

SOMATOFORM DISSOCIATION AND CUMULATIVE TRAUMA IN CHRONIC PAIN

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BACKGROUND AND AIMS

The main aim of the present study was to explore the prevalence of traumatic events and somatoform dissociation in patients with fibromyalgia (FM) that is a chronic syndrome characterized by widespread musculoskeletal pain.

The second aim was to investigate the possible effects of cumulative trauma (referring to multiple traumas extended from childhood to adulthood) and somatoform dissociation on FM symptoms.

METHODS

97 consecutive patients with FM were enrolled in the study and filled in the following questionnaires: 1) The Italian version of the Revised Fibromyalgia Impact Questionnaire (FIQ-R); 2) The Traumatic Experiences Checklist (TEC); 3) The Somatoform Dissociation Questionnaire (SDQ-20); 4) The Hospital Anxiety and Depression Scale (HADS).

RESULTS

The sample had a mean (SD) age of 50.2 (10.6) years, reported 97.4 (95.1) months of illness, and displayed a high rate of pain intensity (FIQ-R Pain: 7.6 ± 1.9).

Patients with FM reported both a great number of negative life events (TEC total and cumulative scores: 6.34 ± 3.74 ; 1.08 ± 1.44) and high levels of somatoform dissociation (36.03 ± 11.21), and they displayed high levels of both anxiety (9.90 ± 4.34) and depressive symptoms (9.30 ± 4.15).

Finally, a hierarchical multiple regression analysis was performed to evaluate which among the investigated factors could significantly predict the FIQ-R total score.

Results showed that educational level ($p = .019$), TEC cumulative score ($p = .002$), SDQ-20 ($p = .003$), and HADS-D ($p < .001$) were significant predictors in the final model (see **Table 1**).

Table 1. Hierarchical multiple regression with total score of FIQ-R as dependent variable (N=97).

	Predictor	R ²	Adj R ²	F	F- ΔR ²	B	SE B	β	p
1	Ed. level	.059	.049	5.973*	5.973**	-1.236	.506	-.243	.016
2	Ed. level	.137	.119	7.491**	8.536**	-1.492	.495	-.294	.003
	TEC-CuT					3.346	1.145	.248	.004
3	Ed. level	.246	.221	10.102***	13.355***	-1.350	.467	-.266	.005
	TEC-CuT					3.091	1.079	.263	.005
	SDQ-20					.503	.138	.331	<.001
4	Ed. level	.399	.373	15.284***	23.499***	-1.014	.424	-.200	.019
	TEC-CuT					3.057	.968	.260	.002
	SDQ-20					.388	.126	.255	.003
	HADS-D					1.669	.344	.405	<.001

HADS-D: Hospital Anxiety and Depression Scale-Depression; SDQ-20 Somatoform Dissociation Questionnaire; TEC-CuT: Traumatic Experiences Checklist-cumulative trauma. * $p < .05$; ** $p < .01$; *** $p < .001$.

CONCLUSIONS: The findings of the present study show that FM patients experience both a high amount of cumulative trauma and high levels of somatoform dissociation and that these factors represent significant predictors of the severity of FM disabilities.

Taken together, our results suggest that the construct of somatoform dissociation could serve as a useful framework to improve our understanding of FM symptoms, and stressed the importance of evaluating the effects of multiple traumas because this has substantial implications for the evaluation and treatment of patients.