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Body Awareness: Construct and Self-Report Measures

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Quotes below, and you can read more at <https://www.academia.edu/13064575/>

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Abstract

Objectives:

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

"Introduction

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emerged as a subject of scientific research across a wide range of health topics. Although a clear definition is rarely provided [1,2], body awareness involves an attentional focus on and awareness of internal body sensations. The term has traditionally been used in studies of anxiety and panic disorders to describe a cognitive attitude characterized by an exaggerated patient focus on physical symptoms, magnification (“somatosensory amplification”), rumination, and beliefs of catastrophic out-comes [3].

In this conceptualization of body awareness, the number of perceived and presumed potentially distressing body sensations has been widely used as a marker for hypochondriasis, anxiety and somatization "

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Introduction

In recent years, a construct labeled “body awareness” has emerged as a subject of scientific research across a wide range of health topics. Although a clear definition is rarely provided [1,2], body awareness involves an attentional focus on and awareness of internal body sensations. The term has traditionally been used in studies of anxiety and panic disorder to describe a cognitive attitude characterized by an exaggerated patient focus on physical symptoms, magnification (“somatic sensory amplification”), rumination, and beliefs of catastrophic out-comes [3]. In this conceptualization of body awareness, the number of perceived and presumed potentially distressing body sensations has been widely used as a

marker for hypochondriasis, anxiety and somatization [3], all strongly associated with unfavorable clinical outcomes such as the trajectory of pain [4]. Accordingly, the dominant view in medical and behavioral science considers heightened awareness of somatic information as potentially distressing and maladaptive. There remains considerable concern among clinicians that efforts to enhance body awareness or to focus attention on body symptoms may lead to an obsession or undue dwelling on bodily functions, subsequently creating somaticizing “cripples” with anxiety and depression [5–7]. Consequently, when this understanding of body awareness is applied to studies of pain, for example, one would expect benefits from distraction, an attentional focus directed away from pain sensations and towards mental tasks, such as solving mathematical problems. Indeed, studies of experimental pain or other acute pain models demonstrate such benefits [8–10].

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