

# Parental Bonding and Alexithymia in Adults With Fibromyalgia

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*In a cross-sectional study, the authors investigated 40 female patients with fibromyalgia syndrome (FS) for the degree of alexithymia and parental bonding style. Alexithymia was assessed by the Toronto Alexithymia Scale–26; parental style by the FDEB (a German version of the Measure of Parental Style). In 15% of patients with FS, clinically significant alexithymia was found. Also, there was a positive association between the alexithymia scores (TAS total score) and “maternal abuse” and higher values in “paternal indifference,” which predicted higher scores on “Difficulties identifying feelings” (TAS). The results of this study suggest that parental styles are associated with higher alexithymia scores.*

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Fibromyalgia syndrome (FS) is a common chronic pain condition that affects, where it has been studied, at least 2%–4% of the adult population worldwide.<sup>1,2</sup> Chronic, widespread pain is the defining feature of FS.<sup>3</sup> This common form of nonarticular rheumatism is also associated with chronic generalized musculoskeletal pain, fatigue, and a long list of other complaints, including, for example, sleep disturbance, irritable bowel syndrome, headache, and mood disorders. Although the etiology of FS is not completely understood, the syndrome is thought to arise from factors such as stress, medical illness, pain conditions, and a variety of neurotransmitter and neuroendocrine disturbances.<sup>2</sup>

Interestingly, recent studies have found an association between FS and a possible localization of a primary disorder in the central nervous system.<sup>4–6</sup> Psychopathological variables such as depressive symptoms may adversely affect perception of disease severity,<sup>7</sup> functional ability,<sup>8</sup> and pain threshold and tolerance.<sup>9</sup> This may explain the cascade of subsequent illnesses, such as psychiatric disorders, autonomic dysfunction,<sup>10,11</sup> and painful, tense musculature with certain morphological aspects; among them, type II fiber atrophy.<sup>12,13</sup> Also, some studies have reported ele-

vated frequency of depressive disorders in FS,<sup>14</sup> elevated levels of alexithymia as psychopathological features,<sup>15</sup> and, of special importance, the occurrence of childhood traumatic events.<sup>16,17</sup>

The concept of alexithymia has been examined in a variety of different medical, psychosomatic, and psychiatric disorders (cardiac disease, hypertension, obesity, depressive disorder, alcohol abuse, and panic disorder, among others).<sup>18–21</sup> Alexithymia, literally meaning “absence of words for emotion,” is a concept developed by Sifneos;<sup>18</sup> it is characterized by an inability to describe and identify feelings, an absence of fantasies, and the tendency to utilize an externally-focused, analytical cognitive style. Several

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## Parental Bonding, Alexithymia, and Fibromyalgia

studies have shown that alexithymia is common in FS.<sup>15,22–24</sup>

In rheumatoid arthritis, there is evidence that patients with greater functional impairment showed significantly higher alexithymia scores.<sup>25,26</sup> In low-back pain, some results also support a positive association with alexithymia,<sup>27</sup> but it is of interest that a recent study<sup>15</sup> could demonstrate that FS patients were more alexithymic than rheumatoid arthritis patients. The literature on the role of family and arthritis regarding psychosocial impact is inconsistent.<sup>28</sup> A recent study<sup>29</sup> found that parent–child interaction patterns influence patients' adaptation to pain, and a previous survey<sup>30</sup> indicated that mothers of children with juvenile rheumatoid arthritis are at risk for psychological distress. To date, there has not been direct measurement by use of parental-bonding assessment instruments in arthritis patients.

Only a few studies have investigated the association between alexithymia and parental style. However, there are signs indicating that the degree of alexithymia is negatively associated with the degree to which positive feelings are expressed in the family of origin<sup>31–33</sup> and positively associated with higher pathological family interaction.<sup>34</sup> Other studies using the Parental Bonding Instrument suggest that mothers' perceived low care is related to adults' scores on alexithymia; in particular, the construct "Difficulty Describing Feelings" on the Toronto Alexithymia Scale (TAS)<sup>35,36</sup> in patients with panic disorder, social phobia, and also in healthy college students. A study including psychiatric outpatients<sup>37</sup> found that maternal care and paternal overprotection were moderately associated with difficulties in identifying feelings. A more recent study in a similar setting confirmed the relevance of parenting for development of alexithymia.<sup>38</sup> These results support the hypothesis<sup>39,40</sup> that serious interferences in early life, such as the lack of empathic and responsive parents, may cause disturbances in emotional development, possibly leading to alexithymia in later life.

In general, empirical and clinical studies suggest that inadequate parenting is associated with alexithymic features in adulthood. However, the data and number of studies are still too small to draw firm conclusions. In a recent study of alcoholic inpatients, it was found that alexithymia was predicted by a lack of warmth perceived in the relationship with the father.<sup>41</sup> In patients with FS, investigators found a higher lifetime prevalence rate for psychosocial victimization during childhood and adolescence,<sup>42</sup> even though the details about sexual abuse and physical maltreatment by parents varied widely.<sup>16,43,44</sup> Although both

perceived parenting and alexithymia have shown a certain relationship, their interrelationship in patients with FS has not yet been investigated. The goal of this cross-sectional study is to determine the degree of alexithymia in patients with FS and to evaluate a possible association with parental bonding style. We hypothesize that negatively-perceived parental bonding is associated with a higher degree of alexithymic features.

### METHOD

#### Study Design, Patients, and Recruitment

We conducted a cross-sectional study with 40 consecutively-enrolled patients (all women; mean age: 55.7; standard deviation [SD]: 6.5) meeting the American College of Rheumatology 1990 criteria for the diagnosis of FS<sup>45</sup> at the Department of Physical Medicine and Rehabilitation, Munich University, between May 2005 and August 2006. The department is a well-known inter- and multidisciplinary center of competence in fibromyalgia that offers a day clinic with a 4-week multidisciplinary treatment program for patients with FS. This treatment program is conducted in groups of 10 patients and consists of mild endurance training, proprioceptive training, hydrotherapy, Qigong, cognitive-behavioral therapy, relaxation therapy, and information and education about pathophysiology and chronic disabling pain. The costs are covered by all compulsory health insurance plans according to a specific contract between the clinic and the plans, but only by some private health insurance plans, depending on individual contracts.

Patients with undiagnosed chronic widespread pain, suspected FS, or established FS were referred for diagnosis and treatment by general practitioners or resident physicians with specialties in orthopedic surgery or rheumatology. Forty consecutive patients from the waiting list for participation in the 4-week multidisciplinary treatment program were asked to participate in this study. According to the recruitment procedure, the inclusion and exclusion criteria for this study were identical to the criteria for participation in the multidisciplinary treatment program. Inclusion criteria were the following: FS according to the American College of Rheumatology (ACR) 1990 criteria,<sup>45</sup> a history of widespread pain for at least 3 months, and pain in 11 of 18 tender point-sites on digital palpation. The sensitivity of these criteria is 88.4%; the specificity is 81.1%.

The clinical diagnosis of FS was made by a specialist in physical and rehabilitation medicine from the Depart-

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