Different Body-Oriented Assessment Scales SRC Resource 8

Part 1: Developing Body Awareness:

As clinical practitioners, working with clients, and using Body Awareness as a therapeutic aid, we find that there are considerable differences between people's Body Awareness. So, what do we mean by this? What is the significance of Body Awareness in therapy? How do we measure a person's level of Body Awareness?

Body awareness is being connected consciously to one's body as a whole versus mind and body being two almost separate entities. When we were born and moved progressively forward with bodily control and coordination, as we began crawling, walking, climbing, and learning such skills as how far to reach for something, elements of perception, proprioception and spacial awareness of our physical selves were an integral part of our nature, with an almost unconscious body awareness in this context, given normal circumstances.

We progressed, but mostly without a conscious body awareness: we did not really 'think' about how to do this or that, with this limb or that foot. As we developed more specialist physical skills – as most people do – like playing the piano, learning to play tennis, or do typing, or driving a car, etc., we had to focus our attention on what our body was doing and what we wanted it to do. This was relatively easy: we were still in touch with our bodies.

But the more we became adult, most of the specialist skills we learnt we intellectual skills, like learning languages, doing mathematics remembering data and then retrieving it for specialist purposes. Our work became more intellectual, sedentary, dis-embodied. We were taught to monitor and repress many of our feelings. We might even have been taught that there were aspects of our bodies that were 'dirty' or 'shameful' or that should not be discussed or even thought about. We became out-of-touch with our bodies.

Then we discovered that we were also out-of-touch with ourselves, our feelings, and – ultimately – with each other. The concept of bringing back bodily awareness, achieving a 'felt' sense of self, incorporating feelings more into our lives, becoming more embodied, etc. becomes attractive – so we might start with 'safe' methods, like Yoga or Pilates or Tai Chi.

If however, we discover that damage or deprivation in childhood, trauma, or other factors are still preventing us from being in touch with ourselves, we may decide to try some body-oriented psychotherapy. There are many different types and approaches: some are more 'hands-on'; some are more relational.

As a Body-oriented (Somatic) Psychotherapist, you may wish – at some point – to use a way to 'assess' your client's level of Body Awareness. There are a number of Body Awareness Scales: some of these are listed here. You might want to try some of these out before using them regularly.

Ideally, when a client first comes (or just before they come), they would use one of these scales – and their scores would then be indicative of a degree of Body Awareness. By repeating this test, you should be able to tell from changes to their scores how much more aware of their body they are, and thus what effect the therapy is having.

Ideally, there could be another matching scale that is commonly used in psychotherapy: maybe the Hospital Anxiety & Depression Scale (HADS) ^[1]; or the Minnesota Multiphasic Personality Index (MMPI) ^[2]; or better still CORE ^[3], which was designed specifically as an outcome measure for psychotherapy and counselling and has been translated into many different languages.

¹ HADS: Hospital Anxiety & Depression Scale: www.svri.org/sites/default/files/attachments/2016-01-13/HADS.pdf

² MMPI: Minnesota Multiphasic Personality Index: more for people with mental health disorders

³ CORE: Clinical Outcome Routine Evaluation: www.coreims.co.uk/About_Core_System_Outcome_Measure.html

Part 2: Brief Description of Various Body-Oriented Measures included in a Psychometric Review ^[1]

There are various instruments for measuring body awareness. Mehling et al. (2009) provided a good review of these available <u>here</u>:

Introduction to the article:

Abstract: Heightened body awareness can be adaptive and maladaptive. Improving body awareness has been suggested as an approach for treating patients with conditions such as chronic pain, obesity and post-traumatic stress disorder. We assessed the psychometric quality of selected self-report measures and examined their items for underlying definitions of the construct.

Review methods: Abstracts were screened; potentially relevant instruments were obtained and systematically reviewed. Instruments were excluded if they exclusively measured anxiety, covered emotions without related physical sensations, used observer ratings only, or were unobtainable. We restricted our study to the proprioceptive and interoceptive channels of body awareness. The psychometric properties of each scale were rated using a structured evaluation according to the method of McDowell. Following a working definition of the multi-dimensional construct, an interdisciplinary team systematically examined the items of existing body awareness instruments, identified the dimensions queried and used an iterative qualitative process to refine the dimensions of the construct.

Results: From 1,825 abstracts, 39 instruments were screened. **12 were included for psychometric evaluation**. Only two were rated as high standard for reliability, four for validity. Four domains of body awareness with 11 sub-domains emerged. Neither a single nor a compilation of several instruments covered all dimensions. Key domains that might potentially differentiate adaptive and maladaptive aspects of body awareness were missing in the reviewed instruments.

Conclusion: Existing self-report instruments do not address important domains of the construct of body awareness, are unable to discern between adaptive and maladaptive aspects of body awareness, or exhibit other psychometric limitations. Restricting the construct to its proprio- and intero-ceptive channels, we explore the current understanding of the multi-dimensional construct and suggest next steps for further research.

Body Intelligence Scale (BIS)^[2]

Body Responsiveness Questionnaire (BRQ)^[3]

Body Awareness Measure (BAM) [4]

Timer Questionnaire (TQ) [5]

Scale of Body Awareness (SBA) [6]

Un Questionario di Consapevolezza Corporea (QCC)^[7]

Private Body Consciousness Sub-Scale (PBCS) of the Body Consciousness Questionnaire (BCQ) $\ensuremath{^{[8]}}$

'Awareness', 'Stress Response' and 'Autonomic Nervous System Reactivity' subscales of the Body Perception Questionnaire (BPQ) ^[9]

Scale of Body Connection (SBC) [10]

Body Vigilance Scale (BVS) [11]

Commented [B1]:

Body Awareness Questionnaire (BAQ) [12]

Health Consciousness (HC) subscale of The Multidimensional Health Questionnaire (MHQ) ^[13]

The same authors also developed one of the most frequently used self-reported instrument for body awareness Multidimensional Assessment of Interoceptive Awareness (MAIA, improved version MAIA-2). MAIA's main strength is that provides measuring both adaptive and maladaptive body awareness patterns. MAIA is translated into more than 20 languages. All versions and related articles are available here: https://osher.ucsf.edu/research/maia

Another instrument widely used is Body Perception Questionnaire (BPQ) developed by Stephen Porges. BPQ is also self-report measure. Unlike MAIA, BPQ has strong theoretical background. It is rooted in polyvagal theory which conceptually connected subjective experience of the body with its neurophysiological bases, i.e. information coming from the neural links between body and brain (Porges, 1995, 2011). The original BPQ (122 items, Porges, 1993) assessed several aspects, including most frequently used body awareness and autonomic reactivity. BPQ short form (BPQ-SF) includes these two subscales with 46 items. More information on BPQ as well as its versions in various languages are available here: https://www.stephenporges.com/body-scales

Endnotes:

- ¹ Mehling et al. (2009). Body Awareness: Construct and Self-Report Measures. doi.org/10.1371/journal.pone.0005614
- ² Anderson R (2006) Body intelligence scale: defining and measuring the intelligence of the body. *The Humanist Psychologist 34: 357–367*. https://doi.apa.org/doiLanding?doi=10.1207%2Fs15473333thp3404_5
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- https://journals.sagepub.com/doi/10.1111/j.1471-6402.2005.00183.x ⁴ Forester CA (2001) *Body awareness: An aspect of countertransference management that moderates vicarious*
- traumatization [Psy.D.]. California: California Institute of Integral Studies.
 ⁵ Franzoi SL, Kessenich JJ, Sugrue PA (1989) Gender differences in the experience of body awareness: An experiential sampling study. Sex Roles 21: 499–515. https://link.springer.com/article/10.1007/BF00289100
- ⁶ Hansell S, Sherman G, Mechanic D (1991) Body awareness and medical care utilization among older adults in an HMO. Journal of Gerontology: Social Sciences 46: 151–159. https://academic.oup.com/geronj/articleabstract/46/3/S151/626001?redirectedFrom=fulltext
- ⁷ Lombardo C, San Martini P, Violani C (1995) The factorial components and psychometric characteristics of a questionnaire on body awareness/Composizione fattoriale e caratteristiche psicometriche di un questionario di consapevolezza corporea (QCC). *Bollettino di Psicologia Applicata, 214: 45–50.*
- ⁸ Miller LC, Murphy R, Buss AH (1981) Consciousness of body: Private and public. *Journal of Personality and Social Psychology 41: 397–406.* https://content.apa.org/record/1982-07779-001

⁹ www.stephenporges.com/body-scales

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- ¹² Shields SA, Mallory MA, Simon A (1989) The Body Awareness Questionnaire: reliability and validity. J Pers Assess 53: 802–815. https://www.tandfonline.com/doi/abs/10.1207/s15327752jpa5304_16
- ¹³ Snell WJ, Johnson G (1997) The Multidimensional Health Questionnaire. American Journal of Health Behavior 21: 33–42.