

DOI: 10.6092/2282-1619/2018.6.1938

*Mediterranean Journal of Clinical Psychology MJCP*

*ISSN: 2282-1619*

*VOL. 6, n.2 Suppl. 2018*

## ***Proceedings***

***XX NATIONAL CONGRESS  
ITALIAN PSYCHOLOGICAL ASSOCIATION  
CLINICAL AND DYNAMIC SECTION  
URBINO – 7/9 SEPTEMBER 2018***

*Department of Humanities  
University of Urbino, Italy*

***SYMPOSIUM SESSION***

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# **SEXUAL MINORITIES: STIGMA, RESILIENCE AND MENTAL HEALTH**

**Proposer: Prunas Antonio<sup>1</sup>**

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**Discussant: Valerio Paolo<sup>2</sup>**

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## **Abstract**

LGBT people face systematic violence and oppression due to their sexual orientation, gender identity or gender expression. Thus, they are at high risk of experiencing distress as a result of their stigmatized social status. Violence, stigma, micro-aggressions and oppression negatively impact their mental and physical health, as well as their general well-being. Furthermore, this population is at additional risk for internalizing societal negative attitudes, impacting their self-esteem, and thus developing internalized homo-, bi- and transphobia. Although stigmatization represents a common stressful life event among LGBT people, they might also count on resilience, social support, and community connectedness in the face of stigma, potentially protecting themselves from its negative mental and physical health outcomes. The symposium will address risk and protective factors experienced by LGBT people in the Italian context.

# **PRE-SERVICE TEACHERS' APPROACHES TO GENDER-NONCONFORMING CHILDREN IN PRESCHOOL AND PRIMARY SCHOOL: CLINICAL AND EDUCATIONAL IMPLICATIONS**

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## **Abstract**

**Introduction:** It is possible that attempts are made to compel gender-nonconforming children to comply with binary gender norms. These attempts could represent a form of perceived gender pressure on children and could have several negative effects on adaptation and development. School represents one of the settings in which gender pressure towards gender nonconformity could become more compelling, and teachers could play a key role in the definition of a negative or positive school climate towards gender-nonconforming students.

This study was aimed at assessing whether sexist and homophobic attitudes and feelings influenced the approaches of 305 pre-service preschool and primary school teachers towards this population.

**Method:** To verifying our hypothesis we used several measures, including questions assessing PPPSTs' approach to "correcting" gender-nonconforming children. For this purpose, a specific ad hoc questionnaire was created. We assessed sexist attitudes and feelings using Glick and Fiske's (1996; Italian adaptation by Manganelli Rattazzi, Volpato, and Canova, 2008) Ambivalent Sexism Inventory and homophobic attitudes and feelings using the Italian version of the Homophobia Scale (Wright, Adams, & Bemat, 1999; Italian adaptation by Ciocca et al., 2015).

**Results:** The results indicated that sexism influenced the likelihood of adopting corrective approaches only to gender-nonconforming primary school children, whilst homophobia was positively associated with adoption of a corrective approach to gender nonconformity in both preschool and primary school children.

**Conclusion:** The research sheds light on the role that homophobic and sexist feelings play in the attitudes and behaviors of a sample of pre-service teachers towards gender nonconformity in childhood. This issue has relevant implications for educational practice and psychological wellbeing in school settings.

# MINORITY STRESS IN TRANSGENDER PEOPLE: A MODERATED MEDIATION MODEL OF STIGMA, INTERNALIZED TRANSPHOBIA, RESILIENCE, AND HEALTH

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## Abstract

**Introduction:** Transgender people often experience stigma because of their gender nonconformity, and this might negatively affect their mental health through internalized transphobia. The ability of coping with stigma depends on protective factors, such as resilience, which might reduce the detrimental effect of stigma on mental health. This study was aimed at applied, as an extension of the Minority Stress Perspective (MSP), the Psychological Mediation Framework (PMF) to a sample of Italian transgender people.

**Method:** This study assessed different hypotheses based both on MSP and PMF. The main hypothesis concerns a moderated mediation model in which the indirect effect of anti-transgender discrimination on mental health through shame and alienation as indicators of internalized transphobia was hypothesized as being moderated by resilience. All the study's hypotheses were tested using structural equation modeling.

**Results:** The results suggest that alienation mediated the relationship between anti-transgender discrimination and both anxiety and depression,  $bs = .91$  and  $.60$ , 95% C.I.s  $[.17, 2.28]$  and  $[.08, 1.56]$ , respectively, whereas shame operated as a mediator of the relationship between anti-transgender discrimination and depression,  $b = .55$ , 95% C.I.  $[.08, 1.55]$ . Additionally, only one significant moderated indirect effect was found,  $\omega = -.70$ , 95% C.I.  $[-1.60, -.14]$ , indicating that the indirect relation of anti-transgender discrimination with anxiety through alienation was conditional on low and moderate levels of resilience,  $bs = 1.73$  and  $.96$ , 95% C.I.s  $[.54, 3.60]$  and  $[.22, 2.33]$ .

**Conclusion:** The moderated-mediation model sheds light on psychological processes that lead both anti-transgender discrimination to affect mental health and protective factors to alleviate the negative effect of stigma on mental health. This model has important implications for clinical practice and psycho-social interventions to reduce stigma and stress.

# HOMO- AND TRANS-NEGATIVE ATTITUDES IN CLINICAL PSYCHOLOGISTS AND PSYCHOTHERAPISTS

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## **Abstract**

Italian and international researchers have shown that mental health professionals are not immune from negative attitudes toward sexual minorities and, on the contrary, they clearly show a positive bias for heterosexuals. The aim of this study is to assess whether mental health professionals are affected by a bias that distorts and impacts the psychological assessment process of transgender individuals.

A case description of a fictitious transgender (vs. cisgender) patient was used, together with measures of right-wing authoritarianism (RWA). The effects of the experimental manipulation on the therapists' clinical evaluations were then investigated. A female sample of licensed psychotherapists (N=218) were presented with clinical vignettes that described a transgender (vs. cisgender) man (vs. woman) reporting depressive (vs. anger outbursts) symptoms and then asked to evaluate the case answering questionnaires concerning the diagnosis and prognosis.

In order to ascertain whether individual variables (such as authoritarianism) influence the severity ratings of transgender and cisgender patients, a series of moderation models was carried out. The interaction between gender identity and expressed gender on severity was significant only when therapists showed high levels of authoritarianism.

The impact and consequences of prejudice against transgender persons in mental health professionals are still largely understudied and unknown. Our data revealed an unexpected result: the moderation model showed that, for high levels of RWA, cisgender women were considered the most severe psychopathological group. This finding would indicate the occurrence of a gender bias rather than a transphobic bias in the patients' clinical evaluation: despite the contents of the clinical vignettes being equal, woman was judged more severely than transgender patient and cisgender man. The results will be compared to those of previous studies related to homosexual clients.

# **PATHOLOGICAL NARCISSISM IN THE LIFE-CYCLE: DIVERSE CHALLENGES IN THE DIFFERENT AGES**

**Proposer: Williams Riccardo<sup>1</sup>**

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**Discussant: Fossati Andrea<sup>2</sup>**

<sup>2</sup> Vita-Salute San Raffaele University of Milan

## **Abstract**

Narcissism is a pivotal construct in clinical psychoanalysis and psychodynamically oriented treatments. Clinical theories and empirical research contributed to define the construct of healthy and pathological narcissism, specifying the diverse profiles of the narcissistic personality, its apparently heterogeneous clinical features, the diverse areas of functioning it affects: self-esteem and image, affective regulation, interpersonal relationships, moral standards and ideals.

Furthermore, it has become more and more evident that pathological narcissism should better be conceived of as a continuum of functioning, a general set-up of personality that interacts with many other aspects of psychopathology, and clinical phenomena, and that bears a relationship of mutual influences with life-events and personal adjustment. In this panel, the issue of narcissism will be analyzed from the slant of individual adjustment in the life cycle. The changes occurring in the course of life represent a challenge for individual narcissistic set-up and can contribute to shape the quality and defining the degree of narcissistic pathology. Developmental tasks in any passage of the life-cycle, require to elaborate a new-self image relying on previous achievements and pitfalls and to new context of relationships. Three fundamental phases will be discussed in this panel: the adolescent passage, the requests for adjustment of adulthood and the great shuffle imposed by the access to the third age of life.

Moselli, Frattini and Williams will discuss the transversal role of narcissistic pathology and functioning on suicidality in adolescence, considering its interactions with mood disorders and personality pathology.

Borroni will focus on the role of narcissistic personality pathology in adulthood analyzing its interaction with mood disorders and suicidality.

Del Corno will reflect upon the narcissistic vicissitudes in shaping adjustment in the elderly, drawing on the perspective of the PDM-2.

# SUICIDE AND PERSONALITY DISORDER IN ADOLESCENCE

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## **Abstract**

Suicide is the outcome of a process proceeding from the experimentation of an unbearable pain (psychache) to hopelessness, to suicidal ideation, to parasuicidal behaviours and effective attempts with lethal or non-lethal outcomes. To understand suicidality means to study this staging with respect to a variety of factors that interact to facilitate the passage from one stage to the following one. Many psychopathological conditions have been considered to account for suicidality in adolescence, but only few studies have investigated the role of personality pathology and, in particular, pathological narcissism, an aspect that at various degree influences adolescent functioning and interacts with the presentation of several clinical conditions.

The objective of this study is to analyse the relative of role of mood disorders, personality disorders and narcissistic pathological functioning in adolescence suicidality.

The sample is constituted by 40 adolescents from the Mood Disorders Unit of the Ospedale Bambino Gesù di Roma assessed as at risk for suicidal behaviours.

All Adolescents were administered with Columbia Suicide Severity Scale (CSSS), the Kiddie-Sads for Mood Disorders, Child Behavior Checklist (CBCL), Child-Depression Rating Scale-Revised (CDRS-R), the SCIDII, the SCID II, the Diagnostic Interview for Narcissism (DIN), a semi-structured interview to assess the continuum and diverse areas of narcissistic pathological functioning.

Results show that Personality Pathology, in particular BPD, is a predictor of suicidal attempts. Diverse aspects of narcissistic pathological functioning as assessed by the DIN predict diverse aspects of suicidality, suicidal ideation and attempts.



# **PATHOLOGICAL NARCISSISM IN ADULTHOOD: THE SUICIDE IDEATION IN A SAMPLE OF CLINICAL INPATIENTS WITH MOOD DISORDERS**

Borroni Serena<sup>1</sup>

<sup>1</sup> Vita-Salute San Raffaele University of Milan

## **Abstract**

Despite the development of specific psychotherapeutic treatments for patients with pathological narcissism in adulthood, the lack of empirical evidence for their efficacy as well as the well documented challenges of treatment of the disorder contribute to many clinicians remaining wary of treating individuals with a pathological narcissism. However, recent advances in the understanding of the aetiology, development and assessment of normal and pathological narcissism offer an important opportunity to refine therapeutic techniques for people presenting with narcissistic difficulties. Suicide ideation is relevant issue in the treatment of pathological narcissism. The study of narcissistic trauma can provide some explanations of the psychological processes implicated in such suicides, usually involving a sudden and drastic shift from a proactive life to overwhelming despair and destructiveness turned against the self. In order to evaluate the suicidal risk in pathological narcissism, in a clinical of 93 clinical adult inpatients we administered the Italian version of the Pathological Narcissistic Personality Inventory (PNI), the Five Factor Narcissism Inventory-Short Form (FFNI-SF) and the Scale for Suicide Ideation. According to our results, narcissistic vulnerability was associated with the intensity of suicidal ideation. This relationship remained significant even if we controlled for the effect the mood disorders and the adverse life events. These findings seem to suggest that in the pathological narcissism the suicide risk represent a relevant aspect regardless of the mood disorders diagnosis. Moreover, in the interface between life adverse experiences and emerging suicidal ideation, there are additional factors that further predispose an individual to suicidal ideation and potential actions. Various implications for treatment will also be addressed.

# PATHOLOGICAL NARCISSISM IN LATER LIFE

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<sup>1</sup> Association of Research in Clinical Psychology of Milan

## **Abstract**

There is increasing interest in - and an accumulating body of knowledge about - the longitudinal course of personality traits and personality disorders, but older adults have mostly been excluded from these studies, although the prevalence of personality disorders among the elderly is far from negligible.

Many important questions remain unanswered: how do personality disorders interact with cognitive functioning, mood states, and patterns of behavior in later life? How the specific features of certain personality disorders can affect reactions to life events that are so common in old age, such as loss of loved ones, widowhood, retirement and so on?

In this intervention will be described the impact of narcissistic personality disorder on the process of aging, and specifically its interaction with the age-related physical, cognitive and relational impairments.

As providing therapeutic support to older narcissistic patients is a significant challenge for clinicians, some clinical vignettes exemplify the possible guidelines for this intervention.

# **GROUP PSYCHOEDUCATION NORMALIZES CORTISOL AWAKENING RESPONSE IN STABILIZED BIPOLAR I AND BIPOLAR II PATIENTS UNDER PHARMACOLOGICAL MAINTENANCE TREATMENT**

Delle Chiaie Roberto<sup>1</sup>, Virgnani Lucilla<sup>1</sup>, Corrado Alessandra<sup>1</sup>, Caredda Maria<sup>1</sup>,  
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## **Abstract**

Patients with Bipolar Disorder (BD) present a remarkable stress vulnerability. Major concerns in their long term treatment are poor adherence and high relapse rate. Psychoeducational (PE) approaches are effective in reducing relapses, however it is not clear if these programs may reduce recurrences, besides improving adherence, on the basis of other mechanisms.

Since cortisol awakening response (CAR) represents a functional index of stress, with the objective to verify if PE may reduce relapse rate in BD patients also by improving their stress vulnerability, we organized this prospective, randomized, controlled study based on this measure.

96 patients with stabilized BD were entered in this study and followed up over a 24 month period. While continuing pharmacotherapy, they were randomly allocated to either a 21 session group PE (PE, N=50) or to their treatment as usual (TAU, N=46). Both groups were assessed before beginning of PE and at the end of the program. Functional status of the HPA axis was assessed measuring saliva cortisol levels. Saliva samples were collected upon waking (8 am), 30 and 60 min thereafter. Patients of both groups showed a dysfunctional blunted CAR profile (flat slope) at baseline, but only in the PE group, the CAR profile was normalized (step slope) at the end of the treatment. These results remained stable up to the 24 month follow up visit.

Since the normalization of cortisol profile obtained with group PE program was obtained with no concomitant intergroup difference in treatment adherence, it could reveal a reduction of stress vulnerability achieved in patients who underwent to the PE program.

# **GROWTH FOLLOWING EARLY ADVERSE EXPERIENCES: KNOWS AND UNKNOWN ON CHILDREN DEVELOPMENT**

**Proposer: Simonelli Alessandra<sup>1</sup>**

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**Discussant: Monti Fiorella<sup>2</sup>**

<sup>2</sup> University of Bologna

## **Abstract**

In latest decades, consistent research has underlined how exposure to perinatal adverse experiences, either occurred before or after birth, influences the course of human growth, affecting biological, as well as physiological, behavioural, socio-emotional and neurocognitive development.

Currently, researchers are investigating when, how and in which way the early clinical history affects the evolution and health status of these infants. Indeed, these studies are focusing on the relationship between in-utero condition, birth weight, early hospitalization length, presence of medical disease and pervasive medical treatments, in order to understand developmental pathways. This symposium presents latest findings belonging to three research units, that contribute to better understand the impact of perinatal clinical risk factors on children development. In particular, the first contribution will focus on the role of epigenetic processes shaping preterm infants development; the second contribution presents systematic evidence on neurodevelopmental impairments related to Intrauterine growth restriction condition. Last, the third contribution shows the results of an observational retrospective case-control study on a group of IUGR children at school age.

# EARLY ADVERSITY AND TOXIC STRESS: HOW EPIGENETIC PROCESSES CONTRIBUTE TO SHAPING PRETERM INFANTS SOCIO-EMOTIONAL DEVELOPMENT

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## Abstract

**Introduction:** Even in absence of critical medical conditions, very preterm (VPT) infants need long-lasting hospitalization in the Neonatal Intensive Care Unit (NICU) during which they are exposed to frequent invasive and painful skin-breaking procedures (i.e., pain-related stress). These early exposure to adversity might contribute to long-lasting programming of brain, behavioral, and socio-emotional development. Epigenetic processes (e.g., DNA methylation of the stress-related serotonin transporter gene *SLC6A4* and increased telomere length erosion) might contribute to the long-lasting programming of childhood development. We present findings from a longitudinal study on the epigenetic vestiges of early pain-related stress exposure in a sample of VPT infants compared to full-term (FT) controls.

**Methods:** 82 infants were enrolled (51 VPT and 31 FT). Cord blood was collected at birth for both groups and peripheral blood was obtained at NICU discharge for the VPT group. The number of skin-breaking procedures was obtained from medical records. At 3 months (corrected for prematurity), all infants participated to the Still-Face paradigm. Behavioral (i.e., negative emotionality) and physiologic stress regulation (i.e., salivary cortisol) during the Still-Face paradigm was measured.

**Results:** No differences emerged in *SLC6A4* methylation at birth between the groups. In the VPT group, greater pain-related stress was significantly associated with *SLC6A4* methylation increase from birth to discharge and with increased telomere erosion. Increased *SLC6A4* methylation at discharge was predictive of heightened behavioral response to the Still-Face paradigm in VPT infants. Increased telomere length erosion from birth-to-discharge predicted dampened salivary cortisol reactivity in VPT infants, but not in FT infants.

**Conclusion:** Epigenetics processes might contribute to behavioral and socio-emotional development even in absence of severe medical conditions.

# INTRAUTERINE GROWTH RESTRICTION AND NEURODEVELOPMENTAL OUTCOMES: A SYSTEMATIC REVIEW

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## Abstract

Intrauterine growth restriction is defined as a fetal growth retardation, resulting in an estimated fetal weight (postnatally confirmed by birth weight) below the 10th centile for gestational age. Developing brain of IUGR infants is affected by the atypical fetal growth, presenting altered structure and connectivity, exposing to an increased risk for neurodevelopmental impairments. Nevertheless, the association between growth restriction and later neurodevelopmental outcomes lacks systematic evidence. Indeed, the available studies often involve both in-utero diagnosed as well as at-birth small for gestational age children. However, considering birth weight diagnosis as proxy of fetal growth abnormalities, does not allow to isolate the effect of retardation in antenatal growth.

For these reasons, aim of this ongoing systematic review is to: *i*) identify the existence of a direct association between IUGR diagnosis and developmental outcomes across infancy and childhood; *ii*) highlight the moderating role of critical factors on this association.

One-hundred fifty-five studies have been selected from an initial pool of 4313 scientific papers recruited applying the following keywords: intrauterine growth restriction/retardation, small for gestational age and neurodevelopment, cognitive development.

First preliminary results highlight great variability in the definition and assessment methods for the intrauterine growth restriction. In addition, confounding factors, such as premature delivery, emerge to play a role in the association of IUGR and later outcomes.

Overall, considering the great variability in the collected studies, this study is intended as a starting point for a quantitative analysis of existing literature on the role of IUGR on child development. Indeed, the present study represents a closer examination of early mechanisms underpinning neurocognitive development in infants with Intrauterine Growth Restriction.

# MONITORING COGNITIVE AND BEHAVIOURAL DEVELOPMENTAL OUTCOMES IN IUGR SCHOOL AGED CHILDREN: A CASE-CONTROL PILOT STUDY

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## Abstract

Intrauterine growth restriction (IUGR) is defined as a condition in which the fetus does not reach its biological growth potential, as a consequence of impaired placental function, which can be due by a variety of factors. At present, no gold standard for the diagnosis of IUGR exists. It is usually defined by the statistical deviation of fetal size from population-based references, with a typical threshold at the 10th, 5th or 3rd centile; fetal and maternal Doppler analysis permit to define the severity of the intrauterine restriction. Evidence suggests that the IUGR condition is associated with an increased risk of cardiovascular events in adult life, stroke, type II diabetes and neurocognitive impairment (Clemente et al. 2017). Consistent research shows, in particular, that the IUGR has a negative impact on neuropsychological development from 6 months up to 3 years of age; very few studies have monitored cognitive, adaptive and behavioural developmental outcomes in school age children applying an observational retrospective case-control study with appropriate for gestational age (AGA) children. The aim of the present pilot study is to evaluate cognitive, adaptive and clinical outcomes in a group of school-aged children (6-8 years) with IUGR condition. An observational retrospective study was conducted on 15 children with Intrauterine growth restriction ( $M_{age}=7.11$ ;  $SD=0.64$ ), compared to 15 control children AGA ( $M_{age}=7.31$ ;  $SD=0.70$ ). All children have been assessed with Wechsler Intelligence Scale for Children (WISC-III) to evaluate cognitive development, with Vineland Adaptive Behaviour Scales (VABS) to assess adaptive development and with Child Behaviour Checklist (CBCL) to evaluate child behavioural outcome. T-test analyses suggest a role of IUGR condition on children adaptive and cognitive outcomes. Children with IUGR show lower IQ performance (even within the normal range) compared with AGA peers. No difference has been found in child behavioural outcome.

# PSYCHOLOGICAL FACTORS AS DETERMINANT OF MEDICAL CONDITIONS

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**Discussant: Settineri Salvatore<sup>2</sup>**

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## **Abstract**

Life expectancy is increasing world-wide, thus age-related diseases are becoming a major health concern. Chronic diseases and related outcomes, as osteoporosis and associated fractures, diabetes and cardiovascular disease, may seriously impact on quality of life, leading to psychological consequences. Psychological features frequently occur due to chronic medical conditions and can even predict all-cause mortality independently of a wide range of potential confounders.

Moreover, psychological aspects may also drive individual behavior, including adherence to medical advices, deeply conditioning the management of chronic diseases. For example, anxiety and depression lead to a variety of functional somatic disorders and affect the attitude to treatment in patients with chronic diseases, reducing the quality of life. Therefore, overturning the usual causal direction body-mind, evidences exist regarding the key role of psychological factors on the history of chronic illness.

A strict evaluation of the psychological variables could contribute to a better understanding of the individual condition and possibly predict the risk of onset of new medical diseases or complications. This could suggest a new direction of clinical psychology research leading to screening subjects at risk for medical events in order to individualize and improve diagnostic and therapeutic approach. This symposium focuses on how psychological aspects and adherence may impact on somatic symptoms and medical outcomes especially in age related common chronic diseases as osteoporosis and diabetes.



# ANXIETY LEVELS AS PREDICTOR OF OSTEOPOROSIS IN POSTMENOPAUSAL WOMEN

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## Abstract

**Introduction:** Increasing interest exists in the association of anxiety with fracture risk. This study aimed at investigating the role of severity of anxiety in bone health.

**Methods:** In postmenopausal women referred for osteoporosis, we administered Hamilton Anxiety Rating Scale (HAMA), Beck Depression Inventory (BDI-II) and the 36-Item Short Form Health Survey (SF-36) for the clinical psychological evaluation. We also evaluated multiple clinical risk factors (CRFs) for fractures and the Fracture Risk Assessment Tool (FRAX) score, the bone mineral density (BMD) at the lumbar spine and femoral neck and an X-ray vertebral morphometry.

**Results:** Of the 192 women recruited (mean age 67.5±9.5 years), participants allocated into the tertile of the lowest HAMA scores (HAMA-1) showed a lower probability of fracture than did participants with the highest scores (HAMA-3) (20.44 ±9.3 vs. 24.94±13 %, respectively,  $P=0.01$ ), and the same trend was observed in the comparison between HAMA-2 and HAMA-3 tertiles. Women in the HAMA-3 group exhibited lower lumbar T-score values at the lumbar spine than did women in the HAMA-1 group (-2.84±1.4 vs. -2.06±1.2 SD, respectively,  $P<0.001$ ) and lower T-score values at the femoral neck (-2.21±0.9 vs. -1.93±0.6 SD, respectively,  $P<0.05$ ). Lower T-score values were also observed in HAMA-3 than in HAMA-2. A higher prevalence rate of vertebral fractures was observed in HAMA-3 than in HAMA-1, but the difference was not statistically significant. Anxiety levels were significantly related to age, menopausal age, years since menopause and depressive mood. Furthermore, women with higher anxiety levels showed a lower perceived quality of life. Finally, at a multiple regression analysis, anxiety levels were predictive of reduced BMD at the lumbar spine ( $\beta=-0.00672$ ,  $SE=0.001$ ,  $P=0.0002$ ).

**Conclusion:** In postmenopausal women, anxiety levels were associated with fracture risk and were predictive of BMD at the lumbar spine.

# PSYCHODYNAMIC MECHANISMS AFFECTING ADHERENCE TO THERAPY IN CHRONIC ILLNESS. PRELIMINARY RESULTS FROM A GROUP OF DIABETIC PATIENTS

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## Abstract

Adherence to therapy is essential part of the cure in chronic illness condition. Indeed, non-adherence to medical treatment can lead to serious disease complications or even to death. For this reason, understanding psychological determinants of adherence to treatment seems to be necessary in order to further inform intervention design. Psychodynamic framework can be helpful improving our understanding of nonadherence to therapy considering unconscious mechanisms which can affect self-care process in chronic illness. Based on these premises, the present study aims at investigating psychodynamic mechanisms affecting adherence to therapy in a group of persons with type 2 diabetes mellitus. A preliminary study has been conducted. Thirty-two persons with type 2 diabetes mellitus were enrolled and assessed using self-report and projective instruments. Defense Mechanism Inventory (DMI) and Projective Envy Technique (PET) were used to assess psychodynamic mechanisms. Self-Care Inventory Revised (SCI-R) was used to assess adherence to therapy. Hetero-directed hostility as defence mechanism was negatively correlated with adherence to therapy ( $r = -.537$ ;  $p = .01$ ). Moreover, a negative correlation with a favorable statistical trend was found between destructiveness as emotional strategy to face with an unpleasant condition and pharmacological therapy ( $r = -.325$ ;  $p = .07$ ). Instead, a positive correlation between principalization as defence mechanism and adherence to therapy was found ( $r = .407$ ;  $p = .03$ ). These preliminary results suggest the potential role of psychodynamic mechanisms in affecting adherence to therapy, especially with respect to aggressive and destructive mechanisms related to the person's way of handling chronic illness experience.

# EFFECTS OF A SUPERVISED EXERCISE PROGRAM IN OVERWEIGHT AND MODERATELY OBESE ADULTS WITH T2DM: SOME PRELIMINARY RESULTS

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## Abstract

Introduction: Type 2 Diabetes Mellitus (T2DM) is often associated with an increased Body Mass Index (BMI) and with body dissatisfaction. Significant relationships are also reported with affective disorders, as anxiety or depression. Clinical practice guidelines recommend that people with T2DM must achieve at least 150 minutes of moderate to vigorous aerobic exercise per week. In older T2DM or obese individuals smaller but still substantial benefits were reported, using low-to moderate-intensity leisure-time physical activity. However, despite this strong evidence, most overweight adults with T2DM remain inactive and those who start a program are not willing to maintain exercise for a long run. Longitudinal studies using supervised exercise program are scarce. To evaluate the relationship between exercise, fitness and self-perceived body image in overweight and moderately obese adults with T2DM a longitudinal study with intervention was conducted. Methods: T2DM adults were assessed on Body Mass Index, HbA<sub>1c</sub>, Fitness Index and filled out three Silhouette-Matching Task (SMT) (Marsh & Roche, 1996, Marsh 1999), at baseline and after completing a six months supervised exercise program. Results: BMI and Fitness Index were modified by exercise. No group differences were found on HbA<sub>1c</sub> and Body Figures (BF). However, significant individual differences in BF were detected by means of mixed-effects models. Conclusion: A six-month exercise program can modify some biological and clinical parameters that are critical in T2DM, as BMI and Fitness Index. Changes on body image emerged at individual level, but were disappeared in group analyses, due to the high inter-individual variability. To detect this issue, mixed-effects models should be preferred to the traditional ANOVA's. Future researches should include a control group and further variables as moderators (i.e. stage of change), to reduce inter-individual variability.

# **COMPLEXITY OF PRENATAL PERIOD: TOWARD A DIALOGUE BETWEEN CLINIC PRATICE AND RESEARCH**

**Proposer: Cataudella Stefania<sup>1</sup>**

<sup>1</sup> Department of Pedagogy, Psychology, Philosophy, University of Cagliari

**Discussant: Cavanna Donatella<sup>2</sup>**

<sup>2</sup> Department of Educational Sciences, University of Genoa

## **Abstract**

A report by the WHO's Commission of Social Determinants stated: "Implementing a more comprehensive approach to early life includes...comprehensive support to and care of mother before, during, and after pregnancy including interventions that help to address prenatal and postnatal maternal mental health problems" (2008, p. 53).

The aim of the symposium is to emphasize the complexity of prenatal research and intervention, by comparing researchers' papers of University of Roma, Brescia, Genova and Cagliari.

The psychic work to become parents is a process of deep transformation that begins with pregnancy planning. The transition to parenthood seems to act as an amplifier, tuning parents in to the resources they have, and turning up the volume on their existing difficulties in managing their lives and family relationships (Seimyr et al, 2009; Cowan & Cowan, 2000). Some physical conditions such as infertility or autoimmune diseases can affect this process.

These physical condition can affect, especially for women, the expectations concerning their role and capabilities as mothers. This process is also complicated by the immersion in the treatment process, stressful nature of the treatment process itself, and strained relationships with healthcare providers. Literature has revealed that women who conceived after ART and pregnant women with autoimmune diseases showed higher levels of depressive disorders, anxiety and distress compared to both their partners and women who conceived spontaneously without the disease. It has also been revealed that these women had high expectations about themselves as parents and idealized expectations in regard to their baby (Borchers et al, 2009; Monti et al, 2009; Bernstein, 1990). Improvements in technology and access to medical care has improved treatment of these conditions resulting in increasingly complex care in the prenatal period.

The symposium will address these issues through theoretical reflections and presenting research data.

# INFERTILITY RESEARCH ACTIVITIES: PERSPECTIVES AND LIMITS

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## Abstract

Psychological research in the field of infertility - from diagnosis, to treatment, to outcome - seems, in recent years, to have exhausted its push for analysis and investigation. The role of stress linked to diagnosis, depressive and anxious states (or other psychopathological variables), coping strategies, couple relationship quality, social support, etc., are aspects that to date do not seem able to address further developments in the field of research and intervention.

In this study, a series of variables analyzed in relation to the experience of infertility are examined in their clinical repercussions. Specifically, we will take stock of the situation on results emerged on the aspects that have been more studied in literature, including: relationship quality in terms of cohesion, coping strategies, several psychopathological variables.

Some clinical vignettes will drop these variables in the process of infertility management, treatment and outcomes.

The results highlight a gap between research results and clinical evolution. Overall, this study emphasizes the need to approach this field with new lenses, which can account for the complexity and variability of different aspects that come into play in this experience.

The need for longitudinal studies seems to become imperative, facing an experience - infertility and treatment - in which, on one hand, one draws on all available resources, on the other, the experience itself can exhaust them in the least expected moments.

# INFORMED CONSENT CONVERSATION IN ASSISTED REPRODUCTIVE TECHNOLOGIES: A DIRECT EXPERIENCE

Fedele Fabiola<sup>1</sup>, Cordella Barbara<sup>1</sup>

<sup>1</sup> School of Specialization in Health Psychology, Department of Dynamic and Clinical Psychology, Sapienza University of Rome

## Abstract

Informed consent (IC) is meant to guarantee the patients' right to health by safeguarding their freedom of choice and their right to information on medical assistance. Nevertheless, in medical practice often the physicians are overwhelmed by the amount and dynamism of their work and they use the IC as a bureaucratic step, without regard towards the patient's actual understanding. Even in the field of Assisted Reproductive Technologies (ART) this instrument seems to be poorly valued by the physicians, despite the various implications of the ART procedure. In this regard, we conducted a direct 7-month experience at the Sterility and Assisted Reproduction Unit of the University Hospital Umberto I in Rome where we introduced the practice of Informed Consent Conversation with the infertile couples. In this clinic the IC was not explained to the partners, but they were required to sign it at home and to bring it back to the following medical examination. Instead, we proposed an interactive question-and-answer method of Informed Consent with the couples. In this way, the partners could interactively discuss the issues described in the form and directly expose their doubts and questions about it. This dialogue interaction seemed to improve the couple's understanding and awareness about the ART procedure. Moreover, although the IC conversations highlighted the possible risks and criticalities of the procedure, such as its low success rates, the patients were always thankful for the answers and clarifications received. In this way, the IC became non only a bureaucratic step, but also a moment in which the partners could think together about the procedure's implications.

Furthermore, we think that would be advantageous to introduce a physician-psychologist's co-presence during the IC conversation. This would allow the patients to be globally accompanied in their therapeutic experience, integrating in their minds the medical and emotional issues of the whole treatment.

# **PREGNANCY AND AUTOIMMUNE DISEASES: EXPLORING THE MOTHER'S MENTAL WORLD**

Casula Fabiana<sup>1</sup>, Lampis Jessica<sup>1</sup>, Busonera Alessandra<sup>1</sup>, Monni Giovanni<sup>2</sup>,  
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<sup>1</sup> Department of Pedagogy, Psychology, Philosophy, University of Cagliari

<sup>2</sup> Department of Prenatal Diagnosis and Fetal Therapy, Ospedale Microcitemico of Cagliari

## **Abstract**

Autoimmune disease mainly affects women in their reproductive years and has a significant impact on childbearing. Pregnancy can induce an improvement of the mother's symptomatology in some kind of diseases such as rheumatoid arthritis, while exacerbating or having no effect on other autoimmune diseases as sclerosys multiple (Borchers et al, 2010).

This "uncertainty" can affect the process of psychological transformation and reorganization, which leads to the acquisition of a maternal identity sustained by a mental representation of the self as a mother and of the future baby, although he or she is still unborn (Ammaniti et al, 1999; Raphael-Leff, 2010). The quality of the mother-fetus emotional bond is considered particularly important for the subsequent attachment relationship and the psychological development of the infant (Ammaniti et al, 2013; Benoit et al, 1997).

At the last trimester of pregnancy 10 women with different autoimmune diseases (sclerosys multiple, lupus erythematosus, type 1 diabetes), and 10 nonrisk women were interviewed using the "Interview of Maternal Representations during Pregnancy-Revised Version" (IRMAG-R; Ammaniti & Tambelli, 2010). All interviews were audiotaped, transcribed verbatim, and analyzed by using qualitative content analysis in Atlas.ti. Two independent judges coded 5/20 interviews; agreement was >80%.

The women with autoimmune disease, compared to nonrisk women, were more ambivalent toward pregnancy, were less able to recognize physical and psychological changes and to imagine the child. These are considered risk factors which could negatively affect the postnatal caregiving system (Van Bussel et al, 2009).

These results focus on the importance of early multidisciplinary interventions that can support expectant women when they show signs of relationship difficulties with their infants prior to his/her birth.

# A GENERAL MOOD QUESTION TO SCREEN FOR EMOTIONAL DISTRESS IN PREGNANCY

Della Vedova Anna Maria<sup>1</sup>, Matthey Stephen<sup>2</sup>

<sup>1</sup> Department of Clinical and Experimental Sciences, University of Brescia

<sup>2</sup> School of Psychology, University of Sydney (Australia); SSWLHD, Australia

## Abstract

**Background.** Becoming a mother is a complex psychological transition and a potential risk for emotional distress, especially if there are pregnancy complications or risks to the mother's or infant's health. Evidence thus supports the importance of the early detection of perinatal mood difficulties using brief self-report screening measures. Such screening in women is often done using the Edinburgh Depression Scale (EPDS: Cox et al., 1987), given that it has been well-validated. Recently, however, several problems with this scale have been highlighted, which has led to a new scale being developed, the 'MGMQ' (Matthey et al., 2013), which screens for a variety of negative moods, using just four questions. These include a questions enquiring about distress, its impact on the person, the possible reasons for the distress, and whether he/she would like to talk to a health professional about this. The study to be reported compares the performance of this MGMQ with that of the EPDS, using its screen positive scores for both possibly depression and anxiety, in Italian women during pregnancy.

**Method.** 210 Italian women, recruited in their third trimester of pregnancy during a routine antenatal clinic appointment, completed the Italian versions of the EPDS and the MGMQ. The data are analysed using concordance analyses, as well reporting on the receiver operating characteristics of the MGMQ against the EPDS as the criterion.

**Results.** A similar proportion of women screened positive on both the EPDS and higher MGMQ threshold (c. 12%), yet the screen-positive overlap was low. Against the two EPDS distress thresholds, the MGMQ Distress question had a sensitivity of 63% -70%, specificity of 70%-73%, and ppv of 17%-28%.

**Conclusion.** The MGMQ performs well in most respects compared to the EPDS, and is brief, easy to score and interpret reliably. The inclusion of the two clinical questions makes this a suitable instrument for emotional health screening for women in the perinatal period.



# TRAUMA AND LIFE EVENTS: THE BURDEN ON PHYSICAL HEALTH

**Proposer: Galli Federica<sup>1</sup>**

<sup>1</sup> University of Milan

**Discussant: Fulcheri Mario<sup>2</sup>**

<sup>2</sup> G. d'Annunzio University of Chieti-Pescara

## **Abstract**

The Cartesian dualism seems still affecting the ways medicine and psychology interact in clinical settings. On one hand, the “old” medicine with its millennial tradition and the new frontiers of evidence-based strategies of cure. On the other hand, the “young” clinical psychology with the attempts of sharing knowledge with “old” medicine, the run-up towards the evidence-based and the risk to be ignored. The interplay of the role of psychological traumatic events and physical disorders may represent a model of prompting interest and exchange knowledge on the interplay of body and mind, medicine and psychology.

The burden of psychological factors on different disorders and diseases is far to be understood, and the most part of evidence is related to a state of comorbidity with anxiety and depression, often labelled as “psychological distress”. The Adverse Childhood Experiences study evidenced the role of childhood adverse experiences in burdening the health status, plus the mental one. The role of infantile traumas (e.g. childhood physical and sexual abuse) has been linked to many medical disorders in adult age (e.g. chronic pain, irritable bowel disorders). The life-events have been linked to neurological disorders, cardiovascular, neuroendocrine, autoimmune, skin and neoplastic disorders. Unfortunately, evidence is sparse, and the role of mediator factors (e.g. personality), causative mechanisms (e.g. allostatic overload) and developmental trajectories (e.g. insecure attachment) driving to medical disorders should be better analysed by ad hoc studies. The symposium will try to give a contribution to this topic, by discussing the role of early and recent psychological traumas and/or life-events in influencing physical illnesses, fibromyalgia, cardiovascular disorders and neurobiological factors as well.

# **PREDICTIVE VALUES OF EARLY PARENTAL LOSS AND PSYCHOPATHOLOGICAL RISK FOR PHYSICAL PROBLEMS IN FIRST ADOLESCENTS**

Tafà Mimma<sup>1</sup>, Cerniglia Luca<sup>2</sup>

<sup>1</sup> Department of Clinical and Dynamic Psychology, Sapienza University of Rome

<sup>2</sup> International Telematic University UNINETTUNO, Rome

## **Abstract**

**Background:** Several studies proposed that early parental loss constitutes a potentially traumatic experience, exposing adolescents to higher risk for the onset of psychopathological symptoms. Much less attention has been given to the predictive role of early loss on the development of physical illness in adolescence. **Methods:** in a community sample of 418 first adolescents who lost a parent in their first three years of life and their surviving parents, Univariate and Multivariate Cox proportional hazard regression analysis with time-dependent variables were used to examine the predictive values of adolescents' and surviving parent's psychopathological symptoms, and youths' demographic characteristics (sex and age) for the occurrence of physical illness during a 6-year period of follow-up. **Results:** irrespective to sex, surviving parent's psychopathological risk, and adolescents' Affective problems and Dissociation were found to predict the occurrence of physical illness. Furthermore, dissociation was the most significant predictors of the occurrence of relevant physical problems. **Conclusions:** These results can be relevant and add to the previous literature in the field of prevention and intervention practices in samples of adolescents who lost a parent in their early childhood, orientating clinical work.

# **MEDIATORS OF THE ASSOCIATIONS BETWEEN ACES AND CARDIOVASCULAR DISORDERS IN MIDLIFE**

Maiella Roberta<sup>1</sup>, Di Nardo Maria<sup>1</sup>

<sup>1</sup> Department of Psychological Sciences, Health and Territorial Sciences, G.  
d'Annunzio University of Chieti-Pescara

## **Abstract**

**Introduction:** This contribution presents an overview about the factors that can mediate among the adverse experiences in childhood and establishment of cardiovascular pathologies in adulthood

**Method:** literature analysis on longitudinal and retrospective studies.

**Results:** Research has consistently demonstrated a link between the adverse childhood experiences (ACEs) and adult health conditions, including mental and physical health problems (Anda et al., 2006). Several studies have long been interested in connections between cardiovascular health and psychosocial stress, including impacts of traumatic experiences early in life (Steptoe et al., 2012). Regard to personality some studies demonstrated a relationship between childhood misfortune and neuroticism decades later, revealing the salience of childhood experiences in the development of personality traits (Morton et al., 2016). Instead maternal relationship in adolescence appeared to mediate the adversity-cardiovascular disease association: there is a direct association between a more positive maternal relationship and lower depressive symptoms and poorer health behaviors (Doom et al., 2017). In 2010, the American Heart Association introduced a new conceptual framework to encourage a focus on primary prevention and provided a definition for “ideal cardiovascular health” examined the relationship between positive childhood experience and ideal cardiovascular health in midlife, and the extent to which education, depression and social support mediate this association (Slopen et al., 2017).

**Conclusion:** Currently, further studies on the role mediators are needed the association between adverse childhood experiences and cardiovascular diseases in adulthood, to encourage appropriate intervention programs.

# **DISTANCING STRATEGIES IN L'AQUILA 2009 EARTHQUAKE SURVIVORS: CLINICAL AND NEUROBIOLOGICAL PROSPECTIVES**

Pellicano Gaia Romana<sup>1</sup>, Massaro Giuseppe<sup>1</sup>, Pierro Laura<sup>1</sup>, Aceto Paola<sup>2</sup>, Luciani Massimiliano<sup>3</sup>, Lucarelli Giada<sup>1</sup>, Yaya Gulara<sup>1</sup>, Altavilla Daniela<sup>1</sup>, Lai Carlo<sup>1</sup>

<sup>1</sup> Department of Dynamic and Clinical Psychology, Sapienza University of Rome

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<sup>3</sup> Faculty of Medicine and Surgery, Catholic University of the Sacred Heart of Rome

## **Abstract**

Autoimmune disease mainly affects women in their reproductive years and has a significant impact on childbearing. Pregnancy can induce an improvement of the mother's symptomatology in some kind of diseases such as rheumatoid arthritis, while exacerbating or having no effect on other autoimmune diseases as sclerosis multiple (Borchers et al, 2010).

This "uncertainty" can affect the process of psychological transformation and reorganization, which leads to the acquisition of a maternal identity sustained by a mental representation of the self as a mother and of the future baby, although he or she is still unborn (Ammaniti et al, 1999; Raphael-Leff, 2010). The quality of the mother-fetus emotional bond is considered particularly important for the subsequent attachment relationship and the psychological development of the infant (Ammaniti et al, 2013; Benoit et al, 1997).

At the last trimester of pregnancy 10 women with different autoimmune diseases (sclerosis multiple, lupus erythematosus, type 1 diabetes), and 10 nonrisk women were interviewed using the "Interview of Maternal Representations during Pregnancy-Revised Version" (IRMAG-R; Ammaniti & Tambelli, 2010). All interviews were audiotaped, transcribed verbatim, and analyzed by using qualitative content analysis in Atlas.ti. Two independent judges coded 5/20 interviews; agreement was >80%.

The women with autoimmune disease, compared to nonrisk women, were more ambivalent toward pregnancy, were less able to recognize physical and psychological changes and to imagine the child. These are considered risk factors which could negatively affect the postnatal caregiving system (Van Bussel et al, 2009).

These results focus on the importance of early multidisciplinary interventions that can support expectant women when they show signs of relationship difficulties with their infants prior to his/her birth.

# STRESSFUL LIFE EVENTS IN FIBROMYALGIA: A CASE-CONTROL STUDY

Castelli Lorys<sup>1</sup>, Ghiggia Ada<sup>1</sup>, Tesio Valentina<sup>1</sup>

<sup>1</sup> Department of Psychology, University of Turin

## Abstract

**Background.** The aim of the study was to evaluate the prevalence of traumatic events in a group of patients with Fibromyalgia (FM), compared to patients with Rheumatoid Arthritis (RA), and to investigate its association with the clinical and psychological variables.

**Materials and Methods.** Two groups of 101 women with FM and 101 women with RA, matched for age and years of education, were assessed with: Traumatic Experiences Checklist (TEC), Visual Analogue Scale (VAS) for pain, Hospital Anxiety and Depression Scale (HADS), Toronto Alexithymia Scale (TAS-20) and the SF-36 for the health-related quality of life (HRQoL).

**Results.** FM patients reported significantly higher levels of pain, anxiety and depressive symptoms and a lower HRQoL compared to RA patients (all  $p < 0.001$ ). Regarding alexithymia, FM patients showed higher difficulties in identify feelings compared to RA patients ( $p < 0.001$ ).

Data on the traumatic experiences highlighted a significantly higher number of negative life events in FM (TEC – total score) and a significant higher global impact (TEC - composite score), compared to RA patients ( $p < 0.001$ ). In particular, 57.4% FM vs 22.8% RA patients reported the presence of emotional neglect, and 50.5% FM vs 15.8% RA patients reported the presence of emotional abuse. However, in FM patients, the presence of traumatic experiences seems not to have a direct relationship nor on the clinical neither on the psychological distress variables.

**Conclusion.** The present study revealed a higher prevalence of lifetime trauma in FM patients compared to RA patients. Furthermore, FM patients showed greater impairment in the ability to identify their own emotions.

Nevertheless, the higher prevalence of traumatic experiences seems not to have a direct relation with FM symptoms, although FM patients had a worst quality of life and higher pain and psychological distress compared to the RA patients.

# EMOTION REGULATION AND HEALTH

**Proposer: Iani Luca<sup>1</sup>**

<sup>1</sup> European University of Rome

**Discussant: Porcelli Piero<sup>2</sup>**

<sup>2</sup> G. d'Annunzio University of Chieti-Pescara

## **Abstract**

Emotion regulation (ER) has been conceptualized as a multifaceted construct and has been identified as an important factor in health and well-being. A positive regulation of emotions is crucial for optimal functioning, and maladaptive or dysfunctional ER can produce negative outcomes including psychopathology, poor well-being or somatic diseases. The aim of this Symposium is to present some researches on the relationships between emotion regulation and health outcomes. In the first contribution, Iani, Lauriola, Chiesa, & Cafaro describe three relationship clusters between mindfulness facets and emotion regulation strategies: 1) a mindful emotion regulation cluster; 2) a suppression and nonreactivity cluster; and 3) a negative self-monitoring cluster. The second presentation by Cosci describes the concept of euthymia and the results of research on euthymia, clinical and personality characteristics of a sample of healthy subjects, diabetes subjects, and migraine subjects. The third contribution by Pagnini, Cavallera, Rovaris, Mendozzi, Molinari, Phillips, & Langer examines the relationship between two forms of mindfulness (Langerian and meditation-based) and quality of life, anxiety, depression, fatigue, and sleep in people with Multiple Sclerosis. The final contribution by Vescovelli, Sarti, & Ruini compares the levels of distress and well-being in a sample of caregivers of patients with Parkinson's Disease with those of a matched sample of control caregivers of individuals with non-neurological diseases and analyzes the relationships among well-being, distress and caregiver burden in the whole sample of caregivers.

# ASSOCIATIONS BETWEEN MINDFULNESS AND EMOTION REGULATION: THE KEY ROLES OF DESCRIBING AND NONREACTIVITY

Iani Luca<sup>1</sup>, Lauriola Marco<sup>2</sup>, Chiesa Alberto<sup>3</sup>, Cafaro Valentina<sup>1</sup>

<sup>1</sup> Department of Human Sciences, European University of Rome

<sup>2</sup> Department of Social and Developmental Psychology, Sapienza University of Rome

<sup>3</sup> Association of Cognitive Psychology, School of Cognitive Psychotherapy of Rome

## Abstract

**Introduction:** Although it has been shown that mindfulness and emotion regulation are related, the nature of the relationship and the underlying processes are still not fully understood. The present study explored the relationship between mindfulness and emotion regulation at the facet level using both bivariate correlation analysis and canonical correlation analysis.

**Method:** A total of 211 adults (mean age = 56.4 years, SD = 15.3; 72.0% females) completed the short forms of the Five Facet Mindfulness Questionnaire and the Heidelberg Questionnaire for the Assessment of Emotion Regulation Strategies.

**Results:** Three relationship clusters emerged between mindfulness facets and emotion regulation strategies: 1) a mindful emotion regulation cluster in which describing and nonreactivity were positively related with reappraisal and acceptance; 2) a suppression and nonreactivity cluster in which describing and nonreactivity were negatively and positively associated with both suppression of emotional expression and suppression of emotional experience, respectively; and 3) a negative self-monitoring cluster in which observing and nonjudging were positively and negatively related to rumination, respectively.

**Conclusions:** These results suggest that mindfulness skills make a relevant contribution to emotion regulation. The joint effect of describing and nonreactivity might represent an antecedent of positive and adaptive emotion regulation strategies, which might lead to well-being, as well as of maladaptive emotion regulation strategies, which might lead to psychopathology: a suppressor can be confused with a person who does not react, although he/she could be as such on surface while still experiencing negative emotions. Moreover, a judgmental observation is associated with the tendency to focus perseveratively on one's negative feelings and problems. In sum, these results suggest potential pathways through which mindfulness-based interventions might improve emotion regulation.

# EUTHYMIA IN HEALTHY SUBJECTS AND IN PATIENTS WITH CHRONIC ORGANIC ILLNESS

Cosci Fiammetta<sup>1</sup>, Carrozzino Danilo<sup>2</sup>, Frediani Emanuela<sup>1</sup>, Romanazzo Sara<sup>1</sup>, Svicher Andrea<sup>1</sup>

<sup>1</sup> Department of Health Sciences, University of Florence

<sup>2</sup> G. d'Annunzio University of Chieti-Pescara

## Abstract

The concept of euthymia has been studied since the times of Democrito. A seminal conceptualization was proposed by Jahoda (1958) who did not link euthymia to the absence of disease but to presence of positive features. Later, this concept has been associated to psychological flexibility. More recently, Fava and Bech (2016) proposed that euthymia is characterized by an integration of psychic forces that predisposes to a unitary and harmonious vision of life which guides the actions and feelings of the individual allowing to have an adaptation to the stress. Fava and Bech also proposed a 10-item euthymia scale to assess it. In this context, the results of research on euthymia, clinical and personality characteristics of a sample of healthy subjects (n = 100), diabetes subjects (n = 100), and migraine subjects (n = 80) will be illustrated. We found: 1. among healthy subjects, those with high euthymia had higher psychological well-being (except Autonomy, Personal Growth), lower depressive and anxious symptoms, lower neuroticism and extroversion, higher agreeableness and consciousness than those with low euthymia; b. among diabetes patients, those with high euthymia had higher psychological well-being, lower depressive and anxious symptoms, lower neuroticism and extroversion, higher openness to experiences and consciousness than those with low euthymia; b. among migraine patients, those with high euthymia had lower depressive and anxious symptoms, lower psychological distress, lower abnormal illness behavior, higher psychological well-being and quality of life than those with low euthymia. Euthymia seems to be an important dimension to be assessed in clinical settings.



# LONGITUDINAL ASSOCIATIONS BETWEEN MINDFULNESS AND WELL-BEING IN PEOPLE WITH MULTIPLE SCLEROSIS

Pagnini Francesco<sup>1,2</sup>, Cavalera Cesare<sup>1</sup>, Rovaris Marco<sup>3</sup>, Mendozzi Laura<sup>3</sup>,  
Molinari Enrico<sup>1,4</sup>, Phillips Deborah<sup>2</sup>, Langer Ellen<sup>2</sup>

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<sup>4</sup> Psychology Research Laboratory, Italian Auxological Institute IRCCS, Piancavallo

## Abstract

Depression, anxiety, fatigue, and sleep problems are typical conditions reported in people with Multiple Sclerosis (MS), often resulting in a reduction of their quality of life (QOL) and well-being. Mindfulness is a multifaceted and complex construct that has been increasingly explored for its correlated to well-being. Despite preliminary evidence, longitudinal data about the impact of mindfulness on QOL in MS remain limited. In addition, Langerian mindfulness, one of the two primary mindfulness approaches is unexplored in this area. The study examines the relationship between two forms of mindfulness (Langerian and meditation-based) and QOL, anxiety, depression, fatigue, and sleep.

A cohort of 156 people with MS was recruited and assessed for both mindfulness constructs, QOL, anxiety, depression, fatigue, and sleep problems. Assessments were repeated after 2 and after another 6 months. The relationship between the two forms of mindfulness and the outcomes was explored with mixed models.

Both mindfulness constructs were highly correlated with all investigated outcomes. Both Langerian and meditation-based mindfulness predicted higher QOL, lower anxiety, depression, fatigue, and sleep, over time.

Dispositional mindfulness, in both primary approaches, is a protective factor against depression, anxiety, fatigue, and sleep in people with MS. Overall, mindfulness appears to be an important correlate with QOL.

# THE COEXISTENCE OF WELL-BEING AND DISTRESS IN CAREGIVERS OF PATIENTS WITH PARKINSON'S DISEASE

Vescovelli Francesca<sup>1</sup>, Sarti Daniele<sup>2</sup>, Ruini Chiara<sup>1</sup>

<sup>1</sup> Department of Psychology, University of Bologna

<sup>2</sup> Riminiterme, Rimini

## Abstract

**Introduction:** well-being was found to coexist with distress and to be protective for mental and physical health. However, few studies investigated these dimensions together with measures of distress and caregiver burden in caregivers. The study aimed (1) to investigate and compare the levels of distress and well-being in a sample of caregivers of patients with PD with those of a matched sample of control caregivers of individuals with non-neurological diseases; and (2) to analyze the relationships among well-being, distress and caregiver burden in the sample of caregivers. **Method:** 46 caregivers of PD patients were compared to 50 control caregivers on measures concerning psychological well-being, life satisfaction, gratitude, post-traumatic growth, distress and symptomatology. Moreover, regressive and comparative analyses were performed in order to explore the possible predictors of caregiver burden and their relationships with well-being and distress according to the levels of caregiver burden (high versus low). **Results:** caregivers of PD patients reported higher distress and symptomatology and less well-being than controls. Caregiver burden resulted to be positively predicted by age, depression and the well-being dimension of personal growth, and negatively predicted by the well-being dimension of environmental mastery. **Conclusion:** caregivers of PD patients reported to be more vulnerable in terms of well-being, psychological resources and distress. However, they did not differ in terms of caregiver burden when compared to controls. Both in PD and in other types of caregiving, the presence of depression together with specific dimensions of well-being (environmental mastery, personal growth) predicted caregiver burden. Findings confirm the coexistence of distress and well-being dimensions also in this population of caregivers. They may suggest clinicians to tailor psychosocial interventions in order to buffer caregiver from caregiver burden.

# ASSESSMENT IN CLINICAL PSYCHOLOGY: A MULTIMETHOD- MULTIDIMENSIONAL PERSPECTIVE IN DIVERSE SETTINGS

**Proposer: Verrocchio Maria Cristina<sup>1</sup>**

<sup>1</sup> Department of Psychological, Health and Territorial Sciences, G.  
d'Annunzio University of Chieti-Pescara

**Discussant: Grandi Silvana<sup>2</sup>**

<sup>2</sup> University of Bologna

## **Abstract**

The field of clinical psychology has been a significant area of application for assessment in diverse settings. The emphasis upon assessment became a central focus in clinical psychological practice and steadily gained in importance until today. Given the broad application of assessment in contemporary clinical practice and research, the current panel aims to illustrate the clinical utility of integrating data derived from a multimethod and multidimensional approach to understand the person being evaluated.

Patron, Mennella, Messerotti Benvenuti and Palomba present the application of the psychophysiological assessment including EEG recording at rest and during an emotional imagery task in depressed patients. Bottesi, Ghisi, Martignon and Sica introduce an increasing area of study focused on reports of knowledgeable others as a valuable source of information in the diagnosis of Personality Disorders (PDs). They report a study aimed at exploring self-other agreement in the assessment of maladaptive personality traits in an Italian community sample. Tossani, Ricci Garotti and Grandi examine the operational definition of mental pain and its association with psychological and psychosomatic distress, focusing on its assessment to improve the accuracy of diagnosis in clinical practice. Roma, Mazza, Marchetti and Ferracuti present research data on the MMPI-2 from three different forensic contexts. The presentation aims to propose a thought of new methods of administration of the MMPI-2 test to be combined with the traditional ones, in particular, by examining the potential of response latencies to the items and to the entire test.

Albeit from diverse methodological backgrounds, all contributions stress on the value of approaching assessment in clinical psychology with multidimensional perspectives leading to an increase of the effectiveness of assessment results and, consequently, to the development of personalized effective treatment.

# THE PSYCHOPHYSIOLOGICAL ASSESSMENT IN DEPRESSED PATIENTS

Patron Elisabetta<sup>1</sup>, Mennella Rocco<sup>2</sup>, Messerotti Benvenuti Simone<sup>1</sup>,  
Palomba Daniela<sup>1</sup>

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## Abstract

In line with the Research Domain Criteria (RDoC) the psychophysiological assessment evaluates affective, behavioural and physiological mechanisms linked to clinical phenomena. Within this framework, research has tried to identify biological markers of psychopathology. Depression is a debilitating condition characterized by impairments in emotional and cognitive functioning. Importantly, a reduced activation in the Approach Motivation and Reward Systems has emerged as a core feature contributing to depression. Resting frontal asymmetry in EEG alpha power has been considered as a correlate of individual differences in motivational disposition and has been proposed as a biomarker of depression. Studies on electroencephalographic (EEG) alpha band asymmetry at rest have consistently shown that, compared to healthy controls, dysphoric and clinically depressed individuals often display relatively less left- than right-sided frontal cortical activity.

One study will be presented in which dysphoric (n=23) and non-dysphoric (n=24) individuals underwent a psychophysiological assessment including EEG recording at rest and during an emotional imagery task including pleasant, neutral, and unpleasant narratives. Results at anterior scalp sites support the presence of a stable pattern of reduced alpha asymmetry that reflects lower approach motivation in dysphoric individuals. At posterior sites lower right relative to left parietal activity during unpleasant, but not pleasant and neutral, imagery condition emerged in dysphoric only. Moreover, alpha asymmetry predicts vulnerability to depression and response to pharmacological and psychotherapy in patients with major depression. Alpha asymmetry provides a sensitive and accurate metric of underactivation of the approach-related motivational system and can be a tool for the assessment of depressed patients, leading to the development of personalized effective treatment.

# SELF-OTHER AGREEMENT IN THE ASSESSMENT OF MALADAPTIVE PERSONALITY TRAITS

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## Abstract

**Introduction:** Integrating self- and other-reports allows gaining complementary information while assessing personality traits, thus leading to more reliable and generalizable previsions in relation to individuals' future behaviors. The current study explored self-other agreement in the assessment of maladaptive personality traits in an Italian community sample.

**Method:** One-hundred and sixty individuals (80 targets and 80 informants) entered the study. Informants were spouse/life partners, dating partners, family members, and friends. Targets completed the *Personality Inventory for DSM-5* (PID-5; Krueger et al., 2012), a self-report measure assessing the DSM-5 Section III dimensional personality traits, whereas informants filled-in the *Personality Inventory for DSM-5-Informant Form* (PID-5-IRF; Markon et al., 2013), the informant-report version of the PID-5. Data collection was performed through two different online surveys.

**Results:** In the whole sample, self-other agreement was moderate (domains: mean  $r=.39$ ; facets: mean  $r=.35$ ). Correlations between the degree of self-other agreement, duration and perceived closeness of acquaintanceship was almost negligible. Self-other agreement was higher when informants were romantic partners (spouse/life or dating partners) than when they were family members or friends.

**Conclusions:** Present findings outline the implications of integrating self- and other-report information in the assessment of maladaptive personality traits and tentatively suggest that self-other agreement might vary according to the type of informant. Reports of knowledgeable others represent a particularly valuable source of information, which may inform the assessment and diagnosis of Personality disorders (PDs). Indeed, self-reports of individuals with PDs are often unreliable or unobtainable due to the lack of insight typical of personality pathology. Future studies also on clinical samples, with multiple informants (including clinicians) are highly encouraged.

# MENTAL PAIN: NEW PERSPECTIVES IN RESEARCH AND CLINICAL PSYCHOLOGY

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<sup>1</sup> Laboratory of Psychosomatics and Clinimetrics, Department of Psychology, University of Bologna

## Abstract

Mental pain is as real as other types of pain affecting parts of the body. The neurobiology of mental pain has been addressed only by a limited amount of research highlighting the importance of neuroanatomical overlap in the processing of physical and psychological pain. A major problem is the lack of agreement about its distinctive features, conceptualization and operational definition. We will examine how mental pain was defined and described, as well as its association with psychological and psychosomatic distress, and its assessment in order to support the accuracy of diagnostic judgment in clinical practice and the implications that research in this field may entail. We will present preliminary results of our study on mental pain and psychosomatic distress. Five hundred forty-four subjects (56% female, mean age  $34 \pm 12.3$  years, 31.3% married or had a long, stable couple relationship) completed the Italian version of the Orbach and Mikulincer Mental Pain (OMMP) scale and the Symptom Questionnaire (SQ). Mental pain was positively associated with female gender, age was inversely related to the reported level of mental pain, and participants who were married or had a long, stable couple relationship showed lesser emotional suffering than singles. There is a significant linear correlation between OMMP and SQ somatic symptoms ratings: higher mental pain scores were associated with higher somatic symptoms scores, particularly in the Emotional Flooding subscale. The SQ assesses components of health status including: physical functioning, role limitations due to physical health problems and bodily pain. The elevation of Emotional Flooding subscale, characterized by the experience of intense and overwhelming emotional states, the inability of coping with them, and the resulting confusion, could be considered as one of the relevant variables that influence the severity of psychosomatic distress, but further studies are needed to confirm our findings.

# MMPI-2 IN FORENSIC CONTEST: OLD ISSUES AND NEW METHODS

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## Abstract

The field of Forensic Psychology has greatly expanded over the past several decades, including the use of psychological assessment in addressing forensic issues. While tests specifically designed to address forensic issues have proliferated, traditional clinical assessment tests continue to play a crucial role in many forensic evaluations. The speech will stress the differences between assessments undertaken in the forensic context and clinical assessment and critically examined the role of MMPI-2/MMPI-2-RF in forensic setting. Italian research data from three recurring forensic contest (fitness to work, competence to drive, and parenting evaluations) will be show in order to highlight common features of forensic examination. Lastly we’ll show a promising method to floating malingering in MMPI-2 toward Response Latencies. This method could be added to T points in order to better distinguish the malingered protocols.

# ATTACHMENT AND MENTALIZATION AS TOOLS TO FACE LIFE EVENTS AND CHALLENGES OF GROWTH

**Proposer: Cavanna Donatella<sup>1</sup>**

<sup>1</sup> University of Genoa

**Discussant: Speranza Anna Maria<sup>2</sup>**

<sup>2</sup> Sapienza University of Rome

## **Abstract**

The concept of *mentalization* first appeared twenty years ago (Fonagy et al., 1998). It is the ability of someone to understand their own behaviour and other people's behaviour in terms of mental status, but also the human ability to regulate emotions and feelings, establishing productive social relations. The process of giving meaning to our own internal condition is fundamental for many significant interpersonal functions, such as the work of a sensitive caregiving (Riva Crugnola et al., 2017), but it also gives voice to subjective experiences. This capacity is developed since infancy in the virtuous circle of relationships and, once acquired, allows us not only to achieve a good level of self-knowledge, to develop a self-reparative function as a consequence of negative experiences (Ensink et al., 2017), but also to fully use our cognitive functions, i.e. to plan the mental processes (working memory) for the benefit of the learning process (Del Villano et al., 2014). To put it simply, if we understand our personal internal statuses, we are able to communicate them to others and interpret them in order to facilitate the cooperation "when working, loving and playing" (Fonagy, et al., 2002, p. 6). The Reflective Functioning (RF) provides an operational definition of the concept of mentalization, while other concepts - more specifically in the field of cognitive psychology - are now more often linked to the attachment field, such as Mind-Mindedness (Meins, 1998). A mother's inclination to treat her own child as a psychological agent is considered by Meins almost as a prerequisite for maternal sensitivity, that favours the development of a secure attachment in the child. So, does mentalization have a mediation role between life experiences and adaptive outcomes? This symposium presents the quality of Attachment, Mentalization and Mind-Mindedness indices in different groups of subjects during the life span as well as results from a relational and cognitive point of view.



# ATTACHMENT AND MENTALIZATION IN MIDDLE CHILDHOOD AND EARLY ADOLESCENCE: A COMPARISON BETWEEN CLINICAL AND NON-CLINICAL GROUPS

Bizzi Fabiola<sup>1</sup>, Karin Ensink<sup>2</sup>, Charpentier Mora Simone<sup>1</sup>, Bastianoni Chiara<sup>1</sup>, Cavanna Donatella<sup>1</sup>

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## Abstract

Middle-childhood and early-adolescence represent two age groups that play a crucial role for individual development. Nevertheless attachment and mentalization studies (i.e. Reflective Functioning; RF) during these periods have not received enough attention (Bosmans & Kerns, 2015; Ensink *et al.*, 2015). Starting from the increasing evidences that pointed out the risk of attachment insecurity and mentalization impairment for the development of child and adolescent psychopathology (Madigan *et al.* 2016; Ensink *et al.*, 2017), the aim of the present study is to investigate these variables in a sample of 131 children (aged 8-15): 45 children with Somatic Symptoms Disorders (SSD), 40 children with Disruptive Behavior Disorders (DBD) and a comparison group of healthy control children ( $n=46$ ). Each participant completed the *Child Attachment Interview* (CAI; Shmueli-Goetz *et al.*, 2008), also coded with *Child and Adolescent Reflective Functioning Scale* (CRFS; Ensink *et al.*, 2015). Results showed that children in the clinical group had significantly lower RF and were significantly more likely to have insecure and disorganized attachment than children in the comparison group. RF was significantly lower in DBD than in SSD children. In the SSD children, RF regarding self was significantly lower than RF regarding others. Finally, RF and attachment were associated. Our findings indicate that RF and attachment are loosely coupled: insecure attachment, disorganized attachment, and lower mentalization during middle childhood and early adolescence are correlates of SSD and DBD, but RF alone differentiated among the diagnostic subgroups. Implications for child treatment are discussed.

# THE EFFECT OF ATTACHMENT STYLE ON SOCIAL BEHAVIOUR AND SOCIO-COGNITIVE SKILLS IN SCHOOL-AGED CHILDREN

Russolillo Luigi Alessandro<sup>1</sup>, Del Villano Nadia<sup>1</sup>, Zarrella Immacolata<sup>2</sup>, Perrella Raffaella<sup>3</sup>, Caviglia Giorgio<sup>3</sup>

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<sup>3</sup> Department of Psychology, Luigi Vanvitelli University of Campania

## Abstract

**Introduction.** In this study the relationship between cognitive, learning abilities and attachment style has been empirically evaluated. Children with a secure attachment to the caregiver and/or the teacher have, supposedly, higher skills in school adaptability. **Aims of the study.** The study was conducted to verify the link between the Working Memory abilities, learning level achieved by the children, and their mentalizing abilities, and second, to verify if the relationship is affected or modulated by the attachment style that the child develops with parents and teachers. Data regarding mentalization abilities are still being collected, and therefore do not appear in this work's data analysis. **Material and Methods.** The recruited sample (130 children, ages 6-7 and 81 children, ages 8-11) was tested with the Linguistic Assessment Test (6-7) or Peabody Picture Vocabulary Test-R (8-11), the short version of the Automated Working Memory Assessment (6-7) or Wechsler Intelligence Scale for Children-IV, the Separation Anxiety Test, the Reading Trials MT – AC-MT 6-11- Calculation Ability Assessment Test, and Stories (8-11). **Results.** The results show a significant connection between learning performances and verbal and visual-spatial trials, and a significant moderating effect of attachment style upon this connection. **Conclusions.** The results underline the importance of a secure relationship in learning processes, as the parent-child and teacher-child relationship regulates the child's emotional skills and scholastic development, having a significant influence on the child's skills deficit or enhancement.

# REFLECTIVE FUNCTION, MIND-MINDEDNESS, ATTACHMENT AND EMOTIONAL AVAILABILITY IN ADOLESCENT AND ADULT MOTHERS

Riva Crugnola Cristina<sup>1</sup>, Ierardi Elena<sup>1,2</sup>, Canevini Maria Paola<sup>2</sup>

<sup>1</sup> Department of Psychology, University of Milan-Bicocca

<sup>2</sup> ASST Santi Paolo e Carlo Hospital of Milan

## Abstract

**Introduction:** Despite the confirmed relationship between maternal sensitivity and mentalization (Slade et al., 2005), there are few studies on this theme in relation to early motherhood. Moreover, there are few studies on the relationship between different aspects of maternal mentalization such as reflective function and mind-mindedness and sensitivity. The aim of the study was to evaluate the association between maternal attachment, reflective functioning, mind-mindedness and emotional availability in adolescent and adult mother-infant dyads.

**Method:** The participants were 44 adolescent mother-infant dyads and 41 adult mother-infant dyads. At infant 3 months mother-infant interaction was video recorded and coded with the mind-mindedness coding system (Meins et al., 2010) and EAS (Biringen, 2008); maternal attachment and reflective functioning were evaluated with the AAI (George et al., 1985; Fonagy et al., 1998).

**Results:** Adolescent mothers (vs. adult mothers) had lower reflective functioning, had more insecure attachment and were less sensitive towards their infants. They also used fewer attuned mind-related comments and more not mind-related comments. Moreover, in adult mothers RF was associated to their sensitivity and to infant responsiveness unlike the case with adolescent mothers. In both groups there were no associations between sensitivity and mind-mindedness.

**Conclusions:** In the adult mothers, RF was associated with the quality of the infant/mother relationship at 3 months. The lack of this association in the adolescent mothers leads to the hypothesis that other factors, such as frequent adverse childhood experiences, affect their sensitivity. The results concerning the link between RF and sensitivity in adult mothers, but not between mind-mindedness and sensitivity highlights that RF measures a more general maternal competence with respect to mind-mindedness, the latter being considered as more dependent on the activity and responsiveness of the infant.

# A COUNTERINTUITIVE RELATIONSHIP BETWEEN MIND MINDEDNESS AND ALEXITHYMIA

Di Dio Cinzia<sup>2</sup>, Giovanelli Chiara<sup>1</sup>, Lombardi Elisabetta<sup>2</sup>,  
Marchetti Antonella<sup>2</sup>, Meins Elizabeth<sup>3</sup>, Tagini Angela<sup>1</sup>, Carli Lucia<sup>1</sup>

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## Abstract

Mind-Mindedness (MM; Meins, 1997) is a construct referring to the adult's psychic functioning in the mother-child dyad and describes the caregiver's propensity to read and respond to *the child's* needs. Alexithymia is the inability of individuals to recognize and describe *their own* emotional states (Bagby et al., 1994). These theoretical frameworks refer to the most comprehensive construct of mentalization, since both MM and the absence of alexithymia facilitate the relational ability to understand minds.

In this study, carried out on 43 mothers, we investigated the relationship between MM (MM coding manual, v. 2.0) and alexithymia (Toronto Alexithymia Scale, TAS-20) in mothers when their children were 6 and 12 months old.

The results at 6m showed that cognitive MM significantly predicted overall TAS and that the cognitive dimension of MM was the most influential in predicting the TAS dimension of "identifying *own* feelings". The power of MM measured at 6m decayed in predicting TAS as measured at 12m.

The relationship between MM and TAS at 6m is in line with evidence showing that, after giving birth, mothers are biologically induced to tuning to the child (Winnicott, 1957). High scores on MM and TAS suggest, in fact, high levels of orientation towards the other and a decrease in attention to self, respectively. That is, the more the mother is mentally attuned to the child, the less she seems to identify her own feelings. Alternatively, the results suggest defensive functioning in mothers, when adapting to their children's need to separate, which would also justify changes observed at 12m.

Our data thus invite further reflections and caution in considering the relation that can be found between constructs that would "mentalistically" move in opposite directions but that, as it appears, may move in the same direction in the critical period after delivery.

# **PRIMARY CARE PSYCHOLOGY AND GENERAL MEDICINE COLLABORATION: EXPERIENCES, MODELS AND FUTURE PERSPECTIVES**

**Proposer: Cristofanelli Stefania<sup>1</sup>**

<sup>1</sup> University of Valle d'Aosta

**Discussant: Zennaro Alessandro<sup>2</sup>**

<sup>2</sup> University of Turin

## **Abstract**

In the Alma Ata OMS conference of the 1978 it's been stated that health, as a physical, social and mental condition of wellness, is a basic right; furthermore, primary health care has been defined as “the essential medical assistance, based on practical methods and appropriate, evidence-based and socially acceptable technologies, made available both to individuals and families in the collectivity, by their full participation, at a reasonable cost for them in every stage of their development in the self-determination and responsibility meaning. Primary care provides the first contact between individuals and the National Health Service; therefore, it plays a key role in the subjects' prevention, diagnosis and treatment. Thus, they constitute an essential social, health, economic and territorial resource to connect the existing levels of care and to ensure the citizens' physical and mental well-being. In this context, the role of psychology and psychologist is indispensable. The considerations regarding organizational models, cost effectiveness of interventions and emerging medical needs has been going for some time; in our country, however, it appears to be relatively silent, except by local groups and regional initiatives often unrelated to each other. The symposium aims to present the most significant research effort implemented in the Italian academic sphere concerning PCP interventions and psychologist-medic general medicine collaboration. The main purpose is to enhance knowledge and promote a greater sharing of models and best practice made by university research centers to improve the scientific debate, as well as encourage the improvement and development of good practices on the issue at national level.

# CLINICAL EFFICACY, HEALTH SYSTEM IMPROVEMENTS, AND COST-EFFECTIVENESS OF AN INTERVENTION OF PRIMARY CARE PSYCHOLOGY: THE TURIN PILOT STUDY

Liuzzi Michele<sup>1</sup>

<sup>1</sup> Department of Psychology, University of Turin

## Abstract

**Introduction:** Primary care psychology is one of the most important psychological challenges. It is an innovative project of theoretical, clinical and organizational response to the growth of the psychological diseases existing in primary care. 25% of GP patients report evident signs of psychological distress. WHO has estimated that depression in 2020 will be the second global disease after cardiovascular disease.

The aim of the Turin Pilot Study was to realize one of the first organic PCP interventions in collaboration with family doctors and organized according to the collaborative and gradual care model. The goal was to give a real response to the psychological distress highlighted above, and to verify the outcomes and organizational and cost-effectiveness indications, to be shared in the scientific community in order to stimulate the creation of primary care psychology services.

**Method:** for 15 months a group of psychologists in collaboration with two group medicines from Turin proposed a PCP intervention organized on two levels: 1) joint doctor-psychologist weekly consultations; 2) low / medium intensity psychological interventions. The psychological interventions involved a total of 96 patients for the entire period examined.

**Results:** the study found a significant improvement in clinical outcomes measured through the use of questionnaires (gad7, phq9, ghq12). It also detected a significant medical cost offset: -54% prescriptions of specialist visits, -18% pharmacological prescriptions, -24% GP visits.

**Conclusion:** the study shows that an appropriate PCP intervention is able to promote a noticeable improvement in psychological well-being, as well as an absolutely significant cost-effectiveness in terms of lower and better use of health resources by the citizens involved in the service.

# PSYCHOLOGICAL AND MEDICAL PRIMARY CARE: THE NEED TO MEET HALFWAY

Cafforio Giuseppe<sup>1</sup>, Cristofanelli Stefania<sup>1</sup>, Ferro Laura<sup>1</sup>, Martinengo Letizia<sup>1</sup>

<sup>1</sup> Department of Human and Social Sciences, University of Valle d'Aosta

## Abstract

**Introduction.** Integrated primary cares constitute a model of collaborative, multi-sectoral and multi-professional treatment involving General Practitioner (GP), psychologists and nurses. For a vast proportion of the population, primary care is becoming a kind of mental health service. Indeed, this common mental disorder is turning into a new and complex form of psychopathology that has a strong impact on health the organization of care system and costs. Here, is becoming crucial to search for new organizational forms and practices of mental care and treatment. These new organizational practices would help in gaining therapeutic efficacy and system efficiency based on: 1) a shared culture of mental care between the different practitioners involved; 2) organizational coordination of the local services. Starting from these premises the research project carried out in the Valle d'Aosta Region aimed at analyzing attitudes, beliefs and representations of GPs regarding the psychological distress in primary care and the possible multi-professional treatment model.

**Method.** The research project was based on two focus groups conducted according to topic guides method and involving a total of 14 GPs.

**Results.** The analysis of the focus groups revealed the main themes that will be discussed during the presentation: the clinical profiles of the patients, the critical issues in their management, the answers provided, the impact on the professional activity and, finally, the possible models of taking charge.

**Conclusions** Starting from research results it is possible to conclude that within primary cares work very different practitioners (such as psychologists, mental health and medical nurses providers and medical doctors) with very divergent and different interests. In order to provide an effective/efficient service, all these practitioners have to share knowledge able to develop a real integration that is the non-disintegration of the other.

# GIVING RESPONSES WHERE REQUESTS ARE BROUGHT: A PSYCHOLOGIST IN PRIMARY CARE

Di Trani Michela<sup>1</sup>, Di Monte Cinzia<sup>1</sup>, Solano Luigi<sup>1</sup>

<sup>1</sup> Department of Dynamic and Clinical Psychology, Sapienza University of Rome

## Abstract

**Introduction:** Childhood maltreatment have long-lasting effects on socio-emotional and behavioral development (Norman et al., 2012). Particularly maternal history of childhood maltreatment could increase the risk of perpetrating child maltreatment (Smith et al., 2014). Aims of our study were to examine the prevalence of adverse childhood experiences in a sample of adolescent mothers and the impact of these experiences on mother-infant emotion regulation at infant 3 months.

**Method:** 66 adolescent mother-infant dyads were recruited at the ASST Santi Paolo and Carlo Hospital of Milan. At infant 3 months, AAI (George et al., 1985) was administered to the mothers to evaluate maternal attachment; CECA scoring (Bifulco et al., 1994) was used to evaluate adverse childhood experiences. Mother-infant interactions were video-recorded and codified with a modified version of ICEP (Riva Crugnola et al., 2013) to analyze emotion regulation.

**Results:** 50% of the adolescent mothers reported at least one severe childhood experiences of neglect, antipathy or abuse. 64% of the adolescent mothers had an insecure attachment model. No significant association was found between maternal adverse childhood experience and maternal attachment. Dyads of adolescent mothers with adverse childhood experience and their infants (vs. dyads without adverse childhood experience) spent more time in Negative Match, Total Mismatch and less time in Total Match. Cumulative adverse childhood experiences were positively correlated with Negative Match and Total Mismatch and were negatively correlated with Total Match and Repair.

**Conclusion.** The study highlights the effectiveness of coding the parental adverse childhood experiences through CECA, in order to evaluate the adequacy of mother-infant interactions in the perinatal period. This evaluation is useful to pre-order interventions aimed at helping mothers in the elaboration of past traumatic experiences to foster their relationship with the child.



# PSYCHOLOGICAL AND NEUROPSYCHOLOGICAL ASPECTS IN SPECIFIC LEARNING DISORDERS

**Proposer: Stella Giacomo<sup>1</sup>**

<sup>1</sup> Department of Education and Humanities, University of Modena and Reggio Emilia

**Discussant: Savelli Enrico<sup>2</sup>**

<sup>2</sup> University of San Marino

## **Abstract**

Specific Learning Disorders are classified by the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders among the neurodevelopmental disorders that involve difficulties in reading, written expression, and/or mathematics and that are not primarily due to more general learning difficulty, such as intellectual disability or global developmental delay, nor to external factors (DSM-5; American Psychiatric Association, 2013). Despite the specific nature of the SLDs, numerous studies have found that these disorders can co-occur with other neurodevelopmental or mental disorders.

The aim of the symposium is the discussion of researches about psychological and neuropsychological aspects in Specific Learning Disorders.

Four studies will be presented.

The first research by Arina and colleagues is about social anxiety and the role self-concept in children and adults with and without SLDs.

The second research By Gennaro and Salvatore is focused on the role of anxiety and depressive symptoms in young adults with learning disorders according to a socio-cultural perspective.

The third research by Camia and colleagues describes neuropsychological aspects. In particular the author will talk about data on set-shifting abilities in two groups of children (with and without dyslexia) evaluated with an Alternate Fluency (AF) task already used and standardized by Costa and colleagues (2014) for adult population.

The last research by Scorza and colleagues concerns a preliminary study examining mothers' and fathers' reports on all of the eight CBCL syndrome subscales. The aim of the present study is to gain more in-depth knowledge about emotional and behavioral problems in Italian children and adolescents with SLDs.

This symposium underlines the importance of considering both the psychological aspects and neuropsychological profile in the clinical evaluation of SLDs.

# DIFFICULTY OF LEARNING AND SOCIAL ANXIETY. ROLE OF THE SELF CONCEPT AND PERCEIVED SELF-EFFICIENCY

Arina Sonia<sup>1</sup>, Stella Giacomo<sup>2</sup>

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<sup>2</sup> Department of Education and Humanities, University of Modena and Reggio Emilia

## Abstract

There is a circular relationship between scholastic learning, a self-concept, a sense of self-efficacy. The resulting global representation of self influences behavior and feeds back on the learning process (Chapman & Boersma, 1991). The aim of our study is to analyze the relationship between Specific Learning Disorders, self-concept, self-efficacy and social anxiety.

Social anxiety is generally found in varying degrees of student populations (Cooley, 2007), and individuals with learning disability (DSA) typically show more anxiety than students with typical development (Nelson & Harwood, 2011). Self-concept, academic performance and a sense of self-efficacy are strong predictors of social and emotional difficulties (Muijs, 1997).

Children with DSA experience a low sense of self-efficacy about their academic and social skills (Bursuck, 1989; Grolnick & Ryan, 1990). During primary school children with DSA begin to develop a poor, self-oriented image of themselves. towards a low profile (Ayres & Cooley, 1990; Clever, Bear, and Juvonen, 1992; La Greca & Stone, 1990), with a correlated increase in social anxiety levels (Cowden, 2009; Margalit and Shulman, 1986).

The study was conducted on a sample of 25 children (9 F and 16 M) with DSA, aged 8 to 10 years compared with a paired control sample, and on a sample of 15 adults diagnosed with DSA of aged between 24 and 43 years.

Instruments:

- Multidimensional anxiety scale: social anxiety sub-scale (March, 1997)
- Self-efficacy questionnaire (Pastorelli 2001)
- Battery for the evaluation of Evolutionary dyslexia (Sartori, Job. DDE-2, 2007)

The results show significant correlations between the variables of interest, calculated using the Pearson coefficient.

Academic self-efficacy-social anxiety, humiliation (p <0.01)

Social self-efficacy-social anxiety, humiliation (p <0.01)

Social anxiety, public performance-reading, number of errors (p <0.01)

Academic self-efficacy-Number of errors (p <0.01)

the results are in line with the literature, highlighting that the DSA subjects have a low sense of self-efficacy about their academic and social skills already in the first years of schooling.

# THE ROLE OF PERCEIVED LEARNING ENVIRONMENT IN SCHOLARS: A COMPARISON BETWEEN UNIVERSITY STUDENTS WITH DYSLEXIA AND NORMAL READERS

Gennaro Alessandro<sup>1</sup>, Salvatore Sergio<sup>1</sup>

<sup>1</sup> Department of History, Society and Human Studies, University of Salento

## **Abstract**

Studies focusing the role of anxiety and depressive symptoms in young adults with learning disorders show mixed results and few studies examined the effect of environmental factors on Learning Disorders. According to a socio-cultural perspective the present work aims to shed light on the role of perceived learning environment, namely school environment, relationship with peers and family support, as factor moderating the insurgence of anxiety and depressive symptoms in university students with Dyslexia. The study involved 51 university students: 19 dyslexics and 32 non-dyslexic students. Anxiety and depressive symptoms among the participants were examined with the Self-Administered Psychiatric Scales for Children and Adolescents (SAFA), while perceived school environment has been detected throughout Protective Factor Questionnaire (PFQ). A MANOVA tested a significant interaction effect concerning protective factors, Dyslexia condition and anxiety and depression symptoms. The following between subjects effects based on a Descriptive Discriminant Analysis shed light on the role of perceived learning environment in moderating university scholars depressive and anxiety feelings. Results highlighting the different role of perceived learning environment in anxiety depressive symptoms are discussed in terms of environment's role as moderating the insurgence of internalizing symptoms experiences that extend in student's career beyond the diagnosis.

# SET-SHIFTING ABILITIES IN CHILDREN WITH DYSLEXIA

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## Abstract

The role of the Executive Functions (EFs) in dyslexia is still unclear. In the recent literature several studies find dyslexia to be associated with an EFs impairment (Beneventi et al. 2010; Willcutt et al., 2005), whereas other authors don't find any association between dyslexia and difficulties in EFs tasks (Marzocchi et al., 2008). Moreover, the main studies evaluating EFs both in typically developing children and dyslexics have mainly focused on planning and problem solving, and working memory (e.g., Best et al., 2009; Reiter et al., 2005) while only few studies have focused on set-shifting. The set-shifting seems to have a central role in the linguistic elaboration, because it permits to rapidly switch between tasks or mental sets (Best et al., 2009).

The aim of this study is to investigate the set-shifting abilities in two groups of children, with and without dyslexia, using an Alternate Fluency (AF) task already used and standardized by Costa and colleagues (2014) for adult population. This study involved 22 adolescents, aged 11 to 14, with a diagnosis of developmental dyslexia (DD) and 124 typically developing (TD) peers. Three tasks were administered to two groups: Phonemic Fluency (PF), Semantic Fluency (SF) and Alternate Fluency (AF).

The results show a significant difference between the two groups in all the three tasks. Specifically, we found a lower performance in the adolescents with dyslexia with respect to controls (PF,  $p = .003$ ; SF,  $p < .001$ ; AF,  $p = .005$ ). Moreover both the two groups showed more difficulties in the PF task rather than in the SF and AF tasks.

In conclusion, this study supports the hypothesis of difficulties in the executive component represented by set-shifting in adolescents with dyslexia. These data underline the importance of considering this EF in the clinical evaluation and in the description of the cognitive profile of these adolescents.

# PSYCHOPATHOLOGICAL SYMPTOMS IN ITALIAN CHILDREN AND ADOLESCENTS WITH SPECIFIC LEARNING DISORDER: WHAT DO MOTHERS AND FATHERS REPORT ABOUT?

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## Abstract

International literature provides evidence that Specific Learning Disorders (SLD) may be associated with multiple dimensions of psychopathology. In contrast, only a small number of studies have focused on emotional and behavioral problems in Italian children and adolescents with SLD. The Child Behavioral Checklist (CBCL) is a measure of psychopathological symptoms widely-used in the clinical contexts in Italy. We therefore conducted a preliminary study examining mothers' and fathers' reports on all of the eight CBCL syndrome subscales. First aim was to examine the mothers' ratings on CBCL in a group of 22 Italian children and adolescents with SLD (mean age = 12.31, SD = 2.88) and 29 peers without SLD (mean age = 10.96, SD = 2.74). Second, concordances and differences between mothers and fathers of these children on CBCL were investigated. The children and adolescents with SLD obtained significantly higher Internalizing and Externalizing Total Scores, compared to peers without SLD. We discussed the relevance of early identifying Italian children with SLD to early contrast the risk of emotional and behavioral problems in these children. These findings underscore the need for further examination of the mother-father agreement on measures of psychopathological problems.

# **THINKING ABOUT TRAUMA: CONSCIOUSNESS IMPAIRMENTS, PERSONALITY DYSFUNCTIONS AND ATTACHMENT STYLE RELATED TO LIFE ADVERSE EVENTS**

**Proposer: Borroni Serena<sup>1</sup>**

<sup>1</sup> Faculty of Psychology, Vita-Salute San Raffaele University of Milan

**Discussant: Fossati Andrea<sup>2</sup>, Del Corno Franco<sup>3</sup>**

<sup>2</sup> Faculty of Psychology, Vita-Salute San Raffaele University of Milan

<sup>3</sup> Association of Research in Clinical Psychology (ARP) of Milan

## **Abstract**

Traumatic experiences have been consistently linked to future violence and victimization, mental disorders, depression, health risk behaviors, suicidality, chronic health conditions, decreased life potential, and premature death (e.g., Brown et al., 2009; Felitti et al., 1998; Gilbert et al., 2015; Metzler et al., 2017). Moreover, several studies documented significant relationships between adverse childhood experiences and personality disorders (e.g., Afifi et al., 2011), in particular childhood sexual abuse may play a particularly prominent role in the development of BPD although heterogeneity of findings and effect estimates of at best moderate size were frequently observed (Fossati, Madeddu, & Maffei, 1999).

From the mentalization perspective, Allen (2004, 2012, 2013) has elaborated a complex model of trauma using the framework of mentalizing, which links trauma to attachment theory by defining it as the experience of being psychologically alone in unbearable emotional states. This is potentially traumatic owing in part to the absence of social support for mentalizing. Although the broad literature available, the role of traumatic experiences in the development of mental disorders in particular personality disorders remain a controversial issue.

Starting from this consideration, the present symposium will show the current perspectives on the multifaceted sequel of psychological trauma, including severe problems with dissociation, emotion dysregulation and personality psychopathology. In particular, the symposium aims to address: a) the association between trauma and pathological narcissism; b) the relationship between verbal abuse experiences and personality dysfunctions; c) the interplay between trauma, affect dysregulation, and dissociation and d) the associations between psychological trauma attachment, mentalization and emotion dysregulation.

# THE RELATIONSHIP BETWEEN PATHOLOGICAL NARCISSISM AND PTSD AND COMPLEX PTSD

Borroni Serena<sup>1</sup>, Fossati Andrea<sup>1</sup>

<sup>1</sup> Vita-Salute San Raffaele University of Milan

## **Abstract**

The relationship between personality and the development of Post Traumatic Stress Disorders (PTSD) among trauma survivors is of theoretical and practical interest. However, empirical studies of the etiological role of narcissistic traits in the development of PTSD are missing. In order to assess the relationship between pathological narcissistic traits and PTSD and Complex PTSD (CPTSD) dimensionally assessed, in a clinical of 556 clinical participants we administered the Italian version of the Pathological Narcissistic Personality Inventory (PNI), the Five Factor Narcissism Inventory-Short Form (FFNI-SF) and the ICD-11 Trauma Questionnaire (Cloitre & Bisson, 2013) that evaluated both PTSD and CPTSD. According to our results, 125 (22,5) participants reported that they have been exposed to an extremely threatening or horrific event or series of events. In our sample, the pathological narcissism was significantly associated with self-report measures of PTSD and CPTSD. In particular, narcissistic vulnerability seems to be the narcissistic dimension specifically associated with PTSD and CPTSD dimensionally assessed. These results seem to suggest that narcissistically vulnerable individuals were prone to develop PTSD and CPTSD after an exposure to a traumatic event because they experience the traumatic event as a narcissistic injury, as a blow to their narcissistic illusion of invulnerability.

# THE VERBAL ABUSE: SOME CLINICAL REMARKS STARTING FROM A TOOL FOR ITS MEASURE

Oasi Osmano<sup>1</sup>, Vecchi Sara<sup>1</sup>, Gargaro Valentina<sup>1</sup>, Ruggi Simona<sup>1</sup>,  
Caverzasi Edgardo<sup>2</sup>

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## Abstract

A careful analysis of the literature reveals a significant association between being exposed by parents to traumatic events during childhood, particularly in various forms of neglect and various types of abuse (physical, sexual, emotional and verbal), and the development of Borderline Personality Disorder in adulthood. From this data, a self-report tool was developed, the Inventory of Verbal Abuse (VAI, Oasi and Vecchi, 2015), which is not yet present in Italy. In this research the inventory was administered to a normative group of 168 university students along with a battery of other instruments, already validated, investigating constructs close to verbal abuse. At the same time, the battery was administered to a clinical group of 28 patients diagnosed with Borderline Personality Disorder. The descriptive statistics of both groups and of the instruments, as well as the correlation indexes between the scales of each instrument used and those of the VAI, were calculated. The results showed that the mean values of the VAI scales (semantic level of communication, particular tone of voice, high sonic intensity) have a similar score during childhood and adulthood, according to the literature that states that verbal abuse is the most stable form of abuse (McGowan et al., 2012). Many statistically significant correlations emerged between the VAI scales, demonstrating that the instrument measures related aspects of the same construct. Indeed, comparing results obtained from normative and clinical group, the VAI shows good discriminant properties. The study has some limits (such as the small number of participants), but it shows interesting results about the evaluation of this kind of abuse and its clinical implications.



# AFFECT REGULATION THERAPY FOR PERSONALITY DISORDERS

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## Abstract

Affect dysregulation is at the basis of all the dysfunctional behavior and psychopathology of personality disorders. In this presentation I will illustrate a method for work with personality disorders that follows the main strategies of a psychoanalytic psychotherapy aimed at regulating the negative affects and mainly the aggressiveness and deficit in self-esteem stemming from various levels of interpersonal traumatization.

The first level of traumatic etiology, following Allan Schore's interdisciplinary research, is early relational trauma (a lack of attunement between mother and child); the second level, which might cumulate to the first, is severe deprivation, maltreatment and abuse, the traumatic effects of which have been explored by Sandor Ferenczi, who also spoke of "identification with the aggressor" (1932). I will illustrate how the internalized negative affects stemming from the abuse, rooted in the victim-persecutor internal dyad, often result in attacks onto the body and other pathologies rooted in the body (eating disorders, substance abuse, psychosomatics and suicidality). This long term abuse is what creates the vulnerability towards Complex PTSD as described by PDM-2 (Lingiardi and McWilliams, 2017), in opposition to DSM-5 view that still does not recognise the pathological effects on personality and mental health of long term neglect and abusive relationships.

I will present clinical cases to show how the main findings of attachment theory, disorganized attachment and dissociation (Liotti, 2014), early relational trauma and the development of the two hemispheres (Schore, 1994, 2003a, 2003b, 2012) and psychodynamic interventions (Kernberg, 1984, 2015) can best be put to use in psychotherapy in conjunction with relational psychoanalytic processes to foster health and improve agency and self-regulation of negative affects and compulsive and destructive behavior.

# ATTACHMENT, MENTALIZATION AND EMOTION REGULATION: WHAT RELATIONSHIP WITH THE PSYCHOLOGICAL TRAUMA?

Baldoni Franco<sup>1</sup>

<sup>1</sup>Attachment Assessment Lab, Department of Psychology, University of Bologna

## **Abstract**

Research on mentalization processes and knowledge on brain activity recently acquired by neurosciences have allowed to identify mental functions and processes involved in the regulation of emotions and impulses, including aggressive ones. People who have experienced maltreatment or neglect during childhood (developmental trauma), or other psychological traumas, show an inhibition of the prefrontal areas with a deficit in the mentalizing processes (Van der Kolk, 2014). In these cases, emotions (and the related physiological states) are not regulated and the impulses can be uncontrolled manifested in the form of acting-outs or generalized reactions, such as Fight-or-flight or Freezing. The same people will tend to present dissociative symptoms and to control mental tension using external regulators of emotions (smoking, alcohol, drugs, physical or compulsive sexual activity, internet abuse) that will promote the exhibition of maladaptive behaviors and addictions (Baldoni, 2014).

Two clinical cases undergoing dynamic psychotherapy and assessed through Adult Attachment Interview (coded according to the Dynamic-Maturative Model, DMM) will be described. In these patients the alteration of mentalization processes, and the consequent emotional dysregulation and maladaptive behavior, can be interpreted as the result of the non-resolution of a traumatic experience.

Knowledge acquired on attachment and mentalization in psychological trauma can open new perspectives in the psychotherapy of impulse control and emotional regulation problems (panic attacks, antisocial and violent patients, personality disorders), abnormal illness behavior (somatization, functional disorders, hypochondria) and dissociative and post-traumatic disorders. In these cases, interventions based on rational and conscious aspects are not very effective, while therapist's non-verbal behavior and interventions focused on the body experiences are more important for the treatment.

# TECHNICAL AND RELATIONAL FACTORS IN PSYCHOTHERAPY

**Proposer: Lingiardi Vittorio<sup>1</sup>**

<sup>1</sup> Sapienza University of Rome

**Discussant: Colli Antonello<sup>2</sup>**

<sup>2</sup> Carlo Bo University of Urbino

## **Abstract**

As suggested by several authors, the “interpretation vs. relationship” dialectic seems to be outdated and more attention is now dedicated to the mutual interdependence of both elements. As emphasized from the beginning by the authors of the “relational turn”, the significance of each technical intervention has to be considered in the relational context. The same technical intervention can produce a positive or negative impact on the therapeutic alliance. The therapist’s contribution to therapeutic alliance includes both relational (i.e., empathy or tact) and technical factors (reframing or interpretation). If from the one hand, the therapeutic alliance is a “curative” factor in itself, on the other it can be considered a necessary but not sufficient condition: it can be influenced by technical factors, and its influence can be different depending on the treatment approaches.

The panel includes four contributions characterized by different methodologies (process-outcome studies, single case), treatment orientation (psychodynamic, cognitive), and settings (individual psychotherapy, group treatment). Del Giacco et al. investigate the relation between the unfolding of therapeutic alliance construction and verbal content, quality of voice and interruption behaviours along 15 sessions of a brief psychodynamic therapy of a young adult. Brasini et al. discuss the role of the motivational system in the ruptures’ and resolutions’ process in a sample of 60 sessions of cognitive approach. Gullo explores how intrapersonal congruence of group relationship is associated to group member outcome in a sample of 168 obese patients in cognitive treatment. Gentile & Condino analyze the predictive association between therapist’s interventions, alliance ruptures and resolutions and sessions’ depth in a sample of 130 psychodynamic and cognitive sessions of 65 patients with and without personality disorders.

# **THERAPEUTIC ALLIANCE DEVELOPMENT: THE CONTRIBUTION OF VERBAL CONTENT, VOICE QUALITY AND INTERRUPTION BEHAVIORS IN THERAPIST AND PATIENT INTERACTIONS**

Del Giacco Luca<sup>1,2</sup>, Contro Michele<sup>2</sup>, Salcuni Silvia<sup>2</sup>

<sup>1</sup> Departamento de Psicología Social y Psicología Cuantitativa, Universidad de Barcelona, Spain

<sup>2</sup> Department of Developmental Psychology and Socialisation, University of Padua

## **Abstract**

The therapeutic alliance, as a predictor of psychotherapy outcome (Ardito, & Rabellino, 2011), is a collaborative relationship which varies through different phases of the therapy (Lingiardi et al., 2016) and is influenced in its quality by patient and therapist's contributions (Koole, & Tschacher, 2016). Involved actors' voice quality, conveying meanings without verbal language (Russell, 2013), contributes to building such a collaborative interaction. Very recently the Communicative Modes Analysis System in Psychotherapy (CMASP; Del Giacco et al., 2018) was developed on a performative function of language derived from the Speech Act Theory (SAT, Searle, 2017) according to which "by saying something we do something". Language as an action would enclose the essence of the therapeutic relationship: co-construction of meanings through language is what determines the change (Dagnino et al., 2012). Therefore, the communicative and interactive action of both patient and therapist allows to co-construct the meanings within psychotherapy through verbal (content) and extra-linguistic (voice quality and interruptions) behaviors. The aim of this paper is to examine the relation between the unfolding of therapeutic alliance construction and verbal content, quality of voice and interruption behaviors along 15 sessions of a brief psychodynamic therapy of a young adult with depressive symptomatology (BDI-II; Italian version: Ghisi et al., 2006). The Collaborative Interactions Scale-Revised (CIS-R; Colli et al., 2014) to assess alliance and the CMASP for the indirect observation of actors' verbal and extra-linguistic behaviors were applied on transcripts. Intra and intersession analyses (descriptive statistics, lag-log sequential and T-pattern analysis) were performed. The integration of nonverbal interaction dimensions with standardized evaluation, as well as the presence of repeated communicative patterns, provide evidence about how alliance develops.

# THE INTERPERSONAL MOTIVATIONAL SYSTEMS IN THE ATTUNEMENT PROCESS

Brasini Maurizio<sup>1</sup>, Kleinbub Johann Roland<sup>2</sup>, Marciano Jessyka<sup>3</sup>, Scarcella Franca<sup>4</sup>,  
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<sup>1</sup> Specialization School in Cognitive Psychotherapy (SPC), Guglielmo Marconi Telematic University of Rome

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<sup>4</sup> UOC Mental Health District A DSM ASL VT

## **Abstract**

When we say that we are on a same wavelength with somebody, or that our hearts beat as one, it may seem that we are describing the feeling of interpersonal attunement through embodied metaphors. However, empirical evidences from the developmental psychology and, more recently, from the social neurosciences field, confirm that the feeling of deep nearness and of shared experience we may obtain with the others are actually grounded on psychophysiological synchronization processes (Palumbo, 2016). These recent findings enlighten our understanding of the underlying mechanisms of the therapeutic alliance and give us a promising outlook on the clinical work (Finset, 2017).

The Evolutionary Theory of Motivation (ETM) by Liotti and colleagues (2017) provides a framework for the observation and for the comprehension of the reciprocal attunement mechanisms at the interpersonal motivational level. We hypothesize that the neurophysiological and behavioural synchronization processes would correspond to a relentless work of reciprocal attunement in the interpersonal motivational organization, in which the basic evolutionary goals orient the relational intentions. As in any other relationship, the spikes of motivational attunement in the therapeutic alliance would give rise to pleasant “meeting moments”, whereas the loss of attunement would lead to unpleasant ruptures in the alliance.

# **THERAPEUTIC RELATIONSHIPS IN GROUP TREATMENT: THE RELATIONSHIP BETWEEN INTRAPERSONAL CONGRUENCE AND GROUP MEMBER OUTCOME**

Gullo Salvatore<sup>1</sup>, Oieni Veronica<sup>2</sup>

<sup>1</sup> Niccolò Cusano University of Rome

<sup>2</sup> University of Palermo

## **Abstract**

Introduction: Research on group psychotherapy has reported consistent findings about the effect of “group relationship” on patient’s outcome. Up till now, relationship in group has basically studied as average of the group members’ perception or as interpersonal agreement, that is the difference (or convergence) between single member’s perception and the other group members’ perception of the relationship between participants. However, in group, each single member experiences more relationships concurrently which are not always congruent with each other. In this study we focused on intrapersonal congruence, defined as differences between how a group member perceived her/his relationship with the group leader and the other group members. The main aim of the present work is to explore how intrapersonal congruence of group relationship was related to group member outcome.

Methods: Participants were 168 patients (116 women) diagnosed as obese who participated in one of twenty 12-session groups emphasizing a cognitive-behavioral approach to weight management. Group members completed the Outcome Questionnaire-45 pre-and post-treatment and the Group Questionnaire-30 at an early, middle and late group session. Polynomial, multi-level regressions and response surface analyses were used to examine congruence and incongruence in relationships to the leader and relationships to the group members on the dimension of group relationships.

Conclusion: Contrary to our hypotheses, decreasing relationships with the leader and other group members across time were not related to symptom reduction. However, in early sessions, when group members reported high negative relationships with both the leader and the group members they had less symptom improvement; conversely, when they reported low negative relationship with both the leader and the group members they had greater symptom improvement.

# THERAPIST'S INTERVENTIONS AND RUPTURES AND RESOLUTIONS OF THERAPEUTIC ALLIANCE IN PATIENTS WITH AND WITHOUT PERSONALITY DISORDERS

Gentile Daniela<sup>1</sup>, Condino Valeria<sup>2</sup>

<sup>1</sup> Department of Dynamic and Clinical Psychology, Sapienza University of Rome

<sup>2</sup> Department of Humanities, Carlo Bo University of Urbino

## Abstract

This study explores the relationship between therapist's interventions and ruptures and resolutions processes of therapeutic alliance in patient with and without personality disorders. We also present the revised version of the *Collaborative Interactions Scale Revised* (CIS-R; Colli, Gentile, Condino, & Lingiardi, 2017), an observer-rated measure for the assessment of therapeutic-alliance ruptures and resolutions. Our aim is to investigate the predictive effect of the therapist's techniques on the patient's collaborative processes in relation to session's depth and patient's insight. Specifically, we hypothesize that the effect of expressive interventions (focus on the affects, on the relational patterns, on the "here and now" of the relationship) on the patient's collaboration is influenced by the level of depth and insight. Method: three raters conducted a blind evaluation of a sample of 130 sessions (390 segments; 7,214 narrative units) with 65 patients (33 had a PD diagnosis and 32 had a DSM-5 clinical syndrome diagnosis without a PD). Measures: CIS-R (Colli, et al., 2014, 2017) to evaluate the ruptures and collaborative processes in the session; CPPS (Hilsenroth et al., 2005; Gentile & Tanzilli, 2015) to assess therapist's interventions; SEQ-D (Stiles & Snow, 1984a) to describe the session's depth of elaboration. Results: The linear regression evidenced that the expressive interventions are predictive of alliance ruptures in patients with PDs in presence of low level of insight and session's depth. The expressive interventions are predictive of collaborative processes in patients without PDs in presence of good level of insight and session's depth. Conclusions: The application of the scale seems to confirm that — as evidenced by the former version (Colli & Lingiardi, 2009) — also the CIS-R is a reliable rating system that is useful for both empirical research and clinical assessments. Clinical implications of these results will be discussed.

# **CHALLENGING FACED BY PARENTING: FROM “SPECIAL NEEDS” CHILDREN TO “SPECIAL NEEDS” PARENTS**

**Proposer: Pazzagli Chiara<sup>1</sup>**

<sup>1</sup> Department of Philosophy, Social Sciences and Education, University of Perugia

**Discussant: Tambelli Renata<sup>2</sup>**

<sup>2</sup> Department of Dynamic and Clinical Psychology, Sapienza University of Rome

## **Abstract**

A multitude of factors influence the quality of parenting - biopsychological, dyadic, contextual, historical. Parenting is undoubtedly a complex process, also considered as a developmental process that furthers the unfolding capacities of the adult self (Lieberman, 2018). As Bornstein (2002) stated, the origins of parenting are complex, but certain factors are of obvious importance: also children affect parenting. Parent's psychological characteristics and wellbeing, and child's features influences on one another. The present symposium will concern with some facets of parenting in which this dynamic range and complexity is particularly in the forefront.

The aim is to examine the specific challenges faced by parents in rearing their children, when children have “special needs” or when parents went through, or are dealing with, own health problems.

The first contribution will deal with parenting experiences, parent-child interactions and child development in a sample of mothers with a cancer diagnosis, as compared with a group of healthy women.

The second contribution will concern the specific challenges unique to adoption that makes parenting more critical for adoptive parents, specifically it will highlight the role of the open family communication as one of the main protective factors within the context of adoptive parents.

The last contribution will deep the role of parenting behaviors in families with a child with ADHD. In order to understand which specific parenting related aspects result dysfunctional in ADHD families, the study investigates the role of some parenting characteristics on ADHD children's symptomatology.

The results of the contributions to the Symposium will be discussed with a particular attention to the interplay between parents' and children features in shaping critical parenting issues.



# PARENTING EXPERIENCES IN A SAMPLE OF MOTHERS WITH A CANCER DIAGNOSIS

Babore Alessandra<sup>1</sup>, Bramanti Sonia Monique<sup>1</sup>, Cavallo Alessandra<sup>1</sup>, Lombardi  
Lucia<sup>1</sup>, Trumello Carmen<sup>1</sup>

<sup>1</sup> Department of Psychological, Health, and Territorial Sciences, G. d'Annunzio  
University of Chieti-Pescara

## Abstract

Cancer diagnosis, treatment, and treatment side effects can lead to physical, psychological and interpersonal consequences (Inhestern, 2017; Hagedoorn, 2008). About the 24% of cancer patients has children, so issues of cancer treatment may interfere with normal parenting challenges during childhood and adolescence (Semple, 2010). The aim of the present study was to explore the impact of cancer diagnosis on parenting involvement, parent-child interactions and child development.

The sample comprised 144 women, divided into two groups: a clinical group (N = 63) with females with a cancer diagnosis in their lifetime and a control group (N = 81) of healthy mothers.

The sample was administered the following self-report instruments: Parenting Stress Index (PSI; Abidin, 1995), Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) and Alabama Parenting Questionnaire (APQ; Frick, 1991). Differences between the two groups on mean scores were computed through univariate ANOVAs.

As regards the APQ, the clinical group showed higher levels of supervision and monitoring ( $p < .01$ ) and lower levels of positive involvement with children ( $p < .01$ ). As far as the PSI, we observed higher scores of parent-child dysfunctional interactions ( $p < .05$ ), difficult child ( $p < .01$ ) and total stress ( $p < .01$ ) in the clinical group than in the control group. In reference to the SDQ, more peer problems ( $p < .05$ ) and a higher score in total difficulties ( $p < .05$ ) were detected among children of the clinical group when compared with the control group. Further analyses will explore differences among mothers according to the time of cancer diagnosis (i.e., before or after the childbirth).

Overall our findings indicated that the cancer and its treatment represent complex issues that require deeper knowledge and wider investigations to help women and their families to deal with such a traumatic event.

# ADOPTIVE PARENTING AND THE ROLE OF AN OPEN FAMILY COMMUNICATION AS PROTECTIVE FACTOR

Santona Alessandra<sup>1</sup>, Raymondi Marina<sup>2</sup>, Parolin Laura<sup>1</sup>

<sup>1</sup> University of Milan-Bicocca

<sup>2</sup> Italian Center for Aid to Children (CIAI)

## Abstract

Introduction: Research studies on adoption highlights that an open family communication -OPF- is one of the protection factor in fostering a good emotional and psycho social adaptation (Mani et al., 2014).

Moreover, the opportunity to openly discuss about the experience of adoption within the components of the family is important to encourage coherent narrative which are the basis of one's own identity and the ability of resilience.

This project describes how OPF works in children adoptions and impacts on child integration into the new family context/environment.

Hypotheses: This study aims to explore the process of adoption by investigating the role of OPF. A particular focus will be on the formal reports which are periodically prepared by the clinicians of the adoption center in order to monitor the adoption process.

Sample: 374 Italian cases of post-adoption follow-ups recruited in a Center for International Adoption - CIAI.

Instruments: The present research includes post-adoption follow-ups reports that are compulsory documents which clinicians are due to prepare for both the child country of origin and adoptive family country (Italy). These reports are based on the follow up interviews that are conducted by the clinicians working at the CIAI. Reports are analysed on the basis of a specific coding grid created to operationalize different topics: specific attention will be driven to open communication.

Conclusion: Preliminary data encourage the idea that parent's open communication helps the child psychological functioning integration and facilitates the creation of good substitute emotional relationships.

# FAMILY AND PARENTAL CHARACTERISTICS IN MOTHERS AND FATHERS OF CHILDREN WITH ADHD

Mazzeschi Claudia<sup>1</sup>, Cavallina Clarissa<sup>1</sup>, Buratta Livia<sup>1</sup>, Pazzagli Chiara<sup>1</sup>

<sup>1</sup> Department of Philosophy, Social Sciences and Education, University of Perugia

## Abstract

The understanding of ADHD has considerably changed during the last decades. In the trajectory of ADHD the roles of genetic and environmental factors are considered to be intimately intertwined. In the last two decades, parenting behaviors have been studied in families with ADHD, and more recently a few studies considered parent's attachment patterns in this context. Family factors are seen as contributing to ADHD partly in an etiological way and, more recently, partly as moderators and mediators of child outcomes and treatment effects. Understanding which specific parenting related aspects result dysfunctional in ADHD families is considered particularly important (Chronis et al., 2004). With a case-control study, the aim of the present study is to investigate the role of some parenting characteristics on ADHD children's symptomatology. A clinical sample of 41 mothers and 41 fathers of 41 8-11 yrs. old ADHD children was recruited and compared with a non clinical one, matched in terms of the number of participants (41 mothers, 41 fathers and 41 children), children's age and family SES. Three levels of family and parental functioning were investigated: parental psychopathology (anxiety – STAY Spielberg et al. 1983; and depression – CES-D, Radloff, 1997), parental alliance (PAM, Konold & Abidin, 2001) and parental reflective function (PRFQ, Luyten et al., 2017); the Connors Rating Scales-Revised-*Short Form* and the SDQ were used in order to assess the severity of children's symptomatology. Results show that mothers of ADHD children reported significantly higher scores than mothers of typically developing children in depression ( $t = 3.01, p = .003$ ) and lower parental alliance ( $t = -2.43, p < .017$ ). Both in mothers and fathers PRF resulted to be more impaired, with lower mentalizing abilities ( $p < .001$ ). These last data, in particular, represent a new finding which can guide future research on treatment interventions. The contribution of father's role is also discussed.

# EVALUATION METHODS AND INTERVENTIONS FOR NEURODEGENERATIVE DISORDERS IN CLINICAL PSYCHOLOGY

**Proposer: Fulcheri Mario<sup>1</sup>**

<sup>1</sup> Department of Psychological, Health, and Territorial Sciences,  
G. d'Annunzio University of Chieti-Pescara

**Discussant: Palomba Daniela<sup>2</sup>**

<sup>2</sup> University of Padua

## **Abstract**

The current session aimed at providing an update on Clinical Psychology evaluation methods and interventions in patients presenting with a medically documented diagnosis of neurodegenerative disorder. The session starts off with Carrozzino, Patierno, Siri, Bech, and Fulcheri who evaluated symptoms of psychological distress in Parkinson's disease patients. They focused on a clinimetric approach to perform this psychological assessment. Then, Carletto, Borghi, Bertino, and Ostacoli tested the effectiveness of a group-based body-affective mindfulness intervention on depressive symptoms. They focused the randomized controlled trial on patients with multiple sclerosis. Finally, Cristini, Simeone, and Fulcheri performed a critical review study by highlighting the clinical utility of psychotherapy in old people with mild cognitive impairment or Alzheimer's disease. Albeit from different research perspectives and diverse theoretical backgrounds, all of the presenters will stress on the importance of Clinical Psychology for evaluating and treating psychological factors affecting patients with neurodegenerative disorders.

# **SYMPTOMS OF PSYCHOLOGICAL DISTRESS IN PARKINSON'S DISEASE: A CLINIMETRIC ANALYSIS**

Carrozzino Danilo<sup>1,2</sup>, Patierno Chiara<sup>1,3</sup>, Siri Chiara<sup>4</sup>, Bech Per<sup>2</sup>, Fulcheri Mario<sup>1</sup>

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<sup>3</sup> Department of Dynamic and Clinical Psychology, Sapienza University of Rome

<sup>4</sup> Parkinson Institute, ASST G. Pini-CTO, ex ICP, Milan

## **Abstract**

Symptoms of psychological distress in Parkinson's Disease (PD) have been widely investigated. However, to date no research study performed a clinimetric analysis aimed at evaluating how much these symptoms have been bothering patients with PD. The aim of the current research study was therefore to assess the severity of symptoms of psychological distress in PD patients.

The Derogatis self-rating scale well-known as SCL-90 and its subscales were analyzed according to clinimetric principles by combining the Mokken analysis with effect size statistics. Sample consisted of non-demented outpatients presenting with a medically documented diagnosis of PD. Healthy participants from Italian general population were used as control sample.

The effect size of specific symptoms was above the significant level of 0.80, indicating that psychological distress in PD patients reached clinically intense levels. From a measurement point of view, it was found that only specific SCL-90-R were particularly valid as screening candidates for detecting the magnitude of these symptoms.

Psychological distress and its main clinical manifestations in PD deserved the adequate attention in terms of evaluation procedures and treatment plans by neurologists and clinical psychologists.

# THE EFFECTIVENESS OF A BODY-AFFECTIVE MINDFULNESS INTERVENTION FOR MULTIPLE SCLEROSIS PATIENTS WITH DEPRESSIVE SYMPTOMS

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## Abstract

**Introduction:** Multiple Sclerosis has a great impact on psychological functioning of patients and can be associated with various mental symptoms. Depression affects from 15 to 47% of Multiple Sclerosis patients, with an estimated lifetime prevalence of 50%. Mindfulness interventions have been shown to treat depressive symptoms and improve quality of life in patients with several chronic diseases, including also Multiple Sclerosis, but none study compared the intervention with an active control group.

Therefore the primary aim of the study is to evaluate the effectiveness of a group-based body-affective mindfulness intervention on depressive symptoms as compared with a psycho-educational intervention.

**Methods:** Of 90 multiple sclerosis patients with depressive symptoms who were randomized, 71 completed the intervention (mindfulness group  $n = 36$ ; psycho-educational group  $n = 35$ ). The data were analyzed with GLM repeated-measures ANOVA followed by pairwise comparisons.

**Results:** Results revealed a time by group interaction on Beck Depression Inventory-II score, with the mindfulness intervention producing a greater reduction in score than the psycho-educational intervention, both at T1 and at T2. Furthermore, the mindfulness intervention improved patients' quality of life and illness perception at T1 relative to the baseline and these improvements were maintained at the follow-up assessment (T2). Lastly, both interventions were similarly effective in reducing anxiety and perceived stress; these reductions were maintained at T2.

**Conclusion:** In conclusion, these results provide methodologically robust evidence that in multiple sclerosis patients with depressive symptoms mindfulness interventions improve symptoms of depression and anxiety and perceived stress, modulate illness representation and enhance quality of life and that the benefits are maintained for at least 6 months.

# PSYCHOTHERAPY IN ELDERLY PEOPLE: PSYCHODYNAMIC ASPECTS

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## Abstract

**Introduction:** The psychotherapeutic process is in essence an individual path for learning, research, discovery and greater awareness of oneself. In old age it is always possible to learn, know more about oneself and overcome new challenges.

**Methods:** In elderly people, psychodynamic psychotherapy is governed by patient's biographical and personality characteristics, their current needs and conditions, and by the environment - family, social, cultural, residential - in which they live and interact.

**Results:** In old age, the relationship between therapist and patient implies a particular dynamic dialectic which is influenced by: duration of unresolved suffering and problems, rare use of introspection and mental exercise, social marginalization, reduced life expectancy, the relevance of somatic symptoms, accumulation of losses, pseudo-demential behaviours, an inversion of Oedipus principal, but also the belief about human existence, life and old age by the patient and the therapist. In old age, depression represents the most frequent psychic suffering: there may have been experiences of separation and emotional losses. In fact, in the psychotherapy of elderly people the themes most frequently are expressed: the feelings of loss or loneliness; a narcissistic problem; identity crises, sexual disorders; changes in social roles; a sense of existential void; low self-esteem, and fear of dementia and death. A complication of psychotherapy is the emergence of somatic problems, more frequent with increasing age and in older institutionalized people. In depressive disorders of the elderly, it is not always easy to distinguish between organic factors and psychic ones.

**Conclusions:** In elderly people, psychotherapy deals with both the biographical issues and the specific problems of old age. In the therapeutic relationship, elderly patients may reconsider and recompose their emotions, and their memories with respect to their early experiences.

# **PATIENT EXPERIENCE AND PATIENT ENGAGEMENT: A CLINICAL PERSPECTIVE**

**Proposer: Freda Maria Francesca<sup>1</sup>**

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**Discussant: Molinari Enrico<sup>2</sup>**

<sup>2</sup> Catholic University of the Sacred Heart of Milan

## **Abstract**

The health system is currently undergoing profound changes both in the medical field and in the social field. In that changeable context, the steady increase of chronic conditions has particular relevance. Chronic illness today represents a real economic, political, and social emergency for care systems of western welfare states. On the one hand, chronicity can be considered as a result of recent medical successes, inasmuch it permits to survive to conditions, which early were considered without treatments. On the other hand, chronicity requires psychological, emotional and relational resources to foster developmental processes within irreversible health conditions. These changes and phenomena are creating new opportunities of dialogue between psychology and medicine. There is the need for a new focus on the patient's experience, on the processes of subjectivization of the disease, and on the factors that contribute to a better understanding and management of the illness. At the same time, the development of new relational strategies is required no longer relying on paternalistic relational approaches, but on shared strategies of disease management, promoting processes of autonomy and patient empowerment, integrating medical practices and psychological functions. The symposium discusses these issues through qualitatively driven methods aimed at exploring the perspectives of different actors in this relational field: patients, caregivers, health workers, families and parents.



# A RESEARCH ABOUT THE EXPERIENCE OF CHRONIC DISEASE IN PEDIATRICS ACCORDING TO PARENTAL SENSE OF GRIP ON THE CHRONIC DISEASE

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## Abstract

**Introduction.** In Pediatrics, parents play a crucial role in the management as well as in the elaboration and signification of their children's chronic disease (Fivush, 2006; Lecciso & Petrocchi, 2012; Streisand et al., 2001). In this work, we discuss the Parental Sense of Grip on the Chronic Disease as a psychological construct aimed at exploring the processes of comprehension, management and communication of the chronic disease in pediatrics.

**Method:** Within a qualitatively-driven research design we carried out a narrative analysis of the parental meaning making processes of the disease experience in three clinical contexts (Hereditary Angioedema, Type 1 Diabetes and Juvenile Rheumatoid Arthritis). Narratives have been collected by an ad hoc interview (on the areas of interpretation, dialogical processes and management of the disease) and have been analyzed by a had hoc coding grid. Statistical analyses (nonhierarchical cluster analysis, chi square test, linear regression model) have been carried out to identify profiles of Parental Sense of Grip on the Disease and to validate the construct with reference to a number of additional data: a) the Reaction to Diagnosis Interview -in terms of Resolution/non-Resolution of the Diagnosis (Marvin & Pianta, 1996)-, b) the years from the diagnosis, and c) the specificity of the disease.

**Results:** Four profiles of the Parental Sense of Grip on the Chronic Disease have been identified and discussed: 1. Executive; 2. Limiting; 3. Reactive; 4. Dynamic. Data analysis showed a significant correlation between profiles of the sense of grip, profiles of the resolution of the diagnosis and specificity of the disease.

**Conclusion:** The construct of Parental Sense of Grip on the Chronic Disease allows to interpret the arduous process of elaboration of the disease of a child from a psychological perspective, and gives a guidance in drawing up interventions aimed at fostering patients' autonomy and parental competencies in the management of the disease.

# QUALITY OF LIFE, BEHAVIORAL AND EMOTIONAL PROBLEMS IN EPILEPTIC PATIENTS COMPARED WITH HEALTHY CHILDREN

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## Abstract

**Introduction.** The diagnosis of child's epilepsy may represent a destabilizing experience affecting parental sense of confidence and ability to support the child's quality of life.

Literature showed that the quality of life of children affected by epilepsy is strongly influenced by underpinning internalizing/externalizing symptoms, suggesting the importance of assessing emotional and behavioral problems in these children.

**Method.** The aim of this study was two-fold: to investigate parents' and children's perception of quality of life when the child is affected by idiopathic epilepsy in relation with internalizing and/or externalizing problems; to compare this data with a control sample of children with normative development. The sample was composed of 27 parent-child couples with children affected by idiopathic epilepsy (age between six and twelve years old). A control group was recruited.

**Measures:** the Child Behaviour Check List 6-18 (CBCL) and the Pediatric Quality of Life Questionnaire (PedsQL), version for children and parents, were completed.

**Results.** In the clinical sample, higher levels of child's internalizing problems, as rated by parents, were correlated to lower levels of psycho-social and physical health whereas increased levels of child's externalizing problems were correlated with lower levels of physical health.

These relations, however, were not confirmed regarding children's perception of quality of life when having epilepsy. Results on the differences between the clinical group and the control group will be also presented.

**Conclusion.** For parents of children having a diagnosis of epilepsy, but not for children, a significant association between children's behavioral and emotional problems and a lower quality of children's life was found. On the clinical level it would be useful to deepen the child's perception of emotional-behavioral problems and to address any discrepancy in child-parents' perception concerning internalizing/externalizing problems.

# PROTECTIVE CONNECTION VS EMPOWERING CONNECTION THERAPEUTIC RELATIONSHIP AS A MEDIATOR OF PATIENTS' INVOLVEMENT IN RISK MANAGEMENT IN PSYCHIATRY

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## Abstract

Mentally ill patients' empowerment and engagement are top priorities widely acknowledged by the scientific community. Risk management is one of the core elements founding the process of care, strictly related to the therapeutic alliance. Involving patients in this specific task could be considered by healthcare providers (HPs) demanding and challenging to achieve.

Therefore, aim of the present study is to explore, by applying a mixed method approach, HPs' attitudes toward patients' empowerment in risk management.

A sample composed of 95 HPs (mainly nurses) employed in 4 different Psychiatric Services of Verona participated in 1 hour-focus group discussions (fgs). All the material, audiotaped during the 12 fgs, was transcribed and analysed qualitatively and quantitatively (through a content analysis and a coding system developed on the basis of the topics expressed by participants).

The total number of focus groups contributions was 1252. Most of the contributions referred to the thematic area *Treatment and Cure* (69%, n=529), followed by *Emergency management* (21%, n=159) and *Diagnosis and Assessment* (7%, n=57). HPs outlined during their discussions on *Treatment and Cure* almost the same amount of critical issues (n=114) and strategies (n=142).

The application of a multilevel codification system associated with qualitative text analyses suggests that the emotional and cognitive connection with patients has a therapeutic and strategic role in their involvement in the decisions referred to their safety (empowering connection). Nevertheless, HPs also underlined that decisions, implying an increase in the control that HPs have to exercise in order to protect patients (protective connection), can negatively affect the therapeutic alliance.

# MODELS AND ASSESSMENT TOOLS OF PARENTHOOD AT RISK IN THE PERINATAL PERIOD

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## **Abstract**

The transition to parenthood concerning the perinatal period implies a reorganization of mental and relational functioning that can generate feelings of anxiety and depression in the parent during pregnancy (Matthey et al., 2000). These feelings may persist and/or intensify in the postpartum period, affecting the well-being of the parent and causing parenting stress (Huizing et al., 2017), with effects on the relationship with the child and, in the long term, on his psychopathological risk (O'Donnell et al., 2014). Therefore, it is important to have tools that evaluate both indicators of this distress and the correlated factors that can predict the postnatal discomfort, among which parental representations and attachment (Main, 1995; Tambelli, 2017) and parents' history of childhood abuse (Vaillancourt et al., 2017).

The symposium illustrates the effectiveness of an integrated set of tools, interviews, self-reports, observation, that can longitudinally evaluate parental discomfort and well-being in order to define explicative models of the transition to parenthood and of the trajectories of parent-child relationship in the perinatal period.

Riva Crugnola and coll. highlight how the childhood history of abuse, evaluated with the *Childhood Experience of Care and Abuse Questionnaire* (Bifulco et al., 1994), influences emotional regulation in a sample of adolescent mothers and their children at 3 months. Saita and coll. illustrate how the fear of childbirth in pregnancy assessed with the *Wijma Delivery Experience Questionnaire* predicts maternal parenting stress and psychological well-being after childbirth. Tambelli and coll. show how maternal and paternal representations, evaluated during pregnancy with IRMAG-R and IRPAG (Ammaniti et al., 2006, 2013), predict child's attachment at 12 months. Vismara and coll. show significant relations between mothers' and children's attachment and maternal self-reported depression, anxiety and parenting stress.

# **ADVERSE CHILDHOOD EXPERIENCE IN ADOLESCENT MOTHERS: EFFECTS ON MOTHER-INFANT EMOTION REGULATION**

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## **Abstract**

**Introduction:** Childhood maltreatment have long-lasting effects on socio-emotional and behavioral development (Norman et al., 2012). Particularly maternal history of childhood maltreatment could increase the risk of perpetrating child maltreatment (Smith et al., 2014). Aims of our study were to examine the prevalence of adverse childhood experiences in a sample of adolescent mothers and the impact of these experiences on mother-infant emotion regulation at infant 3 months.

**Method:** 66 adolescent mother-infant dyads were recruited at the ASST Santi Paolo and Carlo Hospital of Milan. At infant 3 months, AAI (George et al., 1985) was administered to the mothers to evaluate maternal attachment; CECA scoring (Bifulco et al., 1994) was used to evaluate adverse childhood experiences. Mother-infant interactions were video-recorded and codified with a modified version of ICEP (Riva Crugnola et al., 2013) to analyze emotion regulation.

**Results:** 50% of the adolescent mothers reported at least one severe childhood experiences of neglect, antipathy or abuse. 64% of the adolescent mothers had an insecure attachment model. No significant association was found between maternal adverse childhood experience and maternal attachment. Dyads of adolescent mothers with adverse childhood experience and their infants (vs. dyads without adverse childhood experience) spent more time in Negative Match, Total Mismatch and less time in Total Match. Cumulative adverse childhood experiences were positively correlated with Negative Match and Total Mismatch and were negatively correlated with Total Match and Repair.

**Conclusion.** The study highlights the effectiveness of coding the parental adverse childhood experiences through CECA, in order to evaluate the adequacy of mother-infant interactions in the perinatal period. This evaluation is useful to pre-order interventions aimed at helping mothers in the elaboration of past traumatic experiences to foster their relationship with the child.

# PREDICTIVE POWER OF THE INTERVIEW FOR PARENTAL REPRESENTATIONS DURING PREGNANCY ON CHILDREN'S STYLES OF ATTACHMENT

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## Abstract

From a psychodynamic perspective to child development (Tambelli, 2017), several factors were considered as predictors of children attachment styles (assessed with the Strange Situation Procedure; SSP), such as Parental Attachment Styles (PAS), Depression (PD), Anxiety (PANX), Emotional Availability (PEA), as well as Children Temperament (CT). In this line, one of the most promising predictor of SSP styles can be maternal and paternal representations of parenthood during pregnancy. To assess them, maternal (IRMAG-R; Ammaniti, Tambelli & Odorisio, 2013) and paternal (IRPAG; Ammaniti, Tambelli & Odorisio, 2006) interviews were developed, with a coding system designed to analyze the narratives produced. This system permits to identify 3 parental representation styles: integrated/balanced, restricted/disinvested and not-integrated/ambivalent. Even if previous studies provided considerable evidence for the reliability and validity of the instruments, only few results were reported about their predictive power.

This study was aimed to investigate the predictive and incremental validity of IRMAG-R and IRPAG using SSP styles as criterion. A longitudinal design was conducted on 50 couples of parents, with a mean age of 34 (SD =4.58) for mothers and 37 (SD =6.7) for fathers. IRMAG-R and IRPAG were administered in the 7<sup>th</sup> month of pregnancy. Other instruments were administered after the birth, including the SSP (about 18-24 months later).

Results showed significant and large correlations of IRMAG-R ( $r = .63$ ,  $p < .005$ ) and IRPAG ( $r = .48$ ,  $p < .005$ ) categorizations with SSP styles. Moreover, 2 logistic regressions were conducted, including IRMAG-R (regression 1) and IRPAG (regression 2) as predictors, PA, PEA, PD, PANX, and CT as covariates, and SSP as criterion. A significant ( $b = 5.44$ ,  $p < .001$ ) and a close to significance ( $b = 4.96$ ,  $p = .07$ ) unique contribution emerged for IRMAG-R and IRPAG respectively. These results support the predictive and incremental validity of the instruments.

# IMPACT OF FEAR OF CHILDBIRTH ON BIRTH EXPERIENCE AND PARENTING STRESS: THE MEDIATING ROLE OF ANXIETY AND DEPRESSION

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## Abstract

Fear of childbirth is a common feeling among expectant mothers. A recent meta-analysis estimates that about 15% of women experience a clinical fear. Several studies have analyzed the impact of fear of childbirth on women's experience of labor and delivery showing that high levels of fear predicts an overall more negative experience. Furthermore, research has highlighted that the quality of a woman's subjective childbirth experience impacts her postnatal psychological well-being. Some studies have reported an association among depressive and anxiety symptoms, and parenting stress during the postpartum period, especially in first-time mothers. The aims of the present study are: a) to investigate the impact of fear of childbirth on childbirth experience, and the impact of childbirth experience on parenting stress; b) to analyze if this relationship can be mediated by the women's psychological well-being in terms of anxiety and depressive symptoms both during pregnancy and postpartum.

A sample of 160 primiparas Italian women completed a questionnaire in two different time: 7/8 months of pregnancy and three months postpartum. At Time 1 questionnaire included: Wijma Delivery Expectance Questionnaire (version A); Edinburgh Postnatal Depression Scale; State-Trait Anxiety Inventory. At Time 2 questionnaire included: Wijma Delivery Experience Questionnaire (version B); Edinburgh Postnatal Depression Scale; State-Trait Anxiety Inventory; Parenting Stress Index–Short Form.

Results revealed that fear of childbirth predicts childbirth experience and childbirth experience affects parenting stress through the full mediation of anxiety and depression. These findings underlined the importance of screening programs during pregnancy, with a specific focus on fear of childbirth, in order to predict women's psychological well-being in the postpartum. Moreover, they have important clinical implication for implementation of interventions in order to reduce fear of childbirth.

# A LONGITUDINAL PERINATAL STUDY ON FIRST-TIME MOTHERS' ATTACHMENT, ANXIETY/ DEPRESSION, PARENTING STRESS, AND THEIR CHILD ATTACHMENT

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## Abstract

Maternal mental health, as defined by mothers' levels of depression, anxiety and parenting stress, has relevant effects upon parenting behaviors and their child's physical and mental wellness (Lebowitz et al., 2016; Vismara et al., 2016).

The purpose of the present study was to analyze the relations among first-time mothers self-reported depression, anxiety and parenting stress, maternal attachment representations and child's attachment behaviors.

122 mothers (mean age= 34,8; s.d.= 4.7) and their children (59% boys, 41% girls) were assessed longitudinally at four time points: (T1) 4-6 months of pregnancy, (T2) 7<sup>th</sup> month of pregnancy, and (T3) 3-6 months, (T4) 12 -18 months of the child's age.

At all time points, mothers answered to the: Edinburgh Pre/Postnatal Depression Scale (Benvenuti et al., 1999), State-Trait Anxiety Inventory (Spielberger e al., 1983), and Parenting Stress Index – SF (Abidin, 2006). At 7<sup>th</sup> month of pregnancy, the Adult Attachment Interview (AAI; Main et al., 1984) was administered. Between 12 and 18 months of age, children were evaluated through the Strange Situation Procedure (Ainsworth et al., 1978).

Analyses showed significant relations between mothers' and children's attachment and maternal self-reported depression, anxiety and parenting stress.

These findings confirm the importance to use an integrated model of assessment: self-reports, interviews and observation to understand the trajectories of child's development in the context of parental psychological distress. Moreover, they point out that mothers' mental health and their attachment representations are linked to their children's attachment behaviors. Therefore, AAI should always be considered in the assessment of mothers since insecure attachment seems to increase vulnerability to parental stress.

In conclusion, families should be guided across the perinatal period to enhance sensitive caregiving and, consequently, to favor children's wellness.



# INNOVATIVE CONTRIBUTIONS FOR THE ASSESSMENT OF RELATIONAL DYNAMICS AND INTERVENTION IN WORKING WITH CONJUGAL AND PARENTAL COUPLES

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**Discussant: Baldoni Franco<sup>2</sup>**

<sup>2</sup> Attachment Assessment Lab, Department of Psychology, University of Bologna

## **Abstract**

The couple represents the crossroads of multigenerational relationships (Andolfi, 2015), placing at an intermediate level between families of origin and new generations. Therefore, functional couple guarantees the psychological well-being of the whole family.

The Symposium will analyze different perspectives on the assessment and intervention with conjugal and parental couple, in normative and clinical samples. The first contribution will present the results of a research that identifies three different types of relationship in a sample of couples who were experiencing the life cycle initial phase. Individual and relational factors were evaluated to explore functional/dysfunctional characteristics of the bond. The *second contribution* will present an application of Control-Mastery Theory to the field of couple therapy. The couple that seeks psychotherapy shows a *couple's plan* which describes general areas to focus by the therapist and how to carry out the therapeutic work. Through a clinical case, the procedure for the formulation of the couple's plan and its clinical implications will be explained. The *third contribution* will present a study aimed to assess parental relationship in case of Parental Alienation during separation or divorce. Both individual psychological variables and the role of families of origin were taken into account. The better understanding of parental dynamics could have positive effects on the treatment as well as on prevention. The *fourth contribution* will describe main research streams on the most update and urgent questions – as risk of alienation - from Judges. These topics must be addressed by researchers, experts and trainers in order to focus on some answers to discuss with judges and lawyers and to generate integrated knowledge in the interests of the child.

The Symposium aims to enhance the research on couple dynamics in order to provide specific guidelines for assessment and intervention in the clinical, social and forensic psychology.

# AT THE BEGINNING OF THE COUPLE RELATIONSHIP: TYPES OF RELATIONSHIP BETWEEN RESOURCES AND FRAGILITIES

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## Abstract

This speech presents the results of a research highlighting the features of the couple relationship and some of its characteristics in the present society, in particular during the initial stable phase of the relation. For this reason, they have identified psychological aspects that literature presents as relevant for the study of the relationship and that appear useful to define its own features and peculiarities. The aspects taken into account allow to explore the features of the bond, considered as a third part, different from the partners: in this perspective three different concepts were used: “couple pact”, couple fruitfulness and history of the couple’s origins (Cigoli, Scabini, 2006; Cigoli, Tamanza, 2009). Individual aspects that literature presents as particularly connected and conditioning the quality of the intimate relation have also been considered: couple attachment (Picardi et al., 2000), narcissism and assertiveness (Di Nuovo et al., 1998). The research, characterized by a qualitative and quantitative multi-methodological approach, has involved 66 couples who, from 2013 to 2015, were living the initial stable investment on the couple relation: couples who have decided to have a civil or a religious marriage (53%), couples who have recently contracted civil/religious marriage (9.1%), as well as couples who have recently decided to live together (37.9%). The analysis of the data allowed to define three types of couple relationships, according to specific features and qualities of the bond and of each partner, defined respectively as Fruitful relations, Complementary relations and Fragile-immature relations.

# A METHOD FOR THE ASSESSMENT AND INTERVENTION IN WORKING WITH COUPLES: THE COUPLE'S PLAN AND ITS APPLICATION TO A CLINICAL CASE

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## Abstract

According to Control-mastery theory (CMT; Weiss, 1993; Gazzillo, 2016), patients come to therapy in order to get better, and they have a *plan* for doing so (Weiss, 1993; Silberschatz, 2005, 2012). Following the suggestion of Denis Zeitlin (1991), we extended this hypothesis also to couples who look for a treatment. The aim of this work is to suggest a method for the assessment of couples based on the CMT and its implementation to in couple therapy. We hypothesized that also the couple that seeks psychotherapy has a *couple's plan* (Crisafulli, Rodomonti, 2017), which comprises goals, pathogenic beliefs, traumas, tests, dysfunctional relationship patterns -*vicious relational circle*-, resources -*virtuous relational circle*- and insights.

In order to formulate the couple's plan, the clinician/rater should have access to the transcriptions of: one/two couple sessions; one/two individual sessions; a couple session aimed at talking about what emerged during the assessment and about the specific treatment proposed to them. The empirical tool which may be useful for this task are: the *Interpersonal Guilt Rating Scale-15* (IGRS-15, Gazzillo et al., 2017) and the *Pathogenic/Problematic Beliefs Scale* (PBS; Silberschatz, 2016), both in their clinician and self-report forms.

In the clinical case we will present, the couple's plan allowed to better understand the dysfunctional dynamics underlying the individual and dyadic suffering and gave to the couple the opportunity to understand the meaning of their own and the partner's behaviors, emotions, reactions.

This application of CMT is both in line with the main approaches to couple therapy and is innovative. Indeed, the couple's plan may provide the clinicians -particularly young therapists- with a useful compass for understanding couple's complex dynamics and planning case-specific interventions. Moreover, a work aimed at solving couple's problems can generate positive indirect consequences on the functioning of the whole family system.

# PSYCHOLOGICAL AND RELATIONSHIP FEATURES IN HIGH-CONFLICT FAMILIES ENGAGED IN PARENTAL ALIENATION

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## Abstract

**INTRODUCTION:** Parental alienation (PA) is a family dynamic in which a parent engages in behaviors that are likely to foster a child's unjustified rejection of the other parent (Baker, 2007). The developmental mechanism of PA has been explained with hypotheses that range from specific behaviors of one parent to an interaction of many factors including behaviors of both parents, personality predisposition of family members, parenting and parent-child relationship patterns, environmental and social factors (Saini et al., 2016). The present study was carried out to further contribute to the knowledge about psychological features of parents and other significant factors associated with PA in child custody cases.

**METHODOLOGY:** The sample consisted of 160 family units. Information about participants was collected by professionals surveyed about their reports provided to the court in cases of separation-divorce, where a child clearly rejected one of the parents. In this study we consider parents' psychological characteristics and psychopathology, attitudes and behaviors towards the offspring, and quality of the relationship between parents and their family of origin.

**RESULTS:** The preferred parent generally puts discrediting or denigrating attitudes towards the other parent. The reactions from the preferred parent are mainly constituted by a passive acceptance of rejection without any opposition. The psychological profile of preferred and refused parents is marked by significant differences. In a high number of cases, the family of origin supports the hostility of their son to the other parent.

**CONCLUSIONS:** More knowledge about parents psychological features and other risk factors related to PA may be of value for mental health professionals to assess these families. Moreover, understanding the key characteristics of families involved in PA dynamics could contribute to prevent this phenomenon and improve tailor-made interventions.

# **PSYCHOLOGY AND LAW ON PARENTAL CONFLICT AND BEST INTEREST OF CHILD: RESEARCH DEVELOPMENTS, TRAINING AND PROFESSIONAL PRACTICES**

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<sup>1</sup> Department of Humanities, Carlo Bo University of Urbino

## **Abstract**

Recently, a group of researchers set up in AIP a Thematic Group "Psychology and Law". The group collects an interest that has emerged on several scientific studies, both in basic and post-graduate training, and in meetings with professionals working in juridical contexts.

The inter-disciplinary specificity of psychology and law requires knowledge of interchange with the contexts of law and justice, as well as the relationship with contiguous disciplines. This represents a pivot matter of this theoretical, experimental and professional perspective: to conceal psychological approach and methods with requests from law, judges and lawyers. It's important to promote an identity of this discipline and a specific training of experts.

Legal matter on family are the most common in which experts are involved in courts for evaluations requested by judges and forensic psychologists involved needs to have competences and knowledge both on social, clinical, dynamic and developmental psychology.

This contribution will describe main research streams on the most update and urgent questions posed from judges: risk of alienation, half-time custody, multicultural couples, LGBT parenting, post-trial relationship between parents and support.

These topics need to be faced by researchers, experts, and trainers in order to focus some answers to discuss with judges and lawyers in order to improve and to preserve the best interest of child, and Thematic Group inside AIP may be an excellent context of discussion and promotion of interdisciplinary comparison.

# **GENDER INCONGRUENCE IN ADOLESCENCE AND ADULTHOOD: WHAT IS THE ROLE OF CLINICAL PSYCHOLOGY?**

**Proposer: Settineri Salvatore<sup>1</sup>**

<sup>1</sup> Department of Cognitive Sciences, Psychology, Educational and Cultural Studies, University of Messina

**Discussant: Lingiardi Vittorio<sup>2</sup>**

<sup>2</sup> Department of Dynamic and Clinical Psychology, Sapienza University of Rome

## **Abstract**

The multi-dimensionality of the transgender condition involve Clinical Psychology from research to practice. If psychological distress can't be found only in subjectivity, but in the relationship between the human subject and the world as well, many aspects must be considered: both the subjective functioning and the social and cultural dimensions. This symposium intends to go through this existential condition considering all these aspects. Primarily it seems to be useful to reconsider the descriptive criteria for the subjectivation processes, i.e. for the subjective framing of inner feelings of discrepancy between gender and body. The medical treatments seem to relegate Clinical Psychology to the "mere" function of ratifying the reported self-diagnosis. Yet the supposed "objective" assessment, it's evident that is unadequate to highlight the dynamics of desire and representations of the Self and Body. The contribution of Merlo et al. and of Faccio et al., respectively from the Universities of Messina and Padova, will critically consider these issues and will point up the importance of projective and objective methodologies for the comprehension. The recent introduction of hypothalamic blockers and the possibility of suppressing pubertal development has given rise to particularly open debate: what is the opinion of adult subjects presenting a Gender Incongruence? This question will be answered by Giovanardi et al., who will report some results of a qualitative research conducted at the Sapienza University of Rome. Finally, the contribution of Vitelli et al., of the University of Naples Federico II, will discuss the experience of detained transgender people, up until now not adequately investigated. The results of a qualitative-quantitative research they conducted show the need to implement knowledge and applications considering the subjective, social and cultural aspects.

# **TRANSGENDER INMATES AND ITALIAN PENITENTIARY SYSTEM: AN EXPLORATIVE RESEARCH**

Vitelli Roberto<sup>1</sup>, Hochdorn Alexander<sup>2</sup>, Faleiros Vicente<sup>3</sup>, Valerio Paolo<sup>1</sup>

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<sup>3</sup> Department of Social Service, University of Brasilia

## **Abstract**

**Introduction:** Up until now the experience of transgender people detained in Italian prisons has been scarcely considered, particularly with regard to the psychological dimensions. In order to investigate these dimensions an empirical quali-quantitative study has been carried out.

**Method and Materials:** Overall 16 transgender women detained in the Italian jails of Belluno Baldenich, Florence Sollicciano and Naples Poggioreale, along with 14 prison staff members have been interviewed. The transcribed textual material has been critically analyzed on a semantic and semiotic level to explore the psychological functioning and the interactive processes.

**Results:** In Italy Transgender women are today detained in so-called protected sections in male penitentiary contexts, except for the case of the Sollicciano prison. They are allowed to wear female cloths and to continue hormonal treatments. Nonetheless, some clear difficulties emerge with regard to the interactions with the institutional context and prison workers.

**Conclusions:** As so far it is not clear where transgender women should be more correctly imprisoned, as transgender inmates declare to suffer more difficulties within the feminine penitentiary context. Finally, the existence of some problematic aspects in the interactions between inmates and penitentiary staff members makes it absolutely necessary to organize specific psychological trainings for this kind of workers.

# **GENDER DYSPHORIA PSYCHODIAGNOSIS BETWEEN EXPLICATIVE AND COMPREHENSIVE PROCESSES**

Merlo Emanuele Maria<sup>1</sup>, Mento Carmela<sup>1</sup>, Settineri Salvatore<sup>2</sup>

<sup>1</sup> Department of Cognitive Sciences, Psychology, Educational and Cultural Studies, University of Messina

<sup>2</sup> Department of Biomedical and Dental Sciences and Morphofunctional Imaging, University of Messina

## **Abstract**

**Introduction:** The nosography about Gender Dysphoria introduces in addition to depathologisation, the need of social and psychological in depth analysis (DSM V, 2013); this implies that psychodiagnostic practice couldn't be referred just to psychometry (in our experience MMPI-II, Cogiati, BPRS) for the exclusion of psychopathology (Settineri et al., 2016); it emerges the need of a practice that can prove the dynamics of desire linked to images (Settineri et al., 2017);

**Method:** the study proposes the analysis of 10 subjects' Rorschach protocols (M to F) paying close attention to psychotraumatic elements, Body and Self representations; in addition 1 Rorschach protocol on an adolescent subject in transition M to F is considered to highlight the aspects of desire;

**Results:** it the presence of fragmentation emerges and partial contents in Self and Body representations, together with the psychotraumatic indices; in the single case emerges the need for body disinvestment and the resolving desire through the sex reassignment surgery;

**Conclusions:** the practice of projective methods provides a phenomenological study, that needs to be requested by the specificity of the phenomenon.



# **THE USE OF HORMONE BLOCKERS TO SUPPRESS PUBERTY IN TRANS CHILDREN AND ADOLESCENTS. A QUALITATIVE STUDY OF PERCEPTIONS AND EXPERIENCES OF TRANS ADULT WOMEN**

Giovanardi Guido<sup>1</sup>, Morales Paola<sup>1</sup>, Fortunato Alexandro<sup>1</sup>, Mirabella Marta<sup>1</sup>,  
Chianura Luca<sup>2</sup>

<sup>1</sup> Department of Dynamic and Clinical Psychology, Sapienza University of Rome

<sup>2</sup> SAIFIP, San Camillo-Forlanini Hospital of Rome

## **Abstract**

**Introduction:** In recent years, the use of gonadotropin-releasing hormone (GnRH) analogues in adolescents diagnosed with gender dysphoria (GD) to suppress puberty has been adopted by an increasing number of specialised gender clinics, generating controversial debate. Following an overview of the difficulties associated with this heterogeneous group of adolescents and a discussion of the arguments for and against the suspension of puberty, this contribution presents a qualitative research developed interviewing older trans people about their experiences with hormone therapy (HT) and their opinion about the suppression of puberty. **Purpose:** The main aim of the research is to explore thoughts and experiences of gender non-conforming adults regarding the psychological aspects of hormonal treatments, including the controversial issue of puberty suppression. **Methods:** A semi-structured interview for trans adults was constructed. The interview explored the personal history of trans individuals with regard the onset and the development of GD, their experiences with HT, and their opinions about the use of GnRH analogues to suppress puberty in trans children and adolescents. Interviews' transcripts have been analysed with the method of Consensual Qualitative Research (CQR). **Results:** Eight trans adult women were interviewed (mean age: 36.8). Several themes emerged, among those: experiences with the development of GD, relationship with the specialised services, experiences with puberty and bodily changes, associated psychological problems, sexuality and affective relationships before and after treatments. Regarding suppression of puberty, we found a lack of consensus, reflecting a controversial debate on this treatment protocol among trans individuals too. **Conclusion:** With this study we gave voice to an under-represented group in previous research regarding the use of GnRH analogues to suppress puberty in trans individuals, collecting first hand insights on a debated treatment, recommended by professional international guidelines.

# THE ROLE OF THE DIAGNOSIS IN GENDER TRANSITIONS: IMPLICATIONS FOR TRANS PEOPLE AND MENTAL HEALTH PROFESSIONALS

Neri Jessica<sup>1</sup>, Faccio Elena<sup>1</sup>, Iudici Antonio<sup>1</sup>

<sup>1</sup> Department of Philosophy, Sociology, Education and Applied Psychology,  
University of Padua

## Abstract

The psychological component of most of the transition programme for transgender people is crucial since it includes the diagnostic evaluation and the psychological support or psychotherapy. The diagnosis is the access point to medical treatments and legal recognition, and this filter function is a source of debate for both the professionals and the protagonists of the transition experiences especially for what concerns the link to a mental illness for gender variances.

The scope of this contribute is to deepen the implications related to the diagnostic process investigating the different self-positioning towards it for 25 people engaged in gender transition and 11 mental health professionals (psychotherapists and psychiatrists).

We used *narrative interviews* with trans people engaged in a gender transition and *episodic interviews* with mental health professionals. The interviews have been analyzed through the method of *discourse analysis* and in the light of the *of the dialogical self theory*.

Among the results, different self-positionings around the diagnosis emerged. For trans people the diagnosis is approached: 1) as an obligatory step 2) as an improper way to pathologize trans experiences in virtue of self-determination 3) as a psychological/psychiatric condition that is directly related to the own identity.

For mental health professionals, the diagnosis is approached: 1) as a tool to distinguish gender dysphoria from other pathological conditions 2) as not a mental illness but sufferance and 3) as uncertain knowledge and room for improvement.

Despite the last changes in health communities on the diagnosis for gender transition, this issue remains controversial and it needs careful handling for both trans biographies and clinical practices.

The results highlight the utility and the need to recognize the own and the others' self-positions, personal values and beliefs to create an affirmative space for negotiation and the co-construction of shared objectives in clinical contexts.

# RESPONSE BIAS IN FORENSIC ASSESSMENT

**Proposer: Zennaro Alessandro<sup>1</sup>**

<sup>1</sup> Department of Psychology, University of Turin

**Discussant: Aschieri Filippo<sup>2</sup>**

<sup>2</sup> Department of Psychology, Catholic University of the Sacred Heart of Milan

## **Abstract**

Underreporting and overreporting response styles are one of the most well-known threats to forensic evaluations. The former refers to a tendency toward presenting oneself in a favorable way, whereas the latter refers to a tendency to exaggerate one's own symptomatology. Both often times lead to a nonveridical representation of the person being tested, thus increasing the risk of committing diagnostic errors (Sellbom & Bagby, 2008). For this reason, testing the credibility of a self-reported symptom presentation has recently become a core issue in forensic evaluations (Bush et al., 2005). In this panel, to contribute to advancing the science of symptom validity assessment, we will evaluate the efficacy of various, currently available, psychological tools addressing positive and negative response bias. More in detail, Durosini and Gennari will focus on positive response bias, and will close this session by discussing some preliminary findings on the effects of mood induction on children's responses. Brusadelli and colleagues will focus on negative response bias and its detection via MMPI-2 and IOP-29, among of a sample of individuals assessed for potential work related stress. Mazza and Tessari will present some empirical data from a series of forensic evaluations of psychic damage, to evaluate the convergent and discriminant validity of SIMS, IOP-29, and MMPI-2-RF. Finally, Pignolo and colleagues will describe a simulation study conducted with a sample of adult inmates, to evaluate the validity of PAI, SIMS, and IOP-29.

# THE TELL-ME-A-STORY (TEMAS) TEST: PRELIMINARY FINDINGS ON THE EFFECTS OF MOOD INDUCTION ON CHILDREN'S RESPONSES

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<sup>1</sup> Department of Psychology, Catholic University of the Sacred Heart of Milan

## **Abstract**

Compared to other aspects of psychological assessment, few empirical results show how contextual, transient emotional states impact children's responses to psychological testing. In this research, we contrasted the effects of the experimental induction of two emotional states (i.e., sadness and happiness) on the TEMAS narratives and tested how such effects varied based on the level of state-like, stable personality functions such as self-esteem. We collected 45 protocols from 25 female and 20 male 10-year-old children not in treatment, who were randomly divided into three groups: control group ( $n = 15$ ), induced sadness group ( $n = 15$ ), and induced happiness group ( $n = 15$ ). All children included in this study completed six selected TEMAS cards, chosen on the basis of their content showing clearly happy or sad scenarios. The level of sadness or happiness was evaluated at the baseline level (Phase 1), after the experimental manipulation (Phase 2), and after administering TEMAS (Phase 3). We analysed differences among the three experimental groups and illustrated how children's self-esteem influenced the stories.

# ASSESSING WORK STRESS-RELATED AND MOBBING: A STUDY ON RESPONSE BIAS IN OCCUPATIONAL AND ENVIRONMENTAL HEALTH CLINIC

Brusadelli Emanuela<sup>1,2</sup>, Perfetti Barbara<sup>2</sup>, Scano Lorena<sup>1</sup>, Casà Michela<sup>1</sup>, Di Carlo Daniela<sup>1</sup>

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<sup>2</sup> Department of Psychology, University of Milan-Bicocca

## Abstract

The evaluation of psychological impairments related to negative workplace conditions is a growing request especially in primary care settings. Situations as work stress-related conditions, mobbing, etc., have many clinical symptoms and threaten the wellbeing of individuals. In 2008, the Work Medicine Unit of the ASST Rhodense started to deal with these problems and created a specific Section to help people who might be involved in such difficult situations. Most of them are referred by their lawyers or their general practitioner to obtain a certification that may establish the connection between their clinical suffering and their workplace condition, and, in some cases, to file lawsuits against the company they work for. As such, the evaluation of potential response bias (i.e., malingering and feigning) is mandatory in these evaluations. The aim of our research was to evaluate the combined use of the MMPI-2 and IOP-29 in this clinical setting in detecting malingering. The study was carried out with patients consecutively attending the outpatient service of the Unit in the first semester of 2018. The evaluation includes a multidisciplinary approach, with many professionals. First, we collected all the anamnestic information about their situation. Second, the client was referred to a psychiatrist to certify the presence of a DSM-5 diagnosis. Third, at the end of a clinical interview conducted by a psychologist, the MMPI-2 and IOP-29 were administered along with other self-reports measuring organizational problems in their workplace. Results showed a good agreement between the MMPI-2 validity scales and the IOP-29 in cases of evident malingering. However, when inconsistencies were found among the MMPI-2 scales, or when the MMPI-2 validity scales were close to the cut-off, the IOP-29 helped to orient the clinician's judgment. Those data also provided information about sensitivity and specificity of the MMPI-2 (and RF) validity scales in our national context.

# DETECT MALINGERERS IN FORENSIC EVALUATION OF PSYCHIC DAMAGE WITH SIMS, IOP-29 AND MMIP-2-RF

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<sup>1</sup> Department of Human Neuroscience, Sapienza University of Rome

## Abstract

In any assessment setting, a subject completing a personality inventory can answer truthfully or not, according to his or her goal. In forensic evaluation of mental damage, malingering is configured as an intentional production of false or exaggerated physical and psychological symptoms, motivated by external rewards such as payments by insurance companies and compensations. So, feigning of mental and cognitive disorders costs millions of dollars each year (Chafetz & Underhill, 2013). For this reason, detection of malingering represents an area of considerable interest for researchers of individual differences (Holden et al., 2001) and, over the past years, psychologists have searched for methods to identify the occurrence of malingering or feigning on psychological tests (Fluckinger et al., 2008).

The main aim of this study was to evaluate the convergent and discriminant validity of a set of psychological instruments in order to bring out malingerers between the subjects in legal assessment for request of psychic damage.

The sample consisted in 27 subjects who had to be submitted to a psychological evaluation for psychic damages, according to Italian Civil Law. All patients were asked to complete the Structured Inventory of Malingered Symptomatology (SIMS) (Widows & Smith, 2011), the Minnesota Multiphasic Personality Inventory-2 - Restructured Form (Ben-Porath & Tellegen, 2012), and the Inventory of Problems-29 IOP (Viglione et al., 2017).

Findings revealed that psychological assessment permits to detect possible cases of simulation from: broad indicators showing lack of internal consistence in the results of the person evaluated; use of specific tests such as SIMS, clear-cut and convergent profiles of responses which characterize IOP-29 and MMPI-2-RF.

# SENSITIVITY OF PAI, SIMS, AND IOP-29 IN DETECTING FEIGNED PSYCHOPATHOLOGY AMONG INMATES

Pignolo Claudia<sup>1</sup>, Giromini Luciano<sup>1</sup>, Zennaro Alessandro<sup>1</sup>

<sup>1</sup> Department of Psychology, University of Turin

## Abstract

In forensic evaluations, deciding whether a given symptom presentation is bona-fide versus feigned or exaggerated is not an easy task. Currently, practitioners may rely on various instruments, such as validity scales embedded in multiscale personality inventories or stand-alone, symptom validity tests. However, the ultimate decision is often a difficult one to make, for several reasons. In this study, we aimed at examining how indices of over-reporting of psychopathology performed in a sample of 214 Italian inmates. More in detail, we focused on three different instruments: the Inventory of Problems-29 (IOP-29; Viglione, Giromini, & Landis, 2017), the Personality Assessment Inventory (PAI; Morey, 1991, 2007), and the Structured Inventory of Malingered Symptomatology (SIMS; Smith & Burger, 1997; Widows & Smith, 2005). The sample was divided into two groups: in the control condition ( $n = 109$ ) participants were asked to take the test honestly; in the experimental condition ( $n = 105$ ) they were asked to feign a mental and/or cognitive disorder. All simulators were given a vignette to facilitate feigning and were warned that if they presented their symptoms too dramatically, their performance would not be believable. The results showed that both the IOP-29 and the SIMS outperformed the PAI in detecting the simulators. Overall, the results supported the utility of the instruments for detecting feigning of symptom presentations and the use of these indices as screening measures to identify potential malingerers.

# **BORDERLINE PERSONALITY DISORDER: CURRENT RESEARCH AND FUTURE DIRECTIONS**

**Proposer: Rossi Monti Mario<sup>1</sup>**

<sup>1</sup> Department of Humanities, Carlo Bo University of Urbino

**Discussant: Mazzeschi Claudia<sup>2</sup>**

<sup>2</sup> Department of Philosophy, Social Sciences and Education, University of Perugia

## **Abstract**

Borderline personality disorder (BPD) is one of the most controversial disorders in the contemporary psychopathological scenario. On one hand, it is one of the most frequently diagnosed personality disorders, with its prevalence estimated to be 10% in outpatient settings, 15%-20% in inpatient settings, and 0.5%-1.4% in the general population (Ten Have et al., 2016). In addition, at least 50% of chronically suicidal patients with four or more annual visits to a psychiatric emergency service are diagnosed with BPD (Gunderson & Links, 2008). On the other hand, BPD is far behind other major psychiatric disorders in terms of the awareness and research, due to its complexity, multiple presentations, and serious difficulties experienced by mental health professionals in dealing with it. Despite all this, however, there has been some progress in managing individuals with BPD. Recent studies show a high remission rate (about 45% by 2 years and 85% by 10 years), with remission defined as no more than two DSM-5 diagnostic criteria for BPD being met for at least 12 months, along with a low tendency to relapse (Gunderson et al., 2011). These data suggest that there is much room for improving understanding and management of BPD. The aim of the symposium is to present current progress and future directions for research on borderline personality disorder. Giordano, Gullo, Noto, Di Blasi & Lo Coco investigate the influence of borderline traits on the outcome of psychological treatment of patients with gambling disorder. Verrocchio, Marchetti, Musso, De Santis, Manna & Falgares analyze the relationship between child maltreatment and personality styles in adolescents with borderline features. Mancini explores the values of persons with BPD. D'Agostino proposes a new, psychopathological-dynamic model for understanding borderline personality disorder: the interpersonal dysphoria model.



# **THE INFLUENCE OF BORDERLINE PERSONALITY ON GAMBLING DISORDER: RESULTS FROM A SINGLE-CASE TREATMENT STUDY**

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<sup>1</sup> Department of Psychological, Pedagogical and Educational Sciences, University of Palermo

## **Abstract**

**Background:** Gambling disorder (GD) is characterized as a persistent pattern of gambling resulting in significant impairment or distress (APA, 2013). A co-morbidity of GD with personality disorders and/or dysfunctional traits is very common (Petry et al., 2005). There has been a growing interest in the relationship between Borderline personality traits and GD, yet more specific research in this area is warranted. To date, little is known regarding the impact of patient's borderline characteristics on the outcome of psychological treatment of GD (Rash & Petry, 2014).

**Aims:** The study aims to explore whether patients with both GD and borderline dysfunctional traits can benefit from an interpersonal group psychotherapy. Moreover, the impact of patient's borderline traits on the therapeutic group relationships will be examined.

**Methods:** A single-case design was adopted to monitor the course of treatment of 10 outpatients attended a group treatment for reducing GD symptoms, in a public mental health center. For the purpose of the study, we compared the outcome of GD patients with a borderline co-morbidity with those of patients without borderline personality diagnosis at 2 and 6-months. The SWAP-200 and the MCMI-III were used to assess the personality characteristics of GD patients. The SOGS was used to screen the severity level of GD. Moreover, patients filled out measures of alliance (WAI and GSRS) at the end of each group session.

**Results:** Intake assessment showed that 3 patients reported borderline characteristics. Differences in outcome and therapeutic process were found between patients with GD and borderline traits compared to GD patients without borderline characteristics.

**Conclusions:** Patients with GD are considered as difficult-to-treat individuals. Our preliminary results suggest the importance of a careful assessment of patient's borderline characteristics at intake, in order to address these specific relationship patterns in the initial phase of treatment.

# CHILD MALTREATMENT, PERSONALITY VULNERABILITY, AND THE DEVELOPMENT OF BORDERLINE EXPERIENCE

Verrocchio Maria Cristina<sup>1</sup>, Marchetti Daniela<sup>1</sup>, Musso Pasquale<sup>2</sup>, Manna Giovanna<sup>3</sup>, De Santis Sandro<sup>4</sup>, Falgares Giorgio<sup>3</sup>

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## Abstract

**INTRODUCTION:** Borderline personality disorder (BPD) is a serious mental disorder characterized by an intense and pervasive pattern of instability in interpersonal relationships and identity (Leichsenring et al., 2011; Skodol et al., 2002). It is widely recognized as child maltreatment is a robust predictor of later borderline personality pathology (Zanarini et al., 1997; Infurna et al., 2014). The considerable heterogeneity among patients with BPD makes the psychological assessment and comprehension highly complex (Eaton et al., 2011). Nevertheless, significant progresses were achieved using a dimensional perspective (Fossati et al., 2014), able to highlight the “subjective experience of BPD in terms of problematic themes” (PDM-2, 2017). Blatt proposal of two subtypes (dependency and self-criticism) of borderline experience (Blatt & Luyten, 2009; Kopala-Sibley et al., 2012), may provide important information for the dimensional understanding of the borderline functioning. Based on these considerations, we aim to (1) explore the Blatt’s proposal of different borderline subtypes and (2) examine the link between various forms of maltreatments with different borderline features.

**METHOD:** Two samples of adolescents, the first recruited from high-school (N = 174), and the second comprising outpatients (N = 67) followed in private and public units, completed the DEQ-A, the CECA.Q, the PDQ-4, and the BPI.

**RESULTS:** Preliminary results seem partially to suggest the existence of different vulnerabilities related to self-criticism and dependency themes in adolescents with borderline features. The influence of various types of childhood maltreatment on pathological personality styles and specific borderline features will be also analyzed.

**CONCLUSIONS:** This study may contribute to the literature interested on providing a better understanding of differences between adolescents with borderline features to inform for the development of effective treatments for BPD.

# VALUES IN PERSONS WITH BORDERLINE PERSONALITY DISORDER: PRELIMINARY RESULTS OF A QUALITATIVE STUDY

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<sup>1</sup> G. d'Annunzio University of Chieti-Pescara

## Abstract

**Background:** The neglect of the value system of persons suffering from mental disorders contributes to seeing them merely as people who bear pathological experiences and beliefs; this may contribute to judge some of these people's actions as meaningless and incomprehensible.

The existence of people with BPD is characterized by a "desperate vitality" inherent in the basic mood that affects them, namely dysphoria; this engenders an intense drive to satisfy the values brought about by their vigorous need of feeling alive. These values run counter to and often clash with the ethical norms and social rules that structure the world in which we live, provoking a frustrated sense of worthlessness and inanity, called 'frustrated normativity' (Stanghellini and Rosfort, 2013). The overarching aim of this explorative study is to offer an experience-close mapping of values in patients with BPD that might assist clinical examination, the improvement of dedicated assessment tools and inform the development of specific psychotherapeutic practices.

**Method:** We present the preliminary results of a study on patients affected by BDP in a clinical setting. Clinical interviews are reported on the "phenomenological file", a kind of clinical file specifically devised to incorporate data gathered via the "phenomenological interview" (Stanghellini 2016, Stanghellini and Mancini 2017). Data are analysed adopting consensual qualitative research (CQR). **Results:** At the present state of the research, information about BDP patients' values are condensed in the following categories: Authenticity, Immediacy, Need for recognition. Each of these categories will be illustrate via an exemplary case study.

**Conclusions:** We suggest that grasping the values of persons with BPD is key to understanding their way of experiencing and representing their Self and the surrounding world, that is, of grasping the 'pragmatic motive' and the 'system of relevance' that determine the meaning structure of the world they live in, and regulate their style of experience and action.

# THE INTERPERSONAL DYSPHORIA MODEL: TESTING A NEW, PSYCHOPATHOLOGICAL-DYNAMIC MODEL FOR UNDERSTANDING BORDERLINE PERSONALITY DISORDER

D'Agostino Alessandra<sup>1</sup>

<sup>1</sup> Borderline & Body Lab, Department of Humanities, Carlo Bo University of Urbino

## Abstract

**Introduction:** Borderline personality disorder (BPD) is one of the most enigmatic disorders. Recently, we developed a new, psychopathological-dynamic model that emphasizes dysphoria as the psychopathological core of BPD, both in its dispositional (background dysphoria) and situational (situational dysphoria) forms. The objective of this study was to test the empirical validity of the model.

**Method:** The sample consisted of 105 patients with BPD and 105 healthy controls without any DSM-5 diagnosis. Five self-report instruments (Nepean Dysphoria Scale, Cynical Distrust Scale, Inventory of Interpersonal Problems-47, Empathy Quotient and Situational Dysphoria Scale) and one semi-structured interview (Borderline Personality Disorder Severity Index-IV) were administered to the participants. After conducting preliminary analyses, structural equation modelling (SEM) was performed to test the fit of the model.

**Results:** All the structural relationships were confirmed even though the proposed model was subjected to some changes. The revised, final version of the structural model had acceptable fit in the BPD sample (CFI = 0.95; SRMR = 0.80; RMSEA = 0.80). Background dysphoria was a significant predictor of situational dysphoria, which in turn was a significant predictor of BPD symptoms. Interpersonal resentment was the strongest component of background dysphoria and interpersonal events were the most common triggers of situational dysphoria. The model did not fit healthy controls at all.

**Conclusions:** Although some revision was needed, the findings show the validity of the interpersonal dysphoria model of BPD. Interpersonal and affective factors appear to be the most relevant elements in BPD psychopathology, with both background and situational dysphoria playing a relevant role. Addressing them in therapy might prevent escalation of symptoms. There is a need to further test the model in patients with other psychiatric disorders to ascertain its specificity for BPD.

# **CLINICAL PSYCHOLOGY AND NEUROSCIENCES: AN EVIDENCE-BASED DIALOGUE**

**Proposer: Fossati Andrea<sup>1</sup>**

<sup>1</sup> Vita-Salute San Raffaele University of Milan

**Discussant: Quattropani Marina<sup>2</sup>**

<sup>2</sup> University of Messina

## **Abstract**

Far from considering clinical psychology and neurosciences two worlds apart, the proponent of, and participants to the present symposium share the considerations of clinical psychology and neurosciences as two complementary approaches in the process of improving our capacity to understand, assess, and treat psychological disorders, including the psychological implications of somatic disorders, as well as to identify nature-nurture interplay in adaptive and maladaptive developmental pathways over the life cycle. Constructs like “embodied self”, “somatic memories”, and “theory of mind” are largely grounded this perspective, as well as the continuous efforts of clinical psychology to develop answers for the aging planet’s needs. The basic principle of this dialogue is the virtuous cycle of sound scientific data in guiding clinicians’ actions and clinicians’ challenges to acquire scientific knowledge that promote further research. Based on these considerations, we designed the present symposium as an arena to facilitate the exchange of information among researchers applying different neuroscience methods to different clinical psychology contexts, as well as between researchers and clinicians who are interested in exploring the neuroscience/clinical psychology interface. The participants will cover topics ranging from how psychophysiological research may help understanding behavioral addictions to the neuropsychological underpinnings of mentalization in psychotherapy outpatients, including the role of non-invasive electrical stimulation in improving the treatment of cognitive decay and aphasia.

# TANGLED UP IN BLUE: RESPONSE INHIBITION IN PROBLEMATIC FACEBOOK USE

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<sup>1</sup> Department of General Psychology, University of Padua

## Abstract

Although there is no universal consensus on the conceptualization of Problematic Facebook Use (PFU) as a behavioral addiction, it has been suggested that PFU shares some key features with other behavioral and substance addictions. Among these, deficits in inhibitory control may represent a core component. The present study investigated whether and how Facebook-related stimuli affect response inhibition in individuals with PFU. Twenty-two Problematic Facebook users and 19 Non-problematic users were recruited based on their score on the Problematic Facebook Use Scale. They were presented an emotional Go/NoGo task, with Facebook-related pictures and unpleasant, pleasant, and neutral pictures selected from the International Affective Picture System (IAPS), each surrounded by a blue or pink frame. The color of the frame cued the participant to either press a button or withhold the response (70:30 ratio). The event-related potentials were recorded and the amplitude of the NoGo-N2 (related to detection of response conflict) and the NoGo-P3 component (reflecting response inhibition) were measured. Reaction times to Go trials did not differ between the two groups. Problematic users were overall less accurate in NoGo trials (i.e., they made more commission errors) than Non-problematic users. In Problematic users the NoGo-N2 was significantly larger to Facebook stimuli than to all other stimulus categories, whereas the NoGo-P3 amplitude to Facebook stimuli was as reduced as that to pleasant and neutral vs. unpleasant stimuli. These findings highlight that conflict monitoring is enhanced, and inhibitory processing is reduced, when individuals with PFU must withhold action in the presence of Facebook stimuli.

# APPLICATIONS OF TRANSCRANIAL ELECTRICAL STIMULATION (TES) IN CLINICAL NEUROPSYCHOLOGY

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## Abstract

Transcranial Electrical Stimulation (tES) consists in a family of non-invasive neuromodulation techniques which, through weak current flows (1-2 mA) transcranially-delivered for several minutes, are able to reversibly alter the neural activity in some cortical areas, and, therefore, the sensory-, motor-, cognitive- and affective-processes depending on the targeted neurons. tES shows many advantages (e.g., no relevant side effects, cheap, simple to use, portable and thus suitable for home treatments) which could make it an ideal complementary treatment for neuropsychological and psychiatric disorders. However, after the first encouraging findings, showing the positive effects of tES in reducing several symptoms, we are currently undergoing a more critical research phase characterised by some difficulty in both revealing clinically/statistically significant effects, and replicating previous positive outcomes. Here, we consider the effects of single-session tES protocols, different for several stimulation parameters, in two pilot studies on patients with post-stroke aphasia and patients with Alzheimer dementia. The efficacy of stimulation has been found to depend on variables related to tES features (e.g., stimulation type: transcranial direct current stimulation vs. transcranial random noise stimulation), individual characteristics (e.g., symptom severity), and the specific type of pathology (e.g., focal vs. diffuse lesion). Given the many variables potentially involved in determining tES effects, the present findings suggest that trying to establish a general tES efficacy can be misleading. Instead, a more fruitful approach could be increasing methodological pilot studies systematically comparing different stimulation parameters in the various clinical populations. This could allow detecting the variables that mediate/moderate tES effects and, based on this, starting a parametrization of the possibilities to obtain reliable effects for each pathology.

# EMBODYING MENTALIZATION: EXECUTIVE FUNCTION CORRELATES OF SOCIAL COGNITION AND THEORY OF MIND PROCESSES

Somma Antonella<sup>1</sup>, Frau Claudia<sup>2</sup>, Arlotta Emanuela<sup>1</sup>, Beretta Stefano<sup>1</sup>, Manini  
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## Abstract

To identify the executive function (EF) correlates of mentalization, 219 Italian psychotherapy outpatients consecutively admitted to the Clinical Psychology and Psychotherapy Unit of San Raffaele Hospital of Milan, Italy, were administered the Italian translations of the Movie for the Assessment of Social Cognition (MASC) and the Reading the Mind in the Eyes Test (RMET) to assess mentalization, and the Italian translation of the Psychology Experiment Building Language Berg's Card Sorting Test (BCST), Balloon Analogue Risk Task, Tower of London (ToL), Continuous Performance Test, and Victoria Stroop Interference Task to evaluate EFs. Test order was randomized within each participant's session. The number of correct responses on the MASC task showed a substantial correlation with the RMET total score,  $r=.51$ ,  $p<.001$ , whereas MASC specific errors were not significantly inter-correlated. After correcting the nominal  $p$ -level for multiple comparisons, the number of correct responses on the MASC task was positively correlated with the number of correct responses and conceptual level responses on the BCST, and negatively associated with the overall number of errors, the number of unique errors and the number of non-persistent errors on the BCST, as well as with the ToL total moves. The RMET showed a similar correlation pattern. Rather, specific patterns of association with executive function performance were observed for the individual MASC error dimensions. Our data suggest that a significant interplay between EFs and mentalization processes is likely to take place, at least in adult psychotherapy outpatients.



# **MENTALIZATION AND CLINICAL PRACTICE: ASSESSMENT, PROCESS AND OUTCOME**

**Proposer: Colli Antonello<sup>1</sup>**

<sup>1</sup> Department of Humanities, Carlo Bo University of Urbino

**Discussant: Parolin Laura<sup>2</sup>**

<sup>2</sup> University of Milan-Bicocca

## **Abstract**

Mentalization is the capacity to interpret our own and other peoples' behaviors in terms of mental states (Fonagy & Bateman, 2015) and represents one of the most important aspecific factor of therapeutic process. In this symposium we aim at describing some of the current directions of empirical research on this topic, on three conceptual lines related to the therapeutic process, the outcome and the assessment of mentalization. Esposito et al. investigate the relationship between clinicians' mentalizing interventions and therapeutic change in a group of underachieving university students (N=7), by analyzing the transcripts of 18 group sessions. Gullo et al. study which interventions may promote mentalizing in a sample of 39 university students undergoing a counseling training program. Carrera et al. investigate the efficacy of mentalization based treatment on a sample of patients with borderline personality disorder treated with an 18 months program. Last, Gagliardini et al. provide data on a sample of 350 patients assessed with a clinician report measure for the assessment of mentalization, the Mentalization Imbalances Scale (Colli & Gagliardini, 2015). All these works point to the importance of tracing in a more refined way the factors which may determine therapeutic change in patient's mentalizing, in order to provide a more refined assessment and tailoring of the psychotherapeutic treatment.

# EXPLORING THE RELATION BETWEEN CLINICIAN'S MENTALIZING INTERVENTIONS AND GROUP MEMBERS' CHANGE

Esposito Giovanna<sup>1</sup>, Karterud Sigmund<sup>2</sup>, Passeggia Raffaella<sup>1</sup>, Freda Maria Francesca<sup>1</sup>

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## Abstract

Clinicians may adopt different styles in therapeutic process, and one of the main issue is which kind of clinicians' interventions are better at producing positive outcomes (Lingiardi, 2013; Stigler et al., 2007). In the field of mentalization therapy, many studies have shown that some therapeutic actions are better at producing clients' change (e.g., clarifications) (Bateman & Fonagy, 2012); nevertheless, not enough is known about the effectiveness of mentalizing clinicians' interventions in group counselling.

This work is aimed at analyzing which counsellors' mentalizing actions are better at producing change in clients participating in nine-sessions group counselling aimed at promoting mentalization. Two groups of seven underachieving university students participated in this study. The effectiveness of the counselling paths was assessed with the academic performance inventory (Esposito et al., 2017). Transcripts of 18 sessions were analyzed through two procedures: a) the innovative moments coding system (Gonçalves et al., 2011), which is a reliable method for studying change by tracking narrative innovations (Reflection, etc.) along the therapeutic process; and b) the Mentalization Based-Treatment for Groups Adherence and Quality Scale (Karterud, 2015), which allows to code 19 types of mentalizing interventions (e.g., identifying and mentalizing events in the group, etc.). Outcome results showed that only one group improved in terms of academic performance ( $Z=-2,226$ ;  $p= 0,026$ ). Process measures showed that, in the good outcome group, group members' narrative innovations were mainly prompted by specific mentalizing counsellor's interventions, such as questions on mental states, challenging unwarranted beliefs and managing group members turn taking. Nevertheless, also some "no traditional" mentalizing interventions (e.g. interpretations) promoted members' change.

The innovative relevance of these findings for group mentalizing counsellors will be discussed.

# PROMOTING MENTALIZATION IN TRAINING GROUPS

Gullo Salvatore<sup>1</sup>, Falsi Giovanni<sup>1</sup>, Bastianelli Ylenia<sup>1</sup>, Lunetta Alessandro<sup>2</sup>

<sup>1</sup> N. Cusano University of Rome

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## Abstract

**Introduction:** The ability to mentalize reflects representation and understanding of inner mental states in oneself and others. Psychologist reported that reflective practice had a positive impact on both their clinical behaviour and on their care of clients. Although reflective capacity is recognised as a core competence, further evidence is still needed on how it can be improved in trainees and on how it impacts on professional identity. Moreover, recent studies showed that group format, with its multiple members, multiple self states of members, and multiple group self states, provides an environment rich in mentalizing opportunities.

**Method:** Participants were 39 Italian graduate students (77% women) who were enrolled in counseling training program at the University of Rome. Groups met weekly for 8/10 sessions and were conducted by 2 clinical psychologists. The leaders' interventions aimed to establish a supportive environment for exploring individual concerns and personal growth. The objective of the reflective groups was to promote self-awareness and reflective functions focusing emotions and feelings that arise un clinical relationships. Pre-post group assessment: the *Empathy Scale*, the *Reflective Functioning Questionnaire*, and a *Brief Questionnaire designed ad hoc* used to explore participant's experience; group process was measured by the *Group Questionnaire*.

**Results and conclusions:** First results showed positive pre-post changes in capacity to understand ourselves in terms of intentional mental states, as well as improvement in sense of empathy and understanding of others' point of view. Participant's self-report, leader's observation and process measures converged in showing a two-phases course: initial disengagement-confusion followed by emotion activation and self-reflection. The group format "forces" participants to take into account the "other's perspective" confirming to be a powerful tool for promoting mentalization in clinical trainees.

# **EFFICACY OF MENTALIZATION BASED TREATMENT FOR PATIENTS WITH BORDERLINE PERSONALITY DISORDER: PRELIMINARY RESULTS AT CAMPOSAMPIERO MHC**

Carrera Stefano<sup>2</sup>, Pandolfi Guia<sup>1,2</sup>, Cappelletti Jee Yun<sup>2</sup>, Padoani Walter<sup>2</sup>, Salcuni Silvia<sup>1</sup>

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## **Abstract**

This research presents preliminary results of 18 months Mentalization-Based Treatment, for with Borderline Personality Disorder patients, recruited at the Camposampiero Mental Health Center. Following Bateman and Fonagy guidelines for MBT in institutional settings, the research design provides the administration of a self and clinical report tools (N=13); symptoms (SCL-90-R), psychodiagnostic scale and global health functioning (SCID-II, GAF) and data on service impact and service costs (SVP, folder data) were provided at the beginning of the treatment (T0), at the end of the treatment (T2) and 1 years (FU1) after the end of the MBT project. Moreover, micro-analytical changes on 6 patients at T0, 3, 6 and 9 months (T1) were presented considering specifically mentalization and relational features trends (SEQ, CPPS, MMS, PMS, RFQ) and symptoms and global functioning (SCL-90-R, BDI-II, STAI-Y1Y2, CAQ, HoNOS, BPD-cl). Aims and hypotheses of the MBT pointed to an improvement of the overall functioning of the patients, a reduction of the symptoms associated to the BPD and the increase of their relational abilities, a decrease of the diagnostic criteria for the BPD and the other Axis II disorders, a reduction of the load working hours for the MHC personnel and the costs of the assistance. The analysis of the collected data was carried out using non-parametric statistics (Kruskal-Wallis statistics, Pearson correlation, Chi-square). Results confirmed the improvement in the overall functioning of patients (GAF), the reduction in BPD-related symptoms and relational skills of patients, a significant decrease in diagnostic criteria for BPD (SCID-II) and a significant reduction in workload for health personnel. The present research demonstrates not only the feasibility of a Mentalization-Based Treatment project within a public service but also the effectiveness of this treatment pathway for patients with BPD.

# ASSESSING MENTALIZATION WITH THE MENTALIZATION IMBALANCES SCALE

Gagliardini Giulia<sup>1</sup>, Caverzasi Edgardo<sup>2</sup>, Boldrini Annalisa<sup>2</sup>, Ferrero Andrea<sup>3</sup>, Colli Antonello<sup>1</sup>

<sup>1</sup> Department of Humanities, Carlo Bo University of Urbino

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<sup>3</sup> APPs-TR, Adlerian Psychodynamic Psychotherapies – Training and Research

## Abstract

**Aim.** The aim of this work is to assess the validity and reliability of the Mentalization Imbalances Scale (MIS; Colli & Gagliardini, 2016), a new clinician-report multidimensional measure of mentalization.

**Study 1. Method.** To test MIS factor structure and criterion validity a random sample of clinicians (N=200) rated a patient who was at least 18 years old and had no psychotic disorder, using: 1) MIS; 2) a checklist of each of the DSM-5 (APA, 2013) criteria for personality disorders randomly ordered, rated as present/absent; 3) clinical data form. **Results.** Factor analysis suggested the presence of five factors that explained 55% of the variance: Self, Other, Automatic, Cognitive, Affective. Associations between personality pathology and mentalization were statistically significant and clinically coherent.

**Study 2. Method.** A different sample of 150 therapists and patients used a series of measures. Clinicians' measures were the same of Study 1. Patients' measures included: 1) Reflective Functioning Questionnaire (RFQ; Fonagy et al., 2016); 2) Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004); 3) Interpersonal Reactivity Index (Davis, 1983). **Results.** The associations between MIS scales and other measures' scales were coherent and statistically significant.

**Study 3. Method.** In order to test MIS reliability, we calculated the IRR in a sample of junior (N=3) and senior (N=3) raters on a sample of 15 session transcripts: ICC ranged from sufficient ( $\geq .40$ ) to good ( $\geq .75$ ).

**Conclusion.** Results suggests that MIS is a reliable measure for the assessment of patients impairments in mentalization.

# **PERSONALITY PATTERNS AND SYNDROMES FROM CHILDHOOD TO ADULTHOOD: MAKING DIAGNOSIS CLINICALLY MEANINGFUL**

**Proposer: Speranza Anna Maria<sup>1</sup>**

<sup>1</sup> Department of Dynamic and Clinical Psychology, Sapienza University of Rome

**Discussant: Del Corno Franco<sup>2</sup>**

<sup>2</sup> Association of Research in Clinical Psychology of Milan

## **Abstract**

Personality form during childhood and continue to develop over the course of life according to multiple and complex developmental trajectories. For clinical practitioners, carefully understanding personality patterns or syndromes of individuals in the life cycle has a critical relevance in developing accurate diagnoses, making meaningful case formulations, and providing effective treatments.

In this panel, the following four studies try to deal with some of the “open questions” in the international debate on the personality field. Overall, they emphasize how personality pathology of children and adolescents is distinct from both normal development and abnormal psychopathology, and highlight that personality disorders of adults should have to be more deeply investigated in planning treatments patient-tailored.

The first contribution of Fortunato and Speranza focuses on the development of a Q-Sort assessment procedure designed to evaluate children personality, and provides the promising data on the psychometric properties of this new measure.

The second contribution of Boldrini, Pontillo, Erbutto, Santonastaso and Vicari investigates the personality features and attachment patterns in a clinical sample of adolescents at risk of developing a psychosis (UHR), and highlights the importance of these individual characteristics in guiding clinical decision-making.

The third contribution of Tanzilli, Gualco, Shedler, Baiocco and Lingardi examines the therapist emotional responses (countertransference) related to personality patterns/syndromes in adolescent patients, and emphasizes their relevant role in understanding core dynamics of patient’s pathology and helping therapists in clinical practice.

The fourth contribution of Di Sarno, Di Pierro and Madeddu aims at shedding light on the structure and nature of narcissistic functioning examining the clinically relevant role of shame and guilt.

The results will be discussed and their clinical implications will be addressed.

# PERSONALITY, TRAITS AND DISORDERS IN CHILDHOOD: A Q-SORT ASSESSMENT PROCEDURE

Fortunato Alexandro<sup>1</sup>, Speranza Anna Maria<sup>1</sup>

<sup>1</sup> Department of Dynamic and Clinical Psychology, Sapienza University of Rome

## Abstract

Introduction: Despite a growing number of studies confirming that it is possible to evaluate childhood personality from a developmental perspective, the debate on childhood personality and its disorders still rages. The aim of this work is to develop a Q-Sort assessment procedure for the evaluation of children personality. Methods: From a literature review we derived 200 items that describe some specific patterns of affect, cognition, motivation and behavior in childhood with a straightforward manner. These items are included in seven Emerging Personality Patterns and four Personality Organizations. Items and Patterns were tested through theoretical and statistical consensus. The theoretical consensus was obtained by 30 expert clinicians that evaluated on a 5-point Likert scale each Pattern and item. The statistical consensus involved 42 clinicians assessing 42 children (M=7.92; 64% male). Afterwards, we start with the validation procedure. 100 clinicians evaluated 100 children (M=8,7; 74% male), from 5 to 11 years old, in treatment from 2 to 12 months. Procedure includes other instruments: CPNI (Coolidge, 2002), CBCL (Achenbach, 2001) e PDC-C (Lingiardi & McWilliams, 2017). Results: Theoretical consensus: clinicians rated 4 or 5 to all the Patterns and most of the items, only few items were rated 3. Statistical consensus: we evaluated the mean score and the standard deviation (SD) for each item. Only 16 out of 200 items reached a SD lower than 1.50 and a little mean score. Then, to evaluate the internal coherence of each Pattern, we measured the Cronbach's alpha that reached really good or excellent levels. According to the consensus results, we modified the problematic items to obtain the final version of the instrument. Validation procedure highlights the Q-Sort's validity. Conclusions: Preliminary data is promising and seems to confirm that the personality can be assessed in childhood and the Q-Sort procedure is the best to assess childhood personality.

# PERSONALITY AND ATTACHMENT PATTERNS IN A CLINICAL SAMPLE OF ADOLESCENTS AT ULTRA HIGH RISK FOR PSYCHOSIS

Boldrini Tommaso<sup>1</sup>, Pontillo Maria<sup>2</sup>, Erbuto Denise<sup>1</sup>, Santonastaso Ornella<sup>2</sup>, Vicari Stefano<sup>2</sup>

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<sup>2</sup> Department of Neurosciences and Neurorehabilitation, Bambino Gesù Pediatric Hospital of Rome

## Abstract

The ultra-high risk (UHR) criteria were defined to identify young people at imminent risk of developing a first episode of psychosis. Identifying UHR individuals can help guide mental health practitioners in their treatment decision-making and adapt their interventions to the individual characteristics of patients in order to prevent the onset of psychosis. To date, only few studies have focused on personality features of the UHR patients' population, using mostly self-report instruments despite their crucial limitations in this field. Moreover, very little research has examined the link between the risk for developing psychosis and insecure attachment. Notably, no empirical investigations have studied this relationship using the gold standard measure for attachment. This study aimed at examining with valid and reliable measures both personality features and attachment patterns in a clinical sample of UHR adolescents.

*Methods:* 40 adolescent UHR outpatients were compared to 40 individuals who didn't meet the ultra-high risk criteria. Each patient received a DSM personality diagnosis and was assessed using the Brief Psychiatric Rating Scale (BPRS) and Structured Interview for Prodromal Syndromes (SIPS/SOPS), the Shedler-Westen Assessment Procedure (SWAP-200-A), as well as the Adult Attachment Interview (AAI).

*Results:* No differences between groups have been found when personality disorders were measured according to the DSM-IV-TR categories. However, UHR patients showed more impaired personality functioning and higher scores on two Q-factors of the SWAP-200: "inhibited/self-critical" and "emotionally dysregulated". Finally, a higher degree of "cannot classify low-coherence" attachment patterns was found in UHR patients' group.

*Conclusions:* These primary findings seem to suggest the importance of taking into account the emotional dysregulation, social inhibition and disorganized attachment in treatment planning of UHR patients.



# **PATIENT PERSONALITY AND COUNTERTRANSFERENCE IN THE PSYCHOTHERAPY WITH ADOLESCENTS: TOWARD THE EMPIRICALLY DERIVED AND CLINICALLY USEFUL PROTOTYPES OF THERAPIST'S EMOTIONAL RESPONSES**

Tanzilli Annalisa<sup>1</sup>, Gualco Ivan<sup>2</sup>, Shedler Jonathan<sup>3</sup>, Baiocco Roberto<sup>4</sup>, Lingiardi Vittorio<sup>1</sup>

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<sup>2</sup> Counselling Study Centre for Couple and Individual Therapy, CSTCS, Genoa

<sup>3</sup> University of Colorado School of Medicine, Denver, Colorado

<sup>4</sup> Department of Developmental and Social Psychology, Sapienza University of Rome

## **Abstract**

Therapist's emotional responses to the patient (or countertransference) can inform diagnostic assessment, as well as plays a crucial role in the psychotherapy process and outcome across different models of treatment. Although the clinical literature on countertransference phenomena in psychotherapy is rich, to date, little interest has been shown in empirical investigation of therapists' emotional responses related to the adolescent patient's personality.

The aims of this study were to: 1) examine the stability of the factor structure and psychometric properties of the Therapist Response Questionnaire – Adolescent Version (TRQ-A; Satir et al. 2009); 2) investigate the relationship between therapists' emotional responses and specific emerging personality patterns of adolescent patients; 3) provide the empirically derived prototypes of therapists' emotional responses toward adolescent patients with particular personality styles/syndromes.

A national sample of psychiatrist and clinical psychologists ( $N=177$ ) completed the TRQ-A, as well as the Shedler–Westen Assessment Procedure–II-A (Westen et al., 2014) to assess personality patterns and syndromes regarding an adolescent patient currently in their care. Exploratory factor analysis (EFA) revealed six distinct countertransference scales that were conceptually coherent and psychometrically robust: hostile/devaluated, positive, bored/failing, overwhelmed/scared, overinvolved, and sexualized. These scales showed excellent reliability, as well as good validity. They were significantly associated with distinct personality styles/syndromes. Finally, the prototypes of therapist's emotional responses in adolescent personality-disordered patients provided the empirically derived and clinically useful description of countertransference processes that strongly resemble clinical theories. The diagnostic and clinical implications of these findings were addressed.

# ASSOCIATIONS BETWEEN NARCISSISTIC TRAITS AND SHAME- AND GUILT-PRONENESS

Di Sarno Marco<sup>1</sup>, Di Pierro Rossella<sup>1</sup>, Madeddu Fabio<sup>1</sup>

<sup>1</sup> Department of Psychology, University of Milan-Bicocca

## Abstract

Even if shame has been conceptualized as a clinically relevant affect for narcissistic functioning, empirical associations with narcissism are inconsistent throughout research. This may be due to the tendency to assess narcissism in terms of overt and grandiose themes only. Moreover, shame is usually associated with guilt, but the role of guilt in narcissism is not equally emphasized by clinicians.

A nonclinical sample of adults ( $N = 367$ ,  $M_{age} = 33.67$ ,  $SD = 13.62$ ) completed the Personal Feelings Questionnaire-2 for the assessment of shame- and guilt-proneness, and the Pathological Narcissism Inventory for the assessment of both narcissistic grandiosity and narcissistic vulnerability. Two multiple linear regressions were conducted to evaluate the associations between narcissistic traits and shame- and guilt-proneness. Analyses were conducted controlling for gender, and for guilt- and shame-proneness respectively.

Results showed that while narcissistic grandiosity was negatively associated with shame-proneness, narcissistic vulnerability was positively associated with it. On the other hand, no association emerged between vulnerable or grandiose narcissism with guilt-proneness, after controlling for shame-proneness.

Shame-proneness seems to be more relevant than guilt-proneness for narcissistic functioning. Moreover, individuals high in narcissistic grandiosity may be less likely to consciously experience and report feelings of shame.

# NEW TRENDS IN PERSONALITY RESEARCH: IMPLICATIONS FOR CLINICAL PSYCHOLOGY

**Proposer: Sirri Laura<sup>1</sup>**

<sup>1</sup>Laboratory of Psychosomatics and Clinimetrics, Department of Psychology, University of Bologna

**Discussant: Grandi Silvana<sup>1</sup>**

<sup>1</sup>Laboratory of Psychosomatics and Clinimetrics, Department of Psychology, University of Bologna

## **Abstract**

The present symposium focuses on the last research trends in clinical psychology concerning the impact of personality constructs on different features of physical and psychological quality of life. The contribution by Casale and Rugai describes two studies on the role of perfectionistic self-presentation in narcissism in the general population. The first study assesses the association between perfectionistic self-presentation and grandiose and vulnerable narcissism. The second study examines whether perfectionistic self-presentation mediates the association between narcissism and low levels of authenticity.

Conti and colleagues explore the relationship between alexithymia, anxiety and depressive symptoms, and binge eating in a sample of obese and overweight outpatients participating in a weight loss program. Prevalence of alexithymia and its predictive role in binge eating severity are examined. The differential role of specific features of alexithymia in binge eating symptoms is also discussed.

The contribution by Grano and colleagues deals with the impact of positivity (a general tendency to face life experiences in a positive way) on different quality of life outcomes and health-related behaviors in various clinical settings. Results of cross-sectional and prospective studies on patients with cancer, patients who underwent pulmonary lobectomy or atypical resection, and pregnant women are reported.

Sirri shows the findings of a study aimed at evaluating the prevalence of type D personality and its demographic and psychological correlates in the general population. Particular attention is paid to whether type D personality is significantly predicted by psychological distress, perceived stress, coping strategies, perceived social support, and personality features according to the Big Five model.

All the contributions highlight the possible clinical implications of their findings and future research perspectives on the considered personality constructs are discussed.

# THE INTERPERSONAL EXPRESSION OF PERFECTIONISM IN NARCISSISM: EVIDENCE FROM GENERAL POPULATION STUDIES

Casale Silvia<sup>1</sup>, Rugai Laura<sup>2</sup>, Fioravanti Giulia<sup>1</sup>

<sup>1</sup> Department of Health Sciences, Psychology and Psychiatry Unit, University of Florence

<sup>2</sup> Department of Experimental and Clinical Medicine, University of Florence

## Abstract

The current contribution will focus on perfectionistic self-presentation and its relevance in models of narcissism as a form of overcompensation designed to deflect attention away from self-inadequacies. We take an extended view of perfectionistic self-presentation that includes a defensive need to seem effortlessly perfect and self-presentation capability.

The first study (n = 305) compared grandiose and vulnerable narcissists with regard to their perfectionistic self-presentation. Significant positive associations were found between grandiose narcissism and perfectionistic self-promotion and effortless perfection. Vulnerable narcissism was found to be associated with all facets of perfectionistic self-presentation, effortless perfection, and lower perceived ability to seem perfect.

Since the first study has shown that both grandiose and vulnerable narcissists tend to project an image of perfection, the second study (n = 274) aimed to investigate the intrapersonal costs of these efforts by hypothesizing that perfectionistic self-presentation mediates the association between narcissism and low levels of authenticity. Results from structural equation modeling supported the hypothesized mediating effect of perfectionistic self-presentation dimensions in the association between vulnerable narcissism and authenticity dimensions [ $\chi^2 = 755.98$ ,  $df = 305$ ,  $p < 0.001$ ;  $RMSEA = 0.07$  (90% C.I. = 0.06–0.08),  $CFI = 0.94$ ,  $SRMR = 0.07$ ]. Grandiose narcissism, on the other hand, was not found to be associated with low levels of authenticity.

The overall pattern of results highlights the importance of distinguishing narcissistic grandiosity and narcissistic vulnerability and the usefulness of an extended conceptualization of the perfectionism construct. It was evident that the concept of perfectionistic self-presentation is much more relevant in vulnerable narcissism relative to grandiose narcissism, though it is still relevant to some extent in grandiose narcissism.

# ALEXITHYMIA AND BINGE EATING IN PATIENTS ON A WEIGHT-LOSS PROGRAM

Conti Chiara<sup>1</sup>, Di Francesco Giulia<sup>1</sup>, Lanzara Roberta<sup>1</sup>, Saverio Melania<sup>1</sup>,  
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<sup>2</sup> Department of Medicine and Aging, G. d'Annunzio University of Chieti-Pescara

## Abstract

Alexithymia is a multifaceted personality construct characterized by the difficulty in identifying and describing feelings, and with an externally oriented thinking pattern and a limited imaginative capacity.

The aim of this cross-sectional study was to investigate the involvement of alexithymia as underlying mechanism of binge eating in a sample of 266 obese and overweight outpatients who are starting treatment for their weight.

Alexithymia was measured with the 20-item Toronto Alexithymia Scale (TAS-20); binge eating was assessed with the Binge Eating Scale (BES); and depressive and anxiety symptoms were evaluated, respectively, with the clinical interview combined with the Hospital Anxiety and Depression Scale (HADS).

Prevalence of alexithymia was 43.6% in this sample. In a multiple linear regression, higher TAS-20 scores and higher depressive and anxiety symptoms were associated with increased binge eating. Structural equation modeling (SEM) revealed that the latent construct of difficulties in identifying feelings had a significant direct association with the BED score ( $\beta = 0.23$ ,  $p < 0.001$ ).

Alexithymia is common in obesity and overweight. Individuals with deficit in identifying feelings, may show increased binge eating, especially in the presence of depressive and anxiety symptoms.

# TYPE D PERSONALITY IN THE GENERAL POPULATION

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University of Bologna

## Abstract

Type D personality (TDP), a combination of negative affectivity and social inhibition, has been associated with adverse outcomes in cardiovascular diseases, but also with impaired quality of life in other medical conditions and in the general population.

This cross-sectional study examined both prevalence and demographic and psychological correlates of TDP in a community sample.

Five hundred subjects (50% men, mean age  $41 \pm 16.1$  years, 49.4% married or living as married) completed the Type D Scale-14, the Symptom Questionnaire, the Perceived Stress Scale, the Brief Coping Orientation to Problems Experienced, the Big Five Inventory-10, and the 15-item version of the Interpersonal Support Evaluation List.

TDP occurred in 140 subjects (28%), with a significantly higher prevalence in women (32.4%) than in men (23.6%). TDP was significantly associated with lower perceived social support, more anxiety, depressive, somatization, and hostility symptoms, greater perceived stress, and lower levels of agreeableness, conscientiousness, emotional stability, and extraversion. Subjects with TDP were more prone to engage in behavioral disengagement and self-blame coping strategies and less likely to adopt the positive reframing, use of instrumental support, active coping, humor, and planning coping strategies. In logistic regression analysis, lower levels of perceived social support, emotional stability, and extraversion, and the use of the self-blame coping strategy independently predicted TDP.

Our findings confirm previous studies on the dimensional association between the two components of TDP and the emotional stability and extraversion traits. These results also support the construct validity of the Type D Scale-14. Inadequacies in coping strategies and in social support resources utilization could mediate the relationship between TDP and vulnerability to psychosocial difficulties. Future studies should assess the temporal stability of TDP in the Italian general population.

# POSITIVITY AND ITS ASSOCIATION WITH QUALITY OF LIFE OUTCOMES AND HEALTH BEHAVIORS

Grano Caterina<sup>1</sup>, Alessandri Guido<sup>1</sup>, Fernandes Mariana<sup>1</sup>, Delle Donne Daniela<sup>1</sup>,  
Rendina Erino<sup>2</sup>, Scafa Valentina<sup>1</sup>, Zucaro Erika<sup>1</sup>, De Longis Evelina<sup>1</sup>, Cassiano  
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<sup>1</sup> Department of Psychology, Sapienza University of Rome

<sup>2</sup> Department of Surgical and Medical Sciences and Translational Medicine,  
Sapienza University of Rome

## Abstract

Introduction: Positive Orientation is a general tendency to react to life experiences in a positive way, a rather pervasive way of looking at and facing reality, framing events, interpreting and evaluating oneself and subjective, personal and interpersonal experience, past and future (Caprara, 2009). It is not just a good indicator of the optimal functioning of the individual but promotes such adaptation. In fact, several results show that people with higher scores on this scale experience greater positive affections, are less prone to negative emotions, perceive their social ties in a more optimistic way, enjoy better health, have positive interpersonal relations (Alessandri et al., 2012). Aim: The purpose of this contribute will be to examine the role of positivity in predicting health outcomes and health behaviors samples with diverse conditions. Method: The role of positivity in predicting functioning impairment, length of hospitalization, physical and mental health and health behaviors will be examined considering different cross sectional and longitudinal samples of patients with diverse forms of cancer, patients who underwent a surgery of lobectomy or atypical pulmonary resection, and pregnant women. Results and Conclusion: patients who are high in positivity may afford better their physical impairments or conditions. Further studies are needed in order to understand the pathways of this association.

# **“EMBODIED INTERSUBJECTIVITY”: STUDIES ON SOMATIC PERSPECTIVE OF PSYCHOLOGICAL INTERVENTION AND CHANGE**

**Proposer: Palmieri Arianna<sup>1</sup>**

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**Discussant: Porcelli Piero<sup>2</sup>**

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## **Abstract**

Since the psychodynamic “relational turn” (Mitchell, 1993; Beebe & Lachmann, 2003), the study of intersubjectivity drove to an increasing interest and promising results. The patient-therapist relationship, especially in its implicit components, recently aroused as one of the main factor of change.

On the other side, although the somatic underpinning of the psychological sufferance has classically been object of interest of clinical dynamic psychology since Freud's studies on hysteria, only recently researchers focused on how psychotherapeutic change has a tangible effect on the somatic dimension of the individuals.

Aim of the present contribution is to prospect convergence of these two topics regarding somatic modifications (central, peripheral nervous system and body as a whole) and clinical intersubjectivity. In detail, the first proposed contribution will delineate a critical literature overview on intersubjectivity and change in psychotherapy, specifically in a dynamic-system perspective, focused on providing the premises of the deep interconnection between somatic and psychological dimensions.

The second contribution will explore, through high density electroencephalography, the effects of psychodynamic therapy on neural processing of emotions in children with complex trauma, delineating which brain regions' activity is linked to their symptoms, resources and change.

The third contribution will focus on interpersonal physiology as an unbiased tool to study clinical changes, presenting the analysis of the psychotherapy process on two parallel levels: on the content level -through the Innovative Moments Coding System- and on the physiological level, detecting the simultaneous activation of patient-therapist dyad.

The fourth contribution will present the “counterclockwise” psychological intervention, an innovative protocol aimed to achieve physical and psychological improvement in elderly people, through the re-enactment of previous periods of their life.



# EMBODIED INTERSUBJECTIVITY AND PSYCHOTHERAPY CHANGE PROCESSES: A CRITICAL REVIEW

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## Abstract

Recent developments in epistemology and neurosciences have stressed the importance of what is usually named *embodied intersubjectivity*. Embodiment implies reciprocal relationships between bodily sensory-motor and visceral processes on one side and cognitive-emotional processes on the other. Intersubjectivity, from a dyadic systems perspective, affirms that the interaction between two individuals can be described as the ongoing, emergent processes resulting from the reciprocal interaction of each individual's self-regulation (within-subjects dynamics) and mutual regulation (between-subjects dynamics). Overall, to study embodied intersubjectivity requires to understand how an embodied mind is shaped within and through interpersonal dynamics. Such a perspective may have the potential to deepen our understanding of how psychotherapy works.

Current clinical models and perspectives on psychotherapy change processes do not seem to have sufficiently addressed embodied intersubjectivity as described above. Most of the existing research conducted from an interpersonal perspective has usually focused on affective/cognitive processes, neglecting bodily dimensions. Second, the few existing studies focusing on bodily processes tend to neglect the body-mind interaction and are usually conducted from an individual perspective.

In the present review, we first provide a critical overview of the existing empirical research on psychotherapy change processes with regard of embodied intersubjectivity. Then, we sketch out a model according to which the study of embodied intersubjectivity in psychotherapy requires to address the dynamic interplay between bodily and mental processes (a) at the level of self-regulation (SR; intra-individual level, within-subjects dynamics), (b) at the level of mutual regulation (MR; inter-individual level, between-subjects dynamics), (c) and at the level of the reciprocal influence between SR and MR.

# THE EFFECTS OF PSYCHODYNAMIC THERAPY ON NEURAL PROCESSING OF EMOTIONS IN CHILDREN WITH COMPLEX TRAUMA

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## Abstract

Early interpersonal traumatization exerts a deleterious impact on children's intersubjective competencies, through the impairment of their ability to recognize, regulate and express emotional states. In the last years, neuroscience research has given support to these behavioral findings, confirming the detrimental effect of early maltreatment on neural processes associated with facial emotion processing. In this study, high density Electroencephalography (hdEEG) was used to investigate the effects of short-term psychodynamic therapy on brain responses to adults' emotions on children with histories of early and prolonged maltreatment perpetrated by their caregivers. hdEEGs were recorded while children passively viewed angry, afraid, happy, and neutral faces. Seven school-aged children were examined before (T0) and within one month after the conclusion of treatment (T1). The TSCC–A and the CBCL/4–18 were administered at the same time. Correlation analyses were performed to detect brain regions whose activity was linked to children's trauma-related symptom and emotional–adaptive problem scores. In all four conditions, hdEEG showed similar significantly higher bilateral activity on the medial prefrontal as well as on the inferior/superior parietal regions at T0, shifting towards the right medial temporal region and bilateral visual cortices at T1. Moreover, significant correlations were found between clinical scales and the same regions whose activity significantly differed between pre– and post–treatment. These results demonstrate that, after short-term psychodynamic therapy, children suffering from complex trauma show increased activity in areas implicated in high–order cognitive elaboration, visuo-emotional processing, and visual attention, when passively viewing pictures of emotional expressions. These changes are associated with the decrease of post-traumatic symptoms and with the improvement of emotional–adaptive functioning over time.

# THE RELATION BETWEEN NARRATIVE MARKERS OF CHANGE AND PSYCHOPHYSIOLOGICAL MEASURES IN THE THERAPEUTIC PROCESS: A CASE STUDY

Esposito Giovanna<sup>1</sup>, Kleinbub Johann R.<sup>2</sup>, Cutolo Anna S.<sup>1</sup>, Mannarini Stefania<sup>2</sup>,  
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<sup>3</sup> School of Psychology, University of Minho, Portugal

## Abstract

The Innovative Moments Coding System (Gonçalves et al., 2011) is a reliable tool to assess process markers from psychotherapy transcripts. Innovative Moments (IMs) are narrative innovations (e.g., Action, Reflection, Reconceptualization, etc.) that emerge in the therapeutic process. Previous efforts in literature have shown that during the elaboration of high level IMs, patients showed a distinctive pattern of psychophysiological activity, yet no information in regard to therapist's physiology were provided. Crucially, the study of simultaneous, interpersonal physiology (IP), is being increasingly studied and employed as a tool to assess the quality of clinical relationship, and the dynamics of key clinical processes, such as empathy and alliance.

In this study we aimed to replicate and extend current literature by analysing the data from a patient and a therapist involved in a brief psychodynamic therapy of 16 sessions.

Each session was audio-video recorded, and simultaneous electrodermal activity was acquired for both participants. IMs were assessed by two reliable coders, while the dyadic physiological data was analysed through moving windows cross-correlations.

Across the 16 sessions, 21.4% of the entire narrative discourse was devoted to IMs. Inter-rater agreement on IMs was 85.68% and Cohen's Kappa for IM categories was .94, with the most complex form of IM, Reconceptualization, being the most common (8.6%). The results of our ideographic single-case design showed only a partial association between IMs and dyadic physiological patterns with an increased physiological synchronization in the Action and Reconceptualization categories. Notably these high-synchrony sequences were also characterized by the patient leading the physiological co-regulation process, with the therapist following.

The discussion will regard the implications of using innovative tools, bridging the gap between verbal and nonverbal content in the study of process in psychotherapy research.

# A COUNTERCLOCKWISE INTERVENTION TO REJUVENATE OLDER ADULTS: CHANGING THE MIND TO CHANGE AGEING?

Pagnini Francesco<sup>1,2</sup>, Cavalera Cesare<sup>1</sup>, Volpato Eleonora<sup>1,3</sup>, Vailati Riboni Francesco<sup>1</sup>, Comazzi Benedetta<sup>3</sup>, Banfi Paolo<sup>3</sup>, Bercovitz Katherine<sup>2</sup>, Phillips Deborah<sup>2</sup>, Langer Ellen<sup>2</sup>

<sup>1</sup> Department of Psychology, Catholic University of the Sacred Heart of Milan

<sup>2</sup> Department of Psychology, Harvard University, Cambridge, USA

<sup>3</sup> HD Respiratory Rehabilitation Unit, Istituto di Ricovero e Cura a Carattere Scientifico S. Maria Nascente, don C. Gnocchi Foundation, Milan

## Abstract

Ageing is generally perceived as a biologically-determined process. There is growing literature, however, that discusses the role of psychological factors in the ageing process. In particular, age-related stereotypes, which reflect the images that people have about the ageing process, seem to have a strong influence on health and life satisfaction, through self-fulfilling prophecy mechanisms. According to the stereotype embodiment theory, mindful changes in these images will promote a change in both the mind and the body, resulting, for example, in a rejuvenation and in a higher quality of life.

The presentation aims to discuss a psychological intervention named “counterclockwise”. The intervention is based on an original study conducted by Ellen Langer in 1979 and adapted to the current context. In the counterclockwise intervention, a group of older adults (aged 75+) takes part of a residential role-play game, in which they will relive their previous self, acting as if they were in the year 1989. The entire residential program, which lasts one week, is designed to enhance this perception, including a retrofitted environment and social activities that will prime participants to relive that period. The intervention protocol includes social activities, such as group discussions about politics and sports (all referred to late ‘80s events), and games, such as Trivial Pursuit (with questions from 1989). Participants are exposed every day to newspapers, TV shows and movies from the target period, and they are encouraged to act as if they are actually younger. The whole setting is retrofitted to remind the ‘80s, and it includes several -currently vintage- objects: cathode-ray television, VHS recorders, old phones, typewriters.

During the presentation, a research protocol testing the effects of the counterclockwise intervention will be introduced. It will be tested against an active control group and a no-treatment group, using a randomized controlled trial methodology.

# **UPGRADING THE RORSCHACH: RESEARCH AND ADVANCES – TWO YEARS LATER**

**Proposer: Giromini Luciano<sup>1</sup>**

<sup>1</sup> Department of Psychology, University of Turin

**Discussant: Zennaro Alessandro<sup>1</sup>**

<sup>1</sup> Department of Psychology, University of Turin

## **Abstract**

This symposium aims at providing a third update (the first one occurred in Rome in 2016, at the XVIII AIP conference) on the state of the art of Rorschach-based research in Italy. Aschieri and Durosini start off this session by presenting a study in which the Rorschach was used with couples with different degrees of marital satisfaction. Vetere and Aschieri, then, present a paper addressing the use of the Rorschach with a group of mental health professionals in residential communities for adolescents. Porcelli next discusses about possible advances in the understanding of the Rorschach task via integration of the clinical and neuroscientific perspectives. Finally, Ales and Giromini close the paper session by presenting an eye-tracking study addressing the validity of Complexity, a key variable of R-PAS. Albeit from different perspectives and backgrounds, all presenters stress on the importance to continue to upgrade the Rorschach by aligning its interpretations with their evidence base.

# **OBSERVING COUPLES DISCUSSING ABOUT “WHAT MIGHT THIS BE?”**

Aschieri Filippo<sup>1,2</sup>, Durosini Ilaria<sup>1</sup>

<sup>1</sup> Department of Psychology, Catholic University of the Sacred Heart of Milan

<sup>2</sup> European Center for Therapeutic Assessment, Catholic University of the Sacred Heart of Milan

## **Abstract**

The literature has recently stressed the clinical utility of using the conjoint Rorschach for assessment and intervention with couples seeking treatment. However, there are no clear guidelines in interpreting the behaviours couples display during the discussion about “what could this be?” This study explores the application of the Rapid Marital Interaction Coding System to code couples’ behaviours during the process of creation and discussion of conjoint Rorschach responses, using three groups of couples with different degrees of marital satisfaction. Results of these exploratory analyses suggest that (a) the coding allows identification of differences among the three groups of couples, and (b) the coding yields specific information on partners’ behaviours in each group of couples.

# THE RORSCHACH TEST AS A GROUP INTERVENTION FOR TREATING TEAM IN EDUCATIVE COMMUNITIES FOR ADOLESCENTS

Vetere Carlo<sup>1</sup>, Aschieri Filippo<sup>2</sup>

<sup>1</sup> Veneto Institute of Family Therapy, Treviso

<sup>2</sup> European Center for Therapeutic Assessment, Catholic University of the Sacred Heart of Milan

## Abstract

**Introduction.** The Consensus Rorschach has a long history in diagnosing systemic processes and addressing the influence of the group on the individual psychological functioning. However, the variety of its administration procedures and lack of literature supporting its empirical validity limited its spread.

Rather, the Consensus Rorschach is widely used in collaborative assessment with couples and families as a transformative intervention with clients.

The goal of this presentation is to describe the Rorschach test as an intervention with groups, exemplifying it with a case from a residential community for adolescents.

**Method.** The Rorschach was administered to an adolescent inpatient. The treating staff was distressed by his challenging and disconstrained behaviors. After the individual administration, the assessor involved the staff in an intervention based on the client's Rorschach responses. The intervention included a semi-structured procedure in which the adolescent's responses were used as metaphors and images to describe, identify, and experience his own struggles in reaching an integrated self. Videos from the session with the staff illustrate the steps of the intervention.

**Results.** The treating staff was able to change their reaction to several processes that the client's was triggering in the group. The relationship between client and staff improved dramatically after the intervention. Follow-up data will illustrate how intervening on adults with the Rorschach can be a turning point for the treatment itself.

**Conclusions.** Using the Rorschach as an intervention tool to change adults working as professionals in an inpatient community for adolescents increases their understanding, integration and identification. This technique can be adapted to different contexts in which adults are not able to integrate splitted aspects of the self of adolescents, and hence act out with them on such partial premises.

# NEUROSCIENCE AND THE RORSCHACH: PERSPECTIVES FOR CLINICAL INTEGRATION IN THE STUDY OF BRAIN

Porcelli Piero<sup>1</sup>

<sup>1</sup> Department of Psychological, Health, and Territorial Sciences, G. d'Annunzio University of Chieti-Pescara

## Abstract

As long as the Rorschach test has been considered a primary projective test, data on and with it are likely to be unreliable because of the low psychometric properties of this approach. In the last decades the availability of sound psychometric systems, as the CS and the R-PAS, has paved the way to several research and clinical pathways, including the complex field of neuroscience. Neuroimaging studies using NIR, fMRI, EEG, and rTMS have generated a renewed interest in the multiple uses of the test and showed how the brain looks like when engaged with the inkblot task. For example, it has been shown that the whole brain functioning is involved for cognitive control, emotional reactivity, and recall of mental representations stored in memory, higher activity of the right over the left hemisphere, functional connectivity between prefrontal areas and the amygdala, and the activation of the mirror neuron system. In particular, form quality (FQ) and human movement (M) are two of the Rorschach variables that showed stronger evidence for being associated with accuracy and reality testing (FQ) and empathy and mentalization functioning (M). A clinical case will be discussed in order to show the extent to which qualitative and quantitative data, as well as research evidence and clinical aspects, can be integrated in a meaningful way by conjugating laboratory data and real-life experience. In conclusion: 1) even if the Rorschach is a one-century old, low-tech pal, it has still many potential assets not yet discovered and exploited in full; 2) mental manipulation of representations involve the activity of the same brain areas as manipulating external environment and likely the same mental underlying and implicit processes as in one's everyday life; 3) although in its infancy, neurobiological data indicate that the Rorschach test can provide information on real-life behaviors to be add to laboratory findings and neuropsychological test data.



# **R-PAS AND EVIDENCE-BASED ASSESSMENT: AN EYE TRACKING STUDY**

Ales Francesca<sup>1</sup>, Giromini Luciano<sup>1</sup>

<sup>1</sup> Department of Psychology, University of Turin

## **Abstract**

This study represents the beginning of a systematic effort to utilize eye movements in order to better understand the behavioral foundation of the Rorschach Performance Assessment System (R-PAS; Meyer et al., 2011). The goal of this study was to examine eye movements associated with the production of various Rorschach responses. More specifically, we hypothesized that when compared to simpler responses, delivering more complex, Rorschach responses would associate with an increased number of saccades and fixations, as a demonstration of an extra cognitive engagement and effort. We thus intended to contribute to the psychophysiological validation of the variable “Complexity”, recently introduced by R-PAS. Seventy-one participants (79% women, mean age = 24), were administered the Rorschach while their eye movements were recorded by an Eyelink 1000 Plus Desktop Mount tracker. Bivariate correlation analyses were performed to establish the relationship between eye tracker parameters and R-PAS variables in the Engagement and Cognitive Processing domain. Moreover, because many of the variables in this domain are highly correlated with Complexity, a series of hierarchical regressions were performed too. Results suggest that Complexity is the Rorschach variable most strongly linked to the level of attention and cognitive effort demonstrated by the respondents during the visual examination of the Rorschach inkblots. This study thus confirms that Complexity reflects the level of productivity, coping and psychological resources owned by the test-taker, as postulated by R-PAS.

# **RISK SITUATIONS FOR CHILDREN: BIO-PSYCHO-SOCIAL FACTORS CONNECTED TO PARENTS AND CHILD DEVELOPMENT**

**Proposer: Candelori Carla<sup>1</sup>**

<sup>1</sup> Department of Psychological, Health, and Territorial Sciences, G.  
d'Annunzio University of Chieti-Pescara

**Discussant: Cerniglia Luca<sup>2</sup>**

<sup>2</sup> International Telematic University UNINETTUNO, Rome

## **Abstract**

The symposium is about different "risk situations" for child development and intends to stimulate an active discussion about important topics in the Developmental Psychopathology framework, addressing interconnections between genetic, biological and environmental factors at the basis of relational and individual psychological difficulties in families with offspring in childhood.

The first contribution will focus on "Psychopathological risk and DNA methylation in parents of children with and without emotional-behavioral problems". It will illustrate recent results of research focusing on biological and genetic alteration associated with maternal and paternal psychopathology and correlated with children's psychological functioning.

The second contribution, "The role of parenting stress in preschool children difficulties", will present a research planned to explore whether, and in which extent, parents stress levels have an impact on preschool children difficulties, evaluated by parents and teachers, underlining a different predictive value of maternal and paternal role on child outcomes.

The third contribution will concern "Self-focused versus other-focused emotion regulation and their predictive role on the onset of psychological problems in children: a six-year longitudinal study". The authors examined whether and how emotion regulation strategies (self-focused versus other-focused) at two years of age were predictive of children's internalizing/externalizing symptoms, measured when youths were eight years old.

The fourth contribution will address "Implications of maternal executive functions and psychopathology on observed parenting behaviors: the context of parental substance use disorder". Considering that Substance Use Disorder (SUD) represents a risk factor for parenting and for child development, in this study 29 mothers with SUD were assessed to consider Executive Function, psychopathology and quality of parenting behaviors, showing interesting results.

# PSYCHOPATHOLOGICAL RISK AND DNA METHYLATION IN PARENTS OF CHILDREN WITH AND WITHOUT EMOTIONAL-BEHAVIORAL PROBLEMS

Cimino Silvia<sup>1</sup>, Marzilli Eleonora<sup>1</sup>, Pascale Esterina<sup>2</sup>, D'Addario Claudio<sup>3</sup>, Adriani Walter<sup>4</sup>, Tambelli Renata<sup>1</sup>

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<sup>4</sup> Faculty of Psychology, International Telematic University UNINETTUNO, Rome; Center for Behavioral Sciences and Mental Health, Italian National Institute of Health, Rome

## Abstract

Interactions between genetics and environmental risk factors such as parental psychopathology have been shown to predict the onset psychopathological problems in offspring. Two different pathways have been posited to diverge from the common ground of general psychopathology and specifying into internalizing or externalizing symptoms. Allelic polymorphisms and epigenetic mechanisms such as DNA methylation have been linked to the onset and stability of these psychopathological symptoms in children, which in turn would contribute to further intergenerational transmission of psychopathological risk throughout the life-span. In a bio-psycho-social model, this study incorporates biological and genetic measures to assess psychopathology and DNA methylation in mothers, fathers and children ( $N_{\text{tot}}=234$ ). Biological sampling was gathered through salivary samples whereas psychopathological risk was assessed through the SCL-90-R and the CBCL 1,5-5. We found that parents adults and children who show psychological symptoms are characterized by DAT methylation in several sites of the DAT promoter region. Furthermore, our results showed correlations for the methylation at specific sites in fathers and offspring. Maternal psychopathological risk was also associated with children's DAT methylation at specific sites, while fathers' global psychopathological risk was associated with offspring DAT methylation at all sites. We found that these links foster children's internalizing problems and attention problems. These outcomes might orientate further studies because this research is one of the very few made on the general population and focusing on both parents (rather than considering only the maternal DNA methylation and psychopathology).

# THE ROLE OF PARENTING STRESS IN PRESCHOOL CHILDREN DIFFICULTIES

Trumello Carmen<sup>1</sup>, Candelori Carla<sup>1</sup>, Paciello Marinella<sup>2</sup>, Marino Valentina<sup>1</sup>,  
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## Abstract

In previous literature the role played by stress on psycho-physical wellbeing has been studied in various and different contexts, but parental stress deserves a specific analysis.

Parents experienced distress while trying to meet parenting role demands (Abidin, 1995).

In many studies parental distress has been associated to negative consequences of parenting practices (Farmer & Lee, 2011) and to adverse outcomes for children (Molfese et al., 2010; Semke et al., 2010).

The current study aimed to investigate whether mothers' and fathers' stress levels have an impact on child difficulties, as evaluated by parents and teachers. Furthermore, our research examined whether there is a difference between mothers' and fathers' influences.

The participants of our study were couples of parents of 201 children in preschool age (mean age=4.43 years; SD=0.95) and their teachers.

The Parenting Stress Index-Short Form (Abidin, 1995; Guarino et al., 2008) was used to measure the level of parenting stress.

The children's socioemotional problems were examined with the Strengths and Difficulties Questionnaire (Goodman, 1997) in the two version for parents and teachers.

A series of hierarchical regression analyses were conducted to investigate the influence of parental stress on child difficulties.

The data showed that, for both parents, the "Difficult Child" subscale score predicted children's emotional symptoms, behavioral problems, inattention/hyperactivity and problems with peers (explained variance ranges from .07 to .20). It is interesting to observe two results: mothers' and fathers' distress scores predicted the "Total Difficulties score" in children; besides, maternal distress, but not paternal one, is associated with children's low pro-social behaviors evaluated by teachers.

Our findings showed a different predictive value of maternal and paternal role on some outcomes, and they are discussed in relation to the different roles associated with motherhood and fatherhood.

# **SELF-FOCUSED VERSUS OTHER-FOCUSED EMOTION REGULATION AND THEIR PREDICTIVE ROLE ON THE ONSET OF PSYCHOLOGICAL PROBLEMS IN CHILDREN: A SIX-YEAR LONGITUDINAL STUDY**

Ballarotto Giulia<sup>1</sup>, Cimino Silvia<sup>1</sup>

<sup>1</sup> Department of Dynamic and Clinical Psychology, Sapienza University of Rome

## **Abstract**

Emotion regulation is progressively being integrated into models of psychopathology and several studies in the field of developmental psychopathology addressed the negative outcomes of emotion dysregulation in infancy on emotional-behavioral functioning in children and on its subsequent links with other clinical conditions. In this study we examined whether and how emotion regulation strategies (self-focused versus other-focused) at two years of age were predictive of children's internalizing/externalizing symptoms measured when youths were eight years old. We hypothesized two main maladaptive pathways: self-focused strategies tended to predict internalizing children's symptoms; other-focused strategies tended to predict externalizing children's symptoms. A longitudinal protocol over two assessment points (2 and 8 years of age of the child) was applied to the N=210 recruited families. It included the video-recorded observation of parent-infant interaction in the first years of life to assess children's affect regulation strategies (through the well validated procedure by Buss and Goldsmith) and the screening of mothers, fathers, and children's psychopathological risk (through the SCL-90/R and the CBCL 6-18) at two waves of follow-up. Our results confirmed our hypotheses demonstrating that early emotion regulation has an impact on the emotional-behavioral functioning in middle childhood (8 years of age). Excessive self-focused regulation in infancy can be related to withdrawal symptoms later in life. On the other hand, preponderant other-focused ER strategies in infancy foster emotional hyperactivation and hypervigilance.

# IMPLICATIONS OF MATERNAL EXECUTIVE FUNCTIONS AND PSYCHOPATHOLOGY ON OBSERVED PARENTING BEHAVIORS: THE CONTEXT OF PARENTAL SUBSTANCE USE DISORDER

Porreca Alessio<sup>1</sup>, Parolin Micol<sup>1</sup>, Simonelli Alessandra<sup>1</sup>

<sup>1</sup> Department of Developmental Psychology and Socialisation, University of Padua

## Abstract

**Introduction:** Substance Use Disorder (SUD) represents a risk factor for parenting, for adult-child relationships, and for child development. Empirical studies report high rates of psychopathology and deficits in Executive Functions (EF) in individuals with SUD, which could further compromise parenting behaviors. Despite this, previous studies did not examine the associations between these two areas of parental functioning and observed parenting behaviors. The present study aimed to investigate the associations between parental EF, psychopathology, and observed parenting behaviors in the context of SUD.

**Methods:** Twenty-nine mothers with SUD participated to the study. The mothers were assessed with respect to EF (ENB-2), psychopathology (SCL-90-R) and quality of parenting behaviors (EA-Scales) during free-play interactions with their children.

**Results:** The results highlighted high rates of EF impairments and psychopathology in the participants, as well as poor quality parenting behaviors. Regression analyses highlighted that EF was significantly associated with observed maternal sensitivity, whereas the role of psychopathology was only marginally significant.

**Conclusions:** Impairments in EF play a significant role in determining the quality of parenting behaviors in the context of maternal SUD. Clinical implications of the findings in terms of prevention and treatment are discussed.

# **FROM CONFLICT TO VIOLENCE IN INTIMATE RELATIONSHIPS: RISK INDICATORS AND DIFFERENCES**

**Proposer: Pajardi Daniela<sup>1</sup>**

<sup>1</sup> Department of Humanities, Carlo Bo University of Urbino

**Discussant: Lingiardi Vittorio<sup>2</sup>**

<sup>2</sup> Department of Dynamic and Clinical Psychology, Sapienza University of Rome

## **Abstract**

Attachment theory is fundamental to understand the dynamics that characterize the relationship between couples. Many well-functioning couples with secure attachment bonds can go through periods of high conflict, without suiting violent behaviors. Instead, in couples characterized by high levels of violence, there are many researches which have demonstrated problems related to the attachment and to the individual differences. In couples at risk, aggressive behaviors can be triggered in situations of threat, rejection, separation on the part of the partner. But in the case of couples characterized by a dynamic of abuse, not only the sense of dissatisfaction perceived by one or both partners should be considered, indeed also the conflict and the dysfunctional anger that can come into play in the implementation of behaviors must be evaluated. Attachment theory highlights how a violent relationship is characterized by the fact that victims of abuse often feel connected to their abusive partners. Extensive research on attachment has also documented the effects of attachment relationship in infancy. Research on abused and traumatized children has shown a disorganized /disorientated attachment in children and an unresolved attachment in adults. This is associated with affective regulation problems. These researches are in agreement with other studies that have shown that survivors of abuse are at greater risk of mistreatment in adulthood. Women who experience IPV usually report a history of child maltreatment, in turn associated with insecure attachment styles. In this direction the panel proposes as a first contribution a reflection by Santona and colleagues, on the relationship between attachment, jealousy and the strategies put in action to cope with the conflict. Secondly, Speranza and colleagues explore the role of significant risk factors in order to identify and prevent violence in intimate relationships. Finally, Condino and colleagues investigate the associations between personality features and IPV, attachment and mentalization ability.

# ROMANTIC ATTACHMENT, CONFLICT AND JEALOUSY

Santona Alessandra<sup>1</sup>, Tognasso Giacomo<sup>1</sup>, Pace Cecilia<sup>2</sup>

<sup>1</sup> University of Milan-Bicocca

<sup>2</sup> University of Genoa

## Abstract

**Introduction:** The subject of this contribution is the jealousy within romantic relationships, analyzed through the perspective of the Attachment Theory. The concept of “attachment bond” in childhood is initially introduced, then the focus goes to couple relationship, conceptualized as a real attachment bond (Hazan and Shaver, 1999). After the analysis of several essential constructs of romantic relationships, such as adjustment, intimacy, betrayal, forgiveness and conflict, the issue of jealousy is examined and, particularly, the link between this complex emotion and romantic attachment. Finally, an observational study is presented on “Romantic Attachment and Jealousy”, that explore the relationship among the different components defining the status of intimate relationships: attachment style, jealousy, dyadic adjustment and conflict.

**Aim:** we investigate the relationship between the style of attachment of the partners, their level of jealousy and the strategies put in action to cope with the conflict. The interest is both on an individual level and on a couple level.

**Sample:** The sample comprises 55 couples (110 subjects) with a stable relationship for at least 18 months.

**Instruments:** The instruments used are the Attachment Style Questionnaire (Feeney, Noller and Hanrahan, 1994), the Rahim Organizational Conflict Inventory II (Rahim, 1981; 1982) and the "Affective Relationship Questionnaire" (Marazziti et al., 2003).

**Conclusion:** In line with our hypotheses and the literature (Buunk, 1997), Secure males show lower levels in the jealousy scale. Data also reveal that some couple-matchings of conflict management strategies connect with peculiar matchings of jealousy scores.



# INTIMATE PARTNER VIOLENCE: THE ROLE OF CHILDHOOD TRAUMA AND ATTACHMENT PATTERNS

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## Abstract

**Introduction.** Exposure to adverse childhood experiences has been linked to the likelihood of abuse in adult intimate relationships through conditioning and cognitive appraisal and as a facilitator of maladaptive emotion regulation strategies. An extensive body of research highlighted that witnessing domestic violence as a child is associated with IPV victimization in adulthood.

**Aim.** Given IPV prevalence in adult women and the consequences of this meaningful social health problem, the present study seeks to investigate the role of significant risk factors in order to identify and prevent violence in intimate relationships. More specifically, we were interested in exploring (a) the traumatic developmental context in which the co-occurrence of multiple types of severe adversities emerged during their childhood, and (b) the attachment representations in women victims of IPV.

**Methods.** Sixty-six women victims of IPV were confronted with 66 women without a history of violence in intimate relationships. Adult Attachment Interview (AAI) and Complex Trauma Questionnaire (ComplexTQ) were administered to assess mental representations, attachment experiences and early traumatic experiences.

**Results.** Data revealed significant differences regarding states of mind with respect to attachment between victims of IPV (54.5% Disorganized) and the control groups (5% Disorganized), as well as regarding exposure to interpersonal trauma in infancy.

**Conclusions** Our findings highlight the relevance of attachment and traumatic experiences to understand risk and protective factors in the history of women, with significant implications for treatment.

# PERSONALITY, ATTACHMENT AND MENTALIZATION IN INTIMATE PARTNER VIOLENCE

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## Abstract

Intimate partner violence (IPV) is one of the most common forms of violence against women (WHO, 2012). Despite the increasingly well-documented literature on the association between IPV and depression, posttraumatic stress disorder and anxiety, there has been relatively less empirical focus on the interactions between IPV and personality disorders. Furthermore child's exposure to violence in the family resulted as a major predictor of subsequent exposure to IPV victimization. Research on abused and traumatized samples has shown high frequencies of unresolved/disorganized attachment in adults. Attachment disorganization is associated with major problems of affect regulation and mentalizing deficits.

This study has three aims: to investigate the associations between personality features and IPV; to analyze the relationship between childhood trauma and victimization in adulthood; to investigate attachment and mentalization ability in order to identify specific mentalizing and attachment profiles of women IPV victims.

A sample of forty women, recruited through anti-violence centers, were administered the Adult Attachment Interview (AAI, George et al., 1984) and completed the Reflective Functioning Questionnaire (RFQ, Fonagy et al., 2016). The hostile/helpless coding system (Lyons-Ruth & Melnick, 2004), the Complex Trauma Questionnaire (ComplexTQ, Vergano et al., 2015), and the Reflective Functioning Scale (RFS, Fonagy et al., 1998) were applied to AAI transcripts. The interviews were audiotaped and transcribed verbatim. Coding was conducted by two trained coders, and certified as reliable in the use of the AAI. The protocols were double coded for RFQ, ComplexTQ and RFS. The clinicians completed Shedler-Westen Assessment Procedure-200 (Shedler et al., 2014), Modes of Mentalization Scale (MMS; Gagliardini et al., 2017) and Polarities of Mentalization Scale (PMS; Gagliardini e Colli, 2017). Results will be discussed in terms of clinical and theoretical implications.

# **SIBLING RELATIONSHIPS IN PSYCHOLOGICAL RESEARCH**

**Proposer: Sommantico Massimiliano<sup>1</sup>**

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**Discussant: Pazzagli Chiara<sup>2</sup>**

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## **Abstract**

The sibling bond represents a unique, influential tie, and the most long-lasting relationship to develop throughout the lifespan. While initial research in the field has focused the most attention on child and adolescent, increasing attention is now being dedicated to adult sibling relationships. In particular, young adults' romantic relationships have continually emerged as a focal topic and area of study in psychological researches. Moreover, young adulthood represents a crucial and critical time for the development of romantic ties, as well as for several life transition tasks and satisfaction. Finally, attention has been more recently oriented to the condition of siblings of adolescents and young adults affected by severe psychiatric problems. Massimiliano Sommantico, Anna Rosa Donizzetti, Barbara De Rosa and Santa Parrello explore the association between attitudes toward sibling relationships, adult attachment styles, and romantic relationships in a sample of 350 students recruited from the University of Naples. Martina Smorti and Lucia Ponti analyze the association between sibling relationships, satisfaction with life, and developmental tasks in a sample of 50 twins and 93 siblings. Rosapia Lauro Grotto, Serena Denaro and Debora Tringali describe a phenomenologic-hermeneutic action research project, aiming to explore life experience of Mental Health Care professionals with siblings of severe. Results indicate that: sibling ties and adult attachment styles may play an important role in adult couple relationship satisfaction; twin relationships are closer than sibling relationship and that they affect developmental tasks; siblings may experience mental illness in the family as a deep wound to their emotional bonds and as a severe challenge to their own sense of self. Taken together the empirical findings of the three studies show the importance of further analyzing the impact of sibling relationships on young adults' development in healthy and illness contexts.

# ATTITUDES TOWARD SIBLING RELATIONSHIPS AND ADULT ATTACHMENT STYLES PREDICTING YOUNG ADULTS' ROMANTIC TIES

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## Abstract

If research has focused on the effect of experiences within the family and young adult outcomes, only a few studies have specifically investigated the link between within-family experiences, especially with siblings, and adult romantic relationships. Hypothesizing that siblings may fulfill attachment function in adulthood, the authors examine associations between the Lifespan Sibling Relationship Scale (LSRS; Riggio, 2000; Sommantico et al., 2017), the Experiences in Close Relationships-Revised (ECR-R; Fraley et al., 2000; Picardi et al., 2000), and the Romance Qualities Scale (RQS; Ponti et al., 2010) in a sample of 350 students recruited from the University of Naples (68.6% females, 31.4% males; ages 19-30 yr.,  $M = 23.6$ ,  $SD = 3.2$ ). The authors tested the hypotheses that the perception of sibling relationships and adult attachment styles were positively correlated with romantic relationship quality, and that attitudes toward sibling relationships and adult attachment styles could predict young adults' romantic relationships' quality. The following statistical analyses were conducted: correlations, ANOVA and two way ANOVA (to investigate group differences), and hierarchical multiple regression. Findings supported the hypotheses, in particular indicating that age, gender, attitudes toward sibling relationships and adult attachment styles combined accounted for 17.7% of the variance in relationship quality, also indicating that attitudes towards sibling relationships ( $\beta = .236$ ;  $R^2 = .049$ ,  $p < .001$ ), as well as adult attachment styles ( $\beta = -.347$ ;  $R^2 = .163$ ,  $p < .001$ ), predict the quality of young adults' romantic relationships. Our data indicate that sibling ties and adult attachment styles may play an important role in adult couple relationship satisfaction. Results indicate and confirm the importance of focusing on attachment processes as a way to contribute to build security for individuals and couples in counseling and in therapy.

# TWINS AND SIBLINGS: QUALITY OF SIBLING RELATIONSHIPS AND ACHIEVEMENT OF DEVELOPMENTAL TASKS

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## Abstract

Sibling relationships appear relevant during emerging adulthood, when young people are faced with many new life transitions (i.e., leaving home, gaining economic independence, entering romantic relationships, etc.) (Conger, Little, 2010), given that they affect the level of psychological well-being of youth (Smorti, Ponti, 2018). However, less is known about the impact of sibling relationships on both life transition and life satisfaction during emerging adulthood in siblings close in age (twins and siblings).

50 twins (5 males and 45 females), of which 28 monozygotic and 22 dizygotic with an average age of 26.86 (SD = 4.99), and 93 siblings (47 males and 47 females) with an average age of 25.04 (SD = 3.78) were recruited. All participants completed the Italian version of the Adult Sibling Relationship Questionnaire (Tani et al., 2013) and the Satisfaction with Life Scale (Di Fabio, Busoni, 2009). Moreover, a specially designed questionnaire was developed in order to measure the achievement of four developmental tasks (leaving condition, economic independence, work status, and entering romantic relationship) both for the participants and their siblings. The MANOVA and chi square test were conducted.

Overall, our findings showed no significant difference between monozygotic and dizygotic twins, regarding both the quality of sibling relationships and the coincidence or discordance about all developmental tasks. However, significant differences emerged between twins and siblings. In particular, twins reported higher levels of warmth and closeness in their relationships than siblings, and they tend to have a greater developmental synchrony for leaving, economic, and work conditions than siblings. Despite this, the coincidence or not about developmental tasks is not linked to the quality of sibling relationships and to the level of life satisfaction.

Results confirm that twin relationships are closer than sibling relationships and that they affect developmental tasks.

# CARING FOR SIBLINGS IN A MENTAL HEALTH SETTING: A PHENOMENOLOGIC-HERMENEUTIC STUDY

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## Abstract

The occurrence of a severe psychiatric problem in adolescents and young adults usually has a dramatic impact on the other family members. The literature has largely explored issues related to the parental role, but more recently attention has been also reoriented to the condition of siblings. Being 'close' and 'peer' to the patients, siblings may experience mental illness in the family not only as a deep wound to their emotional bonds, but also as a severe challenge to their own sense of self. In 2016, a phenomenologic-hermeneutic action research project (Sibling at the fork), aiming to explore life experience of the professionals with siblings of severe patients, was developed in collaboration with the staff of the S.O.S. S.M.A. Q-2 in Florence. A psychiatrist, a psychotherapist, three nurses, a professional health care educator, and two social servants were selected by the staff in order to participate in the study. Testimonies were collected with in-depth hermeneutic interviews, underwent consensual content analysis. Results were discussed in 2 different dedicated group meeting with the whole staff. 3 macro thematic areas emerged: 1) the controversial involvement of siblings at intake and along the development of the therapeutic plan (i.e.: *'The patient said with respect to his brother: 'leave him apart, he saved himself!'*), 2) how to support siblings (i.e.: *'They should have a place to express all their suffering'*), 3) the symbiotic bond among siblings (i.e.: *'The first time she decompensated... A very severe and long crisis occurred at time when the sister got pregnant'*). Results show that facing with siblings often entails deep emotional reactions and powerful personal resonances in the professionals that reverberate within the more horizontal dimensions of the institutional group. Results enlighten the potential transformative power of the fraternal bond, and its founding role in the lively evolution from 'me' to 'we'.

# INDIVIDUAL AND RELATIONAL DIMENSIONS RELATED TO INFERTILITY: IMPLICATIONS FOR PSYCHOLOGICAL TREATMENTS

**Proposer: Di Trani Michela<sup>1</sup>**

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**Discussant: Tambelli Renata<sup>1</sup>**

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## **Abstract**

Infertility, defined as the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse, affects in worldwide 48.5 million couples. It has serious implications for the mental, physical and social well-being: both women and men experience distress, anxiety and depressive symptoms in relation to infertility and to Assisted Reproductive Treatments (ART). For these couples, the emotional, physical, and financial burdens of treatment can be overwhelming and they often increase the couple's psychological distress. The technical nature of assisted reproductive services denaturalises the procreative experience and reinforces feelings of anxiety and of loss of control.

The aims of the panel is to investigate psychological, both individual and relational, aspects related to infertility and ART, and to discuss the implications of findings reported for psychological treatments in this field.

A first contribution to the conference (Renzi, Di Trani, Di Monte) aims to evaluate possible differences between women and men in quality of life, alexithymia, romantic attachment and quality of marital relationship during ART, and the predictive effects of these variables on quality of life.

A second contribution (Monacelli, Tarricone, Cavazzuti, Zapponi, Barusi) explores different psychological aspects of suffering and dissatisfaction in men and women at different times of ART, by using the Interpretive Phenomenological Analysis approach.

A third contribution (Rogier, Velotti) aims to contribute in understanding of the relationship between emotions regulation strategies and coping strategies during the diagnostic procedure for infertility in a sample of Italian womens.

A fourth contribution (Di Dio, De Vecchi, Lombardi, Nappi, Marchetti, Tagini, Carli) explores the relationship between womens' drop-out rates related on ART and the quality of attachment with the family of origin and with the current partner.

# **ASSISTED REPRODUCTIVE TREATMENT: THE ROLE OF ALEXITHYMIA, ROMANTIC ATTACHMENT, MARITAL RELATIONSHIP ON COUPLE'S QUALITY OF LIFE**

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## **Abstract**

**Introduction:** Fertility problems can cause serious implications for couples' wellbeing. Aims of the study were to evaluate: possible differences between women and men in quality of life, alexithymia, romantic attachment and quality of marital relationship during an Assisted Reproductive Treatment (ART); predictive effects of these variables on quality of life of women and men.

**Methods:** 84 women (age  $m=38.1$   $sd=5.5$ ) and 25 men ( $m=37.5$   $sd=5.6$ ) participated in the study. At the beginning of ART women and men completed: socio-demographic questionnaire, Fertility Quality of Life (FertiQuoL), 20-item Toronto Alexithymia Scale (TAS-20), Experience in Close Relationship-Revised (ECR-R) and Couple Relation Inventory (CRI).

**Results:** Differences in FertiQuoL Total ( $p=.02$ ) Emotional ( $p=.001$ ), Mind-Body ( $p=.05$ ) and Tolerability ( $p=.001$ ) subscales scores emerged in the direction of a lower quality of life in women. Furthermore, women scored significantly higher in TAS-20 Difficulty in Identifying Feelings (DIF;  $p=.04$ ) and CRI Idealization ( $p=.01$ ), whereas men scored significantly higher in CRI Erotic Fantasy ( $p=.04$ ). Several significant associations among quality of life, alexithymia, quality of marital relationship and attachment dimensions were reported in women and men. Regression analysis showed the predictive effect of DIF ( $p=.001$ ) and CRI Attunement with partner ( $p=.01$ ) on women's quality of life.

**Conclusions:** The findings support a more severe effect of infertility and its treatments on women than men. The findings highlight the predictive effect of the difficulty in identifying feeling and attunement with the partner on the quality of life of women during the ART. Clinical implication will be discussed.



# WHO SUFFERS MOST? HIDDEN PATTERNS OF PSYCHOLOGICAL DISCOMFORT FOR COUPLES UNDER MEDICALLY ASSISTED REPRODUCTION (MAR)

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## Abstract

In general, the literature on MAR shows that men and women undergo different emotional experiences, with greater suffering in women due to invasive treatments and the greater social pressure. This stress could underlie the increase in dissatisfaction with the relationship which characterises MAR couples.

Most of these studies use a quantitative approach and aim to determine which couple member undergoes more negative experiences and greater relational dissatisfaction.

The different roles in reproduction by men and women determine specific experiences, emotions and expectations. Therefore, our hypothesis is that suffering and dissatisfaction occurs for men and women at different times of the treatment and may concern different psychological aspects.

Twelve heterosexual couples were interviewed in 2/3 phases of treatment using Interpretive Phenomenological Analysis (IPA) approach.

The results show that it takes couples approximately a year to suspect they have reproductive problems, but the wait for menstrual cycle becomes a critical time and source of stress after only a few months. Over time, for both partners, control over sexuality increases, as do distress levels and difficulty in social relationships.

From the moment of diagnosis, sex life becomes strictly subordinate to conceiving, couple satisfaction decreases while stress and difficulties increase.

The woman's discomfort is physical, due to treatment, and emotional, due to the stress of waiting for the outcome. It is accompanied by the fatigue of the man, who feels he should support his partner. Perceiving her as fragile, he feels he should protect her by controlling his negative emotions. These dynamics can lead to significant differences in the perception of the relationship: the woman may feel neglected by a partner who does not express emotions while the man may feel disregarded and disqualified by a partner who does not recognize his commitment to protect her.

# INFERTILITY: REGULATORY STRATEGIES IN THE DIAGNOSTIC PROCESS

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## Abstract

**Introduction:** International literature investigated the psychological reactions to the evaluation process related to the diagnosis of infertility (Souter et al., 2002). However, there is still a few number of Italian studies in this field (Fassino et al., 2002; Ragni et al., 2005).

**Methods:** The aim of this study is to provide a contribution to the understanding of the relationship between emotion regulation strategies and coping strategies during the diagnostic process for infertility in a sample of Italian women. 250 women, who were currently under evaluation for infertility, were recruited. On average, participants were aged 36 years and married since 3.4 years. The instruments used in the present investigation, belonging to a more extended battery of questionnaires, were the Emotion Regulation Questionnaire (ERQ; Gross, 1998) and the Coping Orientation to Problems Experienced (COPE-NVI; Sica et al., 2008).

**Results:** Descriptive analyses: Mean scores obtained on the ERQ scales: "Reappraisal" = 4.40; "Suppression" = 3.46. Mean scores obtained on the COPE scales: "Support" = 28.90; "Avoidance" = 22.59; "Positive Attitude" = 29.48; "Problem Oriented Coping" = 24.50; "Transcendent Orientation" = 25.20. Results showed significant associations between emotion regulation strategies and coping strategies. Specifically, "Suppression" strategies were positively associated with "Positive Attitude" ( $p=.023$ ) and "Transcendental Orientation" ( $p=.039$ ). Finally, "Reappraisal" strategies were positively associated with every coping strategy.

**Conclusions:** Results are compared with data brought by international and national literature. Clinical implications are discussed within the context of Italian specificities.

# **DROP-OUT IN FERTILITY CARE: A STUDY OF AN ITALIAN SAMPLE, ASSESSING THE ROLE OF ATTACHMENT AND ALEXITHYMIA**

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## **Abstract**

In Assisted Reproductive Technologies (ART), early interruptions of treatment (drop-outs) were shown to be related to a number of clinical, psychological and social factors. It has also been suggested that some dimensions of attachment styles, such as partners' preoccupation within the couple relationship, may affect how one copes with infertility (Donarelli et al., 2012). In this respect, the capacity to invest in the parental role is based on the development of a caregiving system, stemming from the parent-child attachment bond (George & Solomon, 1996). The possible relation between patients' dropping-out from fertility care and the quality of couple attachment has not been sufficiently explored.

The aim of this study was to investigate the relationship between drop-out rates and the quality of attachment with the family of origin and with the current partner.

Additionally, the relationship between drop-out and alexithymia, i.e., the ability to recognise and describe one's emotional states, was also investigated given its importance in managing and coping with stressful conditions such as ART.

To assess attachment, the Parental Bonding Instrument (PBI) (Parker et al., 1979; Scinto et al., 1999), measuring parental care retrospectively, and the Current Attachment Questionnaire (QAA) (Lorenzini et al., 1985), which evaluates care and control in the relationship with partners, were administered to 114 couples (47.4% drop-out). To assess alexithymia, the Toronto Alexithymia Scale (TAS-20) (Bagby et al., 1994; Bressi et al., 1996) was administered.

The data showed no relationship between attachment or alexithymia in females and couples who dropped-out. On the contrary, in males, high maternal care and control in the couple relationship predicted continuation of treatment, while high alexithymia scores predicted drop-out, suggesting that, for men, the latter may represent a risk factor during ART.

# **TRAINING INNOVATION IN PSYCHOTHERAPY AND IMPROVEMENT OF TREATMENTS RESULTS. PERSPECTIVES AND PROBLEMS**

**Proposer: Maffei Cesare<sup>1</sup>**

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**Discussant: Fulcheri Mario<sup>2</sup>**

<sup>2</sup> G. D'Annunzio University of Chieti-Pescara

## **Abstract**

The Evidence-Based approach is more and more considered as a necessity to improve scientific knowledge and practice in psychotherapy. However, this often remains a claim more than a practice. A crucial aspect concerns the methodology of training to psychotherapy: it should be organized according to the Evidence-Based criteria. In few words, training rules and methodology should guarantee a reliable and controllable translation of therapeutic technology (strategies and techniques) to the environmental context where clinicians work. Goal of the symposium is to show different approaches to this subject, discussing perspectives, applications and problems. To summarize, innovation in law and rules of training, psychotherapy training in hospital practice and a project of dissemination and implementation of Dialectical Behavior Therapy (DBT) in Italy will be discussed.

# PSYCHOTHERAPY TRAINING, HOSPITAL AND PRIMARY CARE PSYCHOLOGY

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## Abstract

The practice of psychotherapy in Italy is strictly regulated by national law: psychotherapy training can be private or public, the latter regulated by the Leg. Dec. No. 509. The private system is monitored by a technical national committee (CTC-MIUR). The legislation describes the general structure of the curriculum, partially fixed, and partially free, e.g. courses related to a specific psychotherapeutic approach. Clinical skills and psychotherapeutic abilities are also learned through apprenticeship, carried out mainly in the NHS facilities. Hospital psychology and health psychology are therefore the main areas in which students can apply the basic principles of the psychotherapeutic approach they learn; moreover, the title of psychotherapist is mandatory to access the public roles of the clinical psychologist in the NHS. The main question is whether the trainees are adequately trained and supervised for this clinical activity and have sufficient knowledge of patients' complexity, interconnection between physical illness and psychological problems, treatment protocols and hospital bureaucracy. According to the MIUR website (<http://www.miur.it/ElencoSSPWeb/>), in 2017 there were 250 private schools registered, with 416 teaching positions (primary and secondary); while in 2011 (Maffei et al) there were 368 teaching places, with 19.123 students. Teaching activities are classified into four types: BASIC THEORY, THEORETICAL CLASSES WITH PRACTICAL ACTIVITIES, PRACTICAL ACTIVITIES, (experiential), SUPERVISION. According to 2011 data, the latter varies from 4 to 18% over the four years, a very low percentage common to most schools and only 26% of teaching activities were classified as experiential. The websites of public schools are mostly very poor: details of course structure, teaching activities, amount of supervision hours and organization are often missing or not detailed, nor did they mention teaching units clearly related to health or to hospital psychology.

# **TRAINING CLINICIANS IN EVIDENCE-BASED PSYCHOTHERAPY: DISSEMINATION AND IMPLEMENTATION OF DIALECTICAL BEHAVIOR THERAPY IN ITALY**

Maffei Cesare<sup>1</sup>

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## **Abstract**

**Introduction.** The evidence-based approach in psychotherapy is based on the possibility to use the best results of scientific research in clinical practice. Dissemination and implementation of treatments developed in research settings are two main steps of the evidence-based process. Dialectical Behavior Therapy (DBT) is a treatment for borderline personality disorder and other disorders based on emotional dysregulation (e.g. substance misuse, eating disorders).

This research was supported by the Italian Society for Dialectical Behavior Therapy (SIDBT). We studied the results of the DBT intensive trainings organized from 2009 to 2018, with the following objectives:

1. Describe the characteristics of the trained teams
2. Explore the sustainability of their activity over time and identify the problems that could interfere with it

**Method.** Data was gathered from teams trained in 2009 (N=6) and in 2014 (N=6) and from teams that finished their training in April 2018 (N=13).

Questionnaires were administered at the beginning and at the end of the training. The teams trained in 2009 and 2014 received the questionnaires a third time in 2017 to obtain data from a follow-up perspective.

The leaders of the teams trained in 2009 and 2014 were involved in a structured interview.

**Results.** DBT training increased their confidence in evidence-based practice Team cohesion strongly influenced both the awareness of the individual level of expertise in DBT and the well-being of therapists. Further training opportunities were considered necessary to improve both the team cohesion and the level of expertise. Difficulties in sustainability were mainly determined by institutional problems.

**Conclusions.** The SIDBT DBT project is the first Italian example of dissemination and implementation of an evidence-based psychotherapy and shows how clinicians can be trained according to international quality criteria.

# **ADVANCES IN THE STUDY OF OBSESSIVE COMPULSIVE SPECTRUM DISORDERS**

**Proposer: Ghisi Marta<sup>1</sup>**

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**Discussant: Novara Caterina<sup>2</sup>**

<sup>2</sup> University of Padova

## **Abstract**

The DSM-5 diagnostic category named “Obsessive compulsive disorder (OCD) and OC related disorders” includes disorders sharing symptoms that are similar to, but not exactly the same as, those of OCD. Although such disorders are clearly distinct from one another, they overlap with OCD with respect to phenomenology, etiology, demographics, comorbidity, clinical course, and treatment response. The concept of a spectrum of disorders, as well as the knowledge achieved through years of research on OCD, has produced much prolific and useful advances on their conceptualization, assessment, and treatment. However, relatively little research from Italy has been conducted in this field.

This symposium presents recent studies aiming to expand our understanding of the disorders belonging to the OC spectrum in Italian populations.

The first presentation focuses on OCD. Specifically, data about the role played by guilt and disgust on OC symptoms, explored by means of different experimental procedures, are presented.

The second presentation is about compulsive skin picking, a body focused repetitive behavior (BFRB) often resulting in tissue damage and social impairment. The association between early maladaptive schemas across the automatic and focused subtypes of compulsive skin picking, assessed in a community sample, is investigated.

The third presentation examines trichotillomania, another BFRB characterized by repeatedly pulling out hair from any part of the body for non-cosmetic reasons. Findings from a multiple-baseline single-case experimental design, aiming to test the effectiveness of an 8-session integrated cognitive-behavioral therapy intervention, are presented.

The final presentation is about body dysmorphic disorder (BDD), a disorder consisting in being obsessed and/or preoccupied with an imagined defect in one’s own appearance. A family study assessing the relationship between dysfunctional obsessional beliefs and (BDD) features in a community sample is presented.

# FROM GUILT TO DISGUST, FROM DISGUST TO GUILT: BECOMING BEHAVIOURALLY OBSESSIVE

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## Abstract

Guilt and disgust play a pivotal role in the genesis and maintenance of obsessive-compulsive disorder (OCD). Data suggest that deontological guilt is the ground for OC behavior. Studies suggested that deontological guilt could be considered a metaphorical representation of disgust: disgust pushes oneself away and saves from a contaminant agent; deontological guilt pushes oneself away and saves from moral “dirtiness”, allowing to remain pure and uncontaminated. If disgust and deontological guilt are so strictly interconnected, then they should share a common neural substrate, i.e., the insula as well as common physiological and subjective correlates. A first study examined whether the stimulation of the insula elicit disgust and stronger deontological moral judgments. Thirty-seven participants received 15 min anodic vs *sham* stimulation over T3, while heart rate was monitored. Participants were asked to 1) do a *word-fragment completion task*; 2) evaluate how much a series of vignettes that violated an altruistic or deontological rule were morally wrong. Results highlight an increase of HRV during stimulation of T3 ( $F(1,36) = 27.1, p < .01$ ) and more words completed in terms of cleaning/dirtiness ( $t(36) = 5.21, p < .01$ ), suggesting an increase in levels of disgust. Moreover, vignettes in the deontological, but not in the altruistic domain, were judged as morally more wrong in the active compared to the sham condition ( $\Lambda = .89, F(1,36) = 4.67, p = .04$ ). In a second study, participants were assigned to the induction of altruistic ( $n = 31$ ) vs deontological guilt ( $n = 30$ ). The induction has been followed by a cleaning task, during which heart rate was monitored (HRV). Only deontological guilt increased parasympathetic nervous system activity, a proxy of disgust, and OC-like washing behaviors. Results support the existence of a preferential relationship between deontological guilt and symptoms of disgust on one hand and OCD-like symptoms on the other hand.



# “SOOTHING PAST WOUNDS BY PICKING THE SKIN”: EARLY MALADAPTIVE SCHEMAS IN DERMATILLOMANIA SUBTYPES

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## Abstract

Skin Picking (SP) consists of repetitive picking behaviours, accompanied by significant distress, resulting in tissue damage and social impairment. Recent research has identified two subtypes, one so-called “Automatic”, occurring without awareness (eg, situations in which an individual picks his/her skin while engaged in a sedentary activity), and a “Focused one”, a more intentional behaviour engaged in response to an urge or other negative emotion. No information is still available on the role of Early Maladaptive Schemas (EMS) across SP subtypes. The current study explored the relation between EMS and SP subtypes in a large group of adults recruited from general population.

Five hundred ninety-six adults [mean age= 35.23, SD=13.79, 66.6% females] completed the Milwaukee Inventory for the Dimensions of Adult Skin Picking (MIDAS), the Skin Picking Scale-Revised (SPS-R), and the Young Schema Questionnaire-L3 version (YSQ-L3). Multiple linear regression analyses were run, entering YSQ-L3 scores as predictors and MIDAS or SPS-R scores as outcomes.

Higher scores on YSQ-L3 Dependence, YSQ-L3 Unrelenting standards and lower on YSQ-L3 Emotional deprivation predicted higher scores on both the MIDAS Automatic and the Focused scales. While higher scores on YSQ-L3 Approval seeking predicted higher scores on the MIDAS Automatic scale ( $\beta= 0.14$ ,  $p<.01$ ), higher scores on YSQ-L3 Negativity ( $\beta= 0.11$ ,  $p<.05$ ), YSQ-L3 Mistrust/Abuse ( $\beta= 0.13$ ,  $p<.05$ ), and lower scores on YSQ-L3 Social exclusion ( $\beta=-0.16$ ,  $p<.01$ ) predicted higher scores on the MIDAS Focused.

The subtypes seem to share common EMS, including Dependence and Unrelenting standards. In addition, Approval seeking EMS might be specific to the Automatic SP subtype and Negativity and Mistrust/Abuse EMS to the Focused one. Treatment might include schema therapy, targeting specific EMS across the different subtypes. Future prospective studies using a clinical group should confirm the causal link between EMS and SP subtypes.

# INTEGRATED COGNITIVE-BEHAVIORAL THERAPY FOR TRICHOTILLOMANIA: A MULTIPLE-BASELINE SINGLE-CASE EXPERIMENTAL DESIGN

Bottesi Gioia<sup>1</sup>, Granziol Umberto<sup>1</sup>, Cerea Silvia<sup>1</sup>, Carraro Eleonora<sup>1</sup>, Ghisi Marta<sup>1</sup>

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## Abstract

**Introduction:** Despite much has been learned about Trichotillomania (TTM) over the last decade, a gold-standard, evidence-based psychological intervention for this disorder still has not been identified. The current study evaluated an 8-session integrated cognitive-behavioral therapy (CBT) intervention for TTM, developed from the *Comprehensive Behavioral Model for Trichotillomania* (Mansueto et al., 1997) and delivered to 3 women with TTM on an individual basis.

**Method:** A multiple-baseline, single case experimental design was used. The effect of the intervention was assessed by self-reported daily measures of symptom severity (number of hair-pulling episodes, number of hair pulled, attempts to inhibit the behavior, level of distress). The study was conducted over 3 phases: baseline (with different lengths: 7, 14, and 21 days), intervention (8 weeks), and follow-up (3 months). Visual analysis of the graphs and the Test C were used to examine change in the trends of the measures across phases. The *Depression Anxiety Stress Scales-21* (DASS-21) total score was used to test clinically significant change from baseline to completion of the intervention.

**Results:** Two out of 3 patients displayed significant increases in their ability to inhibit the behavior, Patient 1 during the intervention ( $p=.007$ ) and Patient 2 during the follow-up ( $p=.02$ ). Patient 3 reported a significant reduction in level of distress during the intervention ( $p=.006$ ). With respect to clinically significant change, only Patient 1 achieved a significant reduction (75%) in the DASS-21 total score.

**Conclusions:** Current results suggest that such an integrated CBT intervention might show promise in effectively addressing TTM, and particularly in improving the ability to resist hair-pulling. Importantly present findings are in line with extant literature, which suggests that integrating behavioral and cognitive techniques may represent the most valuable and effective approach to target TTM.

# DYSFUNCTIONAL OBSESSIONAL BELIEFS AND BODY DYSMORPHIC DISORDER FEATURES: FINDINGS FROM A FAMILY STUDY

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<sup>1</sup> Department of General Psychology, University of Padua

## Abstract

Body Dysmorphic Disorder (BDD) is characterized by concerns about perceived defects in physical appearance. Parents' beliefs and behaviors may play a role in BDD development (Phillips, 2009). Therefore, the first aim of the current study was assessing whether parents' dysfunctional obsessional beliefs and symptoms relate to BDD features in their daughters. Furthermore, we aimed to compare individuals with and without BDD features with respect to dysfunctional obsessional beliefs and obsessive-compulsive (OC) symptoms.

173 university students (all females) and their parents completed online self-report questionnaires: the *Questionario sul Dismorfismo Corporeo* (QDC; Cerea et al., 2017), the *Parent-Child Partner-Related Obsessive Compulsive Symptoms Inventory* (PROCSI-PC; Doron et al., 2017), the *Obsessive Compulsive Inventory-Revised* (OCI-R; Sica et al., 2009), and the *Obsessive Beliefs Questionnaire-87* (OBQ-87; Sica et al., 2004).

Results revealed that fathers' PROCSI-PC Sociability-Stability scale predicted the QDC ( $p=.03$ ) in daughters. Furthermore, fathers' OBQ-87 responsibility-omission and thought-action fusion scales predicted the QDC ( $p=.01$  and  $p=.02$ , respectively) in daughters. 29 students scored above the clinical cut-off of the QDC. These students showed higher scores on the OCI-R obsession and neutralizing scales (both  $ps=.03$ ) and on the OBQ-87 perfectionism ( $p=.001$ ), overestimation of threat ( $p=.03$ ), and responsibility-harm ( $p=.01$ ) scales compared to students who scored under the cut-off.

Findings suggest that fathers' dysfunctional obsessional beliefs related to daughters' social ability, responsibility to prevent harmful situations, and believing that thinking about actions is the same of carrying out them, rather than OC symptoms, may play a role in BDD features in daughters. Furthermore, in line with Cansever et al. (2003), individuals showing BDD features resulted more impaired in terms of OC symptoms and beliefs compared to those without BDD features.

# **PARENTING ATRISK: PREDICTIVE MODELS AND AFFECTIVECOGNITIVE PROCESSES**

**Proposer: Venuti Paola<sup>1</sup>**

<sup>1</sup> University of Trento

**Discussant: Mazzeschi Claudia<sup>2</sup>**

<sup>2</sup> University of Perugia

## **Abstract**

Adults' sensitivity and nurturing response to infant signals forms the foundation of parent-infant relationships, and predicts socio-emotional attachment capacities later in adulthood.

Child-caregiver attunement reflects the warm and sensitive dyadic relationship which is essential to adaptive and healthy development in children. A capacity required by caregivers is the capacity to handle emotions induced by the child's distress and to organize the most empathic response to and behavior in response to infant needs. Despite the importance of attuned response to infants distress (e.g. feeling pain), little is known about the specific mechanism underlying empathy processes that shape adult behavior of care when caregivers face at infants' pain.

Maternal and contextual predictors such as psychological wellbeing and sociodemographic dimensions represent potential keys to individuate early clinical markers and new insight for supportive treatments on parenting in typical and atypical families.

In so far, research is increasingly committed to identifying early indices that span from individual to dyadic and contextual aspects, that all together play a critical role both in the development of the parent-child relationship and in child development and wellbeing. In this key, the ability to predict what factors we can consider as protective in the developmental situation with children with neurodevelopmental disorders as the Autism Spectrum Disorder becomes imperative.

The symposium focuses on various methods to individuate early and innovative approaches to assess interaction between psychological dimensions such as individual parental wellbeing and empathic response to strong distress of children, and contextual dimensions tied to familial socio-cultural levels.

In these terms the symposium highlights the importance to provide predictive models that enable professionals to clarify the contribution of individual and contextual factors related to infant development in typical and at-risk families.

# **TOWARD A NEUROSCIENCE OF EMPATHY IN PARENTING: EVIDENCES FROM NON CLINICAL AND CLINICAL SAMPLES**

De Carli Pietro<sup>1</sup>, Rigo Paola<sup>1</sup>, Sessa Paola<sup>1</sup>

<sup>1</sup> Department of Developmental Psychology and Socialisation, University of Padua

## **Abstract**

Parenting children requires being empathic and sensitive to their signals in order to adequately respond to their needs. Notably, empathy lies at the core of the mirroring processes that sustain child's intersubjectivity and development in general. When a child is hurt, mothers need to share that negative feeling in order to provide a regulative stance able to give meaning to child's inner state (Winnicott, 1954). Neuroscience took giant steps toward the comprehension of how our brains process our perception of others' pain. Despite many studies focused on empathy brain networks activation during the perception of infants' distress, little is known of how adults process infants' pain and its role in parenting behaviors. The present studies are aimed at using ERP methodology to investigate how individuals process infants' and adults' pain. A pain decision task, was modified to assess brain responses to adults' and infants' painful situations. In Study 1, we recruited 20 nulliparous females to test whether infants' and adults' pain sustain different neural processes as well as empathic responses. All participants showed worse accuracy to painful when compared to (adults' or infants') neutral stimuli. The ERP response showed earlier activation for infants stimuli compared with adults ones. In Study 2, a risk factor such as Substance Use Disorder (SUD) was investigated in 15 SUD mothers and 16 control mothers. Also, maternal sensitivity was assessed in SUD mothers. ERPs analyses revealed similar empathic responses to painful adult stimuli in both groups. SUD mothers showed lower amplitudes in response to infant stimuli in early time-windows. In SUD mothers, significant correlations were found between empathic responses and maternal sensitivity. In conclusion, empathy circuits seem to respond specifically to parenting processes and are sensitive to risk conditions. Low level brain processes seem to play a relevant role in determining the ability to share pain in mothers.

# **PREDICTORS OF INFANT PSYCHOLOGICAL DEVELOPMENT IN FAMILIES WITH PSYCHOSOCIAL AND SOCIO-DEMOGRAPHIC RISK FACTORS**

De Falco Simona<sup>1</sup>, Landi Isotta<sup>1,2</sup>, Giannotti Michele<sup>1</sup>, Bentenuto Arianna<sup>1</sup>, Venuti Paola<sup>1</sup>

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<sup>2</sup> Foundation Bruno Kessler

## **Abstract**

Child healthy psychological development is largely influenced by early parent-child interaction and secure parent-child attachment is a powerful protection factor associated with positive child developmental outcomes (Bornstein and Tamis-LeMonda, 1989; Landry et al., 2006; Dexter et al., 2013). However, several psychosocial and sociodemographic risk factors can negatively affect parent-child interaction, playing in turn a negative role in short and long term child psychological wellbeing (Sameroff, 1998, 2000; Choe et al., 2013). The main aim of this study was to longitudinally assess the specific influential role of different aspects of maternal psychological functioning, family context and mother-child relationship on infant general psychological development in at-risk families. To this aim 42 first-time mothers with psychosocial and/or sociodemographic risk and their full-term infants were longitudinally assessed from pregnancy until 24 months of child age. Measurements of maternal psychological symptoms, maternal personality, family socio-economic status (SES), mother-child attachment and infant mental development were collected at multiple time points. Results highlighted both the effect of specific single factors, considered at a continuous level, and the cumulative risk effect of different co-occurring factors, considered at binary level, on child general development. Regression analyses highlighted a detrimental role of reported maternal depression at 3 and 24 months of child age and a significant contributions of maternal psychoticism and family SES at 24 months. We also found a positive predictive association between mother-infant attachment security and child psychological development at 24 months of child age. This work extends the traditional research on parental contribution to child's developmental outcomes in at-risk families, by considering different detrimental and protection determinants at the time and adopting a continuous measurement approach in a multilevel longitudinal design. Clinical implications for the psychological assessment and intervention in at risk families are discussed.

# ENVIRONMENTAL FACTORS AND AT-RISK FAMILIES: THE MEASUREMENT OF FAMILIAL SOCIO-CULTURAL LEVEL

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## Abstract

*Background:* Several investigations found the effects of familial Socio-Cultural Level on the infant development in at-risk families. Socio-Cultural Level designates the set of preferences, knowledge, and behaviors that characterize the way of life of an individual or of the adults in a family and depend on their cultural, social, and economic resources. The Socio-Cultural Level is a multidimensional construct including Socio-Economic Status (SES), Social Capital and Cultural Capital. SES refers to educational level, occupational prestige, and income. Social Capital denotes the resources associated with durable and trustworthy social network connections. Cultural Capital refers to the knowledge and use of cultural codes that are relevant in the community where people live. *Objective:* To present the psychometric properties of a short battery of scales for the measurement of Cultural Capital, Social Capital, and SES. *Methods:* Around 200 adults aged 20 to 65 years filled out the online versions of the following instruments: (a) *Scale of Cultural Capital* (Balboni et al., 2017): 17 multiple-choice items to estimate cultural interests and activities (e.g., reading books, using foreign languages, visiting museums, attending cultural events, or being a member of cultural, social or political groups); (b) *Personal Social Capital Scale-Short Form* (Chen et al., 2009): 8 composite items for the measurement of bonding and bridging capitals; (c) *International Cambridge Scale* (Meraviglia et al., 2016) for the measurement of occupational prestige and measurement of educational level (SES). *Results and Conclusion:* All the scales showed good reliability and validity. Therefore, they may be useful for the measurement of familial Socio-Cultural Level of infants in at-risk family and for monitoring the effects of these environmental factors on the child development.

# COGNITIVE ABILITIES AS OUTCOME PREDICTORS OF EARLY PARENT-CHILD INTERVENTION FOR YOUNG CHILDREN WITH AUTISM SPECTRUM DISORDERS

Bentenuto Arianna<sup>1</sup>, De Falco Simona<sup>1</sup>, Perzoli Silvia<sup>1</sup>, Venuti Paola<sup>1</sup>

<sup>1</sup> Department of Psychology and Cognitive Science, University of Trento

## Abstract

An extensive body of research has provided evidence that early interventions for young children with ASD have better outcomes in terms of adaptive behaviours compared to interventions that start in later childhood. Moreover, the recent literature highlights the importance of the active involvement of parents during developmental interventions. But, besides timing of the intervention start and parental involvement, which other factors mediate developmental treatment outcomes? The aim of this study was to assess the mediating role of parent-child relationship quality, child symptoms severity and developmental quotient on the outcomes of an early intensive parent-child developmental intervention. To this aim, 20 children with ASD and their parents undergoing such intervention were assessed at intake and after 6 months. At both time points data concerning the cognitive profile were collected using the Griffith Mental Developmental Scale and information regarding the symptom severity were obtained from the ADOS. Moreover, the Emotional Availability Scales were applied to parent-child interaction sessions. Results showed that cognitive level was the strongest predictor of treatment outcome. After 6 months of intervention all children showed improvements with respect to cognitive abilities and socio-communicative skills. However children with high functioning ASD (i.e., GMDS general quotient > 70) obtained a higher improvement in cognitive abilities [ $M = 16.5$  punti (min. = 4, max. = +37)] compared to children with low functioning ASD [ $M = 1.5$  punti (min. = -8, max. = +10)]. Moreover, children with high functioning ASD showed a larger improvement in social-communicative skills ( $M = 2.2$ ,  $SD = 2.4$ ) than children with low functioning ASD ( $M = .4$ ,  $SD = .8$ ). We discuss the clinical implications of these findings in terms of the importance of individualized parent-child intervention for young children with ASD in relation to their cognitive profiles.



# **MODEL OF SURVIVORSHIP CARE IN BREAST CANCER: NOVEL PATIENT-CENTRED APPROACH**

**Proposer: Di Giacomo Dina<sup>1</sup>**

<sup>1</sup> Department of Life, Health and Environmental Sciences, University of L'Aquila

**Discussant: Rimondini Michela<sup>2</sup>**

<sup>2</sup> University of Verona

## **Abstract**

Breast cancer diagnosis and treatments have a strong impact on life perspective of women. The fear of recurrence and death brings a high level of stress that triggers an existential crisis in most women. A personalized approach in psychological intervention can enhance, foster and accelerate the development of positive mental processes and boost the psychological resilience of the woman, the key behavioural aspect of wellness and QoL in daily living.

Scientific knowledge and medical treatments for breast cancer showed a tremendous progress in enabling better outcomes and improved survival; however, the increased life expectancy isn't followed by a high quality of life, with poor psychological wellbeing. After an intensive care period, women returning to daily life are faced with a harsh impact. The state-of-the-art is currently focused on early diagnosis and treatment, but not on post-treatment care and psychological wellbeing. A new model of survivorship patient-centred is getting a priority for healthcare.

Few studies have examined young breast cancer patients as a separate patient segment. A deeper understanding of the aspects and needs of this separate cohort is required to make effective suggestions for changes in healthcare policy. It is becoming evident that the journey from cancer diagnosis to the return to normative levels of quality of life is not only dependent on changes made at the patient level, but also on other levels such as the healthcare system level as well as the community level.

Our Symposium will discuss novel thematic approach of survivorship care outlining the survivor need to win life back in daily life after primary care.

# HOW METACOGNITION PREDICTS THE EMOTIONAL DISTRESS. AN EXPLORATIVE STUDY OF WOMEN WITH BREAST CANCER UNDERGOING CHEMIOOTHERAPY

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## Abstract

Chemotherapy is a treatment associated with a decrease in the patient's quality of life. Negative emotions as depressive and anxiety symptoms are common during treatment for nonmetastatic breast cancer. Many studies have found a link between dysfunctional metacognitive beliefs and psychopathology. However this relationship remains unclear in patients with breast cancer during chemotherapy. Aim of the study was to explore how metacognitions predict anxiety and depression in breast cancer patients undergoing chemotherapy. A convenience sample of 80 breast cancer patients undergoing chemotherapy in an outpatient clinic completed a demographic questionnaire, the Metacognitions Questionnaire 30 (MCQ-30), and the Hospital and Anxiety Depression Scale (HADS). A correlational analysis was performed to explore relationships between metacognitions and psychological symptoms. To examine the independent role of metacognitions to predict anxiety, depression, and overall distress, three hierarchical regression analyses were conducted.

Results of correlational analysis has shown that negative beliefs were highly correlated with anxiety and depression. Moreover, need to control thoughts were moderately correlated with anxiety and depression. Finally, cognitive self-consciousness had a low correlation coefficients with anxiety but not with depression. Results of regression analysis has shown that negative beliefs were a significant predictor of anxiety. The final model predicted the 64% of variance for anxiety. Regarding depression, the final model was not significant. Finally, negative beliefs were a significant predictor of overall distress. The final model explained the 46% of variance for overall distress.

Hence, negative beliefs is the strongest predictor for anxiety, and overall distress. The metacognitive approach could have positive effects on breast cancer undergoing chemotherapy.

# PSYCHOBIOLOGICAL DIAGNOSIS TO PERSONALIZE PSYCHOLOGICAL TREATMENTS IN CANCER PATIENTS

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## Abstract

**Introduction:** Up to 30%- 40% of individuals with advanced cancer report anxiety symptoms that are sufficiently severe to reach clinical levels, exacerbating physical symptoms and impairing quality of life. The purpose of this study is to determine the relationship between personality, polymorphisms of the serotonin transporter (5HTT) with the appearance of anxiety and depressive symptoms in patients with gynecological cancer.

**Methods:** In this study 40 gynecological oncological patients were recruited from University Gynecology Department from January 2015. Medical Genetics Unit took care of the DNA analysis.

**Results:** The analyses across the 5HTT-LPR genotype groups (group S (s/s + s/l); l/l; l/s; s/s) indicated a significant effect of the s/s genotype on neuroticism ( $p = .0096$ ), depressive symptoms ( $p = 0.0407$ ), Cooperativeness character dimension ( $p = 0.0064$ ). We found a main effect of Neuroticism on depressive symptoms ( $r = 0.7988$ ,  $p < 0.0001$ ), state anxiety ( $r = 0.7343$ ,  $p < 0.0001$ ) and perceived stress ( $r = 0.5863$ ,  $p < 0.0001$ ). The correlation between Neuroticism and EORTC QLQ-C30 scores is negative ( $r = -0.3190$ ,  $p = 0.0421$ ). Neuroticism and depressive symptoms prevail in the cervix cancer population. Depressive symptoms and negative emotional states (Tension-Anxiety, Fatigue-Inertia, Confusion-Bewilderment) prevail in the population subjected to chemo-radio.

**Conclusions:** Personalised Medicine evidences Psychotherapy processes must tend to individuate by knowing biopsychosocial variables, especially in oncology, in such a way as to adapt the intervention to objective data. This would have an impact on depressive symptomatology, immunological processes and quality of life of patients.

# **PSYCHOLOGICAL IMPACT OF CLINICAL TREATMENT AFTER BREAST CANCER DIAGNOSIS IN YOUNGER PATIENTS (35-50 RANGE AGE): EXPLORATIVE 3-YEAR CROSS-SECTIONAL STUDY**

Di Giacomo Dina<sup>1</sup>

<sup>1</sup> Department of Life, Health and Environmental Sciences, University of L'Aquila

## **Abstract**

Breast cancer diagnosis and surgical and pharmacological treatments have a strong impact on women's lives. The common feature of these studies is the investigated population: frequently studies are conducted with older patients (<50 years old) as the BC incidence increases with age. Few studies have focused on a younger population because the frequency of BC is lower in younger age groups. However, the incidence rate for BC diagnoses is increasing owing to the implementation of national screening policies, as a preventive intervention to increase the number of BC survivors. Our investigation aimed to evaluate the changes in emotional traits in younger women over a longer period: we observed trends from 0 to 36 months after diagnosis. A cross-sectional study was conducted with younger patients (n = 126, mean age 46 years, sd [ ± 9.2) to evaluate their emotional traits (variables: anxiety, anger, psychological distress, and depression) at the time of diagnosis (T0), and 6 months (T1), 12 months (T2), 18 months (T3), 24 months (T4) and 36 months (T5) after diagnosis. The psychological battery was composed of the State Trait Anger Expression Inventory, the State Trait Anxiety Inventory form Y, the Psychological Distress Inventory, and the Beck Depression Inventory version 2. Results showed significant differences in each emotional variable during medical treatment. Anxiety seemed to decrease, whereas anger tended to improve significantly. A comparison of the evaluation periods revealed that patients showed a higher need for psychological support in order to obtain effective compliance to medical treatments later (and also at T2 and T4); evidently, women who had recently received a diagnosis (T0) seemed more resilient in response to facing an emergency. Increased survival rate after breast cancer diagnosis is strongly linked to regaining a normal life through modified and improved living. Younger women can be more resilient and better prepared to implement coping strategies.

# THE QUALITY OF COUPLE RELATIONSHIPS AND SEXUALITY FOLLOWING BREAST CANCER

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## **Abstract**

Presently, long-term cancer survivorship is a reality for a growing number of persons diagnosed with cancer; this justifies the great effort made to protect and improve quality of life after the experience of cancer and its treatments. The effects of cancer and related treatments, both on a physical and psychological level, can persist for many years after the end of therapies and they often affect quality of life domains, including couple intimacy and sexuality.

In particular, breast cancer treatments often involve years of hormonal therapy, which can negatively affect sexual functioning and the quality of couple relationship. Despite evidence of a high prevalence of sexual dysfunctions and difficulties in intimacy following cancer, a tendency persists among healthcare providers to underestimate or defer them.

Starting from these considerations, we decided to evaluate sexual functioning, the quality of couple relationships and general health status in a sample of women with a history of breast cancer. A significant difference in all these variables was observed between the clinical sample and the general population. Further, age, hormonal therapy, and psychological wellbeing show a significant impact on the sexual functioning of the sample.

These findings suggest the necessity of a specific focus on sexuality and couple intimacy within the context of cancer. Considering that both patients and their partners often report the need for information about sexual issues during the diagnostic phase, and may even request specific sex therapy, it is important to promote doctor-patient communication about the side effects of treatments affecting sexual health. The knowledge about possible impairments of intimacy may foster access to specific interventions in order to provide the best quality of life to patients.

# PSYCHOLOGICAL MECHANISMS UNDERLYING INTERNET USE AND MISUSE AMONG ADOLESCENTS AND YOUNG ADULTS

**Proposer: Boursier Valentina<sup>1</sup>**

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**Discussant: Lai Carlo<sup>2</sup>**

<sup>2</sup> Sapienza University of Rome

## **Abstract**

The diffusion of the Internet has changed the traditional conditions of identity development. The opportunity to establish and maintain relationships on the Internet has multiplied, rapidly increasing the numbers of relationships and “disembodied encounters” through the web medium. Given the worldwide proliferation of social networking sites and the extreme numbers of young people joining up, these sites and apps presumably play an integral role in the life of youth. Indeed, young users dominate the Internet: in Italy, more than 91% of people aged between 15 and 24 years are e-users (We Are Social SRL, 2017), and usually they are *always online*, connected all day long. Literature suggests that Internet use and misuse is linked to many different factors, i.e., to a number of psychological and psychosocial features, and that the Internet feeds many individual and social needs (Nadkarni and Hofmann, 2012; Kardefelt-Winther, 2014; Reich et al, 2018). Moreover, attitudes and perceptions of web-related activities, as well as socio-demographic factors, influence social media use and can specifically contribute to making sense for the Internet use among youth (Abraham et al., 2010; Albury, 2015; Dhir et al., 2016). The increasing interest in examining the psychological aspects of Internet use among young people also enlarges contemporary critical issues on the dysfunctional use of the Internet related to specific expressions of psychopathology or to *a way of being* (Schimmenti et al, 2014; Billieux et al, 2015; Kardefelt-Winther et al, 2017; Kuss and Griffiths, 2017). Different and often contradictory findings demonstrate the current necessity to better understand a multifaceted and widespread phenomenon, thus contributing to the ongoing scientific debate. This topic will be discussed through four presentations, based on recent studies in different Italian contexts: Firenze (Casale et al), Enna (Costanzo et al), Roma (Cacioppo et al), Napoli (Gioia & Boursier).

# INVESTIGATING THE EFFECTS OF INSTAGRAM USE ON BODY IMAGE AND SEXUAL ATTRACTIVENESS: PRELIMINARY RESULTS FROM TWO EXPERIMENTAL STUDIES

Casale Silvia<sup>1</sup>, Gemelli Gabriele<sup>1</sup>, Tonioni Camilla<sup>1</sup>,  
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<sup>1</sup> Department of Health Sciences, University of Florence

## Abstract

Research investigating motivations and effects of SNS use has gained increasing attention over the last ten years. Among social media, Instagram (Ig) is unique in that it is purely dedicated to the posting and sharing of photos and it allows users to manipulate their photographs in a more visually appealing manner. As a result, Ig use has received attention from body image researchers since 2010. The current presentation aims to build upon previous studies on the effects of Ig use on body image by a) adopting an experimental design and b) including a multidimensional view of body image.

In the first study, 30 undergraduates (mean age:  $23.40 \pm 1.51$ ; F = 50%) randomly assigned to the experimental group were requested to open an Ig account whereas the control group (n = 30; mean age:  $22.67 \pm 1.58$ ; F = 50%) did not receive this instruction. The experimental group was then exposed to 15 attractive same-sex images for a week. Results show that one-week exposure to attractive image on Ig increased self-evaluative salience of appearance among females ( $t = -2.507$ ,  $p < .05$ ); no significant differences were found between the experimental and the control group on body dissatisfaction after one-week exposure. In the second study a pre- and post-test design was performed with 608 undergraduate students (72.7% F; mean age:  $22 \pm 2.12$ ) randomly assigned to view either a set of Ig fit inspiration images (experimental group) or a control set of travel images (control group). Results show that one-time exposure to fit inspiration images led to decreased sexual attractiveness [ $F(1, 606) = 5.79$ ,  $p = .02$ ,  $\eta^2_p = .01$ ]. This effect was obtained only among females ( $t_{232} = 3.12$ ,  $p = .002$ ,  $d = .20$ ). Present findings build upon previous research by 1) highlighting the negative effects of viewing ideal images on specific body image dimensions among females and 2) extending previous results about media effects on physical attractiveness into a new media format (i.e. Ig).

# AS TIME GOES BY: A STUDY ON PROBLEMATIC INTERNET USE AMONG YOUNG ADULTS

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## Abstract

**Introduction:** For almost two decades, studies within the ACE (accessibility, control, and excitement) framework (Young, 1999) have flooded the field of research on Internet addiction by examining the role of socio-demographic variables, contextual factors, and time spent online in predicting problematic Internet use (PIU). However, the scientific literature is moving towards a more comprehensive framework for understanding PIU, which also includes relational and psychodynamic features (Schimmenti, 2017). The purpose of this study was to investigate the relationship among time spent on the Internet, attachment styles, dissociative processes and maladaptive personality traits in a sample of young adults.

**Method:** A cross-sectional study was performed on 253 volunteers aged between 18 and 25 years old. They reported how much hours they spent online, the tools used for accessing the Internet, and their preferred online activities, together with measures on problematic Internet use, maladaptive personality, attachment styles and dissociation. A hierarchical regression analysis was conducted to identify predictors of PIU in the sample.

**Results:** Male gender, increased time spent online, negative affectivity, an avoidant attachment style, and depersonalization/derealization predicted PIU in our sample.

**Conclusions:** The findings of this study suggest that the Internet may be used by young adults as a psychic retreat that allows a temporarily relief from stress and negative feelings experienced in the body and the relationships (Schimmenti & Caretti, 2010). Therefore, rather than supporting a conceptualization of PIU among young adults in terms of an addictive process, our findings suggest that it may emerge as a self-regulatory coping strategy to deal with personal and interpersonal difficulties (Kardefelt-Winther et al., 2017).



# **PROBLEMATIC INTERNET USE, FAMILY FUNCTIONING AND ATTACHMENT STYLES IN ADOLESCENCE. IS THERE A RELATION?**

Cacioppo Marco<sup>1</sup>, Mangialavori Sonia<sup>1</sup>, Barni Daniela<sup>2</sup>,  
Danioni Francesca<sup>2</sup>, Gori Alessio<sup>1</sup>

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Heart of Milan

## **Abstract**

The studies on Problematic Internet Use (PIU) in adolescence analyze the tendency to replace real relationships with virtual ones in order to try to manage state of mind who are particularly painful. Nowadays there are few studies analyzing the relationship between PIU, attachment styles, family functioning which is usually characterized by overwhelming or excessive stiffness between the subsystems in which the adolescent is inserted (Şenormanc et al., 2014; Cacioppo et al., 2016). This contribution aims to assess the relationship between PIU, perception of family functioning and attachment arrangements. Method. 306 adolescents (62.7% females; 37.3% males) aged from 15 to 18 years (M = 16.07; SD = .91). Materials: Internet Addiction Test (IAT; Young, 1998) for internet use assessment. Family Assessment Device (FAD; Epstein, et al., 1983) for the family functioning evaluation. Relationship Questionnaire (RQ; Bartolomew and Horowitz, 1991) for the attachment assessment. Results. An uncontrolled internet use correlates negatively with the categories of the FAD “roles”, “affective response” and “affective involvement” and positively with the categories of the RQ “fearful” and “preoccupied”. The relative weight analysis, which allows to measure the importance of each predictor considering their relationship with others (Johnson, 2000), highlights how the family's ability to respond to stimuli with an appropriate quality and emotional quantity (“affective involvement”) is the most important protective factor for the prevention of PIUs in adolescence. Conclusions. The study highlights the importance of integrating attachment theory and systemic models for intervention on problematic Internet use in adolescence.

# **BODY SHAME AND BODY IMAGE CONTROL IN GIRLS' USE OF SOCIAL NETWORK SITES. PRELIMINARY RESULTS**

Gioia Francesca<sup>1</sup>, Boursier Valentina<sup>1</sup>

<sup>1</sup> Department of Humanities, Federico II University of Naples

## **Abstract**

Nowadays, social network sites (SNSs) are the space in which significant adolescents' interactions with friends and peers occur (Valkenburg & Piotrowski, 2017). Teens' SNSs use has dramatically increased in the last few years, becoming a daily activity, often overpathologized as well as many other web-related practices (Billieux et al., 2015). SNSs use facilitate peer comparison, feeding teenagers' need of approval through images sharing (Mascheroni et al., 2015). Moreover, SNSs allow regulation of positive and negative moods, even though teens' emotion regulation and impulsive behaviors on SNSs are still underestimated (Blumberg et al., 2016). Recent increasing studies are investigating the relation among female self-presentation on SNSs, body concerns (i.e. thinness, eating disorders, self-objectification) and body image control (BIC) (Manago et al., 2015; McLean et al., 2015; Holland & Tiggemann, 2016; Dhir et al., 2016; Boursier & Manna, 2018).

In the current study, we aimed at exploring which factors could influence SNSs (mis)use in girls. According to the literature, we supposed that SNSs use is related to emotional dysregulation, and we consider impulsivity, objectified body consciousness and BIC in photos as potential determining factors. We conducted correlational and hierarchical regression analysis on a sample of 279 girls (mean age=15,7). Results show correlations between SNSs and all the variables we considered, especially with body-related factors (body shame and body image control). Interestingly, BIC plays a pivotal predictive role in potentially problematic SNSs use, more than other variables, such as emotional dysregulation and impulsivity.

Particularly, girls reveal unsatisfied beliefs of control on their real body and a high engagement in self-portraits manipulation on SNSs. Thus, this study feeds the comprehension of possible use and misuse of SNSs, highlighting the potentially risky relation between girls' body perception and BIC in photos.

# PROSOCIALITY AND MORALITY IN HUMAN EVOLUTION, DEVELOPMENT AND PSYCHOTHERAPY

**Proposer: Gazzillo Francesco<sup>1</sup>**

<sup>1</sup> Sapienza University of Rome

**Discussant: Dazzi Nino<sup>2</sup>**

<sup>2</sup> Sapienza University of Rome

## **Abstract**

The aim of this symposium will be to show some recent scientific developments about the role of prosocial motivations and guilt in human evolution, development and psychotherapy.

Benedetto Farina will talk about recent evolutionary hypotheses on the role of prosocial motivations and cooperation in human species evolution, and will focus his contribution on the relevance of cooperation in psychotherapy.

Giampaolo Nicolais, Sara Fazeli Fariz Hendi and Camilla Modesti will discuss some preliminary data showing how it is possible to foster feelings of “moral elevation” even in children, and how these feelings may affect their behavior.

Francesco Mancini will show empirical data supporting the differentiation between altruistic guilt and deontological guilt, and the different features and psychopathological implications how each kind of guilt.

Finally, Francesco Gazzillo, Emma De Luca, Ramona Fimiani and Filippo Faccini will present a newly developed empirical tool for the assessment of interpersonal guilt according to Control-Mastery Theory (CMT), the *Interpersonal Guilt Rating Scale-15* (IGRS-15) and will show the validation data and clinical use of its clinician and self-report version for adults, and of its self-report versions for children and adolescents.

# PARITHEIC COOPERATION IN PSYCHOTHERAPY

Farina Benedetto<sup>1</sup>

<sup>1</sup> Human Sciences Department, European University of Rome

## **Abstract**

Some evolutionary, anthropological and psychological theories speculate that the development of the human mind and its cultural products is the result of an evolutionary trajectory aimed at relationships in general and at cooperation in particular. They argue that the push to peer cooperation in higher mammals has prompted the growth of increasingly sophisticated cognitive abilities and of brain structures able to support them: from those developed to promote the understanding of others, up to the sophisticated meta-cognitive functions: linguistic-symbolic, logic and even cultural.

In line with this hypothesis and in accordance with increasing experimental data, some clinicians affirm the importance of basing, explicitly but also tacitly, the therapeutic relationship on peer cooperative interactions, since they promote the performance of complex and refined mental functions necessary for the good outcome of psychotherapy.

# MORAL ELEVATION AND PROSOCIALITY IN CHILDREN: PRELIMINARY DATA

Nicolais Giampaolo<sup>1</sup>, Fazeli Fariz Hendi Sara<sup>2</sup>, Modesti Camilla<sup>2</sup>

<sup>1</sup> Department of Dynamic and Clinical Psychology, Faculty of Psychology and Medicine, Sapienza University of Rome

<sup>2</sup> Department of Social and Developmental Psychology Faculty of Psychology and Medicine, Sapienza University of Rome

## Abstract

Moral elevation (Haidt, 2000, 2003) is a moral emotion elicited by the vision of positive human acts that causes a state of warmth and feelings of admiration towards the exemplary behavior of extraordinary humanity, kindness, unexpected benevolence. This experience determines the desire to be a better person, an increased positive vision of humanity, as well as the stimulation of positive emotions such as compassion, inspiration and respect. These states associated with moral elevation can motivate prosocial behavior.

Given the absence of studies on moral elevation at school-age, the main purpose of the present study is to provide a first contribution for this age group. The aim of our research was to identify direct experiences of moral elevation in children. The sample consists of 34 children (23 M; 11 F) aged  $M = 9.4$  years ( $DS = 0.6$ ). The research project was carried out along 3 steps. At  $t1$  the following tools have been administered: the SIMI to investigate the development of moral identity; the MDS for moral disengagement; the PS for prosociality; the PVQ-21 for social values and the scale of pro / anti-social behavior. At  $t2$  some videos representing acts of extraordinary morality have been displayed to participants. Subsequently ( $t3$ ) an ad hoc test constructed to evaluate the experience of moral elevation was given.

In addition to significant correlations with the other variables detected, results show that participants scored an average of  $M=4,3$  ( $SD=0.71$ ) out of 5 to questions related to the dimension of moral emotions, with scores ranging from 2,5 to 5,0. The average related to the dimension of moral thoughts is  $M=4,1$  ( $DS=0.61$ ) and varies from 1,9 to 5,0.

Although preliminary, the results of the present study confirm the hypothesis that even in children, whenever prompted, the experience of moral elevation can be observed.

# ALTRUISTIC AND DEONTOLOGICAL GUILT: IMPLICATIONS FOR THE UNDERSTANDING OF THE OBSESSIVE-COMPULSIVE DISORDER

Mancini Francesco<sup>1</sup>

<sup>1</sup> Guglielmo Marconi University of Rome

## Abstract

The thesis is that there are two types of guilt, deontological (SCD) and altruistic (SCA), that primarily differ in their aim. These two kinds of guilt are co-present in the majority of guilt that people experience in their every-day life, although they differ in some specific case: guilt without victim and guilt of good luck. SCA stems from the lack of fulfilment of altruistic goals. Altruistic goals have two contents: the good of the other and the share of others bad luck. In order to be altruistic a goal has to be pursued selflessly. We will provide evidence for the existence of these goals. SCA implies the attempt to mitigate victim's suffering and to reduce the differences between self and others. The content of the moral goals is the compliance, without profit, with internalized moral rules, which are instrumental for the compliance with what is intuitively perceived as the natural/divine order. SCD implies the subjective perception of the loss of own rank in the hierarchy of being and the disposition to restore it with punishment seeking and sin expiation. We will provide evidence for the difference between these two kinds of guilt. In particular: the possibility of activating them separately as shown by self-report data; the opposite influence of the two kind of guilt on the decision-making as shown by the trolley's dilemma solutions; their distinct neurobiological substrate as shown by the fMRI studies; their different associations with disgust as shown by behavioural experiments; their distinct physiological activation as shown by the heart rate variability. Lastly, we will provide evidence of the crucial role of the SCD in the obsessive-compulsive disorder.

# ASSESSING GUILT ACCORDING TO CONTROL-MASTERY THEORY

Gazzillo Francesco<sup>1</sup>, De Luca Emma<sup>1</sup>, Fimiani Ramona<sup>1</sup>

<sup>1</sup> Department of Dynamic and Clinical Psychology, Sapienza University of Rome

## Abstract

Guilt is a complex and distressing emotion that can be experienced in different situations. The majority of psychoanalytic authors focused on the intrapsychic origins of guilt, connecting it with perverse desires and unconscious wishes to hurt others.

On the contrary, according to Control-Mastery Theory (CMT), guilt is interpersonal in its origin, its aim is pro-social, and its function is adaptive. However, guilt can be pathogenic when it derives from pathogenic beliefs, when generalized and when it leads to distress and symptoms (O'Connor et al. 1997). Both evolutionary and moral psychology research support the hypothesis of the pro-social origin and adaptive function of guilt for individual and group evolution (Wilson, Wilson, 2008; Haidt, 2012; Tomasello 2016; Cortina, 2017), and several studies show how imbalances in guilt feelings are associated to psychopathology (Blair, 2005; Decety & Moriguchi, 2007; O'Connor, 2012; Berghold & Locke, 2002; Giammarco & Vernon, 2015; Tilghman-Osborne, Cole, & Felton, 2010; Fergus et al., 2010).

In order to assess interpersonal guilt as conceived in CMT in adults, we have built and validated a tool, the *Interpersonal Guilt Rating Scale-15* (IGRS-15), in a clinician (Gazzillo et al., 2017) and a self-report version (Gazzillo et al., 2018), investigating the relationships between guilt, motivational systems (Affective Neuroscience Personality Scale; Panksepp, Davis, Normansell, 2003) and wellbeing (Psychological General Well Being Index; Dupuy, 1984).

We are also validating an adolescent version of this tool, investigating the relationship between guilt, self-esteem (Rosenberg Self Esteem Scale; Rosenberg, 1965) and empathy (Basic Empathy Scale; Jolliffe, Farrington; 2006), and a version for 5ht grade children, investigating the relationship between guilt, empathy (Interpersonal Reactivity Index, Davis, 1980), pro-sociality (Prosociality Scale; Caprara et al., 2005) and shame (Brief Shame and Guilt Questionnaire; Novin, Rieffe, 2015). Analyses show that all the IGRS-15 versions are valid and reliable for the assessment of interpersonal guilt according to CMT. In this contribution, we will present the validation data of the different versions of this tool and some of their possible applications.

# **CURRENT DIRECTIONS IN TREATING FEEDING AND EATING DISORDERS: INTEGRATIVE APPROACHES, SYMPTOM EXPERIENCE AND PROCESS ISSUES**

**Proposer: Compare Angelo<sup>1</sup>**

<sup>1</sup> Department of Human and Social Science, University of Bergamo

**Discussant: Speranza Anna Maria<sup>2</sup>**

<sup>2</sup> Department of Dynamic and Clinical Psychology, Sapienza University of Rome

## **Abstract**

In the last years, many limits on the clinical utilities of ED and diagnostic categories are pointed out: they do not take the clinical variability in the same diagnostic category. Complexity of ED is also expressed in the different types of treatment and in the process modalities in the course of treatment associated with the outcomes.

In the symposium it will be possible to attend the following presentations that will stimulate debates and reflections:

3. INTEGRATIVE INPATIENT TREATMENT FOR EATING DISORDERS: EFFECTIVENESS AND CLINICAL SIGNIFICANCE OF SYMPTOM CHANGES
4. THE SUBJECTIVE SYMPTOMS EXPERIENCE: CLINICAL IMPLICATIONS FOR THE PROGNOSIS AND THE TREATMENT OF THE EATING DISORDERS PATIENTS
5. REFLECTIVE FUNCTIONING AND GROWTH IN THERAPEUTIC ALLIANCE DURING EMOTIONALLY FOCUSED GROUP THERAPY FOR BINGE-EATING DISORDER
6. THE SHARED TRIAL: AN INVESTIGATION OF A NOVEL ONLINE GUIDED SELF-HELP INTERVENTION FOR PATIENTS WITH ANOREXIA NERVOSA



# INTEGRATIVE INPATIENT TREATMENT FOR EATING DISORDERS: EFFECTIVENESS AND CLINICAL SIGNIFICANCE OF SYMPTOM CHANGES

Muzi Laura<sup>1</sup> Tieghi Laura<sup>2</sup>, Rugo Michele<sup>2</sup>, Lingiardi Vittorio<sup>1</sup>

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<sup>2</sup> Eating Disorder Clinic “Residenza Gruber”, Bologna

## Abstract

To date, a growing body of evidence suggests that patients with severe eating disorders (EDs) may show benefit from integrative approaches, which combine multidisciplinary and multimodal interventions in intensive care settings (Thompson-Brenner, 2015). However, most studies measured treatment outcome only in terms of statistical significance, not enabling to determine if symptomatic change was clinically relevant. To overcome this limitation, some investigations employed an approach in which both patients' treatment response and shifts into the functional population range are taken into account (Diedrich et al., 2018; Schlegl et al., 2016).

The main aim of this study was to evaluate the effectiveness of an inpatient treatment program with a strong psychotherapeutic focus for individuals with EDs, as well as to determine the clinical significance of symptom change relying on the Jacobson and Truax's (1991) criteria.

The sample consisted in 112 patients who fulfill the following criteria: (a) they met DSM-5 diagnostic criteria for EDs; (b) presenting no organic syndrome; (c) they completed an integrated treatment in an ED specialized treatment center. ED diagnoses were established at intake using the SCID-5. All patients were asked to complete the Eating Attitudes Test-40 (Garner et al., 1979), the Eating Disorder Inventory-3 (Garner, 2004), the Beck Depression Inventory-II (Beck et al., 2006), and the Symptom Checklist-90-Revised (Derogatis, 1994) at treatment intake and discharge.

Findings showed a statistically significant symptom reduction, especially on overall eating disorder and depressive symptoms severity, even when controlling for treatment length. Moreover, the majority of patients showed both reliable and clinically significant symptomatic improvement at discharge. These findings suggest the beneficial effects of intensive and multidisciplinary inpatient treatment setting for ED and the importance of clinical significance for evaluating treatment outcome.

# THE SUBJECTIVE SYMPTOMS EXPERIENCE: CLINICAL IMPLICATIONS FOR THE PROGNOSIS AND THE TREATMENT OF THE EATING DISORDERS PATIENTS

Nassisi Valentina<sup>1</sup>, Gentile Daniela<sup>1</sup>

<sup>1</sup> Department of Dynamic and Clinical Psychology, Faculty of Psychology and Medicine, Sapienza University of Rome

## Abstract

In the last years, many limits about the clinical utility of ED (Eating disorders) diagnostic categories are pointed out: they don't take consider the clinical variability in the same diagnostic category, the turning from one category to another and between subtypes, and the resources of patients (Anderluh et al., 2009; Eddy et al., 2002; Keel et al., 2005). Personality features evidenced a powerful capacity to capture the ED complexity (Westen, Harnden-Fisher, 2001; Thompson-Brenner et al., 2005, 2008).

In the light of these considerations, in the same way of personality, we assumed that the focus on subjective symptoms experience in ED patients have a major clinical and therapeutic utility.

We developed ESSE (*Eating Symptoms Subjective Experience*, Nassisi, Speranza, 2012), a clinician report composed by 34 items on a five point Likert scale.

118 clinicians assessed their ED female patients (mean age 27.8; ds 10.8; 18 to 57) on clinical variables, Global Assessment of Functioning (GAF), personality (SWAP-200, Westen, Shedler, 1999a,b) and attachment (AAQ, Westen, Nakash, 2005). The 69.3% of patients were anorexic, the 20.8% were bulimic and 9.9% EDNOS.

A factor analysis with a varimax rotation pointed out three factors (46,6% of the overall variance): *Omnipotent control* (21.9%; 15 items), *Dysregulation of negative affects* (16.9%; 12 items), *Relational manipulation* (7.8%; 7 items). The *Omnipotent control* correlated with dismissing attachment ( $r=.34$ ;  $p=.000$ ) and with preoccupied too ( $r=.22$ ;  $p=.026$ ). For the *Dysregulation of negative affects* no results were found. The *Relational meaning* correlated with the GAF ( $r=-.27$ ;  $p=.007$ ) and preoccupied attachment ( $r=.34$ ;  $p=.000$ ); it also predicted a lower general functioning ( $\beta=-.191$ ;  $p=.05$ ), the presence of personality disorders ( $\beta=.233$ ;  $p=.024$ ) and sexual abuse ( $\beta=.238$ ;  $p=.018$ ). This study highlights the importance of considering subjective experience in managing ED patients for identifying prognostic and therapeutic features.

# REFLECTIVE FUNCTIONING AND GROWTH IN THERAPEUTIC ALLIANCE DURING EMOTIONALLY FOCUSED GROUP THERAPY FOR BINGE-EATING DISORDER

Brugnera Agostino<sup>1</sup>, Maxwell Hilary<sup>2</sup>, Compare Angelo<sup>1</sup>, Zarbo Cristina<sup>1</sup>, Rabboni Massimo<sup>3</sup>, Grave Riccardo<sup>4</sup>, Tasca Giorgio<sup>2</sup>

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<sup>4</sup> 2th Psychiatry Unit, Papa Giovanni XXIII Hospital, Bergamo

## Abstract

Therapeutic alliance and reflective functioning may be important for treatment outcomes for binge-eating disorder (BED). The current study examines: (1) growth in therapeutic alliance over 20 sessions of emotionally focused group therapy (EFGT) for BED, and (2) the association between change in reflective functioning and growth in therapeutic alliance in EFGT for BED, both of which may be important for improving BED outcomes. We hypothesize that: (1) growth in therapeutic alliance will be represented by a quadratic curve (i.e., follow a high-low-high pattern of growth), and (2) a quadratic growth in therapeutic alliance during EFGT will be associated with greater increase in reflective functioning from pre- to six months posttreatment. Italian women and men with BED (N = 118) attended EFGT for BED. They completed the Helping Alliance Questionnaire-II, a measure of therapeutic alliance to the therapist at the end of each session of EFGT, and the Adult Attachment Interview pre- and six months posttreatment. The quadratic model of therapeutic alliance growth was a significantly better fit to the data than the linear model, and the quadratic growth in therapeutic alliance during therapy was associated with greater positive change in reflective functioning at six months posttherapy. The current study provides additional support for the high-low-high pattern of therapeutic growth in short-term process-oriented psychotherapies, and that the growth of alliance to the therapist over the course of group therapy may be important for facilitating improved reflective functioning.

# THE SHARED TRIAL: AN INVESTIGATION OF A NOVEL ONLINE GUIDED SELF-HELP INTERVENTION FOR PATIENTS WITH ANOREXIA NERVOSA

Albano Gaia<sup>1,2</sup>, Cardi Valentina<sup>2</sup>, Salerno Laura<sup>1</sup>, Lo Coco Gianluca<sup>1</sup>, Cao Li<sup>3</sup>, Crosby Ross<sup>3</sup>, Schmidt Ulrike<sup>2</sup>, Treasure Janet<sup>2</sup>

<sup>1</sup> Department of Psychology and Educational Sciences, University of Palermo

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<sup>3</sup> Department of Psychology, Dickinson College, Carlisle, PA, USA

## Abstract

**Background.** Systematic reviews have found that the early response to treatment in anorexia nervosa (AN) predicts the end of treatment outcome. We have used a collaborative approach involving people with lived experience of eating disorders to develop the SHARED trial.

**Study aims.** SHARED is a multicentre, randomised-clinical trial testing the feasibility and efficacy of an online, 6-week guided self-help intervention for outpatients with AN (*RecoveryMANTRA*). *RecoveryMANTRA* includes a library of short video-clips demonstrating principles and techniques for behaviour change and recorded by people with lived experience of eating disorders and workbook. Patients received up to 6 sessions (synchronous chat) of guidance from recovered individuals and non-professionals trained to use behaviour change techniques and motivational interviewing. The aim of this study was to examine the data from the intervention arm to assess the feasibility of using a novel, online guided self-help intervention for patients with anorexia nervosa assessed for outpatient treatment.

**Methods.** Rates of drop-out from the 6-week assessment (i.e. end of intervention) and intervention adherence ( $\geq 4/6$  sessions), and differences between participants who did and did not prematurely drop-out from the intervention and that dropped out from the completion of the 6-week assessment were investigated. Missing data were imputed using multiple imputation.

**Results.** One-hundred and forty completed the six-week assessment (79.1%). Eighty-four out of 99 participants completed the six-week intervention and attended a minimum of four out of six online guidance sessions facilitated by a peer-mentor (84.8%). Patients who dropped-out reported lower levels of confidence to change and hope ( $p=.014$ ;  $p=.038$ ), and more frequent purging behaviours by the end of the first week of their participation in the intervention ( $p = .003$ ). Overall, those who dropped-out also reported less satisfaction with their work with the peer mentor ( $p = .051$ ).

# ASSESSING PARENTING AND PARENT-CHILD RELATIONSHIP IN DIFFERENT CLINICAL SAMPLES

**Proposer: Lucarelli Loredana<sup>1</sup>**

<sup>1</sup> Department of Pedagogy, Psychology, Philosophy, University of Cagliari

**Discussant: Candelori Carla<sup>2</sup>**

<sup>2</sup> G. d'Annunzio University of Chieti-Pescara

## **Abstract**

The process of clinical assessment is a complex issue because of the interweaving between the child's atypical developmental pathways and parenting. Deepening these interrelated components enhances our understanding of the child's mental functioning and symptomatic patterns. The Symposium will analyze different perspectives on the assessment of Parenting in different clinical samples.

The first contribution will deal with family relationships in the context of Autistic Spectrum Disorders (ASD). Results of this follow-up study highlight the efficacy of video-feedback intervention, which targets family coordination and the capacity to interact functionally to promote social skills in children with ASD.

The second presentation will report data on families of children with Specific Language Disorders (SLD) and ASD by exploring the child's emotional functioning and family relationships. Results point out the challenge for parents to cope with different atypical communicative patterns of children with SLD and ASD.

The third contribution will concern the parents' emotional response to childhood obesity to evaluate whether mothers' and fathers' body weight and parental reflective functioning are associated with children's weight. Results highlight parental psycho-emotional mechanisms, showing evidence of the influence of parents on the development of children's eating and weight status.

The fourth contribution will present the Parent-Child Play Scale in the assessment of restrictive food intake, addressing the observation of interactions not only where child and mother are distressed but also in pleasurable settings. Results show that comparing feeding and play interactions provides an insight in the pervasiveness of parent-child relational dysfunctions and informs intervention.

The Symposium will discuss the interplay among neurodevelopmental, psycho-emotional and relational mechanisms, highlighting a comprehensive focus in which the family is a fundamental reference system.

# EARLY VIDEOFEEDBACK INTERVENTION FOR ASD CHILDREN AND THEIR FAMILIES: A PILOT STUDY

Mazzoni Silvia<sup>1</sup>, Vismara Laura<sup>2</sup>, Bianco Filomena<sup>3</sup>, Morgante Ludovica<sup>3</sup>, Manarin Monica<sup>3</sup>

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## Abstract

Autism Spectrum Disorder (ASD) is a multifaceted clinical developmental diagnosis that is intertwined with complex family dynamics. To deepen the role of family interactions on the course of this condition, the present pilot study aimed to investigate the quality of family relationships in promoting child's social skills in the context of ASD.

The sample consisted of 9 families (mothers'  $M_{Age}$  36,22 anni,  $SD=$  5,67; fathers'  $M_{Age}$  38,8 anni,  $SD=$  5,86 with children aged 2 to 4 years ( $M_{Age}$  3=,  $SD$  =058) suspected of ASD. Children were evaluated by means of the ADOS (Lord, et al., 2005), the ADI-R (Rutter, et al., 2005), the Vineland Adaptive Behavior Scale (Sparrow, Balla, Cicchetti, 1984), the PSI-SF (Abidin, 1990) and the PVB (Caselli & Casadio, 1995), the Italian adaptation of the MacArthur—Bates CDIs (Fenson et al., 1993). Families interactions were evaluated through the Lausanne Trilogue Play (LTP, Fivaz-Depeursinge, Corboz-Warnery, 1999; Malagoli Togliatti; Mazzoni, 2006); co-parenting was also assessed by means of the Coparenting and Family Rating System (CFRS; McHale, Kuersten-Hogan & Lauretti, 2001), in line with DC: 05's Relational Context Axis II (Part B) items.

Families participated at three time points. At T1, the LTP was administered; at T2 a session of videofeedback was conducted and, at T3, a six months follow up session.

Results showed a positive association between families' ability to coordinate in the LTP, adequate coparenting and child's social skills as revealed by an increase in her/his triangular engagement, whereas poor coordination correlated with lower child's interactive skills. Follow up showed the possibility to enhance family's capacity to interact functionally, consequently improving child's social competencies.

Overall, this pilot study highlights the importance to include parents in interventions targeting family coordination to promote children's social skills in the context of ASD.

# THE QUALITY OF DYADIC AND TRIADIC INTERACTIONAL DYNAMICS IN FAMILIES OF CHILDREN WITH SPECIFIC LANGUAGE DISORDERS AND AUTISTIC SPECTRUM DISORDERS

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## Abstract

Several studies highlight that atypical communicative and language development can jeopardize the quality of the child's interactive systems. Specific language disorders directly interfere not only with the child's communicative capacities and his/her cognitive development, but also with the way in which he/she processes everyday experiences and relationships and on the quality of his/her interactions. The aim of our study is to assess the quality of interactive dynamics and the communicative resources of families that have a child with Specific Language Disorders (SLD) both in the mother-child dyadic system and in the mother-father-child triadic system during feeding and play. Family relationships of children with SLD will be compared to family relationships of children with Autistic Spectrum Disorders (ASD).

The study involved 16 families of children with SLD and ASD. The child's level of the interactive, emotional and symbolic functioning and the interaction modalities of the family were assessed through the Functional Emotional Assessment Scale (FEAS, Greenspan, 2003), the Feeding Scale (Lucarelli et al., 2002), and the Lausanne Trilogue Play (LTP) (Fivaz-Depeursinge, Corboz-Warnery, 1999).

The analyses showed significant differences in the dyadic and triadic interactional profiles of the family relationships of the children with SLD and ASD. The results pointed out the challenge and the commitment of parents to cope with the different atypical communicative competencies of children with SLD and ASD.

The deepening of the communicative, interactive and emotional processes in the family relationships of children with SLD and ASD allows the use of more targeted diagnostic and therapeutic procedures and to realize specific and effective therapeutic programs. For both children with SLD and ASD, the specific therapeutic treatment of interactive difficulties is fundamental for the prognosis of their developmental pathway.

# DO EMOTIONS AFFECT CHILD'S WEIGHT? A COMPARISON BETWEEN THE EFFECTS OF MOTHER'S AND FATHER'S WEIGHT AND PARENTAL REFLECTIVE FUNCTIONING IN CHILD

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## Abstract

Studies show persistent effects of the early environment on eating behavior and obesity risk, highlighting the central role that parents play in the onset of childhood obesity. Parental obesity, more often maternal one, has been shown to be an important risk factor for child's obesity.

The factors behind the transmission of overweight and obesity from parents to their children are assumed to be biological and environmental, but studies showed that these factors account for the transgenerational transmission of obesity only in part. In order to extend the comprehension of how parenting behavior and interpersonal environment affect childhood obesity, it is critical to explore psychological risk factors explaining the effects of parental weight on young children's weight.

The issue of parents' dysregulated emotional response has received increasing support in studies, but little is still known about how parental responses to children's emotions are related to eating.

Aim of the present study is to evaluate whether maternal and paternal body mass index (BMI), and mothers' and fathers' parental reflective functioning (PRF) are associated with children's weight.

The Parental Reflective Functioning Questionnaire (Luyten et al., 2018) was filled out by mothers (n=60) and fathers (n=60) of 60 children aged 6-11 (M=8.77, SD=1.68) with normal-weight (n=30) and with obesity (n=30). Trained health care experts performed anthropometric measurements of children. The heights and weights of parents were self-reported.

In order to determine the predictive power of PRF above and beyond the mothers' and fathers' BMI, a hierarchical regression was performed on children's BMI z-score. Data show that the best model includes parents' BMI and mothers' low PRF. The model is significant (F=6.71,  $p < .001$ ) and explains over 27 % of the variance of child's weight. The current exploratory findings highlight the importance of parental psycho-emotional factors on childhood obesity



# ASSESSING MOTHER-CHILD INTERACTION FROM FEEDING TO PLAY IN INFANTS/TODDLERS WITH RESTRICTIVE FOOD INTAKE

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## Abstract

The *Parent-Child Play Scale* has been developed as a scale that complements the *Parent-Child Feeding Scale* to evaluate mother-infant/toddler interactions in different caregiving contexts of the child's everyday life, specifically play and feeding. When assessing the quality of the parent-child relationship in children with feeding disorders (FD), it seems to be crucial not only to observe interactions in settings where the child and his/her mother are distressed, but also in settings where activities can be pleasurable. Free play is an example of an unstructured activity, and there is evidence that observational settings which provide opportunities to play enhance the validity of the interpretation of the overall observations. This study aimed to examine the psychometric properties of the Play Scale, the basic factor structure, and the ability of the Play Scale to differentiate between healthy children and children with different subtypes of FD. In addition, we examined the relationship between the measures of feeding and mother-infant/toddler play interactions. The construct validity, inter-rater and test-retest reliability of the Play Scale have been demonstrated. Results also showed that Play Scale discriminates between children with and without FD, as well as between children with different subtypes of FD defined by the DC:0-3 1<sup>st</sup> Revision (Feeding Disorder of State Regulation, Feeding Disorder of Caregiver-Infant Reciprocity, and Infantile Anorexia). Moreover, significant correlations between the Feeding and Play subscales for infants/toddlers with FD and their mothers emerged. Findings suggest that specific features of dysfunctional play in combination with dysfunctional feeding interactions indicate more pervasive maladaptive interactional patterns in mother-child dyads, and reaffirm the role of *good enough* maternal scaffolding for the early development of the child's biological, emotional, and social regulation.

# WORKING WITH GROUPS IN INSTITUTIONS: PROCESS ANALYSIS BETWEEN CHANGE AND CONTINUITY

**Proposer: Marogna Cristina<sup>1</sup>**

<sup>1</sup> University of Padua

**Discussant: Salvatore Sergio<sup>2</sup>**

<sup>2</sup> University of Salento

## **Abstract**

Isomorphism phenomenology considered from group point of view, allows us to observe how the group, confronted with some specific images, fantasies and experiences brought by the person, directly feel such mental events as their own and it puts into action as a reaction, not an elaborative modality but a *basic type-based* reaction, that is the activation of an affectivized group behavior, stable but defensive, non-evolutionary and unconscious. The problem consists in activating a group global field that allows the evolutionary analysis of such mental states, that determine the group climate and the future of the Institution. Institution is therefore an organizing apparatus of its members basic affects, because it offers a pre-established direction to the flow of individual members projective identifications (Correale, 2007). So Institution should fulfill a containment, revêrie, ordering and harmonizing the scattered elements function, contributing to discovery of meanings and therefore to the capacity of thought (Bion, 1962), but this depends on the thought itself in which Institution bases its identity. The phenomenon we are talking about acquires particular importance in all those institutional groups in which the inadequate evolution of a common processing field prevents the individuation process of individual members. On the contrary, to create a processing field leads to the formation, in caregivers and users group, of images, emotions and fantasies sufficiently rich to act as a barrier to individual anxieties and thus constitute an initial processing apparatus/transformation/mentalizing.

# WORKING WITH GROUPS AND QUALITY STANDARDS IN THERAPEUTIC COMMUNITIES: THE MEASURE OF CHANGE OVER TIME

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<sup>1</sup> Department of Psychological, Pedagogical and Educational Sciences, University of Palermo

## Abstract

**Introduction:** This study assesses the changes in the functioning area of the communities participating in the *Visiting Project* - training, evaluation, research and accreditation of "Community Group-Quality" - in relation to quality standards set by the project itself.

**Research area** is the evaluation of the functioning of Mental Health Therapeutic Communities and the identification of the therapeutic factors contributing to the treatments effectiveness (Lees, Manning, Rawling, 1999; Pearce & Haigh, 2017). In particular, the empirical study of environments and therapeutic contexts is developed.

**Method:** 45 Communities involved in the national territory, 14 completed 2 cycles of participation.

**Tools:** *VIVACOM Questionnaire* (Visiting Community Evaluation) (Vigorelli et al., 2017), which provides quality standards to share best practice in the Communities treatments; *DTCRO Questionnaire* (Democratic Therapeutic Community Recovery Oriented) (Bruschetta, Monasteri, Barone, 2014), which identifies practices and interventions aimed at reducing the disease and maximizing health (Recovery). The questionnaires are filled by operators, users and family members in each community, at the beginning of the project and after a year.

**Descriptive statistical analysis** and testing the hypothesis that changes in functioning areas occurred (Wilcoxon Signed Rank-test for dependent samples) were implemented.

**Results:** The results show some significant changes in different areas of the organizational and relational management of community life and treatment modalities used.

**Conclusions:** The work enables the monitoring of the communities functioning based on shared quality standards and empirically based observation and evaluation tools. It also opens up, with the support of empirical data, the possibility of promoting improvement and facilitating quality intervention elaboration and systematization.

# IMPROVING SELF-REFLECTIVE PARENTING: EFFECTS OF MENTALIZATION-BASED GROUP WITH MOTHERS OF CHILDREN WITH BEHAVIOURAL PROBLEMS

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## Abstract

The study describes psychological dynamics and investigates the effects of a Mentalization-Based Group Therapy intervention aiming to promote parent reflective functioning in mothers of children with behavioural problems. *Methods* Group Climate Questionnaire (Mc Kenzie, 1981), Therapeutic Factors Inventory-Short form (TFI-S, Mac Nair-Semands, 2010) and Parent Stress Index-Short Form (PSI-SF, Abidin, 1983) were used to assess perceived Group Climate, Therapeutic Factors and Stress in parenting before and after a 10-week MBT group program with 21 mothers. Significant differences before and after group program were evaluated using Wilcoxon Signed Rank Test; associations of GCQ and TFI with PSI-SF dimensions were evaluated using Pearson correlations and linear regressions. *Results* Data revealed increased perception of Group Engagement ( $p < .001$ ) and of all Therapeutic Group Factors, reduced perception of Difficult Child ( $p < .001$ ), Parent-Child Dysfunctional Interaction ( $p < .05$ ) and Total Stress in parenting ( $p < .01$ ), and significant associations of GCQ and TFI with PSI-SF dimensions, highlighting a moderating role of perceived Parent-Child Dysfunctional Interaction on perception of Difficult Child. *Conclusions* Data highlighted the efficacy of the mentalization-based group intervention to significantly reduce both mothers' perceived difficulties in the interactions with the child and perceived levels of stress in parenting.

# TALKING PICTURES GROUP INTERVENTION IN PRISON

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## **Abstract**

The present work offers a preliminary evaluation of an innovative group intervention, the Talking Pictures Group Intervention (TPGI), based on the use of photography in prison settings. Besides using photography to allow inmates voice their feelings and thoughts, this intervention exploits the benefits of group work, that allows self-reflection while promoting exchange and self-growth.

More specifically, two different categories of inmates, incarcerated in either protective or minimum custody, attended 10 phototherapeutic group sessions aimed at enhancing emotional intelligence (EI) and adaptive coping behaviors while reducing depressive symptoms.

Preliminary findings show an increase in EI in the minimum custody group while depression symptoms are found to increase in the protective custody group, possibly as a result of a greater awareness of their condition, entailing longer sentences, isolation and greater stigmatization. The ability to cope with trauma remains unvaried before and after the intervention in both groups.

# **GROUP PSYCHOTHERAPY IN A TERRITORIAL DAY HOSPITAL: ASSESSMENT OF OUTCOMES AND MENTALIZATION CAPACITY**

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<sup>1</sup> University of Padua

<sup>2</sup> ULSS6 Euganea

## **Abstract**

**Objective:** This study aims to show the effectiveness of a territorial Day Hospital (DHT) that provide intensive interventions limited in time, and combine the use of medicines and a variety of therapeutic modalities in individual and group context.

**Methods:** Symptoms of patients and levels of alexithymia were measured in patients (n = 73), assuming an improvement of both aspects at the end of the therapeutic treatment in DHT. TAS-20 and OQ-45.2 were administered at the beginning and at the end of the treatment.

**Results:** T-tests for paired sample showed significant improvement in ability to identify and describe their emotions and feelings, also in symptomatology. Differences about age and personality disorders were found.

**Conclusion and implication for practice:** The group setting allows to increase the patient's ability to symbolize and to connect their symptoms to plots of thought and thus obtain new meanings.

# **DISTORTED OWNBODY PERCEPTION AND REPRESENTATION IN CLINICAL POPULATIONS**

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**Discussant: Pagnini Francesco<sup>2</sup>**

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## **Abstract**

Distortions in the perception and representation (both internal and external) of own-body shape, size or weight are key diagnostic features of two DSM-5 mental disorders, i.e. anorexia nervosa and body dysmorphic disorder. Muscle Dysmorphia is a sub-type of the latter and is also called “reverse anorexia” because the own-body or parts of it are not perceived as bigger but as smaller. Another form of “reverse anorexia” that was recently described is the significant underestimation of own-body size in some individuals with obesity. It was named “Fatorexia” by an English business woman who, even if her BMI was indicative of a first class obesity, did not realize how obese she was until a check-up with her general practitioner. However, this kind of distortion in the perception and representation of own-body size is not consistent in the population of individuals with obesity because also the opposite, i.e. the overestimation of body size, was found. Such divergence is still largely unexplored and may depend not only on sub-group differences but also on the heterogeneity of methods that are commonly used for the self-evaluation of body size. Distortions in the representation of own-body are observable also in individuals with an autism spectrum disorder and are commonly viewed as signs of the self.

# FATOREXIA™: A NEW BODY IMAGE DISORDER?

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## Abstract

A new hypothetical body image disorder, which was named Fatorexia™, has emerged from the study of body image perception in subjects with obesity and consists in the significant underestimation of body size. A cross-sectional study was carried out in order to test the Fatorexia™ hypothesis by comparing the size estimates of some body parts between a sample of inpatients with obesity and a sample of healthy-weight subjects. The body estimation task, an individualized metric method, was used to assess the perceived width and circumference of three different body parts (shoulders, waist and hips) in all study participants. An accuracy measure was then computed by subtracting the estimated sizes from the actual ones. The independent-sample t-test (one-sided), the chi-square test, the Pearson correlation and their Bayesian counterparts were then performed for testing the study hypotheses. Statistically significant differences were found in the accuracy measures of shoulders width and waist circumference between inpatients with obesity and a sample of healthy-weight subjects. Moreover, the obesity condition was significantly associated with the size underestimation of shoulders width, waist and hips circumference. A strong negative correlation was also found between BMI and the underestimation of the waist circumference both in the whole sample and in the sample of inpatients with obesity. The present study gives further support to the Fatorexia™ hypothesis by showing that more than half of inpatients with obesity significantly underestimated the sizes of their shoulders and waist. This result was discussed in light of the Allocentric Lock Theory (ALT), a relatively new theoretical model for the interpretation of impairments in the estimation of body size.



# A NARRATIVE REVIEW OF BODY SIZE PERCEPTION IN SUBJECTS WITH OBESITY

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## Abstract

Body image is a multidimensional concept. It encompasses a perceptual component that is the subjective estimation of body size. Subjects with obesity were shown to estimate accurately their own body size, but also to overestimate or underestimate it. These contrasting results may be due to differences in samples but also in the methods used to assess the accuracy of body size perception. The aim of this narrative review was thus to summarize the results of studies that investigated the estimation of body size in subjects with obesity and to explore the above mentioned differences between studies in order to explain the mixed findings. Very different methods were used to assess body size perception in subjects with obesity. Studies differ also in sample size and used different control groups. Most of them compared subjects with obesity to healthy-weight individuals or to subjects with restrictive eating disorders. The heterogeneity of studies that assessed the perception of body size in subjects with obesity do not allow to draw definitive conclusions about the variables that are involved in the diverging results. Further investigations should manipulate the putative factors within study and explore also subgroup differences as well as correlations, in order to better define which subjects' characteristics determine a misperception of body size.

# **BODY IMAGE AND BODY DISSATISFACTION IN BINGE EATING: A COMPARISON BETWEEN IMPLICIT AND EXPLICIT MEASURES**

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## **Abstract**

Binge Eating Disorder (BED) is characterized by recurrent episodes of binge eating accompanied by a sense of lack of control over eating and associated with unpleasant feelings and marked distress (DSM-5, APA, 2013). BED is frequently associated to obesity (de Zwaan, 2001). Binge eating symptoms or behaviors (i.e. the experience of binge eating episodes without fulfilling BED criteria) are more common than the full syndrome (Siqueira ET AL., 2004; Spitzer et al., 1992). Body dissatisfaction and overvaluation of weight and shape are known risk factors for both binge eating and BED (Mitchison et al., 2017). Body dissatisfaction, i.e. the negative evaluation of one's body, is often measured as the difference between the current and the ideal silhouettes chosen among a series of 9 (Gleaves et al., 2000). Overvaluation of weight and shape is a concept that includes both global negative evaluations of one's body and the perceptions, cognitions and emotions regarding one's own weight and figure and their influence on self-esteem and self-worth (e.g. Lewer et al., 2017). Notwithstanding the central role of body dissatisfaction and overvaluation of weight and shape also in binge eating, misperception of body size in BED and binge eating behavior has been widely neglected so far. However, a recent review (Lewer et al., 2017) evidence that a few studies show that individuals with BED rate their body shape rather accurately. The presentation will address these topics presenting also results of a study examining implicit and explicit assessment of body image and body dissatisfaction in a sample of 39 participants (age  $M= 23,9 \pm 3,74$ ) divided in two groups based on binge eating symptomatology. Data were obtained through multiple measures: a Body Image Task (BIT) assessing implicit body image, an analogic scale assessing explicit body image and body dissatisfaction, actual participants' anthropometric measures, objectively taken by researchers.

# THE REPRESENTATION OF PSYCHIC AND BODILY SELF IN AUTISM

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## Abstract

Psychoanalytic theories consider autism as a disorder of the self based on the lack of ability in establishing stable internal representations of themselves and of others. Human figure drawing is a valid instrument to evaluate inner representation and it reflects the developmental stage, linked to both cognitive and socialization processes. Literature suggested that the human figure drawings of children with autism may be generally less sophisticated and detailed than those of non autistic children, but the results are still contradictory. The aims of the study is to verify the differences in bodily and psychic representations in children with autistic disorders and non autistic children through Koppitz's (1968) coding system; to analyze which variables (age; gender; IQ; symptoms gravity; behavioral problems) predict the total score.

Participants: 33 children with ASD (23 M e 10 F, average age: 7,8 , SD=1,18; 45,2% medium level ASD e 54,8% high level ASD); 33 children without ASD (16 M e 17 F, average age: 7,9; SD=1,28).

Instrument: Draw a Person Test coded by Koppitz's coding system; CBCL 4/18 (Achenbach, 1991); CPM (Raven, 1947); CARS (Scholper e coll.,1988).

Results: Chi2 analysis showed significant differences into the clinic group (1) and the control group (2) both in the total score ( $x_1=21,25$ ,  $DS=1,16$ ;  $x_2=9,12$ ;  $DS=1,19$ ) and in specific indicators, highlighting in ADS drawings more indicators of fragility in bodily dimension (poor integration:  $X^2=10,83$ ,  $df=1$ ;  $p=,004$ ; shading of face:  $X^2=16,78$ ;  $df=1$ ,  $p=,04$ ; gross asymmetry of limbs:  $X^2=36,71$ ;  $df=1$ ,  $p=,001$ ; tiny figures:  $X^2=19,48$ ;  $df=1$ ,  $p=,03$ ) and psychological dimension (arms clinging to body:  $X^2=19,21$ ;  $df=1$ ,  $p=,03$ ; transparencies:  $X^2=21,87$ ;  $df=1$ ,  $p=,02$ ; monster or grotesque figure:  $X^2=24,76$ ;  $df=1$ ,  $p=,02$ ). Regression analysis showed that the total score is predicted by the IQ (Beta=.33\*\*,  $t=3.56$ ;  $R^2=.12$ ) and by social problems (Beta=.21\*\*,  $t=2.76$ ;  $R^2=.10$ ). Clinical implications for therapy are discussed.

# **TEACHING AND LEARNING COMMUNICATION AND RELATIONAL SKILLS FOR HEALTH CARE PROFESSIONALS**

**Proposer: Vegni Elena<sup>1</sup>**

<sup>1</sup> Department of Health Sciences, University of Milan

**Discussant: Freda Maria Francesca <sup>2</sup>**

<sup>2</sup> Federico II University of Naples

## **Abstract**

Health care professionals-patients communication is one of the core skills required as far as contemporary medicine, i.e. caring for chronic patients, with adherence problems, who mostly desire to participate in the process of clinical decision-making, who frequently want to be informed about the diagnosis, accompanied by a third party, etc. Teaching and learning communication skills is a widely discussed issue in the literature, but still seem to remain a jeopardized teaching in Italy. The aim of the present symposium is twofold: 1. to discuss methods and teaching model and/or experience in our country, considering the different stages of learning (undergraduate vs postgraduate vs continuing medical education) and different health care professionals involved (medical doctors, nurse, obstetrics etc); 2. to reflect and share opinion regarding the involvement of clinical psychology in this specific field of training. In particular the following arguments will be discussed: patient-centeredness and empathy as inborn or acquired skills and the role of gender in a sample of Italian medical students; an education program for mindfulness in the health care professionals; the cross-cultural efficacy of the program to enhance communication and relational skills; a simulation-based training for healthcare providers in Emergency Obstetrics.

# CROSS-CULTURAL EFFICACY OF THE PROGRAM TO ENHANCE COMMUNICATION AND RELATIONAL SKILLS

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## Abstract

**Introduction.** Communication skills are one of the pivotal competencies required of practicing clinicians. The Program to Enhance Relational and Communication Skills (PERCS) was developed at Children's Hospital Boston in 2002 and in 2008 it was successfully implemented in Italy in a public hospital (San Paolo Hospital, Milan). In 2016, PERCS was also implemented in a private hospital (Humanitas Research Hospital, Milan). In this study we assessed the transferability and efficacy of PERCS in the Italian private healthcare context. **Methods.** Italian PERCS features a series of one-time workshops on several issues (e.g. medical error, end-of-life, and oncology). The 4-hour workshops are open to groups of 15 interdisciplinary participants. The workshops were focused around the simulated enactments and debriefing of 2 scenarios. In both scenarios, interdisciplinary participants volunteered to meet with a simulated patient/family member to communicate difficult healthcare news. After the enactments, participants discussed with colleagues, actors and facilitators and received feedback. Prior and after the workshops, participants completed self-reported questionnaires to evaluate their preparation, communication skills, relational skills, confidence and anxiety in holding difficult conversations. Paired-sample T-tests were conducted for the analysis. **Findings.** Since 2016, 8 workshops were offered at Humanitas Research Hospital enrolling 103 clinicians (48% physicians, 30% nurses, 6% risk managers, 5% psychologists, and 12% other). Participants were mostly female (75%), Italian (89%) with a mean age of 42.29. After the workshop, participants reported to have improved their communication and relational skills ( $p < .000$ ), feel more prepared and confident ( $p < .000$ ), and less anxious ( $p < .05$ ). **Conclusion.** PERCS is cross-culturally transferable to a private hospital and is effective in improving clinicians' self-reported competencies and attitudes when facing difficult conversations.

# **PATIENT-CENTEREDNESS AND EMPATHY: INBORN OR ACQUIRED? THE ROLE OF GENDER AND PRACTICAL EXPERIENCE IN A SAMPLE OF ITALIAN MEDICAL**

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## **Abstract**

Patient-centeredness and empathy have been recognized as crucial skills in delivering high-quality medical care. Several researches have measured empathy among medical students, but very little is known about empathy and patient-centered orientation in Italian medical education context. This research presents the results from a longitudinal study that examined empathy and patient-centeredness differences by students' gender and clinical internship during medical school.

A total of 194 medical students completed a longitudinal survey consisting of the Jefferson Scale of Physician Empathy-Student Version (JSE-S) and the Patient-Practitioner Orientation Scale (PPOS). Self-report questionnaires were administered at first year, before the experience at the General Practitioner's office (GP's), at second year (after GP's) and at fifth year (after the ward experience).

Female students (n=98) scored significantly higher than male students at first [JSE-S:  $F(1,194)=24.720$ ;  $p<.001$ ; PPOS:  $F(1,194)=61.615$ ;  $p<.001$ ], second [JSE-S:  $F(1,194)=2.133$ ;  $p=.146$ ; PPOS:  $F(1,194)=9.106$ ;  $p<.01$ ] and fifth year [JSE-S:  $F(1,194)=19.882$ ;  $p<.001$ ; PPOS:  $F(1,194)=12.797$ ;  $p<.001$ ]. Empathy levels of students improved after the hospital practical experience [ $F(1,194)=7.788$ ;  $p<.01$ ], while patient-centeredness scores of students enhanced after GP's internship [ $F(1,194)=22.486$ ;  $p<.001$ ]. Patterns of increasing in empathy and patient-centeredness scores were similar for men and women.

The hypothesis that female students would score higher than male students was supported by the results. Instead, the findings did not support the hypothesis that empathy scores decline during the medical school years. Clinical and practical experience during the years of medical school seems to improve a clinical orientation centered on the person of the patient, independently by gender.

# MEET YOURSELF TO MEET EACH OTHER: MINDFULNESS EDUCATION FOR HEALTH PROFESSION

Trotti Eugenia<sup>1,2</sup>, Bongiorno Debora<sup>2</sup>, Buzio Paola<sup>2,1</sup>, Carini Francesca<sup>1</sup>, Sironi Cecilia<sup>2,1</sup>, Baccin Gigliola<sup>2,1</sup>, Filippini Aurelio<sup>2,1</sup>, Bellani Marco Luigi<sup>1,2</sup>

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## Abstract

The quality of the communication with the patient depends in first place on the operator's awareness of what happens in the here and now of the interpersonal relationship, from the cognitive and experiential contact between internal and external reality. Mindfulness is a quality of being based on the intentional use of "naked", equanimous, nonjudgmental attention. Even though innate, it must be recognized and cultivated in practice to become available at the time of the relationship and translated into a reduction of stress and improvement of relational and communications skills. Since 2015, a mindfulness education experience has been conducted involving health professionals in various pre and post-graduate areas. An adapted version of MBSR by Kabat Zinn, included in the institutional training plan of the ASST SetteLaghi, was repeated for 8 editions, involving nursing staff (5 editions: 54 participants) and mixed groups of operators (3 editions: educators, occupational therapists in the psychiatric area, physiotherapists, etc.: 45 participants). For the students of the third year of the Nursing Degree program mindfulness training was organized as professional activities: the optional enrollment (47 subscriptions) to the structured path was proposed during a theoretical/experiential seminar (about 100 participants). Organized with the collaboration of internal, university and hospital staff, the groups were led by a mindfulness trainer AIM who was a nurse counselor, anthropologist, Vipassana practitioner, with the co-presence of tutors participating in the activities. In addition to the structure of the training courses, the quantitative and qualitative results are presented, verified by means of attendance registers, satisfaction questionnaires and subjective qualitative assessment of the relapse on the personal level and on the relationships with the patients and with the team.

# "I HEAR AND I FORGET. I SEE AND I REMEMBER. I DO AND I UNDERSTAND": SIMULATION-BASED TRAINING FOR HEALTHCARE PROVIDERS IN EMERGENCY OBSTETRICS

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## Abstract

In the last decades, simulation has been widely acknowledged in the field of under and postgraduate medical education, as a reliable and effective methodology. The use of mannequin or procedural software for virtual reality allows the simulation of care-environments and standardized situations, by which the trainees can learn and practice new skills. Since 2014, the *Simulation and Advanced Training Center of the Veneto Region (Si.F.A.R.V.)*, located at the *Ospedale Civile Maggiore of the Hospital Trust of Verona*, has been hosting a simulation-based training for healthcare providers (obstetricians, gynaecologists and midwives) in Emergency Obstetrics. Eighty-nine professionals have participated until now at the training, that is currently at its 11<sup>th</sup> Edition. The concept behind the "Operational Obstetrics: Training and Simulation" course is that the increase in patient safety may be achieved through interventions that are not only hands-on, but that, using a mindful practice, enable professionals to combine practical and theoretical experiences. The settings, in which the scenarios take place, are as similar as possible to a real operating room or delivery room. The construction of scenarios is designed to promote the acquisition of technical and non-technical skills. The team of trainers is composed by: 1. *Expert professionals* (gynaecologists, obstetricians, professional nurses) supervising the participants during the exercises and providing feedback about the theoretical knowledge and the technical skills; 2. *Learning facilitators* (experts in teaching and tutoring methodologies) promoting the effective learning process of the participants throughout the entire course; 3. *Experts of Human Factor in Risk Management* (two commercial aviation commanders and one psychologist) providing feedback on non-technical skills, introducing the use of defusing and debriefing and favouring the self-monitoring process of emotional distress during and after emergency situations.



# **NEW FIELDS OF INTERVENTION FOR DYNAMIC-CLINICAL PSYCHOLOGY. MODELS, PROBLEMS, EXPERIENCES**

**Proposers: Craparo Giuseppe<sup>1</sup>, Salvatore Sergio<sup>2</sup>**

<sup>1</sup> Kore University of Enna

<sup>2</sup> University of Salento

**Discussant: Lo Verso Girolamo<sup>3</sup>**

<sup>3</sup> University of Palermo

## **Abstract**

Contemporary social and economic transformations (such as those linked to immigration, social safety, welfare etc.) have led to the need to deal with a number of phenomena and issues about which little is known

Dynamic-Clinical Psychology has traditionally considered the social dimensions of both scientific investigation and intervention as peripheral. In particular, in the past quarter of a century, the “clinical” dimension has been, implicitly and explicitly, considered in relation to the binary pair psychopathology-psychotherapy. As a result of this, the contemporary DCP shows little interest in anthropological and social phenomena that are in the progress.

The aim of this symposium is to shed light on the reasons why clinical psychology should not be reduced to a mere field of psychopathology and psychotherapy but should instead be expanded to include a consideration of contemporary social and cultural scenarios. For these reasons, the colleagues invited to participate in this symposium will talk about several topics (as for example on the notion of unconscious, on the evaluation of outcomes in psychotherapy, on new psychological interventions, on a clinical interpretation of relations between citizens and socio-cultural contexts) related to Dynamic-Clinical Psychology.

# **A CERTAIN IDEA OF THE UNCONSCIOUS: LIMITS AND OPPORTUNITIES OF THE MEETING OF PSYCHODYNAMIC PERSPECTIVES WITH DEVELOPMENTAL STUDIES AND NEUROSCIENCE**

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## **Abstract**

A meeting between psychodynamic perspectives on the theories of unconscious with developmental studies and neuroscience is often invoked to give support to psychodynamic theories. It is contended that such a meeting should not be taken for granted, unless a thorough understanding of the levels of observation and mental functioning each discipline is usually devoted to deal with. It is also contended that given such basic differences in the various perspectives of study, a more fruitful dialogue can be established when each discipline provides the others with new hints for constructing and investigating within each field of research and theoretical elaboration.

The notions of intentionality and personal/sub-personal psychological phenomena can clarify the possible points of dialogue and mutual exchange.

No one only and definite notion of unconscious should be retained by psychodynamic theories, because the results coming from neuroscience and developmental studies have highlighted that there is not only one source of conscious experiences.

In this regard, the equation between the cognitive-implicit-representational unconscious and the “not repressed” unconscious should be better articulated.

On the other hand, psychoanalysis can give important indications to developmental studies and neuroscience showing the role of meaning, namely, bodily, affective and motivational experiences for the different levels of integration of consciousness

# ASSESSING THE OUTCOME OF PSYCHOTHERAPIES: CASE SPECIFICITY IS NEEDED

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## Abstract

The clear majority of the best conceived empirical studies conducted so far on the outcome of psychotherapy, independently from the theoretical orientation of both the researchers and the clinicians involved in them, has relied on well validated empirical measures assessing symptoms, syndromes, general functioning and several other relevant domains. The results of these studies show that the theoretical orientation of the therapy delivered is less relevant than factors such as therapeutic alliance, therapist personality, patient expectations and extra-therapeutic factors (Imel, Wampold, 2015).

Moreover, the inclusion/exclusion criteria of patients have been generally based on the psychiatric categories listed in international nosographies such as the *Diagnostic and Statistical Manual of mental disorders* (DSM-5; APA, 2013) and the *International Classification of Diseases* (ICD-10; WHO, 1993). The ideal model at the basis of these studies could be synthesized along these lines: the patient has one problem/syndrome which can be objectively described and classified – the treatment delivered is manualized and replicable – the outcome of the treatment can be objectively measured.

This approach presents several major limitations (Westen, et. al., 2004; Silberschatz, 2017) that can be put into three categories: (1) patient selection leaves no room for the *vast amount of problems which do not fit the categories of the psychiatric nosographies* but push people to look for a treatment; (2) patient assessment does not take into account the specific meanings and functions of the patient difficulties, which can be understood only in the *complex and unified picture of each patient life and experience* and using a dynamic framework, and which are the real reason why patients suffer; (3) psychotherapies implemented are *tailored on disorders, not on patients*.

Some example of these limitations and possible empirically validated strategies for overcoming them will be presented.

# LOOKING AT THE FUTURE: NEW PERSPECTIVES ON THE PSYCHOLOGICAL INTERVENTIONS

Parolin Laura<sup>1</sup>, Velotti Patrizia<sup>2</sup>

<sup>1</sup> University of Milan-Bicocca

<sup>2</sup> Department of Educational Sciences, University of Genoa

## Abstract

Usually clinical psychologists face with an array of mental health and social problems. The most common form of intervention in clinical psychology is psychotherapy. However, the psychological treatment of mental health problems is beginning to undergo an essential transformation. This transformation concern the availability of digital technology, i.e. computers, internet, smartphones, and mobile software applications. In this work, we describe both some use of digital interventions and the new opportunity concerning a global use and dissemination of psychological interventions.

In this context, many clinicians find that mental health apps are a valuable adjunct to psychotherapy because they allow therapists to maintain a better connection with their patients and improve their ability to track clients' symptoms and intrapsychic dimensions. Mental health apps don't promise to be a replacement for professional help, but can be useful tools in the treatment of subclinical problems (such as everyday anxious feelings) and the prevention of clinical problems (such as depression).

At individual level, developing apps can be viewed as a way to by-pass barriers to mental health care, and bridge gaps in it. It is important to take into consideration potential limitations and risks linked to the usage of Apps in the clinical field. A psychodynamic clinical approach could be redefined by research projects that use new technologies to study different explicit and implicit aspects of human behaviour. Results could also be used to facilitate the knowledge in the applicative filed.

At the social level, we will discuss, as technology affects organizational life becoming a fundamental force in shaping the identity, cognitive and affective processes of people. This influence is often not fully considered and could be thought as a new context for psychological interventions.

# LISTENING TO STORIES, GOING TO THE HEART OF THE SOCIO-CULTURAL CONTEXTS. RESEARCH IN DYNAMIC CLINICAL PSYCHOLOGY BEYOND INDIVIDUALS

Langher Viviana<sup>1</sup>, Mannino Giuseppe<sup>2</sup>, Quattropani Maria Catena<sup>3</sup>

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## Abstract

In this work we highlight the role of research in dynamic-clinical psychology to promote knowledge, analysis and interventions on the relationship between individuals and their contexts. When social circumstances become critical, the comprehension of individual behaviour and intrapsychic mechanisms can help to analyze contextual factors and social processes to reach a global understanding of events. The analysis of narratives represents a sensitive methodology to understanding beliefs, stereotypes, recursive themes, affective symbolizations, collusive dynamics. We will discuss these topics through three case studies beyond the individualistic paradigm:

1. Young high-educated refugees were involved as cultural mediators between the host community and migrants. Through clinical interviews, secondary micro traumatic experiences emerged, due to their exposition to life stories of violence, torture, grief, loss of bonds. A clinical program helped young refugees in restoring their resilience.
2. Young women involved in human trafficking, hosted in women's shelters, were interviewed about their life stories. From the analysis of their narratives, the powerful coercion of archaic beliefs appeared to limit them, impeding recovery of self-determination. This, in turn, keeps them from completely benefiting from the rescue programs they were currently involved in.
3. Key figures in a German city hosting a significant number of refugees were interviewed about their perception of community attitude towards migrants. The emotional text analysis performed on the texts of interviews highlighted the affective symbolization of the migrants as fragile children to be protected, as well as dangerous aliens invading the old men's land.

Our work will accentuate the relationship between research and practice in dynamic-clinical psychology to uncover factors affecting personal, social and cultural processes and its potentially contribution to facing social themes of public interest.

# SEXUALITY AND NEW TECHNOLOGIES

**Proposer: Simonelli Chiara<sup>1</sup>**

<sup>1</sup> Sapienza University of Rome

**Discussant: Rossi Roberta<sup>2</sup>**

<sup>2</sup> Sapienza University of Rome

## **Abstract**

Scientific and technological progress affects many aspects of human behaviour as well as psychic functioning. Sexuality also undergoes such influence. "Human sexual behaviour - as brilliantly argued by Alfred Kinsey (1948) - is the consequence of our physiological and morphological constitution, of the conditioning to which the experiences have brought us and of all the forces that exist in the living and not living environment". Therefore, the new technologies in the medical, biotechnological, and especially computer and digital fields, influence the relationships between the sexes, the strategies of seduction and coupling, and the psychobiological mechanisms of sexual response. The modern scientific sexology is called to consider the relationship between sexuality and technology in both clinical and research fields.

# SEXUALITY AND BIOTECHNOLOGIES: PSYCHOLOGICAL, SOCIAL AND CLINICAL ISSUES

Ciocca Giacomo<sup>1,2</sup>

<sup>1</sup> Department of Systems Medicine, Tor Vergata University of Rome

<sup>2</sup> Department of Human Sciences, University of L'Aquila

## **Abstract**

**Introduction:** Biotechnological sciences can influence and have a moderating effect on sexual behaviour.

**Methods:** The purpose of this report is to investigate the relationship between biotechnology and human sexuality. In particular, the impact that medically assisted procreation (PMA) techniques have on sexual function will be analysed.

**Results:** Psychological reactions to the diagnosis of infertility and related techniques for the treatment of infertile couples have a significant effect on sexuality. PMA techniques have imposed a psychological and social revolution, which interposes between the introduction of the contraceptive pill and the phosphodiesterase type 5 inhibitors. PMA techniques and programmed sexual relationships can modify the sexual function generating anxiety related to reproductive failure, and therefore risk of erectile dysfunction in the male or anorgasmia in women.

**Conclusions:** As some psychoanalysts claim, including Francois Ansermet and Paola Marion, the techniques of PMA have definitively established the mutual independence between sexuality and reproduction.

# THE PLEASURE OF EVIL: COULD PORNOGRAPHY USE HAVE ANY BENEFIT ON THE PSYCHO-SEXOLOGICAL SPHERE?

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<sup>2</sup> Department of Human Sciences, University of L'Aquila

## Abstract

**Introduction:** Nowadays, pornography use is frequent not always among men, but also among women. It is a stereotype of the actual society to believe that pornography use can drive to sexual addicted behaviours. On the other hand, psycho-sexologists believe that pornography may represent a valid strategy, in some cases, to reactivate sexual desire and arousal in patients suffering from low sexual desire.

**Methods:** Since there exists a controversy in regards to the use of pornography, aim of this review is to investigate, selecting the literature on this topic ranging from 2010 to 2018 on specific databases (PubMed, PsychInfo): (i) which are the gender differences in the pornography use (ii) which are the effects of pornography use on the quality of romantic relationship/marriage (iii) which are the positive/negative prognostic factors for the development of “problematic pornography use”, and (iv) the role of pornography in the development of sexual dysfunctions.

**Results:** Literature data show that exists a specific profile of pornography users. In romantic relationships the use of pornography improves sexual desire especially in females.

**Conclusions:** Pornography may be considered, in a specific context and for some subjects, a possible strategy to improve sexual desire.



# ONLINE DATING: CHARACTERISTICS OF AND EXPANDING PHENOMENON

Prunas Antonio<sup>1</sup>

<sup>1</sup> Department of Psychology, University of Milan-Bicocca

## **Abstract**

**Introduction:** Online dating has become increasingly popular and widespread worldwide, changing the way people approach new sexual or romantic partners.

**Methods:** The presentation will offer an overview of the most recent research on mobile dating apps as a way to find sexual partners, focusing in particular on geosocial networking mobile applications. The socio-demographic profile of app users will be outlined, as it emerges from studies, as well as app-usage patterns, the variables implied in the creation of a profile for dating apps, and the outcomes of app usage in terms of sexual encounters.

**Results:** The average app user profile is that of a white man having sex with men (MSM), between 25 and 35 years of age, with high education and monetary income, who has a large number of sexual encounters and often engages in risky behaviours (i.e., unprotected anal intercourse, drug or alcohol usage during sex).

**Conclusions:** Studies in the field suffer from several limitations, including the lack of research data on the psychological characteristics of app users, as well as the paucity of studies on the positive sexual and relational outcomes of app usage; finally, a limited number of studies explored app usage in the LGBTQIA population at large, as well as among heterosexuals.

# SEXUAL EDUCATION AND NEW TECHNOLOGIES: INNOVATIONS AND LIMITS

Nimbi Filippo Maria<sup>1</sup>

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## Abstract

**Introduction:** The main international guidelines on sex education agree on the need to increase the number of interventions in schools and on the community, in formal and non-formal contexts. The suggestion is to start as soon as possible, with objectives and methods appropriate for the age, promoting the development of critical thinking with participatory and personalized tools.

**Methods:** This report will discuss limits and innovations based on a review of the literature.

**Results:** There are effective sexual education projects and programs, but they are rarely put into practice because of the prohibitive costs, long implementation times, limited number of people reachable (class group) and the need for highly specialized educators. In this sense, Tech-based interventions are a possible resource to face the limits. Social Media is the language with which children express themselves among themselves and above-mentioned limits. Regarding sexual health, digital natives are less used to talk face-to-face (among themselves and with adults) and are used to gather the information they need on the Net. In the literature, Interactive Digital Interventions (IDIs) define those "digital elements that provide information on sexual health, support decision making, elicit behavioural changes and provide emotional support". These include interactive video games, smartphone & mHealth applications, Social Medias, educational videos, online discussion groups (forums, chats), technology-driven peer-leader recruitment and education.

**Conclusions:** A good IDI should consider the users reached, evaluate the effectiveness of the intervention, be adaptable to various contexts, be accessible to educators and significant adults and be sustainable over time. Digital and Social Medias can be effective tools for sexual education, especially if matched with interventions on emotions.

# PERINATAL AFFECTIVE DISORDER: SCREENING AND INTERVENTION

**Proposers: Cacioppo Marco<sup>1</sup>, Terrone Grazia<sup>2</sup>**

<sup>1</sup> LUMSA University of Rome

<sup>2</sup> University of Foggia

**Discussant: Lucarelli Loredana<sup>3</sup>**

<sup>3</sup> University of Cagliari

## **Abstract**

Perinatal affective disorders manifests in a number of different ways, varying in severity and period of onset. They have a prevalence of 10-20% and can occur during pregnancy, especially in the third trimester, or from several weeks to several months after childbirth (O'Connor et al, 2016). Affective disorders symptoms experienced in perinatal period may be similar to classic symptoms of depression, including depressed mood, loss of interest or enjoyment and reduced energy. Moreover, perinatal affective disorder in fathers can be manifested through externalizing behaviors. Even if depressive features may show a spontaneous remission, many subjects are still depressed one year after childbirth; effective pharmacological and non-pharmacological treatments are available, but both patients and their families often neglect depressive features during the perinatal period. The emerging literature on paternal depression suggests that, like their maternal counterparts, fathers are at increased risk of Perinatal Affective Disorder in the gestational periods and in the postpartum (Paulson & Bazelmor, 2010; Fletcher, Garfield, & Matthey, 2015; Baldoni, 2016). Moreover, several studies have now documented negative child outcomes associated with paternal prenatal and postpartum depression (Ramchandani et al., 2008; Ramchandani & Psychogiou, 2009; Paulson et al., 2009; Sethna et al., 2015). This topic will be discussed through three presentations starting from recent studies in different Italian contexts: the first study highlights the gender differences and dyadic adjustment in prenatal affective disorder (Cacioppo & coll.). The second study concerns the screening of affective perinatal disorders in fathers trough the preliminary validation data of the Perinatal Assessment of Paternal Affectivity (Baldoni & coll.). The third study, through a follow-up intervention, shows the results of excitatory and depressive symptoms during perinatal period (Angeletti & coll.).

# GENDER DIFFERENCES AND DYADIC ADJUSTMENT IN PRENATAL AFFECTIVE DISORDERS

Cacioppo Marco<sup>1</sup>, Mangialavori Sonia<sup>1</sup>, Franquillo Annachiara<sup>1</sup>, Cantiano Arianna<sup>1</sup>,  
Caretto Vincenzo<sup>1</sup>

<sup>1</sup> Department of Human Sciences, LUMSA, University of Rome

## Abstract

**Introduction.** Transition to parenthood is characterized by a significant increase in psychological vulnerability, especially during the last trimester of gestation. During the pre-natal period, incidence rates of affective problems, both in mothers and fathers, increase significantly if they are compared to the general population's average (O'Connor et al, 2016). Studies about female pre-partum affective disorders are numerous if compared to the ones regarding male affective problems (Baldoni, 2016). The aim of this research is to analyze gender differences in depression and also to investigate the role played by dyadic adjustment. **Method.** 184 participants were recruited at the Santo Spirito and San Filippo Neri hospitals in Rome, specifically at the Department of "Gynecology and Obstetrics", during their third trimester of pregnancy (women N = 100, M = 33.1, SD = 5.55; men N = 84, M = 36.2, SD = 6.46). Most of the participants (74%) were waiting for their first child. **Measures:** EPDS for assessing depression; PAMA and PAPA for maternal and paternal perinatal affective disorders; SCL-90 for assessing psychiatric symptomatology and DAS for the evaluation of dyadic adjustment. **Results.** There were significant differences between the group of the fathers and the mothers at risk of depression, compared to the groups not at risk in the SCL-90 and DAS scales. A positive correlation between the total PAPA and PAMA scores with the EPDS total score was found. Furthermore, dyadic adjustment seems to be predictive for depressive risk only in mothers. **Conclusions.** Our results seem useful to clinical practice because it is important, both in terms of prevention and treatment, to specifically consider gender differences and couple dynamics in perinatal affective disorders.

# THE SCREENING OF AFFECTIVE PERINATAL DISORDERS IN FATHERS: PRELIMINARY VALIDATION DATA OF THE PERINATAL ASSESSMENT OF PATERNAL AFFECTIVITY (PAPA)

Baldoni Franco<sup>1</sup>, Matthey Stephen<sup>2</sup>, Caretti Vincenzo<sup>3</sup>, Minghetti Mattia<sup>1</sup>, Giannotti Michele<sup>1</sup>, D'Autilia Benedetta<sup>1</sup>, Spelzini Federico<sup>4</sup>, & the PAPA Team

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<sup>4</sup> Obstetrics and Gynecology Operating Unit, Infermi Hospital Rimini, AUSL Romagna

## Abstract

The assessment of perinatal affective disorders in fathers is a still unresolved problem, and currently no screening tool is sufficiently credited. The most common early screening instruments, like the EPDS, even when validated for fathers, do not take into account that men are usually less prone to reveal any psychological difficulty and tend to repress discomfort assuming externalizing strategies like: alcohol abuse, smoking, drug addiction or other maladjusted behaviors. As a consequence of their indefinite clinical features, these problems are often under-assessed or undiagnosed. The *Perinatal Assessment of Paternal Affectivity* (PAPA) (Baldoni, Matthey, Agostini, Schimmenti, & Caretti, 2016) is a new questionnaire for the screening of high-risk fathers during the perinatal period. It is the first tool for evaluating affective problems in males, considering different dimensions highlighted by recent research. It is fast and easy to administer, ethnic and socio-cultural influences are also considered. The incoming preliminary data from the Italian multicentric validation study of the PAPA, involving many public services (AUSLs Romagna, Cagliari, 15 Alta Padovana, Torino, Foggia and Roma1), will be presented. 600 couples of fathers and mothers (1200 parents) were involved in the study. All participants, at the 7<sup>th</sup>-8<sup>th</sup> month prenatal and at 3<sup>rd</sup> month postnatal, completed the following questionnaires: PAPA, CES-D, SCL-90-R, ASA, PSS, DAS and EPDS. Preliminary findings showed significant association between PAPA total and single scale scores with many scores on CES-D, SCL-90-R, ASA, PSS and DAS ( $P < .05$ ). These data confirm the PAPA as a useful screening tool for the assessment of perinatal affective disorders in fathers. Despite it doesn't allow an accurate diagnosis, it provides a simple and practical guide to the detection of high-risk fathers. In these cases, a more thorough diagnostic assessment and a possible treatment are required.

# PROSPECTIVE STUDY: EXCITATORY AND DEPRESSIVE SYMPTOMS DURING PERINATAL PERIOD

Terrone Grazia<sup>1</sup>, Angeletti Gloria<sup>2</sup>, Koukopoulos Alexia<sup>2</sup>, De Chiara Lavinia<sup>2</sup>, Ducci Giuseppe<sup>3</sup>

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## Abstract

**Introduction:** Studies of Perinatal Psychiatric Disorders have focused on perinatal depressive symptoms for several years. Less attention has been given to depression as part of Bipolar Disorder and to excitatory phenomena that often accompany these episodes. The primary aim of our study was to carry out a Perinatal Screening for psychiatric disorders that would include the whole mood disorders spectrum to assess the longitudinal relationship between hypomanic and depressive symptoms during perinatal period.

**Materials and Methods:** 434 women were screened during their third trimester of pregnancy (T0) at one (T1) and six months postpartum (T2) using the Edinburgh Postnatal Depression Scale (EPDS) and the Highs Questionnaire (HQ)

**Results:** Among 434 women screened during the third trimester of pregnancy (T0), 10.3% scored 12 or more on the EPDS. Regarding the excitatory dimension, 27 women (8.6%) had a positive score on the HQ. At T1 7,1% of women scored above 12 on the EPDS. At T2 2,4% had a positive score on the EPDS. Significant correlations were found between the EPDS and the HQ at T0. This correlation persisted at T1 and was also confirmed excluding anxiety items (4-5-6) from the EPDS.

**Conclusions:** It is possible to successfully explore the excitatory dimension within routine perinatal screening. Hypomanic symptoms are as common as depressive symptoms during the third trimester of pregnancy and into the first postpartum month in the general population. We found a significant correlation between the EPDS and the HQ scales and we hypothesize that the correlation is due to the type of depression (mixed depression) and seems to be independent from the anxiety dimension.

# **SEXUAL AND GENDER PREJUDICE: INNOVATIVE CONTEXTS OF INTERVENTION AND RESEARCH**

**Proposer: Valerio Paolo<sup>1</sup>**

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**Discussant: Prunas Antonio<sup>2</sup>**

<sup>2</sup> Department of Psychology, University of Milan-Bicocca

## **Abstract**

Lesbian, gay, bisexual, and transgender (LGBT) people represent a community that is diverse with respect to gender, sexual orientation, ethnicity, socio-economic status, and so on. Notwithstanding these differences, members of the LGBT population share many common experiences, such as belonging to a stigmatized minority. Indeed, although LGBT people represent a strongly resilient community, capable of successfully overcoming negative and adverse life conditions, they still experience high levels of sexual and/or gender prejudice (SGP) which negatively affect their health and wellbeing. As already widely demonstrated in the scientific literature of the last decades, stigmatization and oppression for LGBT people may start from childhood and adolescence in their primary socialization contexts, such as family and school. Many scientific works have been already addressed to disseminate effective intervention models to prevent and buffer the negative effects of SGP on this population within families and schools. On the contrary, other social contexts where SGP might be explicitly or implicitly acted still remain partially understudied. These premises highlight the need of widely exploring and understanding the action of SGP in those social contexts that are different from family and school. Thus, the current symposium has the purpose of addressing clinical research, intervention, and research-intervention aimed at exploring or preventing the action of SGP within new contexts, such as sport contexts, universities, and armed forces, paying particular attention to the role of clinical psychologists in promoting individual and organizational wellbeing.

# THE INCLUSION OF LGBTQ STUDENTS IN HIGHER EDUCATION CONTEXTS: CURRENT ISSUES AND NEW HORIZONS FOR RESEARCH

Amodeo Anna Lisa<sup>1</sup>, Esposito Concetta<sup>2</sup>, Bacchini Dario<sup>1</sup>, Scandurra Cristiano<sup>3</sup>

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## Abstract

*Introduction.* A number of legislative changes has taken place in the last years (e.g., Linee guida sulle modalità di funzionamento dei “Comitati Unici di Garanzia per le pari opportunità, la valorizzazione del benessere di chi lavora e contro le discriminazioni; Act 183 of 2010), providing finally legitimacy to many issues that were previously not part of equalities agenda in Italy, such as the inclusion of LGBTQ students in higher education contexts. While being an emerging concern in our country, issues around discrimination against LGBTQ people within UK and US universities have received considerable attention in the literature of the last two decades. The aim of this contribution is to provide a synthesis of the available international literature in order to identify the aspects that are considered to be pertinent to LGBTQ students inclusivity.

*Method.* Studies focusing on campus climate for LGBTQ people were selected by searching on PsycARTICLES, PsycInfo, Web of Science. Three main areas were identified: a) perceptions and experiences of LGBTQ people, b) perceptions about LGBTQ people and their experiences, and c) the status of policies and programs designed to improve the academic, living and work experiences of LGBTQ people on campus.

*Results.* Sexual-minority students on college or university campuses encounter unique challenges because of how they are perceived and treated as a result of their sexual orientation, gender identity, or gender expression. These negative experiences have a negative impact on their physical and mental health, as well as on their academic success.

*Conclusion.* Universities have a legal responsibility to promote equality opportunities for all students. We highlight the need of developing evidence-based tools that can be used in Italian higher education contexts to assess the degree to which they could be considered “inclusive” environments and how to eventually adapt their programs and policies to improve LGBTQ students inclusivity.



# STRATEGIES OF INTERVENTION AGAINST HOMO-TRANSPHOBIC DISCRIMINATION: A “NETWORK TRAINING” EXPERIENCE

Taurino Alessandro<sup>1</sup>, Cassibba Rosalinda<sup>1</sup>, Laera Domenico<sup>2</sup>

<sup>1</sup> University of Bari

<sup>2</sup> Psychology/Psychotherapist, Bari

## Abstract

The purpose of the current contribution is to present the preliminary results of a “research-action and network training” between the University and the Municipality of Bari, aimed at overcoming discrimination processes based on sexual orientation and gender identity in the working context. The provided training was oriented to the deconstruction of prejudices against LGBTQI people, paying attention to the implementation of a diversity management able to produce a “LGBTQI friendly culture”.

The basic principle of the carried out training was the acquisition of knowledge and methodological skills to guarantee equal opportunities for all citizens through the promotion of a “culture of differences” in the professional contexts.

A preliminary correlational survey aimed at measuring the levels of homophobia and transphobia in the Municipal employees was carried out, involving 1,882 participants (973 males and 909 females).

Specifically, the training course includes six modules (for a total of 24 hours of training for each employee), as follows: 1. basic constructs of sexual identity; 2. Homosexuality/homophobia; 3. Transsexualism/transphobia; 4. culture of differences and education processes; 5. LGBTQI rights; 6. mission of LGBTQI associations. The following professional categories were the specific targets of the training activities: 160 nursery educators and kindergarten teachers; 72 social workers; 12 professional educators; 150 municipal police workers; 70 employees in public information office and demographic services.

This contribution presented the results of the first step of the training session which involved the municipal police workers, nursery educators and kindergartens teachers, and described the specific activities performed to ensure the deconstruction of homo-transphobic prejudices within these professional contexts, focusing the attention on the role of clinical psychologists as trainers in promoting individual and organizational wellbeing.

# ATTITUDES TOWARDS LG PEOPLE IN A GROUP OF ATHLETES

Caldarera Angela Maria<sup>1</sup>, Gerino Eva<sup>1</sup>

<sup>1</sup> Department of Psychology, University of Turin

## Abstract

Sport represents one of the greatest and most important industries in Western countries and it is defined not only as organized physical activity, but also as a context under the influence of socio-cultural factors. As a result, this field can be affected by an “heterosexualization” of the attitudes (Adams, 2011; Tivers, 2011), with the implicit mandate of producing and shaping young people in the prototypical direction of heterosexuality (Anderson, 2009). The aim our study was to investigate the level of the attitudes towards LG people in a group of athletes and their connection with the dimension of sport orientation. Participants completed the ATLG-R (Attitudes Towards Lesbian and Gay Scale – Revised version; Herek, 1998), the PANAS (Positive and Negative Affect Schedule; Terracciano, McCrae, Costa 2003), the SOQ (Sport Orientation Questionnaire; Gill, Deeter 1988), ASI (Ambivalent Sexism Inventory - Glick, Fiske, 2000 - Italian Version Rollero, Glick e Tartaglia, 2014) and some specific items regarding the sport activities. Preliminary results confirm, in line with the findings of such studies in general population: (1) a significant difference between men and women in the levels of ATLG, with women reporting lower levels of negative attitudes towards LG people compared to men ( $p < .05$ ); and (2) a significant correlation between ASI (both hostile and benevolent sexism) and ATLG ( $r = .29, p < .01$ ). The results regarding emotional and cognitive attitudes against LG people will be discussed in relation with sports activities, gender and the level of sexism and sport orientation. We will finally address the implication of our findings to fight stigma in sport.

# **VULNERABILITY MECHANISMS IN DEPRESSION AND ANXIETY: MARKERS, IMPACT, AND INDIVIDUAL DIFFERENCES**

**Proposers: Gentili Claudio<sup>1</sup>, Marchetti Igor<sup>2</sup>**

<sup>1</sup> University of Padua

<sup>2</sup> Ghent University Belgium

**Discussant: Bisiacchi Patrizia<sup>3</sup>**

<sup>3</sup> University of Padua

## **Abstract**

As leading causes of disability worldwide (WHO, 2016), depression and anxiety are highly comorbid and an important source of personal suffering and societal burden. Hence, it is crucial to investigate what vulnerability mechanisms depression and anxiety share. In the recent Research Domain Criteria framework, cognitive biases, heart rate variability (HRV), and imbalanced activation of the dorsolateral prefrontal cortex (DLPFC) have been proposed as important components of the psychobiological systems responsible for negative affect. Despite being object of intense study in the last decade, major aspects remain unknown, such as whether these mechanisms can be used for assessment purposes, how different cognitive biases function in combination in impacting mental well-being, and whether individual differences moderate the role neurophysiological mechanisms in leading to biased information processing. Our symposium focuses on shedding light on these three important aspects. The first talk will focus on investigating whether, by applying cutting-edge analytical approaches, HRV can be used to evaluate depressive symptoms in two clinical samples, consisting of either dysphoric or patients with cardiologic disorders. The second talk will use an innovative approach (i.e., meta-analytic commonality analysis) to identify the degree of specificity and overlap of attentional and memory biases in accounting for depressive and anxiety symptoms in a large sample of subclinical individuals. In the last talk, the speaker will investigate whether individual differences (i.e., low vs. high trait anxiety) moderate the relationship between DLPFC and attentional bias. Evidence from two neuromodulation studies will be presented. Finally, Prof. Bisiacchi will conclude the symposium with a discussion of the implications of these findings, and how they could be integrated to improve our understanding, assessment, and treatment of depression and anxiety from a transdiagnostic perspective.

# EXPLOITING HRV MEASURES FOR CLINICAL EVALUATION OF DEPRESSIVE SYMPTOMATOLOGY

Gentili Claudio<sup>1</sup>, Messerotti Benvenuti Simone<sup>1</sup>, Greco Alberto<sup>2</sup>, Palomba Daniela<sup>1</sup>,  
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## Abstract

We will present a possible use of HRV metrics to evaluate depressive symptoms in two clinical frameworks. We suggest a possible exploitation of the use of ECG and HRV measurements in clinical practice as a screening tool for psychopathology in general and in at risk populations.

In a first experiment we used a similar approach on dysphoric individuals as compared to non-dysphoric. As widely accepted in literature we considered dysphoric individuals who scored at least 12 on the Beck Depression Inventory (BDI-II) and had two to four depressive symptoms for at least two weeks. We recruited 24 dysphoric individuals and 36 controls and measure their HRV from a 5-min-ECG recorded at rest. A supported vector machine was used to automatically discerning dysphoria patients from controls on the bases of HRV metrics. The algorithms achieved an accuracy of 79.17%. Interestingly, the most informative metrics were non-linear HRV-metrics, with dysphoric patients having, unexpectedly higher values than controls. We hypothesized that this type of condition is a autonomous psychopathological entity and not just a blunted form of depression.

In the second study 31 patients admitted to cardiac rehabilitation were recruited. We used HRV features in time, frequency, and nonlinear domains extracted from 5-min-ECG recordings at rest as predictors of "least absolute shrinkage and selection" (LASSO) operator regression model to estimate patients' CES-D score and to predict depressive state. The model significantly predicted the CES-D score with an explained variance of 89.93%). Using a score of 16 at CES-D as a cut off to differentiate depressed and non-depressed patients the algorithm discriminated the groups with 86.75% accuracy.

# SPECIFICITY AND OVERLAP OF ATTENTION AND MEMORY BIASES IN DEPRESSION AND ANXIETY: A METAANALYTIC COMMONALITY ANALYSIS

Marchetti Igor<sup>1,2</sup>, Everaert Jonas<sup>1,3</sup>, Dainer-Best Justin<sup>2</sup>, Loeys Tom<sup>1</sup>, Beevers Christopher<sup>2</sup>, Koster Ernst<sup>1</sup>

<sup>1</sup> Department of Experimental-Clinical and Health Psychology, Ghent University, Belgium

<sup>2</sup> Department of Psychology, The University of Texas at Austin, United States

<sup>3</sup> Department of Psychology, Yale University, New Haven, United States

## Abstract

Attentional and memory biases are considered as crucial cognitive processes underlying symptoms of depression and anxiety. However, it is still unclear whether these two biases are uniquely related to depression or whether they show substantial overlap, as proposed by the combined cognitive bias hypothesis (Everaert et al. 2012). Hence, we investigated the degree of specificity and overlap of attentional and memory biases for depressotypic stimuli in relation to depression and anxiety by means of meta-analytic commonality analysis. By including four published studies, we considered a pool of 463 healthy and subclinically depressed individuals, different experimental paradigms, and different psychological measures. Memory bias was reliably and strongly related to depression (16.43%) and, specifically, to symptoms of negative mood, worthlessness, feelings of failure, and pessimism. Memory bias for depressotypic information was minimally related to anxiety (4.97%). Moreover, neither attentional bias (1.07%) nor the overlap between attentional and memory biases (-0.24%) were significantly related to depression. In conclusion, our study showed that, across different paradigms and psychological measures, memory bias (and not attentional bias) for depressotypic stimuli represents a primary direct mechanism in depression.

# THE ROLE OF THE DORSOLATERAL PREFRONTAL CORTEX IN THREAT PROCESSING: TWO STIMULATION STUDIES

Sagliano Laura<sup>1</sup>, Trojano Luigi<sup>1</sup>, D'Olimpio Francesca<sup>1</sup>

<sup>1</sup> Department of Psychology, Luigi Vanvitelli University of Campania

## Abstract

Three types of Attentional biases for threat (ABTs) have been frequently described in high anxious individuals and in clinical samples: facilitation, difficulty in disengagement, and avoidance (Cisler & Koster, 2010).

Davidson & Irwin (1999) speculated that an unbalance between the two prefrontal cortices, with a right hyperactivation, is related to processing of negative emotions. In line with this hypothesis, previous studies (e.g., Vanderhasselt et al., 2011) showed that the stimulation of the right dorsolateral prefrontal cortex (DLPFC) induced ABTs in healthy individuals.

In our two studies, we investigated whether interfering with the activity of the left and right DLPFC in healthy individuals can modulate ABT during an exogenous cueing task with threatening or non-threatening cues.

In the first study we applied an inhibitory online single-pulse transcranial magnetic stimulation (TMS) on the right or the left DLPFC while participants performed the task. In the second we simultaneously modulated activity of the DLPFCs by offline bicephalic transcranial direct current stimulation (tDCS), before participants performed the task. In both studies, we also assessed participants' trait anxiety.

Results from the TMS study showed that inhibiting the left DLPFC determined a disengagement bias in high anxious individuals and an attentional avoidance in low anxious individuals.

Results from the tDCS study revealed that anodal (excitatory) stimulation on the right DLPFC with a simultaneous cathodal stimulation over the left side induced a disengagement bias in low anxious individuals and a facilitation bias in high anxious individuals.

Overall, these findings suggest that right and left DLPFC are differently involved in early ABT and support the hypothesis that unbalanced activation between the two hemispheres, with hyperactivation of the right DLPFC, is critical in top-down threat processing in healthy individuals.

# **COMPLEXITY IN PSYCHOSOMATICS: ADVANCES AND PERSPECTIVES**

**Proposer: Porcelli Piero<sup>1</sup>**

<sup>1</sup> G. d'Annunzio University of Chieti-Pescara

**Discussant: Fulcheri Mario<sup>2</sup>**

<sup>2</sup> G. d'Annunzio University of Chieti-Pescara

## **Abstract**

This integrated paper session aims at providing an update on new research and perspective in psychosomatic medicine. The session starts with Brusadelli, Tomasich, Romanazzi, Bruno, and Porcelli who report findings on the effect of an open trail of group psychotherapy and alexithymia assessed with the Rorschach Alexithymia Scale to the adherence to treatment and levels of glycemic control in a 111 patients with type 2 diabetes. Schimmenti, Costanzo, Santoro, Maniscalco, and Virgilio present their investigation on the network of associations among emotion dysregulation domains, the origins of emotion dysregulation, and their associations with somatic symptoms in 516 adult volunteers. Conti, Di Francesco, Severo, and Guagnano present a study with structural equation modeling (SEM) on the role of alexithymia in a group of 225 obese patients with and without metabolic syndrome. Finally, Castelli, Di Tella, Adenzato and Tesio report on an experimental study assessing the joint role of pain and alexithymia in the attribution of pain to facial expressions of emotions (FEE) in 123 women with fibromialgia.

# ALEXITHYMIA AND ADHERENCE TO TREATMENT IN TYPE 2 DIABETES

Brusadelli Emanuela<sup>1,2</sup>, Tomasich Alessandra<sup>1</sup>, Romanazzi Alessia<sup>1</sup>, Bruno Samantha<sup>1</sup>, Porcelli Piero<sup>3</sup>

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<sup>3</sup> Department of Psychological, Health, and Territorial Sciences, G. d'Annunzio University of Chieti-Pescara

## Abstract

Type 2 diabetes (T2D) is due to the development of insulin resistance and represents a growing public health burden across the world, with substantial economic burden on the society and consequences for the individuals' daily lives. In this study we aimed to explore the effectiveness of short-term psychological intervention on emotional distress and glycemic control in newly diagnosed patients with T2D referred to hospital-based primary care setting. A consecutive sample of 111 T2D patients were longitudinally assessed at baseline and after 6 and 12 months for psychological distress, alexithymia, psychosocial functioning, and glycated hemoglobin (Hb1Ac). Patients were non-randomly assigned to a Psychological Intervention Group added to as-usual medical treatment (PIG) or Treatment-as-Usual (TAU) group. ANOVA for repeated measures assessed the levels of Hb1Ac over time after controlling for the co-variate (baseline Hb1Ac). Patients in both groups showed no change over time of psychological factors. However, compared to patients in the TAU group, those in the intervention group showed significant enhancement of glycemic control at 6 and 12 months (estimated marginal mean of Hb1Ac,  $p < .001$ ). Also, at both follow-up assessments, Hb1Ac dropped to sub-clinical level below 7% in the PIG but not in the TAU group. Also, the Rorschach Alexithymia Scale showed that oversimplification and narrowed experience with one's own feelings (difficulty identifying feelings and externally-oriented thinking) was the best proxy indicator of poor behavioral control of glycaemia.



# PATTERN OF EMOTION DYSREGULATION: A CORRELATION NETWORK ANALYSIS

Schimmenti Adriano<sup>1</sup>, Costanzo Antonino<sup>1</sup>, Santoro Gianluca<sup>1</sup>,  
Maniscalco Erika<sup>1</sup>, Virgilio Cristina<sup>1</sup>

<sup>1</sup> Faculty of Human and Social Sciences, UKE-Kore University of Enna

## Abstract

**Objective:** Emotion dysregulation has been considered as a critical variable that fosters the development of different disorders, including somatic symptom disorder. However, emotion dysregulation is a multifaceted construct, and its different components may have differential effects on the development of somatic symptoms. The objectives of this study were twofold: first, we aimed to examine the network of associations among emotion dysregulation domains; second, we aimed to investigate the origins of emotion dysregulation and their associations with somatic symptoms.

**Method:** 516 adult volunteers participated in this study. The relationships among different emotion dysregulation domains were investigated within a correlation network analysis framework. The directions of the associations were examined and plotted as a directed acyclic graph. Mediation models were further used to examine the role of emotion dysregulation domains in mediating between different predictors (e.g., trauma history, attachment styles, reflective functioning) and somatic symptoms, controlling for socio-demographic variables.

**Results:** The directed acyclic graph showed that excessive worrying is a critical variable that may generate different emotion dysregulation problems, especially in the area of interoceptive awareness, interpersonal trust, and capacity to identify and describe feelings. Among other results, mediation analyses notably showed that different domains of emotion dysregulation, together with attachment insecurity, difficulty mentalizing, and dissociation, may strengthen the maladaptive paths from childhood trauma to somatic symptoms. **Conclusions:** In line with Schimmenti's (2017a, b, c) and Schimmenti and Caretti's (2016, 2018) theory on affect development, emotion dysregulation can be conceived as a multifaceted construct that has its origins in relational trauma in childhood and can negatively impact on the individuals' interoceptive awareness and capacities for mentalized affectivity, up to the development of somatic symptoms.

# ALEXITHYMIA IN METABOLIC SYNDROME: THE MEDIATING ROLE OF BINGE EATING

Conti Chiara<sup>1</sup>, Di Francesco Giulia<sup>1</sup>, Severo Melania<sup>1</sup>, Guagnano Maria Teresa<sup>2</sup>

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## Abstract

Alexithymia is a personality dimension of affect dysregulation unspecifically associated with chronic diseases. The aim of this cross-sectional study was to investigate whether alexithymia and the alexithymic interdependent constructs, such as difficulty in identifying emotions (DIF), difficulty in describing emotions (DDF), and externally oriented thinking (EOT), are associated with increased metabolic syndrome (MetS) risk in obese and overweight participants through the mediating role of binge eating (BE). A consecutive series of 255 treatment-seeking obese and overweight men and women with and without MetS were recruited. The diagnosis of MetS was established when a patient met three or more of the National Cholesterol Education Program Adult Treatment Panel III (NCEP-ATP III). Alexithymia (TAS-20) and Binge eating symptoms (BES), were concurrently assessed. Almost half of the participants met the criteria for MetS. Participants with MetS did not differ from those without MetS in demographic variables. However, our findings suggest that MetS is associated with a distinct emotional and behavioural functioning, specifically structural equation modeling (SEM) revealed a positive influence of latent alexithymic construct DIF on BES levels ( $\beta = 0.43$ ,  $p = 0.001$ ) and a positive influence of BES levels on MetS ( $\beta = 0.24$ ,  $p = 0.001$ ). This study suggests that the relation between alexithymia and MetS is partially mediated by BE. Specific emotional competencies require scrutiny during nutritional treatment.

# PAIN AND EMOTION RECOGNITION: THE ROLE OF ALEXITHYMIA

Castelli Lorys<sup>1</sup>, Di Tella Marialaura<sup>1</sup>, Adenzato Mauro<sup>1</sup>, Tesio Valentina<sup>1</sup>

<sup>1</sup> Department of Psychology, University of Turin

## Abstract

**Introduction.** Patients with Fibromyalgia (FM), a chronic pain syndrome, seems to display cognitive bias for the encoding of pain-related information. The present study tested the hypothesis of an increased attribution of pain to facial expressions of emotions (FEE), in patients with FM. Since previous studies have shown that alexithymia influences the processing of facial expressions, we also investigated whether alexithymia, rather than FM per se, influenced the attribution of pain to FEE.

**Methods.** One hundred and twenty-three women (41 with FM, 82 healthy controls, HC) were enrolled in the study. We adopted two pain-attribution tasks, the Emotional Pain Estimation and the Emotional Pain Ascription, both using a modified version of the Ekman 60 Faces Test. Psychological distress was assessed using the Hospital Anxiety and Depression Scale, while alexithymia was assessed using the Toronto Alexithymia Scale.

**Results.** Firstly, patients with FM did not show any deficits with respect to HC neither in the recognition of basic emotion nor in the attribution of pain to FEE.

On the contrary, alexithymic individuals (vs non alexithymic ones) attributed significantly more pain to angry facial expression ( $t(121) = -2.56, p < 0.012, d = 0.58$ ), in the absence of any specific deficits in the recognition of basic emotions. What is more, the results of the one-way ANCOVA indicated a significant effect of alexithymia on the anger scores also after controlling for HADS total score  $F(1, 120) = 7.57, p = 0.007$ .

**Conclusions.** Alexithymia, rather than FM per se, plays a key role in explaining the observed differences in pain attribution to anger-related facial expressions. In particular, alexithymic individuals seems to display difficulties in processing others' emotions only when they are not provided emotional definitions to make faces meaningful, as in the case of the Emotional Pain Estimation test.

# **FROM PREGNANCY TO THE FIRST INTERACTION WITH BABY: THE COMPLEXITY OF PARENTHOOD**

**Proposers: Rollè Luca<sup>1</sup>, Molgora Sara<sup>2</sup>**

<sup>1</sup> Department of Psychology, University of Turin

<sup>2</sup> Department of Psychology, Catholic University of the Sacred Heart of Milan

**Discussant: Monti Fiorella<sup>3</sup>**

<sup>3</sup> Department of Psychology, University of Bologna

## **Abstract**

Becoming parents represents a critical and potentially stressful experience for both partners, because they are called to cope with some challenges during the process of transitioning to parenthood. In particular, research has well highlighted that since pregnancy both expectant mothers and fathers could experience psychological distress that could affect parents' postpartum well-being and their first interaction with the baby.

The aim of this symposium is to offer a theoretical, methodological and operative reflection on the transition to parenthood, focusing on the critical dimension that characterized this process. It is fundamental to consider both pregnancy and postpartum period in order to better understand the trajectories of well-being and distress. Indeed, several studies underlined how the presence of symptoms in the postpartum period is predicted by a condition of distress and/or disease also in the antenatal period. It is very important to have longitudinal studies that included different times of measurement both before and after childbirth in order to recognize the predictive role of some variables, beyond of simpler association. Finally, with reference to practical (clinical) implication, early screening interventions must be developed to prevent disease in both mothers and fathers.

Specifically, the first contribution focused on psychological profiles of pregnant women identifying three different clusters of women. These clusters were associated (i.e., predicted) women's psychological well-being at three months postpartum.

The second contribution analyzed the association between mothers' mental health and mother-child interaction quality at three months postpartum, considering a sample of less studied twins-pregnancy.

The third contribution investigated antenatal and postpartum maternal and paternal depression, and their association with baby's temperament and the quality of mother-child feeding interaction at three and six months postpartum.

# PSYCHOLOGICAL DISTRESS DURING PREGNANCY: THE IMPACT ON POST-PARTUM DISTRESS

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<sup>1</sup> Department of Psychology, Catholic University of the Sacred Heart of Milan

## Abstract

Research has focused on psychological distress during pregnancy considering different dimensions (e.g., fear, anxiety, depression). Several studies have investigated the association among these dimensions with contrasting results. In a previous study we have analyzed the relation among fear, anxiety, and depression through a cluster analysis showing a three cluster solution: *well-being*, that included women characterized by a general well-being; *gestational anxiety*, that included women with high levels of state anxiety and fear of childbirth; *anxious-depressive symptomatology*, that included women with high levels of anxiety, depression and fear. The aim of the present study is to investigate the association (in term of predictive role) of these three cluster with the women's psychological well-being in the postpartum period.

A sample of 150 primiparas Italian women completed at three months postpartum a questionnaire packet that included the following scales: Wijma Delivery Experience Questionnaire (version B); Edinburgh Postnatal Depression Scale; State-Trait Anxiety Inventory; Parenting Stress Index – Short Form.

Results have showed that belonging to the cluster affects levels of anxiety (both state and trait), depression and parenting stress. In particular, women who were in the third cluster (anxious-depressive symptomatology) reported higher levels on all these measures at three months postpartum. On the contrary, no effect of cluster were found on childbirth subjective experience. The clinical implication of these findings will be discussed during the congress.

# A LONGITUDINAL STUDY ON CHILD-ADULT RELATIONSHIP AND MOTHER MENTAL HEALTH IN TWINSHIP

Rollè Luca<sup>1</sup>, Prino Laura Elvira<sup>1</sup>, Cena Loredana<sup>2</sup>, Gerino Eva<sup>1</sup>, Calderera Angela  
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<sup>1</sup> Department of Psychology, University of Turin

<sup>2</sup> Department of Clinical and Experimental Sciences, University of Brescia

## Abstract

The transition to motherhood can be critical moment and in particular if we consider the twins-pregnancy. Nowadays these kind of pregnancy are increasing due to different factors such as the age of maternity and the use of In Vitro Fertilization. The studies of the relationship in the first years between child and caregiver are highlight that the quality of the interaction is correlated to maternal depression, anxiety, parenting stress but, to what we know, there is a gap in the scientific literature about these issues in the twinship. The aim of our study is to offer a longitudinal contribute in this field to cover the evidenced gap and to analyze the peculiarity of the quality interaction between each child and the mother and the association with mother mental health. A group of 40 primiparas Italian women (M Age 36, SD=4, range 29-46) participate and they healthy children. During pregnancy the participants completed the Edinburgh Postnatal Depression Scale (EPDS; Cox, Holden, Sagovsky, 1987), and the State- Trait Anxiety Inventory (STAI; Spielberger e al., 1983; Pedrabissi and Santinello, 1989) and at 3 month of the babies the Parenting Stress Index-Short Form (PSI-SF; Abidin, 1995; Guarino et al. 2008), EPDS and STAI and we administered the Child-Adult Relationship Experimental-Index (CARE-Index, Crittenden, 1979). As regard the CARE INDEX only one correlation between the scores obtained by the twins emerged: mother sensitivity scale ( $r=.334$ ;  $p<.05$ ). Other correlations have been evidenced between the CARE INDEX and mother mental health both during pregnancy and three months. Differences on the Child-Adult Relationship between twins, mother mental health and their relations will be discussed underlining the peculiarity of twinship.

# PARENTAL PERINATAL DEPRESSION: EXPLORING THE INFLUENCES ON INFANTILE TEMPERAMENT AND MOTHER-INFANT FEEDING INTERACTION

Lucarelli Loredana<sup>1</sup>, Desogus Vanessa<sup>1</sup>, Manconi Paola<sup>1</sup>

<sup>1</sup> Department of Pedagogy, Psychology, Philosophy, University of Cagliari

## Abstract

Several studies investigated the impact of maternal depression on the child's development, however few studies addressed the effects of the father's depression on the mother-infant caregiving system and child development. The incidence of paternal perinatal depression ranges from 1 to 25% with an increasing rate if the mother is depressed too. We aimed to explore parental perinatal depression and their relations with child temperament and mother-child feeding interactions. The sample is composed by 43 first-time mothers (M=34 years, SD=4.86) and fathers (M=38 years, SD=5.46), and their 3/6 months old and full-term babies. At Time 1 (28<sup>th</sup> week of pregnancy), Time 2 (3 months of the baby), and Time 3 (six months of the baby) parents filled out the Edinburgh Postpartum Depression Scale. At Times 2 and 3, mothers and fathers completed the Infant Behavior Questionnaire, and mother-infant interactions were videotaped and coded through the Feeding Scale. Results showed a stability of parental depression over time, highlighting the importance to identify as early as possible the risks within parent-baby relationship. Correlations were found between mothers' higher depression scores, negative affective state during interactions at 3 months of the baby, child food refusal and mother-child interactional conflict at 6 months of the child. Indeed, the observation during breastfeeding is an important time to prevent early feeding disorder. The emergent weaning phase may lead to higher interactional conflict because of the lack of reciprocity within the dyad. Fathers' higher depressive scores correlated with the mother-child interactional conflict. Finally, higher scores in parental depression correlated with infant negative emotionality that measures the frequency/intensity with which the infants experience sadness, frustration/anger, fear, and discomfort. It's pivotal to identify early cumulative risks factors for the child's development to enhance effective interventions.

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MJCP Editor in Chief Salvatore Settineri

MJCP Journal Manager Carmela Mento