

# **Maintaining the health and wellbeing of older women through the Bankstown OWN Wellness Centre 2018 evaluation report**

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## **Executive Summary**

This report documents the outcome of an on-going evaluation of the ways the health and wellbeing of older women might be enhanced through participating in programmes conducted through the Bankstown OWN Wellness Centre (BWC). As had occurred in 2017, the women currently attending the Bankstown Wellness Centre were surveyed in June 2018, while those joining the Centre during 2017-2018 completed a baseline survey when they joined.

The Bankstown Wellness Centre serves a vulnerable population in South West Sydney. Vulnerability is known to be associated with relatively poor health status, particularly for older women. Yet, the evidence of this analysis shows that the women who participate in the Bankstown Wellness Centre are at least equal to or have better health and wellbeing than the average Australian population of their age. Further, they have maintained that position over the past year.

Health status has generally remained stable over the year; the number and seriousness of falls experienced was lower than might be expected and lower than last year, except within the small group of over 85s; and hospital admissions were similar to last year and lower than national rates. Frequency of GP visits was more variable: usual rates of attendance at a GP were down, but visits in the week prior to being surveyed were up. (This may have been influenced by a significant change to wintry weather in the week prior to being surveyed.) Levels of engagement in regular exercise also remained stable across the two years.

Comments by the women in 2017 reinforced statistical evidence that the programme has a real value for them in providing not only exercise, but also in providing a source of social connection, and support during times of stress or crisis (such as when a close family member dies). For some, it provided time and space to engage with other women, be themselves, and escape the tedium or difficulties of their home lives (Bazeley and Mears, 2017). The comments in the 2018 survey provided further evidence of the crucial importance of social connectedness and social support to health and wellbeing for older women. In the qualitative section of the survey the women spoke of how the relationships and friendships formed through the activities kept them coming to the BWC week after week, supported them in dealing with chronic diseases, kept them healthy and active, and helped them deal with and survive traumatic and stressful life crises. As observed in 2017 and by other authors (e.g., Stathi et al., 2014), the importance of social connection in both motivating participation in exercise and in moderating the negative impacts of advancing age is now beyond doubt.

## **Introduction**

The Bankstown Wellness Centre is a programme of the Older Women's Network of NSW (Inc). It is designed to promote positive, active ageing, social connectedness and participation (Bazeley, 2016). It offers programs of affordable, facilitated classes that enhance and maintain the health and wellbeing of older women in the community. The Centre's programme is evaluated in June each year, in order to assess the extent to which it is reaching these goals. OWN's Wellness Centres and programmes are based on the philosophy that it is better to emphasise an overall wholistic approach to health and wellbeing, rather than to focus on specific diseases. In doing so, benefits can be expected to flow through in relation to specific diseases.

## **Data, samples, and statistics**

Data reported in this evaluation are drawn primarily from responses to a review survey of continuing members conducted in June 2018 (N=69). Data were also available for 13 new members. Current responses are compared with initial baseline and last year's responses. Also, where possible, data from these women are compared with those from national or international samples.

Survey data for 45 people from the 2018 sample could be matched, using their ID codes, with either their baseline (2016) or 2017 responses (N = 37 and 33 respectively; 25 could be matched across all three years). This allowed for a more nuanced comparison over time for this subset, although the small numbers for whom three years of data were available limited repeated measures analyses for this subgroup.

## **Who is coming to Bankstown Wellness in 2018?**

As noted in previous reports, Bankstown is recognised as an area of relative social disadvantage and high vulnerability on health and wellbeing indices. For example, most had left school by age 15, and had occupational histories that reflected that. Also, the majority of those attending Bankstown Wellness Centre (BWC) were born outside Australia. Established members born overseas came mainly from Greece or other parts of Europe, with others coming from a variety of Asian or Pacific nations; newcomers in 2017-18 were predominately of South-East Asian origin. The majority of those born overseas used English in combination with their first language at home (Bazeley and Mears, 2017).

The average age of new members as they join Bankstown Wellness Centre is 67. The average age of those responding to the 2018 review were 71 years at the beginning of 2018, ranging from 56 to 93; 26% were over 75, and 8% (5 respondents) were over 85. Although the range was similar to that in the previous year, there was an overall reduction in average age of just over 2 years, reflecting changes in membership over the year. Members generally had been coming for 7 years, but this reflects a great diversity and is distorted by some having been coming for 20 years or more.

At the June 2018 review, 60 per cent of the 66 responding reported living in the same dwelling as another person (similar to the 58% in the previous year), while 32 per cent had someone nearby who “looked out for them”, leaving eight per cent in a vulnerable position, with no one available nearby to look out for or care for them.

Income stress was reported as being experienced in 2018 by 27 per cent of respondents, compared with 23 per cent in 2017 – although none of those reporting income stress in 2018 reported worrying about finances often rather than sometimes, whereas a small proportion had done so in 2017. An additional question about financial management was asked this year, in response to this issue being raised as a major contributing factor for homelessness more broadly in the population. Sixty percent were confident about independently managing their finances, and a further 15 per cent were “OK” and obtained advice when they needed it. Of concern were the 13 per cent who admitted to struggling a bit (some of whom had help from a family member) and the 12 per cent who totally relied on someone else managing their finances (usually a husband or other family member) – potentially leaving them vulnerable if that person should no longer be available.

The review sample was asked a single question about whether there were day-to-day tasks they needed help with. Forty-seven (70%) said no, 16 (24%) get the help they need, and 4 (6%) indicated there were some things they needed help with, but didn’t have. These numbers were almost identical to those from 2017, and so earlier data suggesting the main areas where older women needed help is assumed to still apply. Help was needed more for household repairs and then for cleaning, rather than personal care or shopping. Help was usually available for transport, financial management, and to a large extent, household repairs.

## **Coming to OWN Wellness**

### ***Class participation***

Classes for 2018 in which the 69 respondents participated are shown in Table 1. Ninety per cent of those attending the Centre participate in at least one of the six types of active physical exercise classes Yoga, strength and balance, gentle exercise, tai chi, line dancing, or international dancing. The seven women who came only for the other less active classes (Feldenkrais, guided relaxation, ukulele, or “let’s talk about it”) were significantly older than others (by an average of eight years) and included several (but not all) of the older-old, long-term members.

Two-thirds (67%) of the women coming in 2018 met with others outside of classes, compared with 56 per cent in 2017. Again, those who do so tend to be older (by 4 years) and to have been attending the Centre for longer (also by 4 years).

**Table 1: Classes attended by survey respondents**

	N	Percent of Cases
Yoga	27	39.1%
Strength & balance	31	44.9%
Gentle exercise	27	39.1%
Line dancing	29	42.0%
Tai chi	8	11.6%
International dancing	7	10.1%
Guided relaxation	4	5.8%
Feldenkrais	5	7.2%
Ukulele	18	26.1%
Let's talk about it	5	7.2%

***What keeps people coming?***

Reasons given by the women for coming were categorised as physical, social, mental, or a combination of these (Table 2).

**Table 2: Reasons why people keep coming to BWC**

	N	%
Physical	28	41.2
Social	7	10.3
Physical + social	22	32.4
Mental and/or physical or social	11	16.2
Total	68	100.0

Those coming to yoga, international dancing, and tai chi were more likely to indicate they were coming to the Centre for the benefit of the exercise than for social reasons (a proportion of those doing yoga came only for that class). In contrast, social reasons were as much a motivator for coming as physical reasons for those coming for strength and balance, gentle exercise, relaxation, and Feldenkrais. Those participating in ukulele classes presented a mix of reasons for coming to the Centre that usually included mental-emotional benefits as well as social and physical.

The comments from the women fleshed out these patterns. They spoke of how they kept coming to BWC because of the friendship, company and social support, and its welcoming and friendly

environment. They enjoyed the activities and could feel the tangible benefits to their health and wellbeing. Additionally, the activities were seen as accessible and affordable.

Friendship and social support was central: *“The friendship of the girls and learning new things... Makes me happy... I enjoy the class I am attending and the friendship of the group... Makes me get up and go, like company, talking...”*

They spoke of the BWC as welcoming with the classes being accessible and most importantly, affordable: *“Very well laid out, exercise, staff are very friendly and helpful... Good environment and good tutors... Very affordable, friendly atmosphere, convenient for me, within walking distance... Very good, cheap fitness.... Good people, like the teacher.... Somewhere to go at a good price”.*

The women spoke of much they enjoyed the group activities. They mentioned the gentle exercise, ukulele, tai chi, line dancing. This enjoyment came, in large part, from being part of a group: *“Enjoy the classes, being part of the community.... Because I love the friendliness... Dancing, music, company, friendship”*

Coming to BWC and participating in the activities, contributed to their health and wellbeing.

*“I feel good, and flexible after the exercises... Makes me feel better...Makes me feel relaxed after a class and better within myself... Feeling good and flexible”*

### ***How does coming to BWC help?***

When specifically asked about the impact of participation in BWC, the women spoke of the benefits of connecting socially with others whose company they enjoyed, how coming had helped them to deal with a range of chronic health conditions, and how coming had assisted in their remaining healthy.

The social connections gained through BWC provided motivation: *“Gets me out of bed looking forward to my activities... Company, helpful... Good company, interaction, mind and body stimulation... Make new friends... Good, as I live alone... Given me more self esteem... Gives me joy and happiness... Making friends and look forward every week”*

They spoke of the benefits of coming, in regard to particular chronic health conditions, depression, diabetes, respiratory problems, arthritis, chronic pain, recuperation: *“Keeps depression at bay... I am a diabetic and line dancing is beneficial for my general health, my mind and body, helping to keep me fit... Improved my breathing so it also has improved my movement... Arthritis [is] helped, mind [kept] busy, socialisation... Stops me dwelling on my pain... No more pain in all joints... Kept me motivated and moving after a major operation”*

The women also spoke about how coming to BWC contributed to maintaining their general health and wellbeing: *“Always feel happy, cheerful and refreshed after classes... I'm feeling stronger... Given me hope that I can stay happy and healthy in my latter years... Helps keep me moving... Moving and*

*feeling better... Feel better due to exercises... I'm in a better mood, more flexible... More relaxed... I'm feeling stronger and motivated to do more... Feeling better in balance, stronger... Emotionally feel better"*

## Other physical and social activity

### **Physical activity – exercise**

Forty-four percent of the 2018 review sample have participated in exercise/physical activity classes elsewhere as well as at OWN during the past year – just slightly up from responses given in 2017.

The regularity with which the women exercise for 20 minutes or more in 2018 has dropped a little from last year’s report, yet remains considerably higher than when they started, and much higher than for the 2011 sample of Australian women who were aged 60 or over (Table 3). At the same time, 82 per cent reported having exercised for 20 minutes or more on the day prior to being surveyed in 2018, compared to 79 per cent in the previous year (and for the matched sample, these figures were 87%, up from 79%). None of these apparently conflicting differences between 2017 and 2018 were statistically significant, so the safe conclusion is that their level of participation in exercise remained stable, at a higher than might be expected level, over the past year.

**Table 3. Frequency of exercising for 20 minutes or more**

Frequency	baseline		2017 review		2018 review		Australia	
	N	%	N	%	N	%	N	%
daily	22	23.4	26	37.7	20	29.9	52	13.6
several times/week	37	39.4	29	42.0	26	38.8	127	33.1
weekly	13	13.8	11	15.9	12	17.9	79	20.6
less than weekly	22	23.4	3	4.3	9	13.4	125	32.6
Total	94	100.0	69	100.0	67	100.0	383	100.0

### **Connections with family and friends**

Forty-seven percent of the women reported having all the contact they wanted with family and friends in the 2018 review survey, 41 have mostly enough, while 11 per cent felt they did not have enough contact with family and friends. This represents a slight (non-significant) shift for 2018 from having all wanted to having mostly enough in comparison with 2017.

### **Health status**

The argument is made that, given the age of the women involved (and the age at which they start attending BWC), a reasonable expectation for what a programme can achieve is to maintain health

and wellbeing rather than necessarily to improve health status; where improvement occurs, that is an additional bonus.

### ***Self-rated health status***

BWC participants were asked to rate their health status and then to indicate how their health affected their capacity to do what they needed or wanted to do each day. Their responses to a standard question of self-perceived health status, shown in Table 4, have not varied across time, nor do they differ in a marked way from those from the Australian ISSP sample, despite their coming from an area and a group where health status is expected to be lower than for the wider Australian 60+ population. Changes within the matched 2017-18 sample (N=33) also were negligible.

**Table 4: Self-reported health status for Australian and Bankstown OWN samples**

Self-reported Health Status	Bankstown 2016-17 Baseline		Bankstown 2017 Review		Bankstown 2018 Review		Australian sample	
	N	%	N	%	N	%	N	%
excellent	6	6	6	9	5	7	28	7
very good	29	31	25	36	23	34	129	31
good	43	46	32	46	31	46	159	39
fair	14	15	6	9	9	13	78	19
poor	2	2	0	0	0	0	11	3
Total	94	97	69	100	68	100	405	98.8

At baseline, 42% of members considered themselves to be always or almost always well enough and 46% were mostly well enough to do what they *need* to do each day, and 12% were so just sometimes. In 2017, these proportions were 59%, 38%, and 3%, respectively and in 2018, they were 51%, 37%, and 12%, suggesting a slight (non-significant) decline since 2017 but still above baseline.

At baseline, 36% were well enough to do the things they'd *like* to do each day, 46% were mostly well enough, 16% sometimes, and 2% were rarely so. Proportions at review in 2017, at 45, 41, 10, and 4 per cent respectively, were similar to those at baseline, and again at 2018, proportions at 43, 46, 10, and 1 per cent suggest no overall change from 2017.

The women at BWC generally felt more able to do the things they need to do each day than the things they'd like to do. Nevertheless, the correlation between these two factors is high.

Responses to these questions were strongly associated with self-ratings for health in general, especially being feeling well enough to do what one *likes* to do each day. They are also strongly associated with scores on the WHO scale of general wellbeing.

Neither participants' self-reported health ratings nor their ratings on these other health-related variables were associated with their age or how long they had been attending BWC, again suggesting that those attending were largely able to maintain their health status over time.

### ***Chronic illnesses***

Numbers of Bankstown women experiencing a range of 7 chronic diseases in 2018 are shown in Table 5a. Reported rates of these diseases were generally quite similar to those reported in 2017, shown in Table 5b, with rates for depression showing the most marked (increased) change. With the exception of some cases of arthritis, and a few with osteoporosis, most considered the condition(s) they had were either stable or improving.

*Table 5a. Numbers experiencing chronic illness (2018 review)*

Illness experienced	No	Yes – stable	Yes - worse	Don't know	Total
arthritis	25	32	8	1	66
high blood pressure	38	28	0	0	66
heart disease	58	8	0	0	66
diabetes	61	5	0	0	66
depression	51	14	0	1	66
respiratory condition	52	13	0	1	66
osteoporosis	38	19	3	6	66

*Table 5b. Numbers experiencing chronic illness (2017 review)*

Illness experienced	No	Yes – stable	Yes - worse	Don't know	Total
arthritis	27	33	5	3	68
high blood pressure	37	32	0	0	69
heart disease	59	9	0	1	69
diabetes	63	6	0	0	69
depression	59	9	0	1	69
respiratory condition	52	13	3	1	69
osteoporosis	39	24	3	3	69

Participants were asked if they had a medical condition that limited them either physically or socially, or that worried them: 32% indicated they experienced physical limitations, and 8% said they

experienced social limitations; 25% worried about a medical condition they had; and 12% reported having a disability. These numbers were very similar to those from the previous year. Physical limitations were especially associated with arthritis and heart disease. Having depression was associated with being worried about a chronic condition.

## **Falls**

International statistics derived from meta-analyses which suggest that 30 per cent of people older than age 65 and 50 per cent of people older than age 85 who live in the community will fall at least once each year, with 4-15 per cent of those incurring serious injury (WHO, 2015). Overall, 14.7 per cent of the 2018 review group had one or more falls in the past year (details in Table 5), with only 2 needing medical treatment (one doctor, one hospital). Four of the nine who fell were over 85, including the two requiring medical treatment. While these figures represent an overall reduction and are encouraging overall, those for the over 85s are less so. The small numbers in this age group, unfortunately, means that firm conclusions cannot be drawn, but it is of interest that the over 85 person who did *not* fall participated in the strength and balance and gentle exercise classes, and the one who fell but who did not hurt herself participated in tai chi and line dancing, while those who were hurt did not participate in any of the physical exercise classes. This suggests the importance of encouraging those older members (who generally have been coming for a long time and had previously attended physical exercise classes) to maintain their participation in physical exercise as well as other classes.

**Table 5. Falls reported for the past year**

	Baseline		2017 review		2018 review	
	N	%	N	%	N	%
no falls	66	71.0	51	75.0	58	85.3
yes no injury	13	14.0	9	13.2	6	8.8
yes hurt but no doctor	7	7.5	5	7.4	2	2.9
yes needed doctor	6	6.5	2	2.9	1	1.5
yes needed hospital	1	1.1	1	1.5	1	1.5
Total	93	100.0	68	100.0	69	100.0

## **Use of medical services**

Eleven (16%) of the 2018 review sample had attended hospital in the previous year, with five being admitted more than once. This overall figure is similar to the previous year, but the number going to hospital more than once (5) has reduced from the previous year and is similar to the 2016 baseline figure. Australia-wide, 20% of this age demographic similarly had spent at least one night in hospital

in the past year. Hospital admission was generally unrelated to age or years attending BWC (although, with 5 of 13 who had been attending for around one year being almost half of those who needed to go to hospital, this group contributed the highest proportion). Spending time in hospital in the past year was not associated, overall, with age or wellbeing as measured by the WHO-5 scale. None of those admitted to hospital were low scorers (>50) on wellbeing.

Visits to GPs for the past year were reported to be monthly or more often by 24 per cent of the 2018 review sample – considerably less than the 64 per cent who did so in 2017. Sixty-one per cent of the 2018 go “a few times per year” and a further fifteen per cent go “rarely”. At the same time, in the wintry week prior to being surveyed, 42 per cent of the 2018 review group had visited their GP or another health care provider (including, for example, dentist, optometrist, podiatrist), with almost half of those having made more than one visit. The difference in this from the 38 per cent doing so in the previous year was not so much in how many sought advice or treatment overall, as in the greater frequency with which they went. For the 2017-2018 matched subsample, there was more consistency of responses across the two years regarding whether they had been to a health care professional in the past week than there was regarding how often they went to a GP more generally.

Neither frequency of GP visits, nor whether a visit had been made to a health care professional in the past week was associated with age or with length of attendance at the Centre.

## **Wellbeing**

Wellbeing was assessed using the WHO wellbeing scale and the Matthey Generic Mood Question.

### ***General wellbeing, assessed by the WHO-5 wellbeing scale***

The WHO wellbeing scale was used as a measure of general wellbeing. This asks questions about feeling cheerful and in good spirits, feeling calm and relaxed, feeling active and vigorous, waking up feeling refreshed and relaxed, and whether daily life has been filled with things that are of interest, with six answer options to capture frequency with which these have been occurring over the past two weeks. Overall wellbeing is scaled from 0 to 100. At an average score for 2018 of 78, the group of older women attending BWC continue to compare favourably with average scores of 52-68 for general (female) populations in European nations (Topp et al, 2015).

WHO recommend that a score below 13, or answers of 0 or 1 to any item, signals major depression warranting further assessment under ICD-10, while a cut-off score of 50 is used when screening for lesser levels of depression (Topp et al., 2015). Topp et al. also suggest a difference of 10 points is clinically significant as an indicator of change over time.

Results for OWN members in 2018 ranged from a low of 32 to the maximum of 100. Trends in results for the last three years are shown in Tables 6 and 7. In Table 6, actual scores are used, while in Table 7, scores have been grouped to match the clinical criteria above. Whichever way these scores are looked at, there has been no discernible change over the 2017-18 period, again suggesting that members are maintaining their generally positive wellbeing status.

Table 6. WHO-5 scale values for three sample groups

Group	N	Mean	SD	Range
2016 Baseline	92	67	21	16-100
Review 2017	69	76	14	32-100
Review 2018	68	78	16	32-100

Table 7. WHO-5 group comparisons, for 'clinical' subgroups across three sample groups (frequencies)

Status based on WHO score	Group frequencies		
	2016 Baseline	Review 2017	Review 2018
Major depression (<13)	0	0	0
Lesser depression (<50)	18	6	5
Average (52-68)	29	10	11
Above average (72-100)	45	53	52
Total N	92	69	68

The small group (N=24) for whom all three years of WHO data were available reinforced these conclusions. They averaged 67 at baseline, then 73 for each of the two years following – a statistically significant, though not necessarily clinically significant, improvement from baseline.

As in previous years, wellbeing was associated with concurrent health status ( $F[3,63]=3.69$ ,  $p<.016$ ), with scores (at 95, 81, 76, and 69 for excellent, very good, good, and fair respectively) progressively lower for each lower rating on self-reported health.

### ***Psychological wellbeing – general mood – assessed by the Matthey Generic Mood Question (MGMQ)***

Group comparisons in general mood, using the Matthey Generic Mood Question (MGMQ), are shown in Table 8. Differences between this year's responses and those from last year were not significant. Answering yes was associated with the degree to which they had been bothered by those feelings (Table 9). Experience of feeling stressed/anxious in the matched comparison sample did not generally follow a consistent pattern over time.

Table 8. Group comparisons, Matthey Generic Mood Question (frequencies)

Feeling stressed, anxious, unhappy or difficulty coping in last week or two	2016 Baseline	Group	
		Review 2017	Review 2018
Yes	22	12	7
Possibly	18	21	18
No	55	35	42
Total	95	68	67

Table 9. Did feelings of stress, anxiety, unhappiness, or difficulty coping cause bother?

Have you been bothered by these feelings?	Feeling stressed, anxious, unhappy or difficulty coping in the last week or two?		
	Yes	Possibly	Total
Not at all	0	1	1
A little bit	0	15	15
Moderately	3	2	5
A lot	4	0	4

As in previous years, there was a clear relationship between responses to the MGMQ and the WHO scale ( $F[2,63]=12.77, p<.001$ ), with mean scores of 64, 69, and 85 for the three MGMQ response groups (Yes, Possibly, No), respectively. Yes and Possibly responses to the MGMQ were not differentiated in these results, but were clearly independent of No responses. In contrast to the previous year, however, there was no association between health status and general mood as measured by the MGMQ.

### **Stressful events**

Just over half of the group (N=35) reported experiencing a major stress or stressful event during the past year. Those specifically mentioned included bereavement (husbands, friends, son), and particular health issues.

Eighteen of the 35 (51%) reporting a major stressor also reported feeling stressed currently (Yes or Possibly) on the MGMQ, compared with 22 per cent of those who had not experienced a major stressor or stressful event. Although seven of the nine in fair health did report experiencing stressors at some time in the past year, only four of the nine reported currently feeling stressed or anxious

and health status generally was not associated with reporting experience of major stressors or stressful events.

Connection with and coming to BWC had helped the women to cope and deal with the stressful experiences they had experienced. They mentioned how getting out of the house, meeting with others and participating in activity had assisted them to deal with the traumas and stresses. Several spoke also of the comfort, advice and support they had received, when dealing with stressful events:

*“My husband moved to a nursing home - friendship of the girls... How to cope with my husband's dementia... Keeps me thinking of others, rather than walking the streets. Forget myself when I talk to people... Talking about problems and helpful advice... Contact with others, friendship... To be able to talk about it”*

## Conclusion

Participation in the activities and programmes provided by the Bankstown OWN Wellness Centre continues to have a positive impact on the health and wellbeing of the older women who participate. Over the past year they have maintained their initial improvement from earlier baseline measures in health and wellbeing indicators, with evidence of decline in some aspects of physical health beginning to show only in those who were over 85. Comments from the women continue to demonstrate the importance of social connection in both motivating participation in exercise and in maintaining health and wellbeing.

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