

## CORRELATES OF PSYCHOFORM AND SOMATOFORM DISSOCIATION IN EATING DIOSRDERS (ED)

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Psychoform dissociation is related with various kinds of traumatic experiences and somatoform dissociation with physical abuse, probably because dissociation blocks negative affects. The association between types of dissociation and types of trauma in eating disorders it is not clear. Our objective is to examine what are the correlates of psychoform and somatoform dissociation in ED. We assessed 29 voluntary ED patients (anorexia = 16; bulimia = 13) from one psychiatric consultation with the Dissociative Experiences Scale (DES), the Somatoform Dissociation Questionnaire (SDQ-20), the Traumatic Events Checklist (TEC), and the General Symptom Index (GSI) from the Brief Symptom Inventory (BSI).

In anorexia, DES scores significantly correlated with GSI, anxiety, phobia, psychoticism, obsessive-compulsive, depressive, and paranoid symptoms, and with none of the trauma types. In bulimia, DES significantly correlated with GSI, and all of the BSI symptomatology except obsessive-compulsive and hostility; with emotional trauma (occurred between the 0-6 years of age), and familial trauma.

In anorexia, SDQ-20 significantly correlated with GSI, and all of the BSI symptomatology except somatization and paranoid symptoms. In bulimia, SDQ-20 significantly correlated with GSI, and all BSI dimensions; with trauma, physical abuse, emotional trauma (occurred between the 0-6 years of age), and with familial trauma.

These findings highlight the importance of considering psychopathological symptoms in the treatment of psychoform and somatoform dissociation in ED. A special caution should be given to infancy trauma occurred in the family in the treatment of dissociation in bulimia.