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## The Impact of Body Awareness on Subjective Wellbeing: The Role of Mindfulness

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### Abstract

Positive psychology has been criticized for the lack of research on the role of the body in wellbeing. As the research into the many variables that influence subjective wellbeing (SWB) continues, the important role of body awareness (BA) on SWB has been neglected. It was hypothesised that there would be a significant predictive relationship between BA and SWB, and moreover that this relationship would be moderated by mindfulness. One hundred and nineteen participants from the general population completed relevant self-report scales through an online survey. BA had a positive relationship with SWB, but this relationship was not moderated by mindfulness. These findings have implications for positive psychology that reinforce the argument for more body-based interventions and overall embodiment within the discipline.

*Keywords:* body awareness, subjective wellbeing, mindfulness, positive psychology

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### Introduction

#### The Mind-Body Problem

The nature of the connection between the physical body and the subjective psyche has been of great interest to the field of psychology for many years (Hefferon, 2013). Indeed, this 'mind-body problem' has occupied thinkers throughout the centuries, giving rise to a range of philosophical positions on the subject. For example, materialistic monism grants primacy to the physical body while the subjective mind is regarded as an illusion or epiphenomenon. Conversely, transcendental monism (or idealism) gives ontological primacy to the mind while the material body is viewed as an aspect of mind (e.g., a mental construct). Finally, a number of perspectives acknowledge the reality of both material body and subjective mind, with different positions on the nature of their interaction. For instance, in Chalmers' (1995) dual-aspect theory, the fundamental 'reality' underlying both mind and body is information; this information is then manifested both physically (as the body and brain) and experienced subjectively (as the mind).

Amidst debates around the mind-body problem, further confusion is generated by the ambiguous semantics of the word 'body'. In the philosophical positions above, 'body' refers to the physiological organism — which includes the brain — in contrast with the subjective mind. However, subjectivity also includes the felt experience of our own bodies, a construct

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referred to as ‘embodiment’ (Riva et al., 2003). Thus, there are two ways of conceptualizing and approaching the mind-body question: the relationship between the material body (including the brain) and subjective mind; and the relationship between somatic aspects of conscious experience (e.g., embodied sensations) and mental aspects of conscious experience (e.g., thoughts). Examining the mind-body connection has become a prominent point of concern in psychology, particularly in consciousness studies under the rubric of the ‘neural correlates of consciousness’ paradigm (Fell, 2004). However, in many areas of psychology, the relevance of the body is under-researched and under-theorised. One such deficiency pertains to our understanding of wellbeing.

### Wellbeing and Positive Psychology

The notion of wellbeing is of interest to many areas of psychology (e.g., health psychology) as well as other disciplines more broadly (e.g., economics). Recent years have seen the emergence of ‘positive psychology’, a term uniting scholars interested in issues of happiness and wellbeing (Seligman & Csikszentmihalyi, 2000). Among the concepts articulated and explored in positive psychology is ‘subjective wellbeing’ (SWB). SWB is viewed as comprising a cognitive and an affective component (Diener, Suh, Lucas, & Smith, 1999). The cognitive component refers to satisfaction with life. The affective component pertains to the balance or “ratio” of positive and negative affect. Thus, broadly speaking, SWB reflects how people think and feel about their lives (Ozmete, 2011).

SWB is viewed as a substantive good, desirable on its own terms. However, researchers have also investigated the extent to which it is an instrumental good, that is, associated with other positive outcomes. Lyubomirsky, King, and Diener (2005) have identified beneficial consequences of SWB in four areas of life. First, SWB is correlated with increased sociality. Second, SWB is linked to greater work enjoyment and higher levels of remuneration (Diener, Nickerson, Lucas, & Sandvik, 2002). Third, SWB has been causally associated with greater health and indeed longevity (Roysamb, Tambs, Reichborn-Kjennerud, Neale, & Harris, 2003). Fourth, not only does SWB have a positive impact on an individual level, but also on societies as a whole (Tov & Diener, 2008). For example, individuals with high SWB tend to be less prejudiced, more trusting, and show higher levels of cooperation.

In addition to the concept of SWB, related constructs have been proposed to account for other dimensions of wellbeing. For example, the importance of purpose and meaning in life have been recognized and incorporated within the idea of psychological wellbeing (PWB), which is also referred to as ‘eudaimonic wellbeing’ (Ryff, 1989). Eudaimonia — from the Greek term meaning ‘true self’ — is used within positive psychology to refer to flourishing in life.

However, positive psychology has received criticism for not having sufficiently engaged with the body and its relevance to wellbeing (Hefferon & Boniwell, 2011; Hefferon, 2013). Recent efforts have been made to redress this lacuna. For instance, the concept of a ‘positive body’ has been proposed, featuring five components thought to promote SWB and PWB (Hefferon & Boniwell, 2011). These five components include: “human touch, positive sexual behavior, physical activity, nutrition, and even physical pain” (Hefferon & Boniwell, 2011, p.176). More recently, bringing together diverse disciplines, Hefferon (2013) has explored anthropological, sociological, neurological, biological, and phenomenological perspectives on the role of the body on wellbeing and flourishing. This paper continues this emergent focus on the body in positive psychology, with body awareness being a

potentially useful area that has hitherto not been investigated.

### Body Awareness

The notion of body awareness (BA) is an “overall concept for experience and use of the body, representing body consciousness, body management and deepened body experience” (Roxendal, 1985, p.10). Although there are many definitions of BA (Bekker et al., 2008), Mehling et al. (2009) usefully conceptualise it as attention to and awareness of internal body sensation. In the early 1990s, BA was predominantly studied in relation to anxiety or panic disorder, where it was believed that over-attention to symptoms or body reactions had adverse consequences (Cioffi, 1991). For example, high BA was associated with somatosensory amplification — a tendency to experience somatic qualia in an intense and often noxious way — leading to hypochondriasis, anxiety, and somatization (Cioffi, 1991). However, opposing this negative appraisal of BA, recent studies indicate that attending to inner sensations can have beneficial physiological and psychological consequences (Mehling et al., 2009). For example, studies involving patients with chronic back pain found that patients who focused on the ‘sensory components’ of their physical pain experienced reduced subjective pain compared to patients who tried to suppress their pain (Burns, 2006). There have also been intriguing studies exploring the impact of BA on symptomology in those recovering from physiological or psychological trauma (Price & Thompson, 2007) and people suffering from eating disorders and substance abuse (Burns, 2006).

Findings on the benefits of BA have led to the emergence of various therapies, referred to collectively as body awareness therapies (BAT), centered on increasing BA (Gard, 2005). BATs include Basic Body Awareness Therapy (BBAT; Gyllensten, 2001), Feldenkrais therapy (Feldenkrais, 1977), and the Mensedieck system (Gard, 2005). These BAT therapies, especially BBAT, are becoming increasingly utilized in treating psychiatric disorders, particularly in Nordic countries such as Sweden (Archer, 2005). The main components of BBAT are massage, breathing regulation, presence in the situation, and a focus on the experience of the individual’s own movement<sup>2</sup> (Johnsen & Raheim, 2010).

A number of studies have shown the impact of BATs on wellbeing, particularly in clinical populations. For example, Skateboe, Friis, Hope and Vaglum (1989) suggest that personality disorders are associated with issues around BA, such as distortions of body image, limited BA, and disturbed emotional awareness and psychomotor functioning. Exploring the use of BBAT with this population, Skateboe et al. found that BBAT promoted psychological growth and personal development through the “harmonizing” of movements (measured with the Global Physiotherapy Muscle Examination, observations, and self reports). Similarly, a study with female patients with severe personality disorder found that patients who undertook BBAT showed greater improvement than those given psychodynamic group therapy, and also reported greater satisfaction with their treatment (Leirvag, Pedersen & Karterud, 2010). Furthermore, a pilot study with patients suffering from eating disorders found that BBAT improved symptomology (Catalan-Matamoros, Helvik-Skjaerven, Labajos-Manzanares, Martinez-de-Salazar-Arboleas, & Sanchez-Guerrero, 2011). Finally, Johnsen & Raheim (2010) studied patients with a range of psychiatric disorders, reporting that BBAT had a positive impact on sleep and rest patterns, ability to overcome demanding situations, and overall physiological and psychological balance.

The studies above indicate that BATs can have a beneficial impact in clinical

<sup>2</sup> Some of these components are very similar to the theories of mindfulness and its practices, and this will be discussed later.

populations, with patients already suffering from pain, illness, or stress. However, Anderson (2006) suggests that it may be easier for people to proactively develop BA when they are in a healthy state, rather than waiting until a physical or mental health issue arises. Anderson thus proposes that BA training should begin early in life, in the same period of childhood as language acquisition.

What motivation would a person in good health — with no stress, pain or illness — have to train in BA? A possible answer from positive psychology is that BA may be linked to SWB. As such, as individuals come to experience incrementally greater BA, they might enjoy corresponding rises in SWB, thus motivating them to increase BA still further. This link between BA and SWB is as yet untested — reflecting the lack of focus on the body in positive psychology as noted above — a deficiency the current study seeks to remedy. However, studies have made a connection between SWB and a concept that shares conceptual kinship with BA, namely, mindfulness.

### Mindfulness

Academic and clinical interest in mindfulness, a construct derived from Buddhism, has significantly grown in recent years (Brown et al., 2007). Questions around how to conceptualize, define, operationalize, and measure mindfulness are a source of much debate in the field of psychology (Hart, Ivtzan, & Hart, in press). However, Jon Kabat-Zinn (2003, p.145) offers a widely cited “operational working definition” of mindfulness as “the awareness that emerges through paying attention on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment”. Beyond orienting definitions, efforts have also been made to construct more detailed theoretical models of mindfulness. For example, Bishop et al. (2004) have proposed a two-component model: The first component concerns self-regulation of attention, such that “it is maintained on immediate experience thereby allowing for increased recognition of mental events in the present moment” (p.232). The second component involves the adoption of a particular attitudinal orientation to experiences, characterized by “curiosity, openness and acceptance” (p.232).

A large body of work has consistently linked mindfulness to wellbeing, both in terms of the alleviation of distress and mental health issues as well as the promotion of positive outcomes like SWB (Ivtzan et al, 2011; see Mars & Abbey, 2010, for a recent review). There are various explanations for this positive impact. Ryan and Deci (2000) suggest that mindfulness helps individuals disengage from automatic actions and thoughts, such as unhealthy behaviors and habits, and thus plays a role in promoting behavioral regulation. Additionally, Brown and Ryan (2003) hold that mindfulness promotes wellbeing by increasing the “moment to moment” intensity of a person’s life. In terms of accounting for the beneficial impact of mindfulness on wellbeing, of particular interest in the context of the present study are explanations focusing on the parallels between mindfulness and BA. Mehling et al. (2009) have highlighted the close conceptual kinship between the two constructs. They argue that mindfulness encompasses awareness of inner sensations (as well as thoughts), which overlaps with the concept of BA. Similarly, in terms of the development of mindfulness and BA, skills required in order to achieve mindfulness (e.g. attention, non-judging, concentration) are also of importance in developing BA. Lastly, and perhaps most relevantly, Mehling et al. (2011) report that one motivation for people in the West to practice mindfulness is as a means of getting “closer” to their bodies, with the aim of enhancing wellbeing.

This last finding pertains to the as-yet untested possibility, noted above, of people seeking to develop BA as a route to greater SWB.

Thus, we have a nexus of three interrelated constructs: mindfulness, BA, and SWB. This study seeks to examine the relationship that might exist between these, as it has not hitherto been researched. More specifically, we broke this question down into a number of sub-questions. First, we investigated whether mindfulness and BA both predicted SWB (and if so, which had the greater impact). Second, we observed whether mindfulness mediated the relationship between BA and SWB. There were two main hypotheses:

H1: There will be a significant predictive relationship between BA and SWB, and also a significant predictive relationship between mindfulness and SWB.

H2: The relationship between BA and SWB will be moderated by mindfulness.

### Methods

#### Participants

The research sample consisted of 119 males (42.9%) and females (57.1%) who undertook an online survey. Participants were all adults from the general population. Participants were contacted with an email, which included a description of the research purpose and procedure as well as a link to the online survey. Inclusion criteria were that individuals had to be over 18 years old and have a good knowledge of the English language. Demographic variables, including age, country of origin, and gender, were also collected at the start of the online survey. The first author’s nationality is Greek, so consequently the largest percentage of participants was of Greek nationality (67%). Participants’ ages ranged from 18 to 69 with a mean age of 32.3 (SD=13.41).

#### Design

Data were gathered through an online survey featuring three questionnaires measuring the three variables of interest: SWB, BA and mindfulness. Firstly, SWB was assessed using the Satisfaction with Life Scale (Diener et al., 1985). This scale is a well-validated self-report tool that allows respondents to assess their lives as a whole according to their own chosen criteria (Diener & Pavot, 1993). The scale features five statements that participants are asked to rate on a 7-point Likert scale, ranging from (1) strongly disagree to (7) strongly agree (Diener et al., 1985). The scale has strong reliability and stability (with an alpha coefficient of 0.87, and a 2-month test-retest stability coefficient of 0.82) (Pavot & Diener, 1993).

Secondly, BA was assessed using the Body Awareness Questionnaire (Shields et al., 1989). This is a self-report measurement tool that assesses the level of attention given by respondents to normal ‘non-emotive’ body processes. The questionnaire has 18 items (e.g. ‘I notice differences in the way my body reacts to various foods.’) which are rated on a 7-point Likert scale ranging from (1) not at all true of me to (7) very true of me. This questionnaire is reliable for men (alpha coefficient = .82) and women (alpha coefficient = .80), has good test-retest reliability ( $r = .80$ ), and has discriminant validity and stability in factor structure (Shields et al., 1989).

Finally, mindfulness was measured by the Mindful Awareness and Attention Scale (Brown & Ryan, 2003). This assesses an individual’s frequency of mindful states, and focuses on attention on and awareness of what is happening in the present (Brown & Ryan, 2003). It includes 15 items (e.g. ‘I could be experiencing some emotion and not

be conscious of it until sometime later.’), rated on a 6-point Likert scale ranging from (1) almost always to (6) almost never. The scale has been validated for diverse groups and has a test-retest reliability of .81 (Brown & Ryan, 2003).

### Procedure

This study was designed and conducted according to the guidelines of the British Psychology Society (BPS) Code of Ethics and Conduct as well as in accordance with the guidelines of the University of East London (UEL) Code of Good Practice. Initially, participants were contacted by email to invite them to participate. Prior to the study, participants were informed of the procedure through an information sheet and asked to sign an informed consent form. After completion of the surveys, participants were fully debriefed about the purpose of the study and given the contact details of the researchers should any questions or problems occur. Anonymity and confidentiality were protected, and data collected were stored in a password-protected computer. This study received ethical approval from the ethics committee of the University of East London.

## Analysis and Results

### Hypothesis 1

In order to examine whether there was a predictive relationship between BA and SWB, or between mindfulness and SWB, a multiple regression analysis was conducted. BA and mindfulness were the predictor variables, and SWB was the DV. The results of the standard multiple regression are detailed in Table 1 below.

Table 1. *Standard Multiple Regression results for BA and Mindfulness as the predictor variables and SWB as the DV.*

|             | B    | Std.Error | Beta | Sig. |
|-------------|------|-----------|------|------|
| BA          | .087 | .041      | .184 | .034 |
| Mindfulness | .212 | .049      | .374 | .000 |

R Squared=.182, Adj. R Squared=.167

A significant predictive relationship was observed between BA and SWB, and between mindfulness and SWB. However, mindfulness had greater predictive power, accounting for 14% of the variance in SWB, against 3% for BA.

### Hypothesis 2

A moderation analysis was conducted with BA as the main effect, mindfulness as the mediator, and SWB as the dependent variable. BA was entered into the analysis first, followed by mindfulness and then the interaction term (it must be noted that the predictor variables were centered prior to the analysis). The results, shown in Table 2, indicate that the relationship between BA and SWB is not moderated through mindfulness.

Table 2. *Results of the Moderation Analysis between BA and Mindfulness*

|           | B     | Std.Error | Beta  | Sig. |
|-----------|-------|-----------|-------|------|
| Step1 ba  | .098  | .044      | .207  | .027 |
| Step2 ba  | .087  | .041      | .184  | .034 |
| mind      | .212  | .049      | .374  | .000 |
| Step3 ba  | .103  | .044      | .218  | .021 |
| mind      | .219  | .049      | .387  | .000 |
| ba x mind | -.003 | .334      | -.091 | .334 |

Step 1: R Square= .043 , Adj. R Square=.034

Step 2: R Square=.182, Adj. R Square=.167

Step 3: R Square=.189, Adj. R Square=.167

## Discussion

The data analysis produced a set of intriguing findings that both confirmed and also challenged our expectations. Firstly, we observed a predictive relationship between BA and SWB. While this was in line with our hypothesis, this is the first study to confirm an explicit statistical link between these two constructs. There was also a strong predictive relationship between mindfulness and SWB. This too confirmed our hypothesis, since the connection between these constructs has been well-established in the literature (Mars & Abbey, 2010). However, it was striking to see the extent to which the predictive power of mindfulness on SWB (14%) exceeded that of BA (3%). Evidently, these two constructs are not interchangeable, but can influence SWB in different ways. Secondly, corroborating this last point, we were surprised to observe that the impact of BA on SWB was not moderated by mindfulness. Again, this tends to indicate that BA and mindfulness, while conceptually similar constructs, both have their own contributions to make vis-à-vis individual wellbeing.

The predicted finding that BA has a positive predictive relationship with SWB is notable for many reasons. First of all, participants were drawn from the general population. To our knowledge, all the research studies in the current literature have been conducted on a targeted sample of physiologically or psychologically unhealthy participants, or with people who had undertaken a form of BAT. These previous studies have shown that BAT has the potential to reduce mental health issues and improve symptomology in clinical populations (Johnsen & Raheim, 2010). However, the present study indicates a link between BA and SWB in a nonclinical population. The implication here is that BAT has the potential to be used with “healthy” populations as a way of promoting SWB. Indeed, as Anderson (2006) suggests, it may be desirable to factor BA training into the early-years education of children, thus engendering BA from a young age. Moreover, these findings are one answer to Anderson’s question of what might motivate healthy individuals to undergo BAT training: one inducement would be experiencing increments in SWB as a result of improving BA.

A predictive relationship was also observed between mindfulness and SWB. This finding adds to the ever-increasing body of work linking mindfulness to various outcomes of wellbeing. Studies indicate that interventions to train and develop mindfulness, like Mindfulness-Based

Stress Reduction, can serve to elevate levels of SWB (Carmody & Baer, 2008). Moreover, so-called 'trait' mindfulness — relatively stable levels of mindful awareness conceptualized as a personality characteristic, indexed by the Mindful Awareness and Attention Scale used in the present study (Brown & Ryan, 2003) — has been linked with higher levels of SWB (Carlson & Brown, 2005). Although this particular finding in the current study simply serves to corroborate these previous studies, the unique angle offered here concerns the interrelationship of mindfulness, BA, and SWB. The 3% predictive power offered by BA constitutes a further discriminant predictive power over and above the 14% given by mindfulness. This indicates that both mindfulness and BA make unique contributions to wellbeing and that conceptually one cannot be reduced to or subsumed within the other.

This latter point is also supported by the rejection of the second hypothesis in the analysis, namely the prediction that the link between BA and SWB would be moderated by mindfulness. This prediction was informed by literature that indicated that many aspects of BA, such as somatic awareness and attention-focusing techniques, were perhaps captured more directly by the concept of mindfulness (Mehling et al., 2011). Indeed, Mehling et al. (2009) suggest that many people who practice mindfulness use it as a means to develop BA, thus directly implicating mindfulness as a key process within the development of BA. However, the independent predictive powers of mindfulness and BA, and the regression analysis indicating that mindfulness was not a mediating factor in the BA-SWB link, show that mindfulness and BA are distinct, albeit related, concepts. One explanation for the greater predictive power of mindfulness can perhaps be found in Bishop et al.'s (2004) two-component model. This holds that the efficacy of mindfulness does not reside in people simply becoming more aware of subjective qualia, but imbuing this awareness with particular qualities such as kindness and compassion (Shapiro et al., 2006). While mindfulness and BA both share a common emphasis on internal awareness, only mindfulness implies a particular attitudinal stance. This stance may well itself play a crucial role in SWB, thus giving mindfulness "the edge" over BA. However, it is also notable that in our study BA offered predictive power not accounted for by mindfulness, indicating that BA does not completely overlap or fall within the concept of mindfulness. Indeed, while some adaptations of mindfulness do focus specifically on the body (Ditto, Eclache, & Goldman, 2006), mindfulness practices arguably focus more on cognitions rather than somatic qualia (Teasdale, Segal, & Williams, 2003). In this sense then, it appears that mindfulness practices may be able to learn from BA practices, like BAT, in terms of engaging more with the body. Indeed, this last comment could equally apply to positive psychology more generally, as noted above.

However, the limitations of the study mean that caution should be exercised with these interpretations of the findings, and show the need for future research in this area. One key limitation is that participants were not screened for previous knowledge or experience with the concept or practice of mindfulness, or the concept or practice of BATs. Issues around relying on self-report scales assessing 'trait' levels of mindfulness, such as the Mindful Attention and Awareness Scale, have been raised by Grossman (2011). It is argued that such scales lack content validity and overlook external referents that would determine the validity of the construct. Grossman (2011) queries whether the self-reported mindfulness "skills" of an individual are reflective of actual behavior. Further issues include response biases influenced by each respondent's level of knowledge and practice of mindfulness, and variations in the semantic interpretations of each item. There are further limitations around the data-gathering techniques in the present study. Using an online survey makes it hard to control

the participatory environment: participants may have different software, equipment, and even Internet connectivity. Thus, it cannot be assured that all received the information and measurement tools correctly (Riva et al., 2003). Another limitation to online data collection is that it may exclude particular sections of the population from participating (i.e., those with less access to or familiarity with the Internet, such as older populations) and skew the sample towards those from the higher ends of the socioeconomic and educational spectra (Riva et al., 2003).

Recognition of these limitations illuminates the way ahead for further research. The current research has indicated that there may be complex links between mindfulness, BA, and SWB. Responding to the first limitation raised above, future studies will ideally screen participants in terms of previous mindfulness experience, to shed further light on whether mindfulness plays a moderating role between BA and SWB. Issues around online data collection methods skewing the sample in particular directions means greater efforts should be made to recruit from harder-to-reach populations as well as to explore alternative methods of data collection. In addition, it would be interesting to explore the intersections of mindfulness, BA, and SWB with people from different cultural backgrounds. Mindfulness as presented in the West tends to be generally decontextualized from its antecedent Buddhist origins (Kabat-Zinn, 2003). However, people from Asian cultures may have a more contextualized appreciation and understanding of mindfulness (i.e., awareness of the broader religious context in which it was developed), which may alter the way in which their experience of mindfulness intersects with BA and SWB. Such cross-cultural research will help to refine and develop the connections revealed in the current study.

### Conclusion

The study found a predictive relationship between BA and SWB. This finding is valuable as it suggests that individuals could benefit from becoming more bodily aware as a potential route to increased SWB. Further research on whether healthy individuals from the general population could be trained to increase levels of BA would be a fruitful line of inquiry. In addition, a predictive relationship was found between mindfulness and SWB. Compared to the BA-SWB relationship, mindfulness had greater predictive power. However, it was notable that BA still had an impact independent of mindfulness. Similarly, it was striking that mindfulness was not found to mediate the relationship between BA and SWB. This indicates that BA and mindfulness are not isomorphic constructs, but that each impact upon SWB in subtly different ways. Future research will be able to further tease out the subtle connections among these three constructs.

### BIOGRAPHIES

Olga Brani holds a BA in psychology and an MSc in applied positive psychology. Her clinical experience mostly focuses on adolescents and her research interests include wellbeing, positive aging, and embodiment. Dr. Kate Hefferon, PhD, is a chartered research psychologist and senior lecturer at the University of East London. She is the author of several peer-reviewed papers, books, and book chapters and has presented at conferences nationally and internationally. Her research interests include wellbeing, post-traumatic growth, resilience, physical activity, and embodiment.

Dr. Itai Ivtzan is a chartered psychologist and holds a position as a senior lecturer of positive psychology at the University of East London as part of the Masters in applied positive psychology (MAPP) programme. He is also the programme leader of the MAPP Distance Learning. He has run seminars, lectures, workshops, and retreats at conferences and various educational institutions, in the UK and around the world, while focusing on a variety of psychological and spiritual topics such as psychological and spiritual growth, consciousness, meditation, and positive psychology. Itai is the author of a variety of peer-reviewed papers and book chapters. His main areas of research are mindfulness, spirituality, personal meaning, eudaimonic happiness, and self-actualisation. He is the co-author of *Applied Positive Psychology: Integrated Positive Practice* due for publication by Sage in September 2014.

Dr. Tim Lomas is a lecturer and module leader in the MSc in applied positive psychology program at the University of East London. Tim undertook an MA (Hons) and an MSc in psychology at the University of Edinburgh. During that time he also worked as a psychiatric nursing assistant and was a Samaritans volunteer. In 2012 he completed his PhD, funded by the Institute of Health and Wellbeing at the University of Westminster. His thesis, entitled *Journeys towards wellbeing: Men, meditation, and mental health*, explored the impact of meditation on wellbeing using a mixed methods design comprising narrative interviews, cognitive testing, and EEG measurement. On completing the PhD Tim worked as a researcher at Warwick University, before taking up his first academic post at UEL in March 2013. His interests include meditation, religion/spirituality, neuroscience, and multidimensional models of wellbeing. His first academic book, entitled *Masculinity, Meditation and Mental Health*, is due to be published by Palgrave MacMillan in spring 2014. He is also co-authoring a positive psychology textbook, entitled *Applied Positive Psychology: Integrated Positive Practice*, due for publication by Sage in September 2014.

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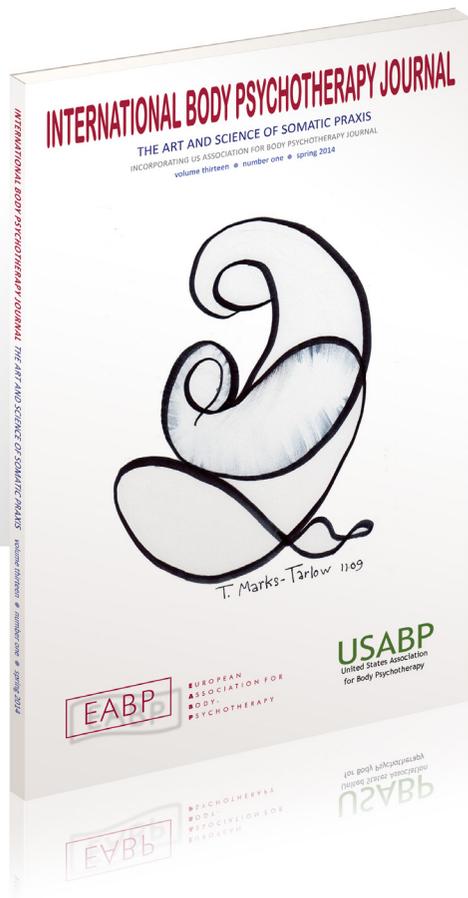
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volume thirteen • number one • spring 2014

### TABLE OF CONTENTS

#### 04 Editorial

Jacqueline A. Carleton, PhD

#### 08 Self-Reflections on Art and Psychotherapy

Terry Marks-Tarlow, PhD

#### 10 Two Poems

Jeanne Denney, BS, MA

### ARTICLES

#### 03 Shadows in the History of Body Psychotherapy: Part I

Courtenay Young with Gill Westland

#### 31 The Endo Self: A Self Model for Body-Oriented Psychotherapy?

Will Davis

#### 52 Toward an Integrative Model for Developmental Trauma

Homayoun Shahri, Ph.D., M.A.

#### 67 Awareness and Mindfulness in Consciousness-Centred Body Psychotherapy

Christian Gottwald, MD

#### 80 Helping the Body Grieve: A Body Psychotherapy Approach to Supporting the Creation of Continuing Bonds After a Death Loss

Dyana Reisen, MA, CT

#### 95 The Impact of Body Awareness on Subjective Wellbeing: The Role of Mindfulness

Olga Brani, Kate Hefferon, Tim Lomas, Itai Ivztan, Joan Painter

#### 108 The Enteric Nervous System and Body Psychotherapy: Cultivating a Relationship with the Gut Brain

Stephanie Pollock, MA



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