PERSONALITY DIMENSIONS AND DISSOCIATION IN A PORTUGUESE SAMPLE

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Dissociation, conversion and somatization are historically related with the concept of hysteria. The purpose was to examine and compare dissociation and the personality traits of three *hysterical disorders* and contrast them with other psychiatric disorders and non-clinical individuals. The aim of the present study was to understand the differences and relationships between those pathologies in a Portuguese sample. Sample characteristics are presented on Table 1. Groups answered the Dissociative Experiences Scale, Somatoform Dissociation Questionnaire, and the Eysenck Personality Inventory. Dissociative symptoms were significantly higher in DiD (M=38.33, SD=13.38) and CoD (M=38.54, SD=14.60) disorder than in SoD and controls (F=60.76, p< 0.001). Also, somatoform symptoms were higher in those two groups (M=29.63, SD=10.05; M=34.62; SD=11.81, respectively; F=14.70, p< 0.001). Finally, neuroticism was significantly higher in SoD (M=16.52, SD=3.91), CoD (M=14.69, SD=4.82), and DiD (M=13.69, SD=5.90) (H = 14.97, p< 0.001) than in NC. DiD and CoD were not different in dissociation and neuroticism measures. Neuroticism did not distinguish DiD, CoD from SoD.

	Total	Age (years)	Gender	Marital Status
Groups	n	M±SD	Male/Female	Married/Single
Dissociative disorders (DiD)	39	34.0 ± 11.7	11/28	23/16
Conversion disorder (CoD)	26	27.4 ± 8.8	6/20	8/18
Somatization disorder (SoD)	40	32.6 ± 12.8	14/26	16/24
Other psychiatric disorders	40	31.5 ± 11.3	14/26	18/22
Non-clinical	39	31.7 ± 11.5	12/27	23/16
Total	184	37.4 ± 12.7	57/127	88/96

[Table I. Subject characteristics]

Psychoform and somatoform dissociation positively correlated with neuroticism (r = 0.29, p< 0.01, r = 0.53, p< 0.001). In conclusion, there is a closer relationship between conversion and dissociative disorders, than conversion and somatization disorder.