

“My life, my body is a bruise”: lived experiences from people with chronic musculoskeletal pain

“Minha vida, meu corpo é um hematoma”: vivências de pessoas com dor musculoesquelética crônica

“Mi vida, mi cuerpo es un hematoma”: experiencias de las personas que padecen dolor musculoesquelético crónico

Cleiber Henrique Borini^I, Diene Monique Carlos^I, Lazslo Antônio Ávila^{II},
Ana Paula Soares^I, Simone Saltarelli^{III}, Priscilla Hortense^I

^IUniversidade Federal de São Carlos. São Carlos, Brazil; ^{II}Faculdade de Medicina de São José do Rio Preto. São José do Rio Preto, Brazil;

^{III}Universidade de São Paulo. Ribeirão Preto, Brazil

ABSTRACT

Objective: to analyze the experiences of people living with chronic musculoskeletal pain from the perspective of psychoanalytic psychosomatics. **Method:** qualitative study, carried out in a public outpatient service in the interior of the state of São Paulo. Twenty people with chronic musculoskeletal pain participated. Data were collected in June and July 2018 through semi-structured interviews and subjected to reflective thematic analysis. **Results:** the theme “My life, my body is a bruise, a chronic pain” brought different types and degrees of suffering. These were accompanied by various feelings such as indignation, revolt, sadness, anger, awakened by the experiences of intra-family violence, abandonment, violence in intimate relationships, illnesses, deaths and deprivation of freedom of family members. **Conclusion:** it is understood that the perspective centered on subjectivity allows for a better understanding and interpretation of phenomena related to the complexity of pain and the illness process, which bring to the fore unique and subjective experiences of life.

Descriptors: Chronic Disease; Chronic Pain; Musculoskeletal Pain; Psychosomatic Medicine.

RESUMO

Objetivo: analisar as vivências de pessoas com dor musculoesquelética crônica na perspectiva da psicossomática psicanalítica. **Método:** estudo qualitativo, realizado em serviço ambulatorial público no interior do estado de São Paulo. Participaram 20 pessoas com dores musculoesqueléticas crônicas. Os dados foram coletados nos meses de junho e julho de 2018 através de entrevistas semiestruturadas e submetidos à análise temática reflexiva. **Resultados:** o tema “Minha vida, meu corpo é um hematoma, uma dor crônica” trouxe diferentes tipos e graus de sofrimentos. Estes foram acompanhados de vários sentimentos como indignação, revolta, tristeza, raiva, despertados pelas vivências de violências intrafamiliares, abandono, violências nas relações íntimas, doenças, mortes e privação de liberdade de familiares. **Conclusão:** entende-se que o olhar centrado na subjetividade possibilita melhor compreensão e interpretação dos fenômenos ligados à complexidade da dor e ao processo de adoecimento, que traz à tona experiências singulares e subjetivas da vida.

Descritores: Doença Crônica; Dor Crônica; Dor Musculoesquelética; Medicina Psicossomática.

RESUMEN

Objetivo: analizar las experiencias de personas que padecen dolor musculoesquelético crónico desde la perspectiva de la psicossomática psicoanalítica. **Método:** estudio cualitativo, realizado en un ambulatorio público del interior del estado de São Paulo. Participaron veinte personas con dolor musculoesquelético crónico. Los datos se recolectaron en junio y julio de 2018, mediante entrevistas semiestructuradas y se sometieron a análisis temático reflexivo. **Resultados:** el tema “Mi vida, mi cuerpo es un hematoma, un dolor crónico” trajo diferentes tipos y grados de sufrimiento. Estos fueron seguidos por diversos sentimientos como indignación, revuelta, tristeza, rabia, despertados por las vivencias de violencia intrafamiliar, abandono, violencia en las relaciones íntimas, enfermedades, muertes y privación de libertad de familiares. **Conclusión:** se comprende que la mirada centrada en la subjetividad permite una mejor comprensión e interpretación de los fenómenos relacionados con la complejidad del dolor y el proceso de la enfermedad que traen a la luz experiencias únicas y subjetivas de la vida.

Descriptores: Enfermedad Crónica; Dolor Crónico; Dolor Musculoesquelético; Medicina Psicossomática.

INTRODUCTION

Chronic pain was recently reconceptualized by the International Association for the Study of Pain as “an unpleasant sensory and emotional experience associated, or similar to that associated, with actual or potential tissue damage”^{1:1976}. In a complementary note, it points out that the experience of pain is always personal, and can be influenced by social, biological, and psychological factors, and that the personal report of an experience such as pain must be respected¹.

The increasing number of people living with chronic pain impacts and challenges health management with clinical and public health repercussions. Chronic musculoskeletal pain (CMP) is the most common and disabling situation for life and work activities². A review of the literature reveals a prevalence between 29.3% and 73.3% in the Brazilian population³.

This study was financed in part by the *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior* – Brazil (CAPES) – Finance Code 001.

Corresponding author: Diene Monique Carlos. E-mail: dieneCarlos@ufscar.br

Editor in chief: Cristiane Helena Gallasch; Associate editor: Sergio Corrêa Marques

In addition to dealing with an important source of suffering due to physical pain, those who live with CMP still struggle to reconstruct meaning over time in search of understanding for their pain. This fact happens because as they continuously live with their pain, they understand that psycho-emotional factors are not only involved in its aggravation, but also in triggering it⁴⁻⁶.

The inclusion of subjective aspects in the pain study field opened doors to new clinical perspectives, such as psychoanalytic psychosomatics. The interest of this approach lies in integrating chronic pain to the psychological life, and not in the sense of accepting it, but rather in finding a meaning, adding to the possibilities that health professionals have in looking and treating people with pain⁷.

Thus, anchored in the theoretical framework of psychoanalytic psychosomatics^{8,9} and associated with the need to understand the painful phenomenon for those people who live with CMP, the questions which guided this study were: What are the experiences related to CMP for people who live with this pain? In turn, the aim is to respond to gaps, especially in the Brazilian context, which has looked at this phenomenon through quantitative data. The literature^{10,11} still recognizes the importance of discussing this phenomenon in Nursing, establishing the nursing process with accurate diagnoses and coherent interventions, as well as guaranteeing recognition and control of this condition. Moreover, in addition to the fundamental role of nurses in the comprehensive and integral evaluation of people living with CMP, continuing education and care management must be part of this construction^{10,11}. In view of the above, this study aimed to analyze the experiences of people with CMP from the perspective of psychoanalytic psychosomatics.

METHOD

This is a qualitative study from the perspective of the theoretical framework of psychoanalytic psychosomatics^{6-9,12}. This study was carried out in an outpatient service in the interior of the State of São Paulo linked to the Unified Health System (*Sistema Único de Saúde – SUS*). People with CMP were included in this study, regardless of the underlying pathology, as long as they were at least 18 years old and were undergoing physiotherapeutic treatment at the study site. Exclusion criteria were presenting oncological disease or neuropathic pain.

So that the study could be carried out in the clinic, the main researcher, a physiotherapist and a Master's student at the time of the study's development, first approached the field to meet the physiotherapist professionals of the clinic and present the study in June 2018. After this first contact, the researcher went to the clinic on random dates, and if the professionals confirmed that the people with CMP selected via medical records were scheduled for that day, the researcher then approached the possible participants. They introduced themselves, explained the study and clarified that they had no relationship with the clinic or with the institution that maintains it. If the patient accepted, the Informed Consent Form (ICF) was presented before applying the semi-structured interview for data collection.

All 22 people invited agreed to participate in the study. However, one person refused to sign the ICF and another had to leave during the interview, and so did not compose the final sample, leaving 20 participants. They were identified with the letter P for participant, and listed in the sequence in which the interviews were carried out (such as P1, P2, and so on).

A survey of sociodemographic data of the participants was initially conducted. The following open questions were part of the script: I would like you to tell me a little about yourself and your life so that I can get to know you; Could you tell me when and how your pain started? Is there any event in your life that you associate with your pain? From the application of the first five interviews, it was observed that there would be no need for adaptations in the content of the questions. Thus, the semi-structured script initially suggested was maintained, with its application being carried out between 6/12/2018 and 7/25/2018.

The interviews took place in a single meeting, were recorded by two cell phones in a voice recording application, and only the researcher and the participant were present. In order to ensure secrecy and confidentiality of information, the interviews were always conducted in a reserved and isolated room. The interviews lasted an average of 40 minutes.

The sample size was defined when the researchers considered that the collected data responded to the research objectives and produced a comprehensive understanding of the questions raised, thus characterizing saturation of meanings¹³.

Data analysis followed reflective thematic analysis¹⁴. Themes were constructed during the analysis process and validated by the main researcher and the last two authors; the coding process is illustrated in Figure 1, and this study presents the theme "My life and my body are a bruise, a chronic pain".

Initial codes	Intermediate codes	Final themes
Suffering life, difficult life	Suffering life, difficult life	Suffering life, difficult life
Pain and biography		
Body screams	Body screams	My life and my body are a bruise, a chronic pain
Life is chronic pain	Suffering as revelation	

FIGURE 1: Codification process. São Carlos, Brazil, 2018.

The research protocol was approved on 5/4/2018 by the institution's Research Ethics Committee and followed the recommendations of the National Health Council for research with human beings.

RESULTS

The participants were 85% female, and between 18 and 82 years old. Pain was present for a period ranging from 11 months to 28 years, with 55% of participants living with their pain for more than five years. Regarding their medical diagnoses, gonarthrosis was present in five participants and fibromyalgia present in four participants were the most prevalent.

As mentioned, two sub-themes emerged from the main theme "My life and my body are a bruise, a chronic pain", as listed below.

Subtheme 1 - "It hurt me more": childhood and youth experiences of people with CMP

The experiences of people with CMP will be explored in this subtheme, which were unveiled in reports involving historical facts as children and adolescents, and which were somehow associated with the pain present by the participants. When addressing their relationship with parents, one participant reports abandonment by their father in the first years of life:

[...] My father abandoned us since I was five years old! [...] he came back, left again, then came back again and soon passed away! P(9) – 64 years old – Bilateral gonarthrosis – 5 years of pain.

Feelings related to abandonment and feeling alone were recurrent in the speeches, especially arising from the earliest family relationships, meaning in childhood and adolescence:

My mother used to say to me: son, if you want to be someone, learn something, unfortunately you have to be alone! (...) I practically lived my childhood alone (...) my father was an alcoholic...the memories I have of him are always drunk! P(7) – 41 years old – Pubalgia - 11 months of pain

[...] What angered me the most was a simple thing, my grandfather said: if you wear long pants, don't come in here! It was a very strict thing you know! My father wouldn't let me out, what are you going out for? I felt sad you know! [...] I got married soon, I got tired of staying at home! P(2) – Osteoarthritis in the hands – 2-3 years of pain.

Experiences of negligence and alcohol use by the participant's father are evidenced in the first speech. Then in the second speech it is possible to glimpse the influence of gender in the reported experience - the need to control the body and female behavior. Early marriage also emerges in the lives of the participants as a way to break cycles of intra-family violence that will be perpetuated in intimate relationships, as will be seen in the following sub-theme. The excerpt "it hurt me more" brings the relevance of the participant's biography to the pain experienced, perhaps even conditioning it.

When talking about these periods of childhood and adolescence, significant events emerged which caused psychological and physical suffering. Some events were continuous, others punctual but remarkable, signaling the importance of listening to the unique stories felt by the participants:

[...] My childhood was a little troubled, from three to 15 years old, my stepfather even hit me, my mother, it was very few times, but when it happened, it bruised. P(17) – 21 years old – Scoliosis – 10 years of pain.

When I was a teenager, there were a lot of problems at home and then I left early to work, I went to work with a family (...) fights between my father and mother ... we were afraid (...) It reminds me of things Not very good memories! (...) Losses... of people we liked. Very close person... (emotional) It was so fast! And scarred me too much! P(3) – 47 years old – Lumbar Osteoarthritis - 3 years of pain.

The statements refer to violence witnessed and experienced within the family, fears, early entry into the labor market, losses and undeveloped mourning. These experienced themes were also related and imprinted in adult experiences, as will be analyzed below.

Subtheme 2 - "We also fall apart because we are flesh": Adult experiences of people with CMP

In the second sub-theme, the reports of some participants went beyond the biological issue involved with CMP. Subjective aspects of each experience were also manifested through the reports, the effects on the body, the feelings and emotions aroused. Some participants related the onset of pain and consequent search for care to situations or phenomena that occurred and marked their lives:

[...] My life was horrible, very sad! My mother had cancer (emotion), I felt very sad seeing my mother every day. P(2) – 74 years old – Osteoarthritis in the hands – 2-3 years of pain.

[...] in 1992 I moved to the city where my mother lived; in 1993 my mother died, and in 1993 I started looking for a doctor, doing physiotherapy. Everything started to hurt! P(20) – 74 years – Fibromyalgia – 28 years of pain.

The relevance of psychosocial aspects to the experience of CMP is present in the statement "everything started to hurt". Experiences of illness and death of family members were directly related to the onset of pain in life:

I felt the death of my mother, of course, but it's different from the loss of my father... when he died, I felt like an orphan. I was in my forties, but I felt the loss of my father a lot, and it was sad because a year later, I lost an 18-year-old nephew in an accident. It was something that left a mark like this... a lot of suffering... P(1) – 71 years old – Bilateral gonarthrosis – 15 years of pain

Breakups such as separations in intimate relationships and loss or deprivation of liberty of children were also mentioned; some people brought direct and consecutive consequences to the existence of a negative feeling arising from family conflicts and CMP:

[...] I went through a very painful separation process (with a broken voice), I didn't want to separate! I suffered for a long, long time (emotion) [...] this pain could also be related to this feeling! P(3) – 47 years old – Lumbar arthrosis – pain for more than 3 years.

[...] I lost my daughter, she was 21 years old; my son is in prison! [...] I was shaken, nervous, I couldn't cry, I couldn't speak, I was choking on it, the other day, it felt like I had been beaten by a very hard wood. It was a lot of suffering and I got sick. P(12) – 63 years old – Low back pain – 4 years of pain

Intimate relationships were elements repeatedly brought up by female participants as pain was triggered. Frustrations in marriage, often sought to escape violent situations experienced between parents and caregivers, an unhealthy sex life and non-acceptance were unveiled:

[...] I have a somewhat frustrated marriage (emotional), his family didn't accept me, they never accepted me! (crying a lot)... It interferes a lot. Even my own husband humiliated me a lot! (...) We had a very cold sexual life (...) There are times when we also fall apart because we are flesh! This fact of my marriage hurts a lot! (crying) P(4) – 37 years – Dorsopathy – 10 years of pain.

The statement "we fall apart" shifts the external experience directly to the sensation in the body. As reported in the speech, violence in intimate relationships of psychological and physical manifestation was present and related to pain; the use of alcohol by the partner and consequences for the mental health of these women, including suicidal thoughts, were also mentioned:

[...] my husband was very abusive (gets emotional, weeping) he stuck the barrel of a gun in my mouth, I'll blow your head if you say something to your family [...] he bet me in a game (emotional) [...] I lived with it here (neck) everything marked by him trying to hang me! [...] my problems started to appear at that time [...] my life, my body, it's just a bruise! it is a chronic pain P(10) – 62 years – Fibromyalgia – 6 years of pain

[...] after I got married my life was hell, he (the husband) was an alcoholic. He was aggressive with me two or three times. I always told him: I'm going to let my daughters grow up and I'm going to kick you [...] My children have already grown up, so I asked for a separation [...] I often thought about suicide and today I find myself here full of pain to everywhere. P(18) – 52 years old – Fibromyalgia – 13 years of pain

Participants also brought work-related reports, and such elements emerged spontaneously when asked about issues related to the pain they experienced. They referred to child labor, mentioned in sub-theme 1, and informal work, without support in legislation:

... it was a service that I spent many hours standing in the kitchen preparing things to sell. I would stand for hours, I couldn't sit down, so it wears you out. P(9) – 64 years old – Bilateral gonarthrosis – 5 years of pain

...when I reached the age of 18, 20 I already left for the big world...and since we didn't have a profession, we had to work on farms! I worked like a slave, the way the boss wanted!... I had been used to heavy work since I was a child, that wasn't a strange thing for me. P(13) – 72 years old – Left Coxarthrosis – 6 years of pain

DISCUSSION

The present study enabled analyzing the experiences of people with CMP and possible relationships established between these elements and the pain they felt. The expression of different types and degrees of suffering was identified, accompanied by various feelings such as indignation, revolt, sadness, and anger awakened by the experiences of intra-family violence, abandonment, violence in intimate relationships, illnesses, deaths and deprivation of freedom of family members. These elements were related to CMP by the participants themselves.

Differently from the operative mode and alexithymia, for which somatization would occur as a consequence of the inability to symbolize⁸, new theoretical constructions began to consider that somatization would represent a demand for meaning, so that the symbolic function was not absent, but at the same time it waits to be discovered; and, because it has not yet been represented as a mental process, it presents itself in the body as somatizations^{6,12,15}. In the case of our study, experiences related to the pain process were unveiled from the researcher's approach. Another contemporary line of thought considers that the somatic presentation by itself already represents aspects of the person's life history which are still "hidden" in the subject's biography⁹. In such perspectives, following the path of these somatizations can function as a breach in the sense of unveiling conflicts and hidden excerpts of stories which are still prevented from being represented to themselves and to others¹⁶. The bias of psychoanalytic psychosomatics for chronic pain considers that professionals also consider psychological factors in an integrated way as fundamental in elaborating an effective treatment^{15,16}.

In this sense, there is consensus that a careful assessment and intervention is necessary to provide adequate care for people living with pain, and not only for the disease or symptom, but for the responses which may be involved in it, in a psychosocial approach. This approach is in line with the Nursing work objective, which is a privileged area for this care because it is longitudinally present in health services and has greater contact with its users¹⁰. On the other hand, it is important to remember the need for an expanded and interprofessional evaluation of pain and its chronicity in order to be effectively implemented as a vital sign. A scoping review highlighted the relevance of continuing education from key professionals, including training and collaborative opportunities supported by health institutes aimed at sustaining the qualification of Nursing care for people living with pain¹¹.

The literature has approximated the experience of adverse childhood experiences (ACE), understood as potentially traumatic events in this period of life, to psychological and physical suffering. A look at these experiences in evaluating and planning care, including as a differential diagnosis of mental illnesses, in addition to only being based on traditional diagnostic formulations, is essential¹⁷.

A study developed with a sample of children and adolescents in the United States indicated that higher ACE are associated with worse quality of healthcare and greater difficulties in accessing necessary mental health treatments¹⁸. This fact may indicate non-resolution of illness in this population, remaining and bringing consequences throughout life, as in the case of our study. A study which analyzed the correlation between abuse in childhood and the severity of depression in older adults in France presented a correlation between this violence, especially of a physical nature, and the intensity of depressive symptoms in this population¹⁹.

An integrative literature review showed that chronic pain is present in 70% of women who have suffered violence, as well as memory and sleep impairments, with high depression levels, fatigue, somatization and reduced quality of life. The authors also emphasized that the history of abuse is very common and prevalent in groups that suffer from chronic pain, giving examples of diagnoses such as fibromyalgia, myofascial pain, facial pain and other pain²⁰.

A study developed in the United States found that women with chronic pain were more likely to have witnessed domestic violence²¹. Another study conducted with Saudi women reinforced the significance of considering violence which occurred throughout life, psychological suffering and existing social resources in the management and treatment of chronic pain²². It is also highlighted here the difficulty that these women find to empower themselves and leave situations of violence by intimate partners, with little access and an absence of embraced listening from health professionals²³.

In addition to the elements addressed, unhealthy conditions and stress at work, as reported by some participants in this study, are also capable of producing psychosomatic symptoms²⁴. An Iranian study examined the prevalence of chronic pain among workers at some oil and petrochemical refineries and the predictive roles of psychological and family variables. A higher prevalence of chronic pain was found in divorced and widowed workers, and those with higher depression levels, family and work conflicts and stress are more prone to chronic pain²⁵. Another observational study presented data from 1,008 workers in French stores; being over 40 years old, being female, not having consecutive rest days, experiencing stress, poor quality of life and impaired mental state were

factors associated with chronic pain²⁶. A systematic review with meta-analysis showed that workload, control at work and social support are predictors of chronic low back pain²⁷. These works corroborate the recommendation of preventive actions, since most of the factors present in the work environment are modifiable, in addition to incorporating such issues in tracking and providing care for people living with chronic pain.

Study limitations

The limitations of the present study relate to the fact that the sample exclusively consisted of subjects who were still undergoing treatment for CMP. Furthermore, this was a study with mostly female participants, limiting data transferability. There were also participants with different experience times of pain; such uniqueness was not the object of analysis, nor was it the object of this study to certify the symptoms presented as psychosomatic. Therefore, possibilities are opened for carrying out future research which may address the questions posed.

CONCLUSION

Based on the results of this study, it is understood that a view centered on subjectivity enables better understanding and interpretation of phenomena linked to the complexity of pain and the illness process, which brings elements to the forefront which involve unique and subjective experiences of life - the meanings of each particular experience. Experiences of violence, abandonment, violence in intimate relationships, loss of family members and unhealthy working conditions revealed feelings such as indignation, revolt, sadness, and anger related to CMP by the participants themselves.

This study has implications for the practice of empathetic and attentive listening by nurses and the Nursing team as a possibility of entering the subjectivity inherent in human suffering, adding to this knowledge to propose unique therapeutic practices through the Nursing Process. This aspect is relevant, as a survey of previous life history and family in its biopsychosocial aspects is inherent to the anamnesis and reception of people living with CMP.

REFERENCES

1. Raja SN, Carr DB, Cohen M, Finnerup NB, Flor H, Gibson S, et al. The revised international association for the study of pain definition of pain: concepts, challenges, and compromises. *Pain*. 2020 [cited 2021 Jun 24]; 161(9):1976-82. DOI: <http://dx.doi.org/10.1097/j.pain.0000000000001939>.
2. Mota PHS, Lima TA, Berach FR, Schmidt ACB. Impact of musculoskeletal pain in functional disability. *Fisioter Pesq*. 2020 [cited 2021 Jun 18]; 27(1):85-92. DOI: <https://doi.org/10.1590/1809-2950/19006327012020>.
3. Vasconcelos FH, Araújo GC. Prevalence of chronic pain in Brazil: a descriptive study. *BrJP*. 2018 [cited 2021 Jun 18]; 1(2):176-9. DOI: <https://doi.org/10.5935/2595-0118.20180034>.
4. Blyth FM, Noguchi N. Chronic musculoskeletal pain and its impact on older people. *Best Pract Res Clin Rheumatol*. 2017 [cited 2021 Jun 24]; 31(2):160-8. DOI: <https://doi.org/10.1016/j.berh.2017.10.004>.
5. Schäfer AGM, Joos LJ, Roggemann K, Waldvogel-Röcker K, Pfingsten M, Petzke F. Pain experiences of patients with musculoskeletal pain + central sensitization: a comparative group Delphi study. *PloS one*. 2017 [cited 2021 Jun 24]; 12(8):e0182207. DOI: <https://doi.org/10.1371/journal.pone.0182207>.
6. Elael CCB, Fortes MIA. Symptom and psychosomatic phenomenon. *Psican Barr Rev*. 2016 [cited 2021 Jun 18]; 14(1):240-55. DOI: <https://doi.org/10.9789/1679-9887.2016.v14i1.%25p>.
7. Aisenstein M. A view on patients with somatic or painful conditions. *Rom J Psychoanal*. 2020 [cited 2021 Jun 18]; 13(1):15-28. DOI: <https://doi.org/10.2478/rjp-2020-0003>.
8. Sifneos PE. The prevalence of alexithymic characteristics in psychosomatic patients. *Psychother Psychosom*. 1973 [cited 2021 Jun 18]; 22(2-6):255-62. DOI: <https://doi.org/10.1159/000286529>.
9. Dejours C. Psychosomatic body. *Psic Rev*. 2005 [cited 2022 May 12]; 14(2):245-56. Available from: <https://revistas.pucsp.br/index.php/psicorevista/article/view/18103>.
10. Moura CC, Chaves ECL, Souza VHS, Lunes DH, Ribeiro CRG, Paraizo CMS, Fava SMCL, Dázio EMR. Impacts of chronic pain on people's life and nursing care in the process. *Av. Enferm*. 2017 [cited 2022 May 12]; 35(1):53-62. DOI: <https://doi.org/10.15446/av.enferm.v35n1.61006>.
11. Van Cleave JH, Booker SQ, Powell-Roach K, Liang E, Kawi J. A scoping review of nursing's contribution to the management of patients with pain and opioid misuse. *Pain Manag Nurs*. 2021 [cited 2022 May 12]; 22(1):58-68. DOI: <https://doi.org/10.1016/j.pmn.2020.11.007>.
12. McDougall J. Theaters of the body: a psychoanalytic approach to psychosomatic illness. New York: Norton; 1989, 183 pp.
13. Hennink MM, Kaiser BN, Marconi VC. Code saturation versus meaning saturation: how many interviews are enough? *Qual Health Res*. 2017 [cited 2022 May 12]; 27(4):591-608. DOI: <https://doi.org/10.1177/1049732316665344>.
14. Braun V, Clarke V. Reflecting on reflexive thematic analysis. *Qual Res Sport Exerc Health*. 2019 [cited 2022 May 12]; 11(4):589-97. DOI: <https://doi.org/10.1080/2159676X.2019.1628806>.
15. Lima LTSS. The function of the symbol in the psychoanalytical psychosomatic. *Cad psicanal*. 2018 [cited 2022 May 12]; 40(39):165-89. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S141362952018000200009&lng=pt.

16. Galdi MB, Campos EBV. Theoretical models in psychosomatic psychoanalysis: a review. *Temas Psicol.* 2017 [cited 2022 May 12]; 25(1):29-40. DOI: <https://doi.org/10.9788/TP2017.1-03Pt>.
17. Cawthorpe D, Marriott B, Paget J, Moulai I, Cheung S. Relationship between adverse childhood experiences survey items and psychiatric disorders. *Perm J.* 2018 [cited 2022 May 12]; 22:18-001. DOI: <https://doi.org/10.7812/18-001>.
18. Schweer-Collins M, Lanier P. Health Care Access and Quality Among Children Exposed to Adversity: Implications for Universal Screening of Adverse Childhood Experiences. *Matern Child Health J.* 2021 [cited 2022 May 12]; 25(12):1903-12. DOI: <https://doi.org/10.1007/s10995-021-03270-9>.
19. Yrondi A, Arbus C, Bennabi D, D'Amato T, Bellivier F, Bougerol T, et al. Relationship between childhood physical abuse and clinical severity of treatment-resistant depression in a geriatric population. *PLoS One.* 2021 [cited 2022 May 12]; 16(4):e0250148. DOI: <https://doi.org/10.1371/journal.pone.0250148>.
20. Silva DBS, Nascimento MG, Anjos HA, Vieira JS, Lins DJ, Gheno CSF, Muniz et al. Impact of violence on the development of craniofacial pain in women: integrative literature review. *Research Society and Development.* 2022 [cited 2022 May 12]; 11(3):e29011326464. DOI: <https://doi.org/10.33448/rsd-v11i2.26464>.
21. Krantz TE, Andrews N, Petersen TR, Dunivan GC, Montoya M, Swanson N, et al. Adverse childhood experiences among gynecology patients with chronic pelvic pain. *Obstet Gynecol.* 2019 [cited 2022 May 12]; 134(5):1087-95. DOI: <https://doi.org/10.1097/AOG.0000000000003533>.
22. Alhalal E, Ford-Gilboe M, Wong C, AlBuhairan F. Factors mediating the impacts of child abuse and intimate partner violence on chronic pain: a cross-sectional study. *BMC Womens Health.* 2018 [cited 2022 May 12]; 18(1):160. DOI: <https://doi.org/10.1186/s12905-018-0642-9>.
23. Baragatti DY, Carlos DM, Leitão MN, Ferriani MGC, Silva EM. Critical path of women in situations of intimate partner violence. *Rev Lat Am Enfermagem.* 2018 [cited 2022 May 12]; 26:e3025. DOI: <https://doi.org/10.1590/1518-8345.2414.3025>.
24. Rabelo LDBC, Silva JMA. Work and Psychosomatic Illness: Reflections on the Problem of Causal Nexus. *Psicol cienc prof.* 2018 [cited 2022 May 12]; 38(1):116-128. DOI: <https://doi.org/10.1590/1982-3703000932017>.
25. Shaygan M, Yazdanpanah M. Prevalence and Predicting Factors of Chronic Pain among Workers of Petrochemical and Petroleum Refinery Plants. *Int J Occup Environ Med.* 2020 [cited 2022 May 12]; 11(1):3-14. DOI: <https://doi.org/10.15171/ijoem.2020.1632>.
26. Kerckhove N, Lambert C, Corteval A, Pereira B, Eschalié A, Dualé C. Cross-Sectional Study of Prevalence, Characterization and Impact of Chronic Pain Disorders in Workers. *J Pain.* 2021 [cited 2022 May 12]; 22(5):520-532. DOI: <https://doi.org/10.1016/j.jpain.2020.11.005>.
27. Buruck G, Tomaschek A, Wendsche J, Ochsmann E, Dörfel D. Psychosocial areas of worklife and chronic low back pain: a systematic review and meta-analysis. *BMC Musculoskelet Disord.* 2019 [cited 2022 May 12]; 20(1):480. DOI: <https://doi.org/10.1186/s12891-019-2826-3>.