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PSYCHOLOGICAL HEALTH IN INFERTILE COUPLES UNDERGOING ASSISTED REPRODUCTIVE TECHNOLOGY TREATMENTS: RISK AND PROTECTIVE FACTORS

Proposer

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Abstract

Infertility is a clinical condition affecting between 8 and 12% of couples worldwide, with no significant changes in the prevalence at global, national and regional levels over the past two decades. Research widely recognized that both members of infertile couples pursuing Assisted Reproductive Technology (ART) treatments may perceive significant levels of psychological disease, that may significantly impact their lives, as well as the success and follow-up of their treatments. Therefore, infertility research made increasing efforts to identify variables influencing psychological health conditions of infertile couples undergoing ART treatments.

This symposium aims at focusing on risk and protective factors influencing psychological health conditions in both members of infertile patients.

By adopting a relational perspective, Saita, Molgora, and Baldini will propose an investigation of dyadic coping and marital adjustment among couples at the beginning of ART treatments.

Babore, Trumello, Lombardi, Cavallo, and Bramanti will develop a comparative study, focusing on the impact of openness with others (i.e., friends or relatives) on male and female infertile patients' psychological health conditions.

Zurlo, Cattaneo Della Volta and Vallone will present the validation of a multi-dimensional infertility-related stress model including socio-demographic and fertility-related characteristics, infertility-related stress dimensions, coping strategies and couple's dyadic adjustment dimensions as predictors of anxiety and depression among partners of couples undergoing ART treatments.

All the contributions will enrich the debate on variables to be considered for the assessment of psychological health in infertile patients and for the development of focused interventions at centers for assisted reproduction.

Dyadic coping and wellbeing in couples undergoing assisted reproductive technology

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Abstract

Introduction: Literature supports that infertility and infertility treatments can have a negative impact both on each partner's and couple's well-being. However, a lot of research has focused on the association between infertility and individual's psychological outcomes, even if the update literature suggests that a dyadic approach should be used in situation as this one. Considering the experience of infertility-related stress and coping from a relational perspective, this study aimed to investigate dyadic coping and marital adjustment among couples at the beginning of an Assisted Reproductive Technology (ART) treatment.

Method: A sample of 167 heterosexual couples undergoing ART (N = 334) was recruited. Each subject completed self-report questionnaires about demographics and clinical variables, as well as the Dyadic Adjustment Scale and the Dyadic Coping Questionnaire. Data were analyzed using the Actor Partner Interdependence Model (APIM).

Results: Our findings revealed that both women and partners' positive dyadic coping styles contributed to higher marital adjustment, suggesting that reciprocal supportive behaviours may facilitate individual's and couple's wellbeing. Findings highlighted gender differences too, suggesting the presence of specific dynamics within couples facing ART treatments.

Conclusion: Implications for clinical practice and future research will be discuss.

The “dark side of the moon”: infertility and assisted reproductive technology among men

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Abstract

Couples undergoing assisted reproductive technology (ART) treatment often describe infertility as the most upsetting event in their life (Holley et al., 2015), with subsequent disruptions of relationships with friends and family (Peterson et al., 2008). In recent years, there seems to have been an increasing interest on men's experiences of infertility, although women continue to be disproportionately over-represented in the scientific literature (Culley et al., 2013).

The main aim of the current study was to explore men's experience of infertility, as compared to women's experience. After a socio-demographic questionnaire, self-report tools on depression (Zung, 1965), anxiety (Zung, 1971) and openness to others about infertility (Babore et al., 2017) were administered to 170 couples (mean age = 37.97 years; s.d. = 5.28) undergoing ART treatments.

A first finding was that the majority of males (51.8%) and less than one fourth of females (24.7%) chose not to discuss their ART treatment with friends or relatives. The difference between genders was statistically significant ($\chi^2(1) = 26.35; p < .000$). In addition, less openness with others significantly predicted higher levels of depression ($\beta = -.348$ $t(162) = -4.711, p < .001$) among males.

Overall, collected data showed that men are less open about their feelings and with a lower tendency to discuss their infertility with others as compared to their female partners. Men's difficulty to open up to others about their ART treatment requires more attention, as it could play a role in distress associated with such treatment. A greater understanding of the factors that contribute to psychological distress among males before starting ART treatment could help health professionals to identify patients with higher need of psychological support.

Factors influencing psychological health in infertile couples undergoing medical treatments: a multi-dimensional model

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Abstract

The study aims to propose and test a multi-dimensional infertility-related stress model including socio-demographic and fertility-related characteristics, infertility-related stress dimensions, coping strategies, and couple's dyadic adjustment dimensions as predictors of anxiety and depression among partners of couples undergoing Assisted Reproductive Technology (ART)

treatments. Both members of 250 infertile couples filled out a questionnaire consisting of Socio-demographics (Age; Educational level; Employment status), Fertility-related characteristics (Type of diagnosis; Duration of infertility), Fertility Problem Inventory-Short Form (FPI-SF), Coping Orientations to Problem Experienced-New Italian Version (COPE-NIV), Dyadic Adjustment Scale (DAS), State-Trait Anxiety Inventory-Y (STAI-Y), and Edinburgh Depression Scale (EDS). Findings from Hierarchical Multiple Linear Regressions indicated that the proposed predictive models were significant and had good levels of fit with the data, accounting for 63% of the variance in anxiety and for 54% of the variance in depression, among male partners, and for 41% of the variance in anxiety and for 47% of the variance in depression, among female partners. In both male and female partners, infertility-related stress dimensions predicted the greater amount of variance in anxiety (Male $\Delta R^2 = .36$, $p < .001$; Female $\Delta R^2 = .23$, $p < .001$), while coping strategies predicted the greater amount of variance in depression (Male $\Delta R^2 = .24$, $p < .001$; Female $\Delta R^2 = .17$, $p < .001$). Gender-specific risk and protective factors were also found. Results provided valid gender-sensitive predictive models to be adopted for the assessment of psychological health in infertile patients undergoing medical treatments and for the development of evidence-based and tailored counseling interventions at centers for assisted reproduction.

PHYSICAL ACTIVITY, HEALTH AND WELL BEING: APPLICATIVE IMPLICATIONS IN DIFFERENT CONTEXTS

Proposer

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Abstract

The literature supports major health benefits of regular physical activity and exercise, including improvement in mental health and psychological well-being, such as enhanced mood, self-esteem, self-control, life satisfaction, as well as reduced stress, anxiety and body dissatisfaction. The symposium presents recent studies focused on the applicative implications of the relationship between physical activity and mental health in different contexts.

In particular, the research presented by Ghisi and Cerea aimed at assessing differences in body image, self-control, motivation, general distress, emotion regulation, optimism, and general health between university students practicing more regularly PA and students practicing less regularly PA, recorded for 10 consecutive days by a mobile app.

Physical activity plays a key role in influencing how people perceive their own bodies. While there appear to be circumstances under which sports participation is a risk factor for eating problems, there are also situations where participating in sport may be a protection against body dissatisfaction and eating problems. The purpose of the second study, performed by Petito, Casolaro, Severo, Carnevale, Ricci, and Iuso, was to evaluate the role played by of sport as a risk or protective factor for eating disorders and subclinical eating behaviors among competitive athletes, non-competitive athletes and sedentary peers.

The benefits of participation in physical activity in natural environments is well-documented. The practice of physical and sports activities in outdoor contexts has been employed with different populations and different clinical and rehabilitative goals. The study presented by Tamanza, Bonini, Maccioni, and Gennari aimed at evaluating the effectiveness of an experimental trekking therapy intervention carried out with a group of adolescents who were put in the Probation Program in changing well-being, sense of self-efficacy, self-esteem, group climate, aggressiveness.

The relationship between physical activity, health and well-being in university students: a mobile app study

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Abstract

Practicing regular physical activity and exercise, as well as sport activity (generally defined physical activity-PA) is associated with psychological well-being (Mikkelsen et al., 2017), whereas the lack of PA represents a risk factor for the development of psychological disorders. The aim of the current study was to investigate the relation between PA, health and well-being. Moreover, the study aimed to compare 2 groups (people practicing more regularly PA vs. people practicing less regularly PA) with respect to psychological well-being.

Participants were 138 students (79.7% women) recruited at the University of Padua. The mean age of the sample was 22.40. The mean total amount of PA was 167.88 minutes per week. To measure health and well-being, self-report questionnaires assessing body image, self-control, positive and negative emotions, motivation, general distress, emotion regulation, optimism, and

general health were employed. To objectively record leisure-time PA, participants downloaded a mobile app and recorded their PA for 10 consecutive days.

Results showed positive correlations between PA and general health, optimism, self-control, positive emotions, and intrinsic motivation. Furthermore, negative correlations between PA and both amotivation and negative emotions experienced practicing PA emerged. Moreover, individuals practicing more regularly PA showed higher levels of self-control and intrinsic motivation and lower levels of amotivation and negative emotions associated with PA than those practicing less regularly PA did.

In conclusion, in accordance with literature (Mikkelsen et al., 2017), the current findings underlined that regular activity in university students is associated with health and psychological well-being and that individuals who engage in PA more frequently experience positive feelings practicing these activities.

Effects of sport activity on risk or protective factor in the pathogenesis of eating disorders

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Abstract

Introduction: Eating disorders (EDs) are particularly common in adolescents and young adults, and also seem to be more prevalent among athletes than in general population. One group that has consistently been identified as being at higher risk for developing EDs is elite athletes involved in sports that strongly value weight and/or shape (Krentz & Warschburger, 2011). However, it is unclear whether competitive but not elite athletes represent a subgroup that is truly “at-risk” for experiencing an eating disorder (Sanford-Martens, 2005). The purpose of this study was to evaluate effects of sport on risk or protective factor, between competitive athletes, non-competitive athletes and sedentary peers, about EDs and subclinical eating behaviours.

Methods: consecutive 282, 160 male and 122 female, aged between 11 and 30 years were recruited for participation in this study, through the "Regional Project for the Prevention and Contrast of Eating Behaviour Disorders”.

Results: the analyses across the three groups (competitive sport / non-competitive sport / sedentary) indicated a significant main positive effect of the sport on self-esteem ($\chi^2(3) = 8.068$, $p = 0.0177$), on anxiety according to the POMS ($\chi^2(3) = 7.699$, $p = 0.0213$), on depressive ($\chi^2(3) = 11.54$, $p = 0.0031$), on confusion-bewilderment states ($\chi^2(3) = 9.911$, $p = 0.0070$) and

fatigue-inertia states ($\chi^2(3) = 18.61, p < 0.0001$), on oral control according to the EAT-26 ($\chi^2(3) = 6.303, p = 0.0428$), on body image concerns ($\chi^2(3) = 6.569, p = 0.0375$) and compulsive self-monitoring ($\chi^2(3) = 6.636, p = 0.0362$).

Conclusions: correlates and risk factors seem to be sport specific, prevention programs should be shaped differently for each type of sport as well as for different athlete groups, such as adolescent athletes. Future studies should aim to replicate and confirm findings of experimental studies, as this is considered the next step in identifying true causal risk or protective factors.

Adolescents and “trekking therapy”. A clinical study

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Abstract

The use of physical or sports activities in outdoor contexts has long been used with different populations and different clinical and rehabilitative goals. Many studies have shown that this type of activity can bring benefits with regard to the physical and the mind and that, in particular, adolescents with various diagnoses would benefit from participation in activity programs in nature (Autry, 2001; Keats et al., 1999; Russell & Philips-Miller, 2002). The research highlighted how immersion in the natural context can provide a wide range of mental health benefits, as the levels of some psychophysical performances are increased (attention, cognition, memory, emotional stability, self-perceived well-being) and stress levels, anxiety and depression are reduced. The paper presents the results of an experimental Trekking Therapy intervention carried out with a group of adolescents who were put in the Probation Program, in collaboration with the Juvenile Court. The activity involved eight male offenders, aged between 17 and 18 from different nationalities. Accompanied by a multidisciplinary team, they walked around Lake Garda for seven days, covering 135 km and a total drop of about three thousand meters. The study carried out had the purpose of evaluating the effectiveness of the intervention and was carried out according to a multi-methodological logic (quantitative and qualitative) and multifocal (participants and operators), performing a pre-post comparison on some variables of personal and group functioning (personal well-being, sense of self-efficacy and self-esteem, group climate, aggressiveness, depression). The results showed a significant and positive difference on all the dimensions considered. Indications of a positive evolution have emerged, in the same way, from the qualitative evaluations carried out by the operators of the judicial social service who were in charge of the subjects within the trial run.

PSYCHO-SEXOLOGICAL AND CLINICAL CORRELATES IN PATIENTS WITH A DIAGNOSIS OF TESTICULAR, OVARIAN AND BREAST NEOPLASIA

Proposer

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Discussant:

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Abstract

When a diagnosis of a testicular, ovarian or breast cancer occurs in a couple, or in a single person, especially if this person is in a fertile period, this diagnosis bears on different choices, ranging from the medical ones to those more strictly related to psycho-relational and reproductive aspects. The possible scenarios vary based on the type of neoplasia, on its gravity, but also on the person’s psychological well-being and on the lifespan phase of the person/couple. Hence, the impact specific management strategies of reproductive aspects (cryopreservation of the gametes, adoption procedures after a neoplastic diagnosis) may have on the single/couple will be different in relation to the agree/disagree with the same management strategy, as well as in relation to the psycho-emotional experiences of the single/couple.

The main objective of this symposium is to give the evidence-based information on the reproductive management strategies, and on the literature in regards to clinical, psycho-sexological and relational aspects related to neoplastic diagnosis. With an educational and professionalizing aims, this symposium will deal with some specific aspects related to the neoplastic diagnosis, with a multi-disciplinary approach.

Testicular cancer and fatherhood desire: management protocol and reproductive aspects

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Abstract

Progress in multimodal cancer treatments over the last decades has allowed excellent results in testicular cancer (TC) survival, with life expectancy comparable to general population for over 90% of patients. The management of these patients after treatment is thus increasingly important, as reproductive potential and fatherhood after a diagnosis of testicular cancer are factors with major impact on quality of life. Antineoplastic treatments can induce mutagenic effects in male germ cells. Current treatments may be compatible with sperm recovery for most TC survivors, but we are yet unable to fully predict the extent of any genomic damage and the long-term effects on fertility and offspring outcome. Thus, oncofertility counseling before treatment should represent a critical moment for these patients, as they often seek information about their chance of fatherhood and risk of congenital abnormalities and even of TC in their offspring. Moreover, oncologists and oncofertility specialist will recommend sperm or testicular tissue cryopreservation before any treatment that can be gonadotoxic or might irreversibly damage ejaculatory mechanisms. Cryopreservation allows germ cells and/or gonadal tissue to be maintained in a state of “suspended animation”, using cryogenic temperatures (-196° C) to dramatically reduce cell metabolism and proper cryoprotectant media to avoid cellular damage at these extreme conditions. This will allow TC survivors to preserve their fertility potential even in case of permanent testicular damage through artificial reproduction techniques (ART). In fact, increased access to ART has improved the chance of fatherhood for these patients, as TC survivors seem to resort to ART about three times more frequently than the general population. Natural fertility has also been reported in patients with sperm recovery, although literature data shows that cancer survivors may have an overall reduced reproductive capacity compared to the general population. In particular, a wide range of natural pregnancy rates in TC survivors has been reported (20-80%), but it may be deeply influenced by various factors, including treatment modality and age of onset.

Beyond the gametes: the role of the psychologist in the choice and procedure for reproductive strategies and adoption process

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Abstract

Actual options for the treatment of different kinds of neoplasia can profoundly impact the fertility of patients. In particular, surgical removal of reproductive organs, gonadotoxic

chemotherapy treatments, or radiotherapy may determine a reduction of the fertility potential. In addition, and even before the impact of different treatments, the diagnosis of neoplasia determines a worsening in the psychological well-being. If the neoplasia is related to reproductive organs of prepubertal patients, or of patients in reproductive age, it may bring to the development of psychological distress related to the (hypothesized) desire of motherhood/fatherhood. In these cases, the supportive counseling for the management of initial fertility treatment and reproductive health concerns seems to be a fundamental aspect for the restoration of the psychological well-being. Literature evidence shows that it is important to consider fertility counseling not only at the moment of the diagnosis, but also for the long-term survivorship. For example, early onset menopause is linked with significant risk for depression also in the phases after the diagnosis. In the case of pediatric patients, family members may need fertility counseling or additional emotional support with regard to a cancer patient's fertility. In alternative to the management procedures for reproductive needs, the clinician has to know the procedures related to the adoption. Healthcare providers should have a clear understanding of the adoption process and varying requirements across agencies. Although adoption may be interpreted by clinicians as a default option, literature evidence shows that they are not aware of the potential barriers, resources, and requirements for cancer survivors seeking to adopt a child. For these reasons, the psycho-oncologist might be helpful to assist the clinicians in how to best support long term cancer survivors with interrupted fertility.

Emotions and emotion regulation in breast cancer survivorship: implications in well-being and sexuality

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Abstract

Aims: The aim of the current study was to investigate the differences on emotion regulation and negative affects between women with breast cancer, healthy women, and women with others benign diseases.

Method: We present a quantitative study on the emotion regulation mechanisms (emotional suppression, cognitive reappraisal, emotional dysregulation, and alexithymia), affectivity, and life satisfaction. The research protocols were applied to 164 women (42 breast cancer, 46 other diseases, and 68 healthy women), mean age 55 years.

Results: (1) Patients scored significantly higher than healthy women, ($p < .001$), on: nonacceptance of emotional responses, lack of emotional awareness, limited access to emotion regulation strategies, lack of emotional clarity, impulse control difficulties, emotional suppression, difficulties in identifying emotions, difficulties in describing emotions. (2) The differences on cognitive reappraisal between cancer patients and healthy group are moderated ($p = .05$). (3) Negative affects are significantly higher in patients than healthy women ($p < .001$). There are not significant differences between the two groups regarding the positive affects. (4) The life satisfaction is significantly lower in breast cancer women than in control group ($p < .001$). (5) Patients with breast cancer scored significantly higher than other diseases patients on: negative affects ($p < .01$), and limited access to emotion regulation strategies ($p < .01$).

Conclusions: Compared with healthy women, breast cancer patients demonstrated higher levels of emotion dysregulation and negative affects. A similar result was obtained on the differences between cancer patients and patients with other benign diseases, suggesting the existence of specific emotional patterns in cancer patients. The implications of emotional dysregulation mechanisms in well-being and sexuality in women with breast cancer will be discuss.

Fertility-related psychological distress in breast cancer patients

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Abstract

In the scenario of the modern oncology, quality of life issues such as fertility are increasingly important (Duffy & Allen, 2009). A recent review shows that fertility-related psychological distress is prevalent and persistent in cancer patients and survivors, particularly in reproductive age (Logan et al., 2018). Considering the improvement in life expectancy and the majority of young women diagnosed, it is particularly important to prevent or reduce the risk of physical, emotional and social interruptions later in life caused by the cancer-related infertility.

Reproductive concerns can persist throughout cancer treatment into survivorship and impact on areas of later life development, such as sexual health, body image, or relationship and lead to lower quality of life (Logan et al., 2018). Uncertainty and reproductive concerns after a breast cancer diagnosis and treatment are related with high psychological distress, couple difficulties and coping problems (Halliday & Boughton, 2011; Penrose et al., 2013; Zebrack et al., 2004). The evidence shows how infertility affects the relationship with the partner (Penrose et al., 2013) and coping attitudes to intrusion and avoidance towards the topic "fertility" (Canada &

Schover, 2012). Moreover, it is found that the lack of information is associated with a greater level of depression (Gorman et al., 2014). Reproductive function and the impact of fertility status are concerns affecting women's health. For many female cancer survivors, the preservation of reproductive potential is central to quality of life (QOL), and concerns regarding infertility may affect treatment decisions (Deshpande et al., 2015). The impact of concerns about sexual function (Carter et al., 2010) is particularly important in light of their potential to influence decision-making on treatment and therefore survival. The literature shows that psychological and sexual interventions on women with breast cancer can reduce anxiety and emotional and sexual concern. Until now psycho-oncology research into the psychosocial aspects of fertility and cancer is in its infancy. Most of the research has focused on understanding patient and health professional attitudes towards information provision, identifying current and preferred methods of fertility and menopause-related information provision, the majority involving samples of breast cancer patients (Thewes & White, 2006). The above research suggests that among young women with breast cancer there are unmet needs for information about fertility-related issues and that misperceptions about risks of becoming menopausal and the influence of pregnancy on recurrence are common. Overall, breast cancer patients report a strong preference for obtaining specialists, although only about a third of patients access these services. Some clinics have incorporated these specialists into the multi-disciplinary team when treating pre-menopausal breast cancer patients (Personal Communication – Prof C Saunders). Fertility counseling supported by specialists prior to cancer treatment is associated with improved psychological health, with evidence of reduced regret, compared to those not involved in fertility counseling (Logan et al., 2018). Psychological support and fertility-related supportive care, such as providing information and discussing with patients, foster the possibility of mediating the psychological discomfort related to fertility that patients experience.

ASSOCIATIONS BETWEEN MATERNAL AND PATERNAL MENTAL STATES DURING THE PERINATAL PERIOD

Proposer

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Discussant:

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Abstract

In recent decades, research has widely highlighted the impact of the transition to parenthood on the psychological health of both parents (Baldoni, Baldaro & Benassi, 2009; Da Costa, et al., 2017). During perinatal period future parents experience deep changes both at an individual level and as member of the couple, which often involve the development of new coping mechanisms. In this period, incidence of affective disorders in both parents increase significantly if compared to the general population (O'Connor, Rossom, Henninger, Groom, & Burda 2016) and several studies have shown how affective disorders have a significant influence on the mental state of the partner. In fact, throughout the perinatal period, parental levels of affective symptomatology (depression, anxiety) results significantly associated with that of the partner (Cameron et al., 2016; Matthey, Barnett, Ungerer, & Waters 2000; Paulson, Bazemore, Goodman & Leiferman, 2016). Some authors have pointed out that mothers' depressive symptomatology was the most important predictor for paternal perinatal depression (Cameron et al., 2016; Schumacher, Zubaran & White, 2008), differently men may also develop a perinatal affective disorders fostering a mood disorders of the partner (Garfield et al., 2014; Baldoni, 2016). Therefore, influence is mutual: maternal depression could be responsible for paternal suffering and vice versa.

This topic will be discussed through three presentations starting from recent studies in different Italian contexts:

1. The relationship between dyadic adjustment and psychopathology in expectant couples: an actor-partner interdependency model approach (Terrone & coll.);
2. Couple adjustment and affective disorders in parents during the prenatal period: an interdependence model study (Baldoni & coll.);
3. The Impact of sclerosis multiple on transition to parenthood (Cataudella & coll.);
4. The management of pregnant women with a bipolar mood disorder: A case report of husband involvement (Angeletti & coll.).

The Relationship Between Dyadic Adjustment and Psychopathology in Expectant Couples: an Actor-Partner Interdependency Model Approach

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Abstract

Background: Transition to parenthood is an important period that inevitably entails changes in both individuals and the whole family, influencing the couple life and the personal growth of parents. This reciprocal influence is particularly evident in new parents, who are facing for the first time parental experience changing their way of life.

Objective: The main objective of this study was to investigate whether dyadic functioning influences the level of psychopathological symptomatology in couples expecting their first child. 137 couples expecting their first child, recruited by San Filippo Neri and Santo Spirito Hospitals in Rome (ASLROMA1) and Consorzio Humanitas, have been studied. An Actor-Partner Interdependence Model was used to test the interdependence of both partners and the effect of dyadic relationships on psychopathological symptoms in the couple.

Results: The global test of distinguishability produced a chi-square value of 122,167 (23 df) ($p < .001$). Because the test of distinguishability was significant, subjects have been statistically distinguished on the basis of their gender.

Conclusions: The results of our study confirm that dyadic adjustment is an important element for the development of effective interpersonal relationships. In fact, high levels of dyadic adjustment improve individual skills in social relations. Moreover, positive relationships can lead to adequate support from and for the partner during critical life events, such as pregnancy. The study evidences the importance of promoting psycho-educational courses and programs for the development of social support with future parents. The study also suggests that, when clinical intervention is required for perinatal depression, anxiety, or more severe psychiatric symptoms, the involvement of both partners is necessary.

Couple adjustment and affective disorders in parents during the prenatal period: an interdependence model study

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Abstract

Background: The possible expression of affective disorders, stress perception and couple difficulties has been mostly investigated using an individual perspective, overlooking the impact of possible bidirectional effects within the couple. The aim of this study is to explore the

associations between these psychological dimensions in the parental couple, using an Actor-Partner Interdependence Model.

Method: The study involved 116 couples of expectant parents (232 subjects) recruited at the third trimester of pregnancy in the waiting room of the Operational Unit of Obstetrics and Gynaecology, Infermi Hospital of Rimini (mean age: 32.7, SD = 5.04 for women and 36.39, S.D. = 7.10 for men). Among expectant fathers, 96 (82.8%) were Italian, as well as 110 pregnant women (94.8%). All the subjects were asked to complete self-reported measures of perinatal affective disorders (PAPA and PAMA), depression (CES-D), anxiety and other psychological symptoms (SCL-90-R), perceived stress (PSS), and couple dyadic adjustment (DAS). A dyadic perspective was statistically applied using the Actor-Partner Interdependence Model (Cook & Kenny, 2005).

Results: Although mothers reported higher levels of depression (22.4% above the CES-D clinical cut-off, $p < .05$), 12.1% of fathers were at risk of an affective disorder. At individual level, one partner's perceived stress had a positive effect, especially among women, on depressive symptoms ($p < .05$), and negatively on dyadic consensus ($p < .001$), satisfaction ($p < .001$), affectional expression ($p < .005$), and adjustment ($p < .001$). At dyadic level, parental stress had a negative effect on the other partner's dyadic satisfaction ($p < .05$), affectional expression ($p < .001$), and adjustment ($p < .05$).

Discussion: These data confirm that during the prenatal period mental states of mothers and fathers are associated influencing each other regarding affective suffering, stress perception and dyadic adjustment, with significant effects within the couple and family life.

The impact of multiple sclerosis on transition to parenthood

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Abstract

Multiple sclerosis (MS) is the most common disabling neurological condition in young adults and its incidence peaks in mid-adulthood. Given that MS is more common in women of childbearing age, it can affect adjustment at individual and couple level (Samios et al, 2015). We will present, through a single case, preliminary results of a longitudinal study focused on the impact of autoimmune disease on transition to parenthood.

The study included assessment during pregnancy (T1) and at 3-months after birth (T2).

The couples were interviewed using IRMAG-R/IRPAG (T1), IRMAN/IRPAN (T2) (Ammaniti et al., 2013). All interviews were analyzed by using qualitative content analysis (Atlas.ti). They also completed measures of prenatal attachment (MAAS, Busonera et al. 2008; PAAS, Condon 1993), dyadic adjustment (DAS, Spanier 1976), depression (CES-D, Radloff 1977), parental style (PBI, Scinto, 1999) (T1). They finally completed DAS, CES-D, and measures of postnatal infant-attachment (MPAS, Condon & Corkindale 1998), stress in the parent-child relationship (Abidin, 1995) (T2).

Our study revealed that women with autoimmune disease were ambivalent toward pregnancy and had difficulty to imagine their fetus/child. The mother with MS showed parental style characterized by affectionless control vs. father and affectionate constraint vs. mother. Her partner instead revealed affectionless control vs. mother/father. Both showed high levels of depression and stress in the parent-child relationship. They showed a good level of dyadic adjustment and attachment to fetus/child but the analysis of their interviews revealed ambivalence toward pregnancy, difficulty to recognize physical/psychological changes of transition to parenthood, irrational fears. This “uncertainty” seems to affect the process of psychological transformation which leads to the acquisition of a parental identity. A better understanding of parental dynamics could have positive effects on the treatment as well as on prevention.

The management of pregnant women with a bipolar mood disorder: a case report of husband involvement.

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Abstract

Bipolar, or manic-depressive, disorder (BD) is a serious, recurrent psychiatric illness with a high lifetime prevalence ($\geq 1\%$). Pregnancy is a period of substantial risk for mood relapse, with estimates of recurrence as high as 50%.

When women are first given a diagnosis of bipolar disorder, the psychiatry team has a key role, in collaboration with the gynecologist to help them accept the diagnosis and need for ongoing medication. Ideally, women with bipolar disorder will plan their pregnancy. In cases of unplanned pregnancy, the woman will require an urgent clinical and medication review. Medication should not be abruptly ceased as this poses a risk of relapse.

The patient's partner needs to be included in the management plan. He may be distressed and stressed by what is happening to the patient, especially if they have to take on primary care for the infant. Additionally, the partner will require education about the patient's illness and support, as well as a review of their own mental wellbeing.

Research suggests that partners' mental health is interrelated. In particular, many studies suggest that depression in one's partner is significantly correlated with depression in the other. Maternal depression is the most important predictor for paternal depression during the perinatal period. Paternal distress can have adverse effects on infants' emotional and behavioral development, particularly if the mother is also depressed.

The transition to parenthood is also a significant stressor for both parents that can result in increased marital conflict and decreased marital quality.

Preventive interventions that aim to promote parents' mental health and well-being should help partners support each other in adjusting to this significant life event, especially due the high risk of mood recurrences among bipolar women. By our clinical experience we are going to present a model of management for partners of women with bipolar disorder.

PSYCHOLOGICAL RESOURCES AND VULNERABILITIES IN CHRONIC ILLNESS

Proposer

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Discussant:

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Abstract

Studies among the chronically ill have shown that some psychological characteristics (e.g., hope, spiritual well-being) may buffer against negative consequences of chronic illness, whereas other characteristics (e.g., excessive worry and depression associated with the diagnosis and decreased quality of life, QoL) may exacerbate these negative outcomes. The aim of this Symposium is to present some researches on psychological resources and vulnerabilities in chronic illness. In the first contribution, Iani, Quinto & Abeni examine whether spiritual well-being and psychological distress were accounted for by sense of coherence and positivity after controlling for skin-related QoL and illness perception in 80 individuals with psoriasis and systemic sclerosis. The second presentation by Vescovelli, Minotti, Sarti, & Ruini examines

posttraumatic growth in 54 patients with Parkinson's Disease and in 53 healthy controls, by exploring disease-specific features and assessing its impact on distress, well-being, and health-related QoL. The third contribution by Cosci et al. describes the role of psychological vulnerabilities (i.e., diagnosis of allostatic overload, type A behavior, irritable mood, alexithymia, high levels of mental pain, and severe depressive symptoms) in 200 migraine patients. The final contribution by Pagnini et al. examines the efficacy of an innovative and online mindfulness training program, based on a Langerian approach, in improving psychological well-being and QoL of people with Amyotrophic Lateral Sclerosis and controls.

The role of sense of coherence and positivity on spiritual well-being and psychological distress in individuals with skin diseases

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Abstract

Introduction: Investigating both positive and negative functioning aspects is important, since that it may indicate potential contributors to well-being and distress in individuals with skin diseases. Sense of coherence (SOC) and positivity may have incremental validity in predicting clinical outcomes, so that they may decrease psychological distress and may also increase well-being. To our knowledge, no previous study has examined the role of SOC and positivity in influencing spiritual well-being in individuals with psoriasis and systemic sclerosis.

Method: A total of 80 consecutive individuals (Mage=51.1 years) attending the dermatology outpatient clinic at IDI were enrolled in the study. Eligible participants had a diagnosis of psoriasis or systemic sclerosis, were 18 years of age or more, and had no mental disorders. Participants completed the SOC scale, the Positivity scale, the FACIT-Sp, the Skindex, the IPQ, and the GHQ. Two hierarchical multiple regressions were conducted to determine whether spiritual well-being and psychological distress were accounted for by skin-related quality of life, illness perception, SOC, and positivity.

Results: Hierarchical multiple regressions showed that positivity was the most important contributor to better spiritual well-being, whereas sense of coherence tended to correlate with it. Quality of life was associated with worse psychological distress, whereas sense of coherence and positivity correlated with better psychological distress.

Conclusions: The findings of this study pave the way for further research on how SOC and positivity may counteract the effects of negative skin-related quality of life and facilitate spiritual well-being of individuals with skin diseases. Interventions aimed to enhance inner resources of

these individuals and help them to find a meaning in their experience of skin disease might reduce psychological distress and improve spiritual well-being by restoring a more adaptive sense of self and the world.

Posttraumatic Growth in Patients with Parkinson's Disease: a qualitative and comparative study

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Abstract

Background and aims: Posttraumatic Growth (PTG) refers to the possibility of experiencing positive changes in the aftermath of trauma and it may significantly contribute to adjustment in chronic illnesses. Nevertheless, very little is known regarding the process of growth in Parkinson's Disease (PD). This study aims to investigate PTG in PD patients, by exploring disease-specific features and assessing its impact on distress, well-being and Health related Quality of Life (HRQoL).

Methods: A sample of PD patients (PG, n= 54) and a Healthy Control Group (HCG, n=53) were administered the PTG Inventory and other questionnaires for measuring psychological distress and well-being. Univariate analyses of variance (ANOVA) was used to compare the groups. Patients were classified according to their levels of PTG (low PTG: n=12; medium PTG: n=30; high PTG: n=12). Then, they were interviewed and transcripts were analysed using Thematic Analysis (TA). The emerged themes were associated with levels of PTG.

Results: PG reported higher levels of PTG compared to the HCG. PD patients with high PTG showed a more positive psychological adaptation and less distress. Moreover, at qualitative analyses, these patients were more likely to report positive statements following PD diagnosis, particularly when referring to spirituality and to the beneficial effect of physical activity and rehabilitation.

Conclusions: PTG presents peculiar characteristics in PD and it may favour a better psychological adjustment following the diagnosis. The importance of spirituality and of maintaining a good physical functioning emerged as significant themes in PD patients with high PTG.

Psychological resources and vulnerabilities in migraine patients

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Abstract

Aim: Psychological resources and vulnerabilities have not been investigated in migraine patients, yet. The present study aimed at measuring psychosomatic syndromes and domains in patients affected by chronic migraine or episodic migraine and in healthy subjects.

Methods: 200 cases were enrolled, 100 affected by chronic migraine (CM) and 100 affected by episodic migraine (EM) according to International Headache Society criteria. They were enrolled at the Headache Center of the University Hospital Careggi (Florence, Italy). One-hundred were healthy subjects (HS) who were enrolled from the general population of the same area. Cases and controls were matched by sex and age (ratio 2:1). All participants received a clinical assessment which included: the semi-structured interview for Diagnostic Criteria for Psychosomatic Research (DCPR); the Semi-structured interview for allostatic load; the Psychosocial Index (PSI); the Mental Pain Questionnaire (MPQ).

Results: Psychological vulnerabilities in migraine patients were represented by the diagnosis of Allostatic Overload (EC = 31; EE 24; HS = 14 χ^2 (df) = 8.24(2); $p = 0.016$); Type A Behavior (EC = 8; EE 13; HS = 8; χ^2 (df) = 7.14(2); $p = 0.028$), Irritable Mood (EC = 13; EE 4; HS = 10; χ^2 (df) = 5.13(2); $p = 0.077$) and Alexithymia (EC = 5; EE 10; HS = 12; χ^2 (df) = 3.18(2); $p = 0.204$) as well as by high levels of mental pain (OR = 1.26; 95% CI = 1.04-1.53) and severe depressive symptoms (EC vs HS: OR = 1.33; 95% CI = 1.10-1.62). No variables assessing psychological resources were found statistically significant among the three groups.

Conclusions: Psychosomatic domains need to be explored in migraine patients since they represent psychological vulnerabilities.

An online Mindfulness intervention for people with Amyotrophic Lateral Sclerosis

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Abstract

Background: Improving psychological well-being of people with Amyotrophic Lateral Sclerosis (ALS) is a crucial task for health professionals working in this field. Preliminary evidence

suggests that mindfulness-based interventions could be effective in promoting quality of life (QOL). However, most of these interventions are based on meditation practices, requiring substantial time and effort. We considered the Langerian definition of mindfulness, a flexible state of mind resulting from the simple act of actively noticing new things.

Aims: This study aims to test the efficacy of an innovative, ALS-specific online Langerian mindfulness training program in improving psychological well-being and QOL of people with ALS.

Methods: We first developed and tested an active learning intervention with cognitive exercises and lecture designed to increase mindfulness. This is an online program consisting of educational content in the form of videos and text, with two cognitive-reframing exercises daily for 5 weeks. We then conducted an RCT to test the intervention. Individuals with a diagnosis of ALS were assigned to either the mindfulness group or a wait-list control group. All participants were assessed for quality of life, anxiety, depression, and physical symptoms, at baseline, after one month, and at 3 and 6-months follow-up.

Results: Forty-seven participants were recruited. Compared to the control group, the mindfulness program was effective in statistically improving the quality of life over time and in reducing depression and anxiety. Physical function scored significantly differed between the two groups after the intervention.

Conclusions: This novel online mindfulness intervention can improve quality of life and psychological well-being of people with ALS, with stable results over a 6-month timeframe. There were different trends in the two groups post-intervention without statistical significance in physical function. Therefore, the hypothesis of a role of psychological aspects in the disease progression needs to be fully explored.

HEALTH AND WELLBEING IN LGBT AND GENDER NON-CONFORMING PEOPLE: RECENT RESEARCH TRENDS

Proposer

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Discussant:

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Abstract

Lesbian, gay, bisexual, transgender, and gender non-conforming (LGBT & GNC) people represent a community that is diverse with respect to gender, sexual orientation, ethnicity, socio-economic status, and other identity and social dimensions. Notwithstanding, members of the LGBT & GNC population share many common experiences, such as belonging to a stigmatized minority. Indeed, although LGBT & GNC people represent a strongly resilient community, capable of successfully overcoming adverse life conditions, they still experience high levels of stigma which negatively affect their health and wellbeing. In the last decade, research on LGBT & GNC health is dramatically increased, becoming progressively more and more sophisticated and producing a large amount of data on health disparities, clinical practice, and policy. Recent research trends are paying particular attention to new subpopulations, such as nonbinary youths falling outside the traditional gender binary system (male vs. female), as well as to less visible stigmatizing processes (e.g., microaggressions) occurring in clinical settings and acted by health professionals. For this reason, clinical research should be provided with innovative methods and tools to address these recent trends that are expressions of new needs of the LGBT & GNC population. Based on these premises, the current symposium aims at presenting some recent and innovative clinical and social research and interventions within the LGBT & GNC health research field.

“How do you feel about your sexuality?”. Microaggressions toward lesbian and trans women in clinical setting

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Abstract

Introduction: Microaggressions represent a particular kind of day-to-day subtle form of discriminations, that are especially damaging for psychological health and well-being of marginalized social groups, namely LGBT.

Aims: The aim of this study is to assess whether this subtle form of discrimination is perpetrated by psychotherapists when confronted to lesbian or transgender fictitious clients (vs. straight).

Methods: A sample of 110 licensed psychotherapists (90 women, 20 men) agreed to participate in the study. Participants were presented with an audio file of a woman (trans vs. lesbian vs. straight) introducing herself during the first session with a therapist. They were asked to listen carefully to the audio in order to complete a questionnaire. Participants were asked to assess

the relevance (from 1 “not relevant at all” to 7 “extremely relevant”) of 10 questions (5 neutral and 5 microaggressive), that if asked to the client would allow them to have a better understanding of the case in order to form a clinical impression. Participants were also asked to complete a sociodemographic form and their expertise with LGBT themes was assessed.

Results: Participants were more prone to consider as relevant microaggressive questions if the sexual identity of the client was of a lesbian or a trans woman. In particular, microaggressions were perpetrated significantly more towards the transwoman client compared to the straight woman client. As well as, there was a marginally significant tendency of perpetrating microaggressions more towards the lesbian client than the straight client. Not only the microaggressions were perpetrated more, but also the neutral questions were considered less relevant for the trans client than for the straight client.

Conclusions: The preliminary results of the present study demonstrate a bias in the clinical evaluation of the case based upon the sexual identity of the client. The bias was not only expressed by the proneness of psychotherapist to consider as relevant questions that represent a microaggression to the client but also to consider non-aggressive information as less relevant to the case.

An innovative intervention model to promote organizational well-being and confront sexism and homophobia in the university’s technical and administrative staff

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Abstract

Introduction: The current work aims at presenting an innovative intervention model to confront sexism and homophobia in the University Administrative and Technical Staff.

Method: The model, lasting 4 hours, consisted in the implementation of metareflective (e.g., case studies), socio-constructivist (e.g., use of multimedia stimuli), and motivational-affective (e.g., analysis of the critic situation) methodologies. A total of 63 people (42 women and 21 men) aged between 34 and 65 years participated in the training. The evaluation was carried out in 3 steps (pre, post and follow-up) and included measures on the perceived utility and interest, the knowledge about sexual identity dimensions, sexism and homophobia.

Results: The repeated measures ANOVAs indicated that perceived utility, $F(1.34, 82.98) = 25.03$, $p < .001$, and interest towards the training, $F(1.85, 114.78) = 33.98$, $p < .001$, as well as the knowledge on sexual identity, $F(1.24, 77.05) = 25.84$, $p < .001$, significantly increased from pre to follow-up. A more detailed analysis revealed that a minority subgroup ($N = 15$; 23.8%) worsened its performance at the post-training ($M = 5$; $DS = 2.24$) and then improved it at follow-up ($M = 7.40$; $DS = 1.68$) compared to that achieved at the pre ($M = 7.93$; $DS = 1.16$), showing a paradoxical rebound effect. Finally, results indicated that sexism, but not homophobia, was negatively associated with knowledge about sexual identity at all times of measurement (pre, post and follow-up) explaining, respectively, 14%, 30% and 22% of the variance of knowledge on sexual identity and indicating that sexist attitudes made it more difficult to acquire further knowledge on sexual identity.

Conclusion: The results indicated that the training model was interesting and useful in relation to one's work and to intra- and extra-academic relationships, and that it positively impacted the acquisition of basic knowledge on sexual identity.

The clinical expressions of body experience through pareidolia and apperception in Gender dysphoric f to m patients

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Abstract

Introduction: this contribution aims to extend the results of previous research about M to F Gender Dysphoric patients, to the F to M population. In the study of mental images in M to F populations, different aspects were identified through pareidolia (Rorschach) as Body and Self Representations and through apperception (Thematic Apperception Test) as the specific type of emotional tone related to Body Memory.

Method: 10 T.A.T. and Rorschach protocols of F to M Gender Dysphoric subjects were examined to highlight the emergence of Body Memory, Self and Body representations. On the basis of psychodynamic and phenomenological literature, the study was conducted considering classical methodological contributions and contemporary research approaches.

Results: the study of clinical protocols allowed us to highlight common and different figures related to F to M subjects. In particular, the common emergence was related to the presence of affected Body and Self representations together with a consistent negative emotional tone. Referring to the emergence of body memory, the results suggest the common presence of

traumatic and incorporative aspects. Differences were found in the linguistic expression, so that it was possible to notice the relevant reference to adaptive male contents and the distance towards expressions of female experience.

Conclusion: the results obtained with an already experimented methodological approach allow us to comprehend and to compare the organization of F to M subjects experience to previous research. This extension of knowledge about representational world of our patients aimed to suggest possible basis for the assistance, with regard to common and different figures.

Health of non-binary and genderqueer people: a systematic review of the literature

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Abstract

Introduction: Non-binary and genderqueer (NBGQ) people are those who identify with a neither exclusively masculine nor feminine gender. As literature on the health of NBGQ people is sparse, this study aims at systematically review the limited studies on this field.

Methods: The research questions which guided the systematic review were: (1) What are the differences in the health levels between NBGQ and BT individuals? (2) What are the differences in the health levels between NBGQ and cisgender individuals? (3) Which medical and psychological interventions are most suitable for improving NBGQ health? According to PRISMA guidelines, a systematic search was conducted in PubMed, PsycInfo, Web of Science, and Google Scholar.

Results: Eight studies met the inclusion criteria for the current systematic review. Among them, 6 were focused on the health differences between NBGQ and BT individuals, 2 of the latter and 1 individually were focused on the health differences between NBGQ and cisgender individuals, and only 1 was focused on the evaluation of health outcomes related to medical procedures. No studies assessed psychological interventions aimed at improving health in NBGQ individuals. All studies were cross-sectional, recruited a relatively small sample size of NBGQ individuals, and used non-probability sample design. Results related to the difference in health between NBGQ and BT were mixed. Results related to the difference in health between NBGQ and cisgender highlighted higher health needs in NBGQ than in BT individuals. The only study analyzing the effects of medical interventions on health found that NBGQ female-assigned at birth individuals improved their quality of life after the chest surgery.

Conclusions: Although scholars are starting to pay attention to the NBGQ health research, it needs to be expanded both in terms of methodology and research contents. Research recommendations in this field are reported.

LEARNING TO APPLY MENTALIZATION: RESEARCH ON CLINICAL ASSESSMENT AND MENTALIZATION-BASED TREATMENT

Proposer

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Abstract

Mentalization is defined as a mental function that allows us to understand our own and other's actions, thoughts, feelings and desire (Fonagy, 1991). This wide competence is often lacking or distorted in psychopathological functioning. For this specific reason, working on mentalization skills has been shown to exert positive effects on the treatment itself (Bateman & Fonagy, 1999, 2009).

Despite mentalization has had a crucial influence in psychodynamic literature, the knowledge and the empirical research of this construct is at its early stages. This issue is particularly evident in relation to the assessment of the construct and to the MBT treatment process-outcome research. At the present time, in fact, there are few specific measures for the assessment of mentalization, in particular for the assessment of children (Ensink, 2003). Despite the growing literature on Mentalization-based treatment (MBT) efficacy, the mechanism of change across psychotherapy process is not completely understood.

In light of these considerations is important to promote researches that try to understand mentalization on his theoretical, developmental and technical aspects.

In this direction, Locati, Suttora and Parolin in "Childhood Mentalization: Construct Polarities and Developmental Trends" explore mentalization in childhood using a multimethod approach. Esposito, Vitelli, Pepicelli, Valerio, Freda in "Assessment of Mentalization and Qualities of Parental Mirroring: An Empirical Study with Transgender People" assess mentalization related to attachment styles in transgender people. Colli and Gagliardini in "An Empirical Investigation on Mentalizing Patterns in Patients with Eating Disorders" investigate

specific patterns of mentalization in Eating Disorders and Carrera, Pandolfi, Cappelletti, Padoani and Salcuni in “Mentalization-Based Treatment For Bpd At Camposampiero MHC: The Unfolding Project” test MBT outcome with Borderline Personality Disorder patients in public services.

Childhood mentalization: assessment and developmental trends

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Abstract

Mentalization is the capability to give an appropriate meaning to our and others behaviors and to predict and interpret what happens in interpersonal relationships (Fonagy, 1991; Fonagy, Gergely, Jurist & Target, 2002). This wide ability seems to include many different polarities: the implicit and explicit, the self and the other, the affective and the cognitive one. Mentalization scholars also emphasize the relevance of the developmental aspects of this construct, which undergoes important changes during childhood, and its interdependency with emotion recognition and regulation, interpersonal abilities and attachment style.

The present study aims to explore the complexity and the developmental trend of mentalization construct in childhood using a multimethod assessment including measures of mentalization, narrative test and emotion recognition task.

Participants were 180 non-clinical children aged 6 to 11 years. They were assessed with the Child Reflective Functioning Scale on Children Attachment Interview, the Roberts-2 -a narrative performance-based test - and the Reading the Mind Eyes.

Correlation and regression analyses showed a positive association between mentalization and emotion recognition. Correspondences between mentalization levels and the complexity of the stories, coping strategies and problem-solving abilities were also found. Results suggested an association between the ability in storytelling on autobiographic events and the storytelling of general interpersonal issues. Moreover, developmental trends across ages were explored.

In conclusion, these results underlined that different polarities of mentalization can be addressed with a multimethod assessment, highlighting the relevance of narrative performance-based assessment and emotion recognition task. Nevertheless, the presented approach revealed that failures in mentalization are more difficult to assess.

Assessment of mentalization and qualities of parental mirroring: an empirical study with transgender people

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Abstract

Within an attachment and mentalizing perspective (Bateman & Fonagy, 2019), experiencing rejection during childhood might be considered an impactful risk factor to develop an insecure attachment and impairments in mentalizing. Early traumatic experiences may determine a greater likelihood of developing insecure attachments also in transgender population (Lingiardi et al., 2017; Vitelli & Riccardi, 2010). According to Lemma (2012, 2013), transgender people are exposed to critical situation due to their experience of gender incongruence, as well as their parents may present difficulties in mirroring the mental states of their children related to such incongruence. This might lead to an unbearable feeling of ‘not be seen’ that may contribute in developing problems in mentalizing. No previous studies have empirically assessed mentalization (i.e., reflective functioning; RF) in transgender people. The current study was aimed at assessing RF in a group of transgender people, relating RF to the participants’ attachment styles and deepening an aspect of the transgender phenomenology, i.e. the failure of being mirrored by the attachment figures. Twenty-eight Adult Attachment Interviews (AAI) previously coded with regard to the attachment styles were analyzed through the Reflective Functioning Scale. Furthermore, a qualitative analysis of the AAIs was performed in order to identify different qualities of the mirroring process. Findings showed that most sample presented a Low RF (67.9%) and that securely attachment individuals showed a higher RF. Furthermore, three different qualities of mirroring emerged: suppressing, avoiding, and pretending the gender incongruity. Overall, three RF developmental trajectories emerged, based on the attachment security, the ‘selectivity’ of the mirroring process, the one or both parents’ mirroring abilities, and the presence of significant others. Theoretical, clinical, and methodological implications of these findings are discussed.

An empirical investigation on mentalizing patterns in patients with eating disorders

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Abstract

In recent years, some authors have suggested how mentalizing impairments may be crucial in the understanding of eating disorders (EDs) (see e.g. Skårderud, 2007) and mentalization based treatment for eating disorders has been developed (Robinson, Skårderud, & Sommerfeldt, 2018) with interesting results. However, the specific relationship between mentalizing impairments and EDs has not yet been empirically clarified. Aims: The aim of this work is to investigate the relationship between mentalization and EDs in order to identify specific patterns of mentalization in patients with EDs. Methodology: We contacted by e-mail a random sample of clinicians (N=900) and asked them to rate a patient who was at least 18 years old, has had no psychotic disorder or psychotic symptoms in the last six months, had had with the selected clinician at least six sessions, and had a DSM-5 diagnosis of ED. The final sample was composed by 105 therapeutic dyads. Measures: Clinicians were asked to fill out measures that included: Clinical Data Form to have data on themselves, their patients and therapies; Personality Disorders Checklist to have data on patients personality pathology; Mentalization Imbalances Scale for the assessment of mentalizing imbalances; Modes of Mentalization Scale for the assessment of pre-mentalizing modalities of thought. After agreeing to participate to the study, patients were asked to fill out the following measures: Reflective Functioning Questionnaire; Difficulties in Emotion Regulation Scale; Basic Empathy Scale; Interpersonal Reactivity Index. Results: By applying a cluster analysis, we found different specific patterns of mentalizing impairments in patients with EDs, which were then related to the clinical features of the diseases. Clinical implications will be discussed.

Mentalization-based treatment for BPD at Camposampiero MHC: the unfolding project

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Abstract

This research presents preliminary results of 18 months of Mentalization-Based Treatment (MBT), 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=14). An anamnestic schedule was administered; then, symptoms (SCL-90-R), psycho-diagnostic scale

and global health functioning (HoNOS, SCID-II, GAF), data on service impact and service costs (CAQ, Patient Evaluation Schedule and folder data) were provided at the beginning (T0), at the end of the treatment (T2) and 1 year (FU1) after the end of the MBT project. Moreover, micro-analytical changes on a new therapeutic group of 5 patients every 3 months from T0 to T2 were presented considering specifically mentalization (MMS, PMS) and reflective functioning (RFQ) at T0, T1 (9 months) and T2. Aims and hypotheses of the MBT pointed to an improvement of the overall functioning of the patients, a reduction of the symptoms, an 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 of 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 in diagnostic criteria for BPD (SCID-II), the improvement of patients' relational skills, and a significant reduction in workload for health personnel. The present research demonstrates not only the feasibility of a MBT within an Italian public service but also the effectiveness of this treatment pathway for patients with BPD.

PSYCHOLOGICAL PROCESSES INVOLVED IN THE ONSET, MAINTENANCE AND TREATMENT OF ADDICTION: THEORETICAL CONSIDERATIONS BASED ON EMPIRICAL EVIDENCE

Proposer

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Discussant:

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Abstract

Several epidemiological studies have demonstrated that substance use disorders (SUDs) are the most prevalent mental disorders worldwide. Research also has documented that the incidence rate of SUDs is steadily growing in the last years. Furthermore, gambling disorder and other behavioral addictions (e.g., sex addiction, gaming disorder, internet addiction) have recently captured the attention of clinicians in the light of the increasing incidence of these conditions among clinical and nonclinical populations. Accordingly, research has empirically explored latent dimensions that might be shared by several substance-related and addictive disorders.

This interest is based on the need to clarify core mechanisms involved in the onset and maintenance of different addictive behaviors in order to develop effective treatments for these conditions. However, the evidence regarding such topics seems to be not conclusive. Therefore, the current symposia will aim at discussing a series of empirical studies concerning the evaluation of several psychological mechanisms involved in explaining clinical features of SUDs and other addictive behaviors. Specifically, the presentations will discuss the role of dysregulation of reward, emotional and behavioral systems on the onset and treatment of SUDs. Considering gambling and other addictive behaviors (e.g., sex addiction), the presentations will highlight the role of alexithymia and dissociative processes as relevant psychological mechanisms underlying the clinical manifestation of these conditions. In conclusion, the main purpose of the symposia will be the formulation of a model of addictive behaviors, which is strongly linked to scientific results, that could be a useful starting point to develop effective evidence-based treatments for several substance-related and addictive disorders.

Dysregulation of reward, emotional and behavioral systems as vulnerability factors for alcohol and other substance disorders

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Abstract

It is well-established that environmental, biological and psychological factors are involved in the onset, maintenance and co-occurrence of substance use disorders (SUDs). Considering psychobiological aspects, several authors have postulated at least three domains of dysfunction linked to core clinical features of SUDs, namely the dysregulation of reward, emotional and behavioral systems. The current presentation will aim at discussing the results of a series of studies among treatment-seeking individuals with alcohol use disorder (AUD) and other SUDs. Particularly, one study will investigate the hypothesis related to the role of reward systems dysregulation as a latent dimension shared by different substance-related, gambling and compulsive sex behaviors. One study will show the role of negative affectivity and disinhibition on the onset of AUD, as well as their implications in explaining the severity of concurrent SUDs. Two studies will sustain the relevance of self-regulation of attention and acceptance attitude linked to mindfulness in mediating the relationship between emotional dysregulation and clinical features of SUDs. This evidence suggests that the dysregulation of reward,

emotional and behavioral systems should be considered relevant vulnerability factors involved in the onset and co-occurrence of several substance-related and addictive disorders. Furthermore, the improvement of emotion regulation mechanisms, especially linked to mindfulness, could represent core therapeutic processes in the treatment of AUD and concurrent SUDs. These considerations support the conceptualization of addiction as a clinical condition characterized by stable and dynamic factors which interplay with each other in modeling the development, maintenance and treatment of this clinical condition.

The relationship between alexithymia and gambling problems: a systematic review

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Abstract

Introduction: Gambling problems impact 0.2%–4.0% of the population (Stucki & Rihs-Middel, 2007), and research related to this issue has burgeoned in the last decades (Petry et al., 2017). Alexithymia has been proposed as a personality trait related to the onset and maintenance of gambling problems (Bonnaire et al., 2017; Lumley & Roby, 1995; Noël et al., 2018). This presentation reviews empirical research on the association between alexithymia and gambling problems using Preferred Reporting Items for Systematic Reviews and Meta-Analyses Standards.

Methods: Medical, health and psychological literature databases including PubMed, Cochrane Database for Systematic Review, PsycINFO, Web of Science, Scopus were used, and the search included all publication years (till April 2019). The keywords used for the systematic search were *gambl** AND *alexithym**.

Results: Twenty articles were identified as eligible and relevant for the final qualitative synthesis. Consistent results were found on the direct pathway between involvement in gambling and alexithymia (Maniaci et al., 2015; Mitrovic & Brown, 2009; Toneatto et al., 2009). Parker and colleagues (2005) found that 22% of pathological gamblers could be considered as alexithymic. More recent studies have provided evidence for indirect pathways including affective, cognitive and other personality factors related with both these conditions (Di Trani et al., 2017; Maniaci et al., 2017; Noël et al., 2018).

Conclusions: Alexithymia may act as a risk factor in individuals overwhelmed by their sensations, using gambling to cope with distress conditions thus developing gambling problems to self-regulate disruptive emotions (Bonnaire et al., 2013). An increased understanding of etiological

and maintenance determinants of gambling problems will lead to better social and clinical interventions (Noël et al., 2018).

Toward a process-based approach to addictive behaviors

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Abstract

Introduction: Conceptualization of addictive behaviors and their psychopathological precursors and maintenance factors differ across theoretical models. We argue that a process-based approach to addictive behaviors may serve to resolve theoretical debates, as it allows clinicians to offer tailored and effective interventions for both substance and behavioral addictions. The aim of a process-based approach to addictive disorders is to promote knowledge of the processes that brought the individual to develop the disorder, and specific interventions targeting such processes to resolve the disorder.

Methods: We reviewed the findings of research using the Addictive Behavior Questionnaire (ABQ; Caretti et al., 2016, 2018), a measure for assessing different types of addictive disorders that is useful for planning process-based interventions, and other relevant findings on process-based research on addictive behaviors.

Results: Research confirms that approaching addictive behaviors from a process-based perspective is critical for both the assessment and treatment of people suffering from addictive disorders. Examples concerning how a process-based approach may inform treatment planning and clinical interventions concerning addictive behaviors will be illustrated.

Conclusions: An increasing need exists to develop tailored interventions targeting specific psychological processes that foster and maintain addictive behaviors in a given individual. Therefore, moving toward a process-based approach to addictive disorders may be critical to advance their understanding and treatment.

The adaptation of dialectical behavior therapy skills training as stand-alone treatment for alcohol and concurrent substance use disorders: the therapeutic role of emotion regulation

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Abstract

Dialectical Behavior Therapy (DBT) is an evidence-based psychological treatment developed to reduce maladaptive behaviors linked to emotional dysregulation, including substance use. Empirical research has demonstrated that the efficacy of DBT is related to the learning and practice of behavioral skills taught during the group part of the therapy, namely the DBT Skills Training (ST). Accordingly, the DBT-ST as stand-alone intervention has been adapted for the treatment of several clinical conditions characterized by high levels of emotional and behavioral dysregulation, such as alcohol and other substance use disorders (AUD and SUDs respectively). This presentation will aim at discussing results from a series of studies evaluating the feasibility of the DBT-ST for the treatment of AUD and concurrent SUDs. Particularly, two studies will show the mediating role of improvements in emotion regulation on abstinence maintenance and on the decrease of emotional suffering during a 3-month DBT-ST program for AUD and concurrent SUDs. One study will discuss how the improvement in emotional dysregulation during the DBT-ST is linked to the decrease of severity of clinical features characterizing AUD and concurrent SUDs. Furthermore, this study will also evaluate the mediating role of the learning and practice of DBT behavioral skills on the relationships between emotional dysregulation and severity of SUDs. In conclusion, emotion regulation should be considered a relevant therapeutic dimension in achieving primary clinical goals in the treatment of AUD and concurrent SUDs. The reinforcement of DBT behavioral skills might be a relevant therapeutic strategy in addressing the link existing between emotional dysregulation and maladaptive features characterizing SUDs.

NEW PERSPECTIVES OF PSYCHOLOGICAL ASSESSMENT AND INTERVENTION IN CHRONIC MEDICAL CONDITIONS: A MULTI-METHOD APPROACH IN PRIMARY HEALTH SETTINGS

Proposer

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Discussant:

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Abstract

Since the 1970s, advances in psychological and medical research have incorporated the biopsychosocial model which emphasizes how people's perception of health and illness and

attendant health care approaches, involve a complex interplay of different biological, behavioural and psychological factors. Moreover, the paradigm has become increasingly universal and has been endorsed by World Health Organization, which acknowledges the biological aspects (e.g. genetical predisposition), behavioural components (e.g. lifestyle) and psychological functioning (e.g. anxiety, depression, personality) all play a role in people understanding of health and illness. The present panel will focus on assessment and intervention in primary health settings, highlighting new psychological perspectives through which the chronic medical patients could be assessed. Understanding the relation between psychological functioning and medial diseases, could be a first step to develop strategies to reduce the incidence of co-existing conditions and support those already living with mental illnesses and chronic physical conditions. Two paper will be focused on the importance of psychological assessment in children with cancer and obesity, one paper will present some data about the personality structure of adults with fibromyalgia and rheumatoid arthritis. The last one will propose an intervention approach in primary care settings.

Assessment of pretend play, drawing and their parents impact on disease in a group of children with cancer

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Abstract

Introduction: Many studies showed that a diagnosis of pediatric cancer had a great psychosocial impact on the patients, their healthy siblings and parents. This descriptive study aimed to investigate some aspects of the psychological functioning in children with cancer.

Method: 51 children with cancer and their parents were recruited (25 females and 26 males, mean age= 8.16yrs, age range=4-11 yrs, SD=1.90). The control group was composed of 26 healthy children (18 females and 8 males; mean age = 7.85, SD=0.37). Children of both groups completed the Human Figure Drawing Test (Koppitz, 1949) and the Affect in Play Scale – Brief Version (Russ, 2004). Parents completed the Disease Impact On Caregiver Questionnaire (Tiozzo, 2013).

Results: The experimental group expressed more negative emotional experiences both in drawings and in pretend play, compared with the control group. In fact, the drawings made by children with cancer are significantly less detailed than those made by healthy children;

furthermore, in the APS, the negative affect themes' score is higher in the experimental sample than in the control group. Further evidence in support of the idea that ill children experience more negative feelings came from the statistical correlation between the variables of APS-BR and the variable of the Human Figure Drawing Test. DIOC showed specific parents areas of cancer impact.

Conclusions: Strengths and difficulties of the clinical sample were highlighted. Implications of the use of these measures in primary care settings with children were discussed.

Weight-related teasing and psychological well-being in childhood obesity: preliminary data

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Abstract

Children and adolescents with obesity are often teased for their weight status by peer and family members (Eisenberg et al., 2003). In the last ten years the research about childhood obesity focused on the relationship among weight status, weight-related teasing (Bacchini et al., 2015) and their role on psychological maladjustment and poor well-being (Pryor et al., 2016). Most of the studies have focused on adolescents, only a few on children and specific clinical population.

The aim of this study was to explore the link between the perceptions of peer and siblings teasing, internalizing symptoms and different emotional, social and family well-being in children and adolescents outpatients with obesity.

The group included 44 obese patients (22 children and 22 adolescents; Mage=11.19, Sd=2.82; MBmi Zscore=2.29, Sd=0.63) recruited at the Lifestyle Institute of the University of Perugia (CURIAMO). Participants filled in validated self-report measure to assess perception of teasing (POTS), anxiety (SCAS), depression (CDI) and perception of psychological well-being (KINDL). Analysis of Variance showed no differences between children and adolescents in the selected variables. Significant Pearson's correlations among perception of peer weight-related teasing, anxiety and depression symptoms and psychological well-being emerged. In particular the perception of teasing was related to family well-being ($r = -.355$; $p < .05$), depressive ($r = .450$; $p < .01$) and anxiety ($r = .417$; $p < .01$) symptoms.

The present findings highlighted the importance to consider children and adolescents' perception of weight-related teasing during the assessment phase in order to increase the well-

being and plan a more adequate clinical intervention for obese patients. Future studies should collect longitudinal data and develop a more complex model on the role of weight-related teasing and psychological adjustment. Moreover, the family climate may be considered as a meaningful variable.

Patients with fibromyalgia and rheumatoid arthritis: similar physical symptoms but different personality features?

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Abstract

Fibromyalgia syndrome (FMS) is a chronic disorder of unknown etiology (Bellato et al., 2012; Stisi et al., 2008), characterized by widespread and abnormal pain, difficulties in information processing, sleep disturbance, diffuse tenderness, and fatigue (ACR; Wolfe et al., 1990, 2010). Rheumatoid arthritis (RA) and FMS are two different conditions with similar symptoms but, contrary to rheumatoid arthritis condition, FMS does not consist in an inflammatory disease. Previous empirical studies evaluated personality of FMS patients by using self-report inventories (Vural et al., 2014; Anderberg et al., 1999): however, one limitation of using self-report tests is that they focus on patients' perception of their symptomatology and do not investigate psychological characteristics that may not be consciously recognized by themselves. In the current study we compared 35 women with FMS ranging in age from 19 to 68 years ($M = 56.80$; $SD = 8.60$) and 35 women with RA ranging in age from 24 to 70 years ($M = 56.74$; $SD = 9.92$) by using the Rorschach Performance Assessment System (R-PAS; Meyer et al., 2011). R-PAS is an evidence-based method to assess implicit features and to permit standardized in vivo coding perception, information processing and thinking, and representation of self and others. When compared to RA individuals, FMS patients exhibit more processing and perceptual distortions, as well as deficiencies in coping and affect integration; they tend to inhibit the expression of their own spontaneous emotional reactions and to cognitively control emotions in order to avoid their negative impact. FMS patients seems to be characterized by high levels of anxiety and dysphoria when compared to both RA and normative data. Given that FMS is often diagnosed in individuals carrying multiple diagnoses, our findings may provide important suggestions in orienting FMS patients to the appropriate treatment approach.

Treatment planning of chronic conditions in primary care: a multi-method assessment approach

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Abstract

Background: Treatments in primary care settings need to combine efficacy with brevity and inexpensiveness (Allen & Dalton, 2011). This is true especially for all of the diseases characterized by a chronic trend, with a high financial impact on the National Health Service. The aim of this study was to combine data coming from self-reports, performance-based tests and clinical interviews, collected in the last 10 years, to better understand the mental functioning of patients affected by medical complications, like binge eating disorder, obesity, type 2 diabetes, etc. in order to improve the maintenance of treatment results.

Methods: We compared different kinds of assessment approaches we have been using with patients, investigating the strength and weakness points of this data on the group treatment planning we have been providing to patients in the hospital during these years.

Results: Combining data with clinical observations, our results suggested that each of different tool provides useful information on treatment planning, but a multimethod assessment is essential to understand patients' mental functioning and the specific role played by different chronic conditions. To this, our experience underlines that a multimethod assessment is essential for treatment planning, and that different pathologies require different approaches and durations.

Conclusion: Despite the difficult to conduct a good assessment in primary care, a first investment in terms of time, money and resources of the Unit, is strongly suggests in order to create an effective treatment that will reduce the National costs related to chronic conditions.

VICTIMS AND PERPETRATORS OF INTIMATE PARTNER VIOLENCE. ASSESSMENT AND CLINICAL MANAGEMENT OF PSYCHOLOGICAL RISK FACTORS

Proposer

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Discussant:

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Abstract

Intimate partner violence (IPV) is one of the most common forms of violence against women and includes physical, sexual, and emotional abuse and controlling behaviours by an intimate partner (WHO, 2013). IPV is linked to both immediate and long-term health, social, and economic consequences. Factors at all levels — individual, relationship, community, and societal — contribute to IPV. Preventing IPV requires reaching a clear understanding of those factors, coordinating resources, and fostering and initiating change in individuals, families, and society. Several studies on IPV show the limits of prevention and treatment of women and perpetrators, and the need to investigate more thoroughly the strategies of mental functioning, which may represent risk factors and/or may contribute to create significant disorders and distress in different areas of life. Extensive research has documented the effects of attachment relationship in infancy, in particular research on abused and traumatized children has shown an unresolved attachment in adults. These researches are in agreement with other studies that have shown that survivors of abuse are at greater risk of mistreatment in adolescence and adulthood. Adolescents who have experienced violence in previous relationships may regard such behaviors as acceptable and allow such behaviors in future relationships (Gómez 2011). In this direction the panel proposes as a first contribution a reflection by Tognasso and Santona, on the relationship between romantic attachment and aggression in adolescence. Secondly, Ricci and colleagues explore a procedure to assess and manage the risk of violence of inmates convicted for crimes against women. Beomonte Zobel and Chirumbolo use meta-analytic procedures to examine the relationship between attachment and violence in intimate relationship. Finally, Condino and Giovanardi explore representations of childhood experiences and relationships with parental figures of women victims of IPV.

The mediating role of romantic attachment in the relationship between attachment to parents and aggression

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Abstract

Introduction: A secure attachment style could promote more intimacy in romantic relationships, while an insecure attachment style could be correlated with less positive romantic relationships

in adulthood. Numerous studies (Gallarin & Alonso-Arbiol, 2012; Karakurt, Keiley & Posada, 2013; Murray, Dwyer, Rubin, Knighton-Wisor & Booth-LaForce, 2014; Taubner, White, Zimmerman, Fonagy & Nolte, 2013) have noted that a secure attachment to parents was correlated with lower levels of aggression, whereas insecure attachments were associated with higher levels of aggression. We aimed to investigate the role of the attachment system as a mediator of the expression of aggressiveness during adolescence. Specifically, we considered that the attachment to parents and peers could influence one's attachment to a romantic partner.

Methods: We empirically tested whether there were relationships of parent and peer attachment on aggressiveness mediated by romantic attachment style. Participants of the study included 411 students attending different schools from Rome and Milan ($M = 16.85$; $SD = 1.41$).

Results: Results indicated that for males an insecure father-child attachment style seems to be associated with higher levels of anxiety and avoidance in romantic attachments and then with aggression. For females, an insecure mother-child attachment style seems to be associated with higher levels of aggressiveness. Overall, the attachment to parents and to peers plays a key role in defining the anxiety and avoidance dimensions of romantic attachment according to gender, and these dimensions in turn tend to affect the levels of aggression.

Limitations: Additional research with a larger sample size would enable a stratified analysis by class age as well as a deeper investigation of the differences in the factors considered in this study and other sociocultural aspects.

Conclusions: The attachment to parents and to peers plays a key role in defining romantic attachment according to gender, and these dimensions in turn tend to affect the levels of aggressiveness.

Intimate partner homicide and risk formulation: murderers' characteristics and motives

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Abstract

Introduction: The study was carried out in the framework of a collaboration between the Order of Psychologists of Lazio, the Department of Correction, and the Department of Dynamic and Clinical Psychology of "Sapienza" University. It was aimed at experimenting the HCR-20 v.3 procedure to assess and manage the risk of violence of inmates convicted for crimes against

women. The HCR-20 v.3 requires the coding of twenty risk factors (such as personality disorders, infant trauma/neglecting, antisocial behaviors, substance abuse, actual psychological conditions, etc.), to be combined through a Structured Professional Judgement procedure to form a psychological theory on the subject that would explain his violence and its management, defined as “risk formulation”. The present study concerns the results in terms of “risk formulation” pertaining to inmates convicted for the murder of their partner

Method: Thirty-nine partner murderers were administered a clinical-evaluative interview (on average 5 hours long) in order to code the HCR-20 v. 3 risk factors, included the diagnosis of psychopathy, obtained through the PCL-R. In addition, an analysis of Referential Activity was performed on interviews transcripts in order to evaluate subjects’ relational/symbolic skills. Subjects were finally administered the Rorschach test. Data were organized in order to provide a risk formulation for each subject, adopting a psychoanalytic theoretical framework

Results: Partner murderers share common features such as lack of relational/symbolic skills, but differ in terms of psychopathology, violent attitudes, motives for murder, cultural background, family relationships, traumatic experiences, substance abuse

Conclusions: Partner murderers cannot be conceived as a homogeneous group, especially in light of prevention and treatment. An in-depth individualized assessment is necessary to plan an adequate risk management, especially for those inmates suitable for a psychotherapy.

What about perpetrators? A meta-analysis on intimate partner violence and attachment

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Abstract

Intimate Partner Violence (IPV) is an important public health challenge. In recent years, there has been a greater awareness concerning this phenomenon, its causes and consequences. Due to the relational nature of IPV, attachment theory (Bowlby, 1988) appears a useful framework to read the phenomenon and to better understand its components and its dynamics to provide more precise and tailored interventions in the future. In 2018, we published a systematic review that considers the relationship between attachment and IPV, including both research that investigated both IPV perpetration and IPV victimization. Right after we performed a meta-analysis to investigate all the studies available that investigated the relationship between all forms of IPV perpetration and attachment, measured using the two orthogonal dimensions of anxiety and avoidance.

We updated the systematic research conducted according to PRISMA guidelines (Moher et al., 2009) presented in our review (Velotti et al., 2018).

To be included in our meta-analysis, the studies had to include a primary measure of the relationship between IPV and attachment, both assessed with validated scales. We used the outcome data from the main outcome measure of the relationship between IPV and attachment in estimation of effect size. Upon closer examination, there was consensus that 50 of those studies met the study inclusion criteria. The studies examined show a certain heterogeneity concerning the attachment dimensions related to IPV perpetration. Importantly, IPV is not a deterministic phenomenon and the complex and multidimensional relationships between an individual, her/his resources and the risk factors occurring at different steps of the relationship should be considered. So, additional research is needed to provide a greater understanding of different IPV forms and to aid in the development of prevention and treatment interventions.

“My mother was nothing to me”. A qualitative study of childhood memories, perceptions and experiences of women victims of intimate partner violence

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Abstract

Clinical research suggests that there is a relationship between victimization in childhood and victimisation in adulthood. Witnessing IPV between parents could be a risk factor for suffering from it in the next generation, since it would encourage tolerance of violence due to the learning process taking place during childhood. The intergenerational transmission of violence theory refers to the influence of the family environment on children who after being exposed to violence, learn to use it or tolerate it (Martínez, et al., 2014). Exposure to violence between parents and experience of child abuse therefore appears to be related to the subsequent perpetration of and victimisation from IPV.

The aim of the research is to explore thoughts and experiences about the models which characterize the representations of childhood experiences and relationships of women victims of IPV.

A semi-structured interview was constructed. The interview explored the history of women with regard the maternal and paternal representations, the role of childhood maltreatment and the relationship between childhood trauma and IPV. Interviews’ transcripts have been analysed with the method of Consensual Qualitative Research (CQR). 15 women victims of IPV were

interviewed. Several themes emerged, among those: descriptions of negative parental representations. Mother figures are represented as weak, rejecting, emotionally involved but not able to provide suitable emotional support. Paternal figures are represented as more neglectful than the maternal figures. The disciplinary aspects used in the family context are described as particularly hard and violent. It is also useful to reflect on the fact that the IPV sample is not characterized by events of premature loss or a high frequency of sexual abuse, confirming that a central aspect of victimization in adulthood is prolonged exposure to cumulative forms of maltreatment. Implications of findings for clinical assessment are discussed.

THE DOMAINS OF PROBLEMATIC INTERNET USE: NEW RESEARCH AND CLINICAL IMPLICATIONS

Proposer

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Discussant:

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Abstract

Recently, the growth in Internet-related activities has been paralleled by emerging concerns about Problematic Internet Use (PIU) in the general population. Social media use has become one of the most popular behaviors as well as PIU has become a global social issue.

The increasing interest in examining the psychological aspects of Internet use 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. Despite the great number of definition and measure for Internet misuse, the diagnosis of PIU does not appear in any official diagnostic system, and there are no widely accepted diagnostic criteria. Moreover, the hasty inclusion of Internet Gaming Disorder as a diagnosable condition has inflamed the debate about the existence of a real international consensus for assessing this condition (Schimmenti et al., 2014; Griffiths et al. 2016).

The risk of pathologizing very common behaviors and confusing the symptoms with the syndrome refers the need for a clearer and more careful identification of emerging problematic behaviors and mental health problems, if "new" mental illnesses are really appearing (Starcevic et al., 2018).

Moreover, the need for investigating psychological mechanisms underlying the development of problematic Internet-related behaviors, in addition to the psychopathological condition (eventually coexisting), is pressing researchers and clinical psychologists.

The topic will be discussed through four presentations, based on recent studies in different Italian contexts: Firenze (Casale & Fioravanti), Lecce (Ferrante et al), Palermo (Giardina et al), Napoli (Boursier & Gioia).

A metacognitive conceptualization of problematic social media use: preliminary empirical evidence

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Abstract

In recent years, a growing body of research has emphasized the mediating role of metacognitions in the relationship between negative emotions and addictive behaviors, including problematic social media use (PSMU; Spada et al., 2008). However, previous research has given attention to the role of: 1) general metacognitions (e.g. the need to control emotion and thinking) rather than considering specific metacognitions related to the object of the addictive behavior; 2) general emotion dysregulation rather than focusing on those specific negative emotions which has been shown to be associated to PSMU (e.g., the fear of missing out, FoMo).

The first study hypothesized that specific positive metacognitions about social media (e.g., the belief that social media are useful in regulating emotions) mediate the association between general emotional dysregulation and PSMU. 293 undergraduates (male 48.4%; mean age=21.73±2.17) were recruited and administered well-known self-reports. The assessed structural model produced adequate fit to the data ($\chi^2 = 203.76$; $df = 81$; $p < .001$; $RMSEA[90\% CI] = .07 [.06-.08]$; $CFI = .95$; $SRMR = .08$). A partial mediation model in which emotional dysregulation predicted PSMU levels both directly and through positive metacognitions was supported. The second study investigated the contribution of specific negative emotions associated with PSMU (e.g., FoMo) through specific positive metacognitions. A sample of 579 undergraduates was recruited (54.6% F; mean age=22.39±2.82). The assessed structural model produced good fit to the data [females: $\chi^2 = 101.11$, $df = 52$, $p < .001$, $RMSEA[90\% CI] = .05 [.04-.07]$, $CFI = .98$,

SRMR=.05; males: $\chi^2=98.02$, $df=55$, $p<.001$; RMSEA[90% CI]=.05[.04-.07], CFI=.98, SRMR=.07]. FoMo predicted PSMU both directly and through expectancies relating to social media as a means of controlling FOMO.

Taken together, these results support conceptualization of PSMU involving cognitive-emotional regulation (Spada et al., 2015).

Combining socio-cultural and individual dimensions in the analysis of problematic internet use. An explorative study

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Abstract

The debate on how problematic internet use (PIU) can be conceptualized and explained is far from over. Scholars' opinions vary considerably regarding many different aspects of PIU, including whether and how psychosocial and cultural dimensions interact with individual vulnerability in increasing the likelihood of PIU. The present study starts by Caplan's conceptualization of PIU as a preference for online social interaction and a mood regulation strategy, which may result in difficulties in self-regulation and negative outcomes. At the same time, the study explores the role of the socio-cultural context in influencing cognitive and affective factors.

Measures of problematic internet use were administered along with measures aimed to detect symbolic universes by which the subjects interpret their micro and macro-social environment, negative affects, social anxiety, loneliness and social support, among 424 students from the 9th and 11th grade (age 13-19 year old) of public high schools in Southern Italy. Correlational Analyses have been performed to test relationships among the variables.

Adolescent with PIU show to express higher level of negative affects ($r=.37$; $p=.000$), social anxiety ($r=.31$; $p=.000$), and loneliness ($r=.28$; $p=.000$), and lower level of social support ($r=-.11$; $p=.015$). Furthermore, symbolic universes characterized by a negative and anomic view of the social environment show to be related to higher preference for online interactions ($r=-.13$; $p=.007$) and negative consequences ($r=.10$; $p=.034$) and to higher levels of negative affects, social anxiety, and loneliness ($r=-.21$; $r=-.18$; $r=-.34$; $p=.000$ respectively) and social malaise ($r=.53$; $p=.000$).

Findings support the idea that social-cultural factors might play a protective role on the individual vulnerability toward PIU. This points to the need for comprehensive programming

of prevention that addresses social and cultural influences in the young preference for online interactions.

The role of vulnerable narcissism on the association between emotion dysregulation, escapism and problematic gaming

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Abstract

Problematic gaming has been recently listed as a diagnosable condition in the International Classification of Diseases (ICD-11) generating numerous debates among scholars supporting or rejecting the clinical utility and validity of this classification. Viable alternative approaches to an addiction framework include “process-based” conceptualizations where specific and trans-diagnostic psychological processes underlying addiction-like symptoms are considered. In this vein, following a “compensatory perspective” research has consistently shown that the interaction between negative emotions and escapism motives plays a key role in problematic gaming, suggesting that using gaming as an escapism coping strategy is liable to result in harmful consequences. Although recent literature highlighted the importance of personality traits in understanding the onset and maintenance of problematic gaming, specific dysfunctional personality factors that frequently co-occur with emotion dysregulation have rarely been considered in relation to problematic gaming.

This study thus aimed at disentangling the relationships between problematic gaming, emotion dysregulation, escapism, and narcissistic personality traits (Vulnerable and Grandiose).

In a sample of 405 World of Warcraft players, we tested a multiple mediation model in which the relationship between vulnerable/grandiose narcissism and problematic gaming was mediated by emotion dysregulation and escapism. Results showed that the model for vulnerable (but not grandiose) narcissism fitted the data very well. This study adds novel insight to our understanding of the mechanisms that support problematic gaming, suggesting that the emotion dysregulation-escapism connection can be boosted by the presence of vulnerable narcissistic traits. Consequently, clinicians should consider the relevance of vulnerable narcissistic personality traits in patients who display problematic engagement with online games.

The predicting role of body shame and body control beliefs on teens' problematic social network sites use

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Abstract

In the last few years, teens' social network sites (SNSs) use has dramatically increased, facilitating interactions with friends (Valkenburg & Piotrowski, 2017) and feeding the adolescent's need for comparison and approval through images sharing (Mascheroni et al., 2015). Therefore, recent increasing studies are investigating the relation among online self-presentation, body concerns (i.e 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). Indeed, nowadays SNSs users receive body image-related contents and often are active contents creators (de Vries & Peter, 2013; Cohen et al., 2018). In this regard, on the one hand studies highlighted the association between social networking (mis)use and body image concerns (Holland & Tiggemann, 2016; Bianchi et al., 2017; Franchina & Lo Coco, 2018), and, on the other hand, believing people can control their appearance seems to enhance psychological and physical well-being and to relieve body-related stressful situations (McKinley & Hyde, 1996; Sicilia et al., 2019).

This study aimed at exploring the predictive role of body image-related issues (body control beliefs (BCB), body shame (BS), and BIC in photos) on problematic social network sites use (PSNSU). We involved 693 adolescents (55% females; mean age=16,1±1.597) and we tested two mediation models in which BIC in photos mediated the relationships between BS and PSNSU (Model 1) and between BCB and PSNSU (Model 2). Both models produced a good fit to the data. Model 1 showed the predictive role of BS on PSNSU through the control on portraited body image. Differently, in Model 2, BCB negatively predicted PSNSU both directly and through BIC in photos, hypothesizing the possible protective role of BCB. This study demonstrates the complex role of adolescents' bodies in SNS use and it contributes to the ongoing scientific and clinical debate on the online self-image sharing.

BINGE EATING'S RISK FACTORS AND BINGE EATING AS RISK FACTOR: RESEARCH AND CLINICAL PERSPECTIVES

Proposer

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Discussant:

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Abstract

Binge-eating disorder (BED), which was recognized in the 5th edition of the Diagnostic and Statistical manual of mental disorders (DSM-5, 2013), is one of the most common chronic illnesses among people, mostly females, from Western countries and the prevalence has been increasing, surpassing that of anorexia nervosa and bulimia nervosa, especially if sub-threshold symptoms are included (Kessler et al., 2013; Myers & Wiman, 2014; Preti et al., 2009). Although recently a growing research and clinical literature on BED emerged (Ballarotto et al., 2017; Marzilli, Cerniglia & Cimino, 2018; Winn et al., 2016), some issues seem still unexplored, such as the relational risk factors for BED in non-clinical population and the BED as risk factor itself with respect to the treatments' impact on clinical population, mostly consisted of obese patients. This symposium aims to offer a modest contribution to deepen these issues. The first study (Laghi, Bianchi, Pompili, Lonigro, Baiocco) investigates the moderating role of family functioning variables in the relationship between binge eating and binge drinking in a large non-clinical sample of adolescents. The second study (Pace, Parolin Laura, Santona, De Carli, Muzi Stefania, Tognasso) compare attachment representations, using a semi-structured interview, among community female adolescents, previously screened as at risk or not for binge eating symptoms. The third study (Brugnera, Brusadelli, Compare) presents a systematic review of the international literature, published from 1980 to 2018, which was focused on the associations between pre-operative psychological factors, such as binge eating, anxiety or depressive symptoms, and post-treatment weight loss after bariatric surgery of obese patients. Finally, the last study (Buratta, Pazzagli, Pippi, Mazzeschi) compares the effects of a Lifestyle Intervention, which includes physical activity, nutrition and psychological interventions, for obesity in patients with and without BED.

Family functioning underpinning the co-occurrence of binge drinking and binge eating during adolescence

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Abstract

A "binge" episode is an uncontrolled, excessive or compulsive eating or drinking behavior. Recent studies shed light on the frequent co-occurrence of binge eating and binge drinking,

which showed similar patterns during adolescence (Ferriter & Ray, 2011). Despite the evidence of family dysfunctions in binge eating (McDermott et al. 2002), only few studies explored family styles in binge drinking adolescents (Laghi, Lonigro, et al., 2012). There is still no research about the family functioning underlying the co-occurrence of binge eating and binge drinking. The present study investigates the moderating role of family functioning variables in the relationship between binge drinking and binge eating. A self-report survey was administered to a non-clinical sample of 1020 Italian adolescents ($M=17.90$; $SD=1.09$; age range: 16-22; 507 girls). The FACES-IV-R (Olson, 2011; Italian validation by Baiocco et al., 2013) evaluated the dimensions of family functioning; the BES (Gormally et al., 1982; Italian version by Di Paola et al., 2010) assessed binge eating behaviors. Binge drinking was measured by one single item, in line with previous studies (Pompili & Laghi et al., 2018). Results of the moderation regression analysis detected two significant interaction effects between family flexibility and binge drinking ($\beta = -.13$, $SE = .06$, $p = .01$), and chaotic style and binge drinking ($\beta = .07$, $SE = .05$, $p = .03$), on binge eating scores. Specifically, binge drinking positively predicted binge eating at low levels of family flexibility ($\beta = .22$, $p < .001$), but not at high levels ($\beta = -.02$, $p = .68$). Similarly, binge drinking positively predicted binge eating at high levels of chaotic style ($\beta = .18$, $p < .001$), but not at low levels ($\beta = .02$, $p = .61$). Thus, family flexibility appeared to be a protective factor in the relationship between binge drinking and binge eating, whilst chaotic style was a risk factor. These findings have implications for research, prevention and clinicians.

Attachment representations in community girls at risk of binge eating

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Abstract

Binge-eating disorder (BED) is the prevalent form of Eating Disorder (ED)s among community female adolescents, surpassing both Anorexia and Bulimia Nervosa (Marzilli, Cerniglia & Cimino, 2018). Despite a number of studies investigating the relationships between EDs and attachment in clinical teenager population (Gander, Sevecke & Buchheim, 2015; Pace, Guiducci & Cavanna, 2016, 2017), few studies have deepened specifically the link between the risk for binge-eating symptoms and attachment in normative adolescents, usually using self-reports (Laghi et al., 2012). Therefore, the aim of our study was to compare attachment representations among community female adolescents at risk or not for binge eating symptoms

using a semi-structured interview. Participants were 109 girls (aged 14-19y, $M=16.47$, $SD = 1.3$) recruited in public high schools: 56 were resulted at-risk for binge-eating (BE group) and 53 were not-at-risk for BE (NBE group) through the Binge Eating Scale (BES; Gormally et al., 1982). All the participants were assessed through the Friends and Family Interview (FFI, Steele & Steele, 2005), a semi-structured interview to assess adolescents' attachment representations as Secure (S), Dismissing (Ds), Preoccupied (P), Disorganized (D), both in terms of classifications and scales. The FFI classifications were 27 S (48%), 12 Ds (21%), 16 P (29%) and one D (2%) in the BE group, while they were 39 S (74%), eight Ds (15%) and six P (11%) with no D in the NBE group, revealing more insecure classifications, specifically Preoccupied ones, among girls at risk for BE compared with their control peers ($\chi^2 = 8.451$, $df = 3$, $p = .038$), as well as significantly higher scores on Preoccupied scale (BE: $M = 2.11$, $DS = .86$, NBE: $M = 1.57$, $DS = .73$, $t = 3.532$, $p = .001$). The attachment patterns showed by the community girls at-risk for BE were consistent with those found in literature on bulimia, more than in anorexia. Authors discussed clinical implications and future directions.

Bariatric surgery and predictive psychological factors: state of art

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Abstract

Introduction: Obesity is a worldwide public-health problem, associated with increasing incidence and prevalence and poor health outcomes. Bariatric surgery has proven to be one of the most effective treatments for morbid obesity. For example, recent long-term studies provided evidence of a significant weight loss, a decreased risk of developing new health-related comorbidities and reduced hospitalization among bariatric surgery patients. However, some individuals experience worse long-term outcomes, re-gaining part of their weight lost few years after surgery. Several lines of evidence suggest that few pre-operative psychological factors (e.g., levels of anxious, depressive or binge eating symptoms) could predict these outcomes. The aim of this study was to provide a systematic review of literature on pre-operative psychological factors and their association with worse outcomes among bariatric surgery patients.

Methods: We performed a systematic search for quantitative studies on SCOPUS, MEDLINE and PsychINFO databases in accordance with PRISMA principles. We included all studies

from 1980 to the present which provided associations between pre-surgery measures of psychological factors and post-surgery weight-loss outcomes.

Results: Preliminary data suggest that higher levels of anxious and/or depressive symptoms, as well as the presence of a (current) diagnosis of anxiety, mood and binge eating disorders are associated with a higher risk of gaining weight post-surgery.

Conclusions: This research provides recommendations for future guidelines on bariatric surgery, including the need to standardize outcomes measures. Indeed, studies on this topic are not only limited but, in most of the cases, methodologically heterogeneous. Additional research on the effect of psychological states and traits on bariatric surgery outcomes is warranted.

Does the presence of bed predict attrition in an obesity lifestyle intervention? Preliminary data

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Abstract

Many patients with obesity present concurrently the Binge Eating Disorder (BED)(Simon et al., 2006). Several studies showed the effect of lifestyle intervention in weight loss and improve of mood and quality of life of patients with obesity (Mazzeschi et al., 2012), while there is scarce knowledge about effects of lifestyle interventions in patients with BED (Mama et al., 2015).

The aim of this study was to compare the effects of a Lifestyle Intervention for obesity in patients with and without BED

The sample composed by 100 obesity patients (BMI >30 kg/m²; 70% females; Mn age =50,57, Sd = 12,06) participated in a multidisciplinary lifestyle program at the Lifestyle Institute of the University of Perugia (CURIAMO), which includes physical activity, nutrition and psychological interventions. The 50% of these patients had BED. Repeated measure analysis of variance was performed on 3-month follow-up data for BMI, psychological symptomatology and psychological dimension of quality of life assessed using validated self-report measures (SCL-90; CES-D; EDI-3; BES; SF-36) to determine the effects of time, of the two groups (BED/NO BED) and their interaction.

At the baseline patients with BED referred higher level of BMI, depression, general and binge eating symptomatology and lower level of psychological well-being than patients without BED (Wilks' $\lambda = .251$, $F(7,78) = 33,18$, $p < .001$, $\eta^2 = .749$). Data showed a significant improvement between pre and post intervention for all analysed variables in both group; only for general

(Wilks' $\lambda = .933$, $F(1,63) = 4,61$, $p < .05$) and binge eating symptomatology (Wilks' $\lambda = .481$, $F(1,63) = 68,96$, $p < .001$) a greater decrease in the BED group than in NO BED group emerged.

Lifestyle program resulted to be helpful for both persons with obesity with and without BED. The presence of BED seems not to predict attrition with the lifestyle intervention, but follow-up data are needed.

THE IMPACT OF CHRONIC DISEASES ON PATIENTS, FAMILIES AND THE HEALTH CARE SYSTEM

Proposer

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Abstract

Effective and efficient long-term management of chronic diseases and multimorbidity is one of the greatest health-related challenge facing patients, families, and the health care system. The present symposium focuses on the latest trends in research in clinical psychology concerning chronic diseases and their impact.

Patron and colleagues report on two studies examining the role of biomedical and psychological factors in predicting behavioural functional capacity and health-related quality of life (HRQoL) in patients with cardiovascular diseases (CVD). The first study assesses the relationship between depressive symptoms, functional capacity and HRQoL in congestive heart failure patients while the second investigates the association between depressive symptoms, biomedical risks and HRQoL in CVD patients after cardiac surgery.

Respiratory diseases pose a large health burden across health systems and consistently rank among the most fatal diseases in developed countries. Maiella and colleagues present a research highlighting the mediation role of psychosocial variables - i.e., personality traits, illness perception, poor marital status and socioeconomic status - in the link between chronic respiratory diseases and psychological distress.

The contribution by Castelnuovo and colleagues describes the SENIOR project whose overall aim is the development of a new system of nudge theory targeting older adults with mild cognitive impairment. The system intends to preserve healthy conditions and social well-being of senior citizens as well as the relationship with their caregivers.

Tossani and colleagues discuss the findings of a study on the psychosocial adjustment and needs of children and adolescents who had a parent leaving with a chronic illness compared to children of healthy parents.

All the contributions underline the possible clinical implications of their findings and future research perspectives on the impact of chronic diseases are discussed.

Affect, quality of life and behavioral functions in patients with cardiovascular diseases

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Abstract

Improvement in pharmacological treatment and advances in cardiac surgery procedures have reduced major complication and mortality and provided longer life expectancy in patients with cardiovascular diseases (CVD). However, the interactive role of biomedical and psychological factors in predicting behavioural functional capacity and quality of life have been underestimated in CVD patients. A growing consensus finds it critical to include not just survival, as a major outcome, but also affective status, behavioural functional capacity and health-related quality of life.

The studies included in this presentation have been conducted in collaboration with the San Giacomo Hospital (Monopoli, Italy) and the Motta di Livenza Hospital (Treviso, Italy) to examine: (1) the relationship between somatic-affective depressive symptoms (Beck Depression Inventory, BDI-II), functional capacity (Instrumental Activities of Daily Living, IADL) and quality of life (Minnesota Living with Heart Failure Questionnaire, MLHFQ) in congestive heart failure (CHF) patients; (2) the association between depressive symptoms, biomedical risk and health-related quality of life (HRQoL; 12-item Short-Form Health Survey, SF-12) in CVD patients at 3 months and 1 year after cardiac surgery.

Results showed that CHF patients with somatic-affective depressive symptoms showed reduced behavioural functional capacity and poor HRQoL. Depressive symptoms were

associated with poor physical and mental components of HRQoL in CVD patients 1 year after cardiac surgery.

Taken together, our findings confirmed that affective factors influence the behavioural functional capacity and HRQoL, even in the long run, in a variety of CVD conditions. They also suggest that comprehensive clinical evaluations including both biomedical and affective factors are essential to improve the predictability of behavioural functional capacity and HRQoL in CVD patients.

Recent advances on the association between chronic respiratory diseases and psychological distress

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Abstract

Introduction: Research has consistently demonstrated the link between respiratory health and psychological distress. Chronic respiratory diseases (CRDs) including chronic obstructive pulmonary disease (COPD), asthma, and chronic rhinitis have significant impacts on psychological distress (Connolly et al., 2016; Galhenage et al., 2018).

Method: Using Scopus, Psycinfo and Google Scholar databases, a review of current research on the mediation role of psycho-social variables in the relationship between chronic respiratory diseases and psychological distress has been conducted.

Results: Association between CRDs and psychological distress is bidirectional and multifactorial and includes physical, physiological and psychosocial factors, that were significantly related with depressive and anxiety symptoms (Zhou et al., 2017). Depressive symptoms occur in patients with asthma and are associated with impaired sleep quality and inadequate disease control (Lima Campos et al., 2017) as well as with hospital readmission in older adults with asthma and COPD (Connolly et al., 2016). Anxiety could be explained by sleep disturbances, increased daytime cough, and lower education level (Hua Gao et al., 2017). Patients with sinonasal symptoms demonstrate high prevalence and complex associations of general illness factors, psychological distress and certain personality traits. Emotional instability is more strongly associated with sinonasal symptoms burden than others (Kara et al., 2017).

Conclusion: Detecting the presence of anxiety and depression in patients with CRDs is becoming more and more important for clinicians. Assessment and treatment of anxiety and depression are important, as these common comorbidities can negatively impact treatment compliance, increasing the difficulty of controlling the lung disease.

The senior project: a system of nudge theory based ict applications for older citizens

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Abstract

The major aim of the SENIOR project (SystEm of Nudge theory based ICT applications for OldeR citizens) is the development and validation of a new Nudge theory based ICT coach system for monitoring, empowering and motivating senior citizens with Mild cognitive impairment (MCI) at a first stage, maintaining their independence and functional capacity, improving the health status, quality of life and social interactions and preserving their physical, cognitive, personal and social well-being.

SENIOR project will develop an advanced coach ICT system, collecting and integrating significant physiological, psychological and behavioral data in order to interact with elderly people and to provide them personalized advices, suggestions about diet, physical activity, risk avoidance, preventive measures, lifestyle and activity management, leisure, social participation and overall wellness according to a nudge theory approach.

The SENIOR virtual coach system will be a not invasive but disappearing technology and will assist senior citizens in a usable, ergonomic and efficient manner in order to preserve healthy conditions and social well-being as long as possible, also in relationship with caregivers.

Due to the interaction between engineers, IT professionals, physicians, psychologists, patients, caregivers and other stakeholders involved in the project, SENIOR will elaborate personalized intelligent algorithms allowing reasoning and autonomous learning-adaptation to personal needs, emotional and behavioral patterns, conditions and preferences and providing every-day and real-time solutions for coping with existing activities in a fast and efficient manner.

Examining the psychosocial needs and adjustment of children and adolescents of parents living with chronic illness

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Abstract

Many Aims: Up to 30% of children and adolescents grow up with a parent who is affected by a chronic illness (Hafting et al., 2019; Worsham et al., 1997). These offspring are particularly vulnerable to negative psychosocial outcomes (Sieh et al., 2012; Walczak et al., 2017). Therefore, this study examined the psychosocial adjustment and needs of children and adolescents who had a parent living with a chronic illness (n = 172, aged 11-24 years) compared to children of healthy parents (n = 172, aged 11-24 years). Parental chronic illnesses included cancer (35%), neurological diseases (18 %), diabetes type I and II (16%), rheumatic diseases (10%), mental illness (6%), cardiovascular diseases (5%), gastrointestinal and respiratory diseases (4%) and infectious diseases (3%).

Method: Participants filled self-report questionnaires regarding socio-demographic information, emotional and behavioral problems (Youth Self-Report; Achenbach, 2001), chronic stress (Chronic Stress Questionnaire for Children and Adolescents; de Bruin et. al, 2017), health-related quality of life (Kidscreen-27; Ravens-Sieberer et al., 2007) and unmet needs of offspring related to parental illness (Offspring Chronic Illness Needs Instrument; Nicholls et al., 2017).

Results: Compared to children and adolescents of healthy parents, offspring who had a parent with a chronic illness had significantly higher levels of internalizing problems ($F = 9.32$; $p < .01$) and chronic stress ($F = 5.83$; $p < .05$) and lower levels of health-related quality of life ($F = 4.20$; $p < .05$). The most commonly reported needs concerned information about parental illness, support from friends and family issues. Predictive modelling indicated that higher levels of unmet needs were related with increased distress ($\beta = .32$; $p < .05$).

Conclusion: This study provided insight on offspring's psychosocial adjustment of parents with chronic illness in order to ultimately develop tailored prevention programs that promote family resilience.

FRONTIERS IN CLINICAL PSYCHO-SEXOLOGY

Proposer

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Discussant:

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Abstract

The Clinical Psycho-Sexology is a complex and constantly evolving field. New pharmacological approaches and ongoing socio-cultural revolutions are rapidly changing the way we approach sexuality, facing interesting new phenomena, but also new risks. Specifically for this symposium, 4 topics were selected to give an overview of some novel branches of research and application in this field.

The first intervention concerns the use of dating app by transsexual and gender non-conforming people, deepening some of the problems that this population normally face when they try to engage in new relationships or sex-mates. Previous research has widely focused on heterosexual and gay people and the potential risk factors associated with the diffusion of dating apps, such as violence and STIs.

The second presentation concerns the chemsex phenomenon, which represent a peculiar pattern of use of psychoactive substances among Men who have Sex with Men (MSM) population, with peculiar characteristics from other addictions. Chemsex has given rise to a rapid increase in transdisciplinary attention due to the related public health risks (addiction, overdose, sexually transmitted infections, mental health problems and sexual assaults) and the necessity to create new effective harm reduction strategies.

The third speech is about the importance of considering sexual pleasure and its role in improving dyadic intimacy and relationship. In the past, sexual function and dysfunctions were used as parameters of sexual satisfaction inside the couple. But the pleasure is much more than a healthy function, and the literature is still lacking and controversial on this topic.

The fourth speaker will address the state of the art around the Hypersexuality, which has a nosographic controversial history, but the requests to clinician on this topic are consistently raising, especially from men. Associated factors, current studies and clinical application will be discussed during the presentation.

The use of dating app in the transgender and gender variant population: motivation and experiences

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Abstract

Recently, researchers' attention has focused on dating applications (apps) that incorporate the geolocation function and, in particular, their use by sexual minorities. The available literature, however, has mainly focused on the gay population, almost completely neglecting other

minorities, especially the transgender one. Furthermore, the available studies have mainly focused on the medical aspects and the negative consequences that the use of these apps may entail. This study aims to explore the motivations and experiences of transgender people using dating apps. Individual qualitative interviews, which consists of asking a series of questions on a specific topic, with the advantage of allowing a considerable deepening, were assessed. At the moment, 10 interviews have been conducted with adults who identify themselves as transgender or gender-variant, recruited through posts published on Facebook pages with a trans and LGBT theme and through the involvement of LGBT associations in Milan and Lombardy. Participants report experiences of discrimination in the form of verbal attacks addressed to them as trans people (both when they use apps for gay and lesbian users and apps for cisgender users) with a very high frequency. Micro-aggression experiences are also very common in the form of inappropriate curiosity, fetishization and hypersexualization. Although most of the respondents openly declare their trans identity in their profile, in their interactions and in contacts with other users, they reveal a total lack of information on the subject and the tendency to rely mostly on stereotypes and prejudices.

Chemsex: sexualised drug taking among men who have sex with men (MSM)

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Abstract

Chemsex is a novel phenomenon referred to drug consumption during sexual events to facilitate, enhance and prolong the experience. Drugs associated with chemsex are usually (but not exclusively) methamphetamine, GHB/GBL and mephedrone. This phenomenon is alarming among Men who have Sex with Men (MSM), who are about three times more prone to illicit substances use than other men. Chemsex represents a specific pattern of use of drugs with peculiar characteristics from other addictions, although some studies highlighted an association with polyaddictions (alcohol, internet, sex, pornography, etc.). Since 2012, chemsex quickly became identified in big cities and sex-on-premise venues with a substantial incidence (prevalence of 3.6–93.7% among cohort and cross-sectional studies). Chemsex has given rise to a rapid increase in transdisciplinary attention due to the related public health risks (addiction, overdose, sexually transmitted infections, mental health problems and sexual assaults). To date, in Italy there are no specific services for people who engage in chemsex and regular addiction

services are not able to face the emergency due to a lack of knowledge, effective strategies, and negative social attitudes towards the LGBTQI+ population. Given the lack of data at a regional level (Italy), the present study aims to investigate the incidence and extent of chemsex (with particular regard to diffusion, contexts and patterns of use) and the role of associated psycho-sexological factors (psychological and emotional status, sexual functioning, HIV stigma, religious stigma, and internalized/societal homophobia). Pilot results of a web-survey and some in-depth qualitative interviews will be presented, discussing the implication for effective harm reduction programmes.

Sexual pleasure as an intimacy and relational aspect in the dyadic context: new research perspectives

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Abstract

Sexual pleasure is a fundamental aspect of sexual intercourse. In fact, it is strictly connected with a greater engagement in sexual activities. For many time, literature considered sexual pleasure as an aspect associated exclusively with the achievement of the orgasm. However, the orgasm represents only the physical result of it. Many other aspects are associated with pleasure, such as intimacy, and losing oneself. To provide the most possible recent overview on the studies on sexual pleasure, and on its role in improving dyadic intimacy and relationship. Vice versa, when dyadic sexual pleasure is absent, we aim to evaluate, based on literature evidence, the negative effects on the general and sexual well-being of the couple. When experienced in a couple, mutual sexual pleasure has the potential to improve couple psycho-sexological well-being, reinforcing intimacy and relationship between the partners. On the contrary, when sexual pleasure is absent, it may bring to a break of intimacy until the adoption of an avoidant sexual behavior. Clinicians may benefit from the assessment of sexual pleasure, in order to broaden relational factors connected with sexual dysfunctions. The evaluation of sexual pleasure represents a fundamental part of the sexual assessment. In considering the assessment of sexual pleasure, the clinician may improve the knowledge of the sexual problem in a dyadic perspective and may develop a tailored treatment based on the patient's and couple needs.

Hypersexuality: future directions for psychopathology and clinical sexology

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Abstract

Hypersexuality is officially considered a disease by World Health Organization (WHO), and it is classified as compulsive sexual behaviour disorder (CSBD) in the last version of International Classification of Diseases (ICD-11). However, a controversial nosographic is represented by the international psychiatric community, because the Diagnostic Manual of Statistical of Mental Disorder (DSM-5) does not include hypersexuality among mental disorders. From diagnostic point of view, therefore, we can classify the excess of sexual activities as a disease for ICD-11, but we have not any criteria in the DSM, despite some scientific proposals.

A possible solution to this mismatch we can find in the concept of dual diagnosis characterizing several addictive behaviors. Hypersexuality could be considered in comorbidity with other mental disorders as mood and psychotic disorders and some psychopathological perspectives can be apply to describe hypersexuality. This proposal aims to discuss the hypersexual behavior as a maladaptive coping strategy in response to other psychopathological conditions. In this regard, depression and death anxiety are the main negative feelings linked to a reactive hypersexuality. In this paradoxical vicious circle, the excess of sexual activities is mostly caused by Thanatos than Eros. The Freudian death instinct together to the compulsion to repeat generates, therefore, hypersexual behaviors in individuals with a major psychological suffering. At the light of these above-mentioned considerations, hypersexuality might be considered a mental disease conditioned by other major pathologies, and, therefore the concepts of dual diagnosis, primary diagnosis and differential diagnosis should be applied to hypersexual people. Finally, it is necessary an integration of sexological and psychopathological knowledges, aimed to a correct diagnostic process.

HUMANISATION OF MEDICINE: CHALLENGE OR OPPORTUNITY FOR CLINICAL PSYCHOLOGY?

Proposer

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Discussant:

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Abstract

The humanisation of medicine represents the theoretical framework of reference in which healthcare facilities and treatment programs must be re-examined. “To humanise” means not only to give importance to both the subjective and psychological dimensions of a patient, but also to include healthcare personnel, by paying particular attention to relational aspects of both illness and treatment. The need for humanization in healthcare settings has increased the presence of psychologists working inside hospitals; this in turn, has opened up new avenues for research and intervention. Thus, the medical field, which is in constant evolution, represents a setting where psychology challenges traditional clinical medicine and its ability to adapt to the new necessities of patients.

Some of the emerging themes in the overview of clinical health psychology include the integrated medical-psychological approach in cardiology and in cardiac surgery, genetic counselling or fertility preservation in cancer patients, and educating healthcare staff about health communication (with a particular focus on “difficult relationships”). Together, these areas represent fertile ground for psychological competences and research to be put into action within medical contexts.

Psychological distress and quality of life prior to cancer genetic testing for BRCA-1 and BRCA-2 mutations

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Abstract

Introduction: The Cancer Genetic Counseling (CGC) for BRCA1/2 mutations represents an important advancement in cancer care; it aims to provide patients with an assessment of their hereditary risk for breast and ovarian cancer and inform them of appropriate strategies to reduce the risk. The objective of the present research is to evaluate psychological distress and quality of life in a sample of women undergoing the pre-test phase of CGC and to identify women who are more vulnerable to poor psychological adjustment during genetic testing.

Methods: The study sample includes 181 women who accessed the CGC Clinic at the San Raffaele Hospital. Participants were divided into three subgroups on the basis of their health status: Affected patients, Ex-patients, and Unaffected women. Socio-demographic and clinical

characteristics were collected through a self-report questionnaire. The Global Severity Index (GSI) of the SCL-90 was used to measure psychological distress. Quality of life was assessed through the EORTC QLQ-C30.

Results: No group of participants presented clinically significant levels of psychological distress; Ex-patients reported higher scores in the GSI than Unaffected women ($p < 0.01$). Regarding quality of life, the sample showed an adequate state of well-being and functionality. Affected patients presented significantly lower scores in the Global health scale of the EORTC QLQ-C30 compared to participants without the disease ($p < 0.01$).

Conclusions: In line with previous literature, the results confirm that women usually report a good level of psychological adjustment to CGC. However, participants with a present or previous cancer diagnosis seem to be at higher risk for distress and poor quality of life. Therefore, clinicians should pay particular attention to these subgroups of women during the pre-test phase and implement interventions aimed at promoting a greater awareness about the nature and the consequences of cancer genetic testing.

Fertility preservation in women with cancer: psychological profile of patients who accessed an Oncofertility Unit

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Abstract

Introduction: The recent progress in the area of cancer treatments has resulted in an increase in survival rates. Thus, quality of life after disease has emerged as a key topic. Specifically, loss of fertility is an important aspect to be considered. The aim of this study is to investigate the personological profile of women who access the Oncofertility Unit of the San Raffaele Hospital after cancer diagnosis and before gonadotoxic treatment. Psychological consultation is performed prior to the medical evaluation, as an integrative part of the counselling for fertility preservation.

Methods: One hundred and one ($N=101$) patients took part in the study. Socio-demographic characteristics were collected through a self-report questionnaire. The Temperament and Character Inventory – Revised (TCI-R) and the Response Evaluation Measure 71 (REM-71) were administered to measure personality traits and defence mechanisms. Comparisons with reference values were performed with Wilcoxon's test and applying Bonferroni's correction.

Results: The age of the sample ranged from 18 to 42 years (mean=29.5). Regarding the TCI-R, we have considered the Harm Avoidance (HA), Persistence (P) and Self-Directedness (SD) subscales. The median value of the HA subscale was significantly lower than the normative data ($p < 0.001$), while the median values of both the P and SD subscales were significantly higher ($p < 0.001$ and $p = 0.003$, respectively). Regarding REM-71, patients reported a median score of 5.75 for Factor 2, significantly higher than the reference value ($p < 0.001$).

Conclusion: Women who accessed the Oncofertility Unit seemed to report an adaptive personological profile, and to use mature defence mechanisms more than the reference population. The reason may be that this personological profile could facilitate a better adjustment to disease, which involves the ability to solve specific cancer-related problems and face cancer-related life events, including possible future infertility.

Psychosocial aspects in patients referred to in-hospital cardiac rehabilitation after cardiac surgery

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Abstract

Introduction: Psychosocial variables play an important part in the development and prognosis of cardiac illness. Hospitalisation is often a critical period and it is therefore even more important to evaluate and monitor these aspects during this period.

Method: 236 cardiac patients (145 men, 91 women) admitted for cardiac surgery and attending a rehabilitation program, were evaluated by acquiring data about their psychological status, lifestyle, quality of life, health perception (EuroQoL), anxiety and depression (Hospital Anxiety and Depression Scale). Psycho-social variables have been correlated with anxiety and depression together with quality of life, health perception and adherence to the therapy in three phases: before surgery (t0), admittance in cardiac rehabilitation (t1) and discharge (t2).

Results: Average anxiety and depression levels were in the normal range all times. An improvement was observed in the average health perception (t0 64,39, t1 66,54 and t2 78,13/100).

Women develop more frequently anxiety in the pre-surgery phase ($p 0.008 < 0.01$). Anxiety ($p 0.006 < 0.05$) and depression levels ($p 0.001 < 0.01$) tend to decrease towards normal levels after the surgical phase. A solid relationship ($p 0.004 < 0.05$), social support ($p 0.000 < 0.0001$)

and quality of life ($p\ 0.000 < 0.0001$) represent protective factors towards anxiety and depression.

Conclusion: Due to the importance of social and emotional support, it would be advisable to collect more data in order to increase the effectiveness of the interventions for both the patients and their families.

Ten years of the Italian program to enhance relational and communication skills (PERCS): efficacy and future directions

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Abstract

Introduction: Communicating unexpected and bad news is a stressful yet unavoidable aspect of clinical practice. However, there is a lack of educational models to train clinicians for difficult conversations. The study aims to assess the efficacy of the Program to Enhance Relational and Communication Skills (PERCS) at 10 years since its inception in Italy.

Methods: PERCS is an educational model based on principles of experiential learning, developed at Children's Hospital Boston. PERCS has been offered as a continuing medical education program in 2 academic hospitals in Milan (in the public and private setting). PERCS workshops last 5 hours and enrol a maximum of 13-15 interdisciplinary participants across levels of experience. The workshops are geared around the simulation and debriefing of difficult conversations. Several types of workshops have been developed to address specific conversations such as communication of medical errors, communication in oncology, communication in intensive care etc. Before and after the workshops, participants rated their perceived preparation, communication and relational skills, confidence, and anxiety on 5-point Likert scales. Pre-post data were analyzed with paired sample t-tests.

Results: Between 2008 and 2018, 63 workshops have been offered, involving a total of 726 participants. Participants reported better preparation, confidence, communication and relational skills, and lower anxiety (for all dimensions, $p < 0.001$) after the workshops.

Conclusions: Data suggest the effectiveness of PERCS. Its innovative features concern: the integration between teaching specific skills and promoting relational attitudes; the learner-centered method and the experiential methodologies. Major challenges of PERCS, that should be addressed in future studies, relate to the assessment of actual behavioral change of participants and long-lasting effect of the program at follow-ups.

UNIVERSITY PSYCHOLOGICAL COUNSELING SERVICES AIMED AT YOUNG ADULTS BETWEEN PREVENTION AND INTERVENTION

Proposer

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Discussant:

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Abstract

In the last years university counselling services have become increasingly important on campuses throughout the world, with increasing requests for assistance in this specific population (Hunt & Eisenberg, 2010; Prince, 2015). Individuals at the stage of “emerging adulthood”, are transitioning between different developmental stages, adolescence and adulthood, with an “in-between” feeling, neither adolescent nor adult, (Arnett, 2005), while their personality is in consolidation (Hopwood et al., 2011). Various authors have pointed out that this stage (Grant & Potenza, 2010) is a turning point in the life cycle from the perspective of psychological wellbeing and the emergence of psychopathological problems (Schulenberg, Sameroff, & Cicchetti, 2004; Galambos & Krahn, 2008). It thus offers a significant opportunity to tackle mental health, also from the perspective of prevention with respect to subsequent life cycle stages.

The symposium will illustrate different models of university counselling interventions, analyzing their effectiveness and the profile of the students who use them. The contribution of Bani and colleagues investigates the specificity of the profile of the medical students of the University of Milano-Bicocca who benefit from counselling, highlighting their higher access rate in comparison with general university population. The contribution of Cerutti and colleagues illustrates the psychodynamic counselling model at the Sapienza University of Rome, highlighting its effectiveness with respect to different measures of psychopathological problems. The contribution of Ghisi and colleagues shows the effectiveness of a brief CB group intervention aimed at Padova University students in improving exam anxiety symptoms. The contribution of Riva Crugnola and colleagues illustrates the effectiveness of a psychodynamic counselling intervention at the University of Milano-Bicocca, considering as outcome psychopathological problems and life satisfaction.

Psychological counselling service for medical students: an increasing need

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Abstract

Mental health problems are common in college students (more than 30% of first-year students had a mental disorder; Alonso et al., 2018) and have an early onset that typically preceded the beginning of the academic experience and predicted a lower academic performance (Auerbach et al., 2016). However, mental health problems are often untreated, and the access rate to counselling services is generally low, ranging from 2% to 10%; previous research (Karp et al., 2018) have reported a higher access rate (16%) in a cohort of USA medical students.

As part of a wider in-progress longitudinal study, we assessed the access rate of three cohorts of Italian medical students (n=385) during the 6-years course. Then we compared the psychological symptoms reported at the beginning of the first year (assessed with SCL-90-R) with the symptomatology reported when they accessed the counselling service.

Nearly the 30% (n=104) of the first year medical students report a clinical level of psychological symptoms and their access rate along the six-year course was the 12% (n=45) in comparison with the 1% of access rate of the general university population. The majority of the students request a consultation between the third and the sixth year (70%), while only two students accessed the service during the first year. The severity of psychological symptoms of students accessing the counselling service is higher in comparison to other medical students yet at first year.

Medical students have a higher access rate to psychological counselling services and their psychological symptoms at first year are predictive of future access to the service. A tailored approach could be developed to recognize at-risk students and increase early access to counselling services.

A psychodynamic counselling intervention for university students seeking psychological help

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Abstract

Introduction: In recent years there has been a rise in the number of university students seeking psychological treatment for their mental health issues that have important implications for academic functioning. Psychodynamic counselling aims at promoting a process of self-reflection, self-discovery and meaning-making, focused on overcoming an ongoing crisis of students and their academic projects.

Method: The present study focused on outcomes of psychodynamic counselling providing information regarding an effective short-term treatment in university students needing psychological help at the Counselling Center of Sapienza, University of Rome. This service offers four counselling sessions and a later three-month follow-up session. A total of 105 subjects were involved in the present study. The sample was divided into two groups: students (N=66) who received intervention (Experimental Group) and those (N=39) waiting for intervention (Control Group). Before the first and after the fourth clinical session all participants completed the following measures: the WHO Disability Assessment Schedule 2.0 (WHODAS 2.0); the Outcome Questionnaire (OQ-45.2); the Symptom Checklist-90-R (SCL-90-R) and the Personality Inventory for DSM-5 Brief Form (PID-5-BF). The change following the intervention of psychodynamic counselling was assessed through the multivariate analysis of covariance for evaluating differences between the experimental and control groups on the outcomes' mean scores.

Results: As expected, results showed that some of SCL-90-R, OQ-45 and WHODAS subscales were significantly lower in the experimental group with respect to the control group.

Conclusions: Although findings highlighted the usefulness of psychodynamic counselling intervention, they should be considered preliminary because part of an ongoing research and needed to be confirmed.

Preliminary evidence about a group intervention addressing exam anxiety in Padova university students

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Abstract

The “Counseling and Psychotherapy - Psychological Assistance Service” (SAP-CP) of the Padova University provides services to all students experiencing personal difficulties, both in regard to their University career and any kind of distressing situation negatively affecting

student life. During the last five years, 1189 students entered psychological interventions and, recently, the number of users has considerably increased (e.g. 337 new users in 2017; increase percentage: 200%). The SAP-CP addresses problems related to the management of emotions and relationships, as well as problems that are strictly related to academic/study issues. Among the services provided is a 7-session cognitive-behavioral (CB) group intervention focused on the management of exam anxiety. The current presentation will illustrate preliminary findings about the effectiveness of this intervention.

Data from six editions (from 2013 to 2018) were analyzed; overall, 96 students (71.9% female) entered the intervention. Pre- and post-intervention, all participants completed the State Trait Anxiety Inventory-Form X (STAI-X; Spielberger, 1989) and the Beck Anxiety Inventory (BAI; Beck et al., 2006). Sessions included the following subjects: psycho-education about exam anxiety, stress-management techniques, such as progressive muscle relaxation and breathing exercises, cognitive restructuring, and problem-solving strategies.

Results showed that participants scored significantly lower on the STAI-X1 ($t_{95}=5.36, p<.001$), the STAI-X2 ($t_{95}=6.80, p<.001$), and the BAI ($t_{95}=4.97, p<.001$) from pre- to post-intervention.

Current findings provide preliminary evidence about the effectiveness of this 7-session CB group intervention in improving exam anxiety symptoms and, more broadly, anxiety: indeed, students reported lower levels of state, trait, and physiological anxiety following the intervention. Further studies including a control group would further substantiate these results.

Effectiveness of a psychodynamic university counselling intervention at University of Milano-Bicocca

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Abstract

Introduction: Despite the ever-increasing importance of counselling services for young people at the stage of emerging adulthood, few studies have examined the effectiveness of such services. In particular, no study investigated the effectiveness of psychodynamic counselling for university students.

Method: The present study has examined the effectiveness of brief psychodynamic intervention on psychological distress and general life satisfaction on a sample of 124 students (M age = 23.29; Females = 96) by comparing pre- and post-treatment data. We also have tested the

moderating role of pre-treatment attachment style on the difference between pre- and post-treatment data.

Results: Results showed that the most participants (57%) can be classified as non-clinical population, whereas only a minority of participants belong to a clinical population (17%) and a sub-clinical population (26%) according to the SCL-90 R. Psychodynamic counselling showed to be effective at symptom level, with a decrease in the global severity index and the anxiety and depression scales of the SCL-90R with a moderate effect size. Clinical effectiveness was greater for participants belonging to the clinical group. General life satisfaction increased significantly for all students who completed the intervention. In the subsequent phases the study will be expanded to include a control group built through a waiting list and a follow-up 6 months after the conclusion of the intervention.

Conclusion: To sum up, the study shows that a brief psychodynamic counselling can reduce the psychological distress felt by the students and increase their life satisfaction.

ASSESSMENT AND UNDERSTANDING OF SELF-HARMING BEHAVIORS: CLINICAL AND RESEARCH ADVANCES

Proposer

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Discussant:

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Abstract

Self-harm (SH) refers to intentional self-injury without conscious suicidal intent. It includes behaviors such as cutting, scratching of skin and head-banging. SH is a serious and growing public health concern that affects about 10% of adolescents and young adults. Moreover, SH is one of the strongest predictors of suicide risk. Although there is a constantly increasing number of studies on SH, its assessment and understanding still contain uncertainties. Recent studies have focused on the assessment of direct and indirect pathways leading to SH, measures to detect high-risk populations, and tailored interventions for patients with SH.

This symposium presents some key findings in research, evaluation, and treatment as well as future directions of research into this field. The aim of the study by Marchetti, Manna, Costanzo, and Falgares is to explore the role of dependency and self-criticism in the relationship between multiple types of childhood maltreatment and SH in young adults. Roma, Biondi, Ricci and Ferracuti discuss the results of Rorschach application in a small sample of adolescents outpatients with and without SH. D’Agostino, Pepi, and Rossi Monti explore the relationship between non-suicidal self-injury (NSSI) thoughts and behaviors, paying a particular attention to potential differences in NSSI functions. Finally, the aim of the study by Gargiulo and Martorana is to identify the main themes discussed among support groups of young women with SH.

Albeit from diverse methodological backgrounds, the results of these studies offer important insights for the improvement of the clinical interventions and reliable findings for further empirical research.

Does thinking about self-harming have a specific function? Exploring the relationship between nonsuicidal self-injurious thoughts and behaviors in a sample of adult psychiatric patients

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Abstract

Introduction: In recent years many authors provided different models to explain nonsuicidal self-injury (NSSI) (Bentley et al., 2016; Edmondson et al., 2016; Klonsky et al., 2015; Nock, 2014). These models were typically centered on NSSI behaviors, while little or no attention was given to NSSI thoughts. The aim of this study was to explore the relationship between NSSI thoughts and behaviors, paying particular attention to potential differences in NSSI functions.

Method: The Self-Injurious Thoughts and Behaviors Questionnaire-Nonsuicidal (SITBQ-NS; D’Agostino et al., 2018) was administered to a sample of 51 adult patients (range=18-60 years) with a variety of psychiatric disorders (from mild anxiety to severe personality disorders), along with the Millon Clinical Multiaxial Inventory (MCMI-III), the Beck Hopelessness Scale (BHS), the Deliberate Self-Harm Inventory (DSHI), and the Nepean Dysphoria Scale (NDS). Spearman’s rank correlation coefficient and Wilcoxon rank-sum tests were used to analyze data.

Results: Of the total sample of 51 patients, 49% reported both NSSI thoughts and behaviors. There were significant differences in NSSI functions only for the following cases: a) “To stop suicidal thoughts” showed significant higher scores in thoughts than in behaviors; b) “To feel

that I am taking back control of my own life” showed significant higher scores in thoughts than in behaviors; c) “To punish myself” showed significant higher scores in behaviors than in thoughts.

Conclusion: Results support the hypothesis that NSSI thoughts and behaviors are related but not overlapping parts of a single self-harm continuum. In particular, thinking about self-harming seems to have a specific and powerful self-regulatory function, aimed at preserving and enhancing life. This suggests that NSSI is different from but linked to suicidality, so that exploring the area of NSSI thoughts in clinical settings could be helpful in order to prevent the escalation up to suicide.

Self-harm and suicide in adolescence: a study with Rorschach

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Abstract

Self-harm (SH) and suicide (SUI) are major public health problems in adolescents. According to previous study, we examined nine Rorschach’ variables related to aggression, depression, anxiety, and thinking in a sample of adolescents outpatients with SH (n= 17) and without SH (n=20). Results indicated that SH group had the prevalence of SUI attempters’ patients, and had significantly higher mean scores in Aggressive dimension, Morbid Content (MOR), and Perceptual-Thinking Index (PTI), than no SH patients. The Sum Shading (SumY) was high but not different between the groups. Logistic regression results suggested that MOR, PTI and AGG were the most robust predictors of SM behaviours. The results propose that SH is linked to SUI and that some Rorschach’ variables could be useful to predict the high-risk group.



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The role of self-criticism and dependency in the association between childhood maltreatment, self-harming behaviors and suicide risk

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Abstract

Introduction: Self-harm (SH) is one of the strongest predictors of suicide (Idenfors et al., 2019). Many studies have found that rates of SH are higher in those with a history of childhood maltreatment (CM; Hu et al., 2017). Although it is clearly established that CM history increases individual risk of SH, factors that account for this relationship remain unclear. The current study aimed to explore the role of self-criticism and dependency (Blatt & Luyten, 2009), in the relationship between multiple types of CM, SH, and suicide risk.

Methods: The sample consisted of 461 young adults divided into three groups (university students, community, and clinical). Descriptive and regression analyses were performed in order to evaluate the potential effect of dependency and self-criticism (DEQ) in mediating the relationship between CM (CTQ) and both SH (DSHI) and suicide risk (SSHS). Preliminary analyses were also conducted to detect possible control variables.

Results: Based on preliminary results, age and level of depression (PHQ-9) were included as control variables in subsequent analyses. Regression results showed that emotional neglect and abuse significantly predicted both suicide risk ($\beta=.09$, $\beta=.25$; $p<.05$) and SH ($\beta=.04$, $\beta=.13$; $p<.05$, respectively) after and above the effects of age and depression. Mediating procedure showed that dependency ($\beta=.14$; $p<.01$) partially mediated the relationship between the two emotional subscales and SH, whereas self-criticism ($\beta=.22$; $p<.01$) mediated the relationship between the same emotional scales and suicide risk.

Conclusions: The latter result is particularly interesting as it shows a differential effect in the mediation role of the two DEQ scales, underling how different personality dimensions get involved in explaining SH versus suicide risk. This study may contribute to the literature interested on an in-depth understanding of vulnerability patterns related to SH and may be used to inform for the development of effective interventions.

Self-harming behaviours among young women: understanding the experience of online support groups

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Abstract

Introduction: The self-harming behaviour, defined as the deliberate damage of own body tissue without suicidal intent (Rossi Monti & D'Agostino, 2009; Verrocchio, Conti & Fulcheri, 2010; Gargiulo et al., 2014; Martorana, 2015) is particularly widespread among adolescents and young

women, with a development of the topic in virtual environments (Gargiulo & Margherita, 2019). Among the services provided online by psychologists in this field, which nowadays are improving to intercept and comprehend the phenomenon, we focus on support groups with people who self-harm also because still few are the studies which have examined this kind of online intervention. The present study aims to identify the main themes discussed among support groups of young women with self-harm, and how these themes are organized discursively by the members, in order to comprehend what kind of elaborative functions the device of group can develop.

Methods: Within a European project aimed at developing safe online environments for adolescents and young adults with self-harming behaviours, participants decided to receive online support through the experience of group. We consider the group as a whole entity (Bion, 1961), a cultural context where its members can build meanings and develop practices for the elaboration of experiences. Each group, composed by six members (mean age 20.25) and moderated by a psychologist, took place weekly in 12 meetings of one hour and a half. The narratives of four groups have been collected and analysed through a software for automatic qualitative text analysis. *Results:* Four main themes organized into three sense vectors emerged. *Conclusions:* The work enabled us to observe that the device of group with girls who self-harm produces some elaborative functions, such as container of anguish, emotion regulation and meaning-making. Implications of our findings for the application of online support groups by clinical psychologists will be discussed.

ANALYZING NARRATIVES AND REFLEXIVITY IN CARE RELATIONSHIPS

Proposer

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Discussant:

Antonio Iudic²

²Catholic University of the Sacred Heart, Milan.

Abstract

The role and competence of clinical psychologists and psychotherapists alike are necessarily associated with the practice of reflexivity, in the sense of self-awareness (and agency within this self-awareness) in relation to one's work as a therapist. Regardless of the therapeutic model

adopted, and despite efforts to take a non-judgmental attitude, a clinical psychologist's personal position regarding certain assumptions cannot be wholly eliminated, nor should it be underestimated. It leaks from the language used, the wording of the questions asked, the feedback and comments. It is essential for experts to recognize this - by analyzing the narratives, and dealing with what has been taken for granted - because their position tends not to change and is usually not questioned during the course of the therapy. For therapists to analyze their personal experiences is also a fundamental part of their clinical work, as this contributes to building and orienting it. As well argued by Willig (2019), failing to elaborate on these "hidden truths" risks making the therapeutic process a failure due to incompatibility of perspectives, or to therapists imposing their point of view on their clients.

Patients' narratives are equally important as they allow the clinician to focus on their needs and priorities, and the core themes of their experience of suffering.

This symposium offers examples of how narratives in care relationships are investigated in four areas of clinical psychology: psychotherapy with bulimic patients (Elena Faccio, University of Padua); support for patients who experience perinatal death (Martina Smorti, University of Pisa); psychotherapy in oncology (Chiara Fioretti, University of Florence); and intervention in gender transition within the National Health Service (Jessica Neri, University of Padua). Prof. Antonio Iudici, (Universities of Padova and Milan), an expert on methods for analyzing clinical narratives, will lead the discussion.

Enhancing reflexivity about the use of “gendered propositions” in psychotherapy: a conversation analysis of psychotherapy sessions with women suffering from bulimia

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Abstract

The interest of this oral presentation is in the sociocultural aspects of bulimia, in particular those related to the commonsensical understandings of femininity and masculinity and their use in therapy work with women suffering from bulimia. Examples of the ways in which psychotherapists' personal positions related to certain normative assumptions, expectations and beliefs concerning women and men as well as the relations between (which will be named below as “gendered propositions”) will be offered as well as how these assumptions may affect the clinical encounter.

Relevant extracts of psychotherapy sessions with women suffering from bulimia are analyzed with the methods of conversation analysis and the membership conversation analysis (Hester & Eglin, 1997). The content of gendered propositions is identified and how they are interactionally deconstructed, challenged or resisted in the local interactional context(s) by the interacting parties. The analysis reveals some gendered propositions that are of particular relevance to women suffering from bulimia and show the relevance of the categorization work around gender in how patients address their own issues. Examples are offered of the ways therapists can reinforce or even introduce, interactively, some form of gender prejudice during a clinical conversation, improperly influencing or conditioning certain beliefs of the patient that could also contribute to maintaining the problem.

Greater awareness and further reflexivity of psychotherapists are needed to “to maintain curiosity toward our prejudices” (Hedges, 2010 p.3,) and to prevent falling into the relationship to the detriment of the quality of the clinical experience.

The mental health practitioners’ role in the co-construction of gender transition and their positioning to the process

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Abstract

Psychological practice is relevant in the process of gender transition because it is the first step towards the subsequent stages, and it complies with specific standards of care for gender-variant people’s health. That said, the scientific literature has identified some critical issues regarding this psychological pathway, both for the individuals requesting this type of support and for the professionals providing it: trans people may perceive the path as an imposition, a loss of gender recognition and fear being pathologized; therapists may perceive predefined narratives and an apparent sense of urgency by clients. The underlined key of a positive outcome is the practitioner’s recognition of the client’s gender.

The aim of this work was to investigate the ways in which practitioners approach the psychological path involved in gender transition, and their implications.

We used episodic interviews with 11 mental health professionals to collect narratives about their practice and their positioning to the gender transition process. These narratives were analyzed using positioning analysis.

Two main issues emerged regarding the practitioners' positioning and they concerned: 1) The professional's identity: some experts aim to be objective and neutral, while others question their own personal and theoretical stance on gender transition; 2) The trans individual's identity: some practitioners see the need for 'diagnostic' criteria to assess an individual's condition, while others see their limits for the comprehension of client's gender identity.

Our findings provide an opportunity to outline and discuss the personal perspectives of psychologists on the clinical practice of gender transition, stressing some strengths and some crucial aspects that need to be managed and improved. This work underlines the clinical role as implied in a process of therapy co-construction and provides an opportunity to establish a space for shared objectives and recognition in this setting.

Countertransference in psycho-oncology: narrating the care relationship

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Abstract

Despite scientific literature underlines the presence in Oncology field of strong professionals' emotional experiences within care relationship needed to be elaborated and modulated, studies on countertransference experiences in Psycho-Oncology are still lacking (Holland et al., 2015). This study aims to explore countertransference experiences of psychologists who every day work with people suffering from cancer.

16 psychologists and psychotherapists of different approaches working as psycho-oncologists took part to the present study narrating their own experience. The narrative tool, self-administered online to provide participants with privacy and intimacy due to the peculiar topic of the study, was divided in three open questions: the narrative of emotions, memories, free associations and thoughts experienced within the relation with patients; the story of a patient evoking strong emotional feelings; the narrative of countertransference felt in relation with the narrated patient's story. Coccurrence and thematic analyses were run with the T-Lab software (Lancia, 2004) in order to define the main themes narrated by psychotherapists.

Results underline a deep complexity of emotions felt by professionals in their relation with oncological patients: solitude (N=11), impotence (N=11), fear (N=6), anger (6) and anguish (N=5) are the most narrated. Thematic analysis (Cosine index: 0,168) puts in light four themes emerged in narratives: managing proximity to patients (44%), the chronicity of relationship

with oncological patients (26%), emotions related with death (16%) and the emotional burden of personal memories about patients (13%).

In conclusion, results highlight that countertransference in Psycho-Oncology is connected with the management both of complex negative emotions and the proximity/distance issue due to the chronicity of therapeutic relationship. Intervision groups and supervision are important tools to support professionals and prevent potential fatigue.

The narratives of women who have experienced a perinatal death: implications for care settings

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Abstract

Perinatal death, defined as the death of a child occurring between the twenty-eighth week of gestation up to one month of life, is a painful experience for couples, with severe psychological consequences, especially for women, who may develop anxiety, depression and post-traumatic stress disorder after the loss of a baby, which may last until a subsequent pregnancy if not properly treated. It is crucial to help couples face perinatal death and the mourning process, also to promote well-being for future gestations. Nevertheless, women don't always receive adequate support from the care staff. This research collects the narratives of 7 women with an experience of perinatal death who turned to the AOUP clinical psychology service. A semi-structured and autobiographical face-to-face interview consisting of 3 questions was conducted to analyse the experience of the loss and mourning processes: 1. Can you tell me your story of pregnancy and perinatal death? 2. How did you deal with the subsequent period (resources and needs)? And if the woman with perinatal death was pregnant again at the time of the interview, 3. Can you tell me the story of this pregnancy? The interviews were audio-recorded, transcribed, and analysed to identify levels of content. The results identified the relevance of: a) meeting baby after the birth, b) the medical and social recognition of the loss, c) the development of a new self- and couple- awareness after the loss and, d) in the case of a subsequent pregnancy, different ways of dealing with pregnancy and parenthood.

The results of this study provide practical indications for supporting these patients in care settings. Moreover, psychological burden and the emotions expressed by these women suggest the opportunity for clinical supervision for the operators who care for these women (psychologists, obstetricians, gynaecologists).

PSYCHOLOGICAL INTERVENTIONS FOR TRANSGENDER CLIENTS: CHALLENGES AND NEW DIRECTIONS

Proposer

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Discussant:

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Abstract

Transgender and gender variant people are a very vulnerable population whose psychological needs have been for long neglected and under-researched.

Research suggests that transgender people are at high risk of developing mental health issues and problems (including depression, anxiety, somatoform and substance use disorders) as a result of the impact of stigma and discrimination against them.

For a long time, attention has been focused on medical, gender-affirming interventions and their positive effects, but psychotherapy and counselling can play a pivotal role in the well-being of transgender people at any stage of their transition (social and medical) and beyond any need of it.

Aim of the present panel is to offer an up-to-date overview of four main areas that may constitute the focus of psychological interventions for transgender clients, across the lifespan.

The first presentation will focus on the role of reflective functioning in buffering the impact of stigma on the well-being of transgender people, thus suggesting a new potential area of intervention in working on protective factors and resilience.

The second presentation will introduce the challenging topic of long-term psychotherapy for transgender clients, offering us an overview of an empirically-supported treatment of a trans woman.

The third presentation will focus on the complexity of providing psychological treatments to transgender youths with autistic spectrum disorders.

Finally, the last presentation will present the challenges of providing sex counselling to transgender clients, since the sexuality of trans people has been for long pathologized as considered as a prognostic factor for medical interventions. Trans people of all sexualities can benefit from sex counselling at any stage of their transition or beyond any need for it.

Mentalizing stigma as a protective factor against the risk of developing depression in transgender people

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Abstract

Introduction: Stigma might affect transgender people's mental health both directly and indirectly (e.g., through internalized transphobia). Some psycho-social factors (e.g., resilience) might reduce the negative effect of stigma on health. However, no previous studies have assessed if reflective functioning (RF) would buffer such an effect.

Methods: 205 transgender participants (56 trans women, 100 trans men, and 49 non-binary), ranged from 18-66 years of age, participated in an online survey answering questions about minority stressors (e.g., rejection and internalized transphobia; Testa et al., 2015), mental health (e.g., depression; APA, 2013), and RF (Fonagy et al., 2016). This study assessed a main hypothesis concerning 2 moderated mediation models in which the indirect effect of anti-transgender rejection on depression through internalized transphobia was hypothesized as being moderated by RF (Certainty and Uncertainty about mental states).

Results: The direct effect of rejection on depression is significant in participants with moderate ($b = .71$, 95% C.I. [.19, 1.22], $p = .007$), and high ($b = .82$, 95% C.I. [.31, 1.33], $p = .002$), but not low ($b = .46$, 95% C.I. [-.21, 1.15], $p = .186$), uncertainty with mental states, as well as in participants with low ($b = .88$, 95% C.I. [.27, 1.47], $p = .003$), moderate ($b = .79$, 95% C.I. [.28, 1.30], $p = .003$), and high ($b = .67$, 95% C.I. [.06, 1.29], $p = .032$) certainty with mental states. The indirect effect of rejection on depression through internalized transphobia is significant for moderate ($p = .024$) and high ($p = .031$), but not for low ($p = .071$), uncertainty with mental states, as well as for low ($p = .036$) and moderate ($p = .024$), but not high ($p = .083$), certainty with mental states.

Conclusions: Results confirm the role of RF as a psychological dimension protecting transgender people against the negative effects of stigma. Clinical recommendations and future research perspectives are provided.

Paola on the couch: an empirically supported psychoanalytic psychotherapy of a trans woman

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Abstract

Introduction: Psychoanalytic accounts of gender variant patients in the recent literature are fairly rare. Psychoanalysis with these patients suffers from old biases which determined short-sighted and pathologizing interpretations of gender diversity. This contribution provides an account of a long-term psychoanalytic psychotherapy, based on an open and affirmative approach towards gender reassignment, of a trans adult woman during the crucial years prior to the decision for gender reassignment surgery (GRS).

Method: Empirical measures include the Shedler-Westen Assessment Procedure-200 (Westen & Shedler, 1999a, 1999b) and the Countertransference Questionnaire (CTQ; Betan, Heim, Zittel Conklin, & Westen, 2005) and the Psychotherapy Relationship Questionnaire (PRQ; Westen, 2000).

Results: The study illustrates the progress in Paola's psychological functioning and in the therapeutic relationship through the clinical description of various phases of a long-term therapy (referral, one year after, and follow-up ten years after) and the findings on the measures collected at each stage.

Conclusions: The results show the benefits and the complexities of the psychoanalytic treatment with gender variant patients, supporting them in key aspects of their transition.

The co-occurrence between gender dysphoria and autism in trans youth: a critical commentary through a single case study

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Abstract

Introduction: In recent years, a higher incidence of traits that seem to be related to Autism Spectrum Conditions (ASC) in individuals with Gender Dysphoria (GD) and of gender variant traits in autistic users, compared to the general population have been highlighted. Therefore, several studies investigated the possible co-occurrence between these two conditions and the consequences in terms of assessment and treatment.

Methods: A literature review were conducted to investigate the co-occurrence of GD and ASC. Then, through a single case this co-occurrence is investigated in deep. Autistic traits and gender variant behaviors are evaluated and described at the beginning of the treatment, after a year, and at the end of the treatment.

Results: From the literature review different criticisms can be made: the diagnoses of both conditions are often not accurate, the tools used to evaluate autistic traits and gender dysphoria often are not appropriate and methodological criticalities are found on the studies that investigate the co-occurrence. Relying on the account of a trans adolescent followed in a psychoanalytic psychotherapy, more critical aspects are pointed out. Autistic traits can be better understood as massive defences related to high discomfort of the GD, like social and relational problems, complex perception of the body and difficult behavioral patterns.

Conclusion: This study underlines the need to deepen this co-occurrence, to avoid incurring in incorrect and hasty diagnoses and to focus on some aspects of GD and ASC that need attention and knowledge, in order to better define the guidelines for a correct assessment and treatment. The medicalization and a tendency to pathologize these conditions have led to a simplistic overlap while a more complex view and investigation are needed.

Trans-sexuality: a taboo topic?

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Abstract

Since medical interventions for transgender individuals were made available, guidelines were proposed to identify candidates who could benefit the most from such interventions. These guidelines set the stage for a “pathologization” of the sexual life of transgender people in the eyes of mental health professionals. The fear of being excluded from medical treatments may still play a role for trans clients, and they might show a guarded attitude whenever questions around their sexual life are raised in consultation.

For gender-variant individuals, receiving validation of their own gender identity from a partner who accepts and shows interest in them is an experience of paramount importance, which may act as a protective factor for their psychological as well as sexual well-being. The aim of the consultation with the trans and gender-variant client should, therefore, be enhancing such experiences and helping the client to remove the hurdles that hinder sexual satisfaction and well-being.

Sex counselling should help the client challenging trans-normative assumptions, finding personal ways to cope with body dysphoria while sharing intimacy, dealing with the effects of hormonal on the client and the partner(s), explore and enhance sexuality after surgery, and addressing other mental health issues that hinder sexual well-being.

THE ROLE OF CLINICAL PSYCHOLOGY AND PSYCHOLOGICAL FACTORS IN HOSPITAL SETTINGS

Proposer

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Discussant:

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Abstract

Important contribution may come from clinical psychology in the hospital settings, where the psychological factors could have an effect on the treatment outcome in patients suffered from a medical condition. In the present symposium, the following contributions will be presented: Effectiveness of a psychological intervention focused on expressive writing in kidney transplanted patients (Pierro, et al.). The results on the post-transplantation outcome in both expressive writing group and the control group will be discussed, focusing on the psychological variables associated to the organ rejection, adherence and health cost.

Assessment of alexithymia in obese sample seeking bariatric surgery (Di Monte, et al.). The comparison between the 20-item Toronto Alexithymia Scale and the Toronto Structured Interview for Alexithymia to evaluate the alexithymia in patients underwent to bariatric surgery will be presented.

Psychological and clinical aspects of treatment with Intra-gastric Balloon for morbid obesity: A systematic review of the literature (Pietrabissa, et al.). A systematic review to identify, appraise and synthesize all the empirical evidence for the reciprocal influence between psychological variables and Intra-gastric Balloon intervention will be presented.

The role of psychological factors in Takotsubo cardiomyopathy (“broken heart” syndrome): A systematic review (Galli, et al.). The main contents of a systematic review that analyze the role of psychological factors in Tako-Tsubo cardiomyopathy will be discussed.

Effectiveness of a psychological intervention focused on expressive writing in kidney transplanted patients

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Abstract

Kidney transplantation is the final step of chronic renal failure and improves quality of life. However, it can be experienced as a traumatic experience in relation to the changes associated as the lifestyle, redefinition of one's body and social/family role. A negative personal experience may affect adherence, a protective factor in reducing the risk of organ rejection and mortality. Some studies showed the effectiveness of expressive writing in reducing the symptoms and management of the disease in patients undergoing surgery or with cancer. It is hypothesized that this technique allows the processing of traumatic events linked to the disease, favouring an improvement in the capacity of expression and emotional regulation. The aim of the present study was to evaluate the efficacy of a psychological expressive writing intervention on the post-operative course in patients undergoing kidney transplantation. Thirty-two patients were recruited at the Kidney Transplant Center of the Policlinico Umberto I of Rome. The sample was divided into 2 groups: the expressive writing group and a control group which carried out a “neutral” writing task. Each patient completed self-report questionnaires the day before surgery, the hospital discharge’s day and the 3rd month follow-up. Thirty – five patients were recruited, 3 of them dropped out at T2, 3 had an organ rejection with the following explantation, and 1 dead for transplant complications. The related effects of the expressive writing on psychopathological variables and the predictive value of psychological factors on adherence, healthcare costs and rejection will be discussed.

Assessment of alexithymia in obese sample seeking bariatric surgery

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Abstract

Bariatric surgery is the most effective treatment for severe forms of obesity. Several studies showed that some psychological factors can play an important role on weight loss after bariatric surgery. The role of alexithymia on both obesity condition and surgical weight loss was

investigated showing contrasting results. In all studies alexithymia was assessed through TAS-20 which shows the limitations of a self-report test. To overcome these limitations, the Toronto Structured Interview for Alexithymia (TSIA) was developed. The aim of the study is to assess alexithymia levels in obese patients using a multimethod measurement to evaluate both possible differences between the two instruments and their relationship with obesity condition.

54 obese patients (42 men; mean BMI=42,56), undergoing bariatric surgery, were enrolled in a Centre of Excellence in Bariatric Surgery in Latina. The subjects completed: TSIA, TAS-20 and SCL-90R. On-site the weight was detected.

Data analysis showed a significant positive association between TAS-20 and TSIA ($r=.289$, $p=.034$). However, only TSIA scores was positively related to body weight. Moreover, two multi-variable linear regression were carried out to investigate whether TSIA, TAS-20, age and GSI could significantly predict participants' body weight. The results showed that only the model with TSIA, Age and GSI was a significant predictor of body weight, and only TSIA score contributed significantly to the model ($B=.944$, $p=.012$).

The findings showed a different association between body weight and alexithymia according to instrument employed, supporting the importance of a multimethod assessment in this clinical condition.

Psychological and Clinical Aspects of Treatment with Intra-gastric Balloon for Morbid Obesity: A Systematic Review of the Literature

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Abstract

Background: while psychological factors in bariatric surgery have been widely investigated, little is known about the emotional correlates of treatment with intra-gastric balloon (IGB), and no review of studies has yet been conducted on the topic.

Purpose: this systematic review attempts to identify, appraise and synthesize all the empirical evidence for the reciprocal influence between psychological variables and IGB intervention.

Methods: the following databases PubMed, SCOPUS, Medline and Google Scholar were search for relevant records, and the Strengthening The Reporting of Observational Studies Epidemiology (STROBE) checklist was used to minimize bias and produce more reliable findings.

Results: IGB treatment showed a positive influence on weight reduction, particularly within 6 months from IGB positioning, and in absence of emotional problems. When looking at the psychological outcomes, IGB treatment was more effective in increasing physical-quality of life (QoL) compared to mental-QoL, symptoms of depression and anxiety.

Conclusion: greater focus on the psychological profile of the person undergoing IGB treatment for obesity may lead to a better post-intervention prognosis.

The role of psychological factors in Takotsubo cardiomyopathy (“broken heart” syndrome): A systematic review

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Abstract

Introduction: Tako-Tsubo cardiomyopathy (TTC) is historically related to the occurrence of psychological (emotional) factors (“broken heart” syndrome). Our aim was conducting a systematic review analyzing the role of psychological factors in TTC.

Methods: All studies on TTC and psychological factors (e.g. life-events, emotional trauma, psychiatric and personality) from 1991 to April 2019 were scrutinized according to the Cochrane Collaboration and the PRISMA statement. Selected studies were additionally evaluated for the Risk of Bias according to the Newcastle-Ottawa Scale (NOS) for case-control studies. ODDs ratio and Cohen’s d were calculated for selected studies.

Results: Fourteen case-control studies for a total of 1084 TTC patients (Mayo Clinic criteria) were finally selected according to the described criteria. Most studies analysed the role of emotional life-events, although with conflicting findings, while a likely role for long-lasting psychological distress seems to be a homogenous result. Among life-time psychiatric factors only anxiety seems to have a significant role to be shown by a substantial number of studies. Some of selected studies outlined a likely role for personality characteristics, but findings by direct comparison with other cardiac events showed conflicting results.

Conclusions: In the light of our findings, a role for psychological factors in TTC requires more studies with stronger research methodology than the existing ones. Life-time anxiety and long-lasting psychological distress show currently to have some role in TTC, but studies are needed to detect if these dimensions are specific of TTC or common to other cardiac disorders.

MARITAL CONFLICT: A COMPARISON OF THE ORIGINS, THE ASSESSMENT AND THE EFFECTS ON ADULTS AND CHILDREN

Proposer

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Discussant:

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Abstract

Gottman (1999) notes that long-term couples are not always characterized by absence of conflict. Instead, many couples sometimes face important controversies even for years, however, what distinguishes them is companionship, a friendship derived from the mutual knowledge. When the couples face a conflict, intuitively the partners recognize a limit that should not be crossed in order to avoid irreparable breakups.

The Symposium will analyze the ways in which a marital conflict can be structured in rigid patterns, how to evaluate it and how to work with it, focusing on marital conflict origins and on the effects produced on the whole family system, both on partners and children.

The first contribution will present an assessment method for the dynamic of the couple along with the early results of its validation: the Plan Formulation Method for Couples (PFMC). The PFMC allows a case-specific way to treat couples and provides a useful map to better understand a couple's vicious relational circles that feed the marital conflict.

The second contribution will present a clinical exemplification of a PFMC-based psychotherapy intervention. It will present the formulation of the couple's plan, with attention to the conflictual dynamics that block the couple's development, the shared meanings of the partners' individual stories, and how to plan a therapeutic intervention for them.

The third contribution will present a study on the effects of marital conflict on the psychosocial functioning of children through a clinical case. For this purpose, a clinical case analysis based on outcomes from a clinical interview, psychosocial measures, family interaction and children's drawings was performed.

The fourth contribution will present the preliminary results of the application of a self-report questionnaire on partners' expectation for couples therapy, proposing an innovative focus on a little studied factor that could intervene in the outcome of the therapeutic process with couples.

The plan formulation method for couples (pfmc): early results

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Abstract

According to Control-Mastery Theory (CMT; Weiss, 1993; Gazzillo, 2016), patients who look for a therapy have an unconscious plan aimed at disconfirming pathogenic beliefs, overcome problems, mastering traumas, and achieving developmental adaptive goals.

Following a suggestion of Zeitlin (1991), we have hypothesized that also couples, when look for a psychotherapy, have a couple's unconscious plan (Rodomonti et al., in press) which includes their goals, pathogenic beliefs, traumas, tests, vicious relational circles, virtuous relational circles and insights.

On the basis of the first three-four sessions of their therapy, therapists can understand patients' plan and formulate in a reliable way following a validated procedure: the Plan Formulation Method (PFM; Curtis et al., 1994). The aim of this work is to propose a method for the assessment of couples based on CMT and to show the early results of its validation: the Plan Formulation Method for Couples (PFMC), an adaptation of PFM.

The PFMC follows the same steps indicated by Curtis (1994) for the PFM and involves four independent clinical judges that have access to the transcriptions of early couple's therapy hours. The reliability is measured for each component of couple's plan by calculating intraclass correlation; then less relevant items are deleted by determining the medians of judges' ratings for

item. At last, a separate judge removes the redundant items.

We present the early results concerning the plan formulation of four couples in therapy which show - in line with previous research studies conducted in individual settings (Silberschatz, 2017)- that clinicians trained at CMT achieve high levels of inter-rater reliability in formulating the couple's plan.

PFMC enables to treat each couple in a case-specific way and provides the clinicians with a useful map for understanding couple's complex dynamics and planning interventions.

The plan formulation method for couples: Umberto and Daniela, a clinical exemplification of a PFMC based psychotherapy intervention.

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Abstract

Control Mastery Theory (CMT) is a cognitive-dynamic relational theory of psychological functioning and psychopathology (Weiss, 1993; Gazzillo, 2016). A central tenet of CMT is that human beings are guided by an unconscious plan to achieve adaptive goals, disprove their pathogenic beliefs by testing them with the therapist and master their traumas. Also couples try to pursue healthy goals, and the partners test each other to disconfirm the pathogenic beliefs that obstruct them (Zeitlin, 1991). If partners don't pass their reciprocal tests, couples may develop relational vicious cycles impairing their adaptation and well-being.

The Plan Formulation Method for Couples (Rodomonti M., Crisafulli V., Mazzoni S., Curtis, J., Gazzillo F., 2019), is a case-specific assessment procedure aimed at reliably formulating the couples' plan.

This contribution presents the case of Umberto and Daniela, a couple treated according to their PFMC. They looked for a couple psychotherapy because they often argued and were very frustrated and worried about the healthy development of their two years old child. Their therapy lasted 16 sessions. During the therapy, Umberto and Daniela, worked to understand the feelings and pathogenic beliefs that gave rise to their principal vicious relational circles. Daniela proposed mainly transference tests by non-compliance of her-self-hate and burdening guilty, expressed by her complaining, and Umberto's reaction via angry outbursts or absolute compliance with all of Daniela's requests, which was expression of his omnipotence and burdening guilty tested with transference tests both by compliance and by non-compliance. The therapist helped the couple also remain aware of the virtuous relational circles (resources) that enable them to feel safe in their relationship.

At the end of the psychotherapy, Daniela and Umberto were arguing less, enjoyed more their ability to take care of their daughter and had new projects for the future of their family.

Parental conflict effects on children psychosocial wellbeing and behaviours

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Abstract

The speech will be focused on a clinical case discussion about the effects of the parental control on children's psychological wellbeing in Child Custody Evaluation context.

Literature underlines how the parental conflict is associated with various child's adjustment problems, including internalizing and externalizing behaviours and impairments in social and school functioning. Conflict, indeed, is a family risk factor that impacts on children's development (Grych & Fincham, 1990; Kelly, 2000; Zimet & Jacob, 2001; Cowan & Cowan, 2002; Cummings et al., 2006). Research conducted in recent decades has highlighted how children's exposure to discordant conflict between parents also exerts negative effects on the child's development (Cummings & Davies, 2010; Rhoades, 2008). The outcomes that emerge from the research, suggest that the effect of inter-parental conflict on children depends both upon the manner in which it is expressed, managed and resolved, as well as the extent to which children feel at fault for, or threatened by, their parent's relationship arguments (Grych et al., 2003).

The purpose of the speech is to show how the features and the specific characteristics of marital conflict influence children's behaviour and adjustment.

To this aim, a clinical case analysis was run on the basis of the outcomes from a clinical interview (Cigoli, Tamanza, 2009), psychosocial and personality measures (Di Nuovo et al., 1998; Farné et al., 1991, OS.; Caprara, Regalia, Scabini, 2003; Fantini et al., 2010), family interaction (Gennari, Tamanza, 2012) and children's drawings.

Therefore, parents' psychological functions, maladaptive behaviours, conflict styles and dynamics were explored and linked to the children's distress and behaviours, showing how the styles of parental conflict represents a behavioural model that children learn and repeat. In particular, the effects of parental conflict on children diverges according to the sibling's age, gender and order of birth.

Expectations in couple therapy – development and application of the questionnaire

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Abstract

Conflict between partners is often expressed in a disagreement regarding therapy: what is the problem, who needs to change, what is the goal to reach; the problem that is presented hardly lends itself to compromises and mutual understanding (Horvath et al., 2010; Doss et al., 2004; Rampage et al., 2002). The expectation regarding therapy significantly affects people's attitudes and behaviors (Kelley, 1950). Some meta-analyses in the context of individual therapies have shown that the initial expectation significantly predicted the outcome (Constantino, 2011) or

intervened as a mediator or moderator (Westra, 2011). In the context of couple therapy, research on expectations shows few contributions, both for the plurality of relational dynamics involved, and because the self-report tools that would be useful for evaluating this construct are not available in literature.

The objective of this contribution is to present the preliminary results of the research project, created in collaboration with the University of Albany (NY), which involves the construction and administration of a self-report questionnaire to the partners in therapy. The questionnaire is composed of two parts: the first part relating to each one's expectation about themselves, the partner and the relationship in therapy; the second part relates to the expectation on the therapist's intervention method - focused on behavior versus emotions. The first results will be discussed (N: 32) on a "within-group" comparison with respect to the differences between men and women, and "between-group" compared to the couples with different types of therapy conclusions (in progress, completed, drop-out).

In conclusion, the clinical outcome of the results and the potential use of a self-report questionnaire, easy and brief in its administration, will be discussed in order to guide the therapist when meeting with the couple and its conflict, in order to protect the therapeutic system from premature drop-out.

THE TRANSITION TO PARENTHOOD: NEW FINDINGS IN PSYCHOLOGICAL AND NEUROBIOLOGICAL RESEARCH

Proposer

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Abstract

During the transition to parenthood, a number of changes occur to facilitate successful caretaking. Either psychological and neurobiological shifts may facilitate or hinder parents' sensitivity and their regulatory functioning with the child. Considering the important role of parental individual differences and couples adjustment in understanding and responding promptly and adequately to children needs, the general aim of the symposium is to present

studies concerning the assessment of parental and couples features that influence differential sensitivity in the onset of parenthood, in the antenatal and postnatal period, considered strictly connected with the ways and means with which parents experience and express their emotions in the caregiving context. The first study (Trentini, Pagani, Tambelli) contributes in enlarging the knowledge about the neural underpinnings of parental responses to infant facial emotions during pregnancy. Interesting differences between mothers and fathers emerged. The second (Sechi, Manconi, Lucarelli) examines the relationship between depression and anxiety symptoms during pregnancy and the subsequent quality of feeding interaction shown by the dyad at 3 and 6 months of age of the baby, assessing also child gender-related differences. Data show the importance to deepen relational trajectories in boys and girls. The third contribution (Rollè et al.) presents the critical process in couples expecting twins during the transition to parenthood. The differences between mothers' and fathers' perceptions of their twins are significant for the clinical work. The fourth (Pazzagli, Cenci) reports data on antenatal and postnatal factors that correlate with Parental Reflective Functioning in a sample of first-time mothers. Interesting implications on both clinical and research field emerged. The Symposium will discuss the interplay among neurobiological, psychological, and relational aspects, showing new directions in studies on early parenthood.

Self-emotional awareness affects neural processing of infant emotions in mothers and fathers during pregnancy

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Abstract

Neuroscientific research has largely investigated the neurobiological correlates of maternal and paternal responsiveness in the post-partum period, when parental brain is modeled by interactions with the child. In contrast, much less is known about neural processing of infant emotions during pregnancy, when both mothers and fathers are still facing the reorganizing processes that will allow them to acquire a parental identity. Twenty mothers and 19 fathers were recruited independently during the second trimester of pregnancy. High-density Electroencephalographies (hdEEGs) were recorded while expectant parents passively viewed distressed, ambiguous, happy and neutral faces of unknown infants. Correlational analyses were performed—separately for mothers and fathers—to detect a

link between the neural responses to infant facial expressions and the levels of self-emotional awareness. Only peaks of clusters corrected for multiple comparison at cluster level $p < 0.001$ were considered. When confronting with infant emotions, mothers and fathers showed similar patterns of cerebral activity in regions involved in empathy, mentalizing, and emotion regulation. At the same time, in response to infant distressed and ambiguous facial expressions, mothers and fathers also showed different brain activity in premotor regions implicated in motor planning, in occipital regions involved in visuo-spatial information processing and visual mental imagery, as well as in inferior parietal regions that guide the allocation and the maintenance of attention. Low self-emotional awareness was found to be negatively correlated to activity in the parietal component of empathy in mothers, and positively correlated to activity in temporal and occipital areas implicated in mentalizing and visual mental imagery in fathers. This study may contribute in enlarging the knowledge about the neural underpinnings of parental responses to infant facial emotions during pregnancy.

Antenatal and postnatal maternal anxiety/depression: differential effects on mother-son and mother-daughter feeding interaction

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Abstract

Introduction: The aim of the present study was to examine the relationship between depression and anxiety symptoms during pregnancy (Time 1) and the subsequent quality of feeding interaction shown by the dyad at three (Time 2) and six months (Time 3) of age of the baby.

Also, differences associated with infant's gender in the mother-infant interactions were investigated.

Method: The sample was composed by 43 primiparous women ($M = 34.2$ years, $SD = 4.9$) and their babies, 24 boys and 19 girls. At Time 1, 2 and 3 women filled out the Edinburgh Postpartum Depression Scale (EPDS; Cox, Holden, Sagovsky, 1987) and the State and Trait Anxiety Inventory (STAI Spielberger e al., 1983). At Time 2 and 3, dyads were videotaped, and data were coded by trained independent raters following the scoring system of the Observational Scale for Mother-Infant Interaction during Feeding (FS; Chatoor et al., 1997).

Results: The analysis highlight statistically significant correlations between EPDS, STAI and the subscales of Affective State of the mother during the mealtime, Feeding Interactional Conflict, and Food Refusal. Analysis of data for boys and girls separately revealed that the association between State anxiety and Food Refusal is significant only with respect to mothers-daughter's interactions.

Conclusion: The results emphasize the importance to evaluate mothers' mental and emotional health since pregnancy in order to recognize potential risks for the mother-baby relationship. Within the feeding context, risk seems higher in the presence of daughters; for such reason, special attention should be paid to differential developmental and relational trajectories in boys and girls.

Parental relationships with twins: mental health from pregnancy to post-partum

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Abstract

Introduction: The transition to parenthood in couples expecting twins is a critical process (Glazebrook et al., 2004). Despite this, there is few literature about the relations between anxiety, depression, couple adjustment, parental stress and child temperament. The study aims at investigating: a) the associations between mothers' and fathers' anxiety, depression and couple adjustment, with infants' negative affectivity (NA) and parenting stress in the sixth month of pregnancy and three months post-partum; b) the difference between mothers' and fathers' levels of parenting stress and perception of twins' temperament, and if these variables vary for each twin.

Method: A sample of 58 mothers and fathers and their healthy 58 twins were recruited. During the pregnancy and three months after childbirth, the parents were administered the EPDS, the STAI, and the DAS. Three months after the pregnancy the parents filled out also PSI Short form and the IBQ-R.

Results: A significant correlation between parental anxiety/depression symptoms and infants' negative affectivity and parenting stress emerged from the analyses. The mothers presented higher scores on parenting stress and on dimensions of the infants' NA and parenting stress, compared to parents. Moreover, the analyses showed a difference in mothers' perceptions between the two twins.

Conclusion: The research shows the peculiarity of twin parenthood during the last phase of pregnancy. The differences between mothers' and fathers' perceptions of their twins, highlighted by this study, are significant for the clinical work.

Parental reflective functioning: maternal antenatal antecedents and postnatal associations

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Abstract

The Parental Reflective Functioning (PRF) - the parents' capacity to comprehend, reflect and hold in mind the inner life of the child - seems to promote the development of mentalization, self and affect regulation in the child. Higher PRF is associated with more sensitive interactions and secure attachment with the child. Maternal depression and anxiety during the postnatal period seem to affect negatively PRF, but data are controversial and studies are lacking in the antenatal period (i.e. Krink et al., 2018). This study aims to assess the antenatal and postnatal factors that correlate with the PRF in a sample (N=69) of Italian first-time mothers. During the last trimester of pregnancy and 3 months postnatal, mothers filled: socio-demographic questionnaires; Parental Reflective Functioning Questionnaire (PRFQ; Luyten et al., 2009); Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1987); State-Trait Anxiety Inventory (STAI; Spielberger et al., 1983); Maternal Antenatal Attachment Scale (MAAS; Condon 1993); Maternal Postnatal Attachment Scale (MPAS; Condon & Corkindale 1998). Child gender-related differences were assessed by ANOVA and relations between all the variables were investigated by correlations. Data show medium to high correlations of PRFQ's subscales with the assessed variables both in the antenatal and postnatal period. The Pre-Mentalizing subscale correlates with the intensity of maternal attachment ($r=.351$; $p<.01$) and with the mother's age ($r=-.407$; $p<.01$). The Interest and Curiosity subscale correlates during pregnancy with depressive symptomatology ($r=-.243$; $p<.05$) and trait anxiety ($r=-.259$; $p<.05$); the Certainty about Mental States subscale correlates with depression ($r=.307$; $p<.01$), trait anxiety ($r=.266$; $p<.05$) and postnatal attachment ($r=-.415$; $p<.001$). No child's gender-related differences were found. This study is the first to explore the antecedents of PRF. Findings have interesting implications on both clinical and research field.

ACCESSIBLE AND LOW-INTENSITY PSYCHOLOGICAL INTERVENTIONS FOR EMOTION REGULATION AND WELL BEING

Proposer

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Abstract

Within transdiagnostic and preventive frameworks, accessible, brief, and low intensity clinical intervention can play an important role in facing the exponentially growing prevalence of emotional disorders. In this perspective, the application of ICT allows the provision of interventions potentially capable to reach a wider quota of populations at risk (e.g. college students, elderlies) than traditional face-to-face interventions. In this framework, Loi and colleagues will present the results of a pilot study involving a group of older adults testing the effects of a TV-based telecare system which included a set of health-related services on emotional experience showing significant effects in the reduction of anger, confusion and tension. Ballesio and colleagues will report the results of a randomized controlled trial on the effectiveness of face-to-face and online cognitive behavioral interventions for insomnia on emotional symptoms showing positive effects of both interventions on depression. Di Consiglio and colleagues will report results on the effectiveness of an online evidence-based intervention for the promotion of well-being and the decrease of dysfunctional emotion regulation strategies in university students suggesting significant effects on self-acceptance and emotional awareness among participants. Finally, Barberis and colleagues will report on the psychometric characteristics of the Italian version of the Flexible Regulation of Emotional Expression (FREE) Scale as a measure of outcome and identification of groups for interventions.

Effects of an ICT intervention on mood states and perceived quality of life in elderly people: a pilot study

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Abstract

The use of information and communications technology (ICT) for promoting health, has become a salient field of practice to address health needs (WHO, 2019). When such technologies are used to deliver health promotion program, they can (a) reach large numbers of individuals and populations at relatively low cost; (b) reduce the amount of direct human contact required for program delivery; (c) address multiple key functions of effective health behavior change programs simultaneously, including the provision of education, coaching, monitoring, and social support, with high fidelity; and (d) generate large amounts of data that can be used in real time to inform and guide dynamic, adaptive, more effective, and sustainable programs (Oldenburg et al., 2015). In order to evaluate the feasibility of an intervention delivered by a traditional form of ICT, we have conducted a pilot study involving a group of older adults. Every participant was provided for a period of 4 months with a TV-based telecare system with a set of health-related services included. The mood states, perceived quality of life, and frequency of services utilization were recorded at baseline and every two months. The POMS and the WHOQOL-BREF were used. Non-parametric tests were performed to assess significant differences in repeated measures and/or in gender comparisons. Spearman' correlation analysis was used to verify relationships between questionnaires scores and average time usage of services. The results demonstrated a positive relationship between the utilization of the health service and the reduction of anger, confusion, and tension in participants. No significant differences emerged in the perceived quality of life. Further studies are needed to better calibrate the intervention on the health needs of older adults.

Effects of individual vs. self-help cognitive behavioural therapy for insomnia on symptoms of depression and anxiety: preliminary evidence from a randomised controlled trial

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Abstract

Robust evidence shows that insomnia is not only a concomitant but indeed a precursor of emotional disorders. Therefore, reducing insomnia may potentially lowering the risk of developing future emotional disorders. Cognitive behavioural therapy for insomnia (CBT-

I) is the first-line treatment for insomnia and it has been shown to be effective in reducing depressive and anxiety symptoms in meta-analytic reviews. However, it is still not clear whether different CBT-I settings may be associated with differential effects on emotional symptoms. The aim of this study was to compare two widely used type of CBT-I (i.e., individual face-to-face (iCBT-I) and self-help with professional guidance CBT-I (shCBTI)) on depression and anxiety symptoms. Twenty-six participants (22.80 ± 4.29 years) diagnosed with insomnia (iCBT-I=13; shCBT-I=13) were included. The Beck Depression Inventory II (BDI) and the State Trait Anxiety Inventory (STAI-Y) were administered at baseline and after treatment. The 4 weeks, weekly-delivered treatment protocols included: stimulus control, sleep compression, sleep hygiene, cognitive restructuring and relaxation techniques. Treatments were delivered either in individual face-to-face settings or via email with professional support. Linear mixed models show a significant Time main effect on BDI ($F_{(1,24)} = 8.813, p = 0.007$), showing that both groups decreased depressive symptoms from pre- (13.77 ± 7.41) to post-treatment (9.60 ± 8.55), without significant differences between groups. Instead, a significant Time by Group interaction on STAI-Y ($F_{(1,24)} = 6.707, p = 0.016$) revealed a greater reduction of anxiety for the iCBT-I compared to the shCBT-I with a large effect size ($t = 5.805, p < 0.001, d = 0.85$). Results show that CBT-I is effective in reducing emotional symptoms in individuals with insomnia disorder. iCBT-I, compared to shCBT-I is associated with greater effectiveness in reducing anxiety, but not depression.

A pilot study on “NoiBene”: an online intervention to promote psychological well-being in university students

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Abstract

Mental health problems are very common among university students and many of them experience high levels of discomfort and psychological distress during academic years. Despite this, most students don't ask for psychological help. In order to prevent psychological distress and to provide students with an easily accessible and user-friendly tool, we developed “NoiBene”, an online evidence-based intervention for the promotion of well-being as well as the decrease of dysfunctional coping strategies. The aim of this study is to investigate the feasibility of NoiBene and to evaluate his effects on students'

well-being, emotional awareness, assertiveness and academic performance and to explore users' satisfaction. 12 healthy university students were included in the experimental group and were asked to carry out the NoiBene program, whereas 12 healthy university students were included in the control group and received paper informational material. Standardized questionnaires to measure well-being, emotional awareness and assertiveness were administered at baseline and post-intervention. The experimental group also received an ad hoc feedback questionnaire to evaluate the degree of usefulness and satisfaction. A series of mixed factorial ANOVA 2x2 was conducted to investigate the effectiveness of the intervention on the selected measures. Descriptive analyses were run for the usefulness and satisfaction questionnaire. Results showed no differences between groups at baseline and no differences within the control group in the baseline-post intervention comparison. Also, results showed that the experimental group reported significantly higher levels of self-acceptance and lower levels of alexithymia. Finally, most of the participants reported being satisfied with NoiBene intervention. In summary, although future researches are mandatory to overcome the limitations of the current study, NoiBene program appears to be effective at enhancing self-acceptance and emotional awareness.

Expressive regulation ability as a predictor of quality of life

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Abstract

Expressive Regulation Ability (ER) is a key component of resiliency and is an important factor for adjustment and to cope the stressful events. For this reason the ER can play an important role in the Quality of Life (QoL). There are few Italian studies presenting reliable tools designed to assess a functional way to regulate emotion in order to obtain a good adjustment and good QoL. The aim of this study was to both explore the psychometric characteristics of the Flexible Regulation of Emotional Expression (FREE) Scale and validate it to the Italian context, with the purpose of applying it as a measure of outcome and identification of groups for interventions. FREE was administered to a first sample consisting of 283 subjects aged between 18-49 years old (M=22.33; SD=4.81). Then FREE and SF-12 were administered to a second sample consisting of 284 subjects, aged 20-60

($M=38.63$ $DS=12.88$). To assess the factorial structure of the FREE Italian version an EFA was conducted, and the number of factors to extract was set to 4: Enhance Positive (EP, item 1-2-3), Enhance Negative (EN, item 4-5-6-7-8), Suppress Positive (SP, item 9-10-11-12), Suppress Negative (SN, item 13-14-15-16). We conducted, on a second sample, a CFA that confirmed the factor structure of study 1 and the indices showed that a six correlated factors model solution has a good fit $\chi^2(98) = 183.92$; $p < .01$, CFI = .93, RMSEA = .06 (90% CI = .04 – .07). The indices showed that the hierarchical two-factor model solution has a good fit $\chi^2(99) = 183.94$; $p < .01$, CFI = .93, RMSEA = .06 (90% CI = .04 – .07). Concurrent validity was assessed by correlation with QoL. Mental Health (MH) correlated with EP ($r=.17$), EN ($r=.12$) and Enhance ($r=.17$) and Suppress ($r=.12$) Total. Our results showed that FREE is a valid tool to assess ER, which is an important component of QoL, particularly MH, thus preventing mental illness. Our results encourage useful perspectives relative to ER training intervention in order to improve QoL.

DREAMS: RESEARCH AND PRACTICE

Proposer

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Abstract

Dreams have fascinated people since the beginning of history. The Egyptians believed that one of the best ways to receive divine revelation was through dreaming. Dreams has been object of curiosity and interest and still today the attention of people for the meaning and function of dreams is evident. In the last years, scholars approached the dreams research by different point of view. At their core, studies aim to understand the brain mechanisms that characterized dreams and they means in our minds. From this point of view, the Freudian theoretical and clinical proposal was discussed in greater depth, as a starting point for several perspectives. Considering the manifold plans and dimensions concerning the debate on the dream, this essay aims to suggest a reflection on the most recent clinical use of the dream.

For this purpose, several different vertices of reading are proposed, from the “dreamed dream”, namely the dream as an expression of neurobiological functioning, to the “remembered dream”, namely the way the dreamer translates or puts in words what he remembers of his own dream; to the “narrated dream” which can be “interpreted” or “understood” within the therapeutic relationship as understanding that given dream, but also as a shared story in a psychotherapy session, which becomes an intersubjective phenomenon, experiential and co-developed with the therapist. Overall, both intrapsychic and interpersonal dimension emerge.

From the discussion, it comes to light along with the practice of interpreting dreams, a renewed attention for their manifest appearance by many clinicians, intended as images and narratives that have their own validity, as organizing models of information and affect regulators. This area of interest seems to be a point of convergence for a comparison in the clinical use of the dream between neuroscientific research, contemporary psychoanalysis and cognitivism.

Dreams and their relation to brain activity: an overview

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Abstract

According to Freud (1900), sources of dreams include stimuli from the external world, subjective experiences, organic stimuli within the body, and mental activities during sleep (Zhang & Guo, 2018). At the end of the 1950s the neuroscientific approach to dreaming proposed a physiological substrate of dreaming in rapid eye movement sleep. In the last fifty years, studies on the neurophysiological correlates of dreaming have left many questions opened. Does dreaming have a meaning? What is the function of dreaming? Is the organization of the dream’s representations chaotic or is it determined by rules? (Ruby, 2011).

The purpose of this contribute is to offer an overview on findings from empirical research about dreams. After the description of the current state of the art on dreaming, considering its phenomenology and cerebral correlates and hypotheses about its functions the substantial advances that have been made will be presented. Also, the role of dreams will be explored as they relate to mental health and emotion regulation. Finally, the study of dreaming will be considered in order to more fully understand the processes and

mechanisms involved in waking consciousness, i.e. through studying the similarities with, and differences from, dream consciousness. Developments in neuroscience help us understand the value of dream interpretation. Also, new directions for dream research will be discussed.

Empirical dream research: jungian perspectives

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Abstract

In the Jungian theory (1925/1971) the unconscious contains a broader and more holistic knowledge about the development of personality; via dreams the unconscious brings new information to consciousness. This information has the form of symbols and images and it needs translation to be understood by the conscious ego. For this aim Jung developed the method of amplification: the symbol is enriched with the meaning the symbol has in different cultures, mythologies, religious traditions. The aim is to stimulate processes in the dreamer to become more conscious of potential solutions offered by the dream.

In the last decades there has been a development of reconceptualizations of psychoanalytic dream theories influenced by insights from empirical dream research. Many results have supported Jung's view: dreams have an influence on emotion regulation in waking life (Picchioni & Hicks, 2009), and on creativity (Barrett, 2001; Schredl, 2007); dreaming plays a central role in the consolidation of memory content (Hallschmid & Born, 2006), and promotes insight, learning processes and problem-solving (Wagner et al., 2004).

The purpose of this contribute is to offer an overview on findings from empirical dream research that refer to Jung's theory.

In the Jungian approach there is a tradition of studies investigating the unconscious influence of the orientation of the therapist on the dreams of the patient (Both Kron & Avny, 2003; Fischer, 1978);

there are some studies focusing on the use of dreams in psychotherapy (Faber, 1983; Kluger, 1955). Recently Roesler in "Research in Analytical Psychology" (2018) proposed the research method structural dream analysis (SDA), which allows for systematic and objective analysis of the meaning of dreams produced by patients in Jungian psychotherapies. SDA draws on narratological methods to identify major themes and their development over the course of a psychotherapy. Implications for research and practice will be discussed.

Borderline bodies and the function of dreams in therapy

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Abstract

My contention is that dreams reflect the functioning of the mind according to structural levels of development, so that patients with severe personality disorders present either repeated nightmares or less “interpretable” dreams than neurotic patients, i.e. dreams that have a clear narrative structure with the representation of a story or a narratable event, through metaphorical and metonymic levels of figuration.

At the extreme of personality disorders, severe psychosomatic patients and alexythimic patients have problems with the capacity to represent verbally and metaphorically the emotional contents. Dreaming for them would be a first step towards the capacity to reduce the concrete and too condensed material (often traumatic at a very early and deep level), enabling a first “flow” towards images, emotions, words and frontal lobe symbolic capacity and figurability. In other cases, dreams in the severe psychomatic respond to the “evacuative” nature of the mind (term used by Andre’ Green for “cas-limites”).

Dreams can still represent a “royal road to the unconscious”, but we have to distinguish between a traditional view of the so called “repressed unconscious” and a view of the unconscious as that which is not repressed but more similar to implicit memory and a production of limbic system affect content, mostly dissociated from consciousness. In addition to illustrating the intrapsychic nature of dream, the case materials I present will show how dreams constitute a very helpful and concrete relational and interpersonal function between patient and therapist, becoming a sort of map of the dynamics of mind in the therapeutic advancement.

In therapy dreams show how the patient is trying to integrate in a new imagistic and visual yet narratable form what previously was mostly in the body, in implicit memory and in affect dysregulation.

Dreams speak when they have something to say

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Abstract

Most psychotherapeutic approaches consider dreams potentially useful for clinical purposes.

Psychological research has further confirmed the principle of continuity, whereby the dreamlike content is largely consistent with the themes and feelings of everyday life (eg: Nir & Tononi, 2010; Liccione, 2004).

Hence, oneiric and conscious states do not represent two different milieus. In this view, oneiric content can open new modes of being - it can offer new life directions - which acquires meaning during the conscious state, according to personal historical features.

However, dreams "speak" and "say" something to and on the dreamer, insofar as he feels influenced by them when he is vigilant.

Interpreting a dream means to let it manifest, open, and to reveal itself. "*Not to give a casual explanation and derivation of the dreams, but to let the dreams themselves tell their own stories by what they say and reveal in their orientation toward the world. Dreams are not symptoms and consequences of something lying hidden behind [them], but they themselves are in what they show and only this. Only with this does their emerging essence [Wesen] become worthy of questioning*" (Heidegger, 2000).

It follows that dreams are not signs of tacit aspects of themselves (reduction), but they are possible modes of being-in-the-world, so as possibilities of the self (expansion).

DEVELOPMENTS IN CLINICAL PSYCHOLOGY. NEW MEASURES, METHODS AND INTERVENTIONS TO ASSESS AND TREAT MENTAL HEALTH PROBLEMS

Proposer

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Abstract

The potential growth and practical implications of clinical psychology lies in its ability to maintain a strong clinical focus in research and progress in emerging research lines that have been developed. In recent years research in psychopathology has offered alternative ways of thinking about mental health problems. Recent and interesting approaches in the

field of psychopathology research conceptualize psychopathology as a system of relationships and try to study phenomena in a complex way through multi-method strategies and complex explanation models that take into account the role of different moderating and mediating variables. In psychotherapy research, the new research trend that is becoming established considers the longitudinal aspects of change during the therapy as an essential way to evaluate the outcome and process of treatment. The present panel collects four studies that intercept these research trends in order to better understand psychological functioning and to perform more patient-tailored interventions. In line with this and adopting a multi-method perspective, the study conducted by Cristofanelli & Ferro develops innovative measures specifically made for assessing patients and for tracking psychological and behavioral changes. The study conducted by Pedico, Cavalera and Oasi intends to assess which traumatic forms are associated with suicide through the mediating role of personality dimensions. New therapeutic approaches are instead examined in the other two presentations. The study conducted by Messina, Scottà, Benelli, Sambin tests the effectiveness of new Intensive Transactional Analysis Psychotherapy, the study adopts a longitudinal design and mixed method strategy that integrates qualitative and quantitative data. Finally, the study conducted by Liuzzi, Misici and Gullo examines the effectiveness of dynamic interpersonal therapy identifying different patient's patterns of change over time and putting them in relation to patient's characteristics and outcome.

The development of instruments to detect indicators of behavioural changes in therapeutic communities: a clinical case study

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Abstract

Clinicians involving in the treatment of adolescent patients should use a valid and efficient psychological assessment. The evaluation of the efficiency in clinical interventions may provide helpful information in terms of cost-effectiveness and may contribute to increase the quality and efficacy of the public services. Despite the importance of clinical and therapeutic interventions, we may observe several aspects limiting the chance in using them. For example, the neuropsychiatry context due to heterogeneous users (such as children and adolescents) makes the replicability of clinical trials difficult in terms of results. Thus,

efficient clinical programs and interventions - potentially able to identify specific and long-term effects - need to be defined. In therapeutic communities should be a priority both to manage aspects of emergency/urgency we may observe in adolescents, and to focus on those aspects placed on a timing dimension. The current study reports a description of innovative measures developed specifically for assessing adolescent patients and for tracking psychological features and behavioural changes. The main goal of the current study is to identify and develop specific tools in order to assess behavioural changes in adolescent therapeutic communities. Specifically, we conducted a single case study using a multimethod assessment including measures for evaluating specific psychological dimensions (i.e., belongingness and motivation, self-esteem and self - regulation, interpersonal relationships) associated to behavioural changes over time, underlying possible related observable behaviours (i.e. structured group activities, psychological crisis types, family relationships, hospitalization, police intervention, school attendance, daily mood). Furthermore, a clinical case is examined by using a multimethod assessment including such innovative measures. Clinical implications are discussed. The development and sharing of ‘assessment cultures’ among professionals should represent a priority in improving the effectiveness of therapeutic communities.

An empirical research on suicidal tendencies. The role of traumatic experiences and dimensions of personality

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Abstract

Several studies have shown that having suffered traumatic experiences in childhood, such as emotional, physical and sexual abuse is related to a greater probability of developing psychopathological forms such as suicidal ideation and behavior. Some studies have focused on the role of mediation that personality dimensions can have in relation to certain mental disorders. In a recent study conducted by Falgares et al. (2018) the role of mediation of introjective and anaclitic personality dimensions between childhood maltreatment and suicidal ideation was examined. Taking up this work, the present study intends to assess which traumatic forms are most associated with suicide and whether the personality dimensions mediate the relationship between maltreatment and suicidal ideation. For this reason, a sample of 43 subjects was recruited. To assess the personality dimensions of self-criticism and dependency we used the Depressive Experience Questionnaire (DEQ). The

Traumatic Experience Checklist was used to assess the value of emotional, sexual and physical threat trauma. Finally, the Suicidal History Self-Rating Screening Scale (SHSS) has been used to evaluate thoughts of death, suicidal ideation and suicidal behavior. The results show that only the factor relating to the physical threat appears to be associated with suicidal risk ($p = 0.02$); furthermore, both the depend factor ($p=0,57$) and the self-criticism factor ($p=0,51$) were found to be weakly associated with the relationship between physical threat and suicidal tendency. This data could indicate that having experienced some form of physical threat in the course of life can predispose to a greater suicidal risk beyond the personality configuration that characterizes the individual or that this relationship has been influenced by traits or life experiences of subjects who have not been evaluated by the administered instruments.

Intensive Transactional Analysis Psychotherapy (ITAP): a case series study

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Abstract

Introduction: In the present case series study, we tested the effectiveness of Intensive Transactional Analysis Psychotherapy (ITAP), a new therapeutic approach based on the integration between Transactional Analysis and brief psychodynamic approaches. ITAP is based on two key therapeutic tools – the intra-psychic triangle and the interpersonal triangle – which the therapist uses to focus patients' attention on moment-by-moment therapy process.

Methods: 6 patients (4 females, 2 males) were longitudinally evaluated using an A-B-A mixed quantitative and qualitative design, with evaluations at Baseline, Treatment and Follow-up phases. Each patient received 16 50-minute weekly sessions of ITAP therapy over 4 months. For quantitative evaluations, patients filled out the Clinical Outcome in Routine Evaluation – Outcome Measure (CORE-OM) at each evaluation. Effects size were estimated to evaluate quantitative changes comparing mean scores of Baseline, Treatment and Follow-up phases. At the first follow-up, the Change Interview was used to qualitatively evaluate patients' perceived changes.

Results: In quantitative data, four of six patients reported a very good outcome, with large to very large effect size, and two patients reported variable fluctuations within the non-clinical range of outcome scores. In qualitative evaluations, all patients reported several moderately to extremely important perceived changes attributed to psychotherapy.

Conclusions: Even with the limitations of case series methodology, quantitative and qualitative results provided in the present study consistently provide early evidence that ITAP therapy could be a suitable and an effective approach for the treatment of emotional difficulties.

Profiles of change in Dynamic Interpersonal Therapy (DIT)

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Abstract

Studies on efficacy of brief treatment have shown that mild-moderate level of depression can be efficaciously treated with twelve to twenty sessions of psychotherapy. In line with these results, the Dynamic Interpersonal Therapy (DIT) is one of the few short-term evidence-based psychodynamic treatments. DIT is a structured psychotherapy, delivered in 16 weekly sessions, specific for the treatment of mood disorders and anxiety. The study aims to evaluate the effectiveness of DIT and to identify patterns of change during brief therapy for patients with anxious and depression problems.

In order to identify and monitor anxiety and depressive disorders during treatment in the DIT, two self-report questionnaires are systematically administered at each session: GAD7 (general anxiety disorder) and PHQ9 (patient health questionnaire). The present study considered the GAD7 and PHQ9 questionnaires of 18 patients completed during the DIT treatment. Of these, 4 were males and 14 were females. The age varies from 20 to 73 years old. For all the prevalent disorder was a deflection of mood almost always accompanied by a generalized anxiety disorder. Both disorders were largely mild or moderate, only in a few cases the results of some questionnaires indicated the presence of a serious type of disorder. Preliminary analyses showed that GAD7 and PHQ9 scores significantly decreased over the course of therapies ($p < .05$). At the end of treatment (16 session) patients report a clinically significant reduction (50% or more) in both anxious and depressive symptoms compared to the begin of treatment. Both male and female reported significant improvement, even if

changes in female appeared faster and larger. Latent Class Growth Analysis will be performed on the final sample to detect different patterns (or classes) of change among patients. The latent classes identified will in turn be associated with outcome and patient's characteristics.

CLINICAL PSYCHOLOGY AND NEUROSCIENCES: A DIALOGUE ROUTED IN RESEARCH

Proposer

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Discussant:

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Abstract

Far from considering clinical psychology and neurosciences two worlds apart, the proponent of, and participants to the present symposium share the idea that clinical psychology and neurosciences represent two complementary approaches in the process of improving our capacity to understand, assess, and treat psychological disorders. 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 neuroscientific methods to different clinical psychology contexts, as well as between researchers and clinicians who are interested in exploring the neuroscience/clinical psychology interface. Participants will cover topic ranging from emotion dysregulation in borderline personality disorder to the usefulness of neuroscientific findings in clinical decision-making, passing through the results of a study on a novel time-frequency approach used to investigate the temporal dynamics of event-related changes in alpha activity during passive viewing of emotional stimuli, and the assessment of the relationships among executive functioning, personality traits, and insomnia disorder.

Empirical considerations on emotional dysregulation in borderline personality disorder

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Abstract

According to leading theories on Borderline Personality Disorder (BPD), it is best understood as an emotion dysregulation disorder emerging from continuous transactions between a biological emotional vulnerability and invalidating environments (Linehan, 1993). Although BPD emotion dysregulation seems well confirmed in clinical practice, it is not fully supported by empirical data. In the last 5 years, our research activity focused on the empirical evaluation of Linehan's conceptualization of emotional vulnerability through an extensive study of its assumptions (hypersensitivity, hyperreactivity and slow return to emotional baseline) and their operationalization.

Four case-control experiments were conducted on this topic and several operationalization of the three emotional vulnerability assumptions were tested. Physiological, self-reported and eye-tracking data were collected in 60 BPD patients and 60 healthy controls (HC) employing different stimuli (e.g., videos and pictures) and contents (e.g., positive, negative and neutral cues, social contents). Moreover, an extensive meta-analysis was conducted on emotional reactivity, including physiological and self-reported outcomes.

Our data showed support for hypersensitivity as manifested by a basal condition of hyperarousal and negative affectivity, a faster physiological response, and a negative bias towards emotional stimuli together with a reduced processing of social information. Hyperreactivity was not supported by experimental data and it was exclusively manifested in response to a pre-existent negative emotional state. Eventually, the slow return to emotional baseline was manifested by a reduced habituation and an altered response modulation.

Our data alternatively supported the hypersensitivity and the slow return to emotional baseline hypotheses, postulated by Linehan's Biosocial model, rather than the hyperreactivity assumption. Possible implications for BPD conceptualization will be discussed.

Executive functioning and personality traits in insomnia disorder

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Abstract

Individuals with insomnia commonly report subjective difficulties in different cognitive domains including executive functions (EFs); however, neuropsychological assessment are needed to clarify this association. Selected personality traits (e.g., neuroticism) have been shown to represent predisposing and/or perpetuating factors for insomnia. Nonetheless, no previous study assessed maladaptive variants of the Five Factor Model (i.e., Alternative Model of Personality Disorder dysfunctional personality traits) in insomnia patients. Notably, previous studies reported specific associations between selected personality traits and EF tasks. The current study aimed at assessing the relationships between EFs, maladaptive personality traits and insomnia in a sample of insomnia patients who were compared with a sample of age- and sex-matched non-clinical participants. All insomnia participants were consecutively admitted to the Sleep Disorders Center of the San Raffaele Turro Hospital. Insomnia participants met criteria for chronic insomnia disorder according to ICSD-3, underwent polysomnographic recording and completed the Italian translations of the Pittsburg Sleep Quality Index, and the Personality Inventory for DSM-5. Both clinical and non-clinical participants were administered the Italian translations of the Psychology Experiment Building Language EFs tasks. Confirming and extending previous reports, our findings showed subtle deficits in EFs in individuals with insomnia and suggested that maladaptive personality traits may play a role in insomnia.

Appetitive and aversive motivation in depression: a time-frequency study of asymmetries in alpha oscillations

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Abstract

The capability model of alpha asymmetries posits that transient emotional responses are a more powerful detector of depression-related motivational deficits than alpha activity at rest. So far, studies testing the capability model of alpha asymmetries in depression have used conventional spectral analysis, which provides only a 'static' picture masking the temporal dynamics of alpha asymmetries. The present study used a novel time-frequency

approach to investigate the temporal dynamics of event-related changes in alpha activity during passive viewing of emotional stimuli, including pleasant, neutral and unpleasant pictures, in individuals with subthreshold depression ($n = 23$) and in healthy controls ($n = 24$). At posterior scalp sites, compared to healthy individuals, those with subthreshold depression showed a higher right alpha activity in response to pleasant, but not neutral and unpleasant, stimuli starting at about 700 ms and lasting until 1000 ms post-stimulus. At anterior scalp sites, a higher left alpha activity in response to pleasant, but not neutral and unpleasant, stimuli in the 750-950 ms post-stimulus time window was observed in individuals with subthreshold depression relative to controls. The time-frequency approach allowed us to go beyond the measurement of a trait-like deficit in approach motivation, detailing how depressed mood affects transient motivational responses. Specifically, the results obtained in the present study support the notion that individuals with subthreshold depression are more likely to be under-engaged in processing approach- than avoidance-related emotional stimuli rather than the opposite pattern. More intriguingly, these novel findings suggest that event-related changes in alpha activity within a distinct lateralized frontoparietal network may provide specific measures of deficits in approach-related motivation in depression.

How neurosciences could be helpful for clinicians?

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Abstract

There is an increasing trend in clinical psychology to incorporate neuroscience findings in psychotherapeutic practice but the relationship between neurosciences and clinical practice is still debated and many issues remained unanswered. Should clinical hypotheses be derived from neurosciences findings? Should clinical practice be oriented by neuroscience research data? The presentation will try to answer to some questions about the usefulness of neuroscience findings in clinical practice giving examples derived from recent research on psychotherapy research of trauma related disorders.

APPLYING COMPUTERIZED LINGUISTIC MEASURES TO EXPLORE THE CLINICAL FEATURES OF DIFFERENT DIAGNOSTIC GROUPS AND THE PSYCHOTHERAPY CHANGE PROCESS

Proposer

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Discussant:

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Abstract

Although mental and interaction processes like those emerging in psychotherapy and psychopathology should somehow be reflected in the vocabularies and linguistic style of the speakers involved, to date few studies investigated the linguistic manifestation of psychological functioning of patients with specific diagnoses in clinical or naturalistic contexts. This lack of studies is probably due partly to the difficulty of getting sessions and interviews transcripts, partly to the complexity of the interactions between verbal and non-verbal linguistic variables, and partly to the lacking clinical relevance of some linguistic variables so far investigated in the analysis of day-to-day conversation.

The studies in this symposium describe two computerized linguistic analysis programs: The Computerized Reflective Functioning (CRF; Fertuck, Mergenthaler, Target, Levy, & Clarkin, 2012) and the Italian Discourse Attributes Analysis Program (IDAAP; Maskit, 2011; Maskit, Bucci, & Murphy, 2012) that calculates the linguistic measures of referential process phases as described by Bucci (1997, 2016). These programs have been used to empirically examine three linguistic styles that the authors associated to different psychological functions or states: emotional arousal; narrating/symbolization; and reorganization/reflective functioning. These functions have been investigated on narratives posted by borderline Instagram users; on the Adult Attachment Interview of women victims of intimate partner violence; on Relationship Anecdotes Paradigm Interview of patients suffering from unipolar and bipolar mood disorders; and on a large sample of psychotherapy sessions to which is possible to compare the single session or treatment.

These studies are ones in a growing line of research exploring how patients speak rather than just the content of what they say, revealing aspects that are largely undetectable by both speakers and that bypass the biases of self-report or observer-based measures.

Exploring the relationship between reflective function and recovery process of borderline users on Instagram: a multimethod study through computerized and thematic analysis

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Abstract

The use of computerized stylistic measures, which allows to evaluate psychological states from linguistic markers (Mergenthaler & Bucci, 1999), is increasing in clinical psychology research (Mariani et al., 2013). As for our knowledge, despite the extensive research on offline narratives of borderline patients (BPD) (Bateman & Fonagy, 2004), no studies on reflective functioning (RF) in online social networks have been conducted using computerized language style analysis. Furthermore, while there is an increasing interest in the recovery-oriented approach (Maone & D'avanzo, 2015), there are few studies on the experience of recovery in BPD (Ng, Bourke & Grenyer, 2016).

This study aims to evaluate the reflective style in narratives shared online by borderline users and to investigate its relation to the users' recovery process.

The participants were 14 active Instagram users (Hu et al., 2014) with a self-reported diagnosis of BPD. Two groups of users were distinguished on the basis of the hashtags #BPD and #BPDrecovery. Seventy randomized narratives were extracted from users accounts, 35 in each group. A multi-method approach was adopted: 1) computerized reflective functioning (CRF) (Fertuck et al., 2012), a stylistic analysis of RF that identifies RF related lexical markers from transcribed or written text 2) a thematic analysis of recovery processes by using the theoretical framework CHIME (Leamy et al., 2011), which identifies five recovery processes of different complexity (e.g. hope and optimism, meaning and purpose, etc.).

The results indicated that the narratives of the #BPDrecovery group were significantly more reflective ($p=0.02$) than those of the #BPD group. Moreover, the #BPDrecovery group presented more advanced recovery processes than the #BPD group. Overall, these

results suggest that a multi-method analysis approach may allow a more thorough understanding of the relationship between RF and recovery in an online setting.

Referential process and intimate partner violence: a preliminary investigation

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Abstract

Several studies (Henderson, et al., 2005; Levendosky et al., 2011), found a prevalence of unresolved/disorganized attachment in people with a history of traumatic loss or abuses, and a strong intergenerational transmission of attachment representations and styles. In accordance with Multiple Code Theory (Bucci, 1997), we suppose that the Intimate Partner Violence (IPV) victims are more involved in the narration of the attachment experiences rather than control group. The traumatic events lead to impose an activation of their referential process. The opportunity to tell their experience should start to reflect of themselves. We suppose also that IPV victims are more open to reflect on their experiences, less defended speaking more fluently approaching to interview protocol because they are starting a self-protecting process in anti-violence centers. We hypothesize to highlight different linguistic patterns in the sample of IPV victims.

The Adult Attachment Interview (AAI, George et al., 1984) was administered to 15 Italian female victims of IPV, recruited in some anti-violence centers, and to 15 Italian women with no history of IPV. On the AAI transcripts we applied the Italian version of the linguistic measures (Mariani, et al., 2013) to detect the referential process between subsymbolic and symbolic systems.

Compared with control group, the IPV group presents different linguistic styles, in particular greater levels of emotional activation and higher referential process (WRAD, $t = 4,913, p < .01$; DF $t = -4,7168, p < .01$) and more capacity to reorganization of the narrative (WRRL, $t = 3,410, p < .05$).

The results show IPV victims are more connected to their attachment experience than the control group and more capability to be involved in their specific experience even though is strongly traumatic. They use the AAI protocol as an opportunity to tell to someone their experience.

Linguistic styles and referential activity of unipolar and bipolar mood disorder

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Abstract

Several studies explored if Bipolar Mood Disorder (BMD) and Unipolar Mood Disorder (UMD) are characterized by the same or different neuropsychological and affective processes. Some neurological studies found different cerebral areas are activated in BMD and UMD; however self-report questionnaires generally are not able to differentiate the two types of mood disorders (ManHan, De Berardis, Fornaro, KuKima, 2019). Also some studies on linguistic style of patients with mood disorders reported some interesting results: patients with mood disorders are found to significantly use the first-person pronoun (Bucci and Freedman, 1981) and words referring to negative affects (Himmelstein, Barb, Finlayson, & Young, 2018). The aim of the study is analyzing different features of linguistic style in UMD, BMD and non-clinical participants. We hypothesize, in the frame of Multiple Code Theory, the Referential Process (RP) and emotional regulation in UMD and BMD are different, showing various types of words in narratives of Relationship Anecdotes.

According to DSM-5 criteria 20 Italian patients were selected (10 with BMD, 10 with UMD) compared with 10 Italian non-clinical participants. A psychologist administered to participants the Relationship Anecdotes Paradigm (RAP) interview and the Profile of Mood States (POMS). The interviews were transcribed and analyzed through the linguistic measures of referential process (Maskit, 2011).

The ANOVA analysis shows the POMS scores did not discriminate BMD from UMD, but only clinical from non-clinical groups while linguistic analysis revealed specific pattern styles of words for each group: in BMD speech presented a significantly higher use of (a) words referring to body and sensations ($F=12.220$; $p>.01$) and a more Referential Activity Intensity Index (MHIW) ($F=4.073$; $p>.05$).

The results indicate that emotional dysregulation as detected by linguistic measures of referential process, catching different patter style for BMD and UMD.

The potential research and clinical applications of the new normative data of the referential process Italian measures

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Abstract

According to Bucci's multiple code theory (1997, 2016) for a significant change the patient-therapist relationship should foster a referential process shaping in three alternating phases: (a) Arousal: experiencing emotion schemas, (b) Symbolizing: translating into words the emotional experiences, and (c) Reorganizing: recognizing, understanding and expanding the emotional significance of patient's narratives. In addition to computerized Italian measures of referential process already in use – for example Disfluency (DF), which models the Arousal phase, and the Weighted Referential Activity Dictionary (WRAD), which models the Symbolizing phase of the process - recently has been developed the Weighted Reflection and Reorganization List (WRRL; Negri et al. 2019), which models the Reorganizing phase. This study aimed to (a) validate qualitatively and quantitatively the WRRL and (b) collect the normative data of the referential process Italian measures.

The central tendency and variability indexes of all the computerized Italian measures have been calculated on 265 psychotherapy sessions. Moreover, all conversational turns of all sessions were divided in two groups: Reorganizing Turns Group with low WRAD and high use of abstract reflection words (Reflection) and Non-reorganizing Turns Group with high WRAD and low Reflection.

WRRL was significantly higher in the Reorganizing Turns Group ($t = 3.246, p < .001$); WRRL correlated negatively with WRAD ($r = -.148, p < .05$) and DF ($r = -.274, p < .001$), and positively with the use abstract reflection words ($r = .547, p < .001$).

These results represent a first quantitative validation of WRRL as a reliable measure of reorganizing phase. Furthermore, the new normative data can be used to quantitatively and graphically compare single psychotherapeutic processes with the sessions normative sample. These norms enlarge the potential applications of the measures for clinical practice and for process-outcome research.

ISSUES AND CHALLENGES IN TREATING EATING DISORDERS: PERSONALITY, COGNITIVE DISTORTIONS, AND CURRENT THERAPEUTIC APPROACHES

Proposer

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Discussant:

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Abstract

Eating disorders (EDs) are commonly considered among the most complex and severe psychiatric illnesses, and they are often associated with high psychiatric comorbidity, medical complexities, poor quality of life, high mortality, poor treatment outcomes, and high rates of relapse or treatment dropout (Smolak & Levine, 2015; Steinhausen, 2009).

A critical step in the process of improving mental health care is to shed light on the individual factors involved in EDs patients' response to treatment, as well as to explore the promising results of novel therapeutic approaches for eating pathologies. To address these issues, this symposium will be structured as follows:

- 1) The two studies of Abbate Daga and colleagues investigated the role of personality traits and affective temperaments in patients with Anorexia Nervosa (AN) and their parents, showing the relevance of these two variables for treatment planning and psychological support of patients' families;
- 2) The contribution of Carfora Lettieri and colleagues explored the role of cognitive distortions (especially magical thinking) in a sample of obese adults seeking bariatric surgery or involved in a support group for dietary restriction, outlining the implications of these findings in pre-bariatric evaluations;
- 3) The third contribution by Muzi and colleagues evaluated the effectiveness of an inpatient integrative and multimodal treatment program for individuals with EDs at both group and individual level, also exploring those variables that may affect treatment outcomes;
- 4) The study of Cardi and colleagues explored the effectiveness of a novel six-week online guided self-help program (RecoveryMANTRA) for outpatients with a diagnosis of Anorexia Nervosa (AN), showing the importance of motivation to change and therapeutic alliance.

Anorexia Nervosa: role of personality in the treatment

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Abstract

Anorexia Nervosa (AN) is a severe mental disorder, characterized by a progressive restriction in food intake, a pathological fear towards weight gain and a disturbance of body image perception.

The pathogenesis of AN is complex and unclear and an individual with AN often is difficult to treat. Among the variety of factors related to this clinical condition, the traits of personality are an important issue. The aim of this communication is to discuss a) an investigation of affective temperaments in AN comparing parents of affected individuals versus those of HCs b) an analysis of role of personality traits in the improvement of the eating psychopathology in a group of AN inpatients.

Study 1: A total of 167 parent/offspring dyads have been enrolled. All participants completed the Temperament Evaluation of Memphis, Pisa, Paris and San Diego Autoquestionnaire (TEMPS-A) and other psychometric tests that included psychopathological and clinical measures. Patients with AN and HCs differed on all five affective temperaments. AN patients' parents reported significantly higher scores only on the anxious temperament.

Study 2: One-hundred and thirteen inpatients with AN were consecutively enrolled and asked to complete Temperament and Character Inventory (TCI) and other psychometric tests that included psychopathological and clinical measures. Cooperativeness on the TCI was found to significantly differ between improved patients versus not improved patients. These data suggest some considerations. First, the evaluation of the personality of patients and their parents could be of help in a better knowledge of AN. Second, anxious temperaments can be relevant in pathogenesis of AN. Third, during hospitalization higher cooperativeness upon admission can correlate with a better outcome upon discharge. In conclusion, a deeper personality characterization of patients with AN could be helpful in planning treatment of patients and psychological support of family.

Bariatric surgery vs dietary restriction in obese patients: can magical thinking play a role?

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Abstract

One of the main challenges for psychological assessment of obese patients seeking bariatric surgery is the possibility to predict which aspects are crucial in determining the long-term

maintaining of the weight loss. Research suggests that individuals seeking medical treatment for obesity show worse psychological functioning than people involved in programs that focus on dietary or weight control (Malik et al., 2014), but what leads obese people to choose to undergo surgery rather than opt for a weight-loss program? This study aims to investigate whether cognitive distortions (especially regarding magical thinking) may play an important role in this choice and, consequently, be an important factor to consider in pre-bariatric evaluations. In fact, clinical practice suggests that obese patients seeking bariatric intervention often present unrealistic expectations regarding both the surgery and the changes that it will *magically* bring to their lives, thus neglecting their own role in achieving the goal. This aspect is a criticism for the long-term efficacy of the treatment, because if the reasons for having the surgery don't imply a real motivation to change, patients are at a high risk of failures. In order to investigate these aspects, we compared two groups of obese patients. The first one included 15 obese adults seeking bariatric surgery while the second one included 15 obese adults involved in a support group for dietary restriction. All participants referred to the same hospital unit and all were administered the Rorschach Test (R-PAS). Analyses focused on all the 60 R-PAS variables (Page 1 and 2) and results showed relevant differences between the two groups, especially regarding psychic immaturity. These findings suggest that distortions in perception of reality may be important aspects to consider in pre-bariatric evaluations, given their potential link to more profound difficulties in weight loss maintenance over time.

Outcomes of a multimodal inpatient treatment for severe eating disorders using clinical and statistical significance

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Abstract

Most practice guidelines suggest that eating disorders (EDs) treatment should be delivered on a continuum of frequency and intensity depending on the patient's severity of symptoms, medical stability, and treatment history (APA, 2006). Despite residential, multimodal, and multidisciplinary programs are recommended as the first line of treatment for more severe EDs, empirical data on their effectiveness are still limited and evaluated

primarily the statistical significance of treatment outcomes at group level (Schlegl et al., 2016).

The main aim of this study was to evaluate the long-term effectiveness of an inpatient treatment program for individuals with EDs at both group and individual level applying the Jacobson and Truax's (1991) criteria for clinical significance.

A sample of 69 patients were assessed at intake, at discharge and at 6-month follow-up on the following measures: the Eating Disorder Inventory-3 (Garner, 2004), the Beck Depression Inventory-II (Beck et al., 2006), and the Symptom Checklist-90-Revised (Derogatis, 1994). ED diagnoses were established at intake using the Structured Clinical Interview for DSM-5 (SCID-5; First et al., 2013).

Findings showed a statistically significant symptom reduction at both discharge and follow-up, with moderate to large effect sizes, especially on overall eating disorder risk and depressive symptoms severity. 31-42% of patients showed clinically significant changes and 19-29% reliable changes in the various outcome measures at discharge, whereas about 35% remained unchanged. Noteworthy, patients showed higher clinically significant (35-54%) and reliable (35-38%) symptom changes at 6-month follow-up. Patients who showed symptomatic improvement were less impaired at intake.

These findings suggest the beneficial effects of intensive and multidisciplinary inpatient treatment setting for EDs, along with the importance of combining clinical significance approach with traditional significance testing (Diedrich et al., 2018).

The shared trial: a novel six weeks, online, guided self-help intervention (RecoveryMANTRA) for patients with Anorexia Nervosa

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Abstract

Introduction: There are no data available on the efficacy of different treatment augmentations in the early phase of adult anorexia nervosa treatment. We developed an online, six-week guided self-help intervention, RecoveryMANTRA, to augment treatment as usual for adult outpatients with anorexia nervosa by targeting motivation to change. SHARED is a

randomised and multicentre clinical trial that aims to test the acceptability and effectiveness of a six-week online guided self-help (RecoveryMANTRA) for outpatients with a diagnosis of anorexia nervosa.

Methods: Participants completed a package of baseline questionnaires and were then randomly assigned to one of two groups: treatment as usual (TAU) + RecoveryMANTRA or treatment as usual alone (TAU). The drop-out levels were calculated and the effectiveness of the six-week intervention was assessed using linear mixed effect analyses. The variables considered were: body mass index, eating disorder symptoms, stress, depression and anxiety levels, prominence and confidence in the capability to change and therapeutic alliance with the therapists at the outpatient service. In addition to the baseline and six-week questionnaires (end of treatment), patients also completed follow-ups at 6 and 12 months.

Results: One hundred and eighty-seven patients completed the baseline questionnaires. Eighty-eight patients were assigned to the control group and 99 to the TAU group + RecoveryMANTRA. The general baseline characteristics were similar in both groups. Adherence to a minimum of four in six online sessions and the percentage of patients completing the six-week questionnaires were 83%. Patients receiving RecoveryMANTRA reported greater change in motivation and alliance with the therapists at the outpatient service compared to the control group.

Conclusion: The presented results support the feasibility and effectiveness of RecoveryMANTRA, an online self-help intervention for outpatients with anorexia nervosa.

MIND AND BODY IN CLINICAL PSYCHOLOGICAL INTERVENTIONS

Proposer

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Discussant:

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Abstract

Psychological interventions could have different effects on the body. The connection between mind and body has been studied for a long time, though there is still much to unfold the clinical potential. In this symposium, we will explore how some

psychological interventions can promote positive physiological and functional changes. Specifically, we will present the preliminary data of a mindset-changing intervention, in which older adults lived for a week “as if” they were 30 years younger. Moreover, we will present the neurobiological effects of an EMDR intervention addressing post-traumatic symptoms in cancer patients. As psychotherapy and other psychological practices are full of embodiment experiences, we will not only focus on the patients’ modifications, but we will also investigate the occurrence of synchronicity following interpersonal processes, with the focus of the training context.

A counterclockwise intervention to rejuvenate older adults: preliminary results

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Abstract

What if a relevant part of the ageing process is an expression of a self-fulfilling prophecy? While it is generally perceived as a biologically-determined process, ageing includes several psychological factors. Age-related stereotypes, in particular, seem to have a strong influence on health and life satisfaction. According to the stereotype embodiment theory, changes in these images would promote a change in both the mind and the body, resulting in improved quality of life and, potentially, in a physical rejuvenation.

At the last AIP meeting we presented the research protocol for the study “counterclockwise”. A group of older adults (aged 75+) took part of a residential role-play game, in which they relived their previous self, acting as if they were in the year 1989. The entire residential program, which lasted six days, was designed to enhance this perception, including a retrofitted environment and social activities that will prime participants to relive that period. The intervention protocol included 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 were exposed every day to newspapers, TV shows and movies from the target period, and they were encouraged to act as if they are actually younger. The whole setting was retrofitted to remind the ‘80s, and it includes several -

currently vintage- objects: cathode-ray television, VHS recorders, old phones, typewriters. New technology (e.g., smartphones, tablets, laptops...) were taken at the beginning of the week and participants are asked to retain using them. In the protocol, results from this condition were compared with those in an active group condition (same location and activities as the experimental group, with a present-day setting) and a no-treatment group (assessment only).

In the present symposium, we will present the preliminary results, both qualitative and quantitative, obtained following the intervention phase.

Neurobiological response to EMDR therapy in patients with PTSD related to breast cancer

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Abstract

Trauma-related symptoms among breast cancer (BC) patients have been investigated and associated to disease diagnosis and to the potential life-threatening situation. To date no studies have evaluated the neurobiological effect of psychotherapeutic treatment for post-traumatic symptoms in cancer patients.

The study aimed to evaluate the efficacy of EMDR as compared to Treatment as Usual (TAU) in BC patients with PTSD, identifying by electroencephalography (EEG) the neurophysiological changes underlying treatments effect and their correlation with clinical symptoms.

Patients screening was performed on a cohort of more than 500 patients with breast cancer based on IES-R. Then patients were evaluated with SCID and CAPS to confirm PTSD diagnosis. Fifteen patients underwent EMDR treatment and were compared with a control group who receive standard psychological support (TAU).

EEG recording for the extraction of Heart Rate Variability (HRV) was performed in both groups in sequence during the resting state (both eyes open and eyes closed), then listening to the audio script of the traumatic event with eyes closed, a second period in resting state

with eyes closed and in the intervention group even during EMDR therapy and in a last resting state. The procedure was repeated at the end of the treatment in both groups. At post-treatment, all patients treated with EMDR no longer met criteria for PTSD, while all patients treated with TAU maintained the diagnosis. A significant decrease in depressive symptoms was found only in the EMDR group, while anxiety remained stable in all patients. EEG results corroborated these findings, showing significant differences in delta and theta bands in left angular and right fusiform gyri only in the EMDR group. Therefore, it is essential to detect PTSD symptoms in patients with BC, in order to offer proper interventions. The efficacy of EMDR therapy in reducing cancer-related PTSD is supported by both clinical and neurobiological findings.

Psychotherapy research, embodiment and training programs, an opportunity for the development of clinical skills

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Abstract

Contemporary psychodynamic models highlight the crucial role of empathy, attunement and other relational processes in psychotherapy. Yet these traits are notably difficult to define and to learn. A growing body of research on psychotherapy is showing that these processes are mediated by embodied and physiological processes.

Psychotherapy training should therefore focus on teaching how to be empathic. This difficult task is hindered on one hand by the dominance of cognitive training strategies that conflict with other cognitive tasks involved in the clinical process. On the other hand, the lack of measures offering a valid and objective moment-to-moment assessment of empathic processes, limits the degree to which empathy can be measured during therapy, teaching trainees which intervention had which effect.

Physiological synchronization may answer this latter point. The degree of concurrent activation of physiological indexes of a dyad has indeed been associated to therapists' empathy. Based on this phenomenon, it may be possible to develop a biofeedback training that continuously inform trainees on their level of attunement with the patient through an

implicit, embodied, and affective type of learning. Possible applications span from role-playing to actual clinical sessions.

In the present study we call researchers toward such investigation, offering an overview of existing biofeedback trainings in the clinical and medical contexts. We aim to present the various mechanisms, study designs, and psychological variables that could be used to develop such an empathy training.

Our results show that a biofeedback empathy training is a viable, theoretically and empirically sound approach. We argue that further research in this field of study will be important for the improvement of psychotherapy training, and to facilitate the work of clinicians.

Epigenetics and transgenerational transmission of trauma

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Abstract

Every person who experienced a serious stressful event in his/her life is undoubtedly affected in different ways. It is also not surprising that a traumatized parent consciously or unconsciously influences their children with respect to the effect that this event has had his/her life. A question that has arisen in parallel with the recognition of the long-term and transformative nature of behaviors deriving from the psychological effects of exposure to trauma, is whether these effects influence offspring through biological mechanisms. Thus, during last decades it was developed the idea that the consequences of a parent's traumatic experience could persist in subsequent generations through epigenetic effects, ie signs encoded on DNA and potentially transmitted through the germ line. But what are the mechanisms by which these effects are determined? The recent studies regarding epigenetic mechanisms in association with the effects of exposure to parental trauma on the offspring will therefore be illustrated. In addition, the biological dysregulations identified to date following traumatic events and abuses will be illustrated, especially when these occur in childhood and the role trauma-focused psychotherapy may have in restoring such dysregulations.

LOOKING AT MIDDLE CHILDHOOD AND ADOLESCENCE THROUGH THE LENS OF ATTACHMENT, AFFECTIVE REGULATION AND MENTALIZAZION

Proposer

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Discussant:

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Abstract

From the perspective of the attachment theory, middle-childhood and adolescence represent transitional phases characterized by profound transformations and the reorganization of the emotional, cognitive, behavioral and social systems. These connected periods are considered crucial for the development of individual wellbeing, intended as the capability to find a physiological and emotional balance between the requests of the external world and the need of the inner one. In this way, attachment bond with parents, affective regulation (i.e., the capacity to modulate the own affect states, starting from significant relationships) and mentalization (i.e., the ability to perceive self and others behaviors in terms of mental states; operationalized as Reflective Functioning), assume an essential role in managing both physical and psychological maladjustment.

Following these assumptions, the present symposium aims to look at middle childhood and adolescence within different at risk samples (externalizing behaviors, headache problems, diabetic diagnosis, psychotic disorders), focusing on both physical and psychological features.

Attachment relations, affective regulation and mentalization capabilities will be used as the lens through which explore these populations for deepening the knowledge related to these specific conditions and for stimulating a reflection about possible future interventions able to capture their complexity.

On the tracks of externalizing symptomatology: the role of attachment coherence and self-regulation

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Abstract

Although the role of mentalization has been extensively explored among clinical and normative adult samples, a lack of studies in middle childhood still exists (Bosmans &

Kerns, 2015; Ensink *et al.*, 2015). Following these considerations, the present study aims to explore the role of mentalization (operationalized as Reflective Functioning) as a mediator in the link between attachment coherence and psychological maladjustment, here considered as externalizing symptomatology. Child Attachment Interview (CAI; Shmueli-Goetz, Target, Fonagy & Datta, 2008; Cavanna, Bizzi, San Martini & Castellano, 2018) was administered to 95 community children ($M = 10.4$ years, $SD = 1.43$ years) and then coded with the Child and Adolescent Reflective Functioning Scale (CRFS; Ensink, Target, Duval & Oandasan, 2015; measured as Self- and Other-focused mentalization). Child Behavior Checklist for Ages 6-18 (Achenbach, 2001) was also administered to children's parents. Results showed that Self-focused mentalization, but not Other-focused mentalization, partially mediate the link between attachment coherence and externalizing symptomatology. Despite the preliminary nature of this study, our findings suggest the importance of considering the dimension of Self-focused mentalization (intended as the capability to recognize and to converse with own mental states) during middle-childhood as a dimension that could promote psychological adjustment. These considerations lead us to consider the need of specific interventions able to capture the specificity of middle-childhood period in which the attachment system changes from seeking proximity to the attachment figure to discovering external social relationship.

Life experiences with diabetes in the middle childhood: the role of attachment

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Abstract

Introduction: The attachment system regulates the relationship between closeness to a safe person and the exploration of the environment is therefore strongly involved in health-related events. In particular, children with physical illnesses perceive their vulnerability and are exposed to more experiences that can activate the attachment system (Thompson, Ciechanowski, 2003). This on the other hand modulates the psychological processes related to health, in particular the adherence to therapy (Lai et al., 2018). Literature provides evidence regarding the influence of attachment styles on self-care and outcomes in diabetes (Ciechanowski et al., 2004). In this paper this connection is investigated in middle childhood.

Method: 30 subjects between 10 and 15 years with a diagnosis of type 1 diabetes mellitus were recruited at the paediatric diabetology clinic of Brescia ASST. The Child Attachment Interview (CAI; Shmueli-Goetz et al., 2008) was administered, with the informed consent and authorization of the Ethics Committee; the parameters of diabetes control and adherence to therapy were evaluated.

Results: For the attachment patterns, one third of the sample is classified as avoidant, but there is no statistically significant evidence connecting this pattern to a worse diabetes control. With respect glycosylated hemoglobin levels, there are few subjects in which it has an optimal value (7%); the sample mean is 8.4% and a quarter of the sample has a value greater than 9%. Interestingly, participants who practice sports (about 50%) show significantly lower levels of glycosylated hemoglobin ($p < .020$, $\Phi = .387$). Moreover, the attachment style seems involved since those who do not practice sport have (73%) an insecure attachment towards their mother ($p < .034$, $\Phi = .408$).

Conclusion: This pilot study allows to better understand some factors involved in the management of a complex chronic pathology and to evaluate the role of attachment in the middle childhood.

Attachment and mentalization (RF) in pre-adolescents with primary headache

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Abstract

Introduction: Primary headaches, in particular migraine and tension-type headache, represent one of the most frequent complaints in pediatric age. The comorbidity rate is very high and include anxiety, depression, attention, sleep and behavioural disorders. The current study explores dimensions of attachment and mentalization (operationalized as reflective functioning) in a sample of pre-adolescents with primary headache in comparison to a control group.

Method: 35 pre-adolescents ($M_{\text{age}} = 11.71$, $SD = 2.14$) with primary headache and 47 controls ($M_{\text{age}} = 11.59$, $SD = 1.61$) completed the Child Attachment Interview (CAI; Shmueli-Goetz et al., 2008; Cavanna et al., 2018) which was later coded by reliable raters for attachment to caregivers and for reflective functioning using the Child Attachment Reflective Functioning Scale (CRFS; Ensink et al., 2015).

Results: The clinical group differs from controls in some CAI scales: in particular sample group shows lower scores in security attachment subscales, as Emotional Openness, Balance of positive/negative references to attachment figures, Use of Examples, Resolution of conflicts and Overall Coherence. Higher scores were otherwise observed in Preoccupied Anger scale in the clinical group. No differences emerged instead in reflective functioning (RF) between sample and controls.

Discussion: Preliminary results of our research suggest that pre-adolescents with primary headache differ from controls in different dimensions of attachment, but not in mentalization. Implications for treatment and future research directions are discussed.

Autonomic dysregulation, basic symptoms and psychosomatic dysregulation in a group of adolescents and young adults at ultra high risk for psychosis

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Abstract

Evidence suggests that the first manifestations of schizophrenia may be detected several years before the psychotic onset via the assessment of Basic Symptoms (BS). Furthermore, literature suggests an association between Autonomic Nervous System (ANS) dysregulation, schizophrenia, and psychosomatic symptoms. However, research investigating the physiological and psychosomatic correlates in adolescents at ultra high risk for psychosis is scarce.

Participants were 31 adolescents and young adults (mean age=19.51, SD=3.53) referred to the mental health department of ASL Roma1. Psychosomatic dysregulation was investigated by means of the Psychosomatic Dysregulation Inventory (PDI); Autonomic dysregulation was measured through electrocardiogram (ECG) monitoring Cardiac Vagal Tone (CVT), Heart Rate Variability (HRV) and Respiratory Sinus Arrhythmia (RSA). The presence of BS was investigated by means of the Schizophrenia Proneness Instrument (SPI-A/CY).

Data analysis revealed a positive association between BS and psychosomatic dysregulation ($r=.38$, $p=.03$). BS were also correlated with HRV ($r=.44$, $p=0.13$).

The results of this preliminary study suggest that the presence of autonomic and psychosomatic domains of dysregulation in youth at ultra high risk for psychosis are detectable as early as the prodromal phase of the schizophrenic disorder. In line with this evidence, future studies should evaluate whether psychosomatic dysregulation and autonomic deficits may be considered risk indicators for a future psychotic onset.

PERSONALITY AND DISEASE

Proposer

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Discussant:

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Abstract

Personality disorders (PDs) affect a range of 4.4% to 14.8% of population. In a population study, poorer health was found in people with PDs (41.3%) compared with healthy subjects (17%). Recent advances in studies have shown that PDs are linked to increased health care utilization, predict later health problems and reduce life expectancy. However, several points need to be clarified, as the choice of dimensional and categorical assessment of PDs, specific or wide-ranging relationship of PDs to health problems, how treatment may influence rates and severity of physical problems, and so on. Moreover, very little is known about psychological/behavioral factors that may contribute to health problems in people with PDs (e.g. emotion dysregulation or alexithymia). In the proposed symposium, it will be presented findings on the role of personality and psychological mechanisms in different diseases: a study on personality in chronic headache by the mean of SWAP-200 will be presented by Dr. Federica Galli (ASST SS.Paolo e Carlo, Milano); a second study on patients with fibromyalgia by the mean of Structured Clinical Interview of Personality Disorder (SCID-5-PD) and the Structured Interview of Personality Organization (STIPO) will be presented by Prof. Lorys Castelli (Università di Torino, Torino); a third study on dialyzed patients by the mean of Toronto Alexithymia Scale (TAS-20) will be presented by Prof. Carlo Lai ("Sapienza", Roma); a fourth study on alexithymia and psychological distress in chronic pain (versus acute pain) will be presented by Dr. Roberta Lanzara

(Università di Chieti-Pescara). A final discussion will be realized on different tools (categorical or dimensional) for the assessment of PDs.

Personality and personality disorders in medication overuse headache: a controlled study by SWAP-200

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Abstract

Introduction: Medication Overuse Headache (MOH) is a type of chronic headache whose mechanisms are still unknown, even if it is clear the role of analgesic misuse. The likely role of psychological factors has been matter of debate from different point of views. The role of personality and personality disorders (PD) as one of the mechanisms sustaining MOH development has been advanced, but poorly studied. The hypothesis of addiction-like behavior sustaining the drug misuse has been matter of debate, with contrasting findings. Main aim is detecting personality and PDs in MOH, with a specific attention to the role addiction.

Materials and Methods: Eighty-eight MOH patients have been compared with 91 PDs and 99 Substance Use Disorder groups, by the mean of the Shedler-Westen Assessment Procedure-200 (SWAP-200), a clinician-rated tool assessing personality and PDs. MANCOVAs with Bonferroni post-hoc analyses ($p < .05$) were performed to assess MOH, SUD, and PD group differences, controlling for age and gender as well.

Results: Significant and clinically meaningful differences among MOH, SUD, and PD groups on the SWAP-200 dimensions were found. Notably, MOH patients showed less relevant traits of the SWAP-200's clusters A and B PDs than SUD and PD patients, presenting globally more severe levels of personality impairment. Conversely, obsessive and dysphoric features were higher in MOH patients, that also showed a good enough overall psychological functioning.

Conclusion: These results seem to confirm the presence of a specific configuration of personality in MOH group. Clinicians' careful understanding of personality characteristics

of MOH patients may be very useful to provide a road map for the implementation of effective treatment strategies and intervention program in this specific clinical population.

Personality assessment in fibromyalgia syndrome

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Abstract

Background: Fibromyalgia Syndrome (FM) is a Functional Somatic Syndrome that affects especially women. It is characterized by chronic pain, sleep disturbances, fatigue, cognitive changes and mood disorders. Given that the issue of a personality profile specific of FM is still debated, we performed a comparison between the categorical, and the dimensional and structural personality assessment.

Methods: A group of 40 FM patients was compared to 40 patients with Rheumatoid Arthritis (RA) and 40 Healthy Controls (HC). Personality Disorders (PD) and Personality Organization (PO) were assessed by means of specific interviews, that is the Structured Clinical Interview of Personality Disorder (SCID-5-PD) and the Structured Interview of Personality Organization (STIPO), respectively. This procedure allows us to made a comparison between the categorical (SCID-5-PD), and the dimensional and structural (STIPO) personality assessment.

Results: According to the SCID-5-PD, 32% of FM, 7.5% of AR patients and 5% of HC reported a PD. In the FM group, the Borderline (10%) and the Other Specified (7.5%) Disorders were the most prevalent. According to the STIPO, 42.5% of FM, 25% of AR patients and 7.5% of HC had a borderline PO. Regarding the dimensional profile, FM patients had high impairments in the STIPO Coping-Rigidity, Primitive Defenses and Object Relations dimensions. Finally, the presence of a borderline PO has a statistically significant negative effect on the mental component of the health related quality of life (SF-36), on depressive symptoms, global distress indices and on the somatization dimension of the Self-Report Symptoms Inventory (SCL-90-R).

Conclusions: The dimensional and structural personality assessment allowed to identify a broader range of FM patients with a personality impairment, which could have a negative impact on the psychopathological symptoms. The assessment of PO could therefore be a crucial issue for treatment planning in chronic pain patients.

Externally oriented thinking predicts phosphorus levels in dialyzed patients

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Abstract

Background: The aim of the present study was to investigate the association between alexithymia scores and biological markers of adherence in dialyzed patients. The hypothesis was that higher scores of alexithymia would be associated with lower adherence to treatment.

Methods: Fifty-four adult dialyzed patients were enrolled during a follow-up visit. Participants were asked to complete a self-report questionnaire, namely, the Toronto Alexithymia Scale (TAS-20). Moreover, biological markers levels of adherence to treatment (phosphorus, creatinine, and serum uric acid) were measured.

Results: A positive correlation was found between phosphorous levels and TAS-F2 ($r = 0.28$; $P = .04$) and TAS-F3 ($r = -0.31$; $P = .02$). Stepwise regression with TAS-F2 and TAS-F3 as predictors of adherence to treatment showed a significant model, adjusted $R^2 = 0.08$, $F(1,52) = 5.4$; $P < .02$, where only TAS-F3 was able to predict phosphorous levels ($P = .02$).

Conclusions: Findings showed that external oriented thinking was able to predict a biological marker of adherence to treatment in dialyzed patients.

The role of personality in the experience of chronic pain

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Abstract

Introduction: Chronic pain (CP) is a widespread clinical condition, with prevalence estimates ranging from 7.6% to 45% in the general population and with serious repercussions in the patient's quality of life. Although the CP has different etiologies and clinical manifestations, growing evidence demonstrates that psychological risk variables play an important role in beginning, severity, and maintenance of this condition. Identifying psychological features common to the patients most at risk is a recognized research priority for the treatment of

CP. This explorative study aims to compare CP and acute pain (AP) patients, in an effort to investigate the role of personality characteristics in influencing the experience of pain.

Methods: Consecutive 80 CP-patients and 40 AP-patients were assessed for clinical pain and were evaluated for personality characteristics (such as alexithymia, catastrophizing, potential for emotional and behavioral problems) and distress symptoms with validated scales.

Results: CP-patients and AP-patients were comparable in gender, age, marital status, educational and socioeconomic levels. As expected, CP-patients showed higher rates of severity of pain and a higher degree to which pain interferes with common dimensions of feeling and function than AP-patients. CP subjects also exhibited significantly higher scores in alexithymia (specifically in difficulties in identifying feelings and externally oriented thinking), helplessness, emotional and behavioral problems, and mental distress when compared to AP subjects.

Conclusions: Our findings suggest that personality characteristics may play an important role in the onset and maintenance of CP, particularly in the presence of an impairment of psychosocial functioning. Clinicians involved in the management of pain conditions should be alerted to address the combination of personality traits and emotional distress in planning intervention tailored on specific patient characteristics.

HOW TO DEVELOP EFFECTIVE PSYCHOTHERAPISTS? THE RESEARCH ON THERAPIST'S CHARACTERISTICS AND PROFESSIONAL TRAINING

Proposer

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Discussant:

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Abstract

Previous research has consistently demonstrated that some clinicians are better at helping patients to positively change, whereas other clinicians produce less beneficial change in their patients (Castonguay & Hill, 2017). A growing body of literature is providing evidence on the therapist characteristics that positively impact on the process of change (Orlinsky,

2005). However, there is still a debate on whether therapist variables are more important than treatment methods, and what therapist variables are important for developing a positive relationship with patients (Wampold, 2018).

The aim of this symposium is to provide additional data on the therapist's contribution to effective treatment and to offer guidance to develop evidence and practice-based training programs. To date, there is no consensus on how the positive characteristics of the effective therapist could be improved during the course of professional training and what training is efficacious for getting these positive skills.

The first presentation by Di Nuovo will focus on the ongoing debate about the interplay between research and practice, and how we can train research-oriented psychotherapists in Italy. The presentation by Brugnera et al. will report the results from a survey conducted with a sample of Italian therapists, with the aim of identifying predictors of their poor well-being. The presentation by Muzi et al. will show the results of a study examining the impact of both therapists' reflective functioning and personality characteristics on the therapeutic alliance with patients. Finally, the presentation by Gullo et al. will report some preliminary findings of the SPRISTAD project, a cross-cultural longitudinal study of professional development which started in 2012 as an interest group of the Society for Psychotherapy Research.

This symposium was born as a first example of the collaboration between the AIP and SPR-Italy, in order to promote a research-oriented psychotherapeutic practice.

Is the therapist also a clinical researcher?

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Abstract

This presentation will aim to answer the question of whether it is important for an effective psychotherapist to have the professional skills useful for conducting research within his/her clinical work. The answer could be positive, assuming that psychotherapy is both a scientific practice and a clinical activity.

A research attitude of the therapist can allow him/her to plan a treatment based on a reliable baseline assessment; to examine the results obtained in post-treatment and follow-up; to monitor which variables can play a role in establishing and maintaining an efficient relationship between patient and therapist, a fundamental element for achieving the planned objectives.

The results concerning the treatment outcome and the characteristics of the therapeutic process can be shared with other researchers and extended with multi-center projects. The therapist can be actively involved in the different phases of both clinical and research work. For the aforementioned reasons, the training of the therapist should be directed to an open process aimed at assimilating a solid methodological background and the techniques (quantitative, qualitative and longitudinal) that could be applied in field studies.

A strong cooperation between scientific associations and institutions is needed to achieve these goals, which can be a central element of psychotherapy training. A comprehensive formation should provide specific skills to improve and share the scientific aspects of clinical work, in order to achieve an overall improvement in clinical psychology as a science.

Reflective functioning mediates the association between attachment insecurity and well-being among psychotherapists

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Abstract

Introduction: Perceived poor well-being is one of the therapist personal factors associated with a higher risk of burnout and with reduced efficacy of psychological treatment. To date, no studies examined if therapist insecure attachment dimensions (i.e., anxiety and avoidance) have an impact on therapists' subjective quality of life and well-being, and if reflective functioning mediates these associations.

Methods: A total of 416 psychotherapists (females: 79.6%; mean age: 43.94 ± 10.37 years) were enrolled in this cross-sectional study. They practiced psychotherapy for a mean of 10.1 ± 9.23 years. Participants completed a survey including measures of attachment (i.e., avoidant and anxious dimensions), of certainty or uncertainty about mental states (i.e., reflective functioning), and of subjective well-being. The hypothesized attachment-related model of well-being was tested through a Structural Equation Modeling approach, controlling for age.

Results: Certainty in reflective functioning had a small positive direct effect on therapist well-being, while both attachment anxiety and avoidance dimensions had a significant negative direct association with perceived well-being with small to medium effects. In addition, reflective functioning mediated the latter associations, suggesting that therapist's

lower ability to mentalize may partially account for the negative effect of attachment anxiety and avoidance on therapist's perceived well-being.

Conclusions: Psychotherapists may focus professional development on enhancing mentalizing capacity, whereas training programs should consider training in mentalizing-based interventions to help trainee therapists to be better equipped for the emotional and interpersonal challenges of their work.

'Keeping mind in mind' in psychotherapy: the influence of therapists' reflective functioning and personality on working alliance

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Abstract

There has been increasing recognition over the last two decades that certain therapists' personal characteristics could influence the quality of the therapeutic alliance. Despite therapists' who are aware and explore mental states in themselves and their patients, as well as mentalize about patients' emotional experiences, are more likely to form positive alliances (Markowitz et al., 2011), empirical evidence on the relationship between the therapists' reflective functioning (RF) and therapeutic alliance are still scarce. Furthermore, the therapists' personality remains an under-researched area despite its clinical relevance (Werbart et al., 2018).

This study aimed to investigate the relationship between therapists' RF, their personality characteristics and the impact of these two variables on overall therapeutic alliance.

Sixty novice psychodynamic therapists were interviewed with the Clinical Diagnostic Interview to assess their personality with the Shedler-Westen Assessment Procedure-200 (SWAP-200; Westen, Shedler, 1999) and then, 1–2 weeks later, with the Adult Attachment Interview (AAI; George et al., 1985). Therapists' RF was coded according to the Reflective Functioning Scale (Fonagy et al., 1998) from the AAI transcripts by two independent raters. Therapists were also asked to complete the Working Alliance Inventory (WAI-T; Horvath, Greenberg, 1989) on a patient currently in treatment.

Findings showed that therapists' RF was positively associated with their healthy personality functioning, and negatively related to those SWAP-200 scales characterized by emotional dysregulation or interpersonal detachment. Moreover, results indicated a strong predictive relationship between therapist RF and therapist report of working alliance.

These findings suggest that these therapists' subjective characteristics may be important skills involved in the therapeutic process that, in turn, could contribute to patients' structural change (Lingiardi et al., 2018).

Training in psychotherapy: a summary of main SPRISTAD results collected in Italy

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Abstract

Psychotherapy research has recently suggested that therapists differ in their level of effectiveness and that therapist effects is larger than treatment effects. However, therapist experience and theoretical orientation have proven not to be sufficient to explain the majority of therapist effects and a growing trend of research is emphasizing the impact of therapist's personal characteristics on outcome. These evidences have led to pay greater attention to personal and professional development of therapist highlighting the need to study in a more systematic and in-depth way the training programs. In line with this increasing interest for training effectiveness, the Society for Psychotherapy Research Interest Section on Therapist Training and Development (SPRISTAD) has launched a large-scale collaborative, multisite, and multinational study of therapist development in psychotherapy training programs (Orlinsky et al., 2015). The current study presents data collected in Italy as part of this study and reports the main results found in several cross-sectional and longitudinal researches carried out in recent years. These studies focused several aspects of training such as personal and professional background, quality of training experience and supervision as well as longitudinal changes in trainees' perception of their development over time. Overall, the results highlight that the personal background of trainees is an important source of motivation to start a psychotherapy training but it has a relative small influence on therapists' development during their training. Interesting results also concern the quality of training experiences and the quality of supervision that emerge as an important factors for trainees' perception of their development. In particular, the quality of relationship between trainee and affects several aspects of perceived development, suggesting that the issue of supervisory relationship should deserve more attention in psychotherapy research.

ASYLUM AND FORCED MIGRATION CLINIC: CHALLENGES, INSTRUMENTS, AND DYNAMIC-CLINICAL PERSPECTIVES OF INTERVENTION

Proposer

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Discussant:

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Abstract

The consequences of exposure to traumatic events on mental health is the principal focus of a substantial body of national and international psychological research, which highlights an increased risk amongst asylum seekers and refugees of developing post-traumatic stress disorders and depression. Some studies have highlighted the fundamental role played by post-migratory social determinants, including the characteristics of community and cultural elements as risk and protective factors.

The study of the phenomenon of forced migration could benefit from a psychodynamic perspective, which looks at the emotional field in its broader individual and social significance.

The trauma of migration, characterized by an identity fracture, as highlighted by the pioneer work of Grinberg & Grinberg (1989), can be seen as a multidimensional process that extends through different intra-psychic and inter-cultural spaces .

Taking these premises as its starting point, the symposium aims to reflect on an *asylum and forced migration clinic* as a clinic of the *social link* whereby the migratory experiences, clinical practices and methodological challenges are discussed within different contexts.

The self in young refugees as revealed through narratives based qualitative analysis

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Abstract

This work reports research done from a clinical-dynamic point of view, through clinical interviews, with the goal of identifying how young refugees maintain the Self narration and identity after traumatic experiences due to their life stories. The use of narration with qualitative analysis was used.

The study was conducted on a group of 10 refugees with symptoms of anxiety and depression.

(7 females and 3 males) with ages ranging between 22-30 (average=25,5; DS=4.29), all students at the University of Messina. The interview on the Self narration included five areas (personal, family, social, professional and related to experience with respect to the symptomatology).

The interviews were conducted and recorded, transcribed according to Mergenthaler (1992) and analysed following the Grounded Theory approach and using the textual analysis software of Atlas.ti. The dimensional classification system, along which the properties of the codes are distributed, is the “emotional density of the narratives”, inspired by the principles of classification of the emotional analysis of the text (AET; Carli & Paniccia, 2010).

This research showed that the autobiographical Self is integrated and coherent when the narrative is supported by strong relational indicators that refer to filial Self. When, on the other hand, the subjects find themselves narrating coherence, continuity in a strictly individual perspective, the affective awareness of Self seems to grow dramatically and reveal an obsolete organization of the Self and identity crisis. This would seem to imply that the possibility to maintain an integration of their Self rests on the intersubjective components of their identity and that they can find a space of expression based on the relational resources of their family. Intervention protocols could be developed as well as a subsequent model to promote psychological health and efficacy of available traditional treatments.

Women victims of trafficking: an empirical psychodynamic study, in the Edo state

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Abstract

Introduction: Given the constant presence of migratory flows and adoption of restrictive policies, women's traffic has taken on new importance in recent years.

Women victims of traffic represent the most aberrant and violent configuration of prostitution. The specific aspect of women's traffic is the high rate of coercion exercised on the victims. We are interested in the psychodynamic aspects of the phenomenon: we have considered the psychic distress of these women as a set of experiences of suffering, violence and deception suffered. The study focuses on the case of the Edo State, one of the confederate states of Nigeria among the most affected by the phenomenon of women victims of trafficking and destined for exploitation and prostitution.

Method: The present study aims to analyze the existence of components that favor the proliferation of trafficking in women for sexual purposes, in the Edo State society. The sample under analysis is made up of 100 women from the Edo State who were administered a questionnaire, semi-structured, created ad hoc, with the aid of computerized means, with the help of local interviewers.

Results: From a first analysis of the data we found that traffickers who manage trafficking appear to be well-rooted in the territory, 68.4% of respondents said they knew the people who are part of secret associations. Furthermore, with reference to the theme of the "Black Magic", most of the women interviewed felt that it is real and has a strong impact on people.

Conclusions: The results of the research are useful for a new political programming of psycho-social interventions to counter the phenomenon of trafficking. It could also generate interest for the continuation and deepening of research with greater sample numbers.

The psychopathological condition of unaccompanied foreign minors in residential childcare contexts. A research study on trauma and its clinical pathway

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Abstract

Introduction: The unaccompanied foreigner minors are minors who left their country of origin for necessity or constraint conditions, being in Italy without the accompaniment of parental figures or other meaningful adults. They arrived in Italy facing dangerous journeys,

characterized by high risks' situations related to physical and psychological integrity. It is very complex to manage the clinical interventions for these children's severe psychological distress, considering their hard vulnerability, accentuated by the young age, the absence of reference adults and the exposure to multiple traumatic experiences that undermine their developmental processes (pre-migratory, migratory, and post-migratory traumas).

Aim of the study: The present study aimed at detecting the psychological conditions of the unaccompanied foreign minors in childcare contexts by exploring the presence of symptoms related to PTSD, internalizing/externalizing problems and dissociative tendencies at three different times (t1: entry into the childcare context; t2: after six months; t3: after a year). The sample is made up of 38 migrants minors. The following tests were administered: the Italian version of SCL90-R (Preti, et al., 2011); the DIS-Q (Vanderlinden, et. al. 1993), PTSD Symptoms Scale; Italian version SDQ (Goodmann, 2005).

Results: Preliminary findings showed that the symptoms of PTSD, as well as the psychopathological symptoms detectable through SCL-90-R, were not present in the minors who have just entered the childcare context but they emerged after 6 months, and then decreased after 12 months. These outcomes highlighted the importance of the childcare context interventions' protective factor, not only in favoring the emergence of the symptoms framework linked to the multiple experienced trauma, but also in addressing ad hoc clinical treatments.

The asylum seekers images-mediated narrative interview: evaluation of a new methodology on narrative meaning-making processes

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Abstract

Introduction: The disruption of the symbolisation and meaning-making processes provoked by severe traumatisations so often lived by forced migrants, constitutes a challenge for researchers and clinicians who need to rethink and adapt methodologies and approaches of interventions till now used to the forced migrants' needs. Hypothesising that the images represent a useful support to the linguistic and transcultural difficulties lived by refugees, we developed a new images-mediated narrative interview: The Asylum Seekers Images-mediated Narrative Interview. This study presents the evaluation of its effects on narrative meaning-making processes.

Methods: 36 male Nigerian asylum seekers hosted in three CAS of the Campania Region, were randomly divided in two groups. Trauma, resilience and post-migration difficulties were evaluated for each participant. The experimental group was administered by the images-mediated interview; whereas, the control one by a not-images mediated interview. Quantitative data were analysed through descriptive analysis; the interviews were analysed according to the dimensions of the narrative meaning-making processes (Fivush et al., 2012): Internal States, Coherence, Reflective Insights. A MANOVA was also carried out to evaluate the significance of eventual differences of narrative indexes between groups.

Results: High levels of resilience and low levels of PTSD emerged in both groups. From descriptive analysis, narrative indexes were higher in the experimental group. The MANOVA showed statistically significant differences in the experimental group in Internal States and Coherence, caused by the only effect “experimental vs control group” ($F(8,25)=5.902, p=.000, \eta^2 \text{ partial}=.65$).

Discussion: Results confirmed the potentialities of the new methodology in promoting meaning-making processes, supporting the usefulness of qualitative research for the construction of person-centred intervention in line with the needs of vulnerable individuals.

NEW INSIGHTS FROM PSYCHOLOGICAL AND PHYSIOLOGICAL CORRELATES OF EMOTION REGULATION IN GAMBLING DISORDER

Proposer

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Discussant:

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Abstract

The recent literature towards Gambling Disorder (GD) underlines the multidimensional nature of components involved in its development and maintenance, stressing the interaction between bio-psycho-social factors (Sharpe, 2002). Some variables, accounting for GD, have been shown to be both psychological and physiological in their nature. For instance, emotion regulation and alexithymia are psychopathological processes, resulting from early childhood experiences, embodied in somatic dysfunctions. Also, some central features of addiction as such as craving are thought to result from an interaction between

psychological and physiological components. However, research towards these topics in the field of GD is still poor and characterized by a lack of dialogue between the different lines of research. Specifically, there is a need to contextualize physiological data within an articulated psychopathological perspective.

On these premises, this essay aims to open a debate on the relevance of autonomic aspects involved in the ER processes in response to gambling-related cues. Also, we will discuss about the link between decreased accuracy in perceiving bodily sensory information and difficulties in emotion regulation. Finally, we will consider how diverse psychopathological features such as impulsivity, alexithymia and dissociation play a central role in pathological gambling behaviors.

In the discussion emerges that beyond GD a complex interplay acts and future research could potentially benefit from investigations involving larger and more heterogeneous samples to gain more insight into the concept of ER and its association with GD. From a clinical perspective, each point of views contains different implications for choice of treatment interventions.

Heart rate variability, craving and emotion regulation in gambling disorder: preliminary results of an experimental study

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Abstract

Introduction: The empirical investigation of the relationship between Gambling Disorder (GD) and Emotion Regulation (ER) is complicated by the multidimensional nature of the ER construct (Gross, 2013; Sheppes et al., 2015). Some authors underlined the relevance of autonomic aspects involved in the ER processes (Thayer & Lane, 2000; Porges, 2007). Noteworthy, the nature of autonomic activation, measured with Heart Rate Variability, in response to gambling-related cues, has not yet been investigated in Disordered Gamblers (DGs). Also, despite most of the studies reported an association between self-report craving and arousal, others authors failed to replicate such results.

Methods: We recruited a sample of participants including two groups, matched for age and gender. The clinical group included individual with a GD diagnosis, addicted to VLT or slot machines. The control group was composed of healthy participants, recruited

throughout a purposive sampling technique, from the normal population. All participants fulfilled a battery of self-report questionnaires investigating aspect of emotion regulation. Also, an experimental procedure was administered including three periods namely baseline, cue-exposure and recovery. Standardized cues related to slot machines and VLT were presented (Billieux et al., 2019). Levels of HRV were measured during all the procedure and measures of subjective craving were performed before and after the cue-exposure.

Results: As expected, DGs, compared to healthy controls showed higher increase of craving after the cue exposure. Also, interesting relationship emerged between HRV, craving and emotion regulations measures.

Conclusions: This is the first study exploring the relationship between HRV, craving and ER among DGs. The promising nature of these results suggests that HRV could be used as a tool to identify difficulties in the regulation of emotional states related to craving among DGs. Moreover, the experimental procedure allowed to specify which component of emotion regulation difficulties are involved in craving for gambling. Clinical implications and future directions are discussed.

Attachment states of mind and interoceptive accuracy in patients with gambling disorder: a pilot study

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Abstract

Introduction: Gambling Disorder (GD) is often associated with poor regulation of negative emotions and impulsive behaviours, including gambling urges. According to recent studies, processes involved in emotion regulation are linked to a coherent perception of the self, which starts from the body and goes towards feelings and mind. Emotion regulation was found to be related to the ability to detect and evaluate physiological signals of distress, and then to use appropriate strategies that temper emotional response. A growing body of evidence demonstrated a link between decreased accuracy in perceiving bodily sensory information and difficulties in emotion regulation. Other studies focused on the relationships between difficulties in discriminating sensations related to bodily self-states and attachment system.

The present study aims to investigate the relationship between interoceptive accuracy and attachment state of mind in a group of patients with GD.

Methods: For this purpose, 15 GD patients and 15 controls were included in the study. Interoceptive Accuracy (IA) was assessed using a heartbeat perception task. Attachment state of mind was assessed using the Adult Attachment Interview (AAI). GD patients also filled the Gambling Symptom Assessment Scale (G-SAS).

Results: We found that patients with GD showed significantly lower IA compared to controls. Consistently with previous researches, they were more likely to have insecure or disorganized states of mind with respect to attachment. In addition, insecure and disorganized attachment states of mind were negatively correlated with IA scores within GD group.

Conclusions: Although preliminary, our results showed that state of mind with respect to attachment as well as impaired IA may be involved in the clinical phenomenology of Gambling Disorder.

Psychopathological features of gambling disorder: impulsivity, alexithymia and dissociation among pathological gamblers

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Abstract

Introduction: Impulsivity, alexithymia and dissociation and others psychopathological features seem to play a central role in pathological gambling behaviors. The aim of this study is to analyze if there is a relationship between specific psychopathological features and gambling disorder, among pathological gamblers undergoing different types of treatments.

Methods: The study sample consists of 204 subjects (males 87.3%, mean age=47.75 years, SD=12.08) divided into four groups: (1) 59 subjects belonging to an Outpatients Treatment Program in the National Health System (NHS); (2) 60 subjects of an Outpatients Self-Help Group Program; (3) 35 subjects belonging to a Residential Treatment Program (Inpatients Program); and (4) 50 subjects without gambling problems (Control Group). Each subject was assessed by the means of the South Oaks Gambling Screen (SOGS), the Barratt Impulsiveness Scale (BIS-11), the Twenty-Items Toronto Alexithymia Scale (TAS-20) and the Dissociative Experience Scale Revised (DES-II).

Results: Results show a positive relationship between gambling behaviors, impulsivity and alexithymia, and a negligible link between gambling behaviors and dissociation. Findings

also display the presence of higher levels of all these features in pathological gamblers with higher scores on the SOGS, and particularly, in participants attending a Residential Treatment Program (Inpatients Program).

Conclusions: This study confirms the hypothesis of the presence of higher levels of impulsivity, alexithymia and dissociation in pathological gamblers with a greater severity and seems to indicate a significant importance of impulsivity and alexithymia in predicting gambling behaviors.

COMPLEXITY IN PSYCHOSOMATICS: ADVANCES AND PERSPECTIVES

Proposer

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Discussant:

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Abstract

This integrated paper session aims at providing an update on new research and perspective in psychosomatic medicine. The session starts with Porcelli who will discuss the clinical utility of diagnostic classifications in the psychosomatic setting as the SSD (DSM-5), BDS (Body Distress Syndrome), and DCPR. Castelli, Chiggia and Tesio will report on findings on the use of DCPR clusters in a group of patients with fibromyalgia. Conti, Di Francesco, Severo and Brancucci will discuss the results of an experimental study on the influence of alexithymia on interoceptive awareness and decision making in obese patients. Sirri and Tossani will show their findings on the association between personality characteristics, psychological distress and perceived social support in the symptom development of medically unexplained symptoms in the general population.

The clinical utility of diagnosis in psychosomatics: SSD, BDS and DCPR

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Abstract

Clinical utility refers to the degree and the amount of influence that an instrument has on multiple decisions and outcomes in clinical practice. According to the classical biomedical model, symptoms are supposed to cluster together with relatively but substantial homogeneity, are attributable to one underlying pathophysiological mechanism, and the appropriate treatment should be followed by the patient with maximum adherence. Unfortunately, this model is less valid when there is a wide inter-individual variability of symptoms and the course of syndromes, no single biological pathways can be identified as causative agents, and psychosocial factors largely interact with treatment follow-up. The DSM-5 model of diagnosis in medical illness (Somatic Symptom Disorder, SSD) has improved the older DSM-IV criteria of somatoform disorders by eliminating the reference to medically unexplained somatic symptoms and requiring the presence of certain psychobehavioral features. Nonetheless, its clinical utility is limited by the lack of reference to the contextual environment and the relevance of symptoms on individual illness representation. Two alternative models are represented by the Bodily Distress Syndrome (BDS) and the Diagnostic Criteria for Psychosomatic Research (DCPR). A wide body of literature in the past 20 years has shown that these two alternative models are clinically more useful than DSM-based category, even though they received little if any consideration in the recently revised official psychiatric classification.

Diagnostic criteria for psychosomatic research (DCPR) in fibromyalgia patients

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Abstract

Introduction: Although many studies highlighted the importance of the psychological component associated with Fibromyalgia (FM), few studies investigated the clinical utility of the Diagnostic Criteria for Psychosomatic Research (DCPR) in FM. The aim is to investigate the prevalence of psychosomatic syndromes, as assessed with the DCPR, in a group of FM patients and to evaluate their impact on the psychosocial functioning.

Methods: Two groups of 101 patients with FM or Rheumatoid Arthritis (RA) were assessed using the DCPR, the Hospital Anxiety and Depression Scale (HADS) and the SF-36 that

evaluates the physical (SF-36_PC) and mental (SF-36_MC) component of health related quality of life.

Results: The results indicated a significantly higher prevalence of psychosomatic syndromes in the somatization (persistent somatization: 64.4% vs 14.9%; conversion symptoms: 48.5% vs 6.9%; anniversary reaction: 45.5% vs 17.8%), irritability (type A behavior: 57.4% vs 34.7%; irritable mood: 40.6% vs 24.8%), and demoralization (51.5% vs 17.8%) clusters of the DCPR in FM compared to RA patients. The multiple linear regression indicated that, even controlling for depressive ($p < .001$) and anxiety symptoms ($p = .027$), abnormal illness behavior ($p = .006$), somatization ($p = .021$) and demoralization ($p = .025$) were statistically significant contributing factors in explaining the negative impact of FM on the SF-36_MC.

Conclusion: The data confirmed a very high prevalence of psychosomatic syndromes in FM patients. Furthermore, psychosomatic syndromes showed a predictive validity in detecting a low health-related quality of life in FM patients, highlighting the clinical utility of the DCPR in detecting patients' psychosocial dysfunction.

The clinical utility of the Structured Clinical Interview for DSM-5 Personality Disorders (SCID-5-PD) and of the Structured Interview of Personality Organization (STIPO) will also be briefly discussed in order to provide an overview on the existing diagnostic instruments.

Emotional-visceral and cognitive-rational components in obesity

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Abstract

The possible primacy of alexithymia in predicting overeating has recently been supported by results from experimental studies showing that in obese patients the altered interoception may foster the tendency to misinterpret the visceral sensations related for example to hunger and satiety. In this study obese participants with high- and low-alexithymia levels were compared in an intertemporal decision-making task, and their choice behavior correlated with their interoceptive sensitivity and EEG cortical response. Results show that obese individuals with high levels of alexithymia are more impatient than normal weight individuals with low levels of alexithymia in intertemporal decisions. Furthermore, the greater is their sensitivity to the visceral sensations, the greater is the impatience. The overbalance between the emotional-visceral component and the cognitive-

rational one may be useful in identifying and distinguishing eating disorders in obesity. Future research may fruitfully examine possible endophenotypes and targets for treatment.

Assessing medically unexplained symptoms in the general population

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Abstract

Medically unexplained symptoms (MUS) negatively affect quality of life and are associated with increased healthcare costs. This study examined the prevalence of MUS and their association with a set of demographic and psychological features in the general population. A sample of 560 subjects (50% men, mean age 41.4 ± 15.9 years, range 18-87 years) completed the Screening for Somatoform Symptoms-7 (SOMS-7), the Symptom Questionnaire (SQ), the Toronto Alexithymia Scale-20 (TAS-20), the Type D Scale-14 (DS14), and the 15-item version of the Interpersonal Support Evaluation List (ISEL-SF). MUS that were scored more often as much or very much impairing by men were back pain (6.8%), joint pain (5.4%), pain in the legs and/or arms (4.6%), headaches (3.9%), sweating (3.9%), and bloating (3.3%). Women scored more often as much or very much impairing the following MUS: back pain (12.2%), bloating (8.3%), painful menstruation (8.3%), joint pain (7.9%), pain in the legs and/or arms (7.8%), and headaches (7.5%).

MUS severity on the SOMS-7 was significantly associated with female gender, presence of type D personality according to the DS14 cut-off, anxiety and depressive symptoms, higher levels of “difficulties identifying feelings” and “difficulties describing feelings” on the TAS-20, and lower satisfaction for social support. In multiple regression analysis, a higher “difficulty identifying feelings” score, depressive symptoms, female gender, and lower perceived social support significantly predicted the SOMS-7 score.

Our study confirms previous findings of a significant association between MUS and female gender and depressive symptoms. Poor social support may determine a sense of vulnerability leading to somatic distress. Future studies should assess the role of the different components of alexithymia on MUS. Identifying the predictors of MUS may provide important information for the development of preventive strategies for specific subgroups of subjects at a primary care level.

NEW ADVANCES IN CLINICAL PSYCHOLOGY: ASSESSMENT AND INTERVENTIONS

Proposer

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Discussant:

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Abstract

In line with the Research Domain Criteria (RDoC), this symposium will focus on increasing our understanding of mental health and psychopathology, by considering multiple levels of complexity, from genetic vulnerability to behavior and sociocultural context. As first speaker, Dr. Valeria Carola will show the clinical usefulness of specific blood and salivary biomarkers for the assessment of highly debilitating psychopathologies, such as major depression disorder, substance use disorder, and post-traumatic stress disorders. As second speaker, Prof. Claudio Gentili will present a systematic review of the literature on the biological outcomes of psychotherapy in depression. Specifically, he will highlight the paucity of research on this topic and the existence of a gap between neurobiology research and clinical practice. As third speaker, Dr. Igor Marchetti will present a longitudinal study where multiple cognitive vulnerability factors to depression in adolescence are considered simultaneously. An innovative analytical approach will be used to stress the importance of investigating the specific interplay among risk mechanisms, stressful life events, and depressive symptoms during development. As fourth speaker, Dr. Cristina Ottaviani will focus on the use of non-invasive brain stimulation techniques with individuals with treatment-resistant obsessive-compulsive disorder. In particular, she will present data on a randomized controlled pilot study with subclinical individuals, where transcranial direct current stimulation (tDCS) reduced disgust hypersensitivity and moral rigidity.

The use of biomarkers in clinical psychology context

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Abstract

The diagnosis of psychopathology is a complex and relevant process for the definition of appropriate treatment protocols. Recently, techniques for evaluating neurobiological factors have been combined with more classic tools of psychometric assessment with the aim of better diagnosing and adequately following the course of psychiatric diseases.

In this context it would be useful to identify measurable biomarkers, in peripheral tissues such as saliva and blood, suitable for assessing the impact of the mental disorder on the individual's health as well as evaluating the success of the psychotherapeutic treatment.

Here we aimed to identify blood biomarkers that could help in the psychodiagnostic process of diseases such as major depression (MD), substance use disorder (SUD), and stress-induced disorder.

Patients that received a DSM-5 diagnosis either for MD or SUD and healthy controls were enrolled for this study. Blood was drawn from patients and healthy controls at the end of a psychometric interview aimed to evaluate the symptomatology and the exposure to stressful/traumatic environmental conditions in early age and/or adulthood. The expression of candidate genes, known as implicated in “inflammatory” and “stress induced” pathways, was evaluated in the collected samples.

Interestingly we observed that some of the investigated genes were differentially expressed between patients and healthy controls. A modulatory effect of environmental stressors was also detected on the expression of a subset of these genes. Finally, a predictive ability of the psychiatric symptomatology has been described for a minority of them.

Our results prompt us towards further investigation that will aim to clarify whether these biomarkers have clinical relevance and whether they can be used to predict and confirm therapeutic success, and symptom remission in the future.

Does psychotherapy for depression have biological correlates? A systematic review and meta-analysis of available literature

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Abstract

Introduction: Though it is widely accepted that psychotherapies change biological parameters, this assumption is largely based on observational data, subject to confounding. We conduct a systematic review and meta-analysis of biological variables assessed, as outcomes or predictors of response, in randomized controlled trials of psychotherapy for adult depression.

Methods: Fifty-one trials (5123 participants) and a pooled analysis were included. Biological markers were outcomes in 43 studies and predictors of treatment response in 9.

Results: At post-treatment, psychotherapy do not perform differently as compared to control conditions for glycaemic control (Hb1AC), 7 trials, Hedges' $g = -.01$, 95% CI -0.30 to 0.29, $I^2 = 65\%$ and cortisol concentration after-wake, 5 trials, Hedges' $g = -.19$, 95% CI -0.45 to 0.06, $I^2 = 0\%$. Follow-up results were similar. Other biological domains (immunological, neurobiological, inflammatory, weight, blood pressure) were considered but overall findings were mixed and inconsistent. Finally, few trials investigated prediction of response, with only neuroimaging markers showing promise.

Discussion: Overall, we found limited evidence that benefits of psychological treatments for depression translate to biological outcomes or that biological marker could predict clinical outcome.

The architecture of cognitive vulnerability factors to depression in adolescence: A longitudinal network analysis study

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Abstract

Depression is a developmental phenomenon with rates of subsyndromal depression and Major Depression significantly increasing during adolescence. Despite its role as a critical period, adolescence has not been investigated systematically with respect to which mechanisms are more likely to facilitate the onset of depressive symptoms. To bridge this gap, we simultaneously considered the three major cognitive theories for depression, namely the Beck's Schema Theory, the Hopelessness Theory, and the Response Style Theory. In this four-wave study, we investigated the architecture and the stability of multiple cognitive vulnerability factors, depressive symptoms, and stressful events in 439 adolescents (mean age = 16) over a one-year period. Network analysis was used to unveil

the structure of cognitive vulnerability in a data-driven fashion. The analysis revealed that automatic thoughts play the role of hub node in the network and the interplay among vulnerability factors and symptoms is already highly stable during adolescence.

The use of non-invasive brain stimulation techniques as a promising novel therapeutic tool for obsessive compulsive disorder

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Abstract

Previous studies supported the existence of a distinctive relation between deontological guilt and both disgust and obsessive-compulsive (OC) symptoms. Given that the neural substrate underlying deontological guilt comprises brain regions implicated in the emotion of disgust (i.e. the insula), the present study aimed to test the hypothesis that indirect inhibition of the insula via cathodal transcranial direct current stimulation (tDCS) would decrease disgust and moral rigidity. A randomized, sham-controlled, within-subject design was used. Thirty healthy individuals (15 women) underwent 15-min anodal, cathodal, and sham tDCS over T3 in three different days, while their heart rate (HR) was recorded to derive measures of parasympathetic nervous system activity (HR variability; HRV). After the first 10-min of tDCS stimulation, participants were asked to 1) complete a series of 6-item words that could be completed with either a disgust-related word or neutral alternatives; 2) rate how much a series of vignettes were morally wrong. Levels of trait anxiety, depression, disgust sensitivity, scrupulosity, and altruism as well as pre- and post-stimulation momentary emotional states were assessed. Compared to the sham condition, after active stimulation of T3 a) HRV significantly increased and participants b) completed more words in terms of cleaning/dirtiness and c) reported greater subjective levels of disgust, all suggesting the elicitation of the emotion of disgust. Vignettes in the deontological domain were judged as more morally wrong in the active compared to the sham condition. An opposite pattern was found with cathodal stimulation. Results confirm the association between disgust and morality in the deontological domain, with important implications for OC disorder (OCD). Future studies should explore the possibility to

decrease symptoms of disgust sensitivity and moral rigidity in patients with OCD by the use of non-invasive brain stimulation techniques.

THE REPLICATION CRISIS IN CLINICAL PSYCHOLOGY AND PSYCHOTHERAPY RESEARCH

Proposer

Gian Mauro Manzoni¹

¹Faculty of Psychology, eCampus University, Novedrate.

Discussant:

Fiammetta Cosci²

²Department of Health Sciences, University of Florence, Florence.

Abstract

That replication studies do not often obtain the same results of replicated studies is an old phenomenon in science but it has become a crisis over the last ten years. Several scientific fields have been affected, including psychology. However, not all areas of psychology have undergone the replication crisis to the same extent. Social psychology and cognitive psychology have been affected directly and have probably suffered the greatest crisis, while clinical psychology has been affected mainly indirectly and seems to have undergone the replication crisis to a much lesser extent.

A gentle introduction to replicability in clinical psychology science

Gian Mauro Manzoni¹

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Abstract

Clinical psychology science has been less involved in the replicability discussion to date but this should not be taken to suggest that it has minimal replicability concerns as a field. Potential areas for concern in clinical psychology stems from small sample sizes and low statistical power, diagnostic unreliability, publication bias, the use of questionable research practices and low pre-registration rates. Furthermore, multiple barriers prevent direct replication in clinical psychology and a truly direct replication may never be possible. Many current proposals for improvement and reform can be applied and adapted for clinical psychological research, including open materials, open data, (pre)registration, registered reports, and multisite collaborations for both replications and original studies.

The signal and the noise: Positive implications of the replicability crisis

Marco Perugini¹

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Abstract

The recent replicability crisis in Psychology has attracted much attention and it is starting to have an impact on current research practices. In this talk I will present some concrete suggestions on what should be done based on the lessons learned from the replicability debate. The emphasis will be on methodological issues and research practices that increase the likelihood of designing informative experiments and drawing correct inferences from data, helping therefore researchers to separate the signal from the noise.

How to improve statistical results through prior beliefs in clinical psychology and psychotherapy research

Massimiliano Pastore¹

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Abstract

The bayesian approach is widely recognize as a good tool for improving the knowledge derived from data analysis.

In this talk we will present how prior beliefs can be used also in clinical psychology and psychotherapy research to obtain meaningful and interpretable results.

Close encounters with third and fourth type errors: Enhancing inference via prospective and retrospective design analysis

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Abstract

In recent years, psychological science has been experiencing an unprecedented replicability crisis that uncovered many issues regarding questionable research practices, misuse of statistical techniques, and a superficial interpretation of statistical results. Much discussion has focused around the meaning of the term “statistically significant” and the use of p-values, with many scholars advocating for alternative approaches. In this work, we focus

on an upstream issue that is independent of the approach chosen, namely the need for statistical reasoning during all phases that constitute a study.

We build on and further develop an idea proposed by Gelman and Carlin (2014) called “prospective and retrospective design analysis”, which is virtually absent in current research practice.

Design analysis has been proposed as a broader definition of power analysis, a term that in the classic statistical frequentist approach indicates the determination of an appropriate sample size given pre-specified levels of Type I and Type II errors and a “plausible effects size”. Indeed, a comprehensive design analysis should also explicitly state other risks, including the exaggeration ratio (Type M error, i.e., the predictable average overestimation of an effect that emerges as statistically significant) and the sign error (Type S error, i.e., the risk that a statistically significant effect is estimated in the wrong direction). Notably, the estimation of these errors will require an effort from clinical psychologists to introduce their expert knowledge and hypothesize what could be considered a “plausible effect size”. Using familiar examples within clinical psychology, we will show how engaging in a prospective design analysis to pre-plan a study or in a retrospective design analysis to evaluate study results could help researchers to enhance their (statistical) inference. Innovative extensions of the original design analysis will also be presented and discussed.

VULNERABILITY IN HEALTHCARE PROFESSIONALS: THEORETICAL AND EXPERIMENTAL PERSPECTIVES

Proposer

Elena Anna Maria Vegni¹

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Discussant:

Fiammetta Cosci²

²Department of Health Sciences, University of Florence, Florence.

Abstract

Medicine is becoming a professional field where a biomedical approach is not sufficient to cover the complexity of actual profession, and health care professionals are more and more aware of the emotional, subjective and frequently difficult psychological involvement into the professional relations, being those with patients and their caregiver, and those within the equip/institutions. The symposium will cover the topic of health care professionals vulnerability, i.e. considering uncertainty and necessarily limits in HPs’ inner experience

while being in action in their job. In particular the topic will be discussed both from an experimental and a theoretical point of view, considering very different field of medicine associated by the challenges they move to the professionals: 1. the field of adverse events, where HPs are considered second victims, and strategies needed to cope within the error event; 2. the construct of moral distress and its association with emotional exhaustion and cynism in ICU; 3. the inner life of health care professional in the ART context – a technologically advanced field where ethical, genetic, technic and relational items are weaved together, and 4. the issue of saying ‘I don’t know’ in a doctor-couple conversation.

**“It’s not the load that breaks you down, it’s the way you carry it”.
Meta-analysis on coping strategies adopted by healthcare providers
in the aftermath of an adverse events**

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Abstract

Introduction: Second victims’ coping in the aftermath of an adverse event has been shown to be diverse according to the setting of care, type of event and profession. However, a meta-analysis examining the strategies adopted was still missing. Thus, aim of this study was to summarize and critically analyze the coping strategies employed by second victims after adverse events.

Methods: We conducted a systematic search of nine electronic databases up to October 2018, and screened additional sources, such as key books. Two reviewers independently performed the search, selection process, quality appraisal, data extraction and synthesis. In case of disagreement, a third reviewer was involved. We considered the frequency of coping strategies as primary outcome and applied random effects modeling to calculate the overall frequency and the I^2 statistic.

Results: We retrieved 10,705 records, assessed 111 full-text articles for eligibility and eventually included 14 studies. Participants worked in different professions (e.g. nurses, physicians) and settings (e.g. general medicine, emergency department). Several studies reported characteristics of the adverse events, like point in time (e.g., in the previous six

months), type (e.g., medication error, diagnostic error), severity, and patient outcomes (e.g., need for additional therapy, serious injury).

The most used coping strategies turned out to be task oriented (e.g. Changing work attitude 89%, 95%CI 80-94 or Problem-solving/Concrete action plan 77%, 95%CI59-89).

Conclusion: Our meta-analysis provides a comprehensive overview of the different coping strategies applied by healthcare providers involved in adverse events. To better support second victims and ensure patient safety, these coping strategies should be further evaluated at different levels, considering their impact on personal well-being and professional performance, the patient-provider relationship as well as patient safety and quality of care.

When incongruence causes suffering: The impact of moral distress on emotional exhaustion and cynicism among clinicians

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Abstract

Introduction: Moral distress is the painful feeling that occurs when healthcare professionals cannot carry out what they believe to be ethically appropriate, thereby leading to incongruence. Whereas previous studies revealed that moral distress may generate depression and job resignation, it is still unclear whether moral distress could contribute to different burnout dimensions. To fill this gap, this study aimed to analyze whether moral distress would influence emotional exhaustion and cynicism.

Methods: Healthcare professionals working in different wards of an Italian community-based hospital completed questionnaires analyzing: moral distress (Italian Moral Distress Scale-Revised), emotional labor (Hospitality Emotional Labor Scale), emotional exhaustion and cynicism (Maslach Burnout Inventory). Descriptive statistics and regression analyses were conducted.

Results: 153 clinicians (55% nurses, 25% healthcare assistants, 10% physicians, and 10% physiotherapists) completed the questionnaires. The results indicated that, while controlling for demographic variables (i.e., age, gender, ward, profession), moral distress ($\beta=.09$; $p<.05$) and the use of surface acting strategies ($\beta=.24$; $p<.05$) were positively related to cynicism ($F_{(10,136)}=3.23$, $p<.01$), whereas the use of deep acting strategies was negatively associated with both cynicism ($\beta=-.33$; $p<.01$) and emotional exhaustion ($\beta=-.40$; $p<.01$),

representing the only statistically significant predictor of this burnout dimension ($F_{(10,136)}=2.19, p<.05$).

Conclusion: Results suggest that moral distress may lead to detachment from work and a negative attitude towards patients. This may have a profound impact on the healthcare professional-patient interactions. Healthcare organizations could decrease burnout by training healthcare professionals to effectively regulate their emotions (e.g., adoption of deep acting rather than surface acting strategies) and implementing measures aimed at reducing moral distress.

“These patients can be difficult”. Sources of stress and vulnerability in infertility care providers

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Abstract

Introduction: There is evidence that infertile couples undergoing in vitro fertilization (IVF) may experience high levels of stress and anxiety, with negative psychological, sexual, and relational outcomes. However, only a few studies investigated the subjective experience of infertility care providers. This study aimed at providing new insights into this issue by exploring the sources of stress and vulnerability in this population.

Methods: This study was conducted following the theoretical and methodological principles of Interpretative Phenomenological Analysis (IPA), which allows in-depth investigation of individuals' lived experience. Participants were 23 members (8 embryologists, 5 gynaecologists, 5 nurses, 4 healthcare assistants, and one midwife) of two fertility units at two different public hospitals located in Northern Italy. Face-to-face semistructured interviews were conducted with each participant using a storytelling approach. Then, thematic analysis was performed independently by three authors.

Results: The most important sources of stress and vulnerability for infertility care providers were represented by: (1) organizational problems related to everyday practice in the fertility unit; (2) the complex nature of the IVF procedure (e.g., “no mistakes allowed”); (3) dealing with patient's anxiety and frustration, often translated into impatient demands and complaints; (4) ethical concerns related to the use of IVF techniques, especially when

requested by older women; (5) professionals' own feelings and personal history, which may affect clinical practice.

Conclusion: This study findings may provide suggestions for psychological group intervention programs with IVF professionals, and thus improve the quality of their practice as well as patients' satisfaction.

Saying “I don’t know” in the doctor-patient relationship: A taxonomy of medical uncertainties applied to the assisted reproductive technology consultation

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²Institute of Clinical Medicine, University of Oslo, Norway.

Abstract

Doctors more and more need to deal with great areas of uncertainty, unclearness, or lack of knowledge in their profession, leading to increased perceived vulnerability. Expressing and sharing it with the patient may be challenging, especially in the assisted reproductive technology (ART) field where big knowledge gaps exist, patients are couples with empowered roles, and consumeristic dynamics are evident. With this contribute, we show how different types of medical uncertainty display in the ART consultation and offer different challenges-opportunities to the medical exchange.

In particular, we used and enriched a theoretical articulation of uncertainty in healthcare (Han et al., 2011) to organize and scrutinize the dialogue unfolding sentences like “I don’t know”, extracted from a dataset of 85 videos collected in 8 Italian ART clinics in the period 2013-15. During the symposium, we will discuss exemplificative extracts representing four main uncertainty categories: (i) "I don't know because science does not know" – scientific-epistemic uncertainty; (ii) “I don’t know because reality is unpredictable” – practical uncertainty; (iii) “I don't know because we are humans with limitations" - personal-existential uncertainty; (iv) "I don't know because saying it has a function for us" – relational uncertainty.

THE KEY ROLE OF CLINICAL PSYCHOLOGY IN MEDICAL CONDITIONS: ADVANCES AND PERSPECTIVES

Proposer

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Discussant:*Lidia Del Piccolo²*

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Abstract

The symposium aims at emphasizing the key role of clinical psychology and its concepts for the assessment and treatment of patients with different medical diseases. The contributions to this panel show how an adequate psychological assessment may concur to a higher better understanding of psychological experience in medical conditions, leading to better comprehension of the body-mind processes. It is known that, on the one hand, life expectancy is increasing world-wide and age-related disorders are becoming a major health concern. In fact, chronic diseases may seriously impact on perceived quality of life, leading to individual's psychological suffering. Moreover, psychological factors may also drive individual behavior, deeply conditioning the management of chronic condition. On the other hand, it is true that even young adults are involved in severe illness which are extremely related to morbidity and mortality. This is all the more so true when we approach to complex and heterogeneous medical diseases analyzing suffering and treatment and highlighting advances and perspectives. Four contributions exploring how the most relevant psychopathological factors impact on individual health related experience, including adherence, compliance and treatment strategy, will be presented. A first contribution to the conference (Martino G., et al.) aims to explore how psychological factors and metabolic control may affect health related quality of life, with a prospective speculation to prevention strategies. A second contribution (Marchini F., et al.) investigates the association between empathic identification and quality of care in diabetes. A third contribution (Martino M.L., et al.) aims to examine the traumatic individual experience of breast cancer from pre-hospitalization to follow up. The fourth contribution (Donisi V., et al.) aims to analyze the association between psychological factors and chronic migraine severity, disability and type of drug consumption.

Health related quality of life and anxiety in patients with Type 2 Diabetes Mellitus

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Abstract

Age-related medical disorders are increasing worldwide. Particularly, Type 2 Diabetes Mellitus (T2DM) is a chronic disease which largely affects general population, exceeding 90% of DM total amount. As psychopathological symptoms frequently occur in chronic medical conditions, our study aimed at exploring the relationship between psychological factors and metabolic control and its impact on health related quality of life (QoL). A convenience sample of forty-five out-patients with T2DM (65.3 ± 5.9 yr.) was consecutively recruited and assessed through: Hamilton Anxiety Rating Scale (HAM-A), Beck Depression Inventory II edition (BDI-II) and 36-Item Short Form Survey (SF-36). Body mass index, time since DM diagnosis and glycated hemoglobin value were detected. Patients had a mean time since diagnosis of 11.6 ± 6.7 yr. and an adequate metabolic control. Median HAM-A [25(20.7-30.6)], considering both somatic and psychic anxiety, was demonstrative of high anxiety levels, while lower depressive symptoms were observed [BDI-II: 13(8.3-21.4)]. A multiple regression analysis, after correcting for age, BMI, HbA1c value and BDI-II score, showed the health related QoL, relatively to Physical Component Summary (PCS), was significantly related to both disease duration ($\beta=0.55$, $p=0.03$, $SE=0.25$) and HAM-A scores ($\beta=0.52$, $p=0.04$, $SE=0.24$). Furthermore, both HAM-A ($\beta=-0.67$, $p=0.01$, $SE=0.26$) and BDI-II ($\beta=-0.48$, $p=0.02$, $SE=0.20$) scores were predictive of Mental Component Summary (MCS), while metabolic control was not an independent determinant. Our study suggests a possible predictive role of both anxiety levels and time since diagnosis in health related QoL in patients with T2DM. PCS was significantly associated with anxiety and time since diagnosis, while MCS was associated with anxiety and depressive symptoms. These results encourage to program T2DM psychological training to improve both disease self- management and health related QoL, in a such long duration disease.

Identification with the other is associated with quality of care in diabetes clinical settings: implications for doctor-patient relationship

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Abstract

The present study aims to investigate the association between the ability of identification with the other, as defined by Melanie Klein in 1937 in “Love, Hate and Reparation”, and the quality of care as results of a functional relationship between doctor and patient. Participants were 109 people with type 1 (n=48) or type 2 (n=62) diabetes, with an average age of 56.12 years. Identification with the other was evaluated by the use of a semi-projective experimental technique (Projective Envy Technique), in which the subject is confronted with the condition of object loss and with the desire to possess it in different life contexts. The subject is put in a relation with another one who possesses the desired object and with whom he has to interact. Textual answers’ codification allows to recognize the ability to identify oneself with the other as a strategy to cope with the frustration and the sense of loss. These dimensions has been related to the Q-score, which is an indicator of the quality of care in diabetologic field, based on the consideration of some physiologic parameters concerning diabetes. Result show the presence of a positive significant correlation between identification with the other and quality of care ($r=.22$; $p<.05$), as a possible result of a doctor-patient relationship based on the possibility to put aside one’s own narcissistic interests and to sublimate one’s own aggressiveness in a productive relationship.

Emotional processing and psychological symptoms in under-fifty women during the traumatic experience of breast cancer

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Abstract

The onset of a breast cancer is a potential traumatic event that can overwhelm the personal adaptive skills. In recent years there has been an increase of 30% in women under50, vulnerable target of scientific interest, to date underestimated by literature. Breast cancer treatment is associated with psychological symptoms, but few studies have analyzed its impact in under-50 women. In particular, emotional processing (EP) has a key role for the adjustment and integration the traumatic experiences such as breast cancer. Within IMPRONTE project, a longitudinal quali-quantitative research, this study analyzed the relationship between emotional processing and psychological symptoms during three turning point phases of treatment: pre-hospitalization, counselling after surgery and I adjuvant therapy in 50 women under50. The study took place at the “National Cancer

Institute “Fondazione G. Pascale”, Naples. Each meeting, with a voluntary participation of the women, was accompanied by a narrative ad hoc interview and the administration of Emotional Processing Scale and Symptoms Questionnaire. Mixed-effects models tested statistical differences among phases. There were significant differences in symptoms during the treatments: the levels of anxiety decrease from T1 to T3 (0.046), while those of hostility increase progressively from T1 to T3 (<0.001). In line with literature, EP is a strong predictor of all symptoms. From our results, EP of breast cancer ongoing experience plays a preventive role in the onset of anxiety, somatic symptoms, depression and hostility in women under 50 with breast cancer. Identifying the psychological functioning and risks of each phase of treatment we can develop clinical practices, with a patient-tailored focus, that can promote the expression, sharing and containment of emotions, especially the negative ones, starting from the pre-hospitalization, to maintain psychological adjustment in the face of the cancer during the different phases of treatment.

Psychological factors in patients with chronic migraine attending a neurorehabilitation unit: an exploratory study

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Abstract

Chronic migraine (CM) is highly disabling and causes significant burden to individuals, in terms of personal suffering and impairment. As part of a larger project aiming to better understand psychological aspects in patients with chronic pain, the purpose of this observational study is to explore psychosocial difficulties and the association between psychological factors and migraine-related disability, pain severity and type of drugs consumption in a sample of patients with CM.

40 CM patients receiving prophylactic treatment with onabotulinumtoxinA at the Neurorehabilitation Unit of Verona University Hospital were included. After signing their informed consent, patients filled self-report questionnaires aiming to evaluate their migraine-related disability, adverse impact on functioning and psychological distress, coping strategies, self-efficacy, perceived social support, psychological inflexibility. During clinical appointments, socio-demographic and clinical characteristics have been collected,

and frequency of migraine episodes, severity of pain, triptans and non-steroidal anti-inflammatory drugs (NSAIDs) consumption have been registered through a self-report diary. Descriptive and correlational analyses have been performed.

The majority of patients presented migraine-related severe disability and reported relevant adverse psychosocial impact. Among the main correlational results, specific coping strategies showed a positive association with migraine-related disability and adverse headache impact, with the latter also associated with higher psychological inflexibility. Specific psychological characteristics were associated with the habitus of acute migraine medication intake, with regard to the triptans and NSAIDs consumption.

The results, albeit explorative, support the relevance to consider psychological factors in the management of overall migraine-related disability.

GENDER DYSPHORIA IN ITALIAN YOUNG ADULTS. QUALITATIVE STUDIES ON TRANSGENDER INDIVIDUALS AND THEIR FAMILIES

Proposer

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Discussant:

Vittorio Lingiardi²

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Abstract

Gender Dysphoria (GD) is the object of an increasing number of clinical and academic studies in Italy and abroad, however qualitative research on the experiences of trans individuals is still lacking in the field of clinical and dynamic psychology. This symposium focuses on qualitative research on Italian trans individuals and their families, collecting first-hand accounts regarding gender identity development, psychological functioning and parental reactions to their offspring's gender incongruence. Some of the contributions, in parallel to qualitative data, present as well preliminary quantitative findings. Specifically, the research of Rigo and colleagues focuses on the emotion expression and emotion regulation in young trans adults that have undertaken gender affirming treatments. Grounded theory methodology is applied to transcripts of self-narratives of young adults and their parents. Trans young adults are the object of the Mirabella and collaborators' research too, which investigates body image, personality and eating disorders through a

thematic analysis applied to interviews of trans males and females at the beginning of hormonal therapy. The two other contributions focus on youth's and parental narratives in families with trans sons or daughters. Anzani and Frigerio's work explores the themes emerged from interviews to parents of trans boys and girls (aged 18-19), while Severini and colleagues interviewed parents and sons in ten families of trans boys (assigned females at birth), aged 18-25. In both contributions qualitative analysis highlighted parental fears and sense of loss linked to their offspring's gender variance, and the difficulties of trans youth in disclosing their sense of identity. We consider qualitative studies very useful to deepen the knowledge of affective and relational aspects of this emerging population, and very helpful to ameliorate psychological support for them and their families.

Towards myself: neurophysiological and psychodynamic aspects of the emotional experience in transgenders

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Abstract

Gender identity, defined as the gender that a person feels like one's own, can be congruent or not to biological sex. Developing gender identity is a non-linear process that influences the emotional experience of individuals, with themselves and others, in particular for gender non-conforming people. The emotion regulation (ER) competency refers to the ability to respond with a range of emotions to the continuous demands of events. The experience of parental bond is one of the events that shape the development of adaptive emotional competencies; being with others substantiate the individual's ability to regulate one's own emotion. However, little is known about the link between emotion expressed (EE) by transgender regarding their history gender dysphoria and ER competencies during the gender affirming treatment.

The present study (in progress), using a multidisciplinary qualitative and quantitative approach (Five Minute Speech [FMSS], Grounded Theory [GT], fNIRS) aims to: evaluate EE [using FMSS] and feelings experienced [using GT], of young transgender adults that have undertaken gender affirming hormone/surgical treatments; outline potential interactions between the EE during the self-narration and the ER competencies [fNIRS]. After a preliminary assessment of psychological wellbeing, transgender undergo ER

[fNIRS] and self-narrative [GT] tasks. This study also aims to evaluate EE in parents [FFMS] asking them to talk about their son/daughter before and after the treatments.

We expect a link between EE and ER competencies; precisely, that high EE in transgender and their parents, characterised by an excessive presence of intensity of emotion, will correspond to scarce ER competencies at the brain and behavioural level, and low psychological wellbeing, in transgender.

Findings will contribute to building a theoretical bio-psycho-dynamic model of the self-identity, in young transgender adults, that considers the role of ER and EE during the gender transition.

Personality, body image and eating disorders in a group of individuals diagnosed with gender dysphoria: a qualitative study

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Abstract

Introduction: Several studies have highlighted the role of body dissatisfaction, eating disorders and specific personality patterns as characteristic features of individuals with Gender Dysphoria. The aims of this work are to explore the experience of these individuals related to their body, to investigate their issues related to eating disorders, to distinguish patterns of their personality and of their experience regarding sexuality.

Method: 20 users from 18 to 30 years old, with a diagnosis of Gender Dysphoria, at stage T0 of hormone treatment were selected. Personality and sexuality aspects were investigated using the Clinical Diagnostic Interview for the SWAP-200. The BUT questionnaire was used to explore the body aspects. EDI-3 was employed to investigate eating disorders. A qualitative analysis of the transcripts of the interviews was made.

Results: This contribution includes preliminary quantitative data from the questionnaires and qualitative data from the interviews. Several themes emerged: experiences with the development of GD, experiences with puberty and bodily changes, perception of one's body and associated psychological problems, complex behavioral patterns related to eating and sexuality issues. Preliminary data seem to highlight a correlation between body dissatisfaction and disordered eating behaviors.

Conclusion: Results pointed out the complexity implied in the relationship with the body for individuals with Gender Dysphoria. This study underlines the need to deepen some aspects

of GD that need attention and knowledge in order to better define the guidelines for a correct assessment and support.

Gender dysphoria in adolescence: parental representations

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Abstract

Introduction: This study aims to explore the experiences, representations, and feelings connected to having an offspring with gender dysphoria in a sample of parents of transgender adolescents.

Method: 10 parents (4 fathers and 6 mothers) of 10 gender dysphoric youths (5 transboys and 5 transgirls, aged between 18 and 19) participated in the study. Methods include the use of a semi-structured interview. Interviews focused on the parents' experience of their child's gender dysphoria, the impact of gender dysphoria on family environment, parent's causal explanations, their expectations about the future, the relationships within the family, at school and healthcare services. The interviews were audio-recorded, transcribed and analysed through qualitative methods including thematic analysis.

Results: The themes that emerged from the interviews could be summarized in seven main areas: the parent's fear of ignorance and prejudice in the society (1), the struggle to understand their own child's gender identity (2), followed by acceptance (3), though acceptance seems to be characterised by resignation and a sense of helplessness (4); the parent's need for guidance (5) and their sense of loss (6). Parents also report the tendency to describe their children as model students and adolescents (7), apparently to compensate the struggle with their own child dysphoria.

Conclusion: Family support and acceptance play a pivotal role in supporting the development of gender dysphoric adolescents, and promoting a good outcome in terms of psychological well-being. The main themes emerged in the present study might be useful in guiding specific psychological intervention for the parents of gender dysphoric adolescents (e.g. parents support groups).

Narratives of gender identity in families of Italian transgender assigned females at birth: a qualitative analysis

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Abstract

Introduction: Families of transgender and gender non conforming youth present unique problems and requests, on which research is recently growing. In recent years the ratio between assigned females at birth (AFAB) and assigned males at birth (AMAB) adolescents and young adults shifted in favor of the first group. Thus, our research focused on young adult AFAB people (aged 18-25) and their families, investigating the themes emerging around the transition. Aim of this study was to analyze how the development of a gender non conforming identity is narrated by the parental couples and by their offspring, to see how those narrations met and diverge on the main themes, needs and critical points.

Method: We interviewed the families using two semi-structured interviews, one dedicated to the parental couples and one to the sons. We analyzed the interviews with Thematic Analysis to explore the prevalent themes.

Results: We reached ten families, which presented a wide range of reactions to the disclosure of the transgender identity; common themes emerged from the parents: a feeling of social isolation and fear regarding the future of their sons, both for the difficulties encountered in regards of the health system and for the challenges that society poses to gender non conforming people in addition to a sense of guilt for the suffering that the child has been through. In the sons group the prevalent themes ranged from the fear to disclose the perceived identity to the family to the changes ensued by hormonal therapy and social reactions inside and outside the family.

Conclusions: With this research we had the opportunity to reflect on the history and current situation of Italian families of transgender young adult people, obtaining a clear picture of the challenges these families face and their needs to better support their children in the transitioning process.

PERSONALITY STRUCTURE: ASSESSMENT AND CONCEPTUALIZATIONS IN ADULTS AND ADOLESCENTS

Proposer

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Discussant:

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Abstract

The DSM-5 Alternative Model for Personality Disorders (AMPD) boosted research on dimensional models of personality pathology. The object-relations model of personality structure pathology (Kernberg, 1984; Kernberg & Caligor, 2005) identifies three levels of personality organization along a continuum of severity and is particularly in keeping with the idea of impairment in personality functioning proposed by the AMPD. Similarly, the *Psychodynamic Diagnostic Manual* (PDM-2; Lingardi & McWilliams, 2017) allows to assess the severity of personality functioning.

We aim at presenting recent findings on personality structure assessment and conceptualization in adults and adolescents.

In the first talk, Emanuele Preti will introduce the object-relations model of personality structure pathology and structural diagnosis through the Structured Interview of Personality Organization (STIPO) and its revised form. In the second talk, Rossella Di Pierro will investigate the core and peripheral features of pathological narcissism, analyzing the role of personality organization in affecting such features. The third talk (Andrea Fontana) will present the assessment of emerging personality structure in adolescence through the Interview of Personality Organization Processes in Adolescence (IPOP-A). Finally, in the fourth talk, Daniela Gentile will provide an overview of the PDM-2's innovative approach to diagnosis in adolescence, highlighting the importance of adapting the diagnostic process to specific developmental stages.

Overall, this symposium will shed light on personality structure assessment in adults and adolescents. The data presented will demonstrate the clinical usefulness of such a diagnostic approach. The implications of the use of the instruments and conceptualizations presented for clinical practice will be discussed to clarify the value of a psychodynamically-oriented diagnosis in promoting accurate case formulations and planning patient-tailored treatments.

Personality structure and its assessment: The Structured Interview of Personality Organization (STIPO) and its revised form (STIPO-R)

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Abstract

In this talk we introduce structural diagnosis through the Structured Interview of Personality Organization (STIPO) and its relations to DSM5 Alternative Model for Personality Disorders (AMPD). The STIPO is a semi-structured interview that guides the clinical evaluation of personality disorders, providing a diagnosis that informs treatment planning and predicts clinical course. STIPO assessment focuses on the domains of self and interpersonal functioning, defenses, moral functioning, and quality of aggression. We will review our studies related to the STIPO, highlighting its psychometric properties and clinical usefulness. Particularly, we will focus on data related to clinical usefulness in profiling different patients populations and on the empirical relations between the STIPO and the AMPD. We will then illustrate the development of a new, revised version of the instrument. The aims of the STIPO-R development process are: 1) To obtain a shorter version of the interview, 2) To review the dimensions of the interview and refine them in line with clinical and theoretical developments, 3) To review item content in order to obtain items in line with such clinical and theoretical developments. Based on a large international dataset of STIPO interviews (N= 771), item selection is supported by psychometric considerations. The STIPO and its Revised form are thus proposed as candidate measures for personality functioning in line with DSM5 AMPD.

Core features of pathological narcissism and the role of personality organization

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Abstract

Recent empirical findings suggest that pathological narcissism is a multidimensional construct including both grandiose and vulnerable traits. However, the relationship between grandiose and vulnerable narcissistic traits, as well as their role in defining pathological narcissism is still not clear.

Adopting a network approach, we investigated the core and peripheral features of pathological narcissism, as well as the nature of interconnections between narcissistic traits in a large community sample (N= 944). Also, we tested the role of personality organization in affecting pathological narcissistic manifestations.

Results showed that grandiose fantasies, contingent self-esteem and entitlement rage have a central role in defining pathological narcissism, regardless of the level of personality

organization. Conversely, the strength and nature of interconnections among traits were affected by the underlying level of personality organization.

In conclusion, our findings showed that narcissistic traits have a differential role in defining pathological narcissism. Also, the study suggests that individuals' level of personality organization should be considered to better understand the nature of narcissistic presentations.

Assessment of Personality Organization through the Interview of Personality Organization in Adolescence (IPOP-A): development, validation and clinical use

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Abstract

Personality Organization plays an essential role in shaping how adolescences face their developmental tasks. Few measures are available to reliably assess personality organization during adolescence. The present research, designed to contribute to fill this gap, aimed at investigating the psychometric properties of the Interview of Personality Organization Processes in Adolescence (IPOP-A; Ammaniti, Fontana, Kernberg, Clarkin, & Clarkin, 2011).

517 adolescents completed the IPOP-A. The sample was split in two subsamples to run Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA) to assess the factor structure of the Interview. Convergent validity was examined in a subsample of clinical adolescents (N=152) that completed the Millon Adolescent Clinical Inventory (MACI) and the Difficulties in Emotion Regulation Scale (DERS).

Factor analysis supported the IPOP-A construct validity. Furthermore, IPOP-A showed good convergent validity with DSM-oriented personality patterns assessed by the MACI and the DERS.

Our results put in evidence the IPOP-A validity to assess emerging personality organization in adolescence.

Psychodynamic diagnosis in adolescence: how to use PDM-2?

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Abstract

Adolescence is a transitional phase of growth and development characterized by great changes at the physical, cognitive, socio-emotional, and interpersonal level. Because of deep and continuous transformations that this age involves, clinicians are faced with several critical issues in providing a comprehensive and careful diagnostic assessment. Their highest priority when dealing with adolescents' adjustment problems and psycho(patho)logical experiences is to take into account the labile and fluid nature of adolescents' mental functioning to avoid the risks of misunderstanding or perhaps even misdiagnosing. The aim of this contribution is to provide an overview of the PDM-2's innovative approach to diagnosis in adolescence. Overall, the new edition of the Psychodynamic Diagnostic Manual (PDM-2; Lingiardi & McWilliams, 2017) highlights the importance of adapting the diagnostic process to specific developmental stages, and provides a multidimensional and multiaxial approach to describe broadly the adolescent's overall psychological functioning. The PDM-2's diagnostic framework proposes an in-depth and systematic assessment of: (1) the profile of the adolescent's mental capacities, emphasizing their dynamic and mutable nature (MA Axis); (2) the "emerging" personality organization and styles (PA Axis) that represent a meaningful diathesis for psychopathology; and (3) the subjective experience of symptom patterns (SA Axis). The manual also highlights the critical role of transference and countertransference dimensions relative to distinct clinical syndromes. The implications of the PDM-2's use for clinical practice will be discussed to clarify the value of a psychodynamically-oriented diagnosis useful for promoting accurate case formulations and planning patient-tailored treatments in adolescence.

PSYCHOPATHOLOGY, INTERVENTIONS AND CHANGE PROCESSES: A STEP TOWARD AN UNIFIED CLINICAL MODEL

Proposer

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Discussant:

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Abstract

Despite the intense production of empirical evidences and the different unit of analysis, kind and source of data, clinical psychology has not provided yet a comprehensive general model able to explain how mind works, under which conditions it is possible to talk about normalities or abnormalities, how the process of change happens and which are the factors conveying change. In sum clinical psychology still lacks an unified and consolidated theory about clinical change. According to such a view, this symposium presents a research line already in progress aimed to define a single integrated general model about psychopathology and clinical change informed to a sensemaking model of human interaction. Such general model conceives clinical categories as specific models of functioning that emerge from - and regulate - the relationship between individual and environment, and looks at clinical changes in terms of discontinuity and emerging of new semiotic configurations. Accordingly, the first contribution focuses the issue of psychopathology, and opens to a rethinking of normal-abnormal dichotomy assuming the invariancy of the basic processes sustaining the acquisition and maintenance of adaptive/maladaptive behavior. The second and the third contributions, focusing respectively the dynamic of semiotic configuration and embodied processes in clinical sessions, offer empirical evidences about a general model describing change process in psychotherapy according to a recursive dynamics of deconstructive and constructive stages concerning patient's way to interpret own experience and the necessity to redirect research efforts toward the study of embodied characteristics – as the genomic and epigenetic ones – and their role in psychotherapy process. The last contribution highlights a unified general dynamic embodied and semiotic clinical model able to bridge clinicians and researchers issues offering a theory of change, a theory of the process and a theory of the intervention.

Toward a general theoretical model of psychopathology. A recognition of the literature

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Abstract

The debate on how psychopathology can be defined and explained is far from over. With few exceptions, single theories devoted to explaining single/distinct disorders have been developed. Yet, the existence of similar correlations and comorbidity between disorders

and symptoms in adult populations challenge scholars to look for a general theory which might explain psychopathology, throughout its different manifestations. Literature (reviews, most cited articles of the last ten years, influential contribution) has been explored to identify points of consensus among scholars which might orient the effort to explain the “what” and “the how” of psychopathology.

From different conceptual models and lines of research, some important tenets can be recognized: a) hierarchical models are needed to account the evidence that different disorders are at the same time correlated and distinguishable; b) specific syndromes are linked at a more basic level, such that they can be conceived of as specific instantiations of a coherent underlying domain of human variation (spectrum conceptualization), c) given high correlations at the spectrum level, there may be one underlying factor – the so-called “P” factor – that summarizes individuals’ vulnerability to psychopathology and giving way to distinct patterns of symptoms over time. It remains a controversial topic whether the p factor reflects a substantive construct, how its nature might be conceptualized and how it changes over time.

Based on clinical experience and various theories over time, the present work will deepen the suggestion that the general factor might be conceptualized in terms of rigid perseveration in the way of interpreting the intersubjective field of experience. By this perspective, to explain psychopathology we need of a general theory on how the mind works, on the basic mechanism which leads people to persist on their own way of thinking and acting and on the conditions under which dysfunctionalities emerge.

Change and meaning making dynamics: evidences about a general model of change

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Abstract

In light of a consolidated framework psychotherapy process is not conceived as a mere box in which patient and therapist introduce predefined adaptive meanings (concepts, mental states, emotions, self-positioning and so on), rather it could be entailed in terms of an intersubjective dynamic aimed to favour the emerging of new modalities to attribute meaning to own life experience (Salvatore, 2009; Gennaro, 2011). According to such a view, in last years, several case studies based on the Discourse Flow Analysis (Salvatore et al, 2010) lent to validate the Two Stages Semiotic Model (TSSM), as general clinical model

depicting good outcome clinical process in terms of recursive dynamics of deconstructive and constructive stages, the former aimed by the constraining put on the patient's sensemaking, the latter as moments of meaning innovation prepared by the previous deconstruction. On the other hand it has been highlighted how deconstructive and constructive stages fits qualitative clinical indexes. The present work aims to reconsider obtained results obtained by DFA over the past years to different good outcome case studies and discuss its qualitative and quantitative indexes in light of a general theory of change describing clinical functioning. Quantitative and qualitative results claim for the possibility to redirect research efforts toward the identification of general clinical models able to identify the features characterizing clinical processes and the emerging of changes.

The recursive dynamics of deconstructive and constructive stages in relation to genomic and epigenetic variation: the implications for the theory of psychotherapy

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Abstract

In the line of studies investigating change, “The two-stage semiotic model” illustrates that the favourable outcome of the clinical process is represented by recursive dynamics of deconstructive and constructive stages. We are going to present a clinical intervention in the oncological context to experimentally validate not only the psychological dimension of change but also its genomic and epigenetic effects. The research is an interventional, non-pharmacological, open-label, randomized study on patients with non-metastatic breast cancer, involved in a follow-up procedure. The study will be carried out on 30 subjects randomized in two arms: standard follow-up (control arm); standard follow-up + clinical psychological intervention (experimental arm). This arm will include patients who undergo the standard follow-up procedure with the addition of a biweekly clinical psychological intervention for a duration of 4 months (8 sessions). This clinical psychological intervention is organized in 90-minutes group sessions. All patients will be assessed before and after the clinical trial by using both psychological and clinical indicators. Patients will also provide peripheral blood leukocyte samples for genome wide transcriptional profiling and bioinformatic analysis in order to investigate relevant pathways of genes. The development of the microarray DNA technology has made it possible to measure the expression levels of several thousands of genes simultaneously. Recent research demonstrates how genes interact with the environment to modulate behaviour and

cognition in sickness and health, showing the complex mechanisms that regulate gene activity. We hypothesize that clinical dynamics show homologies between the discursive dimension (on which TSSM is focused) and the dimension of genic and epigenetic expression. In particular, specific gene-expression patterns associated to the patients showing a positive response to the clinical intervention are hypothesized. We also assume that the improvement of the therapeutic outcome on in patients treated with a clinical psychological intervention can also be visible through gene expression and epigenetic variations similar to those of the construction and deconstruction dynamics that have been identified by TSSM on a discursive level.

Dynamics of change vs change of the dynamics: some ideas around the basic mechanism of clinical change

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Abstract

Most of actual clinical literature tends to conceive clinical phenomena and clinical change as specific object of investigation and according to such view over the past years it has been developed several theoretical models aimed at describing clinical pathological functioning or specific clinical situations (i.e. psychopathology, psychotherapy, gambling and so on). Indeed, there are no reasons to assume that clinical issues and non-clinical issues are governed by different processes, thus the understanding of the clinical phenomena and what foster clinical change requires to be grounded on a general theoretical (meta-empirical) model about the clinical process able to describe human functioning and its dis-functioning under specific conditions. The present work provides some considerations for rethinking clinical psychology and change process in terms of theory-driven empirical research assuming a semiotic dynamic and embodied perspective and providing evidences about how minds works, under which conditions dysfunctionalities emerge and how clinical change occurs. Such cues lead to recognize that future challenges in clinical psychology lay in the identification of general model able to model the dynamics of the human relation, intended as the general abstract object the clinical psychology is a specimen of, in order to identify a unified theory of change.

MAKING DIAGNOSIS CLINICALLY MEANINGFUL: THE ROLE OF PERSONALITY PATTERNS AND SYNDROMES IN CHILDHOOD, ADOLESCENCE, AND YOUNG ADULTHOOD

Proposer

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Discussant:

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Abstract

Personality forms during childhood and continues to develop over the course of life according to complex developmental trajectories. For clinical practitioners of all theoretical orientations, it should be crucial to inform the diagnostic process in specific developmental phases, and to recognize the role of personality in developing accurate diagnoses, making meaningful case formulations, and providing effective psychotherapies. A careful understanding of enduring ways of thought, feeling, motivation, and behavior (i.e., personality patterns) in the life cycle can clarify the meaning and function of various symptom patterns and adjustment difficulties, as well as provide a road map for individualized interventions.

This panel consists of four studies that try to deal with some of the critical issues in the field.

The first contribution of Fortunato and Speranza focuses on the development of the CPAP-Q sort designed to evaluate children personality, and provides the promising data on the psychometric properties of this new tool.

The second contribution of Boldrini, Pontillo, and Vicari shows the results of a meta-analytic review on the prevalence rates of personality disorders in individuals at high clinical risk of first-episode psychosis, and the role of personality pathology in predicting transition to psychosis.

The third contribution of Tanzilli, Erbutto, Gualco, and Pompili focuses on adolescent patients with three specific narcissistic personality disorder subtypes, providing a nuanced view of countertransference reactions evoked by these patients, and extending knowledge on therapeutic alliance in their treatment.

The fourth contribution of Simonelli, Parolin, and Cristofalo describes specific personality subtypes in young adults with substance use disorders and suggest that treatment of these severe syndromes should be integrated to interventions focused on personality patterns.

The clinical implications will be discussed.

CPAP-Q sort: personality, traits and disorders in childhood

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Abstract

Introduction: The controversy over the existence of personality disorders in childhood has continued due to the limitations of studies in this research area, to the reluctance to apply adult personality diagnoses to children and to the difficulty of the assessment. The aims of this work is the validation of the CPAP-Q (Child Personality Assessment Q-Sort; Fortunato, Speranza, Tanzilli, Lingiardi, 2018), a Q-Sort instrument able to assess the childhood personality.

Methods: The validation procedure includes: 150 children (M=7,8; 70% male), from 4 to 11 years old evaluated by 150 clinicians. Children are in treatment from 2 to 12 months. Procedure includes other instruments: an ad-hoc questionnaire for information on the clinician, on the child and his/her family, CPNI (Coolidge, 2002), CBCL (Achenbach, 2001) and PDC-C (Malberg, Rosenberg & Malone, 2017). For the validation procedure it was conducted the Q-Factor analysis to obtain Emerging Personality Patterns empirically derived. To evaluate the internal coherence of each Factor it was measured the Cronbach's alpha. Then it was evaluated the correlation between the Q-Factor's and the other instruments.

Results: 8 factors emerged from the Q-Factor analysis (High Functioning, Inhibited/Withdrawn, Dysphoric/Anxious, Inhibited/Depressive, Obsessive, Borderline/Dysregulated, Borderline/Impulsive, Schizoid). The Cronbach's alpha reached really good or excellent levels for each Q-Factors. The correlations highlight a good construct and criterion validity. *Conclusions:* Data define that it's possible to evaluate the developmental pathways for emerging personality patterns in childhood and how these may lead to personality disorders in adolescence and adulthood. Preliminary data is promising and seems to confirm that the Q-Sort procedure is the best way to assess childhood personality and its elements.

Comorbid personality disorders in individuals with an at-risk mental state for psychosis: a meta-analytic review

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Abstract

Introduction: Increasing evidence shows that personality pathology is common among patients at clinical high risk (CHR) for psychosis. Despite the impact that this comorbidity might have on presenting high-risk psychopathology and transition to full psychotic disorders, the relationship between personality syndromes and CHR states has received little empirical attention. This meta-analytic review aimed at: (1) estimating the prevalence rates of personality disorders (PDs) in CHR individuals and (2) examining the potential role of PDs in predicting transition to psychosis.

Methods: The systematic search of the empirical literature identified 17 relevant studies, examining a total of 2,144 CHR individuals. Three distinct meta-analyses were performed to provide prevalence estimates of PDs in the CHR population. The first and more comprehensive meta-analysis focused on any comorbid PD (at least one diagnosis), the second one focused on schizotypal personality disorder (SPD), and the last one focused on borderline personality disorder (BPD). Moreover, a narrative review was presented to define the predictive role of the personality of CHR patients in promoting more severe outcomes.

Results: The findings showed that the prevalence rate of comorbid personality diagnoses in CHR patients was 39.4% (95% CI [26.5%–52.3%]). More specifically, 13.4% (95% CI [8.2%–18.5%]) and 11.9% (95% CI [0.73%–16.6%]) of this clinical population presented with SPD and BPD, respectively. Finally, the studies examining the effects of baseline personality diagnoses on transition to psychotic disorders showed contradictory and insufficient results concerning the potential impact of SPD. Conversely, no effect of BPD was found.

Conclusions: The present meta-analytic review indicated that the CHR population includes a large subgroup with serious personality pathology. These findings could have relevant

clinical implications in promoting preventive interventions and enhancing treatment effectiveness.

Therapist responses and therapeutic alliance when treating adolescent patients with narcissistic personality disorder

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Abstract

Introduction: Although the clinical literature on countertransference reactions and the therapeutic alliance with adolescent patients with personality pathology is rich, the corresponding empirical literature is limited. This study examined these relational variables in psychotherapy with adolescent patients presenting with three specific subtypes of the narcissistic personality disorder (NPD).

Method: Fifty-eight clinicians completed the Psychodiagnostic Chart—Adolescent, the Therapist Response Questionnaire for Adolescents, the Working Alliance Inventory, and the Shedler-Westen Assessment Procedure-II for Adolescents to assess, respectively, countertransference patterns, the quality of alliance, and the personality pathology of a patient in their care.

Results: The results showed that the grandiose narcissistic subtype was negatively associated with warm/attuned response and positively associated with angry/criticized and disengaged/hopeless therapist responses. The fragile subtype was positively associated with overinvolved/worried therapist response. The high-functioning/exhibitionistic subtype was negatively associated with angry/criticized response. Moreover, the grandiose subtype was positively related to lower quality of therapeutic alliance, that was negatively related to the high-functioning/exhibitionistic subtypes. No significant association was found between therapeutic alliance and the fragile subtype. Moreover, the empirically founded prototypes of therapist responses to adolescent patients with NPD subtypes strongly resembles theoretical-clinical accounts.

Conclusions: The study provides a nuanced view of countertransference reactions evoked by adolescent patients with specific NPD subtypes, and extends knowledge on therapeutic

alliance in their treatment. Therapists could use the information derived from the therapeutic relationship to generate clinically meaningful diagnosis of and promote therapies tailored on their core psychological features.

Exploring personality subtypes in emerging adults with substance use disorders. A preliminary study by SWAP-200

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Abstract

Introduction: An increasing percentage of individuals diagnosed with Substance Use Disorders (SUDs) shows high rates of co-occurrence with Personality Disorders (PDs). Evidence suggests a substantial variability in personality among individuals with SUDs attesting a pervasiveness of Cluster B and considerable rates of Cluster C and Cluster A disorders as well. Personality subtyping might represent a valuable approach accounting for this complexity, as reported by literature on other clinical populations. This study aims to: (1) provide a detailed assessment of personality pathology in young adults with SUDs; (2) empirically identify personality subtypes in this population.

Method: The study involved 73 inpatients aged 18-24 admitted to a residential facility for SUDs treatment; 53% of them were males. The Shedler-Westen Assessment Procedure–200 (Shedler et al., 2014) was administered. Relapses and dropouts were reported from the therapeutic community registers. Descriptive statistics were applied to investigate personality pathology; Q-factor analysis were performed to identify personality subtypes of individuals with SUDs.

Results: Results show that a high rate of subjects met criteria for at least one PD. The primary diagnosis referred more frequently to DSM cluster B disorders, and to Dependent and Histrionic disorders in relation to Q-Factors categorization. Q-factor analysis yielded 3 personality subtypes labeled as: Histrionic-Dependent; Avoidant-Schizoid; Paranoid-Hostile.

Conclusion: Data indicate that participants show high rates of personality disorders, encompassing especially but not exclusively former-known Cluster B disorders, and also Dependent personality disorders were diagnosed for a considerable number of participants. Second, Q-factor analysis identified 3 personality subtypes: each of them showed severe

characteristics and a medium or high functioning-subtypes was lacking; these results came out on the side of a severe psychological condition.

HEALTH PROMOTION IN THE AREA OF FRAGILITY AND SUFFERING

Proposer

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Discussant:

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Abstract

Fragility and suffering are often experienced together in life, no matter how young or old one may happen to be. There are always many factors that go into a condition of fragility and suffering. There are times in life when one is particularly vulnerable, such as around birth, childhood, teen age and then later on menopause and old age. Fragility and suffering are mostly manifested as disease, especially if chronic or severe, such as in the case of neoplastic or neurodegenerative conditions. Many clinical situations are hard to define as purely physical or psychological. Moreover, people react to problems in complex ways that include their body, mind and relations with others. A patients’ life experience is often closely related to his or her symptoms, which are thus the result of the process of the disease, personality, culture, human relations and healing environment.

Whatever the disease and for whoever suffers from it, one can and should always strive for the best conditions as far as health and independence are concerned.

Everybody has a right to the best possible quality of life and wellbeing, no matter how serious his or her condition may be.

Paradoxically, conditions of fragility and suffering may sometimes give rise to potential abilities that may have thought to be beyond reach or forgotten altogether or not fully within the realm of the conscious. The onset and development of fragility and suffering are involved with the emotional life. Love, relationships and creativity will contribute to developing feelings of safety or precariousness, including when it comes to health and independence and hard decisions needing to be made. Help from others can often produce positive emotional responses and attitudes.

Fostering mental health from childhood to old age and in patients with chronic and serious

conditions means protecting the dignity of the child, senior and sick person and their family members, providing ethical and civil value and support to the care a fragile and suffering person.

The promotion of perinatal mental health: a multidimensional screening using the italian version of the ANRQ

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Abstract

Introduction: The presence of depressive and anxious symptoms in the perinatal period is frequent and is linked to many negative effects on the quality of parental care and child development. International guidelines emphasize the importance of implementing perinatal mental health promotion, prevention and early intervention programs. Many of these programs are not limited to the detection of symptoms of anxiety and depression but also evaluate the woman's situation in a multidimensional way, in order to enhance the appropriateness of the intervention. The Antenatal Risk Questionnaire (ANRQ: Austin et al. 2013) is a 12-items questionnaire investigating a range of risk and protective factors known to affect perinatal mental health.

Some sites in Australia use the ANRQ with the Edinburgh Depression Scale (EPDS: Cox et al., 1987) to screen for perinatal mental health problems. The present pilot study evaluates the sensitivity and specificity of the ANRQ with respect to the EPDS, in Italian pregnant women.

Method: 91 Italian women attending childbirth classes completed the Italian versions of the ANRQ and the EPDS. The data are analyzed in a qualitative way as well as reporting on the receiver operating characteristics of the ANRQ against the EPDS as the criterion.

Results: About 10% of women scored above the clinical cut-off of 10 or more on the EPDS. Current and past psychological problems were reported by 45% of the women but only 18% said that the impact of this was serious. Major stresses in the past year were significantly associated with the EPDS ($p < .035$, Phi: .221). Against the EPDS the ANRQ had a sensitivity of 64%, specificity of 86%, and ppv of 39%. The area under the curve was .728.

Conclusion: The ANRQ performs adequately against the EPDS, is easy to score and to interpret. Used together with the EPDS it allows a service to have a better picture of the woman's situation, providing a multidimensional evaluation of some of the factors that contribute to her well-being.

Evaluating psychological factors affecting patients with parkinson's disease: a clinimetric approach

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Abstract

Introduction: Symptoms of psychological distress in patients with Parkinson’s disease (PD) have been widely evaluated using a traditional psychometric model. The aim of the present contribution is to examine studies using a clinimetric approach, an innovative clinically-based measurement method, for the assessment of psychological factors affecting PD patients.

Methods: Original studies were performed using the item response theory (IRT) models, while the systematic reviews were conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.

Results: Most studies used the revised version of the Hopkins Symptom Checklist (SCL-90-R) for evaluating symptoms of psychological distress in patients with PD. Using such a clinimetrically-based assessment strategy, the authors extensively analyzed the following symptoms: somatization, phobic anxiety, and apathy.

Conclusion: Time has come to focus on a clinimetric approach and to use rating scales, which are not only statistically reliable but, most importantly, clinically valid for a comprehensive evaluation of psychological factors affecting patients with PD.

Well-being and satisfaction with physiotherapy efficacy: an Italian study of cancer patients

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Abstract

Many life-threatening diseases, such as cancer, affect the person in physical, psychological, social and spiritual ways; receiving a cancer diagnosis is a highly stressful experience that has important consequences for many aspects of people's lives. At the same time, other studies refer to the positive changes that can occur in the values of the person, in his approach to life, his projects and his priorities. The ability to positively address this difficult

experience depends on many factors, such as the quality of care, the type of disease and the age at which the disease occurs, while some studies show a significant difference related to gender (Wang, Liu & Wang, 2014).

Several studies have shown that rehabilitation can alleviate post-treatment side effects, maintain quality of life, and improve survival. This study aimed to explore well-being, satisfaction and perceptions of efficacy of physiotherapy care among patients diagnosed with cancer. The participants were 100 subjects in rehabilitation therapy after surgery for cancer (mean age = 57.1 years, 87.1% women). Quantitative data were collected using the following tools: Global satisfaction of Physiotherapy Treatment Scale, Efficacy Treatment Physiotherapy Scale, Well-being Scale. The results showed that participants, compared to the normative data (IP), had good levels of well-being: significant differences in “Environmental mastery”, “Personal growth” and “Positive relationships with others” emerged. Moreover, subjects showed high levels of satisfaction and perceptions of the efficacy of their physiotherapy care. Correlation analyses indicated that there is a moderate positive correlation between global satisfaction and the dimensions of treatment efficacy. The results are discussed in relation to the need to give attention to well-being and rehabilitation treatment in cancer patients.

Creativity and dementia: what possible relation?

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Abstract

Introduction: Many observations, even in severe institutionalized older people, indicate that patients with dementia are able to demonstrate creative and innovative characteristics. Despite limited brain activity, it can still be possible to express creativity.

Method: We have examined some examples of creativity and dementia reported in scientific documents and many patients with dementia, living in nursing home, that have expressed their creativity by many interesting paintings.

Results: We report some examples about creativity and dementia.

William Utermohlen, a painter, stricken by dementia, continued to compose portraits following the inexorable progression of his decay. He witnessed the decline of his cognitive functions, maintaining until the end a kind of artistic core. Utermohlen followed his dramatic existential adventure in a series of portraits, creatively expressing.

In old age, Immanuel Kant presented signs of cognitive decline. He expressed the pain of changes, the need to secure environmental and emotional reference points. His decline

continued relentlessly, but he kept his style, his elegance and his cultural achievements.

Cary Smith Henderson, a professor of history, wrote a journal, expressing his feelings on his experience with dementia. Even in advanced stages of the disease, he was able to grasp the meaning of situations and relationships. Despite the difficulties and communication problems, he continued to express feelings and ideas.

Many institutionalized elderly people expressed their creativity, their emotion, their thought drawing and painting. Sometimes their interesting works recalled portraits of famous painters.

Conclusions: Dementia may be a 'hyperbole', a creative 'metaphor' for life and the story of a man. Many patients, appropriately stimulated and involved, were able to activate their creative resources, sometimes surprisingly. In the words, artistic expressions and behaviours of a patient with dementia, we must always seek and find their way.

PSYCHOLOGICAL ASPECTS OF ORGAN AND TISSUE DONATION

Proposer

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Discussant:

*Enrico Molinaro*²

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Abstract

The donation of human organ and tissues is a prosocial behavior which is particularly relevant for our society. Although these kinds of donation usually do not entail financial costs nor painful procedures for the donors, adequate supplies to meet the demand for these materials are rarely achieved by national health systems and this calls for more research aimed at targeting the best behavioral intervention for promoting donation.

One problematic regards the proportion of eligible donors which are usually a small proportion of the general population. Apart from that, a big role seems to be played by the lack of information provided to the potential donors, the uneasiness of the procedures that have to be followed, the presence/absence of a personal reward that can be obtained (e.g., money, free blood test), the possibility to save the tissue for oneself or in-kinds.

Besides these aspects, little is known about the psychological determinants of these kinds of behavior, especially in new kind of donations.

Importantly, very little is known about the psychological determinants of these kinds of behavior, thus, the major goal of this panel is to explore what are the determinants and the main fears that characterizes tissue/ organ donors and to discuss potential intervention for promotion. With this regard, the first contribution from the University of Bologna will present a psychoeducational intervention directed towards high school students and aimed at promoting tissue/organ donation. A second contribution from the of Milano – Bicocca will investigate the role of needles phobia in blood donors and non donors. A third contribution from Sapienza University of Rome will show experimental data regarding the effect of social distance on altruism in new-mothers who might or not have donated the umbilical cord blood.

Health habits and organ donation awareness among adolescents: the importance of increasing the culture of donation

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Abstract

Introduction: Raising awareness among high school students on health habits and tissue and organ donation – i.e., blood, bone marrow, umbilical cord, bones, cornea – is an effective way to prevent organic diseases and to build a culture of donation. Demand for organs is constantly rising because organ transplantation is, nowadays, the life-saving therapy for severe end-stage organ diseases. For this reason, the Department of Psychology at the University of Bologna in collaboration with various patients' organizations (ANTR, AITF, FIDAS, AVIS, AIDO, ADMO, ATCOM, Servizio Sanitario Regionale Provincia di Bologna, VOLABO), together with the Centro Riferimento Trapianti Emilia-Romagna, developed a project called: "Un Dono Consapevole", a three-hours workshop involving high school students aimed at raising awareness on tissue and organ donation.

Method: An exploratory study was conducted to assess the following thematic areas: health habits, knowledge about donation, the concept of brain death and the attitude to donate. 192 students (103 males and 89 females, $M_{age} = 17.7$) took part in the project in the 2017/2018 academic year. At the beginning of the workshop, all participants filled out a

self-report questionnaire examining these areas. The same questionnaire was administered one month later.

Results: T-test results show that knowledge on donation ($p = .004$), the concept of brain death ($p = .002$) and the attitude to donate significantly increased ($p = .04$) at the end of the project even though, there was no significant improvement in health-related behaviors ($p > .05$).

Conclusions: Assessing knowledge, attitudes and beliefs towards tissue and organ donation as well as raising awareness towards it could help to reduce negative stereotypes, false myths and pseudo-scientific beliefs related to it. Furthermore, fostering a discussion regarding tissue and organ donation in the familiar, social and educational contexts, could increase awareness of the culture of donation.

Blood and needles anxiety among blood donors and non blood donors

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Abstract

Blood and needles phobia is one of most studied specific phobia subtypes, due to its wide impact on the health of patients. However, a certain degree of blood and needles anxiety is extremely common and a recent systematic review (McLenon et al., 2018) reports that nearly 20-30% of young adults exhibit fear of needles. Interestingly blood and needles anxiety is also the barrier reported more often to become blood donors (Zito et al., 2012) and it's considered, in fact, an informal exclusion criterion. Consequently, it's important to assess this construct and develop effective interventions to increase the motivation of non-donors. Contrary to previous beliefs, some recent studies have shown that blood and needles anxiety is extremely common also among experienced blood donors (France et al., 2018).

As part of a wider validation study, we assessed the level of blood and needles anxiety, in a sample of 968 university students, including 150 actual blood donors. The assessment included the Injection Phobia Scale, the Medical Fear Survey-short form and the Blood Donors Reaction Inventory.

As expected blood donors and non-blood donors report a significant difference between the scores of the questionnaires, with higher level among non-blood donors; however,

considering only the subsample of blood donors there's a wide variability in the level of blood and needles anxiety and pre-syncopal reaction to the last blood donation.

Blood and needles anxiety is part of the everyday experience of both blood donors and non-blood donors and a structured regular assessment should be included as part of the selection process in order to identify the at risk subjects and propose a tailored management. A longitudinal study could help to verify the predictive value of the blood and needles anxiety.

Exploring the effect of social distance on altruism and trust in umbilical cord blood donors

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Abstract

Allogeneic umbilical cord blood (UCB) donation is a prosocial behavior directed to strangers at some cost for the donor. Although the promotion of such behavior is an important goal of many countries' health systems, little is known regarding the motivations beyond it. Here, we explored how altruism and trust were modulated by social distance in a sample of new-mothers (N=168) who might or not have donated the UCB. Participants played hypothetical Dictator and Trust games with others that could be socially close (e.g. parents) or distant (e.g. strangers) from them. They donated more money to parents and siblings compared to cousins, friends and strangers and they trusted more parents, siblings and friends than cousins and strangers. Interestingly, the lower was the impact of social distance on altruism (i.e. higher generosity towards socially distant others) the higher was the intention and the actual probability of UCB donation. A mediation analysis showed that the relationship between social distance on altruism and UCB donation was mediated by objective intention to donate (i.e. having followed all the procedures needed). These findings show that other-oriented motivations towards distant others might have important practical implication for individualizing the targets of interventions aiming at promoting UCB donation.

BLEEDING BOOKS: TO COMPREHEND AND TAKE CARE OF PSYCHOLOGICAL HURT

Proposer

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Discussant:

*Andrea Fossati*²

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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. Moreover, several studies documented significant relationships between psychological hurts caused by traumatic events and personality pathology. In particular, some research has applied personality trait models toward understanding the heterogeneity of posttraumatic responses and explaining the co-occurrence of Post Traumatic Stress Disorder with other disorders. The study of the associations between personality traits and post-traumatic responses represents a relevant topic as such personality features could play an important role on how an individual faces the traumatic experiences. Recent advances in these fields have in particular been influenced by new findings in clinical psychology, psychopathology, and neurosciences. Starting from these considerations, the present symposium will show the current prospective on the relationship between psychological hurts and personality. In particular, we will discuss: a) the associations between post traumatic stress disorder and narcissistic personality features; b) the relevance of DSM-5 personality traits in a clinical sample of individuals with Post traumatic stress disorder and Complex Post traumatic Stress Disorder; c) the neural mechanisms of the dissociation proneness; d) the relationship between Complex Post traumatic Stress Disorder and dissociation.

Trauma, victimhood and victimization: the role of narcissistic personality traits

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Abstract

The condition of being a victim of traumatic events produces specific symptoms that DSM-5 summarizes in the category of Post-Traumatic Stress Disorder (PTSD). The literature dedicated to the diagnosis and therapeutic treatment of PTSD has recently stressed the importance of a construct, which is however not new among psychoanalytic authors. It is the post-traumatic victimization, i.e. a state of the self, in which the perception of the suffered events becomes the axis around which the identity is organized: the victim never ceases to feel such and what has happened in the past obscures every event of the present. The victimization process can concern individuals or entire societies and it is activated mainly when the condition of victim has not been produced by natural or accidental events, but by the relationship between human subjects (when, for example, an ethnic or religious group - in some cases an entire nation - become the executioner of a subject population). In a qualitative research, the material of the sessions of some patients who asked for a psychotherapeutic treatment for PTSD symptoms was analyzed using the Assimilation of Problematic Experiences Scale (APES). It emerged that post-traumatic victimization is favored by the presence of narcissistic traits, which are at the same time an important defensive mechanism and an obstacle to overcoming the trauma: the person seeks recognition in terms of compensation and grandiosity; feelings of entitlement and search for admiration are present.

In the therapeutic treatment it is necessary not to neglect these characteristics of the post-traumatic functioning, but also to evaluate their presence in the patient's life prior to the trauma.

The relationship between PTSD complex PTSD and DSM-5 dysfunctional traits

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Abstract

The relationship between personality and the development of trauma related disorder represents a relevant theoretical and research topic. Previous research shows that personality traits have the capacity to shape how individuals perceive and respond to traumatic events, suggesting that personality may play a significant role in the vulnerability to trauma related disorders. The present study sought to evaluate the DSM-5 personality profile of clinical individuals with PTSD and Complex Post traumatic stress Disorder (CPTSD). In a sample of 655 clinical participants, we administered the Italian version of

the International Trauma Questionnaire and the Personality Inventory for DSM-5. One hundred seventy four participants reported to have experienced at least one traumatic event during their lifetime; 491 participants indicated to have experienced at least one stressful situation. Among the participants that have experienced at least one traumatic event, using a stepwise discriminant analysis, we found that Anxiousness, Submissiveness, Depressivity, Perceptual Dysregulation and Unusual Beliefs were the PID-5 traits with discriminatory power. The overall correct classification rate was 79,4 % (78,9% and 82,2 % for control and CPTSD respectively). Moreover, Anhedonia, Depressivity and Suspiciousness showed discriminatory power between participants with PTSD and participants without PTSD. The overall correct classification rate was 81% (81,1% and 80,8 % for control and PTSD respectively).

Considering PTSD and CPTSD groups, our analysis retained Depressivity, Intimacy Avoidance and Suspiciousness as the variables in the final model. The overall correct classification rate was 84,7 % (83,8% and 85.6 % for PTSD and CPTSD respectively).

The findings seem to suggest the relevance of personality pathology to PTSD, highlight internalizing features of PTSD and CPTSD.

“Through the cracks of consciousness”. Spontaneous brain’s activity correlates of dissociation proneness

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Abstract

Dissociation is considered nowadays a crucial psychopathological mechanism to understand subjectivity, consciousness and various forms of psychological disorders. Departing from Pierre Janet’s description of dissociation as a form of “desegregation” of the psyche and moving through the recent characterization of dissociative disorders, we aim to fill the gap between abnormal integration on the psychological and neuronal level. The study of dissociation as a disorder of integration leading to altered consciousness provides a suitable framework that can now be linked to specific neuronal mechanisms. For this purpose, we rely on recent neuroscientific theories of consciousness like Integrated Information Theory (IIT) and Temporo-spatial Theory of Consciousness (TTC). Our combined theoretical-empirical investigation includes both brief reviews of (i) past and (ii) present views on dissociation as well as (iii) own empirical data from brain imaging.

We here propose that dissociation may be considered as a disorder of integration on different levels of the brain's spontaneous or resting state activity, e.g., regional, network, and global.

These three neuronal mechanisms, in turn, are related to dissociation proneness scores specifically in the Right Anterior Insula, a crucial hub involved in intero-exteroceptive processing that feature dissociation as an altered state of consciousness and abnormal integration between the body and the world as originally envisioned by Pierre Janet.

The findings carry major implications for both psychopathology (for the understanding of dissociative related disorders and the mechanism of dissociation) and neuroscience of consciousness (for the understanding of the spatiotemporal features of brain's spontaneous activity and their relation with consciousness).

The traumatic dissociative dimension and early relational trauma

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Abstract

Over the last 30 years, an increasing body of experimental data highlighted both the importance of early relational trauma as the most potent predictor of poor mental health across the life span trauma and, in the same time, the difficulty of current international diagnostic systems in describing the clinical consequences of cumulative childhood traumatic experiences in the adult population. Several diagnoses have been suggested such as dissociative subtype of PTSD or complex PTSD but they showed some limits. In this presentation will be proposed a dimensional perspective in understanding the outcomes of early relational trauma, its usefulness in clinical practice and its scientific validity.

NARRATIVE APPROACH AND NARRATIVE TOOLS IN CLINICAL SETTING

Proposer

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² Milano-Bicocca University, Milan

Discussant:

Alberto Ghilardi²

² University of Brescia, Brescia.

Abstract

Narrative is a term used to describe a variety of ways humans perform the “telling of events” (Bruner, 1986). Narrative methods are not just a way of telling or describing events, but are part of the events (Overcash, 2004). Narrative does not involve, in fact, the simple construction of sentence composed of words: it acquires the significance of a map of logically connected events (Damasio, 1999). The structure and the propositional organisation of the narrative supplies a logical framework made up of associations which permits a better processing of information and a symbolic organisation that allow the process of meaning making of an event that become clearer and more accessible (Di Blasio et al, 2012). Thanks to this function narrative plays a fundamental role in clinical settings and it is adopted by different theoretical approaches (psychoanalysis, systemic therapy, constructivism, etc). Different perspectives decline narrative approach in different tools, but all of them have the objective to improve the patient’s awareness and wellbeing. In this direction, the symposium aims to investigate different ways to employ narrative tools in clinical setting. The first contribute by Cavazzoni et al., moving from a socio-ecological and culture-informed perspective, used narrative timelines elicited from Palestinian women as a tool for both data collection and intervention. The second contribute, by Negri & Belotti investigated the effect of circular questions in systemic psychotherapy in promoting mentalization and reflective narratives. Finally, the third contribute by Procaccia & Castiglioni showed the effects of violence on self and others’ representation provided by abused children through the Self-characterization.

Individual and collective narratives of survival and resilience in a group of Palestinian women resisting ongoing political violence. A narrative qualitative analysis using live events calendar

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Abstract

Responding to the need for more information concerning the mental health and psychological wellbeing of women living amidst political oppression and war, this study aimed to explore specific factors that contribute to women’s individual and collective perceptions about war and the associated traumatic life events that occurred during their lives. Moving from a socio-ecological and culture-informed perspective, we used narrative

timelines elicited from 21 Palestinian women in Gaza, both individually and collectively, as a tool for both data collection and intervention. A deductive, top-down, thematic content analysis procedure was used to categorize data. The main events outlined by the women in their historical accounts, both individual and collective, were linked to political events in and surrounding Palestine. The Palestinian women's individual life events' calendar reflects a constant attempt in balancing and compensating traumatic events with sources of well-being related to social support and family. Individual and collective narrative activities contributed to generate a significant reframing in the attribution of meaning and emotional perceptions of the participants. Women articulated how they build resilience through transgenerational and daily practices of resistance that encompass indigenous strategies of coping and skills of survival.

Circular questions compared to lineal ones elicit more abstract narratives and greater emotion recognition

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Abstract

Asking circular questions is a systemic psychotherapeutic technique (Selvini Palazzoli, 1980; Tomm, 1988) aimed to invite patients and family members to consider others' point of view and hypotheses on relationships and problems complained. Unlike the linear questions aimed at expressing the preexisting beliefs about facts and people, circular questions should help people to reflect on others' thoughts and feelings, to perceive their own thoughts and feelings as relative and susceptible of change, and to allow new views and interpretations on events and relational dynamics. As very few studies investigated the effect of this kind of questions we sought to study if they promote mentalization and reflective narratives.

We administered to 120 non-clinical participants the Basic Empathy Scale (BES) and the Reflective Functioning Questionnaire (RFQ-8) as baseline assessment. Afterward we asked four questions about participants' life episodes and personality; to a half of participants (Circular Questions Group) the questions were formulated in a circular form, to the other half (Lineal Questions Group) in the lineal form. At the end, both groups took the Reading the Mind in the Eyes Test (RMEI) and completed the Metacognitive Functioning Screening Scale (MFSS-30). Also, the answers of both groups were transcribed and analyzed through some computerized measures of linguistic style (Bucci, 2002).

At the baseline assessment the two groups did not differ in BES and RFQ scores, while after answering questions the Circular Questions Group showed significant higher scores in RMET ($t = -7.903, p < .001$) and in the Emotion Recognition subscale of MFSS-30 ($t = -2.344, p < .05$). Moreover, the narratives told by the Circular Questions Group were more abstract ($t = -3.463, p < .001$).

Circular questions seem to be a potential asset for the therapeutic process as they highly foster the others' emotion recognition and increase the abstract reflection in people narratives.

Real and ideal Self in abused children: the effect of age and attachment style on Self-characterization

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Abstract

The experiences of violence negatively affect the development of personality (Lewis et al, 2016). Previous studies found in abused children lack of self-esteem, insecurity, less investment in others, in the future, and in the ideal dimension (Briere & Elliott, 2003). Literature has underlined the role of age, showing how early victimization affects gravely the intrapsychic and interpersonal functioning of the child (Di Blasio, 2000). Also attachment style has been identified as an important factor that impact on self and others' representation (Bowlby, 1980). This study aimed to investigate the differences between self and other's images of abused children *vs* non abused children; the differences between real and ideal self in abused children; the predictive effect of age and attachment in self and others' representation

Participants: 60 children (average age = 13,9; SD= 1,9; M=35), 58% neglect and psychological abuse; 42% physical and sexual abuse

Instruments: Real and Ideal Self-characterization, analyzed through an *ad hoc* grid focused on four dimensions (narrative articulations, contextual areas, thematic analysis and dimensional aspects). For attachment style: Separation Anxiety Test.

Results: T-Test for independent samples showed that Self-characterization of abused children presented less number of word, more negative emotions, less investment in future, more evasions; T-Test for paired samples showed that abused children present in Ideal Self-characterization less words, less references to self and others, more negative emotions, more evasion than in real description of self; regression showed that age predicts number

of words, references to Self and contradictions; attachment predicts negative references to Self and others; negative and positive emotions

Conclusion: Data confirmed the impact of violence on self and others representation, with greater difficulties in abused children to project themselves in future and ideal dimension, due to the prevalence of negative emotions and distrust of others. Age predicts the articulation of narrative, while attachment impact more on emotional contents.

BRIDGING THE GAP OF MIND-BODY CONNECTION IN CHRONIC ILLNESS: THE ROLE OF ILLNESS PERCEPTIONS AND EMOTIONAL DYSREGULATIONS

Proposer

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Discussant:

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² Department of Clinical and Experimental Medicine, University of Messina, Messina.

Abstract

Chronic diseases are persistent conditions that affect the global functioning of the patient. As they require long-term drug treatment and are often characterized not only by progressive physical disabilities but may bring along anxiety, depression and other negative emotions, chronic diseases are linked to negative effects on quality of life and well-being. The way the patient deal with these emotions can influence how he adapt to his illness. Main purpose of this Symposium is to present what researchers learned about emotional processes and mechanisms of perception of the disease, in order to provide new managing techniques for these sorts of diseases.

In the first contribution, Franceschini describes Narcolepsy, a disabling sleep disorder which is at first glance not rare to be misdiagnosed as a psychiatric condition, leading to prolonged time for accurate diagnosis and treatment and a consequent high risk of developing social and professional dysfunctions. Coping strategies and some state symptomatological variables are compared through self-report questionnaires in people with Narcolepsy and control subjects.

The second presentation by Palagini examines how sleep disorders (insomnia) not only impair resilience but also the regulatory processes related to stress that contribute to

psychopathology throughout life. Therefore, dealing with sleep disorders reduces allostatic overload stress and support resilience.

The third contribution by Borghi examines illness perceptions, psychological distress, and defensive mechanisms of Inflammatory bowel diseases (IBD) patients and discusses differences between active and non-active IBD patients.

The final contribution by Sirri provides a review of the literature concerning the role of illness perception in functional somatic syndromes: irritable bowel syndrome, fibromyalgia, and chronic fatigue syndrome. This review is focused on the association between illness perception and different features of functional somatic syndromes, including symptom severity, quality of life, and psychological distress.

Coping styles and psychological well-being in patients with narcolepsy

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Abstract

Background: Narcolepsy, as a rare and chronic sleep disease, produces a significant reduction in the quality of life and psychological well-being of those affected. However, the presence in narcoleptic patients of a psychological malaise does not appear to be ascribable exclusively to the symptomatology of the disease itself but has to be partly connected to a high reactivity to potentially stressful events or situations and inadequate coping styles, as attested by some quality research of perceived life. The aim of the present study is to investigate some psychological characteristics related to the pathology in patients suffering from Narcolepsy according to ICSD-III ed. Specifically, coping strategies and some state symptom variables were evaluated through self-report questionnaires.

Methods: In the center 4, consecutive Narcoleptic patients were enrolled and stratified with health controls subjects. All participants were explored with COPE, BDI-II and STAI. Socio-demographic and clinical data were collected from medical records.

Results: A total of 127 patients were enrolled (male 59; % 47,2), aged from 18 to 74 years old (M = 39; DS = 15,6). Furthermore, a sample of 148 normal subjects as healthy controls (58 males, % 39,1), aged between 18 and 77 years (M = 42; DS = 15,6) was collected.

Depression scores, State anxiety and Trait anxiety were significantly higher in Narcolepsy group than healthy control subjects ($p \leq 0.001$; $p \leq 0.001$; $p \leq 0.01$). Patients with Narcolepsy seem to resort to less active coping ($p \leq 0.001$), planning ($p \leq 0.001$), and problem-centered strategies ($p \leq 0.001$) than control subjects. Moreover, they show less inclination to process in positive terms ($p \leq 0.001$), positive reinterpretation and growth ($p \leq 0.05$).

Conclusions: These results suggest that maladaptive coping strategies are associated with higher levels of depressive and anxious symptoms in patients with Narcolepsy. Therefore, psychosocial interventions that increase adaptive coping can have a positive impact on the quality of life.

Sleep disturbances and the stress vulnerability-resilience dimension: does it affect emotion regulation?

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Abstract

Introduction: the experience of stressful life events is a common occurrence and includes traumatic experiences stressors in the aftermath of trauma and personal and network events. A wealth of literature demonstrates a relationship between these events and psychopathology. However, many individuals cope well, and are generally termed “resilient.” Because Sleep disturbances may cause an allostatic overload and may impair the stress system we aimed to review the literature about insomnia, the stress vulnerability-resilience framework and psychopathology in particular relation to emotion regulation.

Methods: a systematic review of the MEDLINE, PubMed and Cochrane databases was conducted from November 2018 to February 2019. The search strategies used were MeSH headings and keywords for “insomnia” AND “stress-vulnerability” OR “resilience” OR “allostatic overload” AND “psychopathology” OR “emotion regulation”

Results: one-hundred and three studies were identified with the PRISMA method

Discussion: insomnia as a reflection but also a cause of allostatic over-load may impair the of stress-comprised regulatory processes contributing to psychopathology thorough emotion dysregulation. Sleep disturbances may impair resilience and the ability to cope and emotion regulation contributing to psychopathology. Addressing sleep disturbances, in particular insomnia, may contribute to reduce the stress allostatic over-load and support resilience, regulate emotion reducing the risk to develop psychopathology.

Illness perception, psychological distress and defense mechanism in patients with inflammatory bowel disease

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Abstract

Introduction. Inflammatory bowel diseases (IBD) is a chronic, relapsing and remitting autoimmune inflammatory gastrointestinal disorder. The literature has pointed out the possible role of psychological factors in triggering the onset or relapses, and in the disease management.

The study aimed to: 1) assess the illness perceptions, psychological distress, and defense mechanisms of IBD patients; 2) evaluate the differences between active and non-active IBD patients.

Methods. In this cross-sectional study, consecutive adult IBD patients were enrolled and stratified according to disease activity (active/remission). Participants' illness perceptions were explored with Illness Perception Questionnaire; psychological distress with the Symptom Checklist-90-R (SCL90-R); defensive mechanisms with the Defense Mechanisms Inventory.

Results. A total of 201 patients were enrolled. Active patients had more negative thoughts on prognosis ($p=0.001$), more negative emotions ($p<0.0001$), less confidence in treatment control ($p=0.007$) and less clear understanding of illness ($p=0.009$) than patients in remission. Regarding psychological distress, active patients showed significant higher scores on numerous SCL90-R scales than patients in remission. The pathology and the disease activity resulted predictors for the SCL-90-R index of psychological distress. None of the five defense mechanisms resulted over the cut-off; the one with the highest score was Reversal (i.e. denial, repression, and reaction formation) ($\mu=56.2\pm 12.4$; cut off ≥ 65). No significant differences were found between active and non-active patients.

Conclusions. As the illness perception is impaired in IBD patients, adequate educational and psychological support may be helpful in the optimal management of IBD patients. Psychological distress and defense mechanisms should be further explored in order to better understand their role in the onset, course, and clinical treatment of the IBD.

Illness perception in functional somatic syndromes: a review

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Abstract

Illness perception, the set of cognitive and emotional representations of illness, may significantly affect the adjustment to chronic illnesses. This review focuses on the main findings of the literature concerning illness perception in the setting of functional somatic syndromes, especially irritable bowel syndrome (IBS), fibromyalgia, and chronic fatigue syndrome (CFS). Articles were retrieved by searching the PubMed, Scopus, and Web of Science databases.

In IBS patients worse illness representations were significantly associated with decreased quality of life, maladaptive coping strategies, and anxiety and depressive symptoms. Positive changes in illness perception significantly predicted the improvement in IBS symptoms and social adjustment at a six-month follow-up. Furthermore, illness perception significantly improved after a self-management intervention for IBS based on cognitive-behavioral principles.

Many fibromyalgia patients had negative illness representations, characterized by low levels of control over illness and poor illness comprehensibility. Stress or worry and overwork were the most common patients' perceived causes of fibromyalgia. Negative illness perception significantly predicted higher levels of depressive and anxiety symptoms and a worse outcome of a rehabilitation program for fibromyalgia.

In CFS patients a worse illness perception was significantly associated with higher fatigue, psychological distress, and physical disability. CFS patients had more pessimistic illness representations than patients with rheumatoid arthritis and Addison's disease, especially as to perceived symptom severity and consequences. Many CFS patients attributed their symptoms to a physical cause.

Overall, the retrieved studies highlight a predictive role of illness perception for different outcomes in functional somatic syndromes. These findings suggest the need to include illness representations among the treatment targets for IBS, fibromyalgia, and CFS.

INTERNET ADDICTION AND ADOLESCENCE: THEORY, CLINIC AND RESEARCH

Proposer

*Alessandra Babore*¹

¹ "G. D'Annunzio" University, Chieti-Pescara.

Discussant:*Chiara Pazzagli*²²Perugia University, Perugia.**Abstract**

Adolescence represents a period of deep transformations involving psychological and physical aspects. In this process, a relevant role is played by new technologies, which attract great interest among young people, as a means to promote social relationships (Baiocco et al., 2011) and to freely explore a “wider world”. Despite their normative nature among adolescents, an excessive use can potentially become problematic, as it may result in serious psychosocial dysfunction (Reiner et al., 2017). In this framework “Internet addiction” (IA) refers to the damaging use of the Internet as linked to dysfunctional effects on the emotive and social areas of adolescents’ life (Mihajlov & Vejmelka, 2017).

The symposium topic is discussed through four contributions aiming at analyse adolescents’ use of new technologies from theoretical, clinical and research perspectives.

In the first contribution, Cimino et al. present a longitudinal study, highlighting that early emotion regulation produces an impact on the emotional-behavioural functioning in middle childhood, which in turn influences the onset of IA in adolescence.

The second contribution by Trumello et al. explores the associations of parent-child relationship, emotion regulation strategies and callous-unemotional traits with IA in a sample of adolescents. Their findings show that significant predictors are represented by low perceived maternal availability, high cognitive reappraisal and high callousness.

In the third presentation, Amendola et al. analyse different uses of technologies and personality functioning, observing that “heavy technologies users” report greater overall personality dysfunction.

The contribution by Andreassi et al. sheds light on theoretical aspects and clinical implications of IA, examining the role of reality-testing in these addictive behaviours during adolescence.

Overall, this symposium aims to extend theoretical and clinical knowledge about precursors and outcomes of IA among adolescents.

Emotion regulation in the first years of life is redictive of internet addiction in adolescence.

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Abstract

Growing evidence in international literature is demonstrating that a reduced capacity of regulating negative affects may be associated with Internet Addiction (IA) in adolescents. However, consolidated research has shown that the quality of these regulatory processes is fostered by the characteristics of emotion regulation strategies in childhood. In particular, emotion regulation in children can be predominantly self-focused or other-focused and this orientation has been suggested to be associated respectively with internalizing and externalizing symptoms in later development. The present longitudinal study aimed at verifying whether a path exists from early emotion regulation (and its characteristics) and Internet Addiction in adolescence, seen as a symptomatic equivalent of an impaired affect regulation. We hypothesized two maladaptive pathways. One would describe adolescents who employed early self-focused strategies of emotion regulation and subsequently presented internalizing symptoms at school age; in adolescence, we postulated these subjects to show a distressed sub-type of IA. The other path would distinguish youths who showed early other-focused strategies of emotion regulation and presented externalizing symptoms as school-age children and a compulsive sub-type of Internet Addiction in adolescence. To verify these hypotheses, data from a three waves longitudinal protocol (2, 8 and 14 years of age of the child) were analyzed and N=202 families with youths with IA were drawn from the original sample. Video-recorded observations of parent-infant interactions in the first years of life were used to evaluate children’s emotion regulation strategies and questionnaires were used to evaluate parental and children’s psychopathological risk. Our results confirmed the hypotheses and showed that early emotion regulation has an impact on the emotional-behavioral functioning in middle childhood (8 years of age), which in turn has an influence on the onset of IA in adolescence.

Internet addiction in adolescence: the role of relationship with parents, emotion regulation, and callous-unemotional traits

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Abstract

Recent studies have underlined the risk factors related to Internet addiction among adolescents (Sideli et al., 2017) because of their limited capacity of self-regulation and their vulnerability to peer pressure (Block, 2008). Internet addiction is characterized by aspects that are present in other addictive disorders with negative consequences on psychological and emotive life of adolescents. Besides, adolescents with Internet addiction are more exposed to other risks linked to the world of the Web (i.e. cyber bullying, sexual solicitation, identity theft). These aspects suggest the importance of exploring different factors, both individual and interpersonal, which may increase or decrease the risk of adolescents' problematic Internet use.

The present study aimed to analyze the associations of relationship with parents (in terms of *emotional availability*), emotion regulation strategies (*cognitive reappraisal* and *expressive suppression*), and callous-unemotional traits (*callousness*, *unemotional*, and *uncaring*) with Internet addiction in a sample of 743 adolescents aged 10 to 21 years (mean age = 15.64; s.d = 2.08; 57.6% females).

A socio-demographic questionnaire, the *Emotional Availability of Parents Questionnaire* (LEAP), the *Emotion Regulation Questionnaire* (ERQ), the *Inventory of Callous-Unemotional Traits* (ICU) and the *Shorter Promis Questionnaire* (SPQ) were used.

A multiple linear regression analysis was run to explore whether perceived maternal and paternal availability, emotion regulation strategies, and callous-unemotional traits could lead to Internet addiction.

Results showed that a low perceived maternal availability, high cognitive reappraisal, and high callousness were predictors of Internet addiction. In particular, the callousness dimension was the strongest predictor of Internet addiction among the variables we considered.

The early recognition of Internet addiction among adolescents and the possibility of preventing this addictive behaviour are crucial.

A cluster analysis of adolescents' styles of technology use: what is the role of maladaptive personality functioning?

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Abstract

Background: In the last decade, scientific research explored the problematic use of internet, videogame and mobile-phone in adolescence. However, only few studies examined the different styles in using these new technologies among adolescents. This study aims to identify homogeneous groups of adolescents who use technology in different ways focusing on personality functioning.

Methods: 408 Italian adolescents (46.3% males) aged 11 to 18 years (mean age = 13.80 ± 2.08) were recruited from Italian secondary public schools and participated in this study. Data were collected using the Internet Addiction Test, the Videogame Dependency Scale, the Test of Mobile-Phone Dependence Brief Form and the Personality Inventory for DSM-5 Brief Form. A two-stage cluster analysis, based on the response pattern in relation to students' use of technology, was carried out. The groups obtained by this analysis were compared with demographic and personality variables.

Results: Adolescents were categorized into four distinct groups: *internet and mobile-phone users*, *videogame users*, *light technology users*, and *heavy technology users* (i.e., at-risk for addiction). Analyses on demographic variables (gender and age) demonstrated significant differences between groups. Heavy technology users reported greater overall personality dysfunction than the other three groups supporting our hypothesis on maladaptive personality function in adolescents at risk for addiction.

Conclusions: Findings of this study showed four groups of technology users highlighting different personality functioning. Further research with larger sample sizes is needed to confirm our data.

Caught on the net: reality-testing and virtual worlds

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Abstract

This era of digital technology has brought about revolutionary changes to human civilization. Indeed with the advent of virtual worlds and social network the division between the physical world and the fictitious world disappears. The new generations must confront with a more complex reality. A complex reality that includes virtual elements that transform external reality into an augmented reality. In augmented reality the distinction between real and virtual becomes more nuanced as the new reality is composed of both components.

The theoretical construct of reality-testing as it has been classically theorized by psychoanalysis needs now of further investigation. The process of reality-testing can be

thought of as a lifespan developmental line, where adolescence provides a critical developmental advance.

The external reality or better the mind's capacity to differentiate psychic reality from external reality can be studied starting from the idea of developing a sense of external reality. The idea of developing the reality exam initially studied by Ferenczi and Money Kyrle is deepened by Fonagy's theories with research on the reflexive function of self.

Furthermore, it is precisely in adolescence that there is an increase in internet addiction pathologies.

In internet addiction diseases in adolescence the impairment of the reality-testing has specific characteristics in that what is compromised is not the entire reality testing but there are microfractures in its development that significantly affect the development of interpersonal relationships which intersubjective level. The work presented questions both the development of the reality testing and the methods of clinical intervention with these patients

WORKING WITH THE GROUP IN MENTAL HEALTH SERVICES

Proposer

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Discussant:

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Abstract

The symposium we are proposing intends to highlight some fundamental questions in working with groups within the institutions. Generally institutions have the task of representing and containing within them a complex matrix of functions, rules and cultures; the climate of immutability of the typical functioning of each institution guarantees containment but also a reassuring crystallization (Correale, 2007). Working in a group setting can be a way to optimize the institution's resources and to generate change in patients and équipe. The contributions presented in the symposium offer a varied institutional landscape that pays attention to the care project and the working method used

in the group. The contributions focus on the evaluation of therapeutic changes in terms of interpersonal and intersubjective abilities, in connection with the objectives of the Network on Groups (SPR Italia), which aims to carry out a dual action of dissemination-training, to increase the culture and competence in the use of the group as a clinical tool of care. The attention is transversally placed on: the different theoretical orientations, the group process and the different setting variables.

Individual and contextual determinants of functioning evaluation in mental health therapeutic communities

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Abstract

This paper aims to investigate the formation pathways of the evaluation of Mental Health Therapeutic Communities functioning. In order to analyse the functioning evaluation, survey data have been used. The group under study is composed by 20 therapeutic communities and their staff. All participants have been involved in the Visiting DTC project and shared the decision to take part to the project itself. Thanks to the availability of data information on individual and contextual levels, that is staff members and communities, in order to analyse the functioning evaluation by the side of the staff members, multilevel models have been used. The basic idea is that individual observations, expressed by the staff members of each community, are not independent units: belonging to the same community they show similarities, so the essential requirements of regression models are not satisfied.

Our research hypothesis assumes that neither the individual nor the contextual level, separately considered, can contribute to explain the variability observed in the evaluations of staff members. Some preliminary results have already shown weakly relationships among macro variables, and significant differences among groups, tested by the simplest multilevel model. If our hypothesis is confirmed, multilevel models also make it possible to estimate the effectiveness of each community.

What the research shows as an innovative contribution is the possibility of interpreting complex data and provide meaningful insight into the functioning of mental health therapeutic communities. To our knowledge similar research has not been carried out yet.

Emotionally focused group therapy (EFGT) facilitates changes of attachment styles in patients with binge eating disorder

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Abstract

Introduction: Emotionally Focused Group Therapy (EFGT) is an experientially-oriented 20-sessions therapy which integrates constructivist psychology, emotion and attachment theory. In EFGT, therapists help clients become more aware of their emotions, experience a greater range of emotions, regulate and reflect on their emotions, identify and transform maladaptive emotions, and experience corrective emotional experiences. Despite the program is widely spreading, few is known about the effectiveness of EFGT for clients with Binge Eating Disorders (BED) in relation to changes in attachment styles classification

Methods: 118 clients with a diagnosis of BED participated to the study and followed an EFGT program. Both at pre and six-months post-treatment, a trained psychotherapist administered the Adult Attachment Interview (AAI). Transcripts of AAI were used to classify attachment styles of participants as secure, preoccupied, or dismissing, and unresolved/disorganized.

Results: Findings suggested significant changes in attachment styles classification from pre to six months post-treatment for BED patients. In particular, from pre to post-treatment, binomial test evidenced a significant increase of clients classified as secure and a significant decrease of clients classified as insecure ($p < .001$). Furthermore, McNemar's test found a significant change from unresolved/disorganized to non-unresolved disorganized attachment styles classification from pre- to six months post-treatment ($p = .008$).

Conclusions: EFGT facilitates changes of attachment styles of clients with BED diagnosis. In particular, the program seems effective in supporting the change from insecure to secure attachment styles classification and from unresolved/disorganized to a non-unresolved disorganized state of mind classification. The study has a range of clinical implications for the treatment of BED.

The evolution in triadic relationships as a marker of group cohesion

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Abstract

The present work focuses on the first validation results about an observational tool based on the interactive patterns in small groups with adolescents.

The idea to build a grid to evaluate the increasing relatedness, either at a group level, then at an individual one, is born from the need to introduce in the clinical practice an observational instrument able to evaluate the therapeutic changes in terms of interpersonal and intersubjective abilities. A second goal is to offer to the leader the possibility to evaluate the level of work alliance, cohesion, empathy and group coordination reducing the cognitive or clinical interference linked to the self-reports.

At the basis of the GIPG there are different theoretical references: research on group process, group analysis and psychodrama, intersubjectivity and the triadic function of the mind. The focus of the observation is on interpersonal, intersubjective and group relationships and the transition from dyadic to triadic interactions, since the construction of interpersonal triads is considered the basis for the affiliate process in a group and for the birth of the we-ness experience (Heider, 1957-Simmel,1923-Granovetter, 1973- Fivaz Depeursinge et. Al., 1999).

The hypothesis formulated in this mixed case study are:

1-Grid GIPG have a correlation in codifying trend in the three sessions of a group psychotherapy

2-The Leader has a measurable effect on the evolution of triangular interactions leader-member- group.

3-Group cohesion is measurable by the birth of many relational triangle interrelated (star configuration) and the increasing attunement, synchronization, emphatic competences, cooperation, we-ness, pro-social attitudes.

Methods: the grid has been applied to three groups with adolescents between 14-17 years old, with different clinical diseases. Each group had around 6-7 adolescents.

Nine videotaped sessions have been codified (one at the beginning, one after three months and the third after six months). Trained encoders worked applying the grid individually and then reaching an agreement with a second one. Two couples worked independently for each group and for the three sessions. The couples of encoders have been different along the research time (tot. 21 adolescents, 9 group sessions of one hour and a half, 12 encoders).

To evaluate the outcome The Connors Rating Scales Revised have been filled by adolescents and their parents. One adolescents' group filled parallel to the videotaped sessions the Group Questionnaire (Kroegel and al.2013).

Conclusion: in all groups can be observed increasing values in intersubjective ad group factors in the third session. The passage from dyadic relationships to triadic competence appear related to the leaders' connecting interventions. Statistical evidence will be presented.

Day hospitals and group settings: increasing individual empowerment

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² Mental Health Department, AULSS 6 Padua.

Abstract

Day hospitals have been an integral part of the mental health care system for several decades. They usually offer time-limited intensive interventions that combine the use of drugs and a variety of therapeutic modalities proposed in individual and group settings (Lariviere & Boyer, 2011). The treatments provided to patients focus not only on improving symptoms, but also on infusing hope, strengthening the patient's positive resources and increasing individual empowerment (Lariviere et al., 2009). This study examines the therapeutic efficacy of time-limited group treatment (10 months) in a Day Hospital.

The participants (N = 73) were given the Toronto Alexithymia Scale (TAS-20) and the Outcome Questionnaire (OQ-45.2) at the beginning and at the end of the therapeutic treatment. We hypothesized improvements in both scales at the end of the therapeutic treatment.

The results show improvements in the ability to identify and describe feelings and emotions, and in general symptoms. Furthermore, differences were found based on age, in particular younger patients have less difficulty in describing their emotions at the end of therapeutic treatment, compared to older patients.

THE INTERPERSONAL MOTIVATIONAL SYSTEMS IN PSYCHOTHERAPY PROCESS

Proposer

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Discussant:

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Abstract

The panel proposes to promote the debate on the role of the interpersonal motivational systems in the psychotherapy process in order to encourage both the theoretical and clinical reflection, as well as the discussion about methodological and empirical issues.

As underlined by Liotti and Monticelli (2008), in the clinical dialogue the patients display several types of motivations. According to a multi-motivational approach of human relatedness, which has been developed on the basis of attachment theory, the Interpersonal Motivational Systems (IMS) include five basic motivational systems that regulate social interactions in mammals: care seeking and care giving systems for attachment relationships, rank system for the definition of dominance or submission, sexual mating and the cooperative system. The Interpersonal Motivational Systems can be assessed by the Assessment of Interpersonal Motivations in Transcripts (AIMIT) (Liotti and Monticelli 2008, Fassone et al. 2012). It is a coding system aiming at systematically detecting the activity of interpersonal motivational systems (IMS) in the therapeutic dialogue with indicators of several motivational themes. The AIMIT allows the evaluation of the interpersonal styles of both the patient and the therapist as well as their interactions in sessions.

The panel includes three contributions characterized by different methodologies (process research, neurophysiological studies), treatment orientation (psychodynamic, cognitive), settings (long-term psychotherapy, short-term therapy), and patient populations (personality disorders, clinical syndromes, such as eating, somatizing, depressive or anxious symptoms). Brasini and colleagues explore the role of the motivational system in the therapeutic process in a sample of 60 sessions of cognitive approach. Kleinbub and colleagues investigate the association between the secure attachment and the physiological synchrony in a sample of 16 sessions of dynamic therapy. Gentile and Williams analyze the relationship between the motivational systems and the rupture and repair processes of the therapeutic alliance in a sample of 130 dynamic and cognitive sessions.

Interpersonal motivational systems and intersubjective negotiation in the psychotherapy sessions: a microanalytic approach

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Abstract

The study of the therapeutic process based on the transcript sessions permits to describe to a microanalytic level of analysis the different dimensions emerging in the clinical dialogue (motivational systems, therapeutic alliance, defences, etc.) and their role in the mechanisms of therapeutic change.

This work focused on the relationship between the motivational systems (Liotti & Monticelli, 2008) and the rupture and repair processes of the therapeutic alliance (Safran & Muran, 2000; Colli & Lingiardi, 2009; Colli, Gentile, Condino, Lingiardi, 2019). From the perspective of the motivational systems we hypothesized that: (a) the cooperative system predicts the level of collaboration in the session; (b) the rank system predicts the presence of the ruptures in the session; (c) the shift from rank to cooperative system predict the presence of the resolution processes in the session. *Method:* three raters conducted a blind evaluation of a sample of 130 sessions (390 segments; 7,214 narrative units) with 65 patients in psychodynamic and cognitive treatment. *Measures:* We adopted the Assessing Interpersonal Motivations in Transcripts method (AIMIT; Liotti & Monticelli, 2008) for the coding of the motivational systems and the Collaborative Interactions Scale Revised (CIS-R; Colli, Gentile, Condino, Lingiardi, 2019) for the assessment of therapeutic-alliance ruptures and resolutions. *Results:* the linear regression evidenced that the cooperative system is predictive of collaborative process ($\beta=.752$, sig.=.001), the rank system is predictive of the rupture processes ($\beta=.541$, sig.=.000) and the shift from rank to cooperative system is predictive of the resolution processes ($\beta=.361$, sig.=.000). *Conclusions:* The data are in line with previous studies (Lingiardi, Fassone, Gentile, Ivaldi, Colli, 2014; Brasini et al., 2018) and suggests the crucial role of the motivational systems in the process of intersubjective negotiation. Clinical implications of these results will be discussed.

Secure attachment communication predicts physiological synchrony in psychotherapy

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Abstract

Introduction: Physiological synchronization is a fast-growing field of study in research in psychotherapy. Synchronization is associated with therapeutic alliance and clinicians' empathy (Marci et al., 2007; Karvonen et al., 2016) as well as psychotherapy process (Tourunen et al., 2019) and outcome (Kleinbub et al., 2019). While authors agree that synchronization of physiological activity is an objective measure of the intersubjective process (Palumbo et al., 2017; Kleinbub, 2017), its underlying mechanisms (i.e. why it happens and what exact processes elicit it) are still unknown. Among the various hypotheses, some theoretical and empirical contributions suggest a connection between synchrony and attachment (Palmieri et al., 2018), specifically secure parent-infant dyads are described having a greater ability for mutual regulation. Based on this literature we hypothesize that attachment could be a functional moderator of synchrony during adult interaction.

Method: The transcripts of a 16-sessions psychodynamic therapy were codified through the Patient Attachment Coding System (PACS) and the Therapist Attunement Scales (TASC) to identify secure attachment communication sequences. Simultaneous patient-therapist skin conductance was acquired during all sessions and used to compute physiological synchronization.

Results: Permutation analyses showed that clinical communication sequences characterized by secure attachment markers predicted phases of higher physiological synchronization ($p < 0.001$).

Discussion: Communication quality, in terms of attachment security, modulated physiological synchronization, an embodied correlate of the intersubjective process associated to therapy success. Our results present preliminary evidence as to what features of secure attachment may be responsible for increasing synchrony. Furthermore, physiological synchronization proved a viable approach for investigating psychotherapy process, characterized by objectivity and high temporal resolution.

Putting the evolutionary theory of human motivations into test: a proposal for a self-report questionnaire

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Abstract

When John Bowlby first put forward his original attachment theory, he described attachment within an evolutionary outlook, as a “behavioural system” whose goal (seeking proximity) is innate and set by the evolution of the species, whereas its functioning is shaped by interpersonal experience. Nowadays, there are a few theories claiming that our cognitive processes are oriented by a finite number of such psychobiological systems, that some authors call «motivational systems» (Paul Gilbert 1989, Joseph Lichtenberg 1990, Giovanni Liotti 2001), or «emotional regulatory systems» (Jaak Panksepp 1998), or «action systems» (Onno Van der Hart 2006, Pat Ogden 2006). Apart from attachment and sexuality, almost all authors also agree on the existence of at least a caregiving system and a ranking-competitive system. Moreover, according to the evolutionary anthropology, a more recent motivational system appeared in some primates, and it is also visible in infants from the age of nine months, together with a sense of fairness and equity which anticipates the appearing of the morality: that of the peer cooperation. It is Giovanni Liotti in particular who placed the peer cooperation system at the centre of his conceptualisation of the therapeutic interaction.

One of the most intriguing aspect of such motivational theories resides in the effort to apply the principles of evolutionism to the understanding of human motivated behaviour; nonetheless, the linkage between some of the neurobiological facets of such theories (and especially so the newest sovra-modular network models) and the phenomenological evidences of human motivated mindset and behaviour seem to rest on a somewhat speculative ground.

The aim of the present study was to verify the factor structure of a set made of 125 items describing the functioning of seven interpersonal motivational systems, as described in G Liotti’s Theory. Results show that the overall architectural array of motivational systems as hypothesized by Liotti roughly stands the empirical testing, with some interesting observations which will be discussed in the light of a more sovra-modular conception of the motivational processes.

The nature and features of patient-therapist transactions using the structural analysis of social behavior (SASB) model

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Abstract

Introduction: Psychotherapy research has extensively shown that the therapeutic relationship plays a pivotal role in determining patient change. This relationship should serve as a corrective interpersonal experience providing the patient with more adaptive and constructive interpersonal and intrapsychic patterns of behavior. The present study looks into the connection between patient-therapist transactions and therapy outcome by measuring moment-by-moment communication exchanges and comparing them across good- versus poor-outcome cases. *Method:* Twenty patient-therapist dyads, divided into two matched good- and poor-outcome subgroups, were intensively observed for eight therapy sessions each, and their exchanges were coded using the Structural Analysis of Social Behavior (SASB; Benjamin, 1974, 1979, 1996, 2002) method. This resulted in nearly 30,000 thought units (i.e., speech portions expressing a complete thought) being coded and subsequently analyzed with the software T-LAB.

Results: Sequence chains analyses comparing good- and poor-outcome cases showed the presence of distinctive antecedents and consequents in the patient-therapist exchanges. The main therapist technique variables in good-outcome cases were self-disclosing and expressing communications, evoking, as a consequent, the same patterns in patients. Regarding the poor-outcome cases, patients' attempt to control the setting (i.e., the therapist) by "managing" or "recoiling" were followed by complex communication codes (i.e., mixed positive and negative affiliative communications), initiated both by the patient or the therapist.

Discussion: The underlying echo between these therapist and patient behaviors will be discussed, along with the technical use of the therapeutic relationship as capable of providing the framework for and the essence of psychological change.

EMOTIONAL DYSREGULATION: EARLY SIGNS AND DEVELOPMENTAL TRAJECTORIES

Proposer

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Discussant:

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Abstract

In this symposium, the emotional dysregulation will be investigated and discussed by referencing to the neuropsychological intermediate phenotypes and the biological traits among subjects of developmental age, with the aim of highlighting the early alterations and the trajectories of development, the association with attachment and temperament.

The present data concern samples of developmental age, that were exposed to different experiences of strict deprivation (maltreatment, institutionalization, nervous anorexia).

The multiple aspects of the emotional dysregulation will be examined in children and adolescents with specific developmental disorders and living in problematic contexts, like families with low SES, maltreatment, presence of a psychopathological history...

Emotional dysregulation is a fundamental ability for the individual development and the subject-environment interaction. Actually, the reactions to events and the relationship with peers or adults need a constant regulation of emotional experiences and their expression. So an efficient emotional regulation implies a flexible response to aversive environmental events, managing the associated emotional experience.

By now, the emotional dysregulation is considered a multidimensional and transdiagnostic construct concerning awareness, comprehension and acceptance of emotions; and, at the same time, it involves the ability of controlling the impulses, the actualization of effective behaviours, the flexible use of appropriate strategies to shape the intensity and the duration of the emotional responses, and the willingness of experiencing negative and undesired emotions in the achieving specific goals.

So emotional dysregulation is the basis of different dysfunctional behaviours, like aggression self- and other-directed, substance use, dangerous sexual conduct, and it is present in different forms of psychopathology.

So different studies underlined the association between the weak regulation of both positive and negative emotions and the development of externalizing problems among children, both in family and school; while an excessive inhibition of this form of regulation is correlated with internalizing manifestations and social anxiety, but also with eating disorders.

So this symposium has the primary aim of analyzing the emotional dysregulation through a developmental perspective, focusing on three specific aspects:

1. the relationship between attachment modalities and emotional among institutionalized children;

2. the biological modification (investigated through specific epigenetic alterations) in relation to some aspects of maltreatment, correlated with the emotional dysregulation;
3. the association between the emotional dysregulation, impulsiveness and physical activities in subjects with nervous anorexia.

Attachment in post-instituzionalized children at risk for emotional dysregulation and behavioral problems.

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Abstract

Introduction: a recent meta-analysis showed that attachment in institutionalized children showed a percentage of more than 50% of attachment disorganization classifications (Lionetti et al., 2015), with greater risk for developmental socio-emotional outcomes impairment if compared to normative development. Attachment disorganization is the most at-risk variable for children socio-emotional development, as it could compromise both the individual and relational skills of these children. Our research lab (<http://lag.unipv.it>) undertook a multi-step research program in order to inquire first the key variables related to post-institutionalized children's functioning and second the putative "natural intervention" role of adoptive parents in fostering their socio-emotional recovery. Aim of this presentation is to introduce three key studies on these issues and to discuss potential implications for assessment and interventions.

Method: The first study recruited 30 early-placed adoptees (age at adoption placement $M = 5.37$ months, $SD = 4.43$) and presents how the joint effect of children's temperament and of adoptive parents' attachment plays a key role in children's recovery by using a comparison among logistic regression models. The second longitudinal study ($N = 132$; 48 post-institutionalized children aged 3-5 years, and their adoptive parents) implied a three time points model covering a two years period and investigated – through logistic regression models - the contribution of children's age at adoption, and parents' attachment on children's socio-emotional recovery. Finally, the third study explored socio-emotional changes in post-institutionalized children ($N = 83$, $M_{Age} = 33,5$ months, $SD = 17.1$) in their first year after adoption by implementing a positive parenting intervention in a RCT trial.

Results: Results of the first study showed that mothers' secure attachment, but not fathers' attachment, increased the chance of secure attachment in adoptees, and reduced disorganization. Temperament moderated the mother-infant attachment match. Results of

the second study showed that the best logistic regression model in explaining children's recovery was the model comprising both mothers and fathers' attachment in significantly reducing attachment disorganization in children, with a key role of mother's attachment. Finally, in the third study mediated and moderated mediated models showed that a parenting intervention was a clear predictor of change in children's behavioral problems and socio-emotional adjustment, with a key moderated role played by children's temperament; children with high scores on temperamental negative affect benefitted most from their mothers' change through the intervention.

Conclusions: Results obtained through these three nested studies show that a main contribution in identifying and preventing emotional dysregulation and related behavioral problems comes from the acknowledgment of the risk of attachment disorganization development persistence through childhood, with a clear indication of the relevant role played by attachment bonds in refining socio-emotional equipment of children in a positive and more adaptive manner.

Epigenetic correlates of trauma-related emotional dysregulation and memory in maltreated children

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Abstract

Child maltreatment is an early traumatic experience which has known detrimental effects on well-being, emotional and cognitive development in children and adults. Negative outcomes include emotional dysregulation and difficulties in declarative and autobiographical memory. Recent research suggests that early traumatic experiences are capable of modifying the transcriptional activity of DNA through epigenetic mechanisms (i.e., DNA methylation and telomere regulation). Our aim is to assess the effects of altered epigenetic signatures (BDNF, NR3C1, OXTR, SLC6A4, and telomere length) on emotional and cognitive development in children formerly exposed to childhood maltreatment.

This research project is structured in two studies, which are consistent with the two main aims. We present preliminary data about the effects of childhood maltreatment on epigenetic regulation on epigenetic correlates (DNA methylation and telomere length) of trauma-related emotional dysregulation in 30 children victims of abuse or neglect. We also

present the study protocol to investigate the effects of maltreatment-related epigenetic signatures on emotional (emotion regulation) and cognitive (memory functioning) developmental outcomes in a sub-group of children aged 3 to 6 years. This study provide relevant scientific evidence on the biochemical alterations that are associates with early traumatic experiences in children and will indirectly inform about the putative mechanisms that link such experiences with developmental outcomes. Indirectly, these findings are going to be beneficial for preventive and treatment interventions with these children, as they will highlight specific processes through which children may become at risk for less-than-optimal developmental adjustment.

Excessive Physical Activity and Emotional Dysregulation in Anorexia Nervosa: A Neuropsychological Perspective

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Abstract

Excessive Physical Activity (EPA) related to emotional dysregulation is a frequent and complex symptom in Anorexia Nervosa (AN). We investigated the reward system functioning toward physical activity (PA) in a sample of 30 AN patients, 30 athletes and 30 non-athletes in order to examine the abilities of the three groups dealing with PA reward. AN patients were divided in 17 ANEPA and 13 non-ANEPA, depending on the presence of the EPA behaviour. We assessed decision-making with both monetary rewards and PA rewards. Results revealed Athletes made more advantageous decisions when dealing with PA information in comparison to all other samples, while non-athletes had a better performance in comparison to ANEPA but not in comparison to non-ANEPA. No difference between samples were found with monetary reward. Our study shows that ANEPA were unable to postpone a PA reward, tending to choose great and immediate rewards, disregarding the negative long-term consequences of the choices.

PERINATAL PSYCHOPATHOLOGY AND PARENTHOOD: NEW CHALLENGES AND IMPLICATIONS FOR RESEARCH AND CLINIC

Proposer

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Discussant:

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Abstract

Perinatal psychopathology is a general label referring to different expressions of mental disorders (the most known is perinatal depression) in the perinatal period, a time range going from conception to the first year after childbirth (Howard et al., 2014).

In recent years, perinatal psychopathology is showing interest and empirical evidence on various sub-topics, in parallel with improvements in medical sciences and evolving transformations in the socio-cultural environment, representing therefore new challenges for parental roles. For instance, there is an increase in rates of survival for very severe premature babies, which contribute to a complex transition to parenthood for both mothers and fathers (Helle et al., 2018). Also, the increase in domestic violence is requiring a specific attention with respect to the perinatal period (Wadsworth et al., 2018).

For what concerns the “more traditional research” on maternal psychopathology, studies show, in recent years, a focus on the exploration of multiple trajectories of perinatal depression (Santos et al., 2017), other than a deeper investigation of perinatal anxiety, which has been shown to be as common as depression (Lee-Dennis et al., 2017). Fathers’ affective disorders Also, are receiving an increasing interest, along with the investigation of specific symptoms, *ad hoc* instruments for detection and effects on child outcomes (Carlberg et al., 2018).

The screening of perinatal affective disorders in fathers: research data from PAPA Team

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Abstract

During the perinatal period many fathers suffer from affective disorders (like depression or anxiety), but these tend to occur differently than in women and are often under-assessed or undiagnosed. In fact, men are usually less inclined to reveal any psychological difficulty and tend to show discomfort in the form of somatic complains or externalizing behaviour. The assessment of these disorders represents a difficult challenge for clinicians. Aim of this study is to present validation data of the *Perinatal Assessment of Paternal Affectivity* (PAPA) (Baldoni, Matthey, Agostini, Schimmenti and Caretti, 2016), a self-report questionnaire for the screening of high-risk fathers based on recent research on paternal affective disorders. *Methods:* PAPA assesses eight different dimensions of paternal affective disorders, has a simple structure and is very fast and simple to complete. The multicentric validation study of PAPA involved many Italian public services (AUSL Romagna, Cagliari, 15 Alta Padovana, Torino, Foggia, Roma1) and different samples of parents (1200 subject). All participants, at the VII-VIII months prenatal and at 3 months postnatal, completed the following questionnaires: PAPA, CES-D, SCL-90-R, ASA, PSS, DAS, EPDS.

Results: Statistical analysis showed significant association between PAPA total score ($P = .05$) and single scale scores with many scores on CES-D, SCL-90-R, ASA, PSS and DAS. Factorial analysis evidenced two second order factors: “Internalized suffering” and “Externalized suffering”.

Discussion: Validation data confirm the PAPA as a useful tool for the screening of affective disorders in fathers. Although it doesn't allow an accurate diagnosis, it provides a simple and practical guide for detecting high-risk fathers. In these cases, a more in-depth diagnostic assessment and a possible treatment are required. Considering these validation data, a new version of PAPA (v. 4.0) has been recently developed.

Intimate partner violence during pregnancy: the experience of a Turin hospital.

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Abstract

During pregnancy, contrary to popular beliefs, violent episodes toward mothers-to-be often occur. Women state to suffer physical, psychological and sexual violence. In particular,

unwanted pregnancies can trigger new violent episodes or strengthen ongoing abuses (Lau, 2005; Bailey & Daugherty 2007).

A research conducted in the United States in 2000, highlighted that every year about 334.000 pregnant women suffer violence. In the most part of the episodes, the future father of the baby is the perpetrator. From Italian data (2014) emerged how the 11,8% of women who reported violent episodes were pregnant and for the 11,3% of them the abuses increased during this period.

Risk factors of the violence during pregnancy are similar to those highlighted during other life periods. The young age of the future mother and the occurrence of pregnancy, make women to twice as likely to experience episode of violence.

The Centro Soccorso Violenza Sessuale (SVS) of the S. Anna Hospital of Turin, has a long experience with women victims of violence with a particularly focus on pregnant women. To now, 124 pregnant women were received (M: 27, dv: 6); 29% were Italian, 26% had physical injuries and the 47% of them showed multiple injuries on different body parts: lower and upper limbs, face and torso. 57 women endure anxious-depressive symptomatology and in the 50% of the cases there were other children in the family.

From the data emerged in literature and from the SVS Centre, emerged how the IPV phenomenon during pregnancy does exist, although not deeply explored perhaps because of the particular life period. We believe that would be necessary to employ specific services for pregnant women victim of violence, and to develop training courses for practitioners involved with them to improve their ability to detect signals of violence and related risk factors (Gino, Canavese, Castagna, Magnano & Rondana, 2019), as recommended by the “Gravidanza fisiologica” guidelines (ISS SNLG 2011).

Perinatal maternal and paternal anxiety and temperament outcome in their offspring at 3 months of the infant

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Abstract

Introduction: It has been proved that mothers who report perinatal anxiety tend to represent their infants as more difficult. The inclusion of fathers in temperament studies is rare and results seem inconsistent with mothers’ reports.

The aims of this study were (1) to investigate whether mothers' and fathers' anxiety - assessed at 6 month of pregnancy (T1) and at 3 months postpartum (T2) - was linked with difficult infant's temperament and (2) to investigate gender differences.

Method: The sample comprised 92 mothers ($M_{Age} = 34.7$ years, $SD = 4.8$) and fathers ($M_{Age} = 36.8$ years, $SD = 4.7$), and their 3 months old 46 infants. At T1, mothers and fathers independently filled out the State-Trait Anxiety Inventory (STAI, *Spielberger, 1983*). At T2, mothers and fathers completed the STAI and the Infant Behavior Questionnaire (IBQ-R, Gartstein & Rothbart, 2003).

Results: Mothers and fathers did not differ significantly as regards the presence and stability of anxiety at T1 and T2. With respect to mothers, a significant correlation between perinatal anxiety and infant's sadness and difficult behavior emerged. Fathers' higher perinatal anxiety scores correlated significantly with infant's fear, distress to limits and falling reactivity. Both mothers and fathers attributed higher scores to boys compared to girls on all three IBQ-R subscales: Surgency/Extraversion, Negative affectivity and Orienting/Regulatory Capacity.

Conclusions: Infants of anxious mothers and fathers were perceived as more difficult. Both mothers and fathers would perceive their baby boys' temperament as more difficult than their baby girls'. These findings are consistent with previous research and highlight the relevance of screening both maternal and paternal anxiety to improve child's regulation.

Maternal perinatal depression: heterogeneity and multiple trajectories across time

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Abstract

Introduction: Perinatal depression has been widely studied since many years, with lot of evidence about its prevalence, risk factors and consequences for child development (Goodman, 2019). Compared to the past scientific literature characterizing past years (2000-2010) and emphasizing the existence of “a perinatal depression”, recent empirical evidence recognizes the existence of “many perinatal depressions” and suggests the need to better identify the heterogeneity of depressive symptoms (Baron et al., 2017; Boekhorst et al., 2019). The study aims, therefore, at confirming the existence of multiple trajectories in the perinatal period.

Methods: A literature search was realized among the main databases in the last 4 years (2015-2019), using the keywords: *perinatal depression, perinatal depressive symptoms, mothers, women,*

trajectories, course, longitudinal. No specific systematic or meta-analyses reviews were conducted. Relevant articles were selected, based on the content, sample size and statistical analyses. Besides, specific data on perinatal depression trajectories from the authors' studies were selected for the aims of this study.

Results: Ten selected articles showed the possibility to recognize at least 3 different trajectories (women always depressed; women depressed at onset, but then recovering; women getting depressed only later) of depression across the postnatal period, up to 24 months. Main results from the authors' studies also confirmed multiple trajectories for depressive symptoms in a time range of 12 postpartum months, both for mothers of full-term and preterm babies.

Conclusions: Consistent findings emerge on the existence of different and evident trajectories regarding the course of depressive symptoms in mothers, at least across the first postnatal year. Despite this, a huge part of the literature on perinatal psychopathology still neglects this evidence, with the risk of underestimating the impact of the chronicity of depression on infant outcomes.

UPGRADING THE RORSCHACH: RESEARCH AND ADVANCES (4th EDITION)

Proposer

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Abstract

This symposium aims at providing a fourth 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. Ales and Giromini start off this session by presenting some data ($n = 71$) from an eye tracking study focused on eye movement differences between different types of white space responses. Aschieri then presents a single-case study addressing the use of the Rorschach, in the context of the Therapeutic Assessment paradigm, to assess psychological difficulties and promote human and spiritual growth in Catholic priests. Cenci and Delvecchio then discuss a multi-method approach involving the use of the Rorschach to conduct psychological assessment in developmental age, also via a single-case study. Finally, Porcelli

closes the paper session by discussing the applicability of the Predicting Processing Model to the Rorschach response process, using the example of the Human Movement code. 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.

On the use of the white space in the rorschach: an eye tracking study

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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 the integration of white space in Rorschach responses would associate with both more and longer fixations, as a demonstration of an extra cognitive engagement and effort. Conversely, we hypothesized that Space Reversal (SR) would not correlate with eye tracking measures of cognitive effort. With this study, thus, we intended to contribute to the psychophysiological validation of the variable Space Integration (SI). Seventy-one participants, 56 women and 15 men ($M=23.85$, $SD=7.92$, range 19-55), were administered the Rorschach test while eye movements were being registered. Eye movements were recorded by an Eyelink 1000 Plus Desktop Mount tracker during the Response Phase of the Rorschach. Participants received the standard instructions for the R-PAS with minor modifications to account for viewing on the computer screen. A bivariate correlation analysis was performed to establish the relationship between eye tracker parameters and the R-PAS variables under consideration. The results suggest that the variable SI is linked to the level of cognitive effort demonstrated by the respondent during the visual examination of the Rorschach inkblots, whereas SR is not. Moreover, SI does not correlate with increased time spent on white areas, whereas SR positively correlates with attention to white areas. As postulated by the R-PAS manual, thus, this study confirms that SI reflects the level of cognitive effort owned by the test-taker.

Exploring difficulties and promoting human and spiritual growth with the Rorschach. The Therapeutic Assessment of a priest.

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Abstract

The Rorschach Performance Assessment System (R-PAS) relies on a performance-based assessment model. R-PAS authors and developers claim that each test variable measures, in the administration context, the same process clients enact when challenged by correspondent stimulations in their everyday life. Hence, the development of the test validity includes the exploration of the relationship between test scores and the patient's subjective experiences in various clinical realms.

In this talk, I will describe the course of a multi-method psychological assessment of a priest, which included several assessment tools, among which the R-PAS.

The process was structured as a Therapeutic Assessment (TA), in which the client formulated questions on his psychological and relational functioning, which had also an impact on his vocational and spiritual growth. As such, the TA included ongoing counseling, joint test interpretation and discussion also with the client's spiritual father.

The results of the assessment and the R-PAS results shed light on the client's struggles, on the issues to focus on in a subsequent treatment and on the interplay between psychological and spiritual growth paths.

The conclusions of this talk will focus on the value of performance-based assessment with the Rorschach in the assessment of highly Complex and resourceful clients, offering some indication on how to promote psychological conditions that allow for authentic spiritual growth.

Psychological assessment in developmental age: a single-case study

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Abstract

Literature emphasizes the importance of using multiple methods as the gold standard in child and adolescent assessment practice (Johnston & Murray, 2003). Rorschach Performance Assessment System (R-PAS; Meyer et al., 2011), as a personality performance-based test, may be used in combination with interviews, self-report questionnaires and observation for the assessment of children and adolescents. R-PAS optimized

administration, adjusted instructions to developmental skills (Lipkind et al., 2018) and transitional age-based norms (Meyer et al., 2016) make R-PAS a useful and reliable method for exploring how children process data as well as some implicit personality traits like affects, interpersonal function, self-concept, coping strategy and aggressive aspects (Erard & Viglione, 2014). Moreover, it gives useful information about the person's ability to engage in psychotherapy and to benefit from it (Mihura & Graceffo, 2014). However, few research about R-PAS in children has been published. The aim of this study was to explore the use of R-PAS in multi-method child assessment illustrating the case of A., a 10-year-old girl with an eating disorder. The R-PAS, the Psychiatric Scales for Children and Adolescents (SAFA, Cianchetti e Fancello, 2013) and the Eating Disorder Questionnaire in Childhood (EDQ-C, Franzoni et al., 2017) were administered to A. Clinical interviews and self-reports were taken into account. Psychological evaluation with R-PAS revealed a flexible processing style as well as avoidant and intellectualizing defence mechanisms for reducing the intensity of emotions. A. looked very sensitive and reactive to interpersonal stimuli as well as very dependent to others, in need of support and sensitive to changes and separations. Multimethod assessment, and the use of R-PAS, may inform the clinician on more accurate diagnostic information and provide suggestions for treatment in a wider and more empirical-based way.

The Predicting Processing Model (PPM) in the Rorschach response process

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Abstract

In the traditional model of perception, past knowledge is supposed to influence a percept after it has emerged and coded. This model has shaped the conceptualization of the response process to the Rorschach and was shared by all the classic Rorschach systems since the origin of the test. A new brain model of perception (called “Predictive Processing Model”) has been recently suggested and applied to some clinical field such as symptom formation in functional somatic syndromes. According to this model, cognition as well as somatic emotions and related feelings (summarized as ‘prior’) are grounded in the underlying generative model that actively contributes to predicting the percept (‘posterior’). According to Bayesian theorem, the conditional probabilities of perception are given by prior expectations, posterior adjustment, and sensory inputs. One of the basic purpose of this system is to minimize prediction errors and the brain, rather than passively waiting for

input, conceived as driven by constant comparisons between experience-dependent predictions and sensory violations of these predictions, so-called prediction errors. This model can be usefully applied to the response process to the Rorschach as will be shown in some examples as processing human movement responses.

EMOTIONAL COMPETENCE IN CHILDREN AND ADOLESCENTS: A FOCUS ON ALEXITHYMIA

Proposer

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Discussant:

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Abstract

Alexithymia, defined as a difficulty in identifying and describing feelings, is conceived as a deficit in affect regulation and is considered a risk factor for somatic and mental pathology in adulthood. Despite literature seem to support the relation between alexithymia and disease also in children and adolescents, further studies are needed to confirm these first evidences.

The aim of the panel is to explore the relation between alexithymia and health/disease in the developmental stages.

Since the lack of adequate instruments for the assessment of alexithymia in children and adolescents is a limitation for the application of this construct, a first contribution (Ballarotto G., Cimino S., Di Trani M., Tambelli R.; Sapienza University of Rome) aims to verify psychometric proprieties of the 20 Item Toronto Alexithymia Scale (TAS-20): factor structure, internal consistency and frequency of alexithymia in different age stages were evaluated in Italian participants from 11 to 19 years.

A second contribution to the panel (Muzi S., Pace C.S., Burlando L., Rossi M.G.; University of Genoa) aims to assess alexithymia with a multi-method approach (the Toronto Structured Interview for Alexithymia - TSIA, and the self-report TAS-20), exploring its relations with internalizing and externalizing problems in institutionalized adolescents. Main results revealed different relations with internalizing or externalizing problems depending on the method used to evaluate alexithymia.

The third contribution (Kleinbub J., Balottin L., Mannarini S.; University of Padova) explores emotion regulation in families of patients with anorexia nervosa, examining the specific role of patients' siblings. The styles in regulating emotions were evaluated using the TAS-20, along with a semi-implicit tool based on a familiar vignette, aimed to observe the conflict management styles of the families. Data showed that the impasse generated by family conflict can be overcome by the intervention of the siblings.

Alexithymia in adolescence: psychometric properties of the 20-item Toronto Alexithymia Scale

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Abstract

Alexithymia is a construct that describes the inability to recognize and articulate one's own emotional experience despite adequate emotional vocabulary. Some studies have shown that the prevalence of alexithymia in adolescence is comparable to that in the adult population, but other studies have pointed out that in adolescence the ability to recognize emotions is still being developed. On the other hand, international literature agrees that limited capacity for identifying emotions are associated to psychopathological outcomes. The present study aims to verify psychometric properties of 20-item Toronto Alexithymia Scale (TAS-20) in Italian adolescents, the most widely used self-report measure of the alexithymia construct.

Thanks to collaboration with secondary schools of Central Italy, we recruited a sample composed by N= 1061 non-referred adolescents from 11 to 19 years (502 boys and 559 girls, with average age= 24.47 years, sd= 2.11).

We examined the internal consistency, factor structure of the TAS-20 and established mean levels of responses on the TAS-20 in groups of younger adolescents (aged 11–13 years), middle adolescents (aged 14–16 years), and older adolescents (aged 17–19 years). Confirmatory factor analysis was conducted and results showed that all estimates item were statistically significant.

This study states that TAS-20 has good psychometric properties in Italian adolescent sample. The present study illustrates particular characteristics of the ability to recognize and identify emotions in adolescents, also showing how the TAS-20 is a valid tool for measuring alexithymia in this specific age group.

Multimethod assessment of alexithymia and its relations with emotional problems in institutionalized adolescents

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Abstract

Alexithymia is a well-known risk factor for internalizing and externalizing problems in adolescence and it is more common in people with a history of adverse experiences in childhood (Schimmenti & Caretti, 2018), such as institutionalized adolescents. Therefore, the prevention of its negative effects may be clinically relevant, but it is influenced by the type of method used, which can lead to different results (Balottin et al., 2014; Montebanocci & Surcinelli, 2018). The aim of this study was to assess the alexithymia with a multi-method approach, exploring its relations with internalizing-externalizing problems, in 26 institutionalized adolescents (aged 12-18, M=16, SD= 1.6; 54% boys), recruited for a larger research through Social Services in Liguria. Alexithymia was measured both through the *Toronto Structured Interview for Alexithymia* (TSIA) and the self-report *Toronto Alexithymia Scale* (TAS-20), while the *Child Behavior Checklist 6-18* (CBCL), compiled by the professional educator, was used to measure the internalizing and externalizing problems. Main results revealed different relations with internalizing or externalizing problems depending on the method used to evaluate alexithymia. Indeed, no correlations were found with the TSIA's scales while, using the TAS-20, positive correlations were found between internalizing problems and both Difficulty Identifying Feelings (DIF, $p = .04$) and Difficulty Describing Feelings (DDF, $p = .009$), as well as between externalizing problems and Externally Oriented Thinking (EOT, $p = .02$). Further, total alexithymia and DDF, measured through the TSIA and the TAS-20, were significantly correlated (respectively $p = .05$ and $p = .001$), suggesting that the two methods may lead to similar results in these dimensions. In conclusion, the relations among alexithymia and internalizing or externalizing problems may be inflated using only the self-report TAS-20, thus a multi-method assessment of alexithymia would be advisable.

Emotion regulation and conflict management in families of patients with Anorexia Nervosa: the siblings' perspective

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Abstract

Recent literature pointed out the key role played by family relations in regard to the prognosis and therapeutic outcome of young patients with anorexia nervosa. However, researches concerning the role of the siblings of these patients are still very limited. Moreover existing studies still made few references to emotion regulation and alexithymia. This contribution aims therefore to investigate the emotion regulation in families of patients with anorexia nervosa, examining the specific role of patients' siblings. The styles in regulating emotions and affections were observed using the widely known and shared alexithymia construct, measured by the Toronto Alexithymia Scale (TAS-20), along with a semi-implicit tool based on a familiar vignette. The conflict scene proposed to the families is aimed at observing the conflict management styles selected by siblings, patients, fathers and mothers, based on their own relational experiences and representations. The answers to the vignette therefore reflect the representations of each participant regarding emotion regulation in familiar conflicts. These representations in turn can be used to draw a picture of each family configuration. We will present the association between different familiar *gestalts* and the emotional regulation ability of patients.

Our data supports the hypothesis that the impasse generated by the conflict between patients and parents can be overcome by the intervention of the siblings, often perceived as a bridge between the two parts, favoring dialogue between patient and parents. However, in specific family configurations, siblings can be compromised too in their emotional well-being, potentially hindering their facilitating role, and requiring clinical attention.

In conclusion, our data show further evidence that in researches as well as in treatments addressed to patients with anorexia nervosa, the attention needs to be shifted from the exclusive mother-daughter relationship to the whole families and their specific relational dynamics.

PARENTING AND CHILD DEVELOPMENT IN VULNERABILITY CONDITIONS: THE ROLE OF MATERNAL PSYCHOPATHOLOGY AND CHILD NEURAL DEVELOPMENT

Proposer

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Discussant:

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Abstract

In humans, children's survival and psychological wellbeing largely depend on parental caregiving. Through their caregiving, parents supply their children with the intersubjective experiences they need for achieving their milestones in the realm of socio-emotional and cognitive development. However, several risk factors can challenge the quality of parental behaviours leading, in turn, to less optimal child developmental outcomes. In this panel, we present studies investigating different aspects of parent-child interactions in specific vulnerability conditions pertaining either a) maternal psychopathology or b) atypical child neural development. With respect to the first category of vulnerability, a plethora of research has documented negative associations between maternal psychopathology, both internalizing and externalizing, and child psychological wellbeing. Research pertaining the second category of vulnerability, the literature suggests that child features associated with atypical neural development challenge and might negatively affect caregiving quality in what could become a vicious circle, both in case of well-defined neurodevelopmental disorders, and in case of mild neurodevelopmental impairments connected to perinatal problems. With these premises in mind, Porreca and coll. investigated the affective quality of dyadic interactions in mothers with Substance Abuse Disorders, considering alexithymia as a possible additional risk factor. Cerniglia and Erriu, compared the emotion-laden narratives to their children of mothers with Depression, Anxiety and Anorexia Nervosa. Bentenuto and coll. examined affective- and information- salient speech of mothers and fathers of children with Autism Spectrum Disorders and typical development. Sacchi and Simonelli investigated brain structure and interactive behaviors in children with intrauterine growth restriction. The implications for clinical interventions to support parenting in vulnerability conditions are discussed.

Maternal alexithymia and quality of parenting behaviors in mothers with substance use disorder

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Abstract

Introduction: Parental Substance Use Disorder (SUD) constitutes a severe risk condition for parenting, affecting the quality of parent-child relationships and children's wellbeing. With respect to low-risk parents, parents with SUD are described as less sensitive and responsive towards their infants' communicative signals, as well as more intrusive and hostile during mother-child interactions. Furthermore, individuals with SUD are more likely to show alexithymic traits, which could further compromise the quality of parenting behaviors. Parents with alexithymia are more inclined to show difficulties in understating their children's emotional communication. The aim of the study was to investigate the quality of parenting behaviors, maternal alexithymia and their associations in mothers with SUD.

Methods: The study involved 60 mothers with SUD aged 29.20 yrs old (SD = 7.50) and their children aged 19.37 mths old (SD = 23.62) at admission in an Italian Therapeutic Community. The mothers were assessed with respect to the presence of alexithymia (TAS-20), psychopathological symptoms (SCL-90) and with respect to the quality of parenting behaviors during free-play interactions (EAS).

Results: The results showed poor-quality parenting behaviors characterized by low maternal sensitivity, structuring and high intrusiveness during mother-child interactions. The mothers reported high rates of alexithymia. Regression analyses showed that maternal alexithymic traits predict less sensitive and structured mother child interactions. The associations remain significant after controlling for the potential confounder effects of children's age and gender as well as mother's age and psychopathologic symptoms.

Conclusions: The results highlight a specific effect of maternal alexithymia on quality of parenting behaviors, which could intervene as an additional risk factor in the context of parental SUD. Implications of the findings in terms of assessment and intervention are discussed.

Emotion-laden dialogues between mothers with depression, anxiety, and anorexia nervosa and their children

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Abstract

While mothers with psychiatric diagnoses have been found to be generally less responsive and sensitive when interacting with their children, studies of the quality of their dialogues with their children have not been conducted. This is important because such dialogues have been shown to be associated with children's coherent representations of their experiences, which promote resilience and coping. The present study focused on mothers with a diagnosis of depression (N = 23), anxiety (N = 23), or anorexia nervosa (N = 20) and mothers without any diagnosis (N = 21) and examined their dialogues with their children regarding children's emotional experiences using the Autobiographical Emotional Events Dialogues procedure (AEED). The results indicated that a maternal diagnosis of depression and anorexia nervosa were associated with distinct, non-matched emotion dialogues, whereas the emotion dialogues of mothers with anxiety were not different from those of non-diagnosed mothers. Children in all three diagnostic groups showed less cooperation and coherence during the dialogues about their emotions compared to the children of the mothers in the non-clinical group. Overall, these findings suggest that maternal psychopathology may affect the mother-child dyad's capacity for recalling, describing, and co-constructing emotion-laden narratives.

Paternal affective- and information-salient speech directed to children with autism spectrum disorders and typical development

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Abstract

During their children's growth, parents adapt several aspects of their speech to the changing affective and cognitive needs of their developing children, in ways that foster their language development, and, more in general, their psychological adaptation. For children with Autism Spectrum Disorders (ASD), who show specific socio-communication and language impairments, parental language input appears to be as - if not more - crucial than for typically developing children. Nevertheless, research on parent pragmatic speech directed to children with ASD is still limited and paternal speech, in particular, is almost completely unexplored. In an effort to fill this gap in the literature, the present study aims to investigate functional aspects of fathers' speech directed to children with ASD, compared to typically developing children, and their relations with child psychological functioning. Forty fathers

of pre-schoolers participated in this study: 20 were fathers of children with ASD and 20 of typically developing children. Fathers' spontaneous language directed to their children during dyadic interaction was transcribed and each utterance was coded for its principal function based on an exhaustive coding system of affective- and information-salient speech. Results highlighted that fathers of children with ASD were more talkative than were fathers of TD children. Moreover, fathers of children with ASD called their children by name more often used fewer questions than did fathers of TD children. Additionally, paternal internal state talk was associated to child level of functioning. Altogether results reveal specificities of father speech directed to children with ASD as well as paternal ability to adapt its pragmatic speech to the level of functioning of their children. Results are discussed in relation to their clinical implications as well as to the under-investigated role of fathers in the development of children with ASD.

Neural vulnerability and behavioral development in infants with intrauterine growth restriction (IUGR): mechanisms and outcomes

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Abstract

Intrauterine growth restriction is defined as a fetal growth retardation, resulting in an estimated fetal 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. Behaviorally, IUGR infants show reduced responsiveness and engagement with human faces.

The present work reports on the interconnected role of neural and environmental factors involved in IUGR developmental trajectories. Specifically, results of: *i*) a meta-analysis; *ii*) an MRI case-control study; and *iii*) preliminary findings of a longitudinal behavioral study will be presented.

Meta-analysis shows increased risk for cognitive outcomes in IUGR vs appropriate for gestational age (AGA) peers across childhood, both for preterm and term-born children. The MRI case-control study highlights significant differences in brain volumes in several regions for IUGR preterm vs AGA preterm newborns at term-equivalent. Last, the longitudinal study suggests that low birth weight is significantly associated with atypical patterns of mother-infant interaction at 4 months, namely in visual and verbal contact.

Taken together these findings have implications for identifying antenatal impacts of IUGR on child development and proposing clinical strategies to constrain the effects of atypical brain growth and behavioral development on later outcomes.

INTEGRATING AFFECTIVE NEUROSCIENCE AND DYNAMIC PSYCHOLOGY: NEW INSIGHTS FOR THE UNDERSTANDING OF PSYCHOPATHOLOGY

Proposer

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Discussant:

*Marta Ghisi*²

² University of Padua, Padua.

Abstract

The field of clinical and affective neuroscience is contributing to the understanding of mood disorders through the description of the neural substrates associated to these disorders. An important contribution to the interpretation of these data may be provided by clinical and dynamic psychology theories of psychopathology. With this aim, in the present symposium original neuroimaging data concerning the neurobiological correlates of mood disorders are described considering them in the light of classical and recent psychodynamic theories of psychopathology.

Neurocognitive evidence of the expanded continuum between Schizophrenia and Bipolar disorder

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Abstract

Despite the traditional view of Schizophrenia (SZ) and Bipolar disorder (BD) as separate diagnostic categories, the validity of such a categorical approach is challenging. In recent years, the hypothesis of a *continuum* between Schizophrenia (SZ) and Bipolar disorder (BD),

postulating a common pathophysiologic mechanism, has been proposed. Although appealing, this unifying hypothesis may be too simplistic when looking at cognitive and affective differences these patients display. In this talk, I present an empirically based hypothesis of an expanded continuum according to which the continuum extends over three clusters: the psychotic, the cognitive, and the affective. Source-based Morphometry (SBM) was applied to the structural images of 46 individuals diagnosed with SZ, 46 with BD and 66 healthy controls (HC). The psychological profiles of the three groups were taken into consideration as well.

At a neural level, there are evidence for a shared psychotic core in a distributed network involving portions of the medial parietal and temporo-occipital areas; for a cognitive core more compromised in SZ, including alterations in two fronto-parietal circuits, and mild evidence for an affective core more compromised in BD, including portions of the temporal and occipital lobes. Such differences were confirmed by the psychological profiles, with SZ patients more impaired in cognitive tests, while BD in affective ones.

Neurobiological markers of bipolar disorder and their relation with risky behavior

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Abstract

Bipolar disorder (BD) is characterized by rapid fluctuations in mood and emotions, going from episodes of depression to those of mania, as well as extreme risk-taking behavior, especially during mania episodes. Despite being a widespread disorder, it is often misdiagnosed and little is known about its neurophysiological basis. Several studies have tried to clarify the neural substrates of BD, focusing mainly on the neural circuitries that underlie emotion regulation. In our study, we aimed to track down the structural markers of BD by capitalizing on source-based morphometry (SBM), a data-driven approach to structural data. To better characterize neuropsychological features of the disorder, without focusing only on the well-known affective features, we took into account the Balloon Analogue Risk Task (BART) to assess risk-taking behavior.

We took into consideration T1 MRI images of 49 patients with BD and 69 healthy controls (HC), matched for age and sex. In order to detect morphometric brain abnormalities underlying the disorder, we applied Source-based Morphometry (SBM), a whole-brain multivariate approach based on the Independent Component Analysis (ICA) that extracts independent patterns of grey matter (GM) covariation between subjects. Then, we performed correlational analyses between patterns of GM covariation returned by SBM and clinical manifestations of BD assessed with the behavioral task (BART), in order to support our structural findings.

SBM returned twenty Independent Components (IC). Among these, two structural networks resulted significantly different between groups, with less GM concentration in patients. IC10 ($t(116) = -3.2642$, $p = 0.0014$) is a fronto-temporal network that includes the middle and inferior frontal gyrus, precentral gyrus, superior and middle temporal gyrus. IC19 ($t(116) = -2.4157$, $p = 0.0173$) is a temporo-occipital network that involves the middle occipital gyrus, cuneus and lingual gyrus, the middle temporal gyrus and structures of basal ganglia as caudate and lentiform nucleus. Structural networks correlations (SNC) between groups appeared different too. The behavioral analyses showed significant negative correlation between the GM covariation in IC10 and the performance of patients in the BART ($r = -0.474$, $p = .001$).

SBM showed that patients differed from controls in GM networks including middle and inferior frontal gyrus, precentral gyrus, superior and middle temporal gyrus, as well as the middle occipital gyrus, cuneus and lingual gyrus, the middle temporal gyrus and structures of basal ganglia as caudate and lentiform nucleus. Interestingly, the correlational analyses revealed that extreme risk-taking behavior relies on abnormalities in the fronto-temporal network (IC10). Thus, this study allowed us to detect structural abnormalities in BD patients, which can partially explain their heterogeneous symptomatology.

“THE FORMS OF RELATIONSHIP ORGANIZE THE FORMS OF THOUGHT”: THEORIES AND EXPERIENCES OF (RE)GENERATION OF THE INDIVIDUAL AND SOCIAL SELF

Proposer

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Discussant:

*Sergio Salvatore*²

² University of Salento, Lecce.

Abstract

In mental health which method works? And social psychiatry? In teenage deviancy? And in the "put to the test" in criminal law? And in psychotherapy? Freud seems not to work anymore..., not always... the drugs... the penalty..., education... Even... Not always... But let's start from the beginning... What is normal and what is pathological in psychiatry? In Clinical psychology? In pedagogy? Here it would take a whole conference dedicated exclusively to this! For the purposes of this reflection I only wish to recall a statement of 2184 years ago! In (165 B.C.) Terentius stated "Homo sum Nihil humani to me alienum puto".

More than just ask, what is normal, and what is not, I would rather asked ourselves what we believe to be the motivators of subjective individual and social action, today? And even before... What can we define as individual? And what can we call social? We are, and we learn, what we live. This in summary the idea of psychoanalysis, clinical, ecosystemic that I want to discuss. The basic principle of the cultural nature of the human being: Men concosh the environment in which they live. Therefore, culture is the true nature (Geertz, 2001), it forms the basis of the predisposition to relationships. Man does not exist except within a socio-relational environment, if not through his being culturally constituted; The "Need for meaning", the necessity to discover the genesis of reality, to find a sense and an explanation to the whole that can justify the changeability, the uncertainty and the accident of the world. The human mind is an individual epiphenomenon that originates from a psychic-relational-social matrix. It is set up to receive codes, intentions and traits with which they interface daily, which characterize the culture, the environment and the people: its products are individual expressions, in a procedural relationship with the social world. In short, the identity arises from a series of discontinuous changes and transformations.

The forms of relationship organize the forms of thought: a pilot research of social, ecosystemic, psychoanalysis

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Abstract

Introduction: The child, compared to any other puppy, is born in a state of neoteny (physiological immaturity) because it has no means of survival. The adult man remains characterized by incompleteness: he is poor in an appropriate instinctual apparatus, holds

a defective or inadequate organic endowment. However, precisely these characteristics have meant that our species relates more with the world, with the environment, with the context, and relates differently, flexibly, with respect to the rigid modality of the other species, strong, genetically complete. This lack is the basic principle of the cultural nature of the sapiens: men design "the environment" in which they live. Therefore, culture is the true nature (Geertz, 2001), it constitutes the basis of the predisposition to relationality. The individual mind is formed within a cultural socio-relational environment.

Method: The present study aims at observing, through the methodology of the "Grounded Theory" (Glaser, Strauss, 1967), the existence of positive correlations between the presence of socio-relationally warm and meaningful, learning environments, the level of perceived individual well-being and academic success.

Results: From an initial analysis of the cases it is clear that among the boys involved in the present research, there is a correlation between perception of the physical-relational environment (warm and welcoming-cold and anonymous), state of perceived well-being (1-5) and educational results (low-medium-high).

Conclusions: The results of the research are useful for a new political-pedagogical planning of scholastic and academic legislative interventions. Furthermore, interest could be generated for the deepening of research with inferential statistical methods and larger sample sizes.

Relational and thinking features in a psychosocial team that work with foster families

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Abstract

The present contribution presents the results of a research-training project that highlights the

specificities of the relations and the dynamics of a team of psychosocial professionals that follows foster family projects.

The work with the professionals aimed to point out the team difficulties in terms of the emotional difficulties of workers and of the acceptance of the functions of coordination changes.

The training was conducted in 7 meeting sessions which underlined an interesting analogy between the functioning of the team and the object of the work (to follow the families during the foster project). In particular, the team functioning has highlighted similarities

and collusions with the representations and experiences of the object of the work in many aspects:

- Loneliness, segregation and persecution experiences of the professionals towards the team, in analogy with the experiences of children placed in foster families;
- Inability to build transparent and supportive relations between professionals in analogy with the children's family of origin relationships;
- management and coordination of the team according to the abusing, dependent and manipulative relation model, in analogy with the family of origin of the children;
- signification of their profession in term of high ideal and sacrifice in analogy with the experiences of the foster families;
- Great effort of the team to to reflect on their own collusive dynamics and to assume the responsibility of their work, as the families of origin of children.

The work, conducted according to a recursive and participatory logic and within a relational perspective of group functioning, allowed the operators to identify the dimensions of "cognitive-emotional saturation" (which produced a substantial unproductive and defensive repetition in the professional action) and to identify hypotheses of change and transformation.

Forms of relationship in bicultural couples: what the boundary among individual, couple, social dynamics?

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Abstract

According to the Ecological Systems Theory and the complexity paradigm, the present study explores three different levels of analysis about the forms of relationship in bicultural couples: a micro level, taking into account the identity aspect of each partner in terms of self- or hetero-ethnic identification; a meso level, examining the passion, commitment, and intimacy of the couple sphere of the partners; a macro level investigating the discrimination that partners can perceive by the community as an effect of the relationship between dominant and minority groups. The analysis was carried out with the statistical package SPSS 15.0. We conducted the analysis of variance (ANOVA between and within) and Stepwise multiple regression analysis was chosen to evaluate the effects of the variables on life satisfaction of partners.

The results show that for both partners, foreign and Italian, the variables that have a predictive value on life satisfaction bring into play the couple and the intergroup dynamics, leaving out the identity one. Specifically, increased perceived discrimination as a member of a mixed couple leads to decreased life satisfaction by partners. In turn, we can see that a strong intimacy between partners enhances their life satisfaction. These results introduce a reflection on the role of the differences about the ethnic identity, considered erroneously the main cause of dissatisfaction in the mixed couple. Therefore, the mutual relation between identity, intimate, and macro spheres pushes toward new intimacy as a citizenship dimension (Oleksy, Hearn, & Golanska, 2011). The implications of the study suggest that the mind and the social field are not the product each of other but its are, at same time, the field of future possibilities each of other.

The harmony of the differences between prejudice and perception of the foreign immigrant

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Abstract

One of the phenomena strictly interconnected in the social fabric, which influences daily life and interpersonal relationships, is the prejudice against immigrants. The literature (Bäackström & Björkund, 2007) reports that high empathic levels predispose to low levels of injury. Consequently, empathic capacities mediate the link between intergroup contacts and prejudice (Pettigrew & Tropp, 2008).

The objective of this research was to analyze the prejudicial opinions and beliefs annexed to the metacognitive abilities towards foreign immigrants. The sample is composed of 341 subjects belonging to the Italian population with a mean age of 33.03 (SD = 13.71). A self-report battery was administered: ad hoc socio-social questionnaire, subtle and manifest prejudice scale (Pettigrew & Meertens, 1995) and Metacognitive Functions screening scale-30 items (Schimmenti & Alaimo, 2013). From the first analysis it emerged that the sample has high levels of average scores of metacognitive capacities (CRE M = 11.11, DS = 4.1; CRC M = 16.61, DS = 4.5; CDD M = 27.21, DS = 4.5; CDP M = 9.19 SD = 1.9) and that there is a statistically significant negative correlation between metacognition and subtle and manifest prejudice ($p < 0,01$). This indicates that as the metacognitive abilities increase, the prejudice against immigrants decreases. Furthermore, there is a statistically significant

difference regarding gender. Men, in particular, show higher levels of subtle prejudice than women (MF = 21.35 SD = 4.7; MM = 24.42 SD = 5.6). In conclusion, metacognition and empathic capacities (Batson & Ahmad, 2009), in relation to prejudice reduction techniques, have the potential to improve intergroup relations.

PSYCHOTHERAPEUTIC AND INTEGRATED INTERVENTIONS FOR TREATING DEPRESSIVE SYMPTOMS, RELATED WORK-STRESS AND IMPROVING COGNITIVE VITALITY

Proposer

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Discussant:

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Abstract

To date, clinical psychology is increasingly called upon to provide calibrated interventions for broad needs represented by various categories of subjects. The proposal for this symposium was created with the objective of offering colleagues useful methods for implementing therapeutic interventions aimed at countering psychopathological symptoms of depression, work-related stress, and cognitive disorders in the elderly.

Heart rate variability (HRV) biofeedback (BFB), relaxation and mindfulness exercises are useful techniques currently used to control stress response in top management (Pruneti et al., 2019). Composite program of muscle relaxation and mindfulness can contribute to ameliorate stress-related symptoms in senior-level executives. In March 2018, the top management of Bloom Inc. proposed a research focused on the so-called ‘flow state’ to the University of Parma resulted in a clinical project for the evaluation of stress-related symptoms as well as temperamental and lifestyle characteristics. A pre-test/post-test design on 20 top managers from various international companies was thus performed. Symptom Questionnaire (SQ), State-Trait Anxiety Inventory (STAY-Y), and Psychophysiological Profile (PPP) [surface electromyogram (sEMG), skin conductance (SCL/SCR, EDA), peripheral temperature (PT), heart rate, heart rate variability and inter-beat interval (HR, HRV, IBI)], with three phases sampled (baseline, stress presentation and recovery) were administered. The top managers were trained in a 4-week program of HRV daily

monitoring and biofeedback together with muscles relaxation and mindfulness exercises and then re-tested. Non-parametric analyses were used. Primary results showed that mindfulness meditation and progressive muscle relaxation with HRV BFB, represent beneficial means in reducing stress-related symptoms in senior-level executives of top organizations.

Reminiscence Therapy (RT) developed from Erikson's theory of psychosocial development is based of Ribot's law which shows that recent memory is more likely to be lost than remote one. RT has been widely used in nursing and residential care homes for dementia management (especially Alzheimer's disease) and brain injury since the 1980s. RT can be done in individual or group sessions and can be divided into two types: one guided by an individual's free recall and one using a life-review procedure. The former typically involves group meetings at least once a week, in which patients are encouraged to talk about past experiences, activities and events. The latter allows patients to be active in searching for autobiographical memories and rebuilding their life story. Recent studies adopted different structured RT programmes, such as SolCos transformational reminiscence model or ReMau programme with relevant findings (Camisuli et al., 2016). On the basis of the increasing evidence, the University of Parma performed a study in the Extended Care Unit and in the Day Care Centre of Parma *AD Personam Service*, by documented that RT can support cognitive vitality of elderly people with effective consequences on their life and on caregivers' burden reduction.

The treatment of recurrent depression is, to date, only moderately effective. An increasing number of studies suggest that this disorder may be connected with traumatic experiences, leading to the hypothesis that trauma-focused interventions may be useful for this type of patient. In order to explain the role of exposure to adverse events in the response to psychotherapeutic treatment, University of Turin conducted a RCT with patient with recurrent depression. This could be useful for new perspectives of treatment for such a widespread and debilitating disease as recurrent depression.

Recently, the importance of emotion regulation (ER) for body image has received a great deal of attention. In addition, body dissatisfaction is associated with negative psychological and physical health consequences and, more importantly, with the development and maintenance of eating pathology, but this relationship has not yet been fully explored. With its contribution, University of Chieti aims to examine how the influence of variables such as body image, emotional experience, self-esteem, and strategies of emotional regulation, can represent risk factors for the onset and maintenance of ED in adolescence.

Reducing psychopathological and psychophysiological symptoms in Italian top managers: effects of an integrated approach

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Abstract

Introduction: Mental health problems are widely reported in top managers and physiological stress response to company duties and responsibilities may exacerbate some psychopathological dimensions, such as anxiety, depression, somatic symptoms and hostility. Thus, appropriate psychological treatments should be provided to managers-in-need in order to modulate their ability to cope and address problems. Our study evaluated the effects of a combined treatment in a sample of Italian top managers.

Materials and Methods: Twenty top managers (M:F=11:9, mean age = 46.8) were administered the State and Trait Anxiety Inventory (STAI-Y), the Symptom Questionnaire (SQ) and the P Stress Questionnaire (PSQ) before and after an integrated treatment. Specifically, the SQ as a self-reported measure, consists of four main scales [Anxiety (A); Depression (D); Anger/Hostility (AH); Somatic (S)], symptoms subscales (depressive symptoms -D-; anxiety symptoms, -A-; anger-hostility symptoms, -AH-; somatic symptoms -S-) and wellbeing subscales (contented -C-; relaxed -R-; friendly -F-; somatic wellbeing -SW). The PSQ-32 item - evaluating the presence of dysfunctional lifestyles and stress-related behaviors - includes the following scales: Sense of Responsibility (SR), Vigor (V), Stress-induced Disorders (SD), Precision and Punctuality (PP), Leisure (L), and Hyperactivity (H). Top managers were treated by a combined intervention of Heart Rate Variability (HRV) biofeedback, relaxation techniques and mindfulness exercises consecutively for 4 weeks. A non parametric analysis (i.e. Wilcoxon Sign Rank Test, Bonferroni corrected) was used to compare tests scores at baseline and re-test. Spearman's correlations between measures were performed, too.

Results: STAI-Y correlated at baseline with SQ Total Score (State Anxiety, $\rho = .522$, $p < .05$; Trait Anxiety, $\rho = .534$, $p < .05$) and PSQ Total Score (Trait Anxiety, $\rho = .494$, $p < .05$). Findings pointed out a reduction of reported symptomatology on SQ Total Score ($p = .002$) and on SQ Anxiety scale ($p = .005$) at retest. In particular, male managers seemed to benefit more from the integrated treatment ($p = .004$) than females.

Conclusions: Limitations of the study primary included the small sample size and the lack of a follow-up to evaluate potential maintaining effects of the integrated treatment. Despite

this, a combined treatment of HRV biofeedback, relaxation techniques and mindfulness exercises may be helpful in reducing symptomatology of stressed top managers and may be a feasible and replicable approach to be used in many companies to promote health and wellbeing of persons-in-charge.

Neuropsychological and psychophysiological functioning in the elderly: effects of reminiscence therapy

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Abstract

Introduction: The current focus of modern medicine is on chronic age-related diseases due to life extension. Efforts from clinicians and researchers should be focused on successful aging. The purpose of our experimental study was to evaluate the effects of a Reminiscence Therapy (RT) intervention on older nursing home residents.

Materials and Methods: We particularly investigated the relationship between psychophysiological activation and cognitive performance in individuals attending RT sessions. The study was conducted in *Parma AD Personam Service* in a sample of 20 subjects (MMSE > 24). We evaluated two experimental groups undergoing 8 RT sessions 1,5-hour each for 6 weeks (i.e. Extended Care Unit group - ECUg - n.= 8; Day Care Centre group - DCCg - n. = 7), respectively, and a control group (i.e. usual care, n. = 5). A psychophysiological stress profile (PSP) was performed pre- and post-intervention, by recording the following parameters on three states (i.e. baseline, stress-phase and recovery): heart rate, inter beat interval, respiratory rate and amplitude, skin temperature, muscle tension, and skin conductance. On the stress phase, four cognitive tasks were administered: short-term memory, attention, recall and word production. Comparison among groups were made by the Kruskal-Wallis and by the Mann Whitney U-Test.

Results: At retest, the ECUg showed a significant improvement on language ($Z = -2.371$, $p < .05$) task while the DCCg showed a significant improvement both on attention ($Z = -1.997$, $p < .05$) and language ($Z = -1.951$, $p < .05$) tasks. The DCCg also presented an autonomic activation related to skin temperature, hart rate, inter beat interval on the PPF stress phase.

Conclusions: In line with literature, findings demonstrate that RT improves some cognitive functions of elderly people. Moreover, the hypothesis of a positive correlation between psychophysiological activation and cognitive performance was supported, too. We conclude that RT may have positive effects in cognitive functioning maintenance and that cognitive enhancement is linked to psychophysiological variables somehow.

The effect of traumatic experiences on the response to psychotherapy in patients with recurrent depression

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Abstract

The treatment of recurrent depression is, to date, only moderately effective. An increasing number of studies suggest that this disorder may be connected with traumatic experiences, leading to the hypothesis that trauma-focused interventions may be useful for this type of patient.

In the present study 45 patients with recurrent depression participated in a Randomized Clinical Trial (RCT) which compared EMDR (eye movement desensitization and reprocessing) with CBT (cognitive behavioral therapy), with a number of sessions that varied between 8 and 15.

Correlation and mediation analysis were conducted in order to quantify the effect of the traumas experienced (type of trauma and age of exposure) on treatment response. Treatment response was assessed with BDI-II (primary outcome) at baseline, during treatment (4 assessments during the treatment period), at the end of treatment (T1) and again at 6 months from the end of treatment (T2).

Secondary outcomes, assessed only at baseline, T1 and T2, were the BAI (for anxiety symptoms), the IES-R (for post-traumatic symptoms), the VGF (global scale of functioning) and the WHO- QoLBref (on quality of life).

Results will be presented, highlighting the role of exposure to adverse events in the response to psychotherapeutic treatment, useful for new perspectives of treatment for such a widespread and debilitating disease as recurrent depression.

Emotional regulation and risk of eating disorders in adolescence

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Abstract

Introduction: Recently, the importance of emotion regulation (ER) for body image has received a great deal of attention. In addition, body dissatisfaction is associated with negative psychological and physical health consequences and, more importantly, with the development and maintenance of eating pathology (Burnette, 2019; Cohen, 2015; Prefit, 2019; Svaldi, 2014), but this relationship has not yet been fully explored. This contribution, aims to examine how the influence of variables such as body image, emotional experience, self-esteem, and strategies of emotional regulation, can represent risk factors for the onset and maintenance of ED in adolescence.

Method: 122 adolescent (age 17.61 DS 1.62), recruited in a High School with the headmaster's authorization and with the informed consent of both parents, completed a protocol that included measures of body dissatisfaction (GSI-BUT), eating disorders (EDI-3, BES), self-esteem (RSE), emotional experience (PANAS), emotional regulation (ERQ) and demographic information.

Spearman's rho coefficients and Mann-Whitney test were calculated to evaluate the pattern of relationships between scores at various scales, and differences between both sex.

Results: There were significant differences between female and male in term of Body Dissatisfaction ($p < .001$), Eating Disorder Risk Composite ($p < .001$), Negative Affect Trait ($p < .001$) and Self-esteem ($p < .001$). The risk of ED was higher in female who experience greater negative affectivity and show body dissatisfaction.

Conclusion: This work opens up to wider perspectives of investigation, highlighting the need to further investigate the emotional aspects related to body image as risk and maintenance factors for eating disorders.

SOME PEOPLE FLY: NARCISSISTIC GRANDIOSITY AND VULNERABILITY IN THE CLINICAL AND RESEARCH RELATION

Proposer

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Discussant:

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Abstract

Pathological narcissism represents a clinically relevant, albeit controversial personality construct, with multiple conceptualizations that are operationalized by different measures. The existence of alternative conceptualizations of narcissism within the literature, and the debate about how the construct of pathological narcissism should be defined is reflected in the diversity of measures that vary in the precise construct they assess, and accordingly, often differ in their patterns of external correlates. Even in the recently published DSM-5 two different views of narcissistic personality disorder (NPD) are formulated (i.e., Section II and Section III). In the DSM–5 Section III alternative model of PD, the diagnosis of NPD is based on self and interpersonal dysfunction (Criterion A) and a profile of maladaptive personality traits (Criterion B), specifically elevated scores on Attention Seeking and Grandiosity. One notable development in the AMPD model of NPD is the inclusion of both grandiose and vulnerable characteristics among diagnostic features, although these vulnerable features only appear in Criterion A.

Starting from this consideration, the present symposium will show the current perspectives in both clinical and research fields on the pathological narcissism focusing in particular on the assessment of narcissistic vulnerable features and its relevance as risk factor in suicide behaviour. In particular, the symposium aims to address: a) the implicit evaluation of pathological narcissism; b) the relationship between vulnerable narcissism and thought disorders; c) the association between NPD SCID-5-AMPD (Structured clinical interview for the DSM- alternative Model for Personality Disorder, Module III) and further DSM-5 pathological traits that characterized the narcissistic vulnerability and complete the NPD profile, d) the role of narcissistic pathology on suicide ideation and behaviors in adolescence.

Is it possible to measure narcissism implicitly?

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Abstract

Among the main characteristics of narcissism we can find a grandiose sense of self-admiration and a marked devaluation/rivalry towards the others (e.g. Kohut, 1968; Kernberg, 1967; Back et al., 2013). Both these characteristics can be prone to impression management and self-deception, and as a consequence, participants’ scores on self-report scales of narcissism may be considerably biased by a self-protective response tendency. In order to overcome the limits of self-report measures, dual models of social cognition (e.g.

Strack & Deutch, 2004), which distinguish between implicit and explicit social cognition processes, provided a powerful theoretical framework to address the potential distortions due to impression management and self-deception. On the basis of dual models, many experimental paradigms were developed to measure indirectly personality characteristics (e.g., self-esteem, personality traits, ext.), such as the Implicit Association Test (IAT; Greenwald, McGhee, & Schwartz, 1998) and the Relational Responding Task (RRT; De Houwer et al., 2015). The present study is aimed at adapting these two experimental paradigm to measure two dimensions of narcissism (i.e., “grandiose self-admiration” and “devaluation/rivalry towards the others”), evaluating their psychometric characteristics, reliability and validity.

A Narcissism IAT and two Narcissism RRTs (one for the “grandiose self-admiration” dimension, and the other for the “devaluation/rivalry” dimension) along with a series of other instruments were administered to 89 students (71 females), with a mean age of 23.57 (SD = 6.21), recruited at the Sapienza University of Rome.

Both implicit measures were examined in terms of internal consistency, convergent validity, and criterion validity with respect to other linked constructs (e.g., self-enhancement tendencies). The results provided first evidence for the validity of the implicit measures of narcissism.

Covert narcissism: evaluation of two specific psychopathological dimensions

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Abstract

As is known, the narcissistic disorder, in the Second Section of the DSM-5, is described mainly through features such as grandiosity, fantasies of unlimited success, sense of entitlement and so on. In the Third Section (Alternative DSM-5 Model for Personality Disorders: AMPD), the possible presence of a "covert" version of the grandiosity is underlined, as well as some traits of Negative Affectivity (depressivity, anxiousness) that can highlight more “vulnerable” presentations of the disorder. It is thus recognized a type of narcissism that has long been pointed out in the clinical literature and specifically described in the PDM-2.

A sample of subjects that fall into this diagnostic category of narcissism (“covert narcissism”) completed a brief, 96 item, self-administered, multiscale measure of

psychopathology and functioning (SPECTRA). The interpretation of the General Psychopathology Index score (GPI) included in the SPECTRA has allowed to verify the belonging of covert narcissism to the internalizing dimension of psychopathology. In some subjects was also detected the positivity of an index associated with the reality impairing/thought disorder dimension of psychopathology. Both of these data can allow a better understanding of this specific version of the narcissistic disorder and a more focused therapeutic treatment.

DSM-5 Section III Narcissistic Personality Disorder Diagnosis: which additional pathological traits do complete the profile?

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Abstract

The construct of narcissism has received increased scientific interest in recent years, leading to a rapidly expanding theoretical, empirical, and clinical literature. According to the DSM-5 Alternative Model of Personality Disorder (AMPD), the diagnosis of Narcissistic Personality Disorder (NPD) requires the presence of impairments in personality functioning of at least moderate severity (Criterion A) and elevated scores on two traits from the domain of antagonism: grandiosity and attention seeking (Criterion B). One development in the AMPD model of NPD is the inclusion of both grandiose and vulnerable characteristics among diagnostic features, although these vulnerable features only appear in Criterion A. Criterion B for NPD includes only the two specific Antagonism traits, which are explicitly related to grandiose externalizing features of pathological narcissism. The present study aims at evaluating if further DSM-5 pathological traits complete the trait profile of NPD DSM-5 Section III in sample of 114 inpatient and outpatient. Patients were administered the Personality Inventory for *DSM-5* and the Structured Clinical Interview for the DSM-5 Alternative Model for Personality Disorder MODULE III. Logistic regression analyses showed that, in addition to Grandiosity and Attention Seeking PID-5 traits, further dysfunctional traits were associated to NPD diagnosis. NPD trait profile was completed by the following traits: submissiveness, withdrawal and distractibility. These findings suggest that not only grandiose externalizing features of pathological narcissism represent the core of NPD diagnosis. Additional internalizing pathological traits seem to play a relevant role in pathological narcissism. This data are consistent with studies that investigate pathological narcissism and psychotherapy

showing that vulnerable characteristics (but not grandiose characteristics) of pathological narcissism were associated with increased treatment utilization.

The different sides of Narcissistic pathology and the suicidal process: an empirical study in an adolescent sample

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² Child Neuropsychiatry Unit - Bambino Gesù Pediatric Hospital in Rome;

³ Catholic University of the Sacred Heart, Rome.

Abstract

Research has identified several predictive factors in the suicidal process, among which personality pathology seems to play an important role. Many controversies have arisen as to the role of narcissistic pathology in the suicidal in adulthood and only few studies investigated this aspect in adolescence.

The present study aims at identifying the role of diverse areas of narcissistic pathology in the passage from suicidal ideation to actual suicidal conducts.

A sample of 80 adolescents referred for suicidal ideation/gestures to the mood disorder unit of the Ospedale Pediatric Bambino Gesù of Rome, has been administered with the SCID II, Diagnostic Interview for Narcissism and Columbia Suicide Severity Rating Scale (CRSSI). Correlations and regressions have been performed as to analyse the associations between narcissistic pathology and suicidal variables.

Results show that the investigation of various area and typology of narcissistic pathology allows to overcome controversies as to the predictive role in the suicidal process. Diverse pathways in the suicidal process can be differentiated for diverse patterns of personality pathology.

NEW FRONTIERS IN MALINGERING DETECTION

Proposer

Paolo Roma¹, Stefano Ferracuti¹

¹ “Sapienza” University of Rome, Rome.

Discussant:

Andrea Fossati²

² Department of Psychology, Vita-Salute San Raffaele University, Milan.

Abstract

In any assessment setting, a subject completing a personality inventory can answer truthfully or not in order to achieve personal goals or advantages (Ziegler, McCann, & Roberts, 2012). People can fake a clinical evaluation in two ways: *faking-good* involves presenting the self in a more positive manner, relative to honest self-evaluation (Maricuțoiu and Sârbescu, 2016); *faking-bad*, on the contrary, involves fabricating or exaggerating symptoms to gain secondary benefits (Bush, Heilbronner, & Ruff, 2014). Faking behaviors occur with alarming frequency in a variety of settings when there is an external incentive (Bush, Heilbronner, & Ruff, 2014), making the detection of malingering a field of great interest. Over the past years, psychologists have searched for methods to identify the occurrence of this phenomenon, but the literature shows that malingering is difficult to detect based on a clinical interview (Rosen et al., 2004) or through validity scales of personality questionnaires (Paulhus, 2002). These outcomes highlight the need for new instruments, methods and strategies to detect malingerers more effectively. The aim of this Symposium is to discuss the new promising frontiers in malingering detection. Authors from Sapienza University of Rome will explain how time pressure and response latencies can help to detect more clearly *faking-good* behaviors. Giromini et al. will describe the Inventory of Problems (IOP), a brief, self-administered measure designed to assess the credibility of various symptom presentations. Monaro et al. will illustrate a new method based on kinematic analysis of mouse movements while the patient is engaged in a double choice computerized questionnaire that investigates the presence of certain psychological symptoms. Finally, Mazza et al. will show how FaceReader Technology, a facial expression analysis software for the emotion expression recognition, could be a hopeful tool to assess personality and detect faking behaviors.

Less time, more faking. response latencies and time pressure to detect *faking-good* behavior

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Abstract

A common concern with administering self-report questionnaires to assess personality is that such tests are vulnerable to *faking* (Ziegler, MacCann, & Roberts, 2012). *Faking-good*, specifically, involves presenting oneself in a positive way by endorsing desirable traits and rejecting undesirable ones with the purpose of facilitating the achievement of personal goals

(Maricuțoiu, & Sârbescu, 2016). Starting from the early 70s, Dunn et al. (1972) suggested that *response latency* (RL, i.e. the amount of time elapsed between an item's presentation and a subject's response) could be useful in detecting faking behaviors. Recent researches (Khorramdel & Kubinger, 2006; Shalvi, Eldar, & Bereby-Meyer, 2013) showed also that limiting the time available to respondents (i.e., *time pressure*) by instructing them to answer as fast as they can, may increase our ability to identify fakers since falsification increases under pressure.

With the aim to add insight on the use of RLs and time pressure to detect faking-good behaviors, we compared protocol's completion time, RLs, T-scores and the number of pathological items endorsed of four experimental groups. Our samples consisted of 135 males ($M = 26.64$; $SD = 1.88$ years old), who completed a software version of the MMPI-2 RF validity and restructured clinical scales, and 102 males ($M = 25.5$, $SD = 2.16$ years old) who completed a software version of the MMPI-2 (L, K and S validity scales). Subjects were randomly assigned to one of the four experimental conditions: honest unspeeded, fakers unspeeded, honest speeded, fakers speeded. MANOVAs and binomial logistic regressions were run. Our findings largely indicate that time pressure increases our ability to identify fakers even in those situations in which RLs are not able to distinguish between honest respondents and fakers. In conclusion, time pressure is a precious tool in detecting fakers and, in its absence, RLs may be more accurate than validity scales.

International research with the Inventory of Problems – 29 (IOP-29)

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¹ Department of Psychology, University of Turin, Turin;

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Abstract

The Inventory of Problems (IOP; Viglione, Giromini, & Landis, 2017) is a brief, self-administered measure designed to assist practitioners assessing the credibility of various (i.e., depression-, psychosis-, PTSD-, and mTBI-related) symptom presentations. Developed in the US by contrasting bona fide patients against nonclinical experimental simulators or suspected malingerers, its validity has already been demonstrated worldwide, using various research paradigms (i.e., simulation design, known groups comparison, etc.). The series of seven studies summarized in this presentation aim at (1) testing the cross-cultural applicability of the IOP-29 and (2) comparing its classification accuracy against that of other popular instruments such as the SIMS, TOMM, PAI, and MMPI-2. Results from

653 IOP-29s from bona fide test-takers versus 666 simulators or malingerers indicate that the IOP-29 is similarly valid in the US, UK, Italy, Lithuania, Brazil, and Portugal, and that its average classification accuracy ($AUC \approx .80$; Sensitivity $\approx .80$; Specificity $\approx .80$; Cohen's $d \approx 1.80$) compares favorably to that of longer and more complex instruments such as the SIMS or PAI.

Mouse tracking: a tool to detect fake good and fake bad behaviours

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Abstract

The rate of suspected simulation in the clinical population is estimated to be around 20%. This data underlines important consequences both in terms of health care cost and in terms of absences from work, as well as it introduces a strong issue in the legal context for the assessment of the psychological damage and the evaluation of mental insanity. Similarly, it is estimated a dissimulation rate of 30% in job applicants and parents who are involved in child custody litigations.

Presently, few instruments offer clinical support in the identification of psychiatric disorders simulation and dissimulation. This contribute will introduce a new method for the automatic detection of fake bad and fake good behaviours that exceed the limitations of the currently available instruments. The method proposed is based on kinematic analysis of mouse movements while the patient is engaged in a double choice computerized questionnaire that investigates the presence of certain psychological symptoms. Recent studies proved that the kinematics of hand movements may provide a reliable track of the mental processes underlying a task and can be effective in detecting the processes of a lie production. Based on this scientific evidence, we analysed the response trajectories of groups of subjects instructed to simulate or dissimulate a psychological disorder (depression, anxiety disorder, personality disorder) while they are answering to questions about their symptoms. The analysis of the kinematic parameters showed a statistically significant difference between fakers and control groups, both in the shape of the trajectory along time and in the response time.

Face reader technology: a promising tool to assess personality and detect malingering

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Abstract

Recent studies (Akhtar et al., 2015) have suggested the potential of pre-employment methods and strategies for effectively improving employee engagement, such as incorporating *the assessment of personality traits* into selection systems (Rothstein & Goffin, 2006). In their meta-analysis, Young et al. (2018) have identified which personality traits are the most strongly related to *work engagement*. However, a common concern among practitioners is the susceptibility of widely used self-report personality inventories to malingering or faking (Holden et al., 1992; Ziegler et al., 2012).

In order to overcome this limitation, this contribution aimed to explore the possibility that a tool such as the FaceReader can be validated and implemented as an additional, or an alternative, instrument to indirectly measure key elements of personality traits. FaceReader is one of the few publically available automated facial coding software with advanced analytical and reporting functions (Terzis et al., 2010). This software is able to accurately analyze 6 basic emotions (happiness, sadness, anger, surprise, fear and disgust) and estimate their timeline of intensity through the detection and combination of 20 facial action units (an action unit is a set of facial muscle movements that correspond to a displayed emotion). It is used in a variety of research areas, such as psychology, education, human-computer interaction, usability testing, market research and consumer behavior (Noldus, 2013). If successful, this instrument could increase the time-efficiency in personality assessment, reducing the number of tests administered. To the best of our knowledge, there actually are not researches that employ FaceReader in Work and Organizational (IWO) Psychology but it could be a promising tool that can be used in employee selection process in order to investigate applicant’s personality, avoiding frequent faking behaviors.

ADVANCES IN THE STUDY OF DISORDER-SPECIFIC AND TRANS-DIAGNOSTIC VULNERABILITY FACTORS FOR EMOTIONAL DISORDERS

Proposer

*Gioia Bottesi*¹

¹ Department of General Psychology, University of Padua, Padua.

Discussant:

*Piero Porcelli*²

² “G. D’Annunzio” University, Chieti-Pescara.

Abstract

Literature and clinical evidence clearly outline the importance of gaining exhaustive knowledge about disorder-specific and trans-diagnostic vulnerability factors underlying emotional disorders. This is a relevant issue for clinical psychology research and practice, since identifying the mechanisms through which specific and higher-level processes lead to clinical phenomenology has important applicative implications in terms of both case conceptualization and treatment implementation.

The current symposium aims to illustrate recent findings in this field. The first presentation by Marchetti, Shumake, Grahek and Koster will focus on the association between remitted depression and temperament. In particular, they will explore the role of effortful control and attentional networks in explaining concurrent depressive and anxious symptoms in healthy and remitted depressed individuals. The second presentation by Bottesi and Carraro will show evidence supporting the trans-diagnostic nature of intolerance of uncertainty by describing findings from three studies employing different populations (undergraduates, young people, and clinical individuals with different primary diagnoses) and methodologies (experimental induction, longitudinal, and cross-sectional designs). Lastly, the third presentation by Lauriola, Calanna, Papa, Lucentini, and Mosca will focus on the relationship between impaired emotional processing and psychopathology. Specifically, they will evaluate whether emotional processing is a factor that cuts across different disorders through a case-control study using a hierarchical bifactor model.

Overall, evidence from these presentations nicely expand current theoretical models of emotional disorders. Taken together, they also converge in emphasizing the need of further research about common underlying processes, in line with the Research Domain Criteria (RDoC) framework.

Remitted depression and temperament: the role of effortful control and attentional mechanisms

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² The University of Texas at Austin, USA;

³ Ghent University, Belgium.

Abstract

Temperamental effortful control and attentional networks are increasingly viewed as important underlying processes in depression and anxiety. However, it is still unknown whether these factors facilitate depressive and anxiety symptoms in the general population and, more specifically, in remitted depressed individuals. We investigated to what extent effortful control and attentional networks explain concurrent depressive and anxious symptoms in healthy individuals ($n = 270$) and remitted depressed individuals ($n = 90$). Both samples were highly representative of the US population. Effortful control predicted a substantial decrease in symptoms of both depression and anxiety in the whole sample, whereas decreased efficiency of executive attention predicted a modest increase in depressive symptoms. Remitted depressed individuals did not show less effortful control nor less efficient attentional networks than healthy individuals. Moreover, clinical status did not moderate the relationship between temperamental factors and either depressive or anxiety symptoms. Our study shows that temperamental effortful control represents an important transdiagnostic process for depressive and anxiety symptoms in adults.

Intolerance of uncertainty is trans-diagnostic: evidence across populations and study designs

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Abstract

Intolerance of Uncertainty (IU) is the dispositional inability of an individual to tolerate the aversive reactions triggered by a perceived lack of sufficient information and maintained by the related perception of uncertainty. When dealing with uncertainty, people high in IU experience high levels of distress and they are likely to perform maladaptive behaviors to control or avoid uncertainty. Conceptually, IU has broad applications across a wide range of emotional disorders. The current presentation aims at showing the broadening perspectives on the role of IU by reviewing findings from three studies.

Study 1 involved a sample of 69 undergraduates (74.6% female; mean age: 21.20 ± 1.46), who underwent an *in vivo* uncertainty induction and then evaluated different strategies they might use to manage the personally relevant uncertain situation they described. In Study 2, 218 young people (51.4% female; mean age: $11.91 \pm .90$) filled-in self-report measures of IU, internalized, and externalized symptoms at 3 time-points across 6 months. In Study 3,

240 clinical individuals with different primary diagnoses and 240 healthy controls (HCs) were compared on their levels of self-reported IU.

Results from Study 1 showed that the IU dimensions play a differential role in promoting the use of dysfunctional behaviors under uncertain circumstances. Findings from Study 2 highlighted that IU levels at the baseline are predictive of worry, social anxiety, and depressive symptoms after 3 -but not 6- months in young people. Lastly, Study 3 revealed that clinical individuals with different primary diagnoses endorse levels of IU comparable and significantly higher than HCs.

As a whole, current findings provide further support to the notion of IU as a transdiagnostic vulnerability factor underlying different clinical phenotypes and highlight the utility of implementing common treatment strategies focused on IU when targeting different conditions.

Impaired emotional processing and clinical psychopathology: a case control study using a hierarchical bifactor model

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² Department of Dynamic & Clinical Psychology, “Sapienza” University of Rome, Rome.

Abstract

Emotional processing (EP) represents a change from an unresolved emotional state to a resolved one. This transition successfully occurs for most people. However, failures can happen at the facet level, including 1) the tendency to avoid emotions, 2) the suppression of emotions, 3) the inability to control the expression of emotions, and 4) an impaired emotional experience. Thus, people who persist in an unresolved state, show 5) signs of unprocessed emotions, impeding other experiences and behaviors to proceed without disruption. With the widespread use of the Emotional Processing Scale (EPS), there is evidence that mental disorders are associated with EP failures, as shown by differences between healthy and clinical samples. Because these failures can be represented by a hierarchical arrangement of facets with one broad factor on the top, we propose that this general factor, representing a global impairment in EP, might be a transdiagnostic vulnerability factor. Methods: We administered the EPS to a mixed psychiatric sample (n=183) and a control group (n=231). The patients were classified as psychotics or bipolar disorders, depressed, affective disorders, and personality disorders. A bifactor model was used to obtain hierarchical factor scores subsequently used to compare patients to healthy controls and specific patient groups. Results: Model’s fit was acceptable (CFI=.92,

TLI=.90, RMSEA=.05, SRMR=.06) and the general factor accounted for was 65% of the variance. Using the summated ratings, the psychiatric sample obtained systematically higher scores than healthy controls on the five facets and the total score. Conversely, using factor scores there were significant differences on the general factor only. Comparing patient groups, no differences were found using summated ratings, while we found marginally significant differences at the facet level (especially 2 and 3). Conclusions. Our findings are consistent with the transdiagnostic hypothesis.

PERINATAL WELLBEING AND PSYCHOLOGICAL DISEASE FOR PARTNERS, COUPLES, AND BABIES

Proposer

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¹ Catholic University of the Sacred Heart, Milano.

Discussant:

*Luca Rollè*²

² University of Turin, Turin.

Abstract

The birth of a child can be defined as a critical experience both for mothers and fathers, taking into account their specific involvement in this event. This experience requires to activate adequate coping strategies to face with the challenges that becoming parents implies. Psychological research has progressively highlighted that new parents can experience psychological distress both during pregnancy and in the postpartum period. Parents' psychological wellbeing across the transition to parenthood depends also on their attachment mental representations that, being associated with the mentalization ability, have an impact on their affective state and, specifically, on the perceived stress related to the new parental role. These dimensions could then affect the baby's well-being and his/her development. Moreover, some specific conditions (e.g., preterm birth, traumatic experiences, etc.) can be considered as additional risk factors that make the transition more challenging.

The aim of this symposium is to deepen the impact of the birth of a baby, analyzing the process of the transition to parenthood from pregnancy to the postpartum through longitudinal research designs, and focusing on some critical conditions.

Specifically, the first contribution by Vismara and colleagues investigated the associations among the quality of maternal attachment representations, parenting stress and infant's temperament from pregnancy to three months postpartum.

The second contribution by Molgora and colleagues explores the individual and relational well-being of mothers and fathers during pregnancy and three months postpartum, examining the association between dyadic coping strategies and partners' and couples' wellbeing.

The third contribution by Neri and colleagues investigated the impact of prematurity birth and parents' anxiety symptoms on babies' development at three, nine and twelve months postpartum.

Finally, the contribution by Ierardi and colleagues explores the individual wellbeing and the ability to mentalize in adolescent mothers who lived traumatic experiences.

Maternal attachment representations during pregnancy: their relation with parenting stress and infant's temperament at 3 months

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Abstract

Introduction: Infant's attachment has proved to be correlated to his/her temperamental characteristics. This study aimed to deepen the relationship with maternal attachment. Specifically, we investigated the associations among the quality of maternal attachment representations, assessed during pregnancy, parenting stress and infant's temperament evaluated at 3 months of age.

Method: The sample comprised 52 mothers ($M_{Age} = 34.8$ years, $SD = 5.2$) and their three old months infants. At 7 months of pregnancy, women were assessed by means of the Adult Attachment Interview (Main et al., 2013). At 3 months of the infant's age, mothers filled out, in a counterbalanced order, the Parenting Stress Index (Abidin, 1995) and the Infant Behavior Questionnaire-R (Gartstein & Rothbart, 2003).

Results: Data analyses indicated that insecure mothers perceived their children as significantly less adjustable to novelty and less responsive to pleasant and low-intensity stimulations, more distressed to limitations and less soothable, in contrast to secure mothers. In addition, insecure mothers showed more parental distress in their interactions with their infant.

Conclusions: Our results highlight that the quality of mothers' attachment influences both parenting stress and infant's difficult temperament. These findings underline the importance to acknowledge maternal attachment mental representations since pregnancy to foster and support adequate mother-infant interactions.

The role of dyadic coping in the adjustment of first-time parents from pregnancy to three months postpartum

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Abstract

Research defined the transition to parenthood has a potentially stressful experience both for each partner and for the couple itself. This experience could lead to psychological distress in mothers and fathers (e.g., anxiety, depression, parenting stress, etc.), as well as to poor couple adjustment and marital dissatisfaction between partners. Since the birth of a child is a dyadic event, the partners have to jointly cope with it to face the challenges of the transition to parenthood. Several studies have found that positive dyadic coping predicts individual and relational well-being in different stage of life and in several critical transitions.

The aims of the present study are: (1) to assess the individual and relational well-being of mothers and fathers during the transition to parenthood; (2) to explore the association between dyadic coping during pregnancy and individual and relational well-being three months' post-partum.

A sample of 85 primiparous couples completed at 32-37 weeks of pregnancy and three months postpartum a questionnaire packet that included the following scales: Dyadic Coping Questionnaire, Edinburgh Postnatal Depression Scale; State-Trait Anxiety Inventory; Parenting Stress Index – Short Form, and Dyadic Adjustment Scale

Results revealed several differences between mothers and fathers both for dyadic coping strategies and individual and relational well-being. Furthermore, differences between pregnancy and post-partum on these measures emerged. Finally, different patterns of association among the study variables were found.

These findings highlight the specificity of the transition to parenthood for men and women.

The clinical implication will be discussed during the congress.

Severity of preterm birth, maternal and paternal anxiety and infant outcomes during the first year of life: a longitudinal study

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²Pediatric and Neonatal Intensive Care Unit, M. Bufalini Hospital, Cesena.

Abstract

Severe prematurity is a stressful event for parents, with an increased risk of anxiety symptoms (Pace et al., 2016). Preterm babies or babies of anxious parents are at high risk for developmental delays or impairments (Lean et al., 2018). So far, the investigation, also through longitudinal studies, of the cumulative impact of these two risk factors on babies' outcomes is lacking. Therefore, the aims of this study were to explore the impact of preterm birth and of parental anxiety symptoms on babies' development at 3, 9 and 12 months of infant corrected age.

132 parents of 66 preterm infants (25 Extremely Low Birth Weight-ELBW; 41 Very Low Birth Weight-VLBW) were compared with 162 parents of 81 full-term (FT) infants. Penn State Worry Questionnaire (PSWQ; Meyer et al., 1990) and the Griffiths Mental Development Scales (Griffith, 1996) were used to measure Parents' anxiety and infants' development, respectively.

A significant interaction between birth weight and time of assessment emerged on PSWQ scores ($p=.006$): ELBW parents were significantly more anxious than VLBW ($p=.006$) and FT ones ($p=.009$), but only at 3 months. No significant effect emerged about maternal and paternal symptoms. Considering infant development as outcome, birth weight significantly interacted with mothers' and fathers' PSWQ scores. The presence of maternal anxiety was associated to worse Hearing & Language skills ($p=.001$) at 3 ($p=.04$) and 12 months ($p=.002$), but only for ELBW infants. When fathers were anxious, Eye-hand coordination scores decreased from 3 to 9 and 12 months, but only for ELBW ($p=.15$; $p=.01$, respectively) and VLBW infants ($p=.006$; $p=.009$, respectively).

Results suggest how severe prematurity and the occurrence of early parental anxiety may negatively influence infant development during the first year of life. So, adequate intervention for the *care* of infant and family's mental health should include the long-term assessment of both infant development and parental affective state.

Psychopathological and risk profile of adolescent and young mothers in the perinatal period

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Abstract

Introduction. Motherhood in adolescence is associated with numerous risk factors for the well-being of the mother, for her parenting skills and her relationship with the child (Madigan et al., 2006; Riva Crugnola et al., 2018).

Method. We analyzed the psychopathological profile and the risk factors of 105 adolescent and young mothers (age range 14-21) recruited at the ASST Santi Paolo and Carlo Hospital. 3 months after giving birth, we gave them a personal data sheet; we evaluated maternal attachment models and the reflective functioning with Adult Attachment Interview (George et al., 1985; Fonagy et al., 1998) and we analyzed the same interview with CECA (Bifulco et al., 1994) to assess the presence of maternal childhood experiences of maltreatment. We also evaluated depressive risk with EPDS (Cox et al., 1987), anxiety risk with STAI-Y (Spielberger et al., 1970), and parenting stress with PSI-SF (Abidin, 1995).

Results. 70% of mothers have a low socio-economic level and low levels of education. In 79% of the cases, the mothers do not work; 50% of them interrupted their studies. Pregnancy is mostly not desired (69%); the majority of them has had a family history of parenthood in adolescence (90%). On a psychopathological level, depressive and anxious risks are high (30% of mothers). Adolescent mothers in majority have an insecure attachment model (60%) with low reflective functioning scores; moreover, 40% of the mothers have experienced at least one childhood experience of maltreatment and often adverse experiences are cumulative.

Conclusion. The study shows a high-risk psychopathological profile of motherhood in adolescence, which can have an effect on the mother's health, affecting her ability to interact and build an adequate relationship with the child. It is therefore important to implement early interventions to support the adolescent-child mother relationship from the earliest phases and support the mother in terms of both mentalization and sensitivity.

ROUND TABLE: SCIENTIFIC PRODUCTION AND DISCLOSURE IN CLINICAL-DYNAMIC PSYCHOLOGY

Proposer

Salvatore Settineri¹

¹ Department of Biomedical and Dental Sciences and Morphofunctional Imaging, University of Messina, Messina.

Discussant:

Silvia Salcuni²

²University of Padua, Padua.

Participants

Santo di Nuovo, Department of Educational Sciences, University of Catania, Catania;

Fiammetta Cosci, Department of Health Sciences, University of Florence, Florence;

Salvatore Settineri, Emanuele Maria Merlo, University of Messina, Messina.

Abstract

The scientific production and its disclosure include various ethical components related to the contents of the production, to conflicts of interest and to the doctor-patient relationship. No less important is the need to provide answers to the academic community and to confront the progressive challenges proposed by technological progress (an example is Open Journal System), that allow us to reduce the communication time among Editor-Authors, Editor-Referees, and to create national and international networks (Editor-Editor). A particular opportunity for young Authors (with low economic resources) and less young, together with specific obligations of some institutions (European Community) is given by the Open Journal. Open journals offer various benefits, including free access for readers as well as authors, a good

scientific level and faster revision for reviewers. There are new perspectives of revision through which the scientific community will be able to take advantage, such as the possibility to reach the opinion of experts who are allowed to access the scientific contents in pre-publication phase, to express opinions to improve work. In the clinical-dynamic field, the Symposium (or Round Table) wishes to highlight the state of the art, offering useful information about the editorial processing. With regard to other publishing activities, the journals are also responsible for the dissemination of heterogeneous content (such as reviews, communication activities, journal reviews, conference proceedings, headings, etc.) for which a journal can go beyond the traditional fields of university sectors and open up to new academic issues, such as those included by third mission. Other more specific issues concern the seriousness of the relationship between Publisher and Authors and the supervisory task to avoid violations (for example the falsification of data, plagiarism) that lead not only to discredit the journal, but to the whole scientific community in relationship to society.

In particular, today it seems necessary to find a balance between scientific production and the authors' passion, often mutilated by the stress of achieving professional goals, losing

access to funding and other violations that aim at reducing the scientific integrity of the same publications.

These behaviours, which certainly occur in all scientific disciplines, do not also exclude our scientific-disciplinary sectors.

ROUND TABLE: THE NEW BOUNDARIES OF PARENTING

Proposer

Lucia Carli¹

¹ Department of Psychology, Milano-Bicocca University, Milan.

Discussant

Cristina Riva Crugnola¹, Renata Tambelli²

¹ Department of Psychology, Milano-Bicocca University, Milan;

² Department of Dynamic and Clinical Psychology, "Sapienza" University of Rome, Rome.

Participants

Laura Parolin, University of Milan-Bicocca, Board of Psychologists of Lombardy;

Michela Di Trani, "Sapienza" University of Rome, Rome;

Marcello Florita, SIPRE, Milan;

Elena Buday, Institute Minotauro, Milan.

Abstract

The Round Table aims to highlight the growing complexity of the transition to parenthood, a reflection of a scientific, cultural and social reality that, in turn, this transition helps to redefine.

In other words, the new scientific discoveries, in particular the genetics of reproduction, have encouraged a plurality of paths to parenting which are reflected in new units of social and emotional cohabitation. These concepts call into question the traditional notion of family and, within it, some constituent elements of the couple and of becoming parents, in the past codified and fixed, and today intrinsically changeable and variable.

In particular, the focus will be on the frequent presence of the *third party* that is associated with the parental couple - from indispensable medical help for the progress of the generative project in homologous medically assisted procreation, to the surrogate mother in heterologous MAP and in the homoparental family, to the technological uterus in premature birth - not to mention the presence of the *third party* in the now traditional adoptive and reconstituted families.

This “triadic” configuration, especially in its less traditional forms, has not yet been sufficiently studied despite the need to define specific supports for the evolutionary path of these families.

ROUND TABLE: NEW MULTIDISCIPLINARY PERSPECTIVES FROM THE ASSESSMENT THEMATIC GROUP: PRELIMINARY FINDINGS

Proposer

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Abstract

Psychological assessment is a process of testing that uses a combination of techniques to help arrive at some hypotheses about a person and their behavior, personality and capabilities.

There are different definitions of assessment and some of them included a variety of instruments as well as standardized test, interviews, observational techniques. This encounter represents a first moment to reflect and integrate data collected through the online Assessment questionnaire distributed to 300 colleagues’ members of the AIP association. The main goal is to create a picture of Italian’ Universities assessment teaching procedures, in order to realize a profile of compulsory skills for the assessors. At the same time, the data collected could help in creating a picture of which kind of instruments are the reason for teaching them. First, it will be discussed how the assessment is present in different areas of the applicative psychology: clinical, neuropsychological and developmental filed. Particular attention will be given to different tests in different contest with specific target population. Besides, it will be stressed the importance to interconnect

technical and clinical skills, in order to enhance and to promote a *Best Practice* culture within the assessment field. More specifically, it will be discussed the relevance of integrating the psychometric testing characteristics and therefore the statistical competence of the assessor with the clinical aspects of assessment, i.e. the relational abilities to use the instruments with clients. Finally, it will be also stressed the differences between adults and children assessment in both clinical and neuropsychological field.

ROUND TABLE: PSYCHOTHERAPY INTERVENTIONS FOR PERSONALITY DISORDERS: TOWARDS EVIDENCE-BASED TREATMENTS

Proposer

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Abstract

The term psychotherapy can be used to define a spectrum that includes a whole range of treatments from psychoanalysis and intensive psychoanalytic psychotherapy to weekly supportive psychotherapy and monthly meeting with chronically psychotic individuals. The literature suggests that psychotherapy for patients with borderline personality reduces their use of psychiatric inpatients services, and reduces self-destructive episodes requiring emergency room care. In particular – in recent years – research shows that some forms of

treatment have more efficacy than others; among them, Dialectical Behavior Therapy (DBT), Mentalization Based Therapy (MBT) and Transference Focused Psychotherapy (TFP) share common elements - manualization, attention to treatment relationship, clear framework, attention to affect - and beneficial effects, as reported in different recent articles. In the panel, these three forms of intervention are presented and discussed.



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