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CENTEREDNESS: A QUALITATIVE STUDY ON THE MIND-BODY
CONNECTION

BY

TARA ROUSSELLE

B.A., Keene State College, NH, 2001

THESIS

Submitted to the University of New Hampshire

In Partial Fulfillment of

The Requirements for the Degree

Master of Art

In

Counseling

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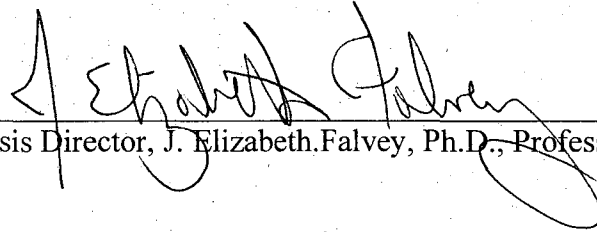
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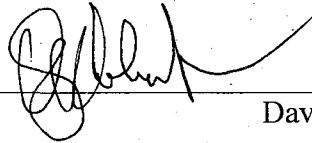


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December 8, 2009

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DEDICATION

This thesis is dedicated to the family, friends and colleagues who kept me going through this experience.

Special thanks to participants of this study, whose views on this topic have been inspirational and centering.

Also, thank you to the thesis panel and the faculty who have supported and guided me through this process; including Liz, Dave, Tom and Janet.

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ABSTRACT

CENTEREDNESS: A QUALITATIVE STUDY ON THE MIND-BODY
CONNECTION

by

Tara Rousselle

University of New Hampshire, December, 2009

Centeredness is the concept of living in a constant state of awareness of the physical, psychological and spiritual selves. Through this awareness, a person has the ability for greater connection to their self, health and the world around them, thus leading to the ability to seek optimal health.

The purpose of this study is to explore this concept and its experience from the perspective of those who claim to be experts on such a topic.

CHAPTER I

OVERVIEW AND BACKGROUND

The purpose of this research is to give quality to the term centeredness. The intention is to explore this subject in itself and its effects on a person's life. Efforts will be put forth towards determining the personal meaning of centeredness as it is experienced through the individual. Also under investigation will be the role that it plays in physical and psychological health, through the different interventions, practices and philosophies that claim to provide instruction or guidance on this topic.

It is the belief of this researcher that there are many methods of intervention that build and strengthen the connection between the mind and body, leading to the centered state of mind. Centeredness is the state of mind where a person can have a greater sense of awareness and feel connected to their sense of self in physical, psychological and spiritual ways. It is this connection to the self that allows one to be constantly mindful of their optimal state of health, leading to better long-term health. States of centeredness align the physical, psychological and spiritual selves, allowing their voices to be heard, leading to an opportunity for greater overall health through awareness.

Context

The field of mental health is growing, finding its place in an ever-changing world. We have seen this in a new area that has taken flight, that of the integration of primary care practices and mental health centers. There are studies that are sprouting up that are illustrating this need, through illustrations of the high correlation that exists between

decreased mental health and poor physical health (Moussavi, Chatterji, Verdes & Tandon, 2007) and links between the reduction of stress hormones and enhanced immune response (Sternberg, 1999).

The mainstream response to these discoveries is this involvement of mental health practitioners in the primary care setting. The role of the mental health practitioner in this setting, is to help in the improvement of the patient's overall health, with the intention of making healthcare person-centered, and therefore increase efficacy of treatment (Martin, 2004). This is done through seeing the person as a whole; where the mind plays a factor in physical health. As a result, behavior as health-promoting intervention is encouraged (O'Donnell, 2004). Research has illustrated a strong, positive impact of person-centered care (Myklebust, Pradhan & Gorenflo, 2008); and the body of scientific evidence that supports the relationship between physical and psychological health grows more and more each day (Pelletier, 2004). This speaks strongly of the link between the mind and the body and how the health of one plays very strongly into the other.

One example of that is an article written by Engel (1977), who proposed the Biopsychosocial model as a new construct of its time. By this, he meant that the field of medicine should consider the physical, the psychological and the social aspects of a person in the context of illness or disease. He urged to the medical community to begin considering these connections in diagnosis and treatment, as he felt they had been lost for some time.

Looking at this concept strictly from the perspective of how depression affects health reveals some very startling statistics. In an article that analyzed and reviewed the World Health Organization's Survey from the previous year, depression was found to

negatively affect health more so than any other ailment (Moussavi, Chatterji, Verdes & Tandon, 2007). These authors also suggest that the probability of having depression without some comorbid chronic illness is significantly low ($p < 0.0001$).

Hahn, Teutsch, Rothenberg & Marks (1990) surveyed what they saw as “excessive” deaths in 1986. They proposed that there were many deaths that were excessive, due to the fact that they are significantly linked to psychosocial activities and therefore were preventable. Such social causes include cigarette smoking, insufficient nutrition and a sedentary life-style; which can lead to obesity, high cholesterol, hypertension and diabetes. It is noteworthy that many of these psychosocial factors are, in fact, coping mechanisms for other untreated factors, indicating a more pervasive disassociation from states of health.

There are many reasons for people to participate in self-care (Pelletier, 2004; Kabatt-Zinn, 1994). One is that primary care practices have become overwhelmed with the patient loads that they are carrying (Oelke, Thurston, Dipalma, Tink, Mazonde, Mak & Armitage, 2006). Another is the idea of the patient becoming the consumer, which has become prevalent in a world where health information is highly accessible through the internet. As a result, medical providers have needed to respond with greater knowledge and sensitivity to alternative and integrative care, because that is what the clientele wants (Department of Health, 2006). Also, there is movement towards *optimal health*, where the alignment of physical, emotional, social, spiritual, and intellectual health is the goal (Dibble, 2003); where alternative practices can play a large role in this.

The concept of the evolution of the consumer of health brings about interesting ideas for healing for the individual. Encouraging self-exploration and self-care for the

new generation of health care consumers leads to empowering the patient or client to seek out resources that are complementary to their traditional services. Seeking optimal health would cause the individual to frame their health as being endogenous in origin, where it can instill a sense of empowerment and self-control over their health; an idea that will be touched upon again in many ways in this paper. These practices, when framed as “self-care,” can help empower the individual to take control and responsibility for their own health and progress, and reduce the client’s resistance to owning the process of achieving optimal health. Self-care becomes the ultimate goal as we discuss the many ways a person can be in tune with themselves and their health.

Empowerment, as an aspect of health care focus, has become more significant in the field of mental health. For example, The National Empowerment Center (NEC) is a national agency funded in part by The Department of Health and Human Services, whose main purpose is to provide information to the general public with regards to legal information, mental health treatments, diagnoses, referrals and other points of education, advocacy and assistance (NEC, 2008). They emphasize that anyone should have access to the resources to gain control over their life and recover from mental illness. As a result, alternative care practices are becoming more frequently utilized by people (Barnett, 2007). The National Center for Complementary and Alternative Medicine (NCCAM) published a statistic from the National Health Survey (2008) showing that about 50 percent of the American public is utilizing some sort of CAM.

Physical and psychological health care professionals ultimately have the same goal, which is health and well-being. New and established interventions are being utilized to integrate these different aspects of health; for example, yoga being used in relaxation

and stress reduction. There is a large movement already in motion that is assessing previously established interventions and new mind-body interventions for their areas of strength and their usefulness (NCCAM, 2008). The NCCAM funds research which has the intention of making alternative therapies more accessible to the general population and proving their value and efficacy, scientifically and statistically. Collectively, these directions offer hope that ideas of mental health, as an integrative part of restoration of the healthy person, will become more customary to the general public.

CAM practices, specifically those of the mind-body type, help form a sense of connectedness between the physical, spiritual and psychological selves. It is when a person has achieved that state of mind, that they are better able to maintain their health states on an individual level. In this paper, we will refer to that state of mind as centeredness.

Research Questions

1. What is the role of centeredness in attaining/maintaining attentiveness to health?
2. How does one establish and maintain centeredness?
3. What affect does centeredness have on physical health and wellbeing?

Definition of Terms

1. **Well-being:** Quality of life, quality of relationships, meanings, achievements and individual values (Diener & Eunkook, 2000).
2. **Centeredness:** Feelings of being in-touch with a person's sense of self and healthy state of being. Part of the goal of this research is to provide more certainty to this emergent definition.

3. **Mentally Therapeutic:** Something that provides restorative or assistive qualities to a person's psychological well-being.
4. **Mental Health:** "Psychological well-being and satisfactory adjustment to society and to the ordinary demands of life" (Random House, 2006).
5. **Self-Restoration:** Any acts of self maintenance on the psychological state with the goal of mental health and well-being.
6. **Complementary Alternative Medicine (CAM):** a group of health-related practices that are not considered part of conventional medicine. Conventional medicine is defined as treatment as practiced by persons with medical degrees and allied health professionals such as physical therapists, psychologists and registered nurses. Complementary refers to a treatment that is performed or practiced in conjunction with conventional medicine and alternative refers to a treatment that is practiced instead of conventional medicine (NCCAM, 2007). Examples that do not fall into mind-body medicine according to NCCAM's classifications are: acupuncture, herbal therapy, homeopathy, therapeutic massage and traditional oriental medicine
7. **Mind-Body Medicine:** A sub-division of CAM. These practices have a focus on the interactions among the brain, mind, body and behavior. They also illuminate the ways in which emotional, mental, social, spiritual and behavioral factors can directly affect health. These practices strengthen the ability for self-knowledge and self-care (NCCAM, 2007). Examples include tai chi/qigong/yoga, dance/music/art therapy, prayer/spirituality, group support, cognitive behavioral

therapy, mental healing, relaxation therapy, meditation, hypnosis, visualization, biofeedback and autogenic training.

8. **Mindfulness**: the practice of paying attention with purpose and without judgment to the present moment. Its source is in Buddhist meditation, but can be practically applied without meditative practice (Kabat-Zinn, 1994, p. 4).

Assumptions and Delimitations

There is an assumption that self-ratings of feelings about centeredness that are not defined scientifically in the literature will provide meaningful insight into this subject, and that the participants will be able to verbalize their ideas and feelings on the topic. There is also an assumption that participants will provide honest responses regarding their reported feelings associated with the topic of discussion.

This study does not purport to answer curative questions. Rather, it explores certain activities that can be effective in improving quality of life and well-being. Also, the study examines how those activities can alter perceptions of psychological states and well-being through centeredness and self awareness, thereby affecting an individual's ability to manage their own general health.

Although it will be minimally addressed in this paper, I will also ask the reader to consider that perceived effectiveness, as it is related to hope and belief, also has a great effect on health and wellbeing.

Summary

The intention of this study is to evaluate the value and meaning of centeredness through discussion with persons who are thought to be credible witnesses of such feelings. This will be explored through analysis of their attentiveness to self and their

ability to maintain this state, and through discussing their subjective experiences with centeredness in relationship to their practice that teaches, aligns and maintains them with these feelings.

It is hoped that this study will be significant to the field of mental health through its exploration of the idea of centeredness. This is an idea that, when attained and explored, can help a person maintain their own sense of personal values and health, fostering autonomy and self-care.

CHAPTER II

LITERATURE REVIEW

Health and happiness are the rights of every individual. That is why it is important to encourage the promotion of different medical systems. While many systems of medicine such as the Tibetan are traditional and ancient, their importance in contributing substantially towards medical sciences particularly in the field of treating psychosomatic and non-infectious diseases should not be ignored. (The Dali Lama, 1981)

It has been suggested throughout history that there is a connection between the mind and body. One is affected by the other in numerous different ways, both in sickness and in health. This review will discuss the ways that connection has been recognized and supported by modern science. Evidence will be illustrated with relationship to certain diagnoses. Discussion will also include alternative therapies that have been used to promote mental health, and contemporary ideas of how wellbeing can improve health.

The Mind and the Body in Health and Medicine

There appears to be a calling from both psychological and medical communities to unite the two schools that have stood divided since the 1800's, in the Age of Enlightenment (Engel, 1977; Hahn, Teutsch, Rothenberg & Marks, 1990; Pelletier, 2004). In that time, medicine was operating at a primarily physiological level. Inventions of the time focused on the physiological and cellular level of human health and healing. New instrumentation included stethoscopes, blood pressure cuffs, and the first microscopes, which brought about the discovery of bacteria and antibiotics (Engel, 1977). This focus on physiological levels of healing polarized the focus away from mental,

psychological or spiritual health (NCCAM, 2007; Pelletier, 2004) and distanced the doctor from the patient.

Since then, it has become apparent that disease is more than just physiological aspects. There are many health concerns that are linked to psychological, lifestyle and environmental origins (Pelletier, 2004). This suggests that a good number of the deadliest diseases can be avoided through healthy living and increases in quality of life. These diseases are related to, and possibly a direct result of obesity, smoking, drug or alcohol consumption, lack of exercise, poor nutrition, anxiety, depression (Ibid, 2004)... the list goes on.

The field of counseling teaches us that oftentimes, if a person is *heard*, it is enough to start a reaction going in the healing direction. However, it is common for a physician to avoid talking about their patient's emotional problems: whether because of time constraints, lack of care or training, or perhaps fear of bringing up unresolved issues of their own (Terr, 1995). After all, they have been trained as doctors of the body, not the mind.

In recent years there have been collaborative efforts to integrate medical care within a multidisciplinary model which views the person as a whole (focusing on patient satisfaction, education, communication and efficiency) and tends to their physical and emotional health (Martin et al., 2004), empowering the person to be educated about their health as it affects them physically, psychologically and socially.

Psychoimmunology

There are many bodies of research that support the link between the mind and the body. One rapidly growing field of study is that of the connection between the immune

system and the effects that psychological states play upon it (Biondi, 2001; Irwin, 2001; Marucha, Sheridan & Padgett, 2001; Turner-Cobbs, Sephton & Spiegel, 2001). This field goes by a variety of names, such as psychoneuroimmunology or psychoimmunology, which are used interchangeably for the most part.

Near the beginning of this movement, in the attempt to return to treating the body as a whole, Engel (1954) talked about a link between psychological factors and their effects upon the onset of illness. He urged the medical community to discuss such links with patients when they do exist. Much of Engel's article bore the tone of a lone warrior fighting for awareness in a cause that he felt was underrepresented in the healthcare community of his time. The cry was heard, and many scientists of physical and psychological health have answered with their own studies. We will see some examples of that in the following paragraphs.

There are several ways that psychological states and environments can positively affect physical health. For example, in a study with rats, it was found that living in communities correlated with shorter courses of arthritic disease (Amkraut, Solomon & Kraemer, 1971). Another study with renal patients shows a strong correlation between survival rates and participation in a group with similarly ill people to discuss issues of stress, quality of life and life adjustments related to end-stage renal disease (Friend, Singletary, Mendell & Nurse, 1986). These two examples suggest that community can improve health, lending to the idea that physical illness is not isolated specifically in the physical body.

There is also research with oncology patients that suggests "optimal healing environments" as being necessary for quality of living and recovery (Block, Block &

Gyllenhaal, 2004). This research cites a long list of considerations that should be taken into account when dealing with this vulnerable and potentially confused population. Some of these items include discussing and understanding the nature of the disease, fear and trauma associated with life changes, feelings of loss of control, information overload, “rejection” by the medical establishment and resignation to death, issues of hope and helplessness, healing and curing, etc. Other issues that are important to harness are those of a “therapeutic alliance” with care providers, and empowerment with regard to self-healing. The results of this supportive model show a doubling in survival rates among participants versus non-participants with similar conditions (Block, et al., in preparation; referenced from 2004 article).

There is a great deal of work that researches the effects of stress on the body’s immune response, such as a link between autoimmune diseases and failed defense mechanisms (Solomon, Amkraut & Kasper, 1974; Udelman & Udelman, 1983). There also has been evidence that shows significantly depressed T-cell function in bereaved spouses (Bartrop, Luckhurst, Lazarus, Kiloh & Penny, 1977), showing the reflexive relationship between the mind and body.

There seems to be minimal research on prolonged exposure to extreme stress among humans, probably for ethical reasons. But existing studies seem to show that long-term exposure to environmental stressors such as unemployment, suppress the immune system’s response and can affect mortality rates (Brenner, 1979; O’Leary, 1990).

Rozanski, Blumenthal & Kaplan (1999) found that depression, anxiety, personality factors and character traits, social isolation, and chronic life stress all negatively affect the development and progression of coronary artery disease. The article

also concluded that these psychosocial exacerbators are behavioral mechanisms, which suggest that life-long poor health choices can lead to severe heart disease. This implies that there could be other reasons that heart disease is prevalent than a genetic predisposition; for example, a lack of education on healthy living, or an untreated psychological condition.

This idea of psychoimmunology is relevant to the concept of centeredness, because it shows us one aspect of a bigger, multi-faceted mechanism.

Psychoimmunology illustrates for us the idea that psychological states tend to affect physical health. What we are looking at more specifically in this paper, is the link in-between the mind and the body. Centeredness is the state of being where one is able to have a greater awareness of the alignment amongst their physical, psychological, and spiritual selves.

Physical Effects of Psychological Distress

Anxiety and Stress

Almost 25% of the United State's population is affected by lifelong anxiety disorders (Kessler, McGonagle, Zhao, Nelson, Hughes, Eshleman, Wittchen & Kendler, 1994). Anxiety is also considered to be associated with depression, as it commonly appears before and after a depressive episode. Anxiety disorders affect 19% of patients in medical care, leading to an economic burden in health care costs of \$42 to \$47 billion dollars a year (Kroenke, Spitzer & Williams, 2001).

Psychological stress, as a form of long term or pervasive anxiety, is found to be a major contributor in not only the onset, but also duration of illness (Baum & Poslusny, 1999; Pelletier, 2004). It seems that the American way of life promotes a high stress

lifestyle, where it leads people to finding new coping mechanisms (such as drug use/abuse, overeating, malnutrition, sedentary lifestyle, etc.) that may not be positive in the long run. It is possible that this contributes to the estimates of disease in Europe being lower than in the United States (Moynihan & Cassell, 2005), or in other countries where life moves slower and has a different value structure.

There is a link between the ability for escape from an acute stressor and the development of physiological responses. In a study by Brady, Porter, Conrad & Mason (1958), primates were tested for concepts of flight versus fight and learned helplessness. The floors of the animal pens were wired for shock testing. In trials where the option for evading a shock was given by only introducing shocks to one side of the pen, primates showed decreases in their psychological responses to stress, but increased physiological response to the stressor by increasing incidence of severe gastrointestinal illness which led to the death of the subject. However, in cases where the option for escape was not given, ulcers were not developed. This illustrates the theory that when a psychological stressor is lessened or alleviated, there is still physiological damage as a result of the stressor having been present.

On a more curative note; outcomes in mindfulness practice speak highly of its effectiveness with anxiety. It has been found that regular practice in mindfulness has markedly decreased symptoms of anxiety disorders in a 3 year follow-up study. This includes a decrease in pharmacological intervention and medical utilization (Miller, Fletcher & Kabat-Zinn, 1995). Also, it has been found that mindfulness meditation's outcomes demonstrate a sustained reduction in anxiety and depression, including decreased medical utilization (Aspinwall & Staudinger, 2003).

Depression

The World Health Organization (2008) states that depression is the leading cause of disability worldwide, indicating a startling prevalence of mental health issues in the general society. The World Health Surveys show a strong correlation between depression and poor physical health scores (Moussavi, Chatterji, Verdes & Tandon, 2007). Other research supports the idea that depression impairs health more dramatically than other medical disorders (Irwin & Cole, 2005), showing that it can be as deadly as physical diseases.

Rozanski et al. (1999) found that depression, anxiety, personality factors and character traits, social isolation, and chronic life stress all affect the development and progression of coronary artery disease. The article also stated that these psychological exacerbators are behavioral mechanisms, which indicates a correlation between life-long poor health choices and severe heart disease.

The research suggests that depression is a major factor in illness. Aside from the statistical data, it is clear to people who have spent a lot of time around physical and psychological illness that there is a correlation between the two and that they can both play into each other in numerous ways. Some of these ways include behavioral symptoms of depression such as sleep disturbances, substance use/abuse, weight fluctuations, activity and exercise, fatigue or vegetative symptoms, and anhedonia (Irwin & Cole, 2005). It is speculated that these are some of the major linking factors between poor health and depression.

Another aspect of health functioning that is affected by a major depressive episode is immune functioning. Studies have shown that there is a significant impairment

in the sympathetic nervous system and the HPA (hypothalamic-pituitary-adrenal) axis among depressed patients, and that the homeostatic balance of hormones and neurotransmitters is found to be considerably off in this population (ibid, 2005).

It remains unclear which mechanism in this case is affected first, behavior or immune functioning. It is speculated in the research that impaired immune functioning can also affect behavior, where the release of cytokines can trigger “sickness behavior” that is similar to the physical symptoms of depression (Dantzer, Bluthé, Castanon, Chauvet, Capuron, Goodall, Kelley, Konsman, Laye, Parnet & Pousset, 2001), even though the direct physiological evidence of this mechanism is still under investigation.

Depression can be another indication that a person is not experiencing life in the state of centeredness. The origin of depression can be from many factors, but in the function of this paper, the reader is asked to think of depression simply as an emotional state where a person’s center is far from them. It is presented for discussion to illustrate the immune system’s response to emotional states where a person is not experiencing feelings of centeredness.

Self Care

In addition to a new consumerism in healthcare, the integration of ancient healing systems into Western medicine has brought about growing awareness of alternate ways of controlling health and physical systems. This is illustrated in a research review compiled by Pelletier (2004); CAM practices such as yoga, qigong, meditation and acupuncture have taught us that people are potentially able to control and regulate autonomic functions such as blood pressure, heart rate, respiration, body temperature, and brain activity (Goleman & Schwartz, 1976). These practices teach relaxation, mindfulness and

balance for everyday living, but have a greater affect systemically, as they can help restore and repair the body's natural healthy functioning.

It has been shown in some research that self-awareness, which is related to these concepts of mindfulness and centeredness, can directly lead to an increase in the ability and interest in self care. Medical students in one study reported an improvement in their academic and interpersonal live, when they attended a mind-body seminar (Saunders, Tractenberg, Chaterji, Amri, Harazduk, Gordon, Lumpkin & Haramati, 2007). After attending said seminar, there were significant responses to the effect that the medical community should bring these practices more into integration with conventional medicine because of their strong positive effect on disease (ibid).

There is also the idea with CAM practices that, because the patient has to research these opportunities on their own, there is more of an investment that is put into it. Also, because they all have a focus on repair of the self or spiritual mechanisms, that there is more of an emphasis on healing coming from the inside, versus from some external source (Kabat-Zinn, 1996; Pelletier, 2004). This assists in the mechanism which empowers the patient and makes them responsible for their own healing and wellness. Studies on the effectiveness of mind-body practices, are able to correlate data that shows significant similarities in people who are drawn towards complimentary and alternative health and their having greater beliefs about their ability to control their own health. This coping mechanism is associated with a disenchantment of medical professionals; a great deal of which is due to accessibility to information in an internet age. People know more about their health and take a more active role in managing their health (Furnham & Bhagrath, 1993; Furnham & Forey, 1994; Lee, Mancuso & Charlson, 2004).

This idea of control over one's health and environment is a significant idea. Control can play a large role in one's psychological health and well-being (Bandura, 1989b; Beck, 1976; Beck & Weishaar, 1989; Seligman, 1991; Shapiro, Schwartz & Astin, 1996; Taylor & Brown, 1988, 1994). Perception of mental health can often be related to a person's perceptions of control over their environment (Shapiro, Schwartz & Astin, 1996). Studies of cancer patients suggest that perceptions of low degrees of control and helpless attitudes toward the disease can be powerful predictors of first recurrence and death from the disease (Andersen, Kiecolt-Glaserr, & Glaser, 1994; Antoni & Goodkin, 1988; Di Clemente & Temoshok, 1985; Greer, Morris, & Pettingale, 1979; Jensen, 1987; Pettingale, Morris, Greer, & Haybittle, 1985; Schmale & Iker, 1961; Stavraký, Buck, Lott, & Worklin, 1968; Watson et al., 1991). These ideas imply that when a person is able to take control over their health and healing, that they will experience better healing attitudes and will be more able to keep their stress levels in the optimal healing levels.

To play devil's advocate, we should ask; how much of the source of endogenous healing is related to placebo effects? Where, "expectancies are the mechanism by which placebos have their effects" (Crow, Gage, Hampson, Hart, Kimber & Thomas, 1999, pp. 12). These expectancies can be set up through patient characteristics, practitioner characteristics, patient-practitioner interaction and treatment and treatment setting (ibid). There is some research that suggests that alternative medicine's effectiveness can largely, if not completely be explained by the placebo effect (Benson, 1995; Benson & Friedman, 1996; Brown, 1998; Crow, et al., 1999; Frank, 1982; Kaptchuk, Edwards & Eisenberg, 1996; Lynoe, 1990). On the other hand, there is opposition that puts forth the argument

that there is not enough empirical evidence to support methodological validity of this research, including a lack of placebo controls (Buckman & Lewith, 1994; Crow, et al., 1999; Joyce, 1994; Kleijnen, Knipschild & Ter Reit, 1991; Reilly, Taylor, McSharry & Aitchinson, 1986; Smith, 1995; Ter Reit, Kleijnen & Knipschild, 1990).

It may not be useful to discard a practice that has been subjectively effective because it can not be studied via the experimental methods that are available to the scientific community at this time (Waldspurger-Robb, 2006). Instead, it would be more useful to recognize that belief and participation in a practice is also significant because of the mobilizing power that it can provide for a person's pursuit towards a healthier way of thinking and being (Bishop et al, 2004).

Mind-Body Medicine: Uses and Effects

There are many different practices that have the intention of integrating and connecting the mind with the body. Some examples are tai chi/qigong/yoga, dance/music/art therapy, prayer/spirituality, group support, cognitive behavioral therapy, mental healing, relaxation therapy, meditation, hypnosis, visualization, biofeedback and autogenic training (NCCAM, 2008). Some have better efficacy with certain diagnoses than others, and some require more training and practice to attain greater effectiveness.

There is a strong correlation between successful surgical outcomes and relaxation, guided imagery and hypnosis. When these interventions were delivered in concordance with cardiac rehabilitation, mortality rates decreased 41% and recurrences within two years decreased by 46% (Linden, Stossel & Maurice 1996). The data is based on a trial of 2024 patients undergoing psychosocial therapy versus a control trial of 1156 subjects with the same diagnosis, not receiving the psychosocial therapy.

Johnston & Voegelé's study (1993) compiled trials of relaxation-based treatments that were a part of preoperative teaching in general surgical settings. Their research showed that procedural information, behavioral instruction and relaxation training assisted in behavioral recovery post-operatively for patients with breast cancer. On the other hand, they did not find sensory information, hypnotic and emotion-focused approaches to be significantly effective; speculating that this would be due to their relative newness as a contribution to this field, which would make their procedures less refined. The most relevant piece that I see in this study, is that cognitive and relaxation therapy have such a significant affect on the clinical aspect of recovery for these populations, which supports these ideas of mental preparation having such an influence on physiological states of healing.

One study examined treating anxiety with qigong. Chow & Tsang (2007) theorize about the physiological reasons for why such an intervention would be effective. The rationale behind such an intervention, as is drawn out by their research and experience, includes and integrates “mind regulation” (*tiao xin*), “body regulation” (*tiao shen*), and “breath regulation” (*tiao xi*) frameworks of *qigong*, and translates them to a biopsychosocial model where the triad are considered restorative at the biological level, the psychological or spiritual level and the social level, accordingly. Which would lead us to the conclusion that qigong teaches skills for managing symptoms on all the levels that anxiety can affect.

Qigong has been shown to be successful in reducing systolic blood pressures and improving rated feelings of well-being in one study. That same study showed that progressive relaxation was just as, if not more effective than qigong in decreasing

diastolic and systolic blood pressures, heart rates and anxiety (Hui, Wan, Chan & Yung, 2006).

Finkelstein (2007) completed a study which was organized for a population of medical students, where an elective class presented an introduction to mind-body therapies. The researchers found that the course not only attracted the more anxious people from the student population, but that the program did have a lasting positive effect that extended longer than the duration of the course. The activities included periods of meditation, exercise, art therapy, group therapy and other activities.

Issues that people typically seek CAM for include cardiovascular disease, coronary artery disease, hypertension, chronic obstructive pulmonary disease, headaches, insomnia, incontinence, arthritis, pain, fibromyalgia, allergies, asthma, dermatological disorders, diabetes, HIV, irritable bowel syndrome, peptic ulcers, and tinnitus (NCCAM, 2008). It is also used for relief of symptoms of cancer, improving post-surgical outcomes, post-stroke rehabilitation, and improving pregnancy outcomes (ibid).

Mind-body practices are highly utilized for the management of psychological and physical health and have been proven to be very effective. They also give people the ability to regulate their health states in a direct relationship between the mind and the body and can lead to greater overall health and wellness.

Centeredness

Centeredness is a term is that not commonly utilized in the scientific research, although it is a concept that people refer to when talking about spiritualism, meditation and feelings of well-being. When asked about it, many people will respond that they think it is important for feeling good, but is so rarely seen in people. The purpose of this

research is to shine a light on the idea of centeredness and what the implications are of this idea for health and wellbeing.

Kabat-Zinn (1994) talks a lot about these same concepts that are related to centeredness, through mindfulness. Mindfulness means paying attention to the moment without judgment and with intentionality. The goal of the practice of mindfulness is being in the moment without feeling pulled in other directions. While you are here in this space, you are able to look at the moment of being and see your reactions to life as *your* reactions, nonjudgementally and with ownership. Another way of phrasing it is: you are on the inside looking out, and can see you for who you are. For Kabat-Zinn, this is something that is practiced in everyday life and tends to be less of a skill, but more of a way of perceiving your surroundings, which can be augmented or attained with the aid of meditation.

Centeredness can be viewed through the three axioms which are essential for feeling the effects of mindfulness practice; intention, attention (cognitive presence in the moment), and attitude (Shapiro, Carlson, Astin & Freedman, 2006).

Intentionality gives meaning to the practice. It is the why. Kabat-Zinn (1990) talks of the importance of a goal: “your intentions set the stage for what is possible,” and becomes just as important as the practice, itself (Bishop, Lau, Shapiro, Carlson, Anderson, Carmody, Segal, Abbey, Speca, Velting, & Devins, 2004). A survey of meditators shows that this goal evolves with the meditation practice. It often begins with self-regulation and transforms to self-exploration and finally to self-liberation or transcendence (Shapiro, 1992).

Attention in relation to mindfulness is this idea of being able to focus on internal and external behaviors (Shapiro, et al, 2006) while maintaining a sense of presence in the moment. This concept is also a key component of cognitive-behavioral therapy, where one is responsible for attending to their behaviors.

The third axiom of mindfulness illustrated by Shapiro et al. (2006) is that of attitude; which refers to the intention behind going into practice. The suggested mindset that should be taken in approaching a mindfulness practice is reflective of the Japanese definition of the word, mindfulness. The characters that make the word are “mind” and “heart” together (Santorelli, 1999). Other suggestions for attitude are reflective of the Buddhist principles of meditation including curiosity, non-striving and acceptance (Bishop et al, 2004).

It is also proposed that learned optimism is another vessel for prevention; where becoming involved in this practice has been shown to not only prevent forms of mental illness, but to repair damage when it has already manifested (Satterfield, 2001). This idea of learned optimism is very similar to the attitude aspect of mindfulness.

Another approach to gaining centeredness is through the practices of Buddhism. Zen philosophers place the emphasis on people being non-attached, in touch with ourselves and the environment, being well grounded and fully present, and living in the moment (Dockett, Dudley-Grant & Bankart, 2003), which they achieve through meditation and studying Zen text. It seems that “being grounded” is a more widely used term that is very closely related to centeredness; where being grounded is this idea of being present, feeling connected to the earth and our selves. This term gives a very physical illustration of this state, where, as you will see in the findings section, the

subjective experience can extend much farther in life when looked at from the new perspective of centeredness.

Buddhism brings up the concept of non-attachment, which is a synonym for not feeling pulled by external forces, which is how it is referred to in this study. Not being pulled or persuaded by the external world is essential for remaining in feelings of centeredness for more than a moment. These feelings of being grounded and centered are not something that Buddhists scientifically study, as a general rule, as they tend to not be scientifically focused. One is meant to know it when they feel it.

Considering that many of these ideas discussed in this paper are spiritual in nature, it is significant to point out that in a analysis of lifestyles and medical conditions such as heart disease, hypertension, cardiovascular disease, immunological dysfunction, cancer, mortality, pain and health behaviors, studies have found a 60-80 percent correlation between spiritual or religious practice and better health (Koenig, McCullough & Larson, 2001).

Centeredness is a multifaceted construct which overlaps with many different ideas that are already present for those who look. Some of these ideas, such as mindfulness and Zen practice, overlap with centeredness and are the starting point from which centeredness grows.

Conclusion

All of the topics discussed above are different methods of expressing and exploring the connections that can exist with the self. This connection can be a key component in a person's ability to attend to and be in tune, or connected with their

personal states of health both physically and psychologically. Awareness can be learned through mind-body practices, mindfulness, or other methods not discussed in this paper.

Supporting the idea that the mind contributes to physical wellness, Udelman and Udelman (1983) find it a reasonable assumption that, with good psychological resources such as education and prevention, susceptibility to certain illness could be reduced. The scientific significance of this connection is illustrated through research in the field of psychoimmunology that is suggestive of the mind's ability to directly effect physical health states both positively and negatively (Bartrop, Luckhurst, Lazarus, Kiloh & Penny, 1977; Block, Block & Gyllenhaal, 2004; Friend, Singletary, Mendell & Nurse, 1986; Solomon, Amkraut & Kasper, 1974; Udelman & Udelman, 1983).

It is this researchers' belief that the missing link in this equation between the mind and the body is this concept of centeredness. Centeredness brings us to the place where we can feel connected with ourselves; physically, emotionally and spiritually. It brings us to a point where we can feel homeostatic health and wellbeing. In that place, a person is more able to feel the beginning stages of ill health that are consistent with physical and psychological health (such as fatigue, pain, stress, etc.) because they are listening to themselves constantly, and like a finely tuned instrument can be repaired by the artist when it is heard.

There are many controversies and limitations to practicing mindfulness and self care for the general population. Many people do not feel they have access to this perspective, or way of life. This can be due to lack of general knowledge of centeredness and wellbeing, or the feeling that one doesn't have the time, energy or preference for these practices. The fact that these beliefs, which are spiritual in nature, are still

considered unconventional in this culture, can also lend to a person's fear or uncertainty in exploring such a new territory.

It is my hope that this research could help explore the space between the mind-body connection, and shine some light on the shady area that many people can only subjectively know at this point.

CHAPTER III

METHOD

Overview

A one to two hour, semi-structured interview took place with people who have exhibited active pursuit of centeredness and well-being through CAM, mind-body medicine, spiritual practice, or other practices. The participants were emailed a short online questionnaire (The Wellbeing and Awareness scale - Appendix B) prior to the interview, along with the informed consent letter. They were asked to fill out the questionnaire and email it back prior to the start of the interview. The purpose of the questionnaire was to stimulate thought on this topic and to have a quantitative representation of topical areas that are related to centeredness. It served as a reflective measure of their subjectively stated experiences with wellbeing

Sample Participants

The demographic of this study was limited by region included (southern New Hampshire and the seacoast region), because of time and travel limitations of this researcher. Five of the potential participants were identified through peer recommendation. The remaining ten were identified through an internet search that included region and practices related to centeredness, including meditation, mindfulness and spiritual exploration; specifically looking for instructors of these practices. Fifteen letters were sent via mail and email; 5 of the potential participants responded in time for participation, which provides a 33% acceptance rate.

Instruments

The interview questions were created for this intention by the writer and items were reviewed for content validity by this thesis panel. These questions which guided this interview are included in Appendix A. Its purpose is to measure the following components of centeredness:

- Definitions of centeredness
 - Personal meaning
 - Sociological/industrial meaning
 - Meaning with regards to physical health
 - Past and present illness
- How it is attained
 - What practices are utilized
 - What philosophies are mentated
- How it is maintained
 - Frequency of practice
 - What pulls a person away from the feeling
 - What is done to counteract that

The Wellbeing and Awareness Scale (Appendix B) is comprised of two scales that will be discussed in the following paragraphs. The scales were placed sequentially without changing wording, order of questions, or scoring mechanisms of either scale.

The first section of this Questionnaire consists of the Five Factor (or Facet) Mindfulness Questionnaire (FFMQ; Baer, Smith, Hopkins, Krietemeyer & Toney, 2006).

This scale was developed through a multi-layer analysis for the intention of studying mindfulness. It is a 39-item scale that is scored on a 5-point likert scale.

The five factors that were determined to be the core constructs of mindfulness by this study are *observe*, *describe*, *act aware*, *nonjudge* and *nonreact*.

- *Observe* refers to one's ability to observe, notice or attend to sensations, perceptions, thoughts and feelings: where a mindful person would be alert and attentive to the inner experience.
- *Describe* is the action of labeling thoughts, feelings and perceptions with words.
- *Act aware* is the ability for a person to stay connected with their processes; to not run on automatic pilot, to maintain concentration and non distraction with the inner experience.
- *Nonjudge* is a person's ability for seeing their experience with nurturing and objectivity.
- *Nonreact* proposes that a mindful person would be able to perceive feelings and emotions without being taken over by them.

The second section of the Wellbeing and Awareness Scale consists of the Scale of Body Connection (SBC; Price & Thompson, 2007), which is a scale that intends to measure connectedness with the physical body. This scale was developed through research on body work, body psychotherapy, and trauma recovery. This was then reviewed by a panel of Nursing Science doctoral students, body therapist clinicians and researchers in psychosocial nursing for feedback.

Body connection is measured in two aspects; body connection and body disassociation. It is a 20-item scale that is scored on a 5-point likert scale.

- Body connection is awareness of the physical and emotional senses
- Body disassociation is disconnectedness from the internal experience

Validity

Validity of the questions made for the interview portion of this study, were reviewed by this thesis panel. These contributors and the participants of this survey will contribute to the process of refining the accuracy of said questions, as a part of the process. It is the intention to keep the language neutral and non-influential on the opinions of the people surveyed.

In the following section, Wellbeing and Awareness Scale is broken down into its two components for observation of validity.

The FFMQ was developed in four parts. A summary of this development process is important for the understanding of the test's strength in validity.

First, an analysis was performed of five available scales of mindfulness, comparing them against each other and against scales that intend to test for related constructs, such as mood and emotional regulation. Second, the questions were divided into what the study showed were the five core facets of mindfulness, utilizing the questions that scored with the highest reliability and validity. Thirdly, it was retested, compared to the previous instruments and was found to have high internal and external reliability and construct validity (see the following information regarding this section). Fourth and finally, it was internally tested for the relationships of each of the five factors and the strength of their relationship to the main construct.

The validity of the third phase of the development of the FFMQ, the confirmatory factor analysis (CFA), is the most relevant to report here as it is the best descriptive of the

test's value and meaning. Four indices were used for analysis in this section of development. They were the comparative fit index (CFI), the nonnormed fit index (NNFI), the root mean square error of approximation (RMSEA) and a chi-square test for discrepancy between the model and the data. For the CFI and the NNFI the five factor test scored over a 0.9, in both meditator and non-meditator samples, which is considered to be a good fit. For the RMSEA, 0.05 is considered a close fit and 0.08 is a fair fit, the five factor models scored 0.06 and 0.07 in this section. All Chi-square measures were significant at $p < 0.001$.

The validity of the SBC was also evaluated using the CFA. The indices used here for the χ^2 , the goodness-of-fit index (GFI), the comparative fit index (CFI), the normed fit index (NFI), the standardized root mean square residual (SRMS), and the root-mean-squared error of approximation (RMSEA). The chi-square is significant at $p < 0.001$. Values between 0.9 and 1.0 indicate a good fit for the GFI, where this measurement scored just below, at 0.89. This measurement scored above 0.9, which is considered a good fit for the CFI. For the SRMS, it scored < 0.08 , which is considered acceptable. For the RMSEA, it scored 0.05, which is considered a close fit. Cronbach's alpha was used to test for internal consistence reliability, alpha values of > 0.7 are acceptable, which this measurement scored above that range.

Limitations

It is understood that some influencing of responses may occur with participant knowledge of the purpose of the study. Regardless, this study would be impossible to perform without shared knowledge with the participants.

Another factor to be considered is that people's memories may contain distortions when recalling information. There is not much that can be done to cancel that out, but it will be taken into consideration while analyzing the data.

Procedures

The potential participants were sent a letter describing this research project and inviting their participation (Appendix D) either by postal mail or email. Upon receiving a response indicating interest in participating, they were sent the informed consent letter (Appendix C) and the Wellbeing and Awareness Scale (Appendix B). When the scale was returned to this researcher, then a meeting time was arranged.

The procedure for the face to face interview was a semi-structured interview in a quiet setting. The participants were informed that the interview would take one to two hours. The stated preferred location was in the practitioner's place of practice, so as to get a better feel for what that environment could feel like and what it brings to their practice. The interviewer discussed the interview questions with the participants and explored information which appeared relevant to achieving centeredness as it arose in the discussion.

The sessions were tape recorded and transcribed for review. This documentation will be discarded at the completion of this project.

Data Analysis

. The intention of the study is to establish and refine a definition of centeredness, to better understand what centeredness feels like for the participants, and to gain a greater understanding of the affects it has on the whole person.

Analysis of the interview data is in the form of a qualitative descriptive approach. Content analysis categorized responses into; significant themes and statements which were observed, highlighted and compared for frequency and similarity to establish the essence of the meaning of centeredness.

Data from the FFMQ and the SBC are used as a baseline for comparison of the subject's experience and their scores on well-being and connectedness.

The results of these scores are referred to in; looking at their self-rated scores in comparison to the total score that each participant potentially could have rated themselves. Also to be mentioned is a percentile score which is tabulated as a combination of the two scales, the FFMQ and the SBC, where the percentile referred to is the self-rated score in comparison to the potential score.

Analysis explores results of the Wellbeing and Awareness Scale and specific practices and rituals by which each of the participants manage their overall health through a sense of connectedness with the physical, psychological and spiritual self. A qualitative summary of each case examines the research questions, which discuss: the role that centeredness plays, how it is established and maintained, and what affect it has on physical health and wellbeing.

CHAPTER IV

FINDINGS

Participant profiles

There were five participants in this study. Their philosophical perspectives, backgrounds and responses were equally significant to this study. They will be referred to by their most significant area of instruction, to keep the relevance of that philosophical perspective active in the understanding of the responses. Included in this section will be their scores to the Wellbeing and Awareness Scale. They are listed in the order that they were interviewed, which was determined solely by availability.

The following chart illustrates the scores of the participants from the Wellbeing and Awareness Scale. As previously stated, this scale is comprised of the FFMQ and the SBC. Here, the participants are listed in sequence of total score. This score is a percentage of their self-rated score, versus the total potential score that they could have received in the scale. The range of the scores for each participant will be discussed in their profiles.

Chart 1: Percentages of self-scored items versus the potential total scores from cumulative scales of the FFMQ and the SBC

	FFMQ					SBC		Total score
	Observe	Describe	Act with awareness	Non judge	Non react	Body association	Body dissociation	
Ninjutsu	93	83	100	100	75	92	95	93
Yoga	97	75	92	82	83	100	83	88
Ministry/Existentialism	85	83	65	93	97	90	80	85
Aikido	80	80	80	83	77	80	97	82
Music/Meditation	80	83	63	95	74	82	79	79

Aikido

This participant is a woman who teaches primarily aikido, which is a martial art whose focus is on using the energy of your opponent in a form of self defense, by redirecting it. She also teaches workshops on conflict resolution and assertiveness. She has had almost three decades of experience in her areas of interest. She references many modern writers including Thomas Crum, Wendy Palmer, Daniel Goleman, Martin Seligman and David Cooperrider.

This interview took place in her kitchen; her studio is in the attic of her home. All of her home, including the studio, takes on the similar quality of being plain in décor, with very light tones of color and a lot of light from the windows, which gives the impression of having a lot of space.

She scored 82% of the potential total score in the Wellbeing and Awareness Scale. Her highest scored section was in *body dissociation*, where she scored a 48 out of a potential 60 points (which is 97% of the total potential score). This is consistent with her reports of feeling centeredness as primarily a physical, or kinesthetic sensation. She states that her sign that she is being pulled from her center is a sensation of leaning,

When I'm un-centered that's actually one of the triggers for me to re-center is that I start to lose it, you know, from here down [gestures from the neck down]. You know I'm just in my head and thinking really hard or I feel like I'm leaning forward, and that in itself is a physical feeling, or I may not be but it feels like I am you know like, "please like me" or you know "I really need this" kind of feeling.

She also talks about these sensations of needing or leaning as a form of anxiety, where anxiety is being uncentered.

Her lowest scored section was the *nonreact* section, which tests for the level of mindfulness in the way that we react to things. She scored a 27 out of a potential 35

points. This is consistent with her reported attachment to feelings of the un-centered state being “very seductive.”

Ninjutsu

This man tells of how he started his adult life as a football player and an engineer. From his perspective, there are many ways that these two things have contributed and obstructed his path towards centeredness; his ego, size, and needing physical scientific evidence of his experiences. He has been teaching ninjutsu for two decades and reports feeling like he exists within a centered state. Ninjutsu is a martial art that has been around for many centuries. It utilizes many different types of weapons and focuses more on defense than aggression. The definition of ninjutsu is “the power of knowledge and intention channeled to produce spirited intelligence in action” (Hayes, 2009). This participant references a few different philosophies including Tibetan Buddhism, Taoism and neural plasticity.

This interview took place in the back room of the dojo of which he is an owner. The interview was interrupted several times by people walking into an adjacent changing room. There was a noted difference in his ability to speak freely during those times. This room had mirrors lining one wall and the floors were covered in exercise mats.

He referenced during the interview, two pictures which hung on either end of the room that are Tibetan Buddhist mandalas. He says that they represent a line between centeredness. On one side, is what’s called *askokai*, or the man’s eye view and on the opposite wall there is *konvokai* which is loosely God’s eye view basically representing a larger perspective. In *askokai* the person in the middle is the center and the mandala’s picture represents how everything relates to you. In *konvokai* it’s more of a grid, which

represents how you fit into the big picture, where the perspective is from outside the figure.

Ninjutsu scored an overall 93% in the cumulative scores. He scored 40 out of 40 potential points, 100% in the *act with awareness* and *nonjudge* sections, which focus on acceptance and awareness of self. This is illustrated in this description of how he perceives his environment, through the lens of his martial art;

What it does do, is open you up to answers that you may not have experiences for, or the knowledge of. One of the things we talk about is, try sneaking up on an animal and it just kind of looks at you. It knows you're coming. How does it know you're coming? How did it have that information? Did it hear you, smell you? Yes. They have other senses but they're also, most of the time, not thinking like us, about "oh, did I wear the right color shirt today?" Or, you know, "why did that person flip me off at the intersection" and things. All those concerns are gone. Centeredness allows you to access nature.

He scored markedly lower on the *nonreact* section coming in at 75%, where he marked himself lower on questions that asked about facing emotions and release of those emotional states. During the interview, he talks about some frustrations in life and his authentic responses to these situations. But he does not allow himself to dwell on such things. He refers to a "two minute rule" that he and his business associates have adapted. They are allowed to vent on a topic for two minutes, then they are finished. This method still allows him to be present with his emotions in daily life, but only for a short period of time.

It should also be noted that he utilized no "2" responses in the entire Wellbeing and Awareness Scale and only 2 "3's," making all of his responses in the extremes of the rating scale. Which, subjectively, is not unlike his very dynamic way of communicating. He speaks very confidently and excitedly about his successes;

There is no transition any more... somebody was saying “oh, it’s become part of you.” And I actually had said “no, I have become part of it.” When I get out of these pajamas and walk in my street clothes I don’t change any more. When I first started I would come in here and do my martial art and try to do these exercises and now it doesn’t matter what uniform or costume I’m wearing, it’s just the way I am. It crossed over a long time ago.

Yoga

This woman has a broad background in healing methodologies. She started with autogenic training in the mid 1970’s, which is a practice that intends to bring the practitioner into a meditative trance for about 15 minutes, one to three times a day, every day. After studying this for about a decade, she felt a yearning for more. She felt unable to maintain centeredness with this training but found more success with Hatha yoga. She feels that it is the combination of the yogic breathing and the movement, which gave her a greater feeling of connectedness with her physical self. Recently she has been studying ayurvedic medicine, which is traditional Tibetan medicine.

This interview took place in her yoga studio, which is built as an addition onto her home. It is a very spacious room with skylights, plants, fountains, many pillows and other yoga props. We sat cross-legged on the floor, as there were no chairs in the room.

She scored an overall 88% on the cumulative Wellbeing and Awareness Scale. Her highest scored section (100%) was *body awareness*, which is consistent with her needs of feeling connected to her body and good physical health for peacefulness. She talks about her struggles with a time where she was unable to feel the peacefulness that she desired in her body;

I had a knee injury. [It is] very debilitating for a yoga teacher to have an injured knee. On one hand, an injured part of the body brings you out of the centeredness. On the other hand, you need that centeredness to deal with it. It’s pulling going back and forth, and it’s pulling on both sides. The disturbed thing that I realized is “ok I cannot sit in meditation any more. In order to feel centered I must sit in

meditation, but I cannot sit in meditation because I'm in pain." So if you can imagine, the most challenging thing, anything can hurt, but when the knee hurts and you're just used to sitting in a cross-legged position... it's very hard. So I did and I tried all kinds of variations... I didn't work out. I couldn't meditate. I couldn't move normally anymore and my whole body started to hurt. It was very uncomfortable and frustrating.

So we go through these phases where the body needs its meditation, and it's triggering you to do that doctoring and you have to move you back to your center in order to treat yourself in a right way.

Her lowest scored section was the *describe* items, where she scored 75%. This is partially due to her language barrier, as English is not her primary language.

Ministry/Existentialism

This man is trained in ministry, for approximately 2 to 3 decades. He does not feel that he is connected to any one belief system, but rather, takes from many.

Philosophically, he reports to be an existentialist. Through this, he defines much of his reality and his focus on authenticity. He has chosen a ministry path because he believes spirituality to be the ultimate expression of the natural world.

This interview took place in a meeting room at the hospital where he is employed. It is relevant to point out that this environment can be very hectic, where he can sometimes be providing supportive ministry in trauma cases and is an integral member of the hospital staff.

He was chosen for this study largely because of the fact that he has, as he says, "defeated cancer." It was an attempt to continue consistency with the focus on the mind-body connection in the research that I have included in this paper.

Ministry/Existentialism scored an overall 85% on the cumulative Wellbeing and Awareness Scale. His highest scored section was that of *body awareness* (97%), which seems consistent with the struggles that he has gone through. When he speaks of his

battle with cancer, he talks about awareness of the body in illness.

I came to the conclusion by suffering, and asking questions about that suffering, that they couldn't come up with a diagnosis. Therefore, they couldn't come up with a treatment. And that the treatment was at least part of the problem. So I took control of my treatment at that point and I went to my personal, regular doctor and asked questions and got some things confirmed and went back up to the people that were guiding all of this other mess and said, "Let's just stop. Let's take away the antibiotics and see what happens, and if I get sick, I get sick. Then we can treat it." And their reaction? "Oh, ok." That's pretty much what it was, "Sounds fine to us." But I had to get to that. Before that, I was going, "Ok, be with them. I'll let this happen. I'll let this unfold." And that wasn't working so I had carried into it the sense of my own person-hood, which I had to kind of reclaim and say, "What's this mean now?" What this means is, they're not making you better so you better figure out something to see if you can find a different path.

His lowest scored section was that of *act with awareness*, where he scored a 65%.

In the interview, he reports putting effort into acting with intentionality, but also states that he feels pulls away from centeredness. His practice is more in sharing a sense of peacefulness with others when he is providing ministry, which is done through his actions and his words. There seems to be less of a focus on awareness in daily life, in his practice, where he values everyday living.

Music/Meditation

This participant was chosen because he teaches centeredness activities to his students and the members of the orchestras that he leads. He has been a professional musician and conductor for most of his adult life. It is this researcher's belief that physical centeredness is an important tool in being the leader of a group and an effective musician. He also has a daily meditation practice which he has been doing for about a decade.

Due to constraints of travel and time, this meeting took place at a library in a town which was convenient for him. A semi-private room was reserved for this occasion.

Music/Meditation scored an overall 79% on the Wellbeing and Awareness Scale. His strongest scored section was that of *nonjudge*, where he scored 38 out of 40 potential points, which is a 95%. A lot of the questions in that section were with regard to acceptance of the self. This comes through in the way that he carries himself in his professionalism, as a conductor. He was observed to carry himself with confidence and compassion.

The section that he scored the lowest on was that of *acting with awareness*, where he scored a 63%. He admits that he still feels like he is in the beginning stages of truly understanding the benefits of meditation, which is understandable considering that he is just finishing the first decade of this practice. He talks openly about feeling many pulls from the outside world;

... That to-do list, all these activities. Email, which is short for *evil mail*. Rushing, traffic, commuting... All that sort of daily drudge. That kind of thing can pull you away from [centeredness]. And then also things like not getting enough sleep, being hungry. I get very irritable when I'm hungry, and not very centered. Or maybe my center has moved to my stomach. Things like accidents that happen or illnesses with your family, or bad news, watching CNN too much, which actually I don't do but some of my friends do and they get freaked out. Following the stock market; these things can all pull you away from being centered.

Themes

There are many interesting ideas that came up in the course of these interviews. Sometimes the concepts overlapped, and other times stood alone. Some of the main themes as will be discussed in this next section are Presence, Groundedness, Awareness and Health. It should be pointed out, that with the exception of the terms centeredness, awareness and mindfulness, these topics came up without prompting in the interview sessions.

Defining Centeredness

In their own words, this is how centeredness is defined by these people who teach it in their lives. The basic themes are being in the moment and feeling connected to other people, to the self, and to a higher purpose.

The aikido teacher defines centeredness as a mind-body state that allows us to be more present in time and space. It is a state of being that helps one be more connected to their values, their highest purpose or their own personal power. The power that she speaks of is not an ego-driven power, “The power of the centered state is, ‘I don’t need that to have power’ ... my power is already intact. It’s a kind of power that nobody can take away.”

In addition to the animalistic, or natural sense of awareness discussed in his bio, the ninjutsu teacher describes centeredness in his school as related to this idea;

Centeredness for us, is a point that’s reached where you’re not looking at the past determining how you did, or into the future, worrying about potential outcomes. You’re very much in the moment where you become centered. There’s a Japanese term called *mushin*, which actually means empty mind but it’s not a correct translation... [it’s meaning is] more along the line of using the analogy of the lake... The lake’s not empty, but it’s completely calm.

The yoga teacher describes it as “a feeling of groundedness, connectiveness and supportedness by the earth. And the ability to feel free in my response to the situation I’m in.” She goes on to say, “Centeredness is not doing but a being. And for me, it is just out of the being-ness. It doesn’t do anything but just allow me to be. Out of being, it allows me to relax.”

She reports feeling very connected with what she refers to as the *energetic life force*. She also reports feeling a lot of peace, that she attributes to her yoga practice and her work with the *yamas* and *niyamas*, which are the names for the yogic principles. With

this practice she feels “a peaceful expandedness... and love.”

This definition did not come so easily for the minister, as he reports not directly teaching it. In his environment, it is more useful for him to communicate in the other person’s language. He resorts to the synonym of balance, connected with something deeper. He goes on to say that it is also related to “a sense of self, a sense of place, a sense of boundaries... a sense of distance but connection at the same time.” He is the only participant who talks about boundaries. This is largely due to the fact that his practicing environment is one that can be very hectic. He has made it part of his practice to be the calming presence in the midst of that, to show people that safety is real. “There can be a storm raging and you can function. That the uncertainty of life does not win. Life can have meaning and purpose and joy and beauty because you choose to make it so.”

The musician defines centeredness “as having... a core, central place. As opposed to being pulled out to the edges by all the extraneous circumstances.” He also believes in the objectivity associated with viewing life from this central place. Out of which comes calmness and peacefulness.

He also teaches this construct in his musical practice, where he encourages his students to have a strong sense of physical center prior to playing. This includes keeping your feet flat on the ground, your gluteal muscles connected to the chair that you are sitting on, and your spine straight.

This idea is very reminiscent of the yoga teacher’s ideas of feeling her *energetic column of being*, as a source of strength; and the aikido teacher’s ideas of creating the presence of being in the moment;

It's about posture. It's about putting my feet on the ground and standing. Like feeling the chair, my back against the chair, if I'm seated. Feeling my body in time and space, feeling my breath, there's a channel going on inside you; my throat is open, the breath is coming in and out really easily and my head and body... my heart and soul and head are connected.

Out of these responses also comes this idea that a part of being centered is this idea that you can be connected, or have a sense of awareness with the outside world and the inner self. One can also be the rock: where life can flow around you, and you are still who you are, grounded and in touch with your powerful purpose, feeling unswayed and unpressured by life. There is also this idea of centeredness taking on a very physical form, where it refers to the ability to feel a strong alignment with a strong posture in the body and the breath moving in and out.

Presence

The idea of presence is spoken about as a sense of being in the moment, time and space. To not be paying attention to mind chatter or other things that are going on in life, but really being there with another person or with yourself.

The aikido teacher believes that presence and mindfulness are synonymous with each other. These things allow for a person to be more connected with themselves, people around them and their purpose. She also talks a lot about presence in seminars that she teaches, where presence is a way of standing, being, or presenting the self that communicates your attentiveness and intentionality to another person.

Presence is thought of in a very different way for the ninjutsu teacher. He brings it very down to earth for us. He talks about how being present can bring us out of "mind chatter" that most people exist in, such as "did I wear the right color shirt today? Or, why did that person flip me off at the intersection?" It is only through having this presence and

this ability to be so much in the moment that a person is able to access the awareness that is crucial in this martial art.

The yoga teacher talks about how she has many rituals that keep her in the state of centeredness through attending to presence and staying in the moment;

I think that the regular practice doesn't need to be long hours of being in a quiet way; it's just the mindfulness of daily life. You wake up in the morning, you feel your breath and you start to observe your body, you start to feel the room around you and then you get up and you've got to sit and meditate for a moment. So I wake up in the morning and I feel my body breathing, I might recall my dreams, I reflect on my dreams and after that I meditate right away. I get out, I don't want to sleep. My husband knows this. He accepts this. And I meditate for only just a few minutes, so it's very short and I give thanks to the world, to the Heavens, to everything that's inner. I get out of bed mindfully... there might be a walk, too... I learned 15 years ago to have a ritual in the morning, and I do. I touch the Earth getting out of bed, and I touch the bed... and you've got to stay with this little ritual. I could not step out of my bed without doing that. It's not working, I couldn't. I need to get up in this way. After my routine, bathroom routine, I sit again for a short time and dress and do my yoga practice. Then I have breakfast. Before that time, I don't like to talk, and it's just quiet and of course if it's something important. Yes, I can talk, but... pretty much my older children accepted this completely. And when they would stay at home, they would come silently into the bathroom or into the yoga room and do yoga to thank and love each other here. Then move on and we talk and we can chatter and we can do whatever we like to do. And then in the evening we can go to bed, have some meditation and thank your day and move on and sleep... These routines you have, they are all self maintained. As you have a meal, you bless the meal. When I am in public, I'm sitting there and I'm visualizing a little light in my plate and when I'm doing it when I'm alone, I have my hands on my meal.

It is through her practice of these rituals that she feels she is able to maintain a sense of connectedness with herself (physically and spiritually), with nature, and the ancient yogi's. Through these connections, she feels a lasting peacefulness

The minister refers to presence as "the intentional ability to walk with somebody in the midst of whatever they're experiencing," in spite of what is going on around. His metaphor is illustrated by the movie Contact (Sagan, 1985);

They're building the seat in the capsule, and when they let it go she's on the ride

and she's being shaken to bits...now the seat was not in the design, they put that in because they knew they had to make her safe, and when she decides to get out of the seat, that's when she stops shaking and she's just able to experience what there is to experience.

Using as his in-life example, he talks about his experience with presence as when he slows down his pace, in an attempt to be a calming presence in his chaotic work environment;

I move at a different pace here, because I feel that things are moving so quickly, that I feel that part of my presence is to walk slowly and remind people of that. So for me, part of that is just not being caught up in the chaos of the floor and intentionally moving at a different pace.

The musician talks about his experience with being present and the difficulties that he's had with it. In his meditation practice and extending to his daily life, he talks about noise being a great distraction for him; which would be consistent with his attentive focus on music being one of the major driving forces in his life. He feels he is most able to grasp onto being in the moment when he is "in a place of great quiet, like a church, where people sit quiet. Or out in nature, where again, you're not distracted by things because of the quietness."

These responses indicate that there is a great deal of time and attention required of a person who chooses to be present and in the moment, such as the rituals of the yoga instructor. It is also apparent that this is one of the most obvious physical signs that can be used to recognize the centered person, as it sometimes used as a way of communicating to others as illustrated in the aikido teacher's trainings and the pace with which the minister walks down the halls in his place of work. The most consistent aspect of this construct is the feeling of being truly present of the self, which when paired with compassion and non-judgment can lead to great peace.

Groundedness

Groundedness translates into a few different concepts for these participants. For example, the aikido teacher relates it to a sense of coming home, in an emotional and spiritual sense. It leads to feelings of security and safety for her. It also comes up for her when she feels herself being lured or pulled away from her center. She talks about how she reconnects with her sense of space, rootedness and groundedness;

Putting my feet on the ground and standing. Feeling the chair, my back against the chair... Feeling my body in time and space. Feeling my breath. There's a channel going on inside you. My throat is open. The breath is coming in and out really easily and my heart, soul and head are connected.

The ninjutsu teacher talks about it, as a "homebase." From the perspective of that space, you can see what is really important in regular life, as in the martial art. Where in daily life, it helps you focus on what's truly important; and in the martial art it puts the person more in touch with the animalistic instinct of reaction and awareness. As far as the physical sensation goes, he speaks of a "gravitational sinking" that he feels when he has hit focus or centeredness.

The yoga teacher uses groundedness as the first term in her definition of centeredness. For her, this idea of being grounded is feeling gravity, rooting you to the earth; bringing feelings of safety and supportedness. She frequently refers to her "energetic column of being," which from the yogic teachings is *Sushumna*, or the column of energy that connects the root chakra with the crown chakra. "It's like an antenna going up to the Heavens and an antenna going down into the earth. This long extended feeling of being just here, in that line... and you are just fine."

For the minister, he talks about groundedness on a more cerebral and philosophical level. "Part of the grounding is trying to not shy away from the pain of the

world. To be present to its tragedy and its horror and to realize, it is what it is. And then, to build on that thought, not get stuck there, but to build on that and say ‘is that the only thing that exists?’”

The musician talks about groundedness as a force that gives you stability, where you can feel the force of life around you and “not feel pulled, you’re aware of the emotions and where they may take you.” His physical representation of groundedness was discussed previously in how a musician should sit prior to creating.

The composite responses of this illustrate the physical aspect of centeredness, where it is the feeling of being the rock, observing in the middle of the stream, with life flowing around you.

Awareness

Awareness was the most frequently discussed topic, aside from centeredness. It is greatly connected to other feelings of being present, mindful and in the moment. However, awareness is also linked to another section of thought, such as non-judgment and the observer. It also refers to awareness of the states of health.

The aikido teacher talks about her experience with negative emotions, and her struggle with observing these emotions non-judgmentally. In this state, reacting in a centered way would mean, not letting the emotion drive you.

I think any quote-unquote ‘negative emotion’ could pull us away. I saw quote-unquote because if you... buy into the philosophy of Aikido, there really is no positive or negative, a person may have a bad attempt and it’s up to us to decide, ‘ok, how can I use this?’ So anger may seem like a negative emotion, on the other hand, it’s just energy, and ‘What is this energy going on in my body?’ And I think, ‘Well, anger.’ So consequently, I say bad. Anger might be in a centered state, I may go ‘Wow, I’m really upset right now. Oh my gosh, look how mad I am.’ And why? And I begin to look at it because something’s triggered it, so maybe I don’t have to be this angry and all that, but I am. So from a centered state I’m able to sort of hold it in my body, and my mind, or in my spirit so that I can

kind of witness what's going on at the same time that I'm having it.

The ninjutsu teacher talks a lot about "the observer" which is the ability to see yourself reacting simultaneously with your normal perception of the environment. "I am in the scene, but I can also view the scene." He attributes this as his own personal way of being aware, utilizing his visual learner skills. Part of what comes of this, is the ability to see what's next in life and the cause and effect of that next moment, which helped him mature from the aggressive person he was in his youth into the person who can see options and choose a different path.

He talks in great depth about the elders in his martial art, who have "passed the tipping point" where they don't change on and off the mat. They are centered and aware and this leads them to great peace and happiness.

You can see it in people who have been in training a very long time in our art. Very happy, calm people, regardless of what's going on around them. Some of the most dangerous people I know are very happy and calm, but because they've been able to bring it in beyond just the martial arts."

Additionally, he talks about Chi, which he defines "not [as] some magical energy" but as awareness of that energy and what goes on around you. It is sensitivity to that energy that helps the person become powerful in ninjutsu and similarly in aikido. Both martial artists can be aware of where the energy, or force, is flowing and respond with the least amount of effort required allowing the attacker to go down on their own.

The yoga teacher relates her experience with when centeredness first started to click for her, which she was able to recognize because of the awareness and connectedness that she was feeling with her own body. Before it clicked for her, she reports feeling

very anxious, like standing in front of clouds... numb, and not very comfortable

at all, because I was anxious. And then I would go into my yoga breathing, I could go into myself. At one point, really sensing and feeling my body, feeling my breath and I could flip it over like, “oh ok, now I’m centered. It’s working.”

She also refers to her “natural place” throughout the interview. This is that place where a person would go to sit with awareness, in a very natural way;

The natural place can be a place in nature, where I can feel nature, where I can feel at peace with nature. I can feel the Earth and the air touching the skin, the whole prana of the life energy around me. I can shift to an awareness of my optimal attunement to all that is around me. And it can be in a place where we naturally go to, our backyard, we have favorite places on the lake, on the beach... there are certain places which are very sacred to you.

As quoted above, the minister has a very different construction of what centeredness is, from the other participants. He talks about having a sense of boundaries, self and place. It is very significant for him to have an awareness of these things, in order to remain in his center. A part of those boundaries is being aware of your personal self, where you came from and what made you who you are; so you can be more aware of your reactions to your environment and the people around you.

The musician sees his awareness, as a point of perspective from which he can see the outside world “more clearly for what [it is] and not necessarily how you’re feeling about them or how someone else is feeling about them.” He also brings up the interesting point; stating that it is possible to be in the moment without feeling centered. In spite of that, he feels the inclination towards returning to feeling centered, where he feels things are easier and more peaceful.

Health

The aikido teacher talks about her experiences with how centeredness has affected her psychological health. She feels that it has helped her react to her very strong internal critic in a more objective and centered manner.

The inner critic says, *You know, that's not good enough, you just got to keep right on.* I mean that inner voice hasn't gone away, but centering just kind of allows me to sort of be with that voice and say, 'Hi, how ya doing? Yup, you're right; I probably could've done that better. And we're goin on now, we're moving on.'

The ninjutsu teacher feels very strongly about how centeredness has helped his physical health. He talks about how he used to have asthma and now feels that through skills he learned in his martial arts, he is able to prevent an asthma attack from happening. He also reports being able to control other autonomic functions;

When I was in college playing football, I had asthma. I had toxic pill shots making me sick. I get into the martial arts, started getting better. I got into this martial art and I no longer have asthma. It just made it go away. Now that's partly the centeredness, and partly knowledge; learning what asthma actually is. Actually this is centeredness: so someone's having an asthma attack. They have their inhaler, and they have this vision that they can't breathe in. The problem is asthma is actually the inability to get rid of the carbon dioxide in your lungs. Something you can't breathe in, you're not getting rid of whatever is in there, so the space gets smaller and smaller. So there's a breathing technique I learned in martial arts, and swimmers know it right before they go diving, just keep blowing out. And you keep doing that, and eventually it will all come out and your body forces you to take that breath in. But in the middle of an asthma attack most people get freaked out and go running for their inhaler. Well, getting used to that, you don't freak out anymore. You get to the point, "oh, I'm having an asthma attack." Some days my breathing was off I just go okay I just need to do this. Stop, think slow, now breathe out and it will go away.

There's a, I don't want to say patience, but there's a moment of knowing you're going to do something. Whether or not it's the right thing, but you're going to do something to try and make it better, physically or in a violent situation. [With centeredness] you learn to control things we consider, [autonomic] your breathing, your heart rate, because you consider it something we don't have to think about, and you don't. It will work. But that doesn't mean that you can't affect it. So we have an entire system of meditations, breathing drills, finger entwinements that allow you to control your heart rate, lower your heart rate. I was in for knee surgery during one period of time and they had the pulse rate on me and the oxygen rate on me and the doctor was late. They had me still awake waiting for him, and I started messing around with the heart rate, lowering it down, and the nurse was apologizing to me and I said "well, I'll keep you amused, watch this." She said "what?" I took a deep breath, closed my eyes and exhaled and started bringing my heart rate down. It's low already which is part of the exercise. But it went from 60, down to 58, down and went it hit 55 the alarms went off and she said "whatever you're doing, stop."

It allows you to take control of things. Bruises, headaches, getting twisted are temporary things that can happen that you can learn to let go of or make go away. Because again, that ability to center and focus in a survival situation it doesn't matter if your arm's out, you can't stop that moment, so you have stay focused on that regardless of what's going on. I mean it's kind of a drastic version but it kind of plays down into other areas.

The yoga teacher also talks about "the observer" here. When she was nursing her knee injury, she talks about having to struggle with her centeredness, but came to a resolution;

There was a phase, where I observed myself, 'okay, I have to allow the pain, I have to do everything I can to heal that knee, to balance the pain. I have to pay more attention to it.' I am the observer of my knee, the care-er of my knee and with that surrender I can find centeredness.

She also has something to say about how it has affected her psychological health.

She feels a trust in a "universal support,"

I think there is trust in me that we're all supported. That every person is supported as beings, and we can actually bring our antenna into that energy of the universal life force. And you can call it God, you can call it anything. It doesn't matter, it's all the same, only the words are different.

Feeling supported in this way has relieved her anxiousness that she once had. She also feels that she can more readily observe her emotions with compassion and without judgment. A practice that is utilized to work through difficult emotions in yoga is called *yoga nidra*, which is a guided meditation where a person looks at an emotion from different angles; observing its opposite emotion, and going back and forth. She says that she uses it for herself and in her classes to help people process feelings that they can get stuck on. She states that it was also very helpful when she worked with some post-war veterans in this way.

The minister has some very interesting perspectives about his illness. He starts by saying that when you're recovering from a surgery, "you don't have any choice but to be

aware of your body.” He speaks at great length about his success with “defeating cancer” and how through his frustration, he took control over his own health;

I wasn’t functioning and I believed I could. I had to regain a sense of balance, a sense of being centered in order to take control of that... well, control... to redirect it and see it there was a different path. And there was, and then I started getting better.

In regards to psychological health, he says that he feels that being a centered person helps him “ride the wave” without being taken by the current, and he is more able to “observe his emotions in the moment.”

The musician states that his meditative practice has helped him on a physical level with stress reduction and increased energy. On the psychological level, he feels that it is calming and reassuring, also gives you a center point from which to view the outside world; “being able to see things as they are... contributes to [good] mental health.” Such as being aware of emotions and where they would take you.

Summary

The participants spoke strongly about their beliefs that centeredness has a vast effect on their lives in a multitude of ways. Included in that are the very different ways that they were able to attain centeredness for themselves and how they have maintained it in their lives.

For some, it was an eye-opening experience, where it clicked for them. For example with the musician, where the awareness first came through a conducting instructor who first began to speak with him 10 years ago about the incredible presence that being centered can give you in relationship to the ensemble.

For others, it was a gradual thing that they weren’t aware of until it had clicked into place. Such as, with the ninjutsu teacher; he hadn’t realized how close he was getting

until he passed his teacher's examination 2 decades ago, where his awareness clicked in and his defense became automated.

They all speak about needing rituals, or triggering mechanisms, in order to keep it a consistent thing in their lives; the yoga teacher with her little blessings, the aikido teacher with her deep breathing and pauses, the minister with his slowed pace.

There are some topics that were answered with very similar content, but using different language. To illustrate why people of different practices would end up talking so similarly about the same few topics, here is a section of dialogue from the ninjutsu teacher about how spiritual disciplines can be similar;

A lot of people, nowadays especially, they go around the bottom of the mountain. They try yoga, this martial art, that martial art and they're trying to get better and they're trying all these different ones to get the answer. Actually, pick one, go all the way up to the top. The circumference is a lot smaller, they all look alike. They're all pretty much getting the same area if they spend a long time at the base. The idea is to get to the top as quick as possible. If you wanted to, you could walk in this direction later and become a priest, monk or whatever. First get to the understanding.

Including in that is this idea that centeredness is the key to maintaining physical health and wellbeing. All of the participants had some example of how their health has been affected by this practice.

In a mental health and wellbeing aspect, the aikido and yoga teachers talk about how it has decreased their anxiety. The ninjutsu teacher and the musician talk about how it has improved their ego, both from different ends of ego, tending towards a centered, more balanced way of looking at things. And for the minister, it helps him be less shaken by the chaos and pain of the world in which he works.

The ways that being centered decreases one's anxiety and improves their quality of life can also be translated into a general improvement of physical health. As

implied in the research that was discussed in the previous chapters, anxiety can be a huge detriment in health. We can deduce out of this, that a person with less anxiety would have a better overall health.

More specifically on the physical health topic, the yoga and ninjutsu teachers both talk about knee injuries that they suffered from, where their practice helped them heal in their own way. For the yoga teacher, it was to be nurturing and caring to her body. For the ninjutsu teacher, it was to not submit to it. He states that it is possible for him to control swelling and bruising through meditation and exercises that are available to him through his craft. In addition, he and the aikido teacher also talk about the end of their asthma through the exercise and mindfulness that their crafts have taught them.

In conclusion, the responses of these participants confirmed the questions initially presented by this researcher, through their acknowledgement of how it was helped them in times of sickness and health.

CHAPTER V

SUMMARY OF FINDINGS AND RELEVANCE STATEMENT

The construct of the mind-body connection is the root of what drives my interest in this topic. I had heard stories of cancer patients willing themselves to health through positive thinking, ulcers and cardiac issues created by stress, people controlling their autonomic functions, etc. The intention was to see how much of these things were fact or fiction. I did not find researched examples of cancer disappearing in my travels, but I did find support of the other two examples. Stress, as something that starts in the mind, has a huge effect on physical health, short and long term. Management of it can be the pursuit of a lifetime. There are shelves full of books at the local bookstore that are dedicated to these topics.

The mind-body connection played a very large role in the discussions and the research involved in this paper. The participants in this study speak very strongly about feeling a connection to their physical bodies. They have experienced times where they noticed that their body was trying to tell them something; to be more nurturing, to move in a certain way, that they were being pulled by something, or to stop a treatment that isn't helping even when life is on the line. These reports of personal experience are in agreement with the research that has been done on the mind-body connection in situations of stress and depression in humans and animals (Moussavi, Chatterji, Verdes & Tandon, 2007; Rozanski et al., 1999), which illustrate that this connection is real and has quite a bit of power.

It can take years to access the channel, where one can communicate between the mind and the body. These participants all report that there are stressors of life that are constantly pulling them from being connected and centered. As illustrated by their responses, it takes a lot of maintenance to remain in that state of mind.

The physical benefits of remaining in a peaceful state are illustrated in the vast amount of research done on psychoimmunology. It is through this field of study that we are able to see the links between depression and poor physical health (Moussavi, Chatterji, Verdes & Tandon, 2007; Rozanski et al., 1999) and know that we can reduce susceptibility to many illnesses and also improve recovery rates with good education, optimal healing environments and empowerment (Block, 2004; Moussavi, Chatterji, Verdes & Tandon, 2007; Udelman & Udelman, 1983), all of which are promoting of superior mental health states.

Another aspect that stood out in this study is psychological health. Centeredness is the idea that a person can exist in a mindful and peaceful state, where they feel a connection to their authentic selves and their spiritual center. It is in maintaining this connection and paying a mindful eye to it, that a person can observe with compassion their emotional experience and feel freedom from being swept away by the stressors of daily life. Although this idea was not supported by a body of research, it is a common theme that came up in the interviews, and is integral to the attitudes that maintain centeredness.

As reported by the musician, it is a place of “refuge,” or “something that grounds you... gives you stability... Of the aspects of life that come your way, it gives you a

perspective, a point of reference [from] which to view it. You're in the center, and this is all happening around you.”

So much of the counseling profession is focused on the idea of a person finding their path, or hearing that call of their own personal truth. Centeredness, as a social and spiritual construct, is the feeling that we have come home to who we truly are, that we are connected to our selves, our “highest purpose,” and we are able to keep that as a sacred part of our lives. It is a feeling that could be put on the same level as happiness, Zen, or a peak experience; whatever terminology you chose to use, it references the same idea.

This exploratory study supports the idea that the mind-body practices are a good resource for everyone, especially people who are feeling stress and anxiety from the outside world. Perhaps this concept could help them find a way to not feel so pulled, by knowing where their center is. Counselors might incorporate these concepts into their practice using some of the ideas presented by these healing practitioners, such as: the focus and meditation exercises, or being mindful and nurturing to your food, body and actions. These examples cited in this research may not be optimal for everyone, but it could give some food for thought, where a person could come up with their own ritual that is their, very personal version of walking slower, meditating, blessing their food, or taking a deep breath.

In closing, here is an excerpt from the yoga teacher, where she describes an exercise that could help a person be more present at the beginning of an exploratory session, or something that they could incorporate as a part of their daily practice, which could help them with centeredness:

We close our eyes, we feel into our breath. And we just observe the breath coming and going, the quality of breath, and we feel into the sensations of the

body. And if they need to and there's a lot of tension in the room take a deep breath and tighten all the muscles, and exhale and release. And then, I let them bring the breath down into the lungs, into the diaphragm, drawing the belly in with each exhale. Bring your deepening of the breath down into the abdomen with the deepening of the breath. And keep the awareness through the abdomen feel your sitting bones at the base of your body, rooting down to the floor, and from here, expand up through the spine, through hara, relaxing the shoulders and let go with each exhalation. I start my yoga classes like that. And I close my eyes and I just let them close their eyes and we just sit and breathe and then we go into yoga breathing and I'm so glad that everything is all so quiet.

LIST OF REFERENCES

- Amkraut, A. A., Solomon, G. F. & Kraemer, H. (1971). Stress, early experience and adjuvant-induced arthritis in the rat. *Psychosomatic Medicine*, 33, 203-214.
- Anderson, B. L., Kiecolt-Glaser, K. K., & Glaser, R. (1994). A biobehavioral model of cancer stress and disease course. *American Psychologist*, 49, 389-404.
- Antoni, M., & Goodkin, K. (1988). Host moderator variables in the promotion of cervical neoplasia: 1. Personality facets. *Journal of Psychosomatic Research*, 32, 327-338.
- Aspinwall, L. G., Staudinger, U. M. (2003). *A Psychology of Human Strengths: Fundamental Questions and Future Directions for Positive Psychology*. Washington DC: American Psychological Association.
- Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., Toney, L. (2006). Using Self-Report Assessment Methods to Explore Facets of Mindfulness. *Assessment* 13, 27-45.
- Bandura, A. 1989. Human agency in social cognitive theory. *American Psychologist*, 44, 1175-1184.
- Bartrop, R. W., Luckhurst, E., Lazarus, L., Kiloh, L. G., Penny, R. (1977). Depressed lymphocyte function after bereavement. *Lancet*, 1, 834.
- Baum, A., & Posluszny, D. M. (1999). Health psychology: mapping biobehavioral contributions to health and illness. *Annual Review of Psychology*, 50, 137-163.
- Beck, A. 1976. *Cognitive therapy and the emotional disorders*. New York: International Universities Press.
- Beck, A., & Weishaar, M. E. (1989). Cognitive therapy. In R. Corsini & D. Wedding (Eds.), *Current psychotherapies 4th ed.*, 284-320. Itasca, IL: Peacock.
- Benson, H. & Friedman, R. (1996) Harnessing the power of the placebo effect and renaming it "remembered wellness." *Annual Review of Medicine*, 47, 193-199.
- Benson, H. (1995) Commentary: placebo effect and remembered wellness. *Mind/Body Medicine*, 1, 44-45.
- Biondi, M. (2001). Effects of stress on immune functions: An overview. In R. Ader, D. Felten & N. Cohen (Eds.), *Psychoneuroimmunology 3rd ed.*, 2, 189-226. San Diego, CA: Academic Press.

- Bishop, S.R., Lau, M., Shapiro, S., Carlson, L., Anderson, N.D., Carmody, J., Segal, Z.V., Abbey, S., Speca, M., Velting, D., & Devins, G. (2004). Mindfulness: A proposed operational definition. *Clinical Psychology: Science and Practice, 11*, 230–241.
- Block, K. I., Gyllenhaal, C., Freels, S., Tripathy, D., Gistin, D., Shoham, J. (in preparation as of 2004). Survival impact of integrative cancer care in advanced metastatic breast cancer. Retrieved from the following article.
- Block, K. I., Block, P. & Gyllenhaal, C. (2004). The role of optimal healing environments in patients undergoing cancer treatment: Clinical research protocol guidelines. *The Journal of Alternative and Complementary Medicine, 10*, S157-S170.
- Brenner, M. H. (1979). Mortality and the national economy. *Lancet, 2*, 568-573.
- Brown, W.A. (1998) The placebo effect. *Scientific American, 278*, 68-73.
- Buckman, R., Lewith, G. (1994) What does homeopathy do and how? *British Medical Journal, 309*, 103-106.
- Chow, Y. W., Tsang, H. W., (2007). Biopsychosocial effects of qigong as a mindful exercise for people with anxiety disorders: a speculative review. *Journal of Alternative and Complementary Medicine, 13*, 831-839.
- The Dali Lama (1981). Foreward. Taken from: *Tibetan Buddhist medicine and psychiatry*. York Beach, ME: Samuel Weiser, Inc.
- Dantzer, R., Bluthé, R. M., Castanon, N., Chauvet, N., Capuron, L., Goodall, G., Kelley, K. W., Konsman, J. P., Laye, S., Parnet, P., Pousset, F. (2001) Cytokine Effects on Behavior. *Psychoneuroimmunology, 1*, 703-727. Academic Press, San Diego, California.
- Department of Health (2006). *Choice matters: increasing choice improves patients' experiences*. London: Department of Health.
- Dibble, R. (2003) Eliminating disparities: Empowering health promotion within preventive medicine. *American Journal of Health Promotion, 18*, 195
- Di Clemente, R. J., & Temoshok, L. (1985). Psychological adjustments to having cutaneous malignant melanoma as a predictor of follow-up clinical status. *Psychosomatic Medicine, 47*, 81.
- Diener, E. & Eunkook, M.S. (2000) Measuring subjective well-being to compare the quality of life of cultures. *Culture and Subjective Well-Being*. MIT Press, Cambridge, Massachusetts.

- Docket, K. H., Dudley-Grant, G. R., Bankart, C. P. (eds) (2003). *Psychology and Buddhism: from individual to global community*. Kluwer Academic, Plenum Publishers, New York.
- Engel, G. L. (1954). Selection of clinical material in psychosomatic medicine: The need for a new physiology. *Psychosomatic Medicine*, 16, 368-373.
- Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, 196, 129-136.
- Finkelstein, C., Brownstein, A., Scott, C., & Lan, Y. L. (2007). Anxiety and stress reduction in medical education: an intervention. *Medical Education*, 41, 258-264.
- Frank, J.D. (1982) Biofeedback and the placebo effect. *Biofeedback Self-Regulation*, 7, 449-460.
- Friend, R., Singletary, Y., Mendell, N. R., Nurse, H. (1986). Group participation and survival among patients with end-stage renal disease. *American Journal of Public Health*, 76, 670-672.
- Furnham, A., Bhagrath, R. (1993). A comparison of health beliefs and behaviors of clients of orthodox and complementary medicine. *British Journal of Clinical Psychology*, 32, 237-246.
- Furnham, A., Forey, J. (1994). The attitudes, behaviors, and beliefs of patients of conventional vs. complementary (alternative) medicine. *Journal of Clinical Psychology*, 50, 458-69.
- Goleman, D. J. & Schwartz, G. E. (1976). Meditation as an intervention in stress reactivity. *Journal of Consulting and Clinical Psychology*, 44, 456-466.
- Greer, S., Morris, T., & Pettingale, K. W. (1979). Psychological response to breast cancer: Effect on outcome. *Lancet*, ii, 785-787.
- Hahn, R. A., Teutsch, S. M., Rothenberg, R. B., Marks, J. S. (1990). Excess deaths from nine chronic diseases in the United States, 1986. *JAMA*, 264(20), 2654-2659.
- Hayes, S. K. (2009). Nin – Important Symbolism Behind the To-Shin Name. Retrieved from the world wide web December 3rd, 2009. <http://www.skhquest.com/about/>
- Hui, P. N., Wan, M., Chan, W. K., Yung, P. M. (2006). An evaluation of two behavioral rehabilitation programs, qigong versus progressive relaxation, in

- improving the quality of life in cardiac patients. *Journal of Alternative and Complementary Medicine*, 12, 373-378.
- Irwin, M. & Cole, J. (2005). Depression and psychoneuroimmunology. *Human Psychoneuroimmunology*. New York: Oxford University Press.
- Irwin, M. (2001). Depression and immunity. In R. Ader, D. Felten & N. Cohen (Eds.), *Psychoneuroimmunology 3rd ed.*, 2, 383-399. San Diego, CA: Academic Press.
- Jensen, M. (1987). Psychobiological factors predicting the course of breast cancer. *Journal of Personality*, 55, 317-342.
- Johnston, M. & Voegelé, C. (1993). Benefits of psychological preparation for surgery: A meta-analysis. *Annals of Behavioral Medicine*, 15, 245-256.
- Joyce, C.R.B. (1994) Placebo and complementary medicine. *Lancet*, 344, 1279-1281.
- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain and illness*. New York: Delacorte.
- Kabat-Zinn, J. (1994). *Wherever You Go, There You Are: Mindfulness Meditation in Everyday Life*. Hyperion: New York.
- Kabat-Zinn, J. (1996). Mindfulness meditation: What it is, what it isn't and its role in health care and medicine. In Y. Haruki & M. Suzuki (Eds.), *Comparative and Psychological Study on Meditation*. Netherlands: Eburon.
- Kaptchuk, T.J., Edwards, R.A. & Eisenberg, D.M. (1996) Complementary medicine: efficacy beyond the placebo effect. In: Ernst E, editor. *Complementary medicine. An objective appraisal*. Oxford: Butterworth Heinemann, 42-70.
- Kessler, R. C., et al. (2005). Prevalence and treatment of mental disorders, 1990 to 2003. *New England Journal of Medicine*, 352, 2515-2523.
- Kessler, R. C., et al. (1994). Lifetime and 12- month prevalence of DSM-III-R psychiatric disorders in the United States: Results from the National Comorbidity Survey. *Archives of General Psychiatry*, 51, 8-19.
- Kleijnen, J., Knipschild, P., Ter Riet, G. (1991) Clinical trials of homeopathy. *British Medical Journal*, 302, 316-323.
- Koenig, H. K., McCullough, M. E., Larson, D. B. (2001). *Handbook of Religion and Health*. Oxford University Press, Oxford.

- Kroenke, K., Spitzer, R. L., Williams, J. B. W. (2001) The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16, 606–613.
- Lee, S. W., Mancuso, C. A., Charlson, M. E. (2004). Prospective study of new participants in a community-based mind-body training program. *Journal of General Internal Medicine: Official Journal of the Society for Research and Education in Primary Care Internal Medicine*, 19, 760-765.
- Linden, W., Stossel, C., & Maurice, J. (1996). Psychosocial interventions for patients with coronary artery disease. *Archives of Internal Medicine*, 156, 745-752.
- Lynoe, N. (1990) Is the effect of alternative medical treatment only a placebo effect? *Scandinavian Journal of Social Medicine*, 18, 149-153.
- Martin, J. C. (2004). The Future of Family Medicine: A Collaborative Project of the Family Medicine Community. *Annals of Family Medicine*, S3-S33.
- Marucha, P. T., Sheridan, J. F., Padgett, D. (2001). Stress and wound healing. In R. Ader, D. Felten & N. Cohen (Eds.), *Psychoneuroimmunology 3rd ed.*, 2, 613-626. San Diego, CA: Academic Press.
- Miller, J. J., Fletcher, K., Kabat-Zinn, J. (1995) Three-year follow-up and clinical implications of a mindfulness meditation-based stress reduction intervention in the treatment of anxiety disorders. *General Hospital Psychiatry* 17, 192-200.
- Moussavi, S., Chatterji, S., Verdes, E., Tandon, A. (2007). Depression, chronic diseases, and decrements in health: Results from the World Health Surveys. *The Lancet*, 370, 851-858.
- Moynihan, R., Cassels, A. (2005). *Selling Sickness: How the World's Biggest Pharmaceutical Companies are Turning Us All Into Patients*. New York: Nation Books.
- Myklebust, M., Pradhan, E. K., Gorenflo, D. (2008). An Integrative Medicine Patient Care Model and Evaluation of Its Outcomes: The University of Michigan Experience. *Journal of Alternative & Complementary Medicine*, 14, 821-826.
- National Center for Complementary and Alternative Medicine (2007). Mind-body medicine: An overview. *NCCAM Publication No. D239*, October 2004, Updated May 2007. Retrieved from the World Wide Web, May 22, 2008: <http://nccam.nih.gov/health/backgrounds/mindbody.htm>
- National Center for Complementary and Alternative Medicine (2009). The Use of Complementary and Alternative Medicine in the United States. December, 2008, Updated January, 2009. Retrieved from the World Wide Web, February 8, 2009: http://nccam.nih.gov/news/camstats/2007/camsurvey_fs1.htm

- National Center for Complementary and Alternative Medicine (2007). What is CAM? NCCAM Publication No. D347, October 2004, Updated May 2007. Retrieved from the World Wide Web, May 22, 2008: <http://nccam.nih.gov/health/whatiscam/>
- National Empowerment Center (2008). Programs and Services. Retrieved from the World Wide Web, February 8, 2008: <http://www.power2u.org/what.html>
- National Institute of Mental Health (2008). What is depression? Retrieved from the World Wide Web, February 29, 2008: <http://www.nimh.nih.gov/health/topics/depression/index.shtml>
- National Institute of Mental Health (2008). Anxiety Disorders. Retrieved from the World Wide Web, May 28, 2008: <http://www.nimh.nih.gov/health/publications/anxiety-disorders/summary.shtml>
- Oelke, N. D., Thurston, W. E., Dipalma, R., Tink, W., Mazonde, J. N., Mak, A., Armitage, G. D. (2006). Understanding is sues in primary care: perspectives of primary care physicians. *Quality in Primary Care, 14*, 253–258.
- O'Leary, A. (1990). Stress, emotion and human function. *Psychological Bulletin, 108*, 363-382.
- Pelletier, K. R. (2004). Mind-body medicine in ambulatory care: An evidence-based assessment. *The Journal of Ambulatory Care Management, 27*, 25-42.
- Pettingale, K. W., Morris, T., Greer, S., & Haybittle, J. (1985). Mental attitudes to cancer: An additional prognostic factor. *Lancet, i*, 750.
- Price, C. J., Thompson, E. A. (2007). Measuring dimensions of body connection: body awareness and bodily dissociation. *The Journal of Alternative and Complementary Medicine, 13*, 945-953.
- Random House Unabridged Dictionary (2006). Random House, Inc.
- Reilly, T.D., Taylor, M.A., McSharry, C., Aitchison, T. (1986) Is homoeopathy a placebo response? Controlled trial of homoeopathic potency, with pollen in hayfever as model. *Lancet, 2*, 881-886.
- Rozanski, A., Blumenthal, J. A., Kaplan, J. (1999). Impact of psychological factors on the pathogenesis of cardiovascular disease and implications for therapy. *Circulation, 99*, 2192-2217.
- Sagan, C (1985). *Contact*. New York: Simon and Schuster.

- Santorelli, S. (1999). *Heal thy self: Lessons on mindfulness in medicine*. New York: Random House.
- Satcher, D. (1999). Mental health: a report of the Surgeon General. *Department of Health and Human Services*; Bethesda, Md.; National Institute of Mental Health, 1999. (Accessed May 31, 2008, at <http://www.surgeongeneral.gov/library/mentalhealth/home.html>)
- Satterfield, J. M. (2001) Happiness, excellent, and optimal functioning: A review of a special issue of the American Psychologist. *Western Journal of Medicine*, 174, 26-29.
- Saunders, P. A., Tractenberg, R. E., Chaterji, R., Amri, H., Harazduk, N., Gordon, J. S., Lumpkin, M., Haramati, A. (2007) Promoting self-awareness and reflection through an experiential Mind-Body Skills course for first year medical students. *Medical Teacher*, 29, 778-784.
- Schmale, A., & Iker, H. (1961). The affect of hopelessness and the development of cancer. *Psychosomatic Medicine*, 28, 714-721.
- Seligman, M. E. P. (1991). *Learned optimism*. New York: Knopf.
- Shapiro, D.H. (1992). A preliminary study of long term meditators: Goals, effects, religious orientation, cognitions. *Journal of Transpersonal Psychology*, 24, 23-39.
- Shapiro, S. L., Carlson, L. E., Astin, J. A., Freedman, B. (2006). Mechanisms of Mindfulness. *Journal of Clinical Psychology*, 62, 373-386.
- Shapiro, D. H. Jr., Schwartz, C. E., Astin, J. A. (1996). Controlling ourselves, controlling our world: Psychology's role in understanding positive and negative consequences of seeking and gaining control. *American Psychologist*, 51, 1213-1230.
- Smith, I. (1995) Commissioning complementary medicine. *British Medical Journal*, 310, 1151-1152.
- Solomon, G. F., Amkraut, A. A., & Kasper, P. (1974). Immunity, emotions and stress with special reference to the mechanisms of stress effects on the immune systems. *Psychotherapy and Psychosomatics*, 23, 209.
- Stavraky, K. M., Buck, C. N., Lott, J. S., & Worklin, J. M. (1968). Psychological factors in the outcome of human cancer. *Journal of Psychosomatic Research*, 12, 251-259.

- Sternberg, E. (1999). Emotions and disease: A balance of molecules. *States of Mind: New Discoveries About How Our Brains Make Us Who We Are*. New York: John Wiley and Sons.
- Ter Riet, G., Kleijnen, J., Knipschild, P. (1990) Acupuncture and chronic pain: a criteria-based meta-analysis. *Journal of Clinical Epidemiology*, 43, 1191-1199.
- Terr, A. I. (1995). Psychoimmunology and the practice of allergy. *Clinical and Experimental Allergy: Journal of the British Society for Allergy and Clinical Immunology*, 25, 483-484.
- Taylor, S. E., & Brown, J. D. (1988). Illusion and well-being: A social psychological perspective on mental health. *Psychological Bulletin*, 103, 193-210.
- Taylor, S. E., & Brown, J. D. (1994). Positive illusions and well-being revisited: Separating fact from fiction. *Psychological Bulletin*, 116, 21-27.
- Turner-Cobbs, J. M., Sephton, S. E. & Spiegel, D. (2001). Psychosocial effects on immune function and disease progression in cancer: Human studies. In R. Ader, D. Felten & N. Cohen (Eds.), *Psychoneuroimmunology 3rd ed*, 2, 585-582. San Diego, CA: Academic Press.
- Udelman, H. D. & Udelman, D. L. (1983). Current explorations in psychoimmunology. *American Journal of Psychotherapy*, 37, 210-221.
- Vedhara, K. & Irwin, M. (2005). *Human Psychoneuroimmunology*. New York: Oxford University Press.
- Waldspurger-Robb, W. (2006). Self-Healing: A Concept Analysis. *Nursing Forum*, 41(2), 60-77.
- Wang, P. S., Lane, M., Olfson, M., Pincus, H. A., Wells, K. B., Kessler, R. C. (2005) Twelve-month use of mental health services in the United States. *Archives of General Psychiatry* 62, 629-640.
- Wang, P. S., Demler, O., Kessler, R. C. (2002). Adequacy of treatment for serious mental illness in the United States. *American Journal of Public Health*, 92, 92-98.
- Watson, M., Greer, S., Rowden, L., Gorman, C., Robertson, B., Bliss, J. M., & Tunmore, R. (1991). Relationships between emotional control, adjustment to cancer, and depression and anxiety in breast cancer patients. *Psychological Medicine*, 21, 51-57.
- Weiss, R. S. (1994). *Learning From Strangers*. New York: The Free Press a division of Simon & Schuster, Inc.

The World Health Organization (2008). Depression. Retrieved from the World Wide Web, February 28, 2008:
http://www.who.int/mental_health/management/depression/definition/en/

APPENDICES

APPENDIX A: QUESTIONNAIRE ON FEELINGS OF CENTEREDNESS

1. How would you define centeredness?

- “What does it/doesn’t it do?”
- “What is the overall essence of the experience?”
- “Is it difficult/easy?”
- “When did you first become aware of it?”

b. Personal meaning

- “What does it mean for you?”
- “What does it feel like?”
- “What statements describe these experiences?”

c. Meaning with regards to physical health (past and present illness)

- “What kind of effect has it had on your physical health?”
- “Do you feel that you are more aware of your body and its processes than when you are not in a centered state?”
- “What kind of effect has it had on your psychological health?”
- “Are you better able to maintain your emotional states when you feel centered?”

2. How does one attain these feelings?

a. What practices are utilized

b. What philosophies are mentated

- “What did you do that brought you feelings of centeredness in your life?”
3. How does one maintain these feelings?
 - a. Frequency of practice
 - “Are you able to maintain this feeling outside of direct practice?”
 - “What do you do to maintain these feelings?”
 - “How long does the feeling last?”
 4. What pulls one away from the feeling of centeredness?
 - a. What is done to counteract that
 - “What draws you away from the feeling of centeredness?”
 - “What signs do you have that you are being drawn from your center?”
 - “What do you do to counteract that?”
 - “Is there a time where you do not try to counteract it?”
 5. What is the relationship between centeredness and mindfulness?

APPENDIX B: WELL-BEING AND AWARENESS SCALE

Name : _____ Date : _____

This questionnaire asks about your awareness of your body and your feelings. Please rate each of the following statements using the scale provided. Write the number in the blank that best describes your own opinion of what is generally true for you. With questions regarding sexual activity, please consider all sexual activity including self-stimulation. If you do not engage in sexual activity, please leave those questions blank. There are no right answers, please answer as truthfully as you can. Please consider the past two months as the time frame for your response.

1	2	3	4	5
never or very rarely true	rarely True	sometimes true	often true	very often or always true

- _____ 1. When I'm walking, I deliberately notice the sensations of my body moving.
- _____ 2. I'm good at finding words to describe my feelings.
- _____ 3. I criticize myself for having irrational or inappropriate emotions.
- _____ 4. I perceive my feelings and emotions without having to react to them.
- _____ 5. When I do things, my mind wanders off and I'm easily distracted.
- _____ 6. When I take a shower or bath, I stay alert to the sensations of water on my body.
- _____ 7. I can easily put my beliefs, opinions, and expectations into words.
- _____ 8. I don't pay attention to what I'm doing because I'm daydreaming, worrying, or otherwise distracted.
- _____ 9. I watch my feelings without getting lost in them.
- _____ 10. I tell myself I shouldn't be feeling the way I'm feeling.
- _____ 11. I notice how foods and drinks affect my thoughts, bodily sensations, and emotions.
- _____ 12. It's hard for me to find the words to describe what I'm thinking.
- _____ 13. I am easily distracted.
- _____ 14. I believe some of my thoughts are abnormal or bad and I shouldn't think that way.

Continues on next page.....

1	2	3	4	5
never or very rarely true	rarely true	Sometimes True	often true	very often or always true

- _____ 16. I have trouble thinking of the right words to express how I feel about things
- _____ 17. I make judgments about whether my thoughts are good or bad.
- _____ 18. I find it difficult to stay focused on what's happening in the present.
- _____ 19. When I have distressing thoughts or images, I "step back" and am aware of the thought or image without getting taken over by it.
- _____ 20. I pay attention to sounds, such as clocks ticking, birds chirping, or cars passing.
- _____ 21. In difficult situations, I can pause without immediately reacting.
- _____ 22. When I have a sensation in my body, it's difficult for me to describe it because I can't find the right words.
- _____ 23. It seems I am "running on automatic" without much awareness of what I'm doing.
- _____ 24. When I have distressing thoughts or images, I feel calm soon after.
- _____ 25. I tell myself that I shouldn't be thinking the way I'm thinking.
- _____ 26. I notice the smells and aromas of things.
- _____ 27. Even when I'm feeling terribly upset, I can find a way to put it into words.
- _____ 28. I rush through activities without being really attentive to them.
- _____ 29. When I have distressing thoughts or images I am able just to notice them without reacting.
- _____ 30. I think some of my emotions are bad or inappropriate and I shouldn't feel them.
- _____ 31. I notice visual elements in art or nature, such as colors, shapes, textures, or patterns of light and shadow.
- _____ 32. My natural tendency is to put my experiences into words.
- _____ 33. When I have distressing thoughts or images, I just notice them and let them go.
- _____ 34. I do jobs or tasks automatically without being aware of what I'm doing.

Continues on next page.....

1	2	3	4	5
never or very rarely true	rarely true	sometimes true	often true	very often or always true

- _____ 35. When I have distressing thoughts or images, I judge myself as good or bad, depending what the thought/image is about.
- _____ 36. I pay attention to how my emotions affect my thoughts and behavior.
- _____ 37. I can usually describe how I feel at the moment in considerable detail.
- _____ 38. I find myself doing things without paying attention.
- _____ 39. I disapprove of myself when I have irrational ideas.
- _____ 40. If there is tension in my body, I am aware of the tension.
- _____ 41. It is difficult for me to identify my emotions.
- _____ 42. I notice that my breathing becomes shallow when I am nervous.
- _____ 43. I notice my emotional response to caring touch.
- _____ 44. My body feels frozen, as though numb, during uncomfortable situations.
- _____ 45. I notice how my body changes when I am angry.
- _____ 46. I feel like I am looking at my body from outside of my body.
- _____ 47. I am aware of internal sensation during sexual activity.
- _____ 48. I can feel my breath travel through my body when I exhale deeply.
- _____ 49. I feel separated from my body.
- _____ 50. It is hard for me to express certain emotions.
- _____ 51. I take cues from my body to help me understand how I feel.
- _____ 52. When I am physically uncomfortable, I think about what might have caused the discomfort.
- _____ 53. I listen for information from my body about my emotional state.
- _____ 54. When I am stressed, I notice the stress in my body.
- _____ 55. I distract myself from feelings of physical discomfort.
- _____ 56. When I am tense, I take note of where the tension is located in my body.
- _____ 57. I notice that my body feels different after a peaceful experience.
- _____ 58. I feel separated from my body when I am engaged in sexual activity.
- _____ 59. It is difficult for me to pay attention to my emotions.

APPENDIX C: INFORMED CONSENT

Graduate Research, Department of Education
University of New Hampshire

Study of Centeredness

This study is a part of a thesis project being completed by Tara Rousselle, a graduate student at the University of New Hampshire.

1. *What is the aim of the study?* The aim of the study is to research feelings of centeredness as experienced by individuals who teach and live such experiences. The intention is to make the ideas more accessible to the general public, in hopes that there can be greater possibility for physical and mental growth with this knowledge.
2. *How was I chosen?* Between 5 and 10 people will be interviewed. Some of these participants were recommended by others participating in the study, others were recommended by people who were consulted on the philosophical ideas of the study. All participants were sought out because of their professional and/or spiritual orientation.
3. *What will be involved in participating?* There will be one or more interviews scheduled with you, each of which should last between one and two hours. The interviews will be audio recorded and transcribed, at which point the recordings will be destroyed.
4. *Who will know what I say?* There is one researcher of this study. Access to information will be solely in their care. Discussions of gathered materials will also be shared with a three-member thesis committee. Some recordings will be in the temporary care of hired individuals who will assist with the transcription process. They will receive training on confidentiality and names will not be associated with the recorded materials.
5. *What risks and benefits are associated with participation?* There are no potentially foreseeable risks other than a possible breach in confidentiality. To protect against that risk, pseudonyms will be utilized. The benefit of participating in this research is that this could serve as an opportunity for the participant to participate in a meaningful study related to their area of study. It is also thought that through discussing such topics, that the participant may have an opportunity to achieve a greater understanding of their personal beliefs.
6. *What are my rights as a respondent?* Any questions regarding the study will be answered fully. The results of the study will be made available to each participant after the end of the study upon request. Participation is voluntary, and anyone may refuse to answer a question or withdraw from the study at any time.

7. *What will be published?* The intent of this research is to complete a graduate thesis project. It will be published for the University of New Hampshire.

8. *If I want more information, whom can I contact about the study?* The use of human subjects in this study has been approved by the Institutional Review Board of the University of New Hampshire. The faculty member advising the process of the study is Janet Elizabeth Falvey, Professor of Education at the University of New Hampshire, Durham, at 603-862-2386 or via email je.falvey@unh.edu. Tara Rousselle, the study's researcher, can be contacted at 603-315-5125, or preferably via email at tara_rousselle@yahoo.com. The Institutional Review Board can be contacted through Julie Simpson, manager of the office of Research Conduct and Compliance Services at the University of New Hampshire, Durham, at 603-862-2003 or via email julie.simpson@unh.edu.

Tara Rousselle, Project Researcher

Date

Participant

Date

Taken from "Consent Form" pages 217-218 of *Learning From Strangers*, by Robert S. Weiss, 1994.

APPENDIX D: RECRUITMENT LETTER

Feelings of Centeredness: A qualitative study

Dear (Participant),

I am conducting a study for the completion of my graduate thesis regarding centeredness and well-being. It is my hope to explore centeredness and determine its affects on people's lives, health, and well-being.

What will be asked of you is the completion of two questionnaires and one or two interviews; each of which will take between one and two hours. During that time, you will be asked a series of questions regarding your experiences with centeredness which will include your personal and health-related experiences. The sessions will be audio recorded for transcription purposes which will provide useful in the process of analyzing the information received. It is preferred that these interviews take place in your natural setting, or place of practice, to best get a sense of factors that play into how centeredness is achieved.

You were chosen for this study because of (a referral from _____, an internet search where _____ information was found about you, etc).

Please do not hesitate to ask questions regarding this research prior to agreeing to participation or at any time during the study. I would be happy to share my findings with you after the completion of the study.

Confidentiality will be maintained and pseudonyms will be utilized. All data will be destroyed two years after the completion of the study.

There are no known risks to participating in this research. The benefits include an opportunity to share knowledge with others, regarding an intriguing and enriching topic and I hope it is viewed as such.

Thank you for your time and I hope to hear from you soon,

Tara Rousselle
Graduate Student in Counseling
Department of Education
University of New Hampshire

Tara_Rousselle@yahoo.com
603-315-5125

APPENDIX E: IRB APPROVAL LETTER

University of New Hampshire

Research Integrity Services, Office of Sponsored Research
Service Building, 51 College Road, Durham, NH 03824-3585
Fax: 603-862-3564

06-Mar-2009

Rousselle, Tara
Education, Morrill Hall
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IRB #: 4527

Study: Centeredness and Well-being

Approval Date: 06-Mar-2009

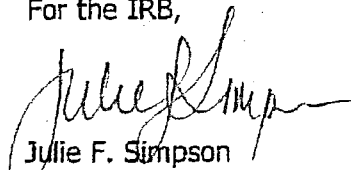
The Institutional Review Board for the Protection of Human Subjects in Research (IRB) has reviewed and approved the protocol for your study as Expedited as described in Title 45, Code of Federal Regulations (CFR), Part 46, Subsection 110.

Approval is granted to conduct your study as described in your protocol for one year from the approval date above. At the end of the approval period, you will be asked to submit a report with regard to the involvement of human subjects in this study. If your study is still active, you may request an extension of IRB approval.

Researchers who conduct studies involving human subjects have responsibilities as outlined in the attached document, *Responsibilities of Directors of Research Studies Involving Human Subjects*. (This document is also available at <http://www.unh.edu/osr/compliance/irb.html>.) Please read this document carefully before commencing your work involving human subjects.

If you have questions or concerns about your study or this approval, please feel free to contact me at 603-862-2003 or Julie.simpson@unh.edu. Please refer to the IRB # above in all correspondence related to this study. The IRB wishes you success with your research.

For the IRB,



Julie F. Simpson
Manager

cc: File
Falvey, Janet