

## Existential Therapy in Managing Pain and Building Resilience among Women

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Women are subjected to numerous pressures, owing to various responsibilities and varied roles that they fulfill. The COVID pandemic has brought forth a lot of added chores at home and outside. Economic pressures have added to their stress. Mental health of working women has faced huge challenges. Women struggle to meet all expectations of work and at home, during the day and are fatigued at the end of the day. At night, they are extremely tired that sleep too eludes them. Body pain is the result of this age of high demand and stress. This paper attempts to understand the level body pain intensity and the level of resilience among Women. The study aims to explore the relationship between Pain and Resilience among women and to find the usefulness of Existential Therapy on managing pain and building resilience. The research design used for the study is Before –After and Follow up without control group. Fifty-two women were selected using purposive sampling method. Brief Pain Inventory (Cleeland, 1994) and Connor-Davidson Resilience Scale (CD-RISC) by Connor Davidson,2003 was used to measure Pain intensity and Resilience. Existential therapy was given to the participants, and the data were subjected to repeated measures of MANOVA. The results showed that practicing Existential therapy had a significant positive impact on Pain and Resilience.

**Keywords:** Pain, Resilience, Existential therapy, Women.

Middle age is a crucial period for women as they are generally known to be multitaskers. They fulfill varied roles with ease, are wonderful mothers, dutiful daughters, caring daughters-in-law, lovely and enthusiastic wives, beautiful sisters, jubilant friends, and brilliant in all that they set their minds to. Many times, they take on varied roles when they work outside their homes. Nowadays, women have conquered all professions from the board room to rocket engineering. Women have made their presence felt in all spheres of life and have mostly eliminated the gender differences in professions (Thomas,2018). But still, owing to various roles and responsibilities that the women have, they tend to neglect their own physical and mental health; and well-being, instead focus and concentrate on fulfilling the expectations from their various roles, thus paying the price for

satisfying everyone else and ignoring themselves. Many of them encounter numerous aches and pains in their bodies, suffer from migraines, body pain, stomach disturbances, leg pain and many such acute and chronic pain related disorders. As a result of these issues, their personal and professional lives suffer greatly. They are left wanting in numerous spheres and cause them a great amount of worry and stress (Bard, 2023)

### **Pain**

Pain conditions affecting women have a significant global impact. Yet, there is still a lack of awareness/recognition of pain issues affecting women. Chronic pain affects a higher proportion of women than men around the world; however women are less likely to receive treatment. Research has shown that

women generally experience more recurrent pain, more severe pain and longer lasting pain than men. (Pollack,2006). International Association on the study of pain reports that everyday millions of women around the world suffer from chronic pain but many remain untreated. Several reasons may explain why barriers to treatment still exist. Psychosocial factors, such as gender roles, pain coping strategies and mood may influence how pain is perceived and communicated (Fikree,2004).

### Need for the study

Pain can be severe enough to alter an individual's daily activities and overall well-being, and these are all caused by changes in lifestyle factors and hormonal fluctuations. And resilience is an important factor for women, individuals who possess a healthy sense of resilience are better able to overcome challenges and attempt to adapt to changes in their development. To achieve a healthy and balanced mental state, existential therapy is a form of relaxation that focuses on the present meaningfulness and cultivates a positive attitude. This study mainly helps us to investigate the effect of existential psychotherapy in coping with pain and in building resilience among women.

### Objectives

- To find the relationship between pain and resilience among women.
- To study the usefulness of existential therapy on pain and resilience among women.

### Hypotheses

- There will be significant relationship between pain and resilience among women.
- There will be significant difference in the before, after and follow up phases in pain and resilience through Existential therapy among women.

## Method

### Sample

Eighty women in the age range of 35-64 years were selected for the study. The purposive sampling method was used to select 52 participants for the study.

### Tools

*Brief Pain Inventory (Cleeland, 1994)* consisted of 9 items, with the 9th item containing seven sub-questions regarding the interference of pain with general life.

*The Connor-Davidson Resilience Scale (CD-RISC)* The Connor-Davidson Resilience Scale (Bobeset al., 2001-2008) was used to assess Resilience. This original scale was designed by Connor Davidson (2003). The reliability coefficient of this version of the CD-RISC has internal consistency alpha values acceptable for the total questionnaire items ( $\alpha=0.751$ ), and an acceptable Guttman split-half coefficient ( $\alpha=0.703$ ).

### Psychological Intervention Existential therapy

The overall purpose of existential therapy is to allow clients to explore their lived experience honestly, openly, and comprehensively. The participants were asked to identify the existential crisis that is the most painful experience for them to date, which led to feelings of hopelessness or anxiety. Then, the authentic and creative thoughts of the participants were analysed, and they were trained to take responsibility for their lives and relationships. The next step is to help them understand their values, beliefs, and attitudes.



The techniques of existential therapy were given to all the participants, and they underwent 14 sessions for twice a week. Each session consisted of 45 minutes. The subjects were reassessed after intervention, and follow up which was done after one month. The research design used in this research was before, after and follow up without control group design. The variables pain and resilience were assessed before and after the psychological intervention, existential therapy. A follow up assessment was done after a month.

### Results

The data was collected and analyzed using SPSS software version 21. Initially, the socio-demographic distribution of the sample and distribution with respect to pain and resilience were analyzed. The results of the distribution analysis are presented below.

Table 1. Socio demographic Distribution of the Participants

S. No	Demographic Details	Number	Percent
1	Rural	23	44
	Urban	29	56
2	Employed	21	40
	Unemployed	31	60
3	35-45	14	27
	46-55	17	33
	56-64	21	40

The socio-demographic analysis reveals that 44 percent of the participants are from rural areas and 56 percent of the participants are from urban areas, while 40 percent of the participants are employed and 60 percent of the participants are not unemployed. The age of the participants is 40 percent belong to the late middle age group, 33 percent from middle adulthood, and 27 percent are from the early middle age group. The same data is shown figuratively below.

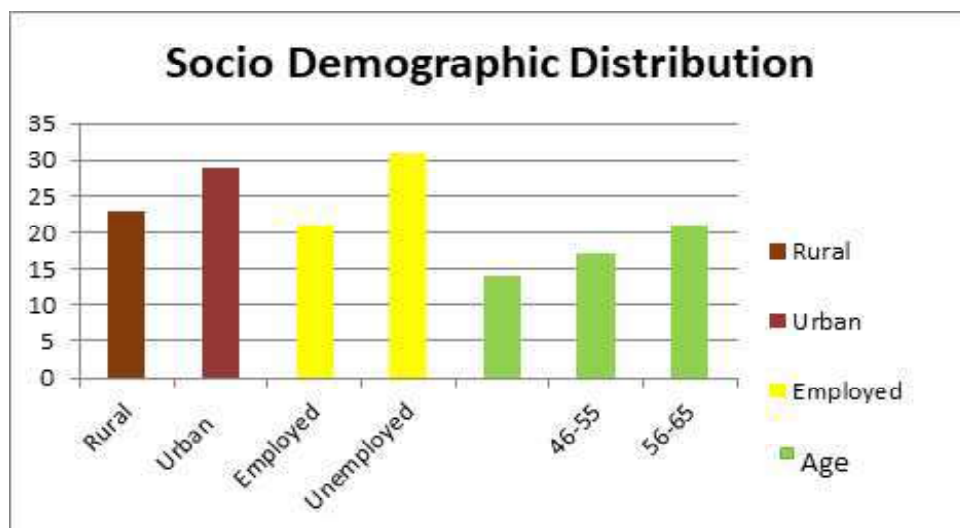


Figure 1. Sociodemographic Distribution of the Participants

The table 2 indicates that 31 percent of the participants had moderate pain levels, while 69 percent had high pain levels. Also, 96 percent of the participants had low resilience and only 4 percent of the participants had moderate resilience. It is

remarkable to note that in the before intervention stages, there are no participants with either low pain levels or high resilience levels. The same data is shown figuratively below.

Table 2. Distribution of Pain and Resilience (N=52)

S.No	Levels	Pain		Resilience	
		N	Percent	N	Percent
1	Low	0	0	50	96
3	Moderate	16	31	2	4
4	High	36	69	0	0



Figure 2. Distribution of Pain and Resilience

Pearson's Product Moment Correlation was computed to understand the relationship between pain and resilience among women.

Table 3. Correlation between Pain and Resilience among Women N=52

Variables	Stress	Happiness
Pain	1	-0.31**
Resilience	-0.31**	1

\*\* = Correlation is significant at the 0.01 level

Table 2 indicates that there is a significant negative correlation between pain and resilience levels among women. As the pain intensity increases, the resilience levels reduce and vice versa. Hence, the hypothesis, "There will be a significant relationship between pain and resilience among women," is accepted.

The independent variable for the research is the existential therapy intervention with only one group of participants. The pain and

resilience (the dependent variables) levels were measured three times, namely, prior to the intervention, henceforth called before intervention scores, after the intervention, and a follow-up assessment was done one month after the intervention. As there were three-time scores for two dependent variables, it was decided to use Repeated MANOVA to statistically compute the results.

A MANOVA of repeated measures was computed for the three-time scores before, after, and follow-up phases. The results are presented below.

Table 4. Means and Standard Deviations of the participants in the Before, During, and After Phases of Intervention for Pain and Resilience (N=52)

Dependent Variable	Time of Measurement	Participants	
		M	SD
Pain	Before Intervention	152.83	20.25
	After Intervention	79.15	30.08
	Follow-up	81.00	22.11
Resilience	Before Intervention	33.02	10.87
	After Intervention	74.17	10.48
	Follow-up	72.46	13.73

The above table 4 indicates that average pain was significantly lower in the after-intervention phase (M = 79.15, SD = 30.08) than the before intervention phase (M = 152.83, SD = 20.25), and which was lower than the follow up phase (M = 81.00, SD = 22.11) for the participants. Average resilience was significantly higher in the after-intervention phase (M = 74.17, SD = 10.48) than the before-intervention phase (M = 33.02, SD = 10.87), and was higher than the follow-up phase (M = 72.46, SD = 13.73) for the participants.

As Table 5 indicates, the test of sphericity is not significant,  $\lambda=6.86$ ,  $p = 0.08$  for pain

and  $\lambda=3.75$ ,  $p = 0.15$  for resilience. The rule of thumb indicates that one should reject the null hypothesis if  $p < 0.05$ . Hence, the sphericity (homogeneity) seems to be met.

Table 5. Test of Sphericity for Pain and Resilience (N=52)

Variable	Mauchly's W	Chi-Square	df	Sig.
Pain	0.87	6.86	2	0.08
Resilience	0.93	3.75	2	0.15

Table 6. Multivariate Analysis of Variance for Pain and Resilience

Measure	Wilk's Lambda value	F(df)	p	$\eta^2$
Time (3-time measures)	0.15	81.30 (4,202)	0.000	0.43

The above table 6 shows a significant difference between the 3-time measures, that is, the before, after and followup measures of the dependent variables namely, pain and resilience; where  $F(4,202)$  is 81.30, which is significant at the 0.01 level, and the partial

eta square value  $\zeta^2$  is 0.43, showing a moderate effect size. It can be interpreted that there is a significant difference in the levels of pain and resilience between the three phases of measurement, that is, between the before, after, and the follow-up phases of the existential therapy intervention. Hence, this intervention is beneficial in reducing the pain levels and increasing the resilience levels among the participants.

Table 7. Univariate Analysis of Variance for Pain and Resilience among the participants

Measure	Sum of Squares	F(df)	p	$\eta^2$
Pain	183564.12	250.75 (2, 102)	0.000	0.83
Resilience	56372.58	213.26 (2, 102)	0.000	0.81

The above table 7 indicates a significant effect of  $F(2, 102) = 250.75$ ,  $p = 0.001$  for pain and  $F(2, 102) = 213.26$ ,  $p = 0.001$  for resilience, were both statistically significant and the  $\zeta^2$  (partial eta square) = 0.83 and 0.81 respectively, showing strong effect size. The post hoc values for paired comparisons were computed.

Table 8. Pairwise comparisons for Before, After and Follow-up Phases for the Participants on Pain and Resilience

(I) Time	(J) Time	Mean Difference (I-J)		Std. Error	
		Pain	Resilience	Pain	Resilience
Before Intervention	After Intervention	73.67*	-41.15*	4.28	2.28
	Follow-up	71.83*	-39.44*	3.78	2.49
After Intervention	Before Intervention	-73.67*	41.15*	4.28	2.28
	Follow-up	-1.85	1.71	3.10	1.96
Follow-up	Before Intervention	-71.83	39.44	3.78	2.49
	After Intervention	1.85	-1.71	3.10	1.96

Post hoc paired comparisons were performed to understand the effect of the existential therapy intervention in the before, after, and follow-up phases of pain. Table 6 above shows a significant mean difference between the before and after phases ( $M=73.67$ ,  $SE=4.28$ ). Also, there is a

significant mean difference in the before and follow-up phases ( $M=71.83$ ,  $SE=3.78$ ). The above table shows a significant mean difference in the after and before phases ( $M=-73.67$ ,  $SE=4.28$ ). Also, there is a significant mean difference in the after and follow-up phases ( $M=-1.85$ ,  $SE=1.71$ ). The

above table also shows a significant mean difference in the follow-up and the before phases ( $M=-71.83$ ,  $SE=3.78$ ). Also, there is a significant mean difference in the follow-up and after-intervention phases ( $M=1.85$ ,  $SE=3.10$ ).

Also, there is a significant mean difference in the after and follow-up phases ( $M=1.71$ ,  $SE=1.96$ ). The above table also shows a significant mean difference in the follow-up and the before phases ( $M=39.44$ ,  $SE=2.49$ ). Also, there is a significant mean difference in the follow-up and after intervention phases ( $M=-1.71$ ,  $SE=1.96$ ). The profile plots for the significant difference are shown below.



Figure 3. Profile plots of Pain in the Before, After, and Follow-up Phases for the Participants

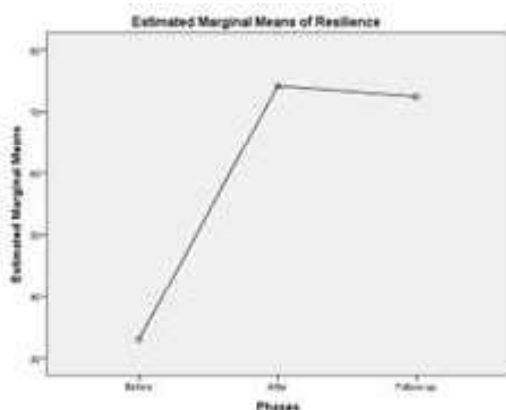


Figure 4. Profile plots of Resilience in the Before, After, and Follow-up Phases for the Participants

The two-way multivariate analysis of variance conducted for pain and resilience scores of the before, after, and follow-up phases shows that the existential therapy intervention is beneficial in reducing the pain and improving the resilience levels of women. Hence, the hypothesis, “There will be a significant difference in the before, after, and follow-up phases of pain among women,” is accepted. Also, the hypothesis, “There will be a significant difference in the before, after, and follow-up phases of resilience among women,” is accepted.

### Discussion

The above study shows that existential therapy is highly useful in reducing the pain levels of women. It can also be seen that this therapeutic technique is highly useful in building resilience among the women participants. Similar findings were reported by Farco (2021) in an in-depth study on the nature of pain. This study emphasized the need for more holistic approaches to managing pain intensity. In another study by Siler, Borneman, and Ferrell (2019), it was reported that the pain and suffering of cancer patients need to be understood from the viewpoint of existential distress, while treatment is much more useful. Another interesting study by von Blanckenburg and Leppin (2018) on the psychological interventions used extensively in palliative care indicated that existential therapy can be used to manage pain and its intensive experiences. Similar findings were reported by Mema et al. (2021).

Hence, it can be interpreted and understood that existential therapy is highly helpful in reducing pain and building resilience.

### Recommendations and suggestions for future research

- Other psychological issues can be adopted for future studies.

- Future researchers may focus on the need for the development of programs to ensure better management of pain and resilience among women.

#### Limitations of the study

- Better results can be obtained if other age groups and cross-cultural participants were included.
- A comparative study can be done on pain among rural and urban communities.

#### Conclusions

There is a significant negative correlation between pain and resilience. There is a significant difference in the levels of Pain and Resilience in the Before, after, and follow-up phases of the Existential therapy intervention. Existential therapy is beneficial in reducing the levels of pain and in improving resilience among women.

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