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### Betwixt and between

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# *References*



*References Chapter 1-9*

### Chapter 1

- (1) Nettleton S, Watt I, O'Malley L, Duffey P. Understanding the narratives of people who live with medically unexplained illness. *Patient Educ Couns* 2005 February 01;56(2):205-210.
- (2) Aronowitz RA. When do symptoms become a disease? *Ann Intern Med* 2001 May 01;134(9 Pt 2):803-808.
- (3) Kromme NMH, Ahaus KTB, Gans ROB, van de Wiel, H B M. Internists' dilemmas in their interactions with chronically ill patients; A comparison of their interaction strategies and dilemmas in two different medical contexts. *PLoS One* 2018 May 30;13(5):e0194133.
- (4) Steinmetz D, Tabenkin H. The 'difficult patient' as perceived by family physicians. *Fam Pract* 2001 October 01;18(5):495-500.
- (5) Salmon P, Peters S, Clifford R, Iredale W, Gask L, Rogers A, et al. Why do general practitioners decline training to improve management of medically unexplained symptoms? *J Gen Intern Med* 2007 May 01;22(5):565-571.
- (6) Nimnuan C, Hotopf M, Wessely S. Medically unexplained symptoms: an epidemiological study in seven specialities. *J Psychosom Res* 2001 July 01;51(1):361-367.
- (7) Gol JM, Burger H, Janssens KA, Slaets JP, Gans RO, Rosmalen JG. PROFSS: a screening tool for early identification of functional somatic symptoms. *J Psychosom Res* 2014 December 01;77(6):504-509.
- (8) Creed F, Guthrie E, Fink P, Henningsen P, Rief W, Sharpe M, et al. Is there a better term than "medically unexplained symptoms"? *J Psychosom Res* 2010 January 01;68(1):5-8.
- (9) Burton C, Fink P, Henningsen P, Lowe B, Rief W, EURONET-SOMA Group. Functional somatic disorders: discussion paper for a new common classification for research and clinical use. *BMC Med* 2020 March 03;18(1):34-4.
- (10) Kingma EM, Moddejonge R, Rosmalen J. How do patients interpret terms for medically unexplained symptoms? *Ned Tijdschr Geneesk* 2012;156(37):A4541.
- (11) Dimsdale JE, Dantzer R. A biological substrate for somatoform disorders: importance of pathophysiology. *Psychosom Med* 2007 December 01;69(9):850-854.
- (12) Tak LM, Rosmalen JG. Dysfunction of stress responsive systems as a risk factor for functional somatic syndromes. *J Psychosom Res* 2010 May 01;68(5):461-468.
- (13) den Boer C, Dries L, Terluin B, van der Wouden, J C, Blankenstein AH, van Wilgen CP, et al. Central sensitization in chronic pain and medically unexplained symptom research: A systematic review of definitions, operationalizations and measurement instruments. *J Psychosom Res* 2019 February 01;117:32-40.
- (14) J. Green NT. *Qualitative methods for health research*. 4th ed.: Sage; 2018.
- (15) Rief W, Martin A, Rauh E, Zech T, Bender A. Evaluation of general practitioners' training: how to manage patients with unexplained physical symptoms. *Psychosomatics* 2006 August 01;47(4):304-311.
- (16) van Ravenzwaaij J, Olde Hartman T, van Ravesteijn H, Eveleigh R, van Rijswijk E, Lucassen P. Explanatory models of medically unexplained symptoms: a qualitative analysis of the literature. *Ment Health Fam Med* 2010 December 01;7(4):223-231.
- (17) Gask L, Dowrick C, Salmon P, Peters S, Morriss R. Reattribution reconsidered: narrative review and reflections on an educational intervention for medically unexplained symptoms in primary care settings. *J Psychosom Res* 2011 November 01;71(5):325-334.

- 
- (18) Morton L, Elliott A, Cleland J, Deary V, Burton C. A taxonomy of explanations in a general practitioner clinic for patients with persistent “medically unexplained” physical symptoms. *Patient Educ Couns* 2017 February 01;100(2):224-230.
- (19) Husing P, Lowe B, Olde Hartman TC, Frostholm L, Weigel A. Helpful explanatory models for somatoform symptoms (HERMES): study protocol of a randomised mixed-methods pilot trial. *BMJ Open* 2021 March 24;11(3):e044244-044244.
- (20) Hartman TO, van Ravesteijn H. ‘Well doctor, it is all about how life is lived’: cues as a tool in the medical consultation. *Ment Health Fam Med* 2008 September 01;5(3):183-187.
- (21) van Gils A, Schoevers RA, Bonvanie IJ, Gelauff JM, Roest AM, Rosmalen JG. Self-Help for Medically Unexplained Symptoms: A Systematic Review and Meta-Analysis. *Psychosom Med* 2016 August 01;78(6):728-739.
- (22) Heijmans M, Olde Hartman TC, van Weel-Baumgarten E, Dowrick C, Lucassen PL, van Weel C. Experts’ opinions on the management of medically unexplained symptoms in primary care. A qualitative analysis of narrative reviews and scientific editorials. *Fam Pract* 2011 August 01;28(4):444-455.
- (23) Roenneberg C, Sattel H, Schaefer R, Henningsen P, Hausteiner-Wiehle C. Functional Somatic Symptoms. *Dtsch Arztebl Int* 2019 August 09;116(33-34):553-560.
- (24) Houwen J, Lucassen P L B J, Stappers HW, Assendelft PJJ, van Dulmen S, Olde Hartman TC. Medically unexplained symptoms: the person, the symptoms and the dialogue. *Fam Pract* 2017 April 01;34(2):245-251.
- (25) Houwen J, Lucassen PL, Stappers HW, Assendelft WJ, van Dulmen S, Olde Hartman TC. Improving GP communication in consultations on medically unexplained symptoms: a qualitative interview study with patients in primary care. *Br J Gen Pract* 2017 October 01;67(663):e716-e723.
- (26) Duranti A, Goodwin C. *Rethinking Context : Language as an Interactive Phenomenon*. New York, Cambridge; 1992.
- (27) Turner V. *The Forest of Symbols: Aspects of Ndembu Ritual*. Ithaca, Ny: Cornell University Press; 1967.

### Chapter 2

1. Nimnuan C, Hotopf M, Wessely S. Medically unexplained symptoms: an epidemiological study in seven specialities. *J Psychosom Res* 2001; Jul;51(1):361-7.
2. Steinbrecher N, Koerber S, Frieser D, Hiller W. The prevalence of medically unexplained symptoms in primary care. *Psychosomatics* 2011; May-Jun;52(3):263-71.
3. Ring A, Dowrick CF, Humphris GM, Davies J, Salmon P. The somatising effect of clinical consultation: what patients and doctors say and do not say when patients present medically unexplained physical symptoms. *Soc Sci Med* 2005; Oct;61(7):1505-15.
4. Creed F, Guthrie E, Fink P, et al. Is there a better term than “medically unexplained symptoms”? *J Psychosom Res* 2010; Jan;68(1):5-8.
5. Bensing JM, Verhaak PF. Somatisation: a joint responsibility of doctor and patient. *Lancet* 2006; Feb 11;367(9509):452-4.
6. Lamotte M, Maugars Y, Le Lay K, Taieb C. Health economic evaluation of outpatient management of fibromyalgia patients and the costs avoided by diagnosing fibromyalgia in France. *Clin Exp Rheumatol* 2010; Nov-Dec;28(6 Suppl 63):S64-70.
7. Royston P, Moons KG, Altman DG, Vergouwe Y. Prognosis and prognostic research: Developing a prognostic model. *BMJ* 2009; Mar 31;338:b604.
8. Kroenke K, Rosmalen JG. Symptoms, syndromes, and the value of psychiatric diagnostics in patients who have functional somatic disorders. *Med Clin North Am* 2006; Jul;90(4):603-26.
9. Rosmalen JG, Tak LM, de Jonge P. Empirical foundations for the diagnosis of somatization: implications for DSM-5. *Psychol Med* 2010; Sep 16;:1-10.
10. Fink P, Toft T, Hansen MS, Ornbol E, Olesen F. Symptoms and syndromes of bodily distress: an exploratory study of 978 internal medical, neurological, and primary care patients. *Psychosom Med* 2007; Jan;69(1):30-9.
11. Kleinman A. Clinical relevance of anthropological and cross-cultural research: concepts and strategies. *Am J Psychiatry* 1978; Apr;135(4):427-31.
12. Harrell FE, Jr, Lee KL, Mark DB. Multivariable prognostic models: issues in developing models, evaluating assumptions and adequacy, and measuring and reducing errors. *Stat Med* 1996; Feb 28;15(4):361-87.
13. Chatfield C. Model Uncertainty, Data Mining and Statistical-Inference. *Journal of the Royal Statistical Society Series A-Statistics in Society* 1995;158:419-66.
14. Steyerberg EW, Borsboom GJ, van Houwelingen HC, Eijkemans MJ, Habbema JD. Validation and updating of predictive logistic regression models: a study on sample size and shrinkage. *Stat Med* 2004; Aug 30;23(16):2567-86.
15. Efron B, Tibshirani R. *An introduction to the bootstrap*. 57th ed. New York: Chapman & Hall; 2005.
16. Korber S, Frieser D, Steinbrecher N, Hiller W. Classification characteristics of the Patient Health Questionnaire-15 for screening somatoform disorders in a primary care setting. *J Psychosom Res* 2011; Sep;71(3):142-7.
17. Ong SP, Lim LT, Barnsley L, Read R. General practitioners' referral letters--Do they meet the expectations of gastroenterologists and rheumatologists?. *Aust Fam Physician* 2006; Nov;35(11):920-2.
18. Akbari A, Mayhew A, Al-Alawi MA, et al. Interventions to improve outpatient referrals from primary care to secondary care. *Cochrane Database Syst Rev* 2008; Oct 8;(4)(4):CD005471.

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## Chapter 3

- (1) Gol JM, Burger H, Janssens KA, Slaets JP, Gans RO, Rosmalen JG. PROFSS: a screening tool for early identification of functional somatic symptoms. *J Psychosom Res* 2014 December 01;77(6):504-509.
- (2) Nimnuan C, Hotopf M, Wessely S. Medically unexplained symptoms: an epidemiological study in seven specialities. *J Psychosom Res* 2001 July 01;51(1):361-367.
- (3) Mangwana S, Burlinson S, Creed F. Medically unexplained symptoms presenting at secondary care--a comparison of white Europeans and people of South Asian ethnicity. *Int J Psychiatry Med* 2009;39(1):33-44.
- (4) Joustra ML, Janssens KA, Bultmann U, Rosmalen JG. Functional limitations in functional somatic syndromes and well-defined medical diseases. Results from the general population cohort LifeLines. *J Psychosom Res* 2015 August 01;79(2):94-99.
- (5) Barsky AJ, Orav EJ, Bates DW. Somatization increases medical utilization and costs independent of psychiatric and medical comorbidity. *Arch Gen Psychiatry* 2005 August 01;62(8):903-910.
- (6) Lee K, Johnson MH, Harris J, Sundram F. The resource utilisation of medically unexplained physical symptoms. *SAGE Open Med* 2016 September 01;4:2050312116666217.
- (7) Beck JE. A developmental perspective on functional somatic symptoms. *J Pediatr Psychol* 2008 June 01;33(5):547-562.
- (8) Rief W, Broadbent E. Explaining medically unexplained symptoms-models and mechanisms. *Clin Psychol Rev* 2007 October 01;27(7):821-841.
- (9) Henningsen P, Zipfel S, Herzog W. Management of functional somatic syndromes. *Lancet* 2007 March 17;369(9565):946-955.
- (10) van der Feltz-Cornelis, C M, Hoedeman R, Keuter EJ, Swinkels JA. Presentation of the Multidisciplinary Guideline Medically Unexplained Physical Symptoms (MUPS) and Somatoform Disorder in the Netherlands: disease management according to risk profiles. *J Psychosom Res* 2012 February 01;72(2):168-169.
- (11) Henningsen P, Zimmermann T, Sattel H. Medically unexplained physical symptoms, anxiety, and depression: a meta-analytic review. *Psychosom Med* 2003 August 01;65(4):528-533.
- (12) van Dijk SD, Hanssen D, Naarding P, Lucassen P, Comijs H, Oude Voshaar R. Big Five personality traits and medically unexplained symptoms in later life. *Eur Psychiatry* 2016 October 01;38:23-30.
- (13) PCR-NN: Het Psychiatrisch Casusregister Noord-Nederland [2000 tot heden].
- (14) Sitnikova K, Pret-Oskam R, Dijkstra-Kersten SMA, Leone SS, van Marwijk, H W J, van der Horst, H E, et al. Management of patients with persistent medically unexplained symptoms: a descriptive study. *BMC Fam Pract* 2018 June 18;19(1):88-9.
- (15) Gol J, Terpstra T, Lucassen P, Houwen J, van Dulmen S, Olde Hartman TC, et al. Symptom management for medically unexplained symptoms in primary care: a qualitative study. *Br J Gen Pract* 2019 April 01;69(681):e254-e261.
- (16) Hansen HS, Rosendal M, Fink P, Risor MB. The General Practitioner's Consultation Approaches to Medically Unexplained Symptoms: A Qualitative Study. *ISRN Family Med* 2012 September 16;2013:541604.
- (17) Kromme NMH, Ahaus KTB, Gans ROB, van de Wiel, H B M. Internists' dilemmas in their interactions with chronically ill patients; A comparison of their interaction strategies and dilemmas in two different medical contexts. *PLoS One* 2018 May 30;13(5):e0194133.

## References

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- (18) Janssens KA, Zijlema WL, Joustra ML, Rosmalen JG. Mood and Anxiety Disorders in Chronic Fatigue Syndrome, Fibromyalgia, and Irritable Bowel Syndrome: Results From the LifeLines Cohort Study. *Psychosom Med* 2015 May 01;77(4):449-457.
- (19) Hanssen DJC, van Driel, T J W, Hilderink PH, Benraad CEM, Naarding P, Olde Hartman TC, et al. Psychiatric characteristics of older persons with medically unexplained symptoms: A comparison with older patients suffering from medically explained symptoms. *Eur Psychiatry* 2020 May 20;63(1):e56.
- (20) KNMG. Patiënt maar ook dokter gebaat bij netwerkgeneskunde. 2017; <https://www.knmg.nl/actualiteit-opinie/nieuws/nieuwsbericht/patient-maar-ook-dokter-gebaat-bij-netwerkgeneskunde.htm>

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## Chapter 4

1. van der Weijden T, van Velsen M, Dinant GJ, van Hasselt CM, Grol R. Unexplained complaints in general practice: prevalence, patients' expectations, and professionals' test-ordering behavior. *Med Decis Making* 2003; 23: 226–31.
2. de Waal MW, Arnold IA, Eekhof JA, van Hemert AM. Somatoform disorders in general practice: prevalence, functional impairment and comorbidity with anxiety and depressive disorders. *Br J Psychiatry* 2004; 184: 470–6.
3. Koch H, van Bokhoven MA, ter Riet G et al. Demographic characteristics and quality of life of patients with unexplained complaints: a descriptive study in general practice. *Qual Life Res* 2007; 16: 1483–9.
4. Peveler R, Kilkenny L, Kinmonth AL. Medically unexplained physical symptoms in primary care: a comparison of self-report screening questionnaires and clinical opinion. *J Psychosom Res* 1997; 42: 245–52.
5. Aamland A, Malterud K, Werner EL. Patients with persistent medically unexplained physical symptoms: a descriptive study from Norwegian general practice. *BMC Fam Pract* 2014; 15: 107.
6. Verhaak PF, Meijer SA, Visser AP, Wolters G. Persistent presentation of medically unexplained symptoms in general practice. *Fam Pract* 2006; 23: 414–20.
7. Swanson LM, Hamilton JC, Feldman MD. Physician-based estimates of medically unexplained symptoms: a comparison of four case definitions. *Fam Pract* 2010; 27: 487–93.
8. Garcia-Campayo J, Sanz-Carrillo C, Yoldi-Elcid A, Lopez-Aylon R, Monton C. Management of somatisers in primary care: are family doctors motivated? *Aust N Z J Psychiatry* 1998; 32: 528–33.
9. Reid S, Whooley D, Crayford T, Hotopf M. Medically unexplained symptoms—GPs' attitudes towards their cause and management. *Fam Pract* 2001; 18: 519–23.
10. Hartz AJ, Noyes R, Bentler SE et al. Unexplained symptoms in primary care: perspectives of doctors and patients. *Gen Hosp Psychiatry* 2000; 22: 144–52.
11. Steinmetz D, Tabenkin H. The 'difficult patient' as perceived by family physicians. *Fam Pract* 2001; 18: 495–500.
12. McDonald PS, O'Dowd TC. The heartsink patient: a preliminary study. *Fam Pract* 1991; 8: 112–6.
13. Lin EH, Katon W, Von Korff M et al. Frustrating patients: physician and patient perspectives among distressed high users of medical services. *J Gen Intern Med* 1991; 6: 241–6.
14. Hahn SR, Thompson KS, Wills TA, Stern V, Budner NS. The difficult doctor-patient relationship: somatization, personality and psychopathology. *J Clin Epidemiol* 1994; 47: 647–57.
15. Ring A, Dowrick C, Humphris G, Salmon P. Do patients with unexplained physical symptoms pressurise general practitioners for somatic treatment? A qualitative study. *BMJ* 2004; 328: 1057.
16. Johansen ML, Risor MB. What is the problem with medically unexplained symptoms for GPs? A meta-synthesis of qualitative studies. *Patient Educ Couns* 2017; 100: 647–54.
17. Heijmans M, Olde Hartman TC, van Weel-Baumgarten E et al. Experts' opinions on the management of medically unexplained symptoms in primary care. A qualitative analysis of narrative reviews and scientific editorials. *Fam Pract* 2011; 28: 444–55.
18. Olde Hartman TC, van Rijswijk E, van Dulmen S et al. How patients and family physicians communicate about persistent medically unexplained symptoms. A qualitative study of video-recorded consultations. *Patient Educ Couns* 2013; 90: 354–60.



19. Olde Hartman TC, Hassink-Franke LJ, Lucassen PL, van Spaendonck KP, van Weel C. Explanation and relations. How do general practitioners deal with patients with persistent medically unexplained symptoms: a focus group study. *BMC Fam Pract* 2009; 10: 68.
20. Ring A, Dowrick CF, Humphris GM, Davies J, Salmon P. The somatising effect of clinical consultation: what patients and doctors say and do not say when patients present medically unexplained physical symptoms. *Soc Sci Med* 2005; 61: 1505–15.
21. Salmon P, Peters S, Stanley I. Patients' perceptions of medical explanations for somatisation disorders: qualitative analysis. *BMJ* 1999; 318: 372–6.
22. van Ravenzwaaij J, Olde Hartman T, van Ravesteijn H et al. Explanatory models of medically unexplained symptoms: a qualitative analysis of the literature. *Ment Health Fam Med* 2010; 7: 223–31.
23. Morton L, Elliott A, Thomas R et al. Developmental study of treatment fidelity, safety and acceptability of a Symptoms Clinic intervention delivered by General Practitioners to patients with multiple medically unexplained symptoms. *J Psychosom Res* 2016; 84: 37–43.
24. Morton L, Elliott A, Cleland J, Deary V, Burton C. A taxonomy of explanations in a general practitioner clinic for patients with persistent “medically unexplained” physical symptoms. *Patient Educ Couns* 2017; 100: 224–30.
25. Dowrick CF, Ring A, Humphris GM, Salmon P. Normalisation of unexplained symptoms by general practitioners: a functional typology. *Br J Gen Pract* 2004; 54: 165–70.
26. Cho JY, Lee E. Reducing confusion about grounded theory and qualitative content analysis: similarities and differences. *Qual Rep* 2014; 19(32): 1–20.
27. Houwen J, Lucassen PLBJ, Stappers HW et al. Medically unexplained symptoms: the person, the symptoms and the dialogue. *Fam Pract* 2017; 34: 245–51.
28. Salmon P, Ring A, Humphris GM, Davies JC, Dowrick CF. Primary care consultations about medically unexplained symptoms: how do patients indicate what they want? *J Gen Intern Med* 2009; 24: 450–6.
29. Ziebland S, McPherson A. Making sense of qualitative data analysis: an introduction with illustrations from DIPEX (personal experiences of health and illness). *Med Educ* 2006; 40: 405–14.
30. Fossum B, Arborelius E. Patient-centred communication: videotaped consultations. *Patient Educ Couns* 2004; 54: 163–9.
31. Coleman T. Using video-recorded consultations for research in primary care: advantages and limitations. *Fam Pract* 2000; 17: 422–7.
32. Arborelius E, Timpka T. In what way may videotapes be used to get significant information about the patient-physician relationship? *Med Teach* 1990; 12: 197–208.
33. van Ravesteijn HJ, Lucassen PL, olde Hartman TC. Reattribution for medically unexplained symptoms. *Br J Psychiatry* 2008; 192: 314–5; author reply 315.
34. Kirmayer LJ, Groleau D, Looper KJ, Dao MD. Explaining medically unexplained symptoms. *Can J Psychiatry* 2004; 49: 663–72.

---

## Chapter 5

1. de Waal MW, Arnold IA, Eekhof JA, van Hemert AM. Somatoform disorders in general practice: prevalence, functional impairment and comorbidity with anxiety and depressive disorders. *Br J Psychiatry* 2004; 184: 470–476.
2. Burton C. Beyond somatisation: a review of the understanding and treatment of medically unexplained physical symptoms (MUPS). *Br J Gen Pract* 2003; 53(488): 231–239.
3. McGorm K, Burton C, Weller D, et al. Patients repeatedly referred to secondary care with symptoms unexplained by organic disease: prevalence, characteristics and referral pattern. *Fam Pract* 2010; 27(5): 479–486.
4. Henningsen P, Gündel H, Kop WJ, et al. Persistent physical symptoms as perceptual dysregulation: a neuropsychobehavioral model and its clinical implications. *Psychosom Med* 2018; 80(5): 422–431.
5. Ongaro G, Kaptchuk TJ. Symptom perception, placebo effects, and the Bayesian brain. *Pain* 2019; 160(1): 1–4.
6. Olde Hartman TC, Rosendal M, Aamland A, et al. What do guidelines and systematic reviews tell us about the management of medically unexplained symptoms in primary care? *BJGP Open* 2017; DOI: <https://doi.org/10.3399/bjgpopen17X101061>.
7. Olde Hartman TC, Hassink-Franke LJ, Lucassen PL, et al. Explanation and relations. How do general practitioners deal with patients with persistent medically unexplained symptoms: a focus group study. *BMC Fam Pract* 2009; 10: 68.
8. Nettleton S, Watt I, O'Malley L, Duffey P. Understanding the narratives of people who live with medically unexplained illness. *Patient Educ Couns* 2005; 56(2): 205–210.
9. Peters S, Rogers A, Salmon P, et al. What do patients choose to tell their doctors? Qualitative analysis of potential barriers to reattributing medically unexplained symptoms. *J Gen Intern Med* 2009; 24(4): 443–449.
10. Houwen J, Lucassen PLBJ, Stappers HW, et al. Medically unexplained symptoms: the person, the symptoms and the dialogue. *Fam Pract* 2017; 34(2): 245–251.
11. Olde Hartman TC, Blankenstein AH, Molenaar AO, et al. NHG-Standaard Somatisch Onvoldoende verklaarde Lichamelijk Klachten (SOLK). [NHG guideline on medically unexplained symptoms (MUS)]. *Huisarts en Wetenschap* 2013; 56(5): 222–230.
12. Rief W, Broadbent E. Explaining medically unexplained symptoms — models and mechanisms. *Clin Psychol Rev* 2007; 27(7): 821–841.
13. Fink P, Rosendal M, Toft T. Assessment and treatment of functional disorders in general practice: the extended reattribution and management model — an advanced educational program for nonpsychiatric doctors. *Psychosomatics* 2002; 43(2): 93–131.
14. Burton C, Weller D, Marsden W, et al. A primary care symptoms clinic for patients with medically unexplained symptoms: pilot randomised trial. *BMJ Open* 2012; 2: e000513.
15. Joosten A, Mazeland H, Meyboom-de Jong B. Psychosocial explanations of complaints in Dutch general practice. *Fam Pract* 1999; 16(3): 245–249.
16. May C, Allison G, Chapple A, et al. Framing the doctor–patient relationship in chronic illness: a comparative study of general practitioners' accounts. *Sociol Health Illn* 2004; 26(2): 135–158.
17. Banks J, Prior L. Doing things with illness. The micro politics of the CFS clinic. *Soc Sci Med* 2001; 52(1): 11–23.

18. Burbaum C, Stresing AM, Fritzsche K, et al. Medically unexplained symptoms as a threat to patients' identity? A conversation analysis of patients' reactions to psychosomatic attributions. *Patient Educ Couns* 2010; 79(2): 207–217.
19. Monzoni CM, Duncan R, Grünewald R, Reuber M. Are there interactional reasons why doctors may find it hard to tell patients that their physical symptoms may have emotional causes? A conversation analytic study in neurology outpatients. *Patient Educ Couns* 2011; 85(3): e189–e200.
20. Landa A, Makous M, Fallon BA. Treating somatic symptom disorder and illness anxiety in integrated care settings. In: Feinstein R, Connelly J, Feinstein M, eds. *Integrating behavioral health and primary care*. Oxford: Oxford University Press, 2017: 266–302.
21. Gask L, Dowrick C, Salmon P, et al. Reattribution reconsidered: narrative review and reflections on an educational intervention for medically unexplained symptoms in primary care settings. *J Psychosom Res* 2011; 71(5): 325–334.
22. Blankenstein AH, van der Horst HE, Schilte AF, et al. Development and feasibility of a modified reattribution model for somatising patients, applied by their own general practitioners. *Patient Educ Couns* 2002; 47(3): 229–235.
23. Morton L, Elliott A, Thomas R, et al. Developmental study of treatment fidelity, safety and acceptability of a symptoms clinic intervention delivered by general practitioners to patients with multiple medically unexplained symptoms. *J Psychosom Res* 2016; 84: 37–43.
24. Kroenke K, Spitzer RL, Williams JB, Lowe B. The Patient Health Questionnaire Somatic, Anxiety, and Depressive Symptom Scales: a systematic review. *Gen Hosp Psychiatry* 2010; 32(4): 345–359.
25. Spitzer RL, Kroenke K, Williams JB, Lowe B. A brief measure for assessing generalized anxiety disorder: the GAD-7. *Arch Intern Med* 2006; 166(10): 1092–1097.
26. Zimmermann C, Del Piccolo L, Finset A. Cues and concerns by patients in medical consultations: a literature review. *Psychol Bull* 2007; 133(3): 438–463.
27. Stone AL, Tai-Seale M, Stults CD, et al. Three types of ambiguity in coding empathic interactions in primary care visits: implications for research and practice. *Patient Educ Couns* 2012; 89(1): 63–68.
28. Hsieh HF, Shannon SE. Three approaches to qualitative content analysis. *Qual Health Res* 2005; 15(9): 1277–1288.
29. Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Educ Today* 2004; 24(2): 105–112.
30. Ziebland S, McPherson A. Making sense of qualitative data analysis: an introduction with illustrations from DIPEx (personal experiences of health and illness). *Med Educ* 2006; 40(5): 405–414.
31. Sidnell J. *Conversation analysis: an introduction*. Oxford: Wiley-Blackwell, 2010.
32. Salmon P, Dowrick CF, Ring A, Humphris GM. Voiced but unheard agendas: qualitative analysis of the psychosocial cues that patients with unexplained symptoms present to general practitioners. *Br J Gen Pract* 2004; 54(500): 171–176.
33. Eide H, Sibbern T, Egeland T, et al. Fibromyalgia patients' communication of cues and concerns: interaction analysis of pain clinic consultations. *Clin J Pain* 2011; 27(7): 602–610.
34. Aiarzaguena JM, Gaminde I, Clemente I, Garrido E. Explaining medically unexplained symptoms: somatizing patients' responses in primary care. *Patient Educ Couns* 2013; 93(1): 63–72.
35. Burton C, McGorm K, Weller D, Sharpe M. The interpretation of low mood and worry by high users of secondary care with medically unexplained symptoms. *BMC Fam Pract* 2011; 12: 107.
36. Monzoni CM, Reuber M. Linguistic and interactional restrictions in an outpatient clinic. The challenge of delivering the

- 
- diagnosis and explaining the aetiology of functional neurological problems. In: Chevalier F, Moore J, eds. *Constraints and interactional restrictions in institutional talk: studies in conversation analysis*. Amsterdam: John Benjamins Publishing Company, 2015: 239–270.
37. Goldberg D, Gask L, O'Dowd T. The treatment of somatization: teaching techniques of reattribution. *J Psychosom Res* 1989; 33(6): 689–695.
  38. Morriss R, Dowrick C, Salmon P, et al. Cluster randomised controlled trial of training practices in reattribution for medically unexplained symptoms. *Br J Psychiatry* 2007; 191: 536–542.
  39. Morriss R, Gask L, Dowrick C, et al. Randomized trial of reattribution on psychosocial talk between doctors and patients with medically unexplained symptoms. *Psychol Med* 2010; 40(2): 325–333.
  40. Burton CD. *The ABC of medically unexplained symptoms*. Oxford: Wiley- Blackwell, 2013.
  41. Henningsen P. Management of somatic symptom disorder. *Dialogues Clin Neurosci* 2018; 20(1): 23–31.
  42. Terluin B, van Marwijk HW, Adèr HJ, et al. The Four-Dimensional Symptom Questionnaire (4DSQ): a validation study of a multidimensional self-report questionnaire to assess distress, depression, anxiety and somatization. *BMC Psychiatry* 2006; 6: 34.
  43. Donner-Banzhoff N, Hertwig R. Inductive foraging: improving the diagnostic yield of primary care consultations. *Eur J Gen Pract* 2014; 20(1): 69–73.
  44. van Ravesteijn HJ, Lucassen PL, olde Hartman TC. Reattribution for medically unexplained symptoms. *Br J Psychiatry* 2008; 192(4): 314–315; author reply 315.

### Chapter 6

1. van der Weijden T, van Velsen M, Dinant GJ, et al. Unexplained complaints in general practice: prevalence, patients' expectations, and professionals' testordering behavior. *Med Decis Making* 2003; 23(3): 226–231.
2. Peveler R, Kilkenny L, Kinmonth AL. Medically unexplained physical symptoms in primary care: a comparison of self-report screening questionnaires and clinical opinion. *J Psychosom Res* 1997; 42(3): 245–252.
3. Aamland A, Malterud K, Werner EL. Patients with persistent medically unexplained physical symptoms: a descriptive study from Norwegian general practice. *BMC Fam Pract* 2014; 15: 107.
4. Verhaak PFM, Meijer Sa, Visser AP, Wolters G. Persistent presentation of medically unexplained symptoms in general practice. *Fam Pract* 2006; 23(4): 414–420.
5. Swanson LM, Hamilton JC, Feldman MD. Physician-based estimates of medically unexplained symptoms: A comparison of four case definitions. *Fam Pract* 2010; 27(5): 487–493.
6. Olde Hartman TC, Rosendal M, Aamland A, et al. What do guidelines and systematic reviews tell us about the management of medically unexplained symptoms in primary care? *BJGP Open* 2017; DOI: <https://doi.org/10.3399/bjgpopen17X101061>.
7. Olde Hartman TC, Woutersen-Koch H, Van der Horst HE. Medically unexplained symptoms: evidence, guidelines, and beyond. *Br J Gen Pract* 2013; DOI: <https://doi.org/10.3399/bjgp13X675241>.
8. van der Feltz-Cornelis CM, Hoedeman R, Keuter EJ, Swinkels JA. Presentation of the multidisciplinary guideline medically unexplained physical symptoms (MUPS) and somatoform disorder in the Netherlands: disease management according to risk profiles. *J Psychosom Res* 2012; 72(2): 168–169.
9. Reid S, Whooley D, Crayford T, Hotopf M. Medically unexplained symptoms — GPs' attitudes towards their cause and management. *Fam Pract* 2001; 18(5): 519–523.
10. Hartz AJ, Noyes R, Bentler SE, et al. Unexplained symptoms in primary care: perspectives of doctors and patients. *Gen Hosp Psychiatry* 2000; 22(3): 144–152.
11. Johansen ML, Risor MB. What is the problem with medically unexplained symptoms for GPs? A meta-synthesis of qualitative studies. *Patient Educ Couns* 2017; 100(4): 647–654.
12. Ring A, Dowrick C, Humphris G, Salmon P. Do patients with unexplained physical symptoms pressurise general practitioners for somatic treatment? A qualitative study. *BMJ* 2004; 328(7447): 1057–1060.
13. Kouyanou K, Pither CE, Rabe-Hesketh S, Wessely S. A comparative study of iatrogenesis, medication abuse, and psychiatric morbidity in chronic pain patients with and without medically explained symptoms. *Pain* 1998; 76(3): 417–426.
14. Rolfe A, Burton C. Reassurance after diagnostic testing with a low pretest probability of serious disease: systematic review and meta-analysis. *JAMA Intern Med* 2013; 173(6): 407–416.
15. van Gils A, Schoevers RA, Bonvanie IJ, et al. Self-help for medically unexplained symptoms: a systematic review and meta-analysis. *Psychosom Med* 2016; 78(6): 728–739.
16. Heijmans M, Olde Hartman TC, van Weel-Baumgarten E, et al. Experts' opinions on the management of medically unexplained symptoms in primary care. a qualitative analysis of narrative reviews and scientific editorials. *Fam Pract* 2011; 28(4): 444–455.

- 
17. Johansen ML, Risor MB. What is the problem with medically unexplained symptoms for GPs? A meta-synthesis of qualitative studies. *Patient Educ Couns* 2017; 100(4): 647–654.
  18. Salmon P, Humphris GM, Ring A, et al. Why do primary care physicians propose medical care to patients with medically unexplained symptoms? A new method of sequence analysis to test theories of patient pressure. *Psychosom Med* 2006; 68(4): 570–577.
  19. Sitnikova K, Pret-Oskam R, Dijkstra-Kersten SMA, et al. Management of patients with persistent medically unexplained symptoms: a descriptive study. *BMC Fam Pract* 2018; 19(1): 88.
  20. Houwen J, Lucassen PLBJ, Stappers HW, et al. Medically unexplained symptoms: the person, the symptoms and the dialogue. *Fam Pract* 2017; 34(2): 245–251.
  21. Ring A, Dowrick CF, Humphris GM, et al. The somatising effect of clinical consultation: what patients and doctors say and do not say when patients present medically unexplained physical symptoms. *Soc Sci Med* 2005; 61(7): 1505–1515.
  22. Salmon P, Ring A, Humphris GM, et al. Primary care consultations about medically unexplained symptoms: how do patients indicate what they want? *J Gen Intern Med* 2009; 24(4): 450–456.
  23. Olde Hartman TC, van Rijswijk E, van Dulmen S, et al. How patients and family physicians communicate about persistent medically unexplained symptoms. A qualitative study of video-recorded consultations. *Patient Educ Couns* 2013; 90(3): 354–360.
  24. Kelly M. The role of theory in qualitative health research. *Fam Pract* 2010; 27(3): 285–290.
  25. Hansen HS, Rosendal M, Fink P, Risor MB. The general practitioner's consultation approaches to medically unexplained symptoms: A qualitative study. *ISRN Family Med* 2012; DOI: 10.5402/2013/541604. eCollection 2013.
  26. Olde Hartman TC, Hassink-Franke LJ, Lucassen PL, et al. Explanation and relations. How do general practitioners deal with patients with persistent medically unexplained symptoms: a focus group study. *BMC Fam Pract* 2009; 10: 68.
  27. Ziebland S, McPherson A. Making sense of qualitative data analysis: An introduction with illustrations from DIPEX (personal experiences of health and illness). *Med Educ* 2006; 40(5): 405–414.
  28. Wileman L, May C, Chew-Graham CA. Medically unexplained symptoms and the problem of power in the primary care consultation: a qualitative study. *Fam Pract* 2002; 19(2): 178–182.
  29. Fossum B, Arborelius E. Patient-centred communication: Videotaped consultations. *Patient Educ Couns* 2004; 54(2): 163–169.
  30. Coleman T. Using video-recorded consultations for research in primary care: advantages and limitations. *Fam Pract* 2000; 17(5): 422–427.
  31. Arborelius E, Timpka T. In what way may videotapes be used to get significant information about the patient–physician relationship? *Med Teach* 1990; 12(2): 197–208.
  32. van Dessel N, den Boeft M, van der Wouden JC, et al. Non-pharmacological interventions for somatoform disorders and medically unexplained physical symptoms (MUPS) in adults. *Cochrane Database Syst Rev* 2014; (11): CD011142.
  33. Henningsen P, Zipfel S, Sattel H, Creed F. Management of functional somatic syndromes and bodily distress. *Psychother Psychosom* 2018; 87(1): 12–31.
  34. Houwen J, Lucassen PL, Stappers HW, et al. Improving GP communication in consultations on medically unexplained symptoms: a qualitative interview study with patients in primary care. *Br J Gen Pract* 2017; DOI: <https://doi.org/10.3399/bjgp17X692537>.

35. Garcia-Campayo J, Sanz-Carrillo C, Yoldi-Elcid A, et al. Management of somatisers in primary care: are family doctors motivated? *Aust N Z J Psychiatry* 1998; 32(4): 528–533.
36. Steinmetz D, Tabenkin H. The ‘difficult patient’ as perceived by family physicians. *Fam Pract* 2001; 18(5): 495–500.
37. McDonald PS, O’Dowd TC. The heartsink patient: a preliminary study. *Fam Pract* 1991; 8(2): 112–116.
38. Hahn SR, Thompson KS, Wills TA, et al. The difficult doctor–patient relationship: somatization, personality and psychopathology. *J Clin Epidemiol* 1994; 47(6): 647–657.
39. Lin EH, Katon W, Von Korff M, et al. Frustrating patients: physician and patient perspectives among distressed high users of medical services. *J Gen Intern Med* 1991; 6(3): 241–246.
40. Woivalin T, Krantz G, Mantyranta T, Ringsberg KC. Medically unexplained symptoms: Perceptions of physicians in primary health care. *Fam Pract* 2004; 21(2): 199–203.
41. Burton C, Lucassen P, Aamlund A, Olde Hartman T. Explaining symptoms after negative tests: towards a rational explanation. *J R Soc Med* 2015; 108(3): 84–88.
42. van Ravenzwaaij J, Olde Hartman T, van Ravesteijn H, et al. Explanatory models of medically unexplained symptoms: a qualitative analysis of the literature. *Ment Health Fam Med* 2010; 7(4): 223–231.

---

## Chapter 7

1. Peveler R, Kilkenny L, Kinmonth AL. Medically unexplained physical symptoms in primary care: a comparison of self-report screening questionnaires and clinical opinion. *J Psychosom Res* 1997;42:245-252.
2. Swanson LM, Hamilton JC, Feldman MD. Physician-based estimates of medically unexplained symptoms: a comparison of four case definitions. *Fam Pract* 2010;27:487-493.
3. Haller H, Cramer H, Lauche R, Dobos G. Somatoform disorders and medically unexplained symptoms in primary care. *Dtsch Arztebl Int* 2015;112:279-287.
4. Burton C. Beyond somatisation: a review of the understanding and treatment of medically unexplained physical symptoms (MUPS). *Br J Gen Pract* 2003;53:231-239.
5. Olde Hartman TC, Borghuis MS, Lucassen PL, van de Laar FA, Speckens AE, van Weel C. Medically unexplained symptoms, somatisation disorder and hypochondriasis: course and prognosis. A systematic review. *J Psychosom Res* 2009;66:363-377.
6. Murray AM, Toussaint A, Althaus A, Lowe B. The challenge of diagnosing non-specific, functional, and somatoform disorders: A systematic review of barriers to diagnosis in primary care. *J Psychosom Res* 2016;80:1-10.
7. Henningsen P, Zipfel S, Sattel H, Creed F. Management of Functional Somatic Syndromes and Bodily Distress. *Psychother Psychosom* 2018;87:12-31.
8. Olde Hartman T, Blankenstein A, Molenaar A, Bentz van den Berg, D., van der Horst H, Arnold I, et al. NHG guideline on medically unexplained symptoms (MUS) (in Dutch) . *Huisarts en Wetenschap* 2013;56:222-30.
9. Heijmans M, Olde Hartman TC, van Weel-Baumgarten E, Dowrick C, Lucassen PL, van Weel C. Experts' opinions on the management of medically unexplained symptoms in primary care. A qualitative analysis of narrative reviews and scientific editorials. *Fam Pract* 2011;28:444-455.
10. van Gils A, Schoevers RA, Bonvanie IJ, Gelauff JM, Roest AM, Rosmalen JG. Self-Help for Medically Unexplained Symptoms: A Systematic Review and Meta-Analysis. *Psychosom Med* 2016;78:728-739.
11. Houwen J, Lucassen PLBJ, Stappers HW, Assendelft PJJ, van Dulmen S, Olde Hartman TC. Medically unexplained symptoms: the person, the symptoms and the dialogue. *Fam Pract* 2017;34:245-251.
12. Gol J, Terpstra T, Lucassen P, Houwen J, van Dulmen S, Olde Hartman TC, et al. Symptom management for medically unexplained symptoms in primary care: a qualitative study. *Br J Gen Pract* 2019;69:e254-e261.
13. Burton C, Weller D, Marsden W, Worth A, Sharpe M. A primary care Symptoms Clinic for patients with medically unexplained symptoms: pilot randomised trial. *BMJ Open* 2012;2:e000513-2011-000513. Print 2012.
14. Morton L, Elliott A, Thomas R, Cleland J, Deary V, Burton C. Developmental study of treatment fidelity, safety and acceptability of a Symptoms Clinic intervention delivered by General Practitioners to patients with multiple medically unexplained symptoms. *J Psychosom Res* 2016;84:37-43.
15. Burton C. MULTIPLE SYMPTOMS STUDY 2 MANUAL. Version 1.2. 2014, unpublished material (available upon request).
16. Kroenke K, Spitzer RL, Williams JB, Lowe B. The Patient Health Questionnaire Somatic, Anxiety, and Depressive Symptom Scales: a systematic review. *Gen Hosp Psychiatry* 2010;32:345-359.
17. Spitzer RL, Kroenke K, Williams JB, Lowe B. A brief measure for assessing generalized anxiety disorder: the GAD-7. *Arch Intern Med* 2006;166:1092-1097.



18. Cho JY, Lee E. Reducing Confusion about the Grounded Theory and Qualitative Content Analysis: Similarities and Differences. *The Qualitative Report* 2014;19:1-20.
19. Fossum B, Arborelius E. Patient-centred communication: videotaped consultations. *Patient Educ Couns* 2004;54:163-169.
20. Coleman T. Using video-recorded consultations for research in primary care: advantages and limitations. *Fam Pract* 2000;17:422-427.
21. Arborelius E, Timpka T. In what way may videotapes be used to get significant information about the patient-physician relationship? *Med Teach* 1990;12:197-208.
22. Sitnikova K, Pret-Oskam R, Dijkstra-Kersten SMA, Leone SS, van Marwijk HWJ, van der Horst HE, et al. Management of patients with persistent medically unexplained symptoms: a descriptive study. *BMC Fam Pract* 2018;19:88-018-0791-9.
23. Houwen J, Lucassen PL, Stappers HW, Assendelft WJ, van Dulmen S, Olde Hartman TC. Improving GP communication in consultations on medically unexplained symptoms: a qualitative interview study with patients in primary care. *Br J Gen Pract* 2017;67:e716-e723.
24. Epstein RM, Street RL, Jr. The values and value of patient-centered care. *Ann Fam Med* 2011;9:100-103.

---

## Chapter 8

- [1] Nimnuan C, Hotopf M, Wessely S. Medically unexplained symptoms: an epidemiological study in seven specialities. *J Psychosom Res* 2001;51(1):361–7.
- [2] Salmon P. Conflict, collusion or collaboration in consultations about medically unexplained symptoms: the need for a curriculum of medical explanation. *Patient Educ Couns* 2007;67(3):246–54.
- [3] Konnopka A, Schaefer R, Heinrich S, Kaufmann C, Lupp A, Herzog W, et al. Economics of medically unexplained symptoms: a systematic review of the literature. *Psychother Psychosom* 2012;81(5):265–75.
- [4] Rolfe A, Burton C. Reassurance after diagnostic testing with a low pretest probability of serious disease: systematic review and meta-analysis. *JAMA Intern Med* 2013;173(6):407–16.
- [5] Steinbrecher N, Koerber S, Frieser D, Hiller W. The prevalence of medically unexplained symptoms in primary care. *Psychosomatics* 2011 May-Jun;52(3):263–271.
- [6] Gol JM, Burger H, Janssens KA, Slaets JP, Gans RO, Rosmalen JG. PROFSS: a screening tool for early identification of functional somatic symptoms. *J Psychosom Res* 2014;77(6):504–9.
- [7] Kleinstaub M, Witthoft M, Hiller W. Efficacy of short-term psychotherapy for multiple medically unexplained physical symptoms: a meta-analysis. *Clin Psychol Rev* 2011;31(1):146–60.
- [8] Van Dessel N, Den Boeft M, van der Wouden JC, Kleinstaub M, Leone SS, Terluin B, et al. Non-pharmacological interventions for somatoform disorders and medically unexplained physical symptoms (MUPS) in adults. *Cochrane Database Syst Rev* 2014;1(11):CD011142.
- [9] Arnold IA, de Waal MW, Eekhof JA, Assendelft WJ, Spinhoven P, van Hemert AM. Medically unexplained physical symptoms in primary care: a controlled study on the effectiveness of cognitive-behavioral treatment by the family physician. *Psychosomatics* 2009 Sep-Oct;50(5):515–524.
- [10] Morriss R, Gask L, Dowrick C, Dunn G, Peters S, Ring A, et al. Randomized trial of reattribution on psychosocial talk between doctors and patients with medically unexplained symptoms. *Psychol Med* 2010;40(2):325–33.
- [11] Stones RW, Lawrence WT, Selfe SA. Lasting impressions: influence of the initial hospital consultation for chronic pelvic pain on dimensions of patient satisfaction at follow-up. *J Psychosom Res* 2006;60(2):163–7.
- [12] Bensing JM, Verhaak PF. Somatisation: a joint responsibility of doctor and patient. *Lancet* 2006;367(9509):452–4.
- [13] Crimlisk HL, Bhatia KP, Cope H, David AS, Marsden D, Ron MA. Patterns of referral in patients with medically unexplained motor symptoms. *J Psychosom Res* 2000;49(3):217–9.
- [14] Duranti A, Goodwin C. *Rethinking Context. Cambridge: Language as an Interactive Phenomenon.* New York; 1992.
- [15] Ring A, Dowrick CE, Humphris GM, Davies J, Salmon P. The somatising effect of clinical consultation: what patients and doctors say and do not say when patients present medically unexplained physical symptoms. *Soc Sci Med* 2005;61(7):1505–15.
- [16] Crisp AH, Gelder MG, Rix S, Meltzer HI, Rowlands OJ. Stigmatisation of people with mental illnesses. *Br J Psychiatry* 2000;177:4–7.
- [17] Hinshaw SP, Stier A. Stigma as related to mental disorders. *Annu Rev Clin Psychol* 2008;4:367–93.
- [18] Almquist JR, Kelly C, Bromberg J, Bryant SC, Christianson TH, Montori VM. Consultation room design and the clinical

- cal encounter: the space and interaction randomized trial. *HERD* 2009 Fall;3(1):41-78.
- [19] Ajiboye F, Dong F, Moore J, Kallail KJ, Baughman A. Effects of revised consultation room design on patient-physician communication. *HERD* 2015 Winter;8(2):8-17.
- [20] Noordman J, Verhaak P, van Beljouw I, van Dulmen S. Consulting room computers and their effect on general practitioner-patient communication. *Fam Pract* 2010;27(6):644-51.
- [21] Nasar JL, Devlin AS. Impressions of psychotherapists' offices. *J Couns Psychol* 2011;58(3):310-20.
- [22] Rehman SU, Nietert PJ, Cope DW, Kilpatrick AO. What to wear today? Effect of doctor's attire on the trust and confidence of patients. *Am J Med* 2005;118(11):1279-86.
- [23] Gallagher J, Waldron Lynch F, Stack J, Barragry J. Dress and address: patient preferences regarding doctor's style of dress and patient interaction. *Ir Med J* 2008 Jul-Aug;101(7):211-213.
- [24] Gherardi G, Cameron J, West A, Crossley M. Are we dressed to impress? A descriptive survey assessing patients' preference of doctors' attire in the hospital setting. *Clin Med* 2009;9(6):519-24.
- [25] Lill MM, Wilkinson TJ. Judging a book by its cover: descriptive survey of patients' preferences for doctors' appearance and mode of address. *BMJ* 2005;331(7531):1524-7.
- [26] Nome Eikhom M, Torsaeter M, Wik G. Psychiatric patients: views on psychiatrists' dress and address. *Nord J Psychiatry* 2006;60(4):270-4.
- [27] Nihalani ND, Kunwar A, Staller J, Lamberti JS. How should psychiatrists dress?—a survey. *Community Ment Health J* 2006;42(3):291-302.
- [28] McKinstry B, Wang JX. Putting on the style: what patients think of the way their doctor dresses. *Br J Gen Pract* 1991 Jul;41(348):270, 275-8.
- [29] Keel PJ, Bodoky C, Gerhard U, Muller W. Comparison of integrated group therapy and group relaxation training for fibromyalgia. *Clin J Pain* 1998;14(3):232-8.
- [30] Molenaar PJ, Boom Y, Peen J, Schoevers RA, Van R, Dekker JJ. Is there a dose-effect relationship between the number of psychotherapy sessions and improvement of social functioning? *Br J Clin Psychol* 2011;50(3):268-82.
- [31] Gorawara-Bhat R, Cook MA, Sachs GA. Nonverbal communication in doctor-elderly patient transactions (NDEPT): development of a tool. *Patient Educ Couns* 2007;66(2):223-34.
- [32] McMurtry CM, Chambers CT, McGrath PJ, Asp E. When, "don't worry" communicates fear: Children's perceptions of parental reassurance and distraction during a painful medical procedure. *Pain* 2010;150(1):52-8.
- [33] Roter DL, Frankel RM, Hall JA, Slyter D. The expression of emotion through nonverbal behavior in medical visits. Mechanisms and outcomes. *J Gen Intern Med* 2006;21(Suppl 1):S28-34.
- [34] Mast MS. On the importance of nonverbal communication in the physician-patient interaction. *Patient Educ Couns* 2007;67(3):315-8.
- [35] Di Blasi Z, Harkness E, Ernst E, Georgiou A, Kleijnen J. Influence of context effects on health outcomes: a systematic review. *Lancet* 2001;357(9258):757-62.
- [36] Heijmans M, Olde Hartman TC, van Weel-Baumgarten E, Dowrick C, Lucassen PL, van Weel C. Experts' opinions on the management of medically unexplained symptoms in primary care. A qualitative analysis of narrative reviews and scientific editorials. *Fam Pract* 2011 Aug;28(4):444-455.
- [37] Kaptchuk TJ, Kelley JM, Conboy LA, Davis RB, Kerr CE, Jacobson EE, et al. Components of placebo effect: randomised

- 
- controlled trial in patients with irritable bowel syndrome. *BMJ* 2008;336(7651):999–1003.
- [38] Kelley JM, Lembo AJ, Ablon JS, Villanueva JJ, Conboy LA, Levy R, et al. Patient and practitioner influences on the placebo effect in irritable bowel syndrome. *Psychosom Med* 2009;71(7):789–97.
- [39] Decety J, Jackson PL. The functional architecture of human empathy. *Behav Cogn Neurosci Rev* 2004;3(2):71–100.
- [40] Crane J, Crane FG. Optimal nonverbal communications strategies physicians should engage in to promote positive clinical outcomes. *Health Mark Q* 2010;27(3):262–74.
- [41] Chen FS, Minson JA, Schone M, Heinrichs M. In the eye of the beholder: eye contact increases resistance to persuasion. *Psychol Sci* 2013;24(11):2254–61.
- [42] Epstein RM, Hadee T, Carroll J, Meldrum SC, Lardner J, Shields CG. “Could this be something serious?” Reassurance, uncertainty, and empathy in response to patients’ expressions of worry. *J Gen Intern Med* 2007;22(12):1731–9.
- [43] Dowrick CF, Ring A, Humphris GM, Salmon P. Normalisation of unexplained symptoms by general practitioners: a functional typology. *Br J Gen Pract* 2004;54(500):165–70.
- [44] Pincus T, Holt N, Vogel S, Underwood M, Savage R, Walsh DA, et al. Cognitive and affective reassurance and patient outcomes in primary care: a systematic review. *Pain* 2013;154(11):2407–16.
- [45] Braeuninger-Weimer K, Anjarwalla N, Pincus T. Discharged and dismissed: A qualitative study with back pain patients discharged without treatment from orthopaedic consultations. *Eur J Pain* 2019;23(8):1464–74.
- [46] Rhoades DR, McFarland KF, Finch WH, Johnson AO. Speaking and interruptions during primary care office visits. *Fam Med* 2001 Jul-Aug;33(7):528–532.
- [47] Hausteiner-Wiehle C, Grosber M, Bubel E, Groben S, Bornschein S, Lahmann C, et al. Patient-doctor interaction, psychobehavioural characteristics and mental disorders in patients with suspected allergies: do they predict “medically unexplained symptoms”? *Acta Derm Venereol* 2011;91(6):666–73.
- [48] Wileman L, May C, Chew-Graham CA. Medically unexplained symptoms and the problem of power in the primary care consultation: a qualitative study. *Fam Pract* 2002;19(2):178–82.
- [49] Steinmetz D, Tabenkin H. The ‘difficult patient’ as perceived by family physicians. *Fam Pract* 2001;18(5):495–500.
- [50] Salmon P, Ring A, Dowrick CF, Humphris GM. What do general practice patients want when they present medically unexplained symptoms, and why do their doctors feel pressurized? *J Psychosom Res* 2005 Oct;59(4):255–60; discussion 261–2.
- [51] Salmon P, Dowrick CF, Ring A, Humphris GM. Voiced but unheard agendas: qualitative analysis of the psychosocial cues that patients with unexplained symptoms present to general practitioners. *Br J Gen Pract* 2004;54(500):171–6.
- [52] Salmon P, Peters S, Stanley I. Patients’ perceptions of medical explanations for somatisation disorders: qualitative analysis. *BMJ* 1999;318(7180):372–6.
- [53] Monzoni CM, Duncan R, Grunewald R, Reuber M. Are there interactional reasons why doctors may find it hard to tell patients that their physical symptoms may have emotional causes? A conversation analytic study in neurology outpatients. *Patient Educ Couns* 2011;85(3):e189–200.
- [54] Burbaum C, Stresing AM, Fritzsche K, Auer P, Wirsching M, Lucius-Hoene G. Medically unexplained symptoms as a threat to patients’ identity? A conversation analysis of patients’ reactions to psychosomatic attributions. *Patient Educ Couns* 2010;79(2):207–17.
- [55] Monzoni CM, Duncan R, Grunewald R, Reuber M. How do neurologists discuss functional symptoms with their pa-

- tients: a conversation analytic study. *J Psychosom Res* 2011;71(6):377–83.
- [56] Beach MC, Fitzgerald A, Saha S. White coat hype: branding physicians with professional attire. *JAMA Intern Med* 2013;173(6):467–8.
- [57] Salmon P, Humphris GM, Ring A, Davies JC, Dowrick CF. Primary care consultations about medically unexplained symptoms: patient presentations and doctor responses that influence the probability of somatic intervention. *Psychosom Med* 2007 Jul-Aug;69(6):571–577.
- [58] Riess H, Kraft-Todd G. E.M.P.A.T.H.Y.: a tool to enhance nonverbal communication between clinicians and their patients. *Acad Med* 2014 Aug;89(8):1108–1112.
- [59] Derksen F, Bensing J, Lagro-Janssen A. Effectiveness of empathy in general practice: a systematic review. *Br J Gen Pract*. 2013;63(606):e76–84.
- [60] Petrie KJ, Müller JT, Schirmbeck F, Donkin L, Broadbent E, Ellis CJ, et al. Effect of providing information about normal test results on patients' reassurance: randomised controlled trial. *BMJ* 2007 Feb 17;334(7589):352.
- [61] Girolodi E, Veldhuijzen W, Mannaerts A, van der Weijden T, Bareman F, van der Vleuten C. "Doctor, please tell me it's nothing serious": an exploration of patients' worrying and reassuring cognitions using stimulated recall interviews. *BMC Fam Pract*. 2014;23(15):73.
- [62] Girolodi E, Veldhuijzen W, Leijten C, Welter D, van der Weijden T, Muris J, et al. 'No need to worry': an exploration of general practitioners' reassuring strategies. *BMC Fam Pract*. 2014;7(15):133.
- [63] Lorie Á, Reiner DA, Phillips M, Zhang L, Riess H. Culture and nonverbal expressions of empathy in clinical settings: A systematic review. *Patient Educ Couns*. 2017;100(3):411–24.
- [64] Kállai I, Barke A, Voss U. The effects of experimenter characteristics

---

## Chapter 9

- (1) Reid S, Whooley D, Crayford T, Hotopf M. Medically unexplained symptoms--GPs' attitudes towards their cause and management. *Fam Pract* 2001 October 01;18(5):519-523.
- (2) Woivalin T, Krantz G, Mantyranta T, Ringsberg KC. Medically unexplained symptoms: perceptions of physicians in primary health care. *Fam Pract* 2004 April 01;21(2):199-203.
- (3) Heijmans M, Olde Hartman TC, van Weel-Baumgarten E, Dowrick C, Lucassen PL, van Weel C. Experts' opinions on the management of medically unexplained symptoms in primary care. A qualitative analysis of narrative reviews and scientific editorials. *Fam Pract* 2011 August 01;28(4):444-455.
- (4) Burton C. Can we explain medically unexplained symptoms? *Fam Pract* 2014 December 01;31(6):623-624.
- (5) Burton C, Lucass, Aamland A, Olde Hartman T. Explaining symptoms after negative tests: towards a rational explanation. *J R Soc Med* 2015 March 01;108(3):84-88.
- (6) van Ravenzwaaij J, Olde Hartman T, van Ravesteijn H, Eveleigh R, van Rijswijk E, Lucassen P. Explanatory models of medically unexplained symptoms: a qualitative analysis of the literature. *Ment Health Fam Med* 2010 December 01;7(4):223-231.
- (7) Olde Hartman TC, Hassink-Franke LJ, Lucassen PL, van Spaendonck KP, van Weel C. Explanation and relations. How do general practitioners deal with patients with persistent medically unexplained symptoms: a focus group study. *BMC Fam Pract* 2009 September 24;10:68-68.
- (8) Salmon P, Dowrick CF, Ring A, Humphris GM. Voiced but unheard agendas: qualitative analysis of the psychosocial cues that patients with unexplained symptoms present to general practitioners. *Br J Gen Pract* 2004 March 01;54(500):171-176.
- (9) Henningsen P, Zimmermann T, Sattel H. Medically unexplained physical symptoms, anxiety, and depression: a meta-analytic review. *Psychosom Med* 2003 August 01;65(4):528-533.
- (10) Risor MB. Illness explanations among patients with medically unexplained symptoms: different idioms for different contexts. *Health (London)* 2009 September 01;13(5):505-521.
- (11) Sowinska A, Czachowski S. Patients' experiences of living with medically unexplained symptoms (MUS): a qualitative study. *BMC Fam Pract* 2018 February 02;19(1):23-6.
- (12) Nettleton S, Watt I, O'Malley L, Duffey P. Understanding the narratives of people who live with medically unexplained illness. *Patient Educ Couns* 2005 February 01;56(2):205-210.
- (13) Dowrick CF, Ring A, Humphris GM, Salmon P. Normalisation of unexplained symptoms by general practitioners: a functional typology. *Br J Gen Pract* 2004 March 01;54(500):165-170.
- (14) Houwen J, Lucassen PL, Stappers HW, Assendelft WJ, van Dulmen S, Olde Hartman TC. Improving GP communication in consultations on medically unexplained symptoms: a qualitative interview study with patients in primary care. *Br J Gen Pract* 2017 October 01;67(663):e716-e723.
- (15) Rasmussen EB, Ro KI. How general practitioners understand and handle medically unexplained symptoms: a focus group study. *BMC Fam Pract* 2018 May 02;19(1):50-2.
- (16) Ekman I, Swedberg K, Taft C, Lindseth A, Norberg A, Brink E, et al. Person-centered care--ready for prime time. *Eur J*

- Cardiovasc Nurs 2011 December 01;10(4):248-251.
- (17) J. Green NT. Qualitative methods for health research. 4th ed.: Sage; 2018.
- (18) P.G. Swanborn. Aspecten van Sociologische Onderzoek. Meppel, Amsterdam: Boom; 1979.
- (19) Choi BC, Pak AW. A catalog of biases in questionnaires. *Prev Chronic Dis* 2005 January 01;2(1):A13.
- (20) Plug L, Sharrack B, Reuber M. Conversation analysis can help to distinguish between epilepsy and non-epileptic seizure disorders: a case comparison. *Seizure* 2009 January 01;18(1):43-50.
- (21) Olde Hartman TC, Rosendal M, Aamland A, van der Horst, H E, Rosmalen JG, Burton CD, et al. What do guidelines and systematic reviews tell us about the management of medically unexplained symptoms in primary care? *BJGP Open* 2017 October 04;1(3):bjgpopen17X101061.