Virtual Intercorporeality: Using Body Scan Meditation to Enhance Interoceptive Awareness, Therapeutic Alliance and Presence in TeleMental Health

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- Eileen Wurst, M.A., LMHC, based in Seattle, WA is a licensed mental health counselor and PhD candidate in Somatic Psychology at the California Institute of Integral Studies in San Franciso, CA.

- Her current research focuses on integrating somatic practices—such as body scan meditation—into virtual therapy sessions to enhance client embodiment and therapeutic outcomes.

- She is interested in future research and application of somatic psychology within the human computer interaction of TeleMental health.

- She founded **https://SOMI.Clinic** for the psychotherapeutic application and practice of these investigations.

Aims and Contributions of this Study

•Explore how **TeleMental Health (TMH)** has proliferated and effected the components of the intercorporeality of the therapeutic experience:
Interoceptive Awareness (IA)
Therapeutic Presence (TP)
Working Alliance (WA)

•Investigate ways to recreate this intercorporeality through facilitation of the mindful **Body Scan Meditation (BSM)** in TMH sessions.

•Examine how BSM can be integrated into the **Human-to-Human Interaction with Technology (HHIT)** frameworks of TMH to strengthen connection, presence, and alliance remotely.

•Contribute new empirical data through a **pre- and post-intervention mixed-methods study** combining quantitative assessments and qualitative questionnaire.

Transition to TeleMental Health (TMH)

- The COVID-19 pandemic accelerated the shift to TeleMental health (TMH), or remote mental health therapy, using video or digital tools; therapists adapted to virtual environments, most without any prior training in this medium[1].

- There was a marked increase in the use of TMH even before the pandemic, with a 22.3% rise in utilization reported from 2019 to 2022 [2].

Increase in TMH Utilization 2019-2022

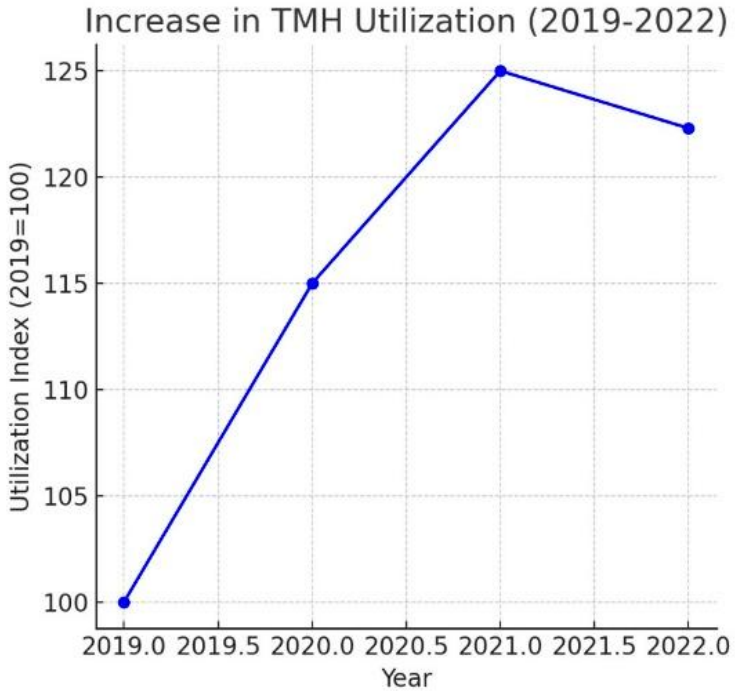
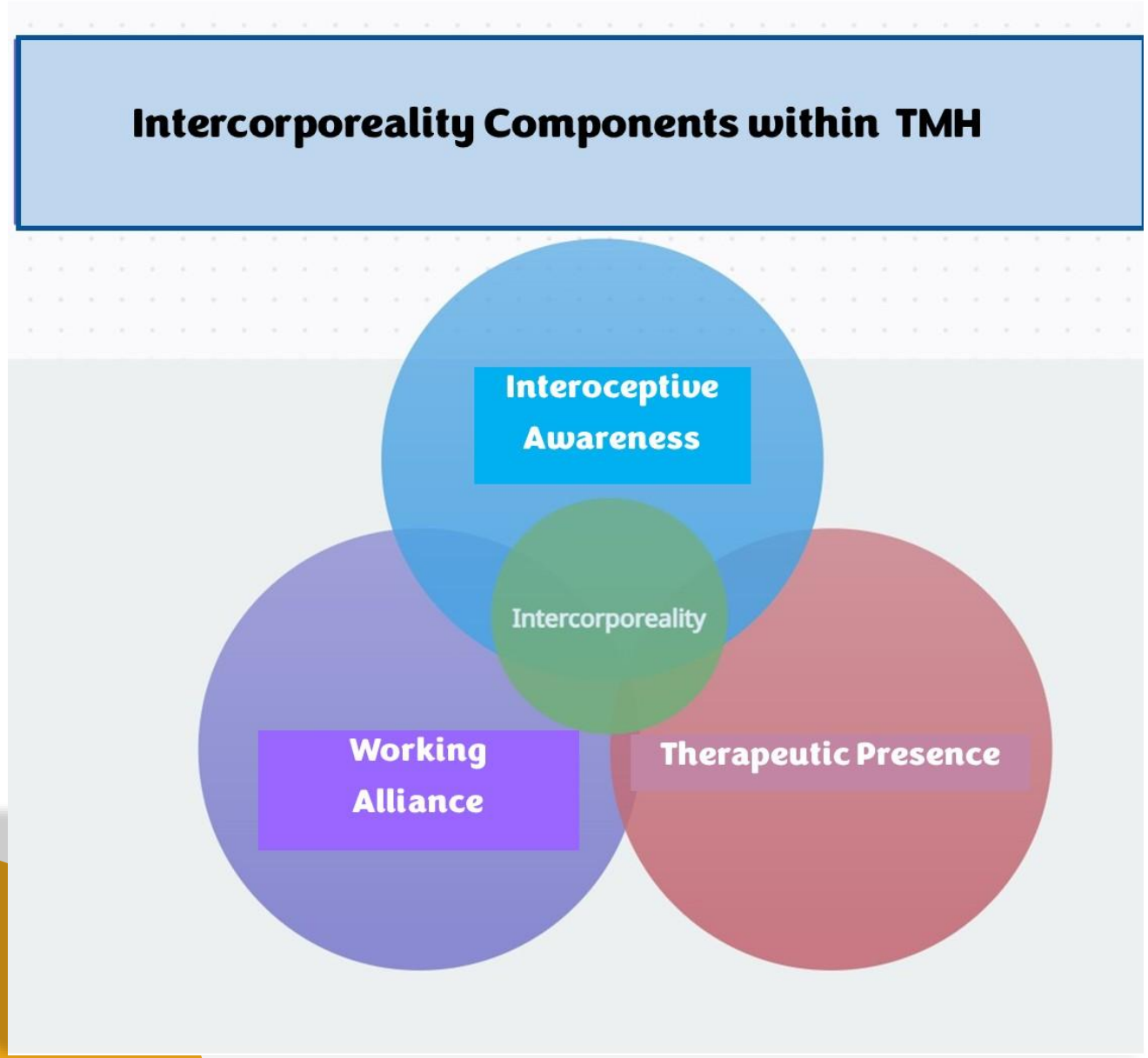


Figure 1. Increase in TMH Utilization 2019-2022 [2].



Intercorporeality is a concept first developed in the 1950's by French philosopher Merleau-Ponty [3] [4].

It is the phenomena by which the interconnectedness with each other actually begins to shape our reality.

For this study, intercorporeality refers to the mutual, embodied awareness that can transcend spatial limitations between therapist and client [5].

Deficiencies and Disconnection in the (HHIT) Human-to-Human Interaction of TMH

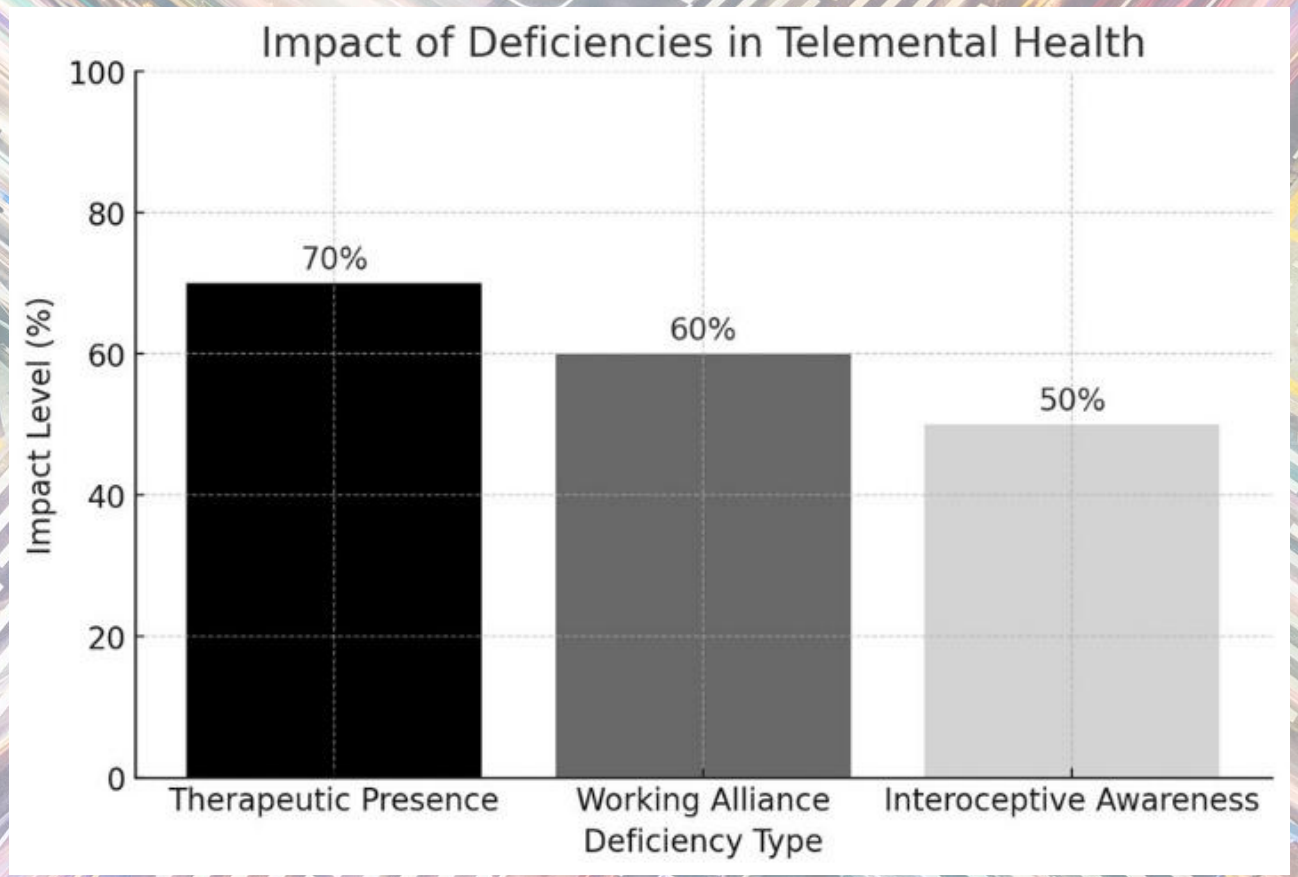


Figure 2. Estimated Impact of Deficiencies in TeleMental Health[1][6]

Components of Intercorporeality

The disembodiment experience of the HHIT in TMH can hinder the development of a robust therapist-client relationship and alliance, weakening the components of intercorporeality [6][1].

Components of Intercorporeality:
I. Interoceptive Awareness (IA)

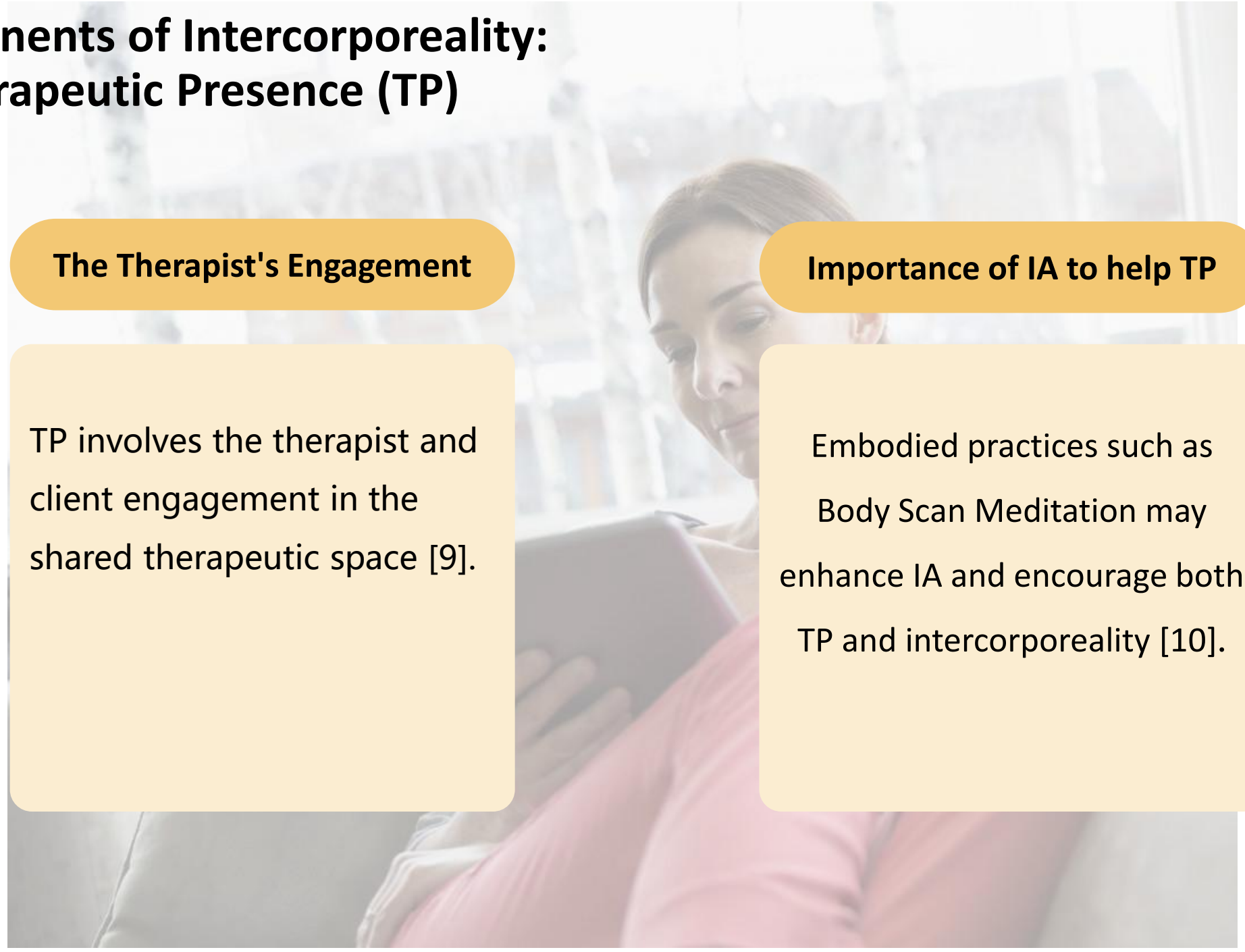
Definition of IA

IA is the ability to recognize and interpret internal bodily sensations, fostering self-awareness, sense of presence and well-being [5].

Improving Emotional Processing

IA facilitates emotional processing by improving recognition of physical sensations. The mindful technique of Body Scan Meditation is one way of accessing IA [7][8].

Components of Intercorporeality:
II. Therapeutic Presence (TP)



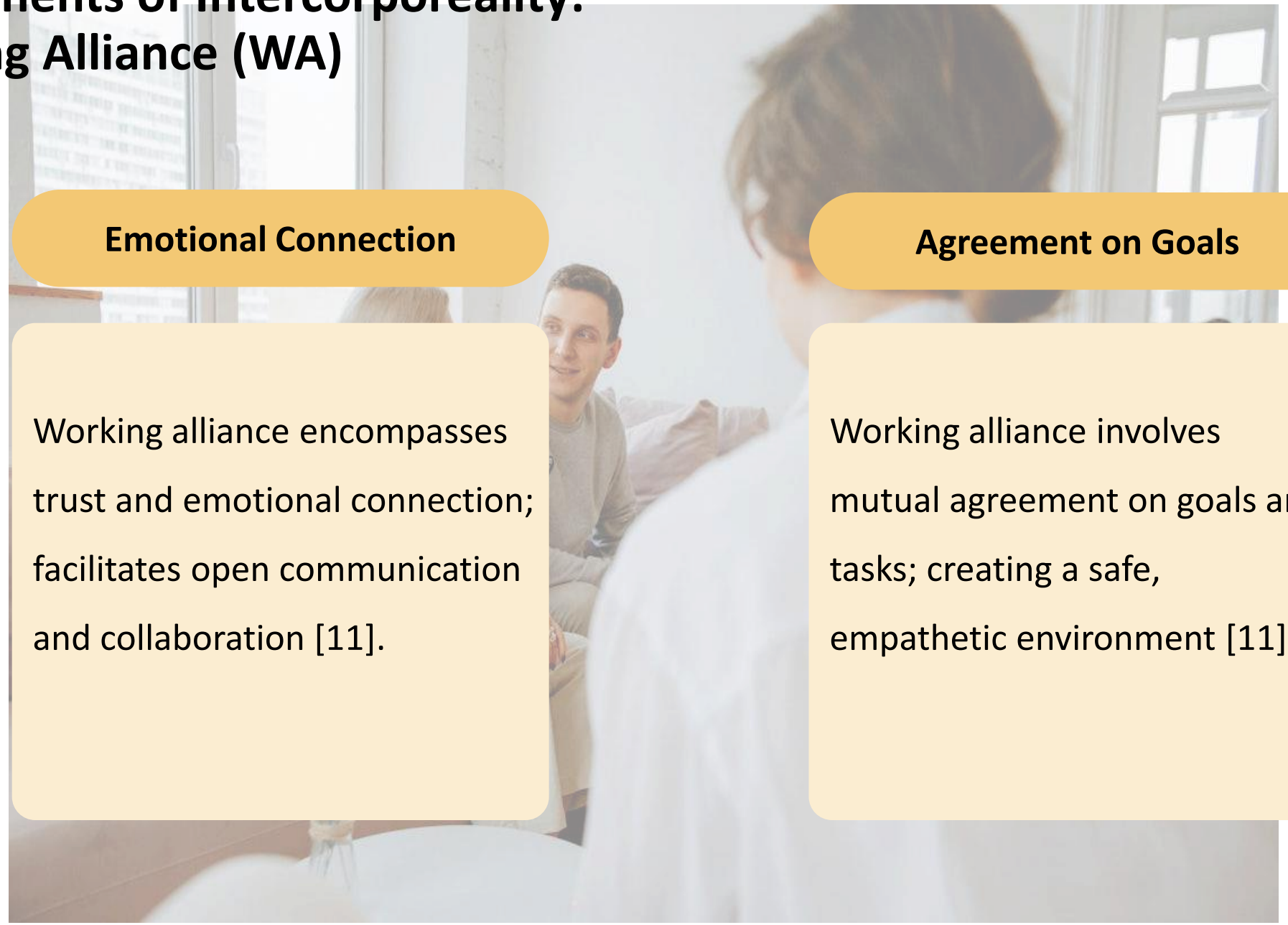
The Therapist's Engagement

TP involves the therapist and client engagement in the shared therapeutic space [9].

Importance of IA to help TP

Embodied practices such as Body Scan Meditation may enhance IA and encourage both TP and intercorporeality [10].

Components of Intercorporeality: Working Alliance (WA)



Emotional Connection

Working alliance encompasses trust and emotional connection; facilitates open communication and collaboration [11].

Agreement on Goals

Working alliance involves mutual agreement on goals and tasks; creating a safe, empathetic environment [11].

Body Scan Meditation (BSM) Historical Context

01

Roots in Buddhism

BSM has its origins in ancient Buddhist practices, particularly Anapanasati, which emphasizes mindfulness of breathing. [12]

02

Adaptation by Jon Kabat-Zinn

In the 1970s, Jon Kabat-Zinn adapted BSM into Western contexts through his Mindfulness-Based Stress Reduction (MBSR) program [13].

03

Application in Trauma-Informed Care

BSM has been integrated into trauma-informed care, providing individuals who have experienced trauma a safe method to connect with their bodies [7][10].

This is the first study investigating the body scan meditation in TeleMental health sessions

Methodology

Overview

This study investigates whether practicing BSM at the beginning of TMH sessions can foster a deeper therapeutic connection and improve clients' and therapists' experience across all of the discussed constructs within the virtual HHIT environment of TMH.

Design

This study will employ mixed-methods research design, combining self-reports of all participants via three quantitative assessments: Scale of Body Connection , Therapeutic Presence Inventory, and Working Alliance Inventory and a qualitative questionnaire [9][14][15].

Quantitative Measures

Scale of Body Connection (SBC)

Measure changes in interoceptive awareness and body connection [15].

Therapeutic Presence Inventory (TPI)

Clients and therapists rate their perception of presence, measuring attunement [9].

Working Alliance Inventory (WAI)

Examine collaborative relationships from both client and therapist perspectives [14].

Qualitative Measures

4 open-ended questionnaire to explore experiences of intercorporeality via IA, TP, and WA during TMH sessions with BSM [16].

Post-Session

Analyze transcripts to identify common themes and insights of intercorporeality: IA, TP and WA [17].

Thematic Analysis

Participants

Participants

A total of twenty-five participants will be recruited for this study: 20 clients and 5 therapists. Each therapist-participant will conduct a 5-minute BSM over each TMH session for six sessions.

Eligible client-participants must be 18+, speak English fluently and engaged in therapy with their therapist-participant for at least 4 previous sessions.

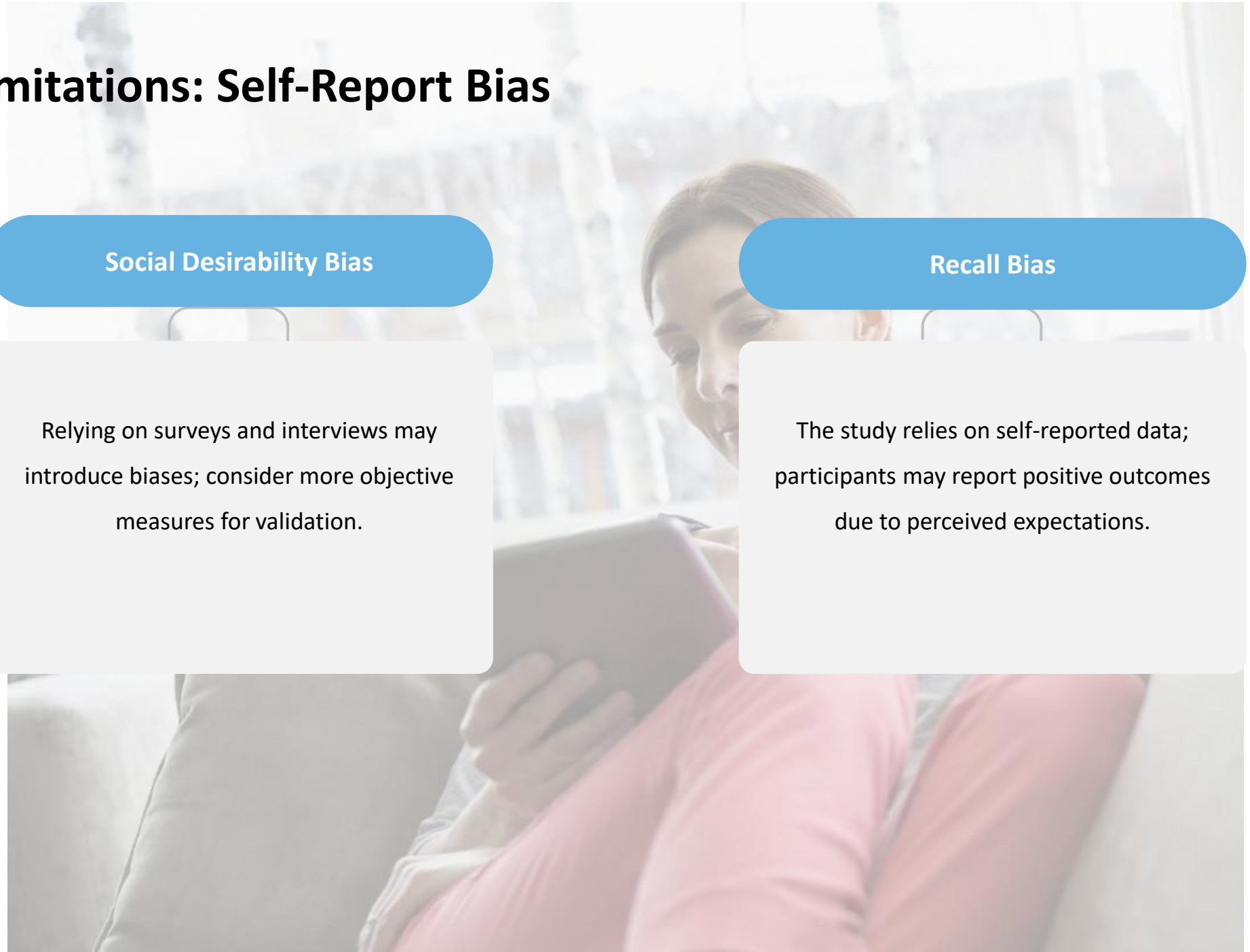
Exclusions for specific conditions

Research has shown that certain clients, particularly those with Autism Spectrum Disorder (ASD), eating disorders, or chronic pain, may require additional consideration due to their unique responses to interoceptive awareness (IA) during BSM. So, they have been excluded from participation [18][8].

Current Status

Currently, this study is in the recruitment phase. Thus far, 75 respondents have contacted this researcher via outreach to social media and professional groups/organizations. Unfortunately, most of the respondents (50+) did not meet the criteria or were AI bots. 5 who met the criteria and began paperwork/training dropped out. 2 new therapist-participants are currently enrolled, awaiting their client-participant enrollment.

Study Limitations: Self-Report Bias



Social Desirability Bias

Relying on surveys and interviews may introduce biases; consider more objective measures for validation.

Recall Bias

The study relies on self-reported data; participants may report positive outcomes due to perceived expectations.

Future Research Opportunities

O1

Need for Phenomenological Studies

There is a critical need for more phenomenological studies to explore the lived experiences of both therapists and clients in TMH contexts, helping to deepen our understanding of embodiment.

O2

Areas of Focus for Future Research

Future research could investigate specific intercorporeal practices within diverse client populations and settings, examining their effectiveness and adaptability in different therapeutic environments.

O3

Encouraging Greater Understanding of TMH Embodiment

Expanding research into TMH embodiment will enhance clinicians' capabilities to create more meaningful therapeutic experiences.

Study Limitation: Sample Size and Diversity

Small Sample Size

A relatively small sample may limit generalizability; future research should include a larger, more diverse sample.

Inclusion of conditions

Excluding certain conditions (e.g., autism spectrum and eating disorders and chronic pain); may limit broader populations.

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