

LOW BODY TRUST PREDICTS LOWER INTEROCEPTIVE-BASED REGULATION IN MALTREATED YOUTH



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Introduction

Early maltreatment negatively impacts interoceptive awareness (IA), the attention to internal states and bodily sensations in daily life.^{1,2} Body trust, the belief that one can rely on internal bodily sensations as safe and accurate cues for needs, emotions, and states of arousal, is especially compromised. In the absence of body-based awareness youth struggle to develop a coherent sense of self because they lack reliable internal feedback about their own experiences.³ Prolonged and early experiences of abuse and neglect are associated with a pervading lack of trust in the bodily self and body sensations which persistently alters the ways in which maltreated youth relate to their bodies.^{4,5,6,7}

Objective

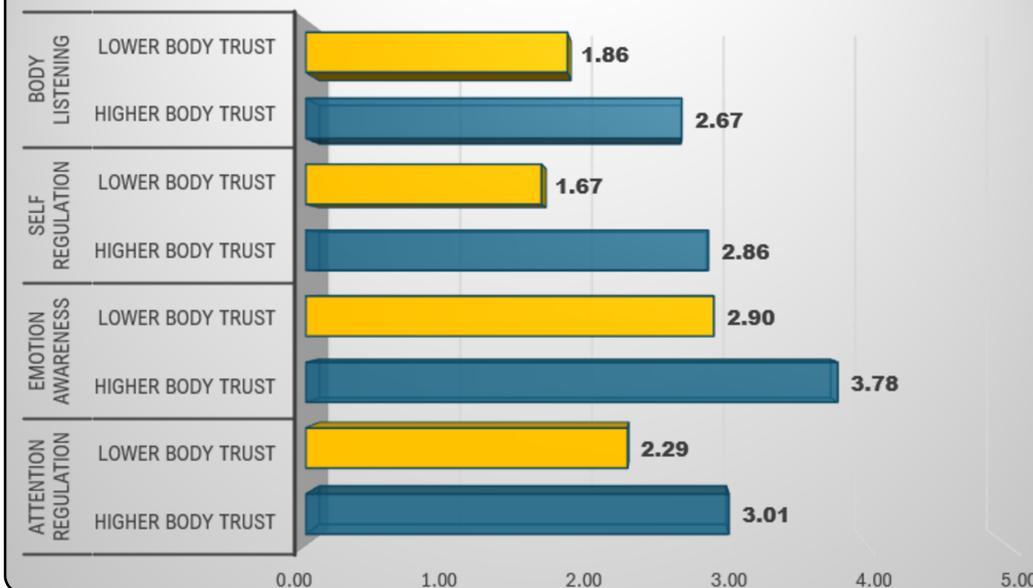
Assess the extent to which interoceptive-based Body Trust is uniquely associated with attention regulation, emotional awareness, self-regulation and body listening in a clinical sample of maltreated youth.

Method

Participants: A clinical sample of 132 youth (ages 7–17) receiving mental health services for early abuse and neglect. Mean age of 12 years, with 54% female and 80% in adoptive or guardian care.

Design & Analysis: Secondary analysis of Multidimensional Assessment of Interoceptive Awareness-Youth (MAIA-Y)⁸ cross-sectional data. Body Trust scores were dichotomized at the sample grand mean ($M=3.45$): Lower Trust Group ($n=59$) and Higher Trust Group ($n=73$). Four dependent variables: Attention Regulation, Emotional Awareness, Self-Regulation, and Body-Listening were analyzed in separate SPSS v31 GLM Univariate Regressions ($\alpha = .05$).

MAIA-Y Mean Scores by Body Trust Group



Note: Higher means scores = greater IA with 0 = never, 2 = seldom, 5 = always

Impact of Low Body Trust

Dimension	Low score indicates	Impact of low body trust
Attention Regulation (AR)	Struggles to keep focus on sensations, especially in noise/stress; tendency to avoid/abandon the interoceptive channel.	When the body feels unsafe or uncomfortable, youth are less willing to attend to interoceptive signals and sensations.
Emotional Awareness (EA)	Weak sensation → emotion mapping; misses before/after body differences following state shifting.	Body signals aren't trusted, sensations feel non-informative; mapping remains fragile.
Self-Regulation (SR)	Difficulty initiating or completing a strategy that downshifts arousal; breath/body focus doesn't feel instrumental.	Low trust undercuts belief SR strategies will help, so state-shift attempts start late, end early, or are abandoned before noticeable change.
Body-Listening (BL)	No use of body check-ins during distress; internal cues don't guide action.	When the body isn't regarded as a safe/credible guide, check-ins feel pointless or risky; cues aren't consulted and decisions aren't informed by interoception.

Results

A majority of youth (80%) reported Low Body Trust (LBT). Across all four MAIA-Y dimensions, LBT uniquely predicted lower interoceptive-based regulation ($|\beta| = .72-1.18$, all $p < .001$; $R^2 = .12-.25$). LBT had the largest negative impact on Self-Regulation, accounting for 25% of the difference in Self-Regulation scores across the study sample. Youth with LBT have difficulty initiating and completing body-based strategies that shift states into functionally adaptive zones.

In comparison with the higher Body Trust group, **youth with LBT scored:**

- 0.72 points lower on Attention Regulation;
- 0.88 points lower on Emotional Awareness;
- 1.18 points lower on Self-Regulation;
- 0.81 points lower on Body-Listening

Univariate GLM: Body Trust Group Differences on MAIA-Y Dimensions

Dimension	β	t	F	R^2
Attention Regulation	-0.72	-4.28	18.37*	0.12
Emotional Awareness	-0.88	-5.07	25.69*	0.16
Self-Regulation	-1.18	-6.55	42.90*	0.25
Body-Listening	-0.81	-4.23	17.88*	0.12

* = $p < .001$



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