Body Attunement: Creating a Mindful Self-Care Practice

Beyond Negative Body Image: Innovative Constructs Carve Paths to Embodied Well-being

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The ARMS Model

• The ARMS concept is innovative in the de-nesting of the self and the external system.
• The self is embodied between the internal aspects of self and external aspects of self.
• Cook-Cottone, 2006, 2015a, 2015b
The Attuned Representation of Self Model (ARMS)

• Illustrates the positive experience of individuals in their bodies by explicating the role of attunement,
  – or the adaptive mutual influence and co-regulation among the internal and external aspects of the experience of self.
  – Cook-Cottone, 2006, 2015a, 2015b
Internal Self

- Physiology, emotions, and cognitions influence a sense of internal integration and attunement.
- Difficulty with one aspect (e.g., physiological challenges emotional dysregulation, or cognitive distortions) can affect one's internal experience of well-being.
- Cook-Cottone, 2006, 2015a, 2015b
External Self

• Components the external experience of self can affect attunement.
• Disruptive external influences can include: ineffective communication patterns within the family, abuse, community pressures, cultural media influences, and gender inequities.
• Cook-Cottone, 2006, 2015a, 2015b
Attunement and Integration

• As women and men manage internal and external aspects of self, the quality of attunement can be changed by any one aspect of experience.

• Cook-Cottone, 2006, 2015a, 2015b
Disordered Self

• Conflict, struggle, and disorder can manifest in the absence and the consequent seeking of attunement (Cook-Cottone, 2006, 2015a, 2015b).
Mindful Self-Care

- Mindful self-care is a methodology for cultivating attunement among the internal aspects of self, within the context of external challenges.
- The mindful self-care process involves four steps
  - (a) mindful awareness of self-care as essential to well-being,
  - (b) assessment of self-care domains,
  - (c) assessment-driven self-care goal setting, and
  - (d) engagement in self-care behaviors.
- Cook-Cottone, 2006, 2015a, 2015b
Embodiment of Self-Care

Cook-Cottone, 2015a
Mindful Self-Care Scale

• Developed initially for use in a yoga intervention to prevent eating disorders, the Mindful Self-Care Scale is a tool for the assessment of the aspects of self-care addressing each area of the ARMS through actionable practices.

• These include physical practices such as hydration, exercise, rest, and sleep.

• Mindful practices are integrated along with self-soothing, self-compassion, and spiritual practices to facilitate attunement among the internal aspects of self.

• Finally, practices to address the external environment and relationships are addressed.

• Cook-Cottone, 2015a, 2015b
MSCS Design

- The development of the Mindful Self-Care Scale began with the ARMS model conceptualization and a review of the research.
First Mini-version in Intervention Manual

Girls Growing in Wellness and Balance
Yoga and Life Skills to Empower

Catherine Cook-Cottone and Linda S. Kane

With Contributing Authors
Emily Keddie and Sara Haugli
Next, Chapter in Practitioner Training Text
Item Construction

• Over 100 items were created in thematic clusters based on the research:
  • Nutrition/Hydration
  • Exercise
  • Self-Soothing
  • Self-Awareness
  • Mindfulness
  • Rest
  • Relationships
  • Physical and Medical Care
  • Environmental Factors
  • Self-compassion
  • Spiritual Practice
  • General Items
Item Construction

- Items were designed to be actionable and prescriptive
- For example:
  
  *This past week, how many days did you do the following:* Never (0 days), Rarely (1 day), Sometimes (2-3 days), Often (4-5 days), Regularly (6-7 days)
  
  - “I used deep breathing to relax”
  - “I planned my self-care”
Student and Expert Review

- Across three graduate classes in the CSEP department the items were tested and reviewed.
  - Awkwardly worded items were rewritten
  - Students also added items
- Experts reviewed the items and items were again revised.
  - John Norcross
  - Tracy Tylka
  - Evelyn Tribole
  - Scott Meier
MSCS Administered

- The MSCS was administered to: 448 adults (18 or older) via Survey Monkey

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<thead>
<tr>
<th>Gender</th>
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<th>US Census 2010</th>
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<td>Doctorate Degree</td>
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Eating Attitudes Test
Behavioral Questions
(Part C; EAT-26)

• The EAT-26 Behavioral Questions provide a 6 point scale which asks, “In the past 6 months have you:
  – Went on eating binges where you feel that you may not be able to stop?
  – Ever made yourself sick (vomited) to control your weight or shape?
  – Ever used laxatives, diet pills, or diuretics to control your weight or shape?
  – Exercised more than 60 minutes a day to lose or to control your weight?
  – Lost 20 pounds or more in the past 6 months?”

• Responses:
  – “never”, “once a month or less”, “2-3 times a month”, “once a week”, “2-6 times a week”, or “once a day or more”.
Statistical Treatment

First, data was screened for outlying and missing values. Next, the data set was split into two randomly selected sub-samples – Sample 1 for EFA, Sample 2 for CFA.

*Exploratory Factor Analysis (Internal Validity)*
- Data was examined and screened at the item level for skewness and kurtosis.
- Next, an exploratory factor analysis using principal axis factoring was conducted on the item-level data of the sample.
- Variance accounted for (VAF) and a scree test were examined to determine how many factors were present within the data.
- To further help determine the number of factors to retain, a parallel analysis was conducted.
- All items of the Mindful Self-Care Scale were examined to see if they produce adequate loadings (i.e., pattern coefficients), as evidenced by values greater than .4.

*Internal Consistency Assessment*
- Internal consistency estimates for the factors and scale inter-correlations were also examined.

*Discriminant (External) Validity:*
- Pearson correlation coefficients were calculated between the Mindful Self-Care scales and the following variables and measures: Body Esteem Scale, Eating Attitudes Test, and a Substance Use Questionnaire.
Five Factors Emerged

– Mindful Self-Awareness and Practice
– Time Management and Mindful Structure
– Active Self-Care for the Physical Body
– Self-Compassion, Spirituality, and Gratitude
– Supportive and Meaningful Relationships
Mindful Self-Awareness and Practice
(Factor 1, 20 items)

- I listened to relax (e.g., to music, a podcast, radio show, rainforest sounds)
- I sought out images to relax (e.g., art, film, window shopping, nature)
- I did something interpersonal to relax (e.g., connected with friends)
- I prioritized activities that help me relax
- I thought about calming things (e.g., nature, happy memories)
- I took planned breaks from school or work
- I planned restful/rejuvenating breaks throughout the day
- I planned/scheduled pleasant activities that were not work or school related
- I had a calm awareness of my thoughts
- I sought out smells to relax (lotions, nature, candles/incense, smells of baking)
- I had a calm awareness of my feelings
- I rested when I needed to (e.g., when not feeling well, after a long work out or effort)
- I had a calm awareness of my body
- I sought out tactile or touch-based experiences to relax (e.g., petting an animal, cuddling a soft blanket, floated in a pool, put on comfy clothes)
- I did something intellectual (using my mind) to help me relax (e.g., read a book, wrote)
- I meditated in some form (e.g., sitting meditation, walking meditation, prayer)
- I did something physical to help me relax (e.g., taking a bath, yoga, going for a walk)
- I carefully selected which of my thoughts and feelings I used to guide my actions
- I used deep breathing to relax
- I practiced mindful eating (i.e., paid attention to the taste and texture of the food, ate without distraction)
Time Management and Mindful Structure
(Factor 2, 12 items)

- I maintained a manageable schedule
- I maintained balance between the demands of others and what is important to me
- I avoided taking on too many requests or demands
- I made time in my schedule for enough sleep
- I kept my work/schoolwork area organized to support my work/school tasks
- I maintained a comforting and pleasing living environment
- Physical barriers to daily functioning were addressed (e.g., needed supplies for home and work were secured, light bulbs were replaced and functioning)
- I got enough sleep to feel rested and restored when I woke up
- I ate breakfast, lunch, dinner, and, when needed, snacks
- I engaged in critical or harsh self-talk
- When I got stressed, I stayed stressed for hours (i.e., I couldn’t calm down)
- I skipped a meal
Active Self-Care for the Physical Body
(Factor 3, 13 items)

- I planned/scheduled my exercise for the day
- I exercised at least 30 to 60 minutes
- I took part in sports, dance or other scheduled physical activities (e.g., sports teams, dance classes)
- I exercised in excess (e.g., when I was tired, sleep deprived, or risking stress/injury)
- I planned my meals and snacks
- I practiced yoga or another mind/body practice (e.g., Tae Kwon Do, Tai Chi)
- I ate a variety of nutritious foods (e.g., vegetables, protein, fruits, and grains)
- I planned/scheduled meditation and/or a mindful practice for the day (e.g., yoga, walking meditation, prayer)
- I drank at least 6 to 8 cups of water
- I adjusted my water intake when I needed to (e.g., for exercise, hot weather)
- I planned my self-care
- I did fun physical activities (e.g., danced, played active games, jumped in leaves)
- I did sedentary activities instead of exercising (e.g., watched tv, worked on the computer)
Self-Compassion, Spirituality, and Gratitude
(Factor 4. 9 items)

- I experienced meaning and/or a larger purpose in my work/school life (e.g., for a cause)
- I experienced meaning and/or larger purpose in my private/personal life (e.g., for a cause)
- I engaged in supportive and comforting self-talk (e.g., “My effort is valuable and meaningful”)
- I reminded myself that failure and challenge are part of the human experience
- I kindly acknowledged my own challenges and difficulties
- I spent time in a spiritual place (e.g., church, meditation room, nature)
- I gave myself permission to feel my feelings (e.g., allowed myself to cry)
- I spent time doing something that I hope will make a positive difference in the world (e.g., volunteered at a soup kitchen, took time out for someone else)
- I took time to acknowledge the things for which I am grateful
Supportive and Meaningful Relationships
(Factor 5, 7 items)

- I felt that I had someone who would listen to me if I became upset (e.g., friend, counselor, group)
- I felt confident that people in my life would respect my choice if I said “no”
- I made time for people who sustain and support me
- I felt supported by people in my life
- I spent time with people who are good to me (e.g., support, encourage, and believe in me)
- I scheduled/planned time to be with people who are special to me
- I knew that, if I needed to, I could stand up for myself in my relationships
Convergent Validity

• Body Esteem Scale
Body Esteem Scale (BES)

- The BES is a 35 item questionnaire which asks participants to rate how they feel about various areas of their body on a 5 point scale.
- Possible responses include
  - 1 = Have strong negative feelings
  - 2 = Have moderate negative feelings
  - 3 = Have no feeling one way or the other
  - 4 = Have moderate positive feelings
  - 5 = Have strong positive feelings
- Participants are asked about various body areas such as their nose, lips, waist, muscular strength, and weight.
# BES and MSCS

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<td>.01</td>
<td>.05</td>
<td>.11</td>
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<td>.36**</td>
<td>.29*</td>
<td>.28*</td>
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<td>.46**</td>
<td>.64**</td>
<td>.42**</td>
<td>.44**</td>
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* = significant at .05 level 2-tailed;  
** = significant at .01 level 2-tailed
Divergent Validity

- Substance Use Questions
- EAT-26 Behavioral Questions (Part C)
Substance Use

- To determine the degree of substance use, participants completed a self-report questionnaire which asks how often in the past 60 days participants have used a variety of substance from caffeine to narcotics and prescription pain medication.
- Participants are asked to indicate, for each substance, whether they have never used it, have used it but not in past 60 days, using it 1-9 days in the past 60 days, used 10-29 days in the past 60 days, or used 30-60 days in the past 60 days.
- Reported substance use will then be recoded by type of substance (e.g. cannabis, hallucinogens, hypnotics, etc.) which reflect the 11 classes recognized by APA (2000) and used for analysis as either presence or absence of drug type usage.
- In addition, participants are asked how many drink they consumed the last time they “partied” or “went out to socialize”, which possible responses including “three or fewer,” “four,” “five,” “six,” or “seven or more.”
- (Holderness et al., 1993).
**Alcohol Use and MSCS**

Small positive correlation with how many drinks last time partied and Time Management and Mindful Structure

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<th>MSCS</th>
<th>Alcohol 60 Days Xs</th>
<th>Drinks Last Time</th>
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<td>-.016 (ns)</td>
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<td>Time Man. Mind Struct.</td>
<td>-.12 (ns)</td>
<td>-.21 (.01)</td>
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<td>Active SC Physical</td>
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<td>-.13 (ns)</td>
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<td>Self-Comp, Spirit, Grat.</td>
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<td>-.11 (ns)</td>
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<td>Supp. Mean. Relations</td>
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<td>-.13 (ns)</td>
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<td>MSCS Total</td>
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## Substance Abuse and MSCS

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* = significant at .05 level 2-tailed;  
** = significant at .01 level 2-tailed.
### MSCS and Eating Disorder Behaviors

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<td>Gone on eating binges where you feel that you may not be able to stop?</td>
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<td>- .25**</td>
<td>- .02</td>
<td>- .01</td>
<td>- .16*</td>
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<td>Ever made yourself sick (vomited) to control your weight or shape?</td>
<td>- .16*</td>
<td>- .19**</td>
<td>- .02</td>
<td>- .08</td>
<td>- .12</td>
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<tr>
<td>Ever used laxatives, diet pills or diuretics (water pills) to control your weight or shape?</td>
<td>- .05</td>
<td>- .07</td>
<td>.10</td>
<td>-.10</td>
<td>.01</td>
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<td>Exercised more than 60 minutes a day to lose or to control your weight?</td>
<td>.07</td>
<td>-.15*</td>
<td>.17*</td>
<td>.01</td>
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<td>Lost 20 pounds or more in the past 6 months?</td>
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<td>-.21**</td>
<td>-.01</td>
<td>.08</td>
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* = significant at .05 level 2-tailed;  
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Mindful Self-Care Process

- Mindful Awareness of Self-Care as Essential to Well-Being
- Assessment of Self-Care Domains
- Assessment-Driven, Self-Care Goal Setting
- Engagement in Self-Care Behaviors

Continuous Mindful Awareness and Re-assessment

Cook-Cottone, 2015
Implications for Research and Practice

• Conduct a CFA
• Further explore and validate the measure
• Create a short and long version
• Study the MSCS as a prevention tool
• Study the MSCS with practitioners
• Use the MSCS as a prescriptive tool in practice
References