

## Article preview

- Abstract
- Introduction
- Section snippets
- References (80)
- Cited by (11)
- Recommended articles (6)



Journal of Psychosomatic Research

Volume 77, Issue 6, December 2014, Pages 516–521



# Searching for existential security: A prospective qualitative study on the influence of mindfulness therapy on experienced stress and coping strategies among patients with somatoform disorders

Annemette Bondo Lind <sup>a, b, c, d, e</sup>, Charlotte Delmar <sup>b, c</sup>, Klaus Nielsen <sup>a</sup>

Show more

Share Cite

<https://doi.org/10.1016/j.jpsychores.2014.07.015>

Get rights and content

## Abstract

### Objective

The aim was to explore how **mindfulness** group therapy for **somatoform disorders** influenced the patients' stress experiences, **coping strategies** and contextual psychosocial processes.

### Methods

A longitudinal pre- and post-treatment design, using 22 semi-structured individual pre- and post-treatment interviews. Data-analysis was based on a thematic methodology.

### Results

Pre-treatment patients were struggling in an existential crisis, feeling existentially insecure about their social identity, the causes, consequences and management of their illness; experiencing difficulties identifying and expressing stress-related cognitions, emotions and feelings, and low bodily and emotional self-contact; often leading to avoidant coping, making these individuals highly stress-vulnerable. Post-treatment, the overall change was conceptualized as increased existential security, defined by patients being more self-confident; more clarified with their social identity, the nature, management and future prospects of their illness; generally using more flexible **coping strategies** to reduce their daily stress experiences. Four related subthemes were identified contributing to increased existential security: 1) more secure illness perceptions — feeling existentially recognized as “really” ill, 2) enhanced relaxation ability — using **mindfulness** techniques, 3) increased awareness — connecting differently to mind and body 4) improved ability to identify and express needs and feelings of distress — more active communicating. Patients suggested that mindfulness therapy could be expanded with more time for group-discussions followed by additional individual therapy.

### Conclusion

Generally, treatment positively influenced the patients' illness perceptions, stress-experiences, body- and self-awareness, coping strategies, self-image, social identity and social functioning. However, patients identified potentials for treatment improvements, and they needed further treatment to fully recover.

## Introduction

Physical complaints not attributable to conventionally defined diseases are prevalent in all medical settings [1], when the symptoms become chronic they could be diagnosed as somatoform disorders (SD). The interactions between stress, maladaptive coping patterns and bodily reactions involved in SD-pathology have been unclear [2], [3], [4], [5], [6], [7], [8]. However, recent research shows that patients with SD are stress-vulnerable [9] having difficulties coping with psychosocial challenges and illness-related stress [10]. Exploring life-history patterns, SD-patients narrated how the communication of stressful circumstances with significant adults in their childhood was experienced as insufficient, conflicting or dismissive, generally involving avoidant coping strategies [9]. Patients adapted to this “emotional avoidance culture” by becoming emotionally avoidant themselves [2]. Findings also associates SD with alexithymia [11], [12], [13], [14], [15], affect dysregulation [16], [17], [18], insecure attachment [19], [20], [21], poor expression abilities and avoidant coping [22]. In their adult lives, SD-patients feel a deep longing for existential recognition from others, while experiencing difficulties with self-recognition of concerns, needs, vulnerability and distress, which negatively frame their ability in expressing these essential aspects; as a consequence patients generally hide their concerns [10]. Hence, SD-patients do not achieve the stress-reducing effects normally gained when feelings are verbalized [16], [23], [24], [25], [26]. Additionally, in keeping their concerns secret, they receive no social support, which makes people more resilient to chronic pain [27], [28]. Suffering from a contested psychosomatic illness is found to be stressful, involving stigmatizing processes, diminished self-confidence and disrupted self-biography, leading to identity-crisis [10], [29], [30], [31], [32] aggravated by insecure illness perceptions [30], [33], [34] and insufficient treatment [2], [3], [4], [5], [6], [7], [8]. Thus specialized treatments for these conditions are often lacking [35].

Treatments with mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT) reduce SD-related symptoms of stress, anxiety, fatigue and depression [36], [37], [38], [39], [40]. Mindfulness-based treatments for fibromyalgia have shown inconclusive results [41], [42], [43], [44], [45]. A study of chronic pain-patients reported pain reduction as well as improved attention, sleep, mood and wellbeing [46]. Cognitive behavioral therapy (CBT) is shown to be the best established treatment for varying somatoform disorders [47], [48]. Mindfulness therapy (MT) is a new manual-based group-treatment for people suffering from SD, combining MBSR-elements with CBT-elements [35], [49]. Mindfulness is the awareness that emerges through nonjudgmentally paying attention to purpose and bodily sensations in the present moment [50], aiming for altering the stress-response from affective alarm – reacting automatically with fight-, flight- and freeze-reactions – to mindful pro-action by cognitive reappraisal and bodily contact [36]. The aim of this study is to gain new in-depth knowledge on how MT influenced the patients' stress experiences, coping strategies and the contextual psychosocial processes including their self-image and social identity.

## Section snippets

### Design and data collection

This study employed a qualitative pre- and post-treatment longitudinal design using semi-structured, individual interviews, 1–3 month pre-treatment and 9–14 months after end of treatment. The same interview-method and the same approach to data-analysis were used upon the follow-up interview. Data were based on 24 purposefully sampled cases participating in MT in two groups, recruited from The Research Clinic for Functional Disorders and Psychosomatics, Aarhus University Hospital, Denmark. The...

### Results

All patients were influenced by psychosomatic symptoms negatively affecting their private and professional daily lives. Twenty patients had been ill for at least one year, and two had been ill for more than five years; the average duration of illness was 2.7 years (SD 2.3). After MT, six patients were engaged in individual therapy, and two were in group-interventions for stress-management. For a detailed overview of the characteristics of the sample, see Table 1. Four processes of change were...

### Discussion

The aim of the study was to gain new in-depth knowledge on how MT influenced the patients' stress experiences, coping strategies, and the contextual psychosocial processes including their self-image and social identity. Pre-treatment, patients were struggling with existential crisis, being insecure about their fundamental existence, illness-nature/management, self-image, self-confidence, social identity and future life-prospects. In contrast, during post-treatment narrations, all patients...

### Conclusions

Pre-treatment patients were insecure about their fundamental existence, illness-perceptions, illness-management, feelings, self-image, self-confidence, social functioning and future life-prospects. This insecurity brought their identity and body to recurrent collapses, thus they were struggling in deep existential crisis, depending on recognition from others. Post-treatment patients coped more flexibly with stress, and in varying degrees, they experienced increased existential security; induced ...

### Conflict of interest

The sponsors had no involvement in the study...

### Acknowledgments

The study was funded by The Lundbeck Foundation (1.000.000 Danish kroner) and TrygFonden (1.252.523 Danish kroner)...

## References (80)

- NE Morone *et al.*  
**Mindfulness meditation for the treatment of chronic low back pain in older adults: a randomized controlled pilot study**  
Pain (2008)
- O Pollatos *et al.*  
**Autonomic imbalance is associated with reduced facial recognition in somatoform disorders**  
J Psychosom Res (2011)
- O Pollatos *et al.*  
**Blunted autonomic reactivity and increased pain tolerance in somatoform patients**  
Pain (2011)
- EM Sibinga *et al.*  
**Mindfulness stress reduction for HIV-infected youth: a pilot study**  
Explore (2008)
- L Fjorback *et al.*  
**Mindfulness therapy for somatization disorder and functional somatic syndromes — randomized trial with one-year follow-up**  
J Psychosom Res (2013)
- NE Morone *et al.*  
**I felt like a new person. The effects of mindfulness meditation on older adults with chronic pain: qualitative narrative analysis of diary entries**  
J Pain (2008)
- R Lauche *et al.*  
**A systematic review and meta-analysis of mindfulness-based stress reduction for the fibromyalgia syndrome**  
J Psychosom Res (2013)
- J Kabat-Zinn  
**An outpatient program in behavioral medicine for chronic pain patients based on the practice of mindfulness meditation: theoretical considerations and preliminary results**  
Gen Hosp Psychiatry (1982)
- AJ Wearden *et al.*  
**Adult attachment, alexithymia, and symptoms reporting. An extension to the four model of attachment**  
J Psychosom Res (2005)
- CM Stonnington *et al.*  
**Somatization is associated with deficits in affective Theory of Mind**  
J Psychosom Res (2013)

 View more references

## Cited by (11)

**Personalized treatment outcomes in patients with somatoform disorder: A concept mapping study**  
2018, Journal of Psychosomatic Research

*Citation Excerpt :*  
...This may explain why our set of outcomes is more encompassing than previous sets that were derived with factor-analytic procedures. In contrast to another study that differentiates between outcomes and mediators contributing to improved outcomes [38], a distinguishing feature of our study is also that not the outcome per se but also mediator variables that prevent anticipated deterioration of outcomes are conceived as an outcome of therapy. Although our population was before the start of therapy diagnosed with somatoform disorder instead of somatic symptom disorder, the identified set of treatment outcomes does not appear to reflect DSM-IV diagnosis at the cost of DSM-V diagnosis, because it clearly includes a focus on psychosocial aspects of handling somatic symptoms....

Show abstract

**Coping strategies and emotion regulation in adolescents: Adequacy and gender differences**  
2016, Ansiedad y Estrés

Show abstract

**Developmental study of treatment fidelity, safety and acceptability of a Symptoms Clinic intervention delivered by General Practitioners to patients with multiple medically unexplained symptoms**  
2016, Journal of Psychosomatic Research

*Citation Excerpt :*  
...The first consultation lasts around 50 min and focuses on Recognition, which centres on eliciting and actively listening to the patient's description of their illness and its consequences on daily living. Successful recognition aims to validate the individual, may have “healing potential” in itself [18] and is important for improving symptom appraisal and active coping behaviour. In the latter part of this first consultation, and in the subsequent shorter (15–20 min) consultations, there is a focus on negotiating Explanations for symptoms in terms of biological and psychological mechanisms [15] and adaptations and proposing Action in terms of symptom control and management techniques which are coherently linked to the explanation....

Show abstract

**The effectiveness of mindfulness training on coping with stress, exam anxiety, and happiness to promote health**  
2021, Journal of Education and Health Promotion

**What is it like to live with medically unexplained physical symptoms? A qualitative meta-analysis**  
2021, Psychology and Health

**Short article: Willingness to undergo colonoscopy with virtual reality instead of procedural sedation and analgesia**  
2019, European Journal of Gastroenterology and Hepatology

 View all citing articles on Scopus

## Recommended articles (6)

Research article  
**The association of peptic ulcer and schizophrenia: A population-based study**  
Journal of Psychosomatic Research, Volume 77, Issue 6, 2014, pp. 541–546

Show abstract

Research article  
**Depression and risk of hospitalization for pneumonia in a cohort study of older Americans**  
Journal of Psychosomatic Research, Volume 77, Issue 6, 2014, pp. 528–534

Show abstract

Research article  
**Neuroticism prospectively predicts pain among adolescents: Results from a nationally representative sample**  
Journal of Psychosomatic Research, Volume 77, Issue 6, 2014, pp. 474–476

Show abstract

Research article  
**Cognitive adaptation theory as a predictor of adjustment to emerging adulthood for youth with and without type 1 diabetes**  
Journal of Psychosomatic Research, Volume 77, Issue 6, 2014, pp. 484–491

Show abstract

Research article  
**Why do they keep coming back? Psychosocial etiology of persistence of frequent attendance in primary care: A prospective cohort study**  
Journal of Psychosomatic Research, Volume 77, Issue 6, 2014, pp. 492–503

Show abstract

Research article  
**Do psychosocial resources modify the effects of frailty on functional decline and mortality?**  
Journal of Psychosomatic Research, Volume 77, Issue 6, 2014, pp. 547–551

Show abstract

View full text

Copyright © 2014 Elsevier Inc. All rights reserved.