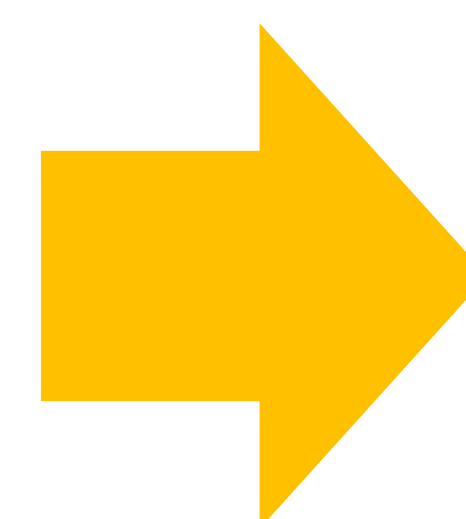


INTRODUCTION

Adolescence is a crucial developmental stage in which the need to upgrade and integrate personality aspects such as identity integration, interpersonal relations and affect regulation emerges (De Fruyt et al., 2014; Ensink et al., 2015). Currently, researchers and clinicians are conducting a wide-ranging reflection on personality disorders (PDs) (Skodol, 2012): significant aspects on this topic are the need to delineate the core domains that define personality pathology, as well as the demand to formulate a clinically relevant description of PDs. Within a dimensional perspective, given the evidence of a strong relationship between identity pathology and PDs, identity emerges as a key process, considering both the subjective experience (integration vs. diffusion) and the social-cognitive perspectives (degrees of development of identity processes), in unravelling aspects of the self and interpersonal impairment in personality pathology (Clarkin et al., 2015). Furthermore, given that during adolescence it is crucial to integrate changes of self-image related both to mental and bodily experiences, few studies have explored the relationship between identity integration in adolescence and the presence of somatic symptoms (Jung et al., 2013).



WHICH ASPECTS OF IDENTITY INTEGRATION DESCRIBE ADOLESCENTS WITH SOMATIZATION SYMPTOMS?

IS THIS RELATIONSHIP MEDIATED BY PERSONALITY TRAITS?

METHODS

PARTICIPANTS

523 community participants (mean age 16.4± 1.61; range 13–19; Female=61.8%, Male=38.2%) recruited in high-school institutes in Northern Italy. Inclusion criteria for all participants were as follows: (1) age between 13-19 years old; (2) exhibit no cognitive impairment and (3) not meet the criteria for significant psychological distress.

MATERIALS

Severity Indices of Personality Problems 118 – SIPP-118 (Verheul, et al., 2008; Feenstra et al., 2011); **Personality Inventory for DSM-5 – PID-5** (APA, 2013; Fossati et al., 2013); **Symptom Checklist-90-R – SCL-90-R** (Derogatis, 1977; Sarno et al., 2011)

STATISTICAL ANALYSES

All analyses were performed using SPSS 23.0 (SPSS, Chicago, IL). Descriptive statistics were used to describe the sociodemographic and psychopathological characteristics. Multiple regression and linear regression models were conducted to evaluate which identity aspects were associated with the presence of somatization symptoms, controlling for the effect of gender and age, and whether this association was mediated by personality traits (internalizing and externalizing).

RESULTS

ASSOCIATION BETWEEN IDENTITY INTEGRATION ASPECTS AND SOMATIZATION SYMPTOMS

Results showed that, when the effects of the IDENTITY INTEGRATION dimensions are considered together in a multiple regression model, **only the dimension of SELF-RESPECT, STABLE SELF-IMAGE and SELF-REFLECTIVE FUNCTIONING had a significant effect on the presence of SOMATIZATION SYMPTOMS**. The greater the difficulty to accept themselves (Self-respect: $\beta = -.13$, $t(516) = -2.58$, $p < .01$), the lower the stability of their self-image (Stable Self-image: $\beta = -.16$, $t(516) = -2.8$, $p < .01$) and the greater the impairment in the ability to reflect about themselves (Self-reflective functioning: $\beta = -.16$, $t(516) = -3.06$, $p < .01$) the higher the probability of having somatization symptoms was.

PERSONALITY TRAITS (EXTERNALIZING AND INTERNALIZING) MEDIATE THE RELATIONSHIP BETWEEN IDENTITY ASPECTS AND SOMATIZATION SYMPTOMS [Figure 1]

The presence of EXTERNALIZING personality traits and INTERNALIZING personality traits was associated with the presence of SOMATIZATION SYMPTOMS. Moreover, **the presence of SOMATIZATION SYMPTOMS was associated with externalizing personality traits (Antagonism, Disinhibition) and internalizing personality traits (Negative Affect, Detachment)** [Table 1].

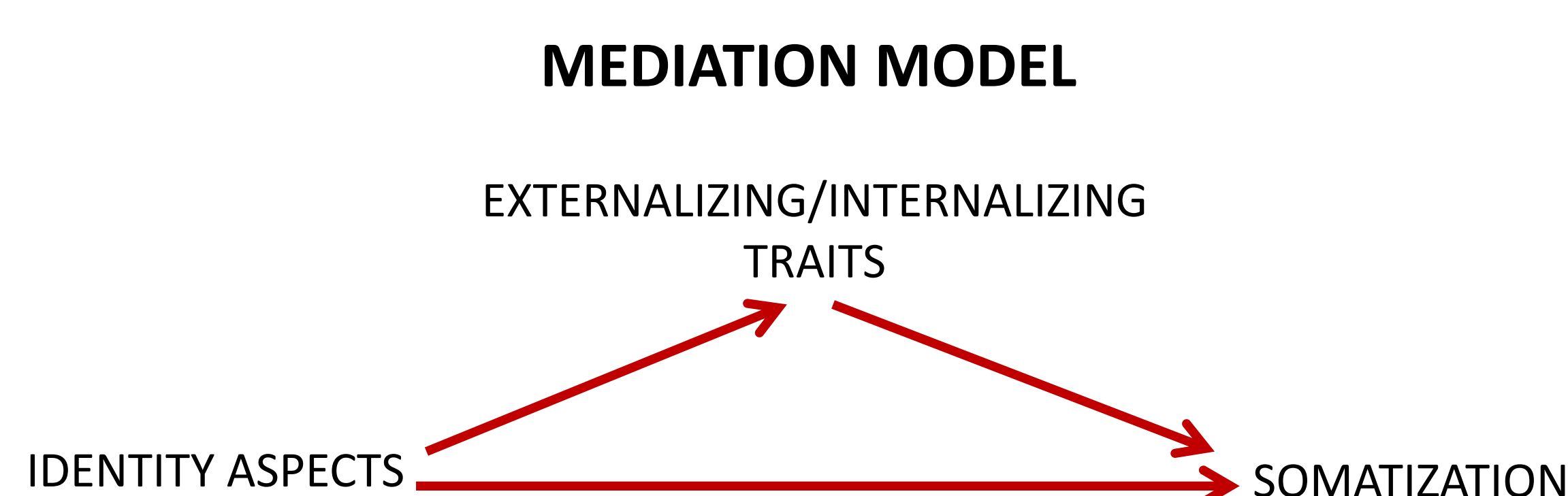


Figure 1. Personality traits mediate the relationship between identity integration and the presence of somatic symptoms

Note. Standardized regression coefficients are reported.
* $p < .05$; ** $p < .001$.

IDENTITY ASPECTS	EXTERNALIZING TRAITS		INTERNALIZING TRAITS	
	β	p	β	p
SELF-RESPECT	-.32**	.00	-.28**	.00
STABLE SELF-IMAGE	-.34**	.00	-.18*	.01
SELF-REFLECTIVE FUNCTIONING	-.31**	.00	-.23**	.00
PURPOSEFULNESS	-.29**	.00	-.16	.07
ENJOYMENT	-.23**	.00	-.03	.69

Table 1. Mediation model summary for internalizing and externalizing personality traits

CONCLUSIONS

In line with the literature findings this study suggests that the greater is the difficulty that adolescents experience to accept themselves, the lower their stability of their self-image and the greater the impairment in their ability to reflect about themselves are, the higher the probability of having somatization symptoms is. Part of this effect is mediated by personality traits (internalizing and externalizing): the lower the identity integration is, the higher pathological personality traits are and the higher the probability of having somatization symptoms is.

This study may have important implications both on research and clinical practice:

- the need to study the role of identity integration and externalizing and internalizing personality traits on the onset and maintenance of somatic symptoms
- the importance of focusing psychotherapy interventions on adolescents with somatic symptoms through strengthening the aspects of identity integration, such as self acceptance, reflective functioning and self-image, accounting for pathological personality traits.

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