

Reflections on the Sensory Integration Meditation Page 1 of 4

Name: _____ Date: _____

What did you learn about your own body from the meditation?

Indoor

Outdoor

Did you experience any new bodily sensations during this meditation? If so, how did these sensations manifest in your body?

Indoor

Outdoor

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Name: _____ Date: _____

Did you find any areas of deep relaxation or wellbeing in your body after doing the meditation? If so, where? Describe the experience.

Indoor

Outdoor

Did you experience any emotional sensations while doing the meditation? If so, did these emotions seem to be linked to a certain experience or sensation? For example, did the emotion seem to be triggered by an aroma? By a sound? By a sight? By any other sensation? Describe these sensations and emotions in the spaces provided below.

Indoor

Outdoor

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Name: _____ Date: _____

Did the meditation and the accompanying sensations trigger any streams of thought? If so, were these thoughts associated with any particular sensations (for example, if you were doing the meditation outdoors and heard children on a playground, and it triggered streams of thought about happy days in your youth engaging in similar activities)?

Indoor

Outdoor

Did the meditation trigger any memories? If so, were these memories associated with any particular sensations?

Indoor

Outdoor
