying, and reshaping them or putting them away.
- 15 See “Index of Practices”.
- 16 Personal notes. Anne Juren, Oct 2018.
- 17 The global Me Too movement, ongoing Black Lives Matter demonstrations, protests against far-right leaders coming to power in different places in the world, protests and actions for asylum seekers in the migration crises, the Fridays for Future movement and global climate strikes, to mention only a few. Situated in Western Europe, working and living between Stockholm and Vienna, these had a direct impact on my life and research.
- 18 For a more detailed account of the notions of “distal” and “proximal”, see Olsen, A. and McHose, C. (1991) *Bodystories: A Guide to Experiential Anatomy*. Barrytown, N.Y: Station Hill Press. 33.
- 19 From an etymological perspective, this was yet another moment of falling, as “incident” derives from *in-*, “upon” and *cadere*, “to fall”.
- 20 In my recent research, I have been interested in geolinguistics and therolinguistics. Geolinguistics is a late branch of linguistics. It emerged when linguists realised that humans were not the only ones to have forged languages with original structures that evolve over time and allow speakers of different kingdoms to communicate. Therolinguistics is a branch of linguistics that studies and translates the written output of animals and plants. Other forms of expression that go beyond human literary categories will gradually appear. See Despret, V. (2021) *Autobiographie d’un poulpe et autres récits d’anticipation*. Arles: Actes Sud.
- 21 For my artistic practice, psychoanalysis provides a particularly interesting framework for bringing conflicts and desires into the conscious by techniques such as dream interpretation and free association.
- 22 L’Effet-Mère can be translated as ‘The Mother Effect’. The French adjectif éphémère already contains the word mother, *mère*.
- 23 See “Index of Practices”.
- 24 To mention only a few of these encounters: Isabelle Ginot (Feldenkrais practitioner, dance writer, theorist, and critic in Paris), Daniel Rosenfeld (osteopath in Vienna), Sothea Thach (osteopath in Cambodia), Mia Lindskog (neuroscientist at Karolinska Institutet in Stockholm), Mildred (Healer from the Philippines), Fouad Asfour (linguist and artistic

matter / It moves towards you, from one room

researcher in Johannesburg), Lula Wanderley and Gina Ferreira (psychotherapists in Rio de Janeiro), Odile Seitz (practitioner and teacher in Body-Mind Centering®, choreographer, dance teacher and craniosacral therapy practitioner in Berlin), Linda Rabin (Continuum trainer, Body-Mind Centering® practitioner in Montreal), François Combeau (Feldenkrais practitioner and teacher in Paris), and Heinrich Wallnöfer (doctor, psychotherapist, hypnotherapist and Autogenic trainer in Vienna).

Personal notes. Anne Juren, Oct 2020.

To mention only a few artists whose practices in one way or another paved the way for my artistic research: Janet Adler, Catherine Contour, Lygia Clark, Yael David, Valentina Desideri, Mette Edvardsen, Simone Forti, Frédéric Gies, Isabelle Ginot, Anna Halprin, Lisa Nelson, Julie Nioche, Pauline Oliveros, Steve Paxton, Maria F. Scaroni, Joan Skinner, and Nancy Stark Smith.

Personal notes. Anne Juren, May 2021.

In the three languages, or in between them, I often play with homophones, inventing speculative connections between words, for instance *décor – des corps* or *operation – o(père)ation*.

For excerpts, see “*Fantasmical Anatomies Lessons*”.

See “*Inventory of Fantasmical Anatomies Boxes*”.

For instance, the dissection lessons that took place in anatomical theatres during the 16th century.

“Like property, the body’s bounds needed to be fixed, its dimensions properly measured, its resources charted. Its ‘new’ owner – which would eventually become the thinking process of the Cartesian *cogito* – had to know what it was that was owned before use could be made of it.” See Sawday, J. (1995) *The Body Emblazoned: Dissection and the Human Body in Renaissance Culture*. London and New York: Routledge, 26.

Bleeker, M. (ed.) (2008) *Anatomy Live: Performance and the Operating Theatre*. Amsterdam: Amsterdam University Press, 14.

Silverman, K. (1990) ‘Historical Trauma and Male Subjectivity’, in Kaplan, E.A. (ed.) *Psychoanalysis and Cinema*. New York: Routledge, 14.

Bodywork is an umbrella term referring to therapeutic techniques which involve touching, manipulating, or moving the body.

Experiential Anatomy has developed in parallel to bodywork. It encourages the individual to integrate information through bodily experiences rather than purely cognitive processes or abstract science. See Olsen, A. and McHose, C. (1991) *Bodystories: A Guide to Experiential Anatomy*. Barrytown, N.Y: Station Hill Press.

“Somatic practices subscribe to mind-body unity and accept both objective and subjective standards of knowledge in the interpretation of experience, be it that of the practitioner, the client, or the patient.” See Ginot, I. (2010) ‘From Shusterman’s Somaesthetics to a Radical Epistemology of Somatics’, *Dance Research Journal*, 42(1), 26.

See Ginot, I. (2010) ‘From Shusterman’s Somaesthetics to a Radical Epistemology of Somatics’, *Dance Research Journal*, 42(1), pp. 12–29.

See Bourguery, J.-B.M. and Jacob, N.H. (2005) *Atlas of Human Anatomy and Surgery*. Edited by J.-M. Le Minor and H. Sick. Köln: Taschen; Gray, H. (2010) *Gray’s Anatomy. Descriptive and Surgical*. New York: Cosimo Classics; Rifkin, B. Ackerman, M.J. and Folkenberg, J. (2006) *Human Anatomy. Depicting the Body from the Renaissance to Today*. London: Thames & Hudson.

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Wu, K.J. (2020) ‘Doctors May Have Found Secretive New Organs in the Center of Your Head’, *The New York Times*, 19 October. Available at: <https://www.nytimes.com/2020/10/19/health/saliva-glands-new-organs.html> (Accessed: 12 September 2021).

The circulatory, digestive, endocrine, integumentary, immune, lymphatic, muscular, nervous, urinary, reproductive, respiratory, or skeletal system.

The sagittal, coronal, and transverse body plane.

A *fantasme* is a manifestation of conscious or unconscious desire.

Most translators of Sigmund Freud chose to render the German word *Phantasia* with either “phantasm” (hallucination) or “fantasy” (unbridled imagination).

Evans, D. (1996) *An Introductory Dictionary of Lacanian Psychoanalysis*. New York: Routledge, 59-61.

In neuroscientific research, it is well established that cerebral cortex reorganization occurs following amputation, which enables the amputee to still sense and sometimes control the deafferented body part. See Case, L. K. et. al. (2020) ‘Disorders of Body Representation’, in Sathian, K. et. al. (ed.) *Multisensory Perception. From Laboratory to Clinic*. Cambridge, MA: Academic Press, pp. 401–422. Furthermore, neurologist Oliver Sacks’ *The Man Who Mistook His Wife for a Hat* provides important insights in the different needs and uses of phantom limbs for amputees. See Sacks, O. (1985) *The Man Who Mistook His Wife for a Hat and Other Clinical Tales*. New York: Summit.

In his psychotherapeutic approach called Focusing, Eugene T. Gendlin elaborates on this with the concept of a “bodily felt sense”. See Gendlin, E.T. (1978) *Focusing*. New York: Everest House.

Guattari, F. (2003) *Psychanalyse et transversalité : essais d’analyse institutionnelle*. Paris: La Découverte, 169.

Developed by Bonnie Bainbridge Cohen, Body-Mind-Centering® (BMC) is an integrated and embodied approach to movement, the body and consciousness.

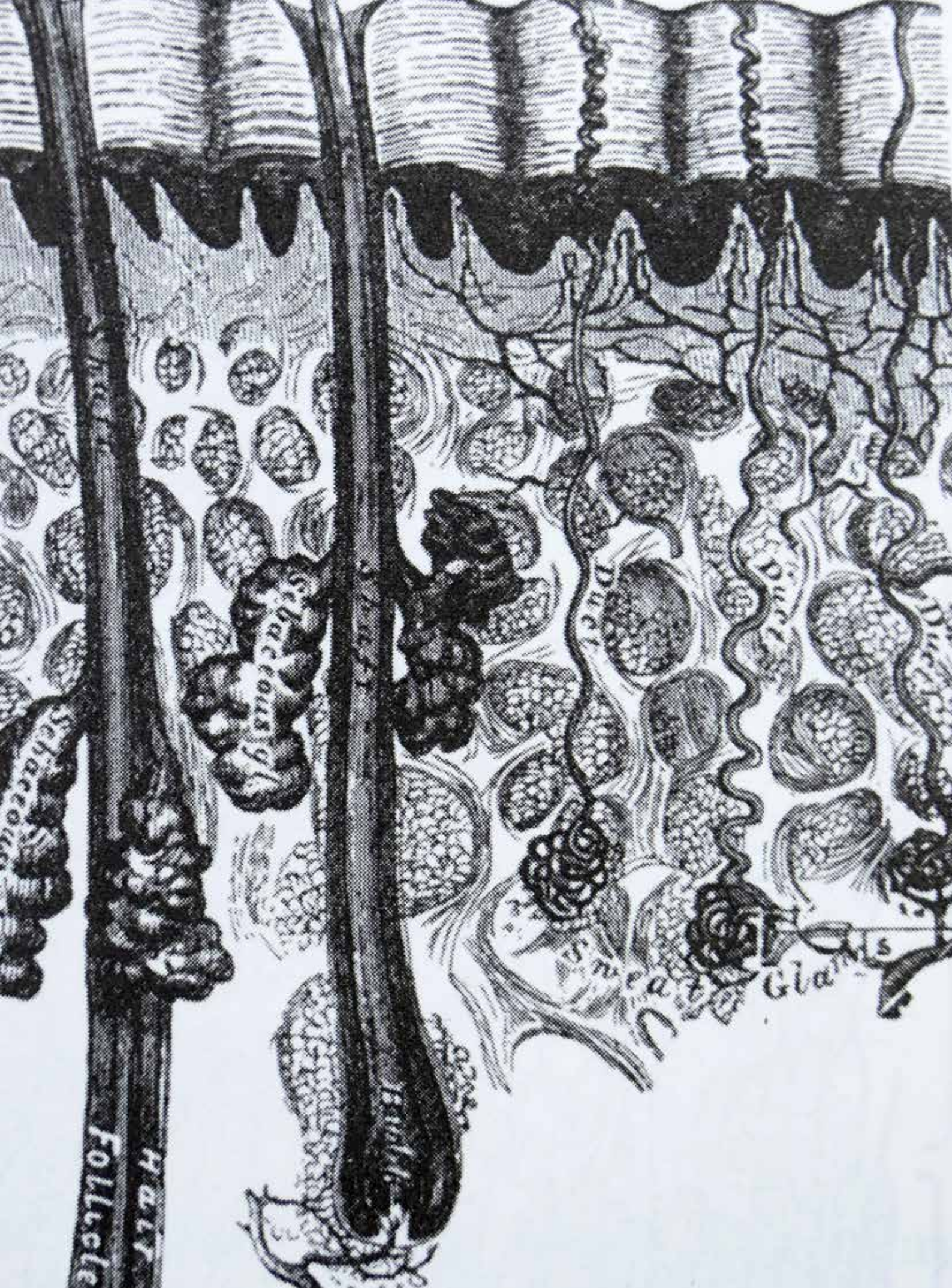
Founded by Emilie Conrad, Continuum Movement® uses sound and movement to increase communication within the entire system. It is beneficial for increased awareness, mobility and vitality.

52 A form of relaxation therapy involving auto-suggestion in the form of auto-hypnosis.
 53 *dépend – dé-pend*; depends on – hangs from.
 54 *Fantasmical Anatomies* lessons have been performed in galleries, museums, theatres, and dance and art academies in Europe, Asia and South America.
 55 Personal notes. Protocol instructions from various lessons. Anne Juren.
 56 For instance, I invited the philosopher Stefanie Wenner to do the lecture performance *Leavening Agents* as part of my *Fantasmical Anatomy Lessons* at Tanzquartier, Vienna.
 57 Freud, S. (2006) *Dora : fragment d'une analyse d'hystérie*. Paris: Puf.
 58 *Proximal* and *distal* are two anatomical terms of location that address the different focuses and contacts during a treatment. See Olsen, A. and McHose, C. (1991) *Bodystories: A Guide to Experiential Anatomy*. Barrytown, N.Y: Station Hill Press, 33.
 59 The event took place at Galerie, an art space run by Adriano Wilfert Jensen and Simon Asencio that deals exclusively with immaterial artworks. This far away version of *Fantasmical Anatomy* was relayed as a somatic podcast fiction.
 60 Personal notes. Anne Juren, 2017.
 61 Piet Devos is a writer and literary theorist working in Brussels. Piet became blind at the age of five. I met him while working on the project *Blind Gazes* in the frame of the European project *The Humane Body* in 2016. See <https://pietdevos.be/en>.
 62 For instance, at kunstencentrum BUDA in Kortrijk in 2015 and as part of the Literarisches Colloquium Berlin at the FU Berlin in 2015.
 63 For instance, in the framework of the exhibition *What does it take to cross a border?* at the ifa Gallery, Berlin in February 2018 and as part of *Converging Matters of Anatomy Workshop* with Philipp Gehmacher at Impulstanz Vienna in July 2019.
 64 The workshop was realised with a group of BA students at the HZT in Berlin in February 2019 and online for a.pass in Brussels in July 2020.

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like a movement of zooming in and zooming



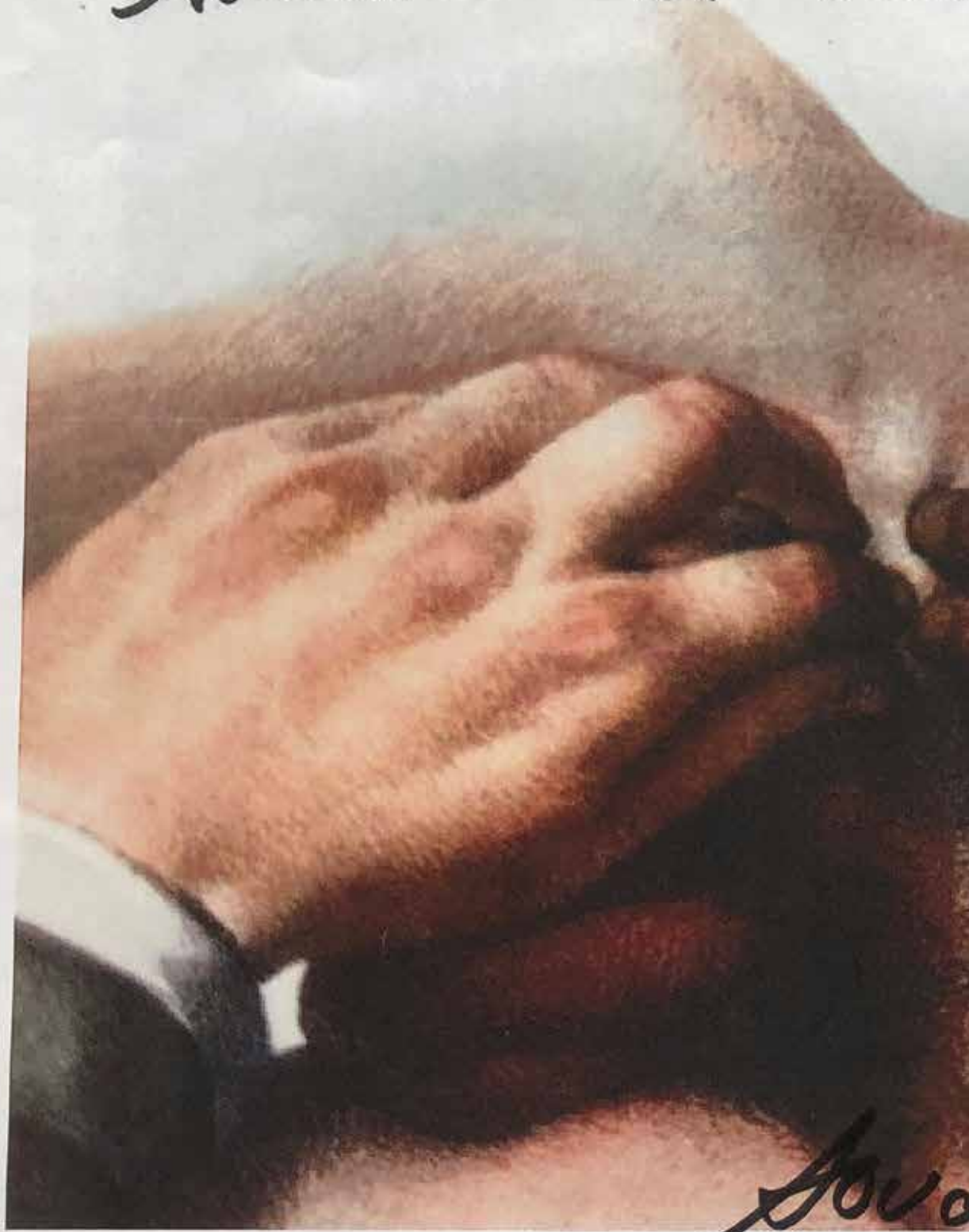
out without exteriority / It is not an

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together / It is a condition that we cannot

le toucher agricole,
étonner et encore



Vienna, juillet 62 pour
reject / It feels like a long somatic lesson

De sentir une cicatrice
toucher les bordures pour
vite presser sur les bords
du couvres.
Fig 2 La surface
peau
compressée
à un endroit
entre les
doigts
peut
payer à
cultiver
Une agriculture
sur le champs pour
en presser des
cultures

That never ends / A lesson in silence

IX. Acknowledgement

This research has been an adventurous, challenging, and enjoyable one, full of surprising and fulfilling encounters. Perhaps like any research, it is not simply my own. I developed works and practices alongside encounters with people from various fields and contexts. My thoughts, artworks, and practices seem to always be part of a collective endeavour. Over the years, I had the privilege of belonging to several artistic and intellectual communities that were essential to my ongoing quest for words and ways to articulate ideas and practices, writing and acting. I have been very fortunate to have encountered people who supplied my research process with their body stories and historicities, real and fictional experiences, knowledge and references. Some meetings were ephemeral or personal, often not spectacular but always rich, insightful, and intense. Many of them remain collaborators and friends. I extend my appreciation to all of those who helped and supported me throughout this research.

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body is stripped of its skin / My body has

X. Colophon

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KONSTNÄRLIGA
HÖGSKOLA



preache co

no voice anymore I am wondering what



contact area NW
03

I was attached to before and to what I am

XI. Notes

attached to now / I wish I could describe it

to you more clearly / Some time ago, I wrote

you a poem that proposed to open a room

inside your forearm / The room is still here,

in the middle of your forearm / In-between

the two bones, there is still a section of a



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