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# **SESSION 1**

## **THE INTERVENTION CONTEXTS**

## **EMOTIONAL AWARENESS AND QUALITY OF INTEGRATION IN THE CLASSROOM: INDICATORS OF SCHOOL SUCCESS**

**Nancy Maria Iozia (1), Adriano Meli (1), Laura Andretti (1),  
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The emotional awareness is the ability to identify and describe one's own emotions, and those of other people. The quality of integration in the classroom is a measure of the actual climate of it and an important indicator of academic success of students. The goodness of integration in the classroom creates a connection between the primary affective experiences and the first social experiences and determines the degree of success of pupils. The purpose of this longitudinal and transversal study is to explore the relationship between emotional awareness, positive emotional climate in the classroom and the effectiveness of learning in a group of Italian children in school-age (28 classroom, 630 students, age range from 6 to 12 years). The participants were divided into two groups: Group 1 and Group 2, the first of which participated a workshop on affectivity in the classroom (10 meetings, once a week). One year before the workshop on affectivity, emotional and cognitive aspects and relational skills of students were tested using the following tools: the *Drawn Stories Technique*, the *Classroom Drawing*, the *Picture of Facial Affects*, the *Coloured Progressive Matrices*. These instruments were repeated the following year with the addition of the *Diagnostic Analysis of Nonverbal Accuracy-2 Posture Test*, the *Kohs Block Design Test*. In both circumstances, we have considered the *student achievement* (Italian, Math, Behavior). We used SPSS statistical program for descriptive and correlational analysis. The results show that there are

associations between problem-solving skills, perceived level of integration, emotional awareness and school achievement. The discrimination is based on the sex and age of subjects. The project aims for identify the emotional and affective factors to improve school performance and the subjective well-being of the child in school.

### **IMPROVING EMOTIVE-BASED COPING STRATEGIES AND RISK AWARENESS TO BUFFER UNHEALTHY RISK-TAKING BEHAVIOR IN A SAMPLE OF ADOLESCENTS**

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It's largely demonstrated – especially in adolescents – that an insecure attachment style could be considered a predictor for the act of risk-taking and/or unhealthy behaviors (e.i. Gerhardt, 2004); moreover, this relationship is triggered by the aggressive predisposition (e.i. Matarazzo, 2001). However, several studies showed that both improved coping strategies and risk awareness could protect individuals against the act of risky behaviors (e.i. Frydenberg, 1997).

The aim of the present study was to test if emotive-based coping strategies in joint with risk awareness could buffer this psychological unhealthy process. A correlational/descriptive research design was used. Participants (N = 546 adolescents) were individually tested with ASQ (Cronbach's Alpha=.73); AQ (Cronbach's Alpha=.81); RBH (Cronbach's Alpha=.88); RBQ (Cronbach's Alpha=.87); and CISS2 (Cronbach's Alpha=.83). Written informed consent was obtained from all participants. RESULTS. Results show statistical significance for the expected model [ $F=43.13$ ,  $p<.001$ ;  $R^2=.33$ ]. The relationship between insecure attachment style and act of risky behaviors (path c:  $\beta=.023$ ;  $p=.016$ ; CI95%: .004, .041) was partially mediated (path c':  $\beta=.022$ ;  $p=.002$ ; CI95%: .008, .039) by aggressive disposition (path a:  $\beta=.381$ ,  $p=.279$  ns; CI95%: -.311, 1.072; and path b:

beta=.022,  $p < .001$ ; CI95%: .011, .032). Moreover, this psychological process was partially moderated by emotive-based coping strategies (interaction on path a:  $F=4.26$ ,  $p=.039$ ,  $\Delta R^2=.007$ ; and interaction on path c':  $F=5.25$ ,  $p=.022$ ;  $\Delta R^2=.006$ ) and by the risk awareness (interaction on path b:  $F=3.88$ ,  $p=.045$ ;  $\Delta R^2=.005$ ). This promising findings suggest possible ways in which clinicians could operate in order to reduce (or stop) this risky and unhealthy psychological process in adolescents. This results points out a way in the research to better understand how adolescents could be helped in their growth.

## **CORRELATES OF HOMOPHOBIA, SEXISM AND INTERNALIZED SEXUAL STIGMA ON THE ATTITUDES TOWARDS SAME-SEX PARENTING**

**Filippo Maria Nimbi (1) Irene Petruccelli (2), Giulio D'Urso (2), Jessica  
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Several studies have examined the attitudes of heterosexuals and LGBT people towards lesbian and gay parenting. Nonetheless, no research have examined these attitudes correlating them with scores of sexism, social homophobia and internalized sexual stigma in the participants. The aim of this study is to extend the reference literature about the attitudes of people belonging to sexual minorities towards same sex parenting. Data were collected on 79 gay, 87 lesbian and 330 heterosexual, with ages ranged from 17 to 63 (heterosexuals  $M = 27.86$ ,  $SD = 7.95$ ; sexual minorities  $M = 27.95$ ,  $SD = 7.39$ ). The D'Amore and Green Same-Sex Parenting Scale was used to assess the supportiveness towards same-sex parenting. The ASI was used to assess the sexist attitudes toward women. The MISS evaluates negative attitudes that lesbian and gay people have toward homosexuality. The MHS-R was used to assess the attitudes of heterosexual people toward gay men and lesbian women. Lesbian and gay participants were more positive to gay parenting ( $t = 6.82$ ,  $df = 494$ ,  $p < .05$ ) and toward to lesbian parenting ( $t = 7.03$ ,  $df = 494$ ,  $p < .05$ ) than heterosexual participants. In the heterosexual sample we found that the positive attitudes towards same-sex parenting was negatively correlated with sexism dimension ( $r = .27$ ), religious observance ( $r = -.20$ ), conservative policy ( $r = -.26$ ), and social homophobia toward lesbian and gay people ( $r = -.56$ ). In the sexual minorities sample, a favorable attitude toward the same-sex parenting was negatively correlated with sexism dimension ( $r = .25$ ) and with the internalized sexual stigma ( $r$

= .26). These results have important implications in both clinical and social fields, helping to fill a gap within Italian scientific research about attitude towards the same-sex parenting of heterosexual and sexual minorities, taking into consideration the influence of socio-political views, sexism, stigma and homophobia.

## **PARENTS' PSYCHO-SOCIAL ADJUSTMENT TO CHILD'S HEALTH CONDITIONS IN A HOME-BASED PAEDIATRIC PALLIATIVE CARE SERVICE**

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Supporting parents to cope with illness consequences in a paediatric palliative care (PPC) service is based on an accurate assessment of psychological and social needs of the patient and their family (Jeffrey, 2003). Aim of the study was to appraise how parental perceived stress is related to personal and familial adjustment to child's life-threatening illness. The parents (35 mothers aged 26 to 56,  $M = 40.31$ ,  $SD = 6.83$ ; and 27 fathers aged 30 to 63,  $M = 43.15$ ,  $SD = 7.38$ ) of children involved in a home-based PPC service completed: i) the PSI-SF (Abidin, 1995) to measure perceived stress associated to parental role, ii) a questionnaire assessing personal and familial strengths and weaknesses to cope health and life-uncertainty feelings (based on van der Borne et al., 1999), iii) the MSPSS (Zimet et al., 1988) to measure the adequacy of the support that parents feel they receive, iv) the PHLOC questionnaire (DeVellis, 1993) to assess beliefs about who or what affects their child's health. Results did not show significant differences between fathers and mothers in stress levels, experiences related to the disease, support perceptions, and beliefs. Perceived stress was positively associated with parent's depression and feelings of uncertainties linked to the disease and the future of all family members. It was negatively related to Family and Significant-Other perceived support. Perceived stress was also positively related to the belief the "fate" controls child's health. However, parents seemed more likely to believe in the divine influence and less to think that the son's health depends on external imponderables factors than adults of normative and standardization group, but they did not differ from this comparison group

for the importance given to health professionals. Practical implications for professionals dealing with the needs of children and their families in a global perspective of palliative cares are discussed.

## **DOES THE INFANT MASSAGE HAVE AN EFFECT ON THE PERINATAL COUPLE FUNCTIONING?**

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The transition to parenthood is considered a very stressful period for the couple experiencing a series of changes related to the new role. Indeed, several studies showed that this transition leads toward an increase of depression symptoms often related to a decrease in couple adjustment and perceived social support, as well as an increase of stress associated to the parental role (Bartolo et al., 2013).

All these factors can compromise parent-infant interaction and thereby the infant development, highlighting the need of interventions to prevent the onset of early diseases.

Several studies showed the efficacy of the infant massage (IM) in improving the maternal mental health, as well as the quality of her interaction with the baby (Shai & Belsky, 2011). However, to the best of our knowledge no studies have investigated the impact of the IM in improving the couple functioning during the perinatal stage. Our main goal is to observe wheatear the IM taught to both parents would change the quality of their adjustment with respect to the transition to parenthood.

Pre (Time1) and post-intervention (Time2) design as been set to videotaped a parent-infant interaction, coded through the EAS, and for the measurements of the data through the following self-report: EPDS, BDI-II, PSI-SF, DAS, and MSPSS. The treatment was represented by the IM, and it lasted 4 weeks. In the treatment the couple was trained to touch the baby through the massage sequences. The results will be compared with those of a control group.

Finding show lower scores on the EPDS and BDI, on the PSI-SF, as well as higher scores on the DAS and the MSPSS.

The IM seems to be a valuable approach to prevent the establishment of dysfunctional pattern within the family system, which in turn can protect from the onset of early diseases of the baby. Further investigations are needed to improve the knowledge within the field of perinatal couple functioning.

## **'SIXTEEN AND PREGNANT AS MY MOM': TRANSGENERATIONAL ASPECTS OF TEENAGE PREGNANCY**

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In Italy 90% of teen pregnancies occur in young women who are daughters of teenage mothers (Istat, 2012). Supposing a transgenerational transmission (Abraham&Torok, 1987) these data could be read as the perpetuation from mother to daughter of unprocessed aspects that go along with the feminine separation-individuation process that happens in the name of the 'same' (Nunziante-Cesàro, 2014). Teenage pregnancies may represent the attempt to act the desire of a child 'repairer' or to hit the sexual body (Pines, 1988; Ammaniti et al., 1997). In a wider research field that investigates motherhood at risk (Margherita, Gargiulo, Martino, 2014; 2015; Troisi, Gargiulo, Tessitore, 2015) the study explores the relation between the representation of teenagers' pregnant experiences and the maternal ones.

15 women that have had a teenage pregnancy, daughters of teenage mothers were interviewed. A semi-structured interview, based on the Teen Mother Interview (Bohr, 2005), was built to investigate the reconstruction of the pregnancy experience and the relation with mothers. We have submitted the interviews corpus to a content analysis.

From the analysis, in the area of the pregnancy experience, the categories of meaning that emerge are: *asymptomatic body*, *concreteness of the birth* and *interrupted adolescence*. The pregnancy discovery comes late and its description is flattened on the birth, on the background of an adolescence lived between regret and denial. In the area of the relation with their mother, the categories: *'same mistake'*, *'now we are two adult women'* and *the overlapping roles*, recall a repetition directed to the conquest of an adult identity, as the maternal one, in which roles recognition is hard.

The emerging difficulties in mentalizing the body's restructurings and the acquisition of an adult identity, searched through imitative thrusts, on the

background of confused roles, support the necessity of preventive interventions (Riva Crugnola, 2014).

## **TUNING EMOTIONS AND AFFECTS IN COMMITTED COUPLES**

**Claudia Chiarolanza, Chiara Bastianoni, Marisa Nolè, Daphne Bollini,  
Clelia Di Muzio, Valeria Muzietti, Alessandra Moretti, Laura Di Vito  
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Building an intimate relationship is a challenge especially now when available alternatives to ongoing relationship have increased. So, it is important for the next researches focus on the way in which Self can coordinating and tuning with partner feelings and emotions. For this reason, we utilized intersubjectivity construct and applied to the field of close relationships (Beebe and Lachmann, 2003). We refer intersubjectivity to the mental space that occurs between two minds, both characterized by positive and negative correspondence. Usually studied in the dyadic relation between caregiver and child (Ammaniti, Gallese, 2014), we are trying to study intersubjectivity inside the close relationships. Our study is focused on the possibility that intersubjectivity implies to share emotions and affects, overcoming the inevitable disconnection processes, so evident in destructive conflicts. We elaborated a new measure, couple intersubjectivity, with the aim to evaluate positive correspondence between partners in 100 heterosexual committed couples. Besides, subjects filled scales of empathy and closeness to measure concurrent validity and test construct validity of couple intersubjectivity. Results showed that own capacity to stay tuned with the partner influences directly couple satisfaction. We found small effect for the interactive perspective but no evidence for the correlation between partner perspective and own couple satisfaction. Again, we found that quality of alternatives is an important mediator between self-intersubjectivity and couple satisfaction. We discussed our results in order to develop an intervention on conflictual and destructive couples.

## **RISK AND PROTECTIVE FACTORS OF MORAL DISTRESS AMONG CRITICAL CARE PROFESSIONALS**

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Moral distress (MD) was defined by Jameton as the painful feeling that occurs when professionals cannot carry out what they believe to be ethically appropriate actions because of personal or institutional constraints. Qualitative studies showed that MD impacts on job satisfaction and wellbeing. However, quantitative studies that explore protective factors and psychological effects of MD are lacking. The aim of this study was to assess: 1) if organizational variables (control, social integration, values and emotional workload) and psychological variables (coping styles) protect clinicians from MD; 2) if MD causes depression and state anxiety.

Physicians and nurses of 7 Intensive Care Units (ICUs) in Italy were administered 6 questionnaires: Moral Distress Scale-Revised, Areas of Worklife Scale, Emotional workload, Coping Orientation to Problems Experienced, State-Trait Anxiety Inventory, and Beck Depression Inventory. Data collection is still ongoing. To date, data collection has been completed in 1 ICU. Thirteen physicians and 20 nurses completed the questionnaires. Preliminary findings show that MD correlates with values ( $r = -.362$ ;  $p = .038$ ) and emotional workload ( $r = -.435$ ;  $p = .013$ ), but not with coping styles. MD correlates with depression ( $r = .611$ ;  $p = .000$ ) but not with state anxiety. Results suggest that MD is linked to inconsistency with organizational values and emotions' management.

MD was shown to affect clinicians' mood state. To prevent MD and promote ICU professionals' wellbeing, support could be provided to manage emotions and align organizational and individual values.

## **PERSONALITY TRAITS IN A GROUP OF UNIVERSITY STUDENTS OF THE PSYCHOLOGICAL COUNSELLING SERVICE**

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Since 2004, year of activation of the Psychological Counselling Service of the University of Trento it is used the SCL- 90 questionnaire, to understand the symptoms status of the student at the moment of the request. Since January 2015 it is used the Big Five Questionnaire (Caprara, 1993), to achieve objective measures of personality aspects. We aim to find a correlation between the SCL-90 profile and the personality Questionnaire. The construct of personality traits (Eysenck 1953 ) assumes that people possess specific propensities to act in a particular way and to take on a specific relationship with the reality: the different types of traits and various modulations would be responsible for differences between individuals.

The goal of the present study is to present the results of a preliminary investigation, which highlights that students who show obsessive-compulsive disorder symptoms, anxiety and depression have lower scores in the areas related to extroversion, agreeableness and open-mindedness. The crisis situation that the student lives causes on him/her a stiffening of the defensive structures with an emphasis on the mechanisms of control, avoidance of relationships and lack of motivation. Through the work that psychological counseling can implement on personality traits that are affected by the current crisis that the student lives , it could be avoid the structuring of a rigid defensive mode that could inevitably lead to psychopathology

## **MULTIPLE ATTACHMENTS IN WOMEN WITH DOMESTIC VIOLENCE EXPERIENCES**

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According to attachment theory internal working models contain representations of self, others and interpersonal relationships. The attachment system tends to remain stable throughout a lifetime, the correlation concerning the typology of attachment during infancy and adulthood having been extensively demonstrated (Attili, 2004). An interesting field of research concerns attachment bonds that present discontinuity between the state of mind with regard to attachment to principal caregivers and the attachment model to the partner (Feeney, 2008). The aim of this research was to investigate the relationship between attachment typology and experiences as a couple in women who have suffered domestic violence. More specifically, having administered the Adult Attachment Interview (George, Kaplan, & Main, 1985) to a group of 15 women living in a safe house (located at a secret address) for women and children fleeing from domestic violence, we focused on 4 women, aged from 35 to 45, with a secure attachment. AAI transcripts, in addition to being classified as Secure (F), Entangled (E), Dismissing (Ds) and Unresolved/disorganized (U/d) typologies, were also analysed according to a qualitative perspective of narrations (Steele & Steele, 2008), which consented the focalizing of recurrent and affectively meaningful topics. In the transcripts of the 4 women with secure attachment it was possible to observe some specific characteristics related to the narration of personal stories and couple relationship, and to mentalization processes. In particular the capacity to evaluate exactly violence suffered during infancy and adulthood was revealed; experiences of rejection and role reversal are considered negative, are not normalized and do not activate other defence

mechanisms. For these women, having experienced an affectionate relationship seems to have constituted a protective resource that has empowered them to denounce domestic violence and to be protective towards their children.

## **PREVENTION OF CONDUCT AT RISK IN ADOLESCENCE**

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In the last few years, the family counselling have carried out several socio affective and sexual education interventions to prevent sexual behaviors at risk. This research-intervention aims to deepen the relationship with the opposite sex representations, the gender identity concept and the sexual orientations in adolescence. The sample consists of 168 students attending the second class of an high school in Puglia Italy, administered with a self-report questionnaire to investigate: relationships within the class; relationships with the opposite sex representation, investigated with specific MRO test's items; intra and extra familial sexual educational experiences; different sexual orientation and gender identity representations. The sample has been split in two groups using the frequency responses analysis: group A, students belonging to the mixed-gender high-school classes; group B, Human Sciences high school female students. The comparison of the two samples has shown: in the A group, a more positive representation of the relationship with the opposite sex, and a higher frequency of reference models chosen by character and physical aspects; in the B group, the chosen of the reference models is mainly driven by physical and career aspects, and a more complex ability of adaptation representation. The outcomes would suggest that the more relationship aptitude the A group has with the opposite sex would facilitate a more positive representation of the others and the use of character aspects besides the aesthetic aspects when they select reference models. On the other hand, the B group considers more important the

aesthetic and personal achievement aspects, and has a greater sensitiveness to the homosexuality and transsexuality difficulties of adaptation.

## **WHAT IF I TOLD YOU A STORY?**

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The goal of this action-research was to identify possible early dysfunctional dynamics in children exposed to violence, in order to offer adequate support and educational measures. The qualitative study involved 6 children, aged from 3 to 5. Three of them had been exposed to domestic violence. We set up the "Laboratory Tales", consisting of five weekly meetings within a month (October-November 2013). The duration of each meeting was 90 minutes. We recorded each of them.

We encouraged the children to play, then they listened to a story, previously recorded (Hansel and Gretel) and illustrated on a big picture book. Afterwards, each child draw a fairy tale. Finally, we offered to them a puppet, which represented a character from the book, and we asked them to tell his or her own version of the story. The task was to play and take inspiration from the materials to tell the tale in their personal way.

We tried to identify the differences between the exposed and not exposed children (control group) through:

- drawings
- elements of consistency in the task of reconstruction of the tale
- dramatization of the story with the help of figure-puppet

The exposed children showed a lower level of internal security. As a consequence, they were not able to tune serenely with the playful context and to respond adequately to adults' proposals. We found a tendency in this group to omit important details or enter new negative characters. This fact may be linked to internal conflicts, possibly connected to exposure to aggression and violence. Similarly, they paid less attention to the movie's narration, showing a defensive avoidance of ambiguous stimuli. Moreover,

we should consider the resonance of aggressive details between their inner world and their own personal experiences.

In this context, the narrative tool allow the child to use his or her own resources to cope with adverse situations, or at least to act on the situation less passively.

## **HIGHER SOCIAL FUNCTIONING AND A BETTER SATISFACTION FOR MEDICAL CARE IN ORDER TO REDUCE CANCER-RELATED DEPRESSION**

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Oncological patients are often exposed to strong feelings of anxiety strictly related to cancer and its immediate and future consequences. This oppressive anxiety often leads to depressive moods, symptoms and depression syndrome, especially during therapies. However, several researches have widely demonstrated that a higher social functioning and the satisfaction for the received medical cares could be a shield against cancer-related depression. Thus, the aim of the present research is to test if this two buffering variables could protect oncological patients against negative feelings of depression. Using an observational research design, oncological patients (N = 66) were consecutively enrolled at the “Presidio Ospedaliero” of Saronno, and individually tested with: STAI – state anxiety version (Cronbach’s Alpha = .95); BDI (Cronbach’s Alpha = .85); the social functioning scale of SF-36 (Cronbach’s Alpha = .81); and a single item measure of satisfaction about medical cares. Results revealed two different

two-way interactions acting simultaneously but independently from each other [ $F=34.34$ ,  $p<.001$ ;  $R^2=.74$ ].

Moreover, the trigger effect of anxiety ( $F = 30.59$ ;  $\beta = 1.264$ ;  $p<.001$ ;  $CI_{95\%}: .807, 1.722$ ) was buffered from social ties (first two-way interaction:  $F = 7.24$ ;  $\beta = -.005$ ;  $p=.009$ ;  $CI_{95\%}: -.009, -.002$ ;  $\Delta R^2=.007$ ); and, at the same time, the effect of anxiety was buffered from satisfaction for received medical cares (second two-way interaction:  $F = 5.14$ ;  $\beta = -.193$ ;  $p=.027$ ;  $CI_{95\%}: -.363, -.023$ ;  $\Delta R^2=.007$ ). These results suggest a possible way for setting up psychological intervention based on the improving of psycho-social variables in order to reduce this mental health suffering related to the oncological pathology. The present study gives also prominence to social variables that could be considered as a shield against cancer-related depression.

## **TALES OF FICTION IN NARRATIVE MEDICINE**

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The research concerns tales of fiction created by the patients of the Children's Hospital of Parma. The goals are: 1) observing the thematic and structural elements of the texts and the modalities of projection, identification and symbolisation; 2) examining the defensive and reparative strategies; 3) finding hints to improve the subjective experience of the hospital stay.

The study has been divided into two sections. In the first section each child produced two oral stories starting from stimulus pictures, some of which related to the cure, whilst the others were neutral. The author used random images in the first of the two stories and selected images in the other one. In the second section the child created his oral story freely and without any stimulus. All the tales have been recorded and transcribed.

The analysis of texts, qualitative and inspired to semiotic and psychodynamic perspectives, referred to superficial aspects (thematic and formal-structural) and deeper aspects (projection, identification, symbolisation, defences, activation of thinking, reparation).

The outcomes gathered from observing the performances of the children and their stories have demonstrated that fantasy and creativity help the subjects to express their emotions and pains in a projective way. They also have proved that identification, symbolisation and defences work differently, according to the type of story. The results are independent from the ages of the patients, their pathologies and the duration of the recovery. In order to help the children with elaboration of their emotions in a gradual way, the narrative activity is now organised to achieve successful results starting with a free tale followed by one with stimulus pictures chosen by the child.

## **SELFIE AND SEXTING: *RISKY OPPORTUNITIES* FOR TEENS ON WEB AND APPS. SOME PRELIMINARY RESULTS**

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Smartphones and web play a crucial role in adolescents' contemporary life as tools for communication, exploration and personal development (Pascoe, 2011). Particularly, new viral practices as Selfie (self-portrait taken by mobile or webcam and uploaded to a social network or shared through apps) and Sexting (exchange of one's own sexual explicit images/contents through apps) are widespread among teens. They represent "risky opportunities" (Livingstone, 2008): on one hand, they define new strategies for identification, self-representation and relationships, by connecting the body, the other and the self. On the other, they may provide harmful consequences to which the young web generation is paying too little attention (Draper, 2012) e.g. unwanted dissemination of private material or self-objectification. We aimed at exploring frequency and expectancies related to Selfie and Sexting practices among 956 Italian adolescents (M=16y) equally distributed for gender, recruited in 6 technical and classical/scientific schools. We administered a self-report ad hoc questionnaire about the use of new media, the Selfie and Sexting frequency and the attitudes, worries, reasons, feelings related to them. We conducted a descriptive analysis through SPSS by considering 3 variables: gender, age (biennial/triennial class) and study curricula (technical/other studies). Preliminary results show that, irrespective of our variables, Selfie is a tool for socialization (81%): a play to be shared with friends to enjoy, reinforce relations and enhance self-confidence. Whilst Sexting is a private affair within a couple (77%): a way to flirt, give a sexy gift, i.e. to explore sexuality. It's perceived riskier (M=3.8) than Selfie (M=2.4) especially for girls who worry about consequences on reputation and parents' reactions and express disgust about it. We registered a sexual-provocative use of both

Selfie and Sexting among girls, thus suggesting a need to conduct preventive gender-sensitive interventions.

**RESOURCES, CRITICAL ISSUES AND OUTCOMES OF  
ADOPTION PROCESS. FIRST FINDINGS OF A RESEARCH AT  
THE COURT OF PALERMO**

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National and international literature shows many studies and reflections about different aspects of adoption, especially focused on parents-child attachment relationship, as well as on children's psychosocial adjustment. Current research directions in Psycho-Juridical work's efficacy regarding adoption process and its outcomes are limited. Particularly, the adoption matching process evolves and develops over time, as strongly influenced not only by the characteristics of everyone involved (adoptive couple and child) as well as by the professionals' actions that operators do before, during and after the adoption process. Our main objective is to examine the progress of national adoptions through a follow-up aimed at identifying risk and protective factors regard adoption process, the family members' perceptions about family relationships and relationships with external words in terms of sense of belonging and psychosocial adjustment. Secondary, we intend to identify good practice in recruiting and assessing the suitability of new adoptive parents to prevent the risk of adoption failure. 50 adoptive families; 25 of them have adopted a child under the age of five years and the others 25 have adopted a child over the age of ten years. A semi-structured interview about adoptive experience (Greco, 1999; version for parents and version for children); a graphic-symbolic measure "La doppia luna" (Greco, 1999); a questionnaire about different aspects of adoption (Rosnati e Ferrari, 2010, version for wife and version for husband). According to literature, our

main results concern the lack of support to these families after the adoption and above all during adolescence as a particularly complex period characterised by instability and uncertainty.

## **VULNERABILITIES FOR ABUSE TOWARDS PEOPLE WITH DISABILITIES**

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Sexual abuse towards people with disabilities is a problem that has been studied in the literature with an almost exclusive reference to female victims (Robinson-Whelen et al., 2010). Our aim was to research said phenomenon in the Turin metropolitan area, by viewing it as something that concerned both males and females, while verifying its correlations with the socio-anagraphic characteristics of the victims. Our sample was composed of 183 participants with various disabilities (94 males and 84 females; mean age: 43.64 years, SD: 13.71; age range: 18-64 years), of whom 168 were Italian nationals. We administered an ad-hoc questionnaire for the collection of socio-anagraphic data, which was available in both electronic and paper form, along with the Abuse Assessment Screen-Disability instrument (AAS-D; McFarlane et al., 2001). The data were analyzed with IBM's SPSS software. Our study found that the phenomenon concerned males as well. Out of our sample, 15 participants (6 males and 9 females) reported episodes of physical abuse; 2 participants (1 male and 1 female) reported episodes of sexual abuse; 5 participants (2 males and 3 females) reported being deprived of their personal aids (e.g., mobility aids), and 10 participants (5 males and 5 females) reported refusals of their requests for help. The participants' nationality was significantly associated with their having been victims of abuse before becoming disabled ( $\chi^2$ : 8.48;  $p < .01$ ), and their having been victims of physical abuse in general ( $\chi^2$ : 7.27;  $p < .01$ ). Furthermore, there were significant associations between the moment of the onset of the disability and having been victims of physical abuse ( $\chi^2$ : 5.36;  $p < .05$ ), and between the type of disability and that fact that it might have been caused by a violent episode ( $\chi^2$ : 12.06;  $p < .05$ ). Abuse towards people with disabilities was definitely present in the context investigated by our

study, since it concerned 17.5% of the people interviewed. Furthermore, it concerned both males and females, sometimes in equal amounts. Therefore, we believe that it would be beneficial to create focused programs and interventions aimed at informing and educating the operators that work alongside people with disabilities, and in the field of rehabilitation, in order to raise their awareness of this problem.

## **EFFECTS OF BRIEF SELF REGULATION TRAININGS AIMED AT INCREASING PHYSICAL ACTIVITY (PA) AMONG MASTER STUDENTS IN HEALTH PSYCHOLOGY AND IN THEIR VOLUNTEER TRAINEES**

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Competence in helping people to change their life styles through brief interventions based on sound psychological models can meet important societal needs (Maes and Karoly 2005). Students attending an 11 weeks course participated in a weekly laboratory in which they were trained to practice on themselves a self management program with integrated techniques. Students worked on their SMART goal in couples and trained each other following the CALO-RE model (Mitchi et al 2011). Each student was required to recruit 2 volunteers who might benefit from increasing their own PA with the help of their counselling and supervision. At random one of the two volunteers received the treatment (trainee) with a delay of 1-2 weeks, while the other served as a waiting list control. Before starting the trainings students and volunteers completed a questionnaire that assessed emotional well-being, self-efficacy, self-determination style and physical activity levels with reference to the previous month. After 10-8 weeks, the students and the volunteers completed again a retrospective questionnaire. A total of 95 questionnaires completed at T1 were used to assess reliability and validity of the measures.

Valid questionnaires completed pre and post the intervention by 21 students, 23 trainees and 18 controls have been analysed. Among the students statistical analyses reveal a significant decrease of anxiety and in perceived fatigue. After 8 weeks the trainees reported to be more engaged in pursuing their PA goal and closer to achieve it. The majority in control group reported to have renounced to their physical goal, while they reported also a

persisting committed to their aims. However all participants reported a decrease in the levels of PA. The failure to increase PA can be due to the fact that the programmes were conducted in the fall.

## **EFFORT-REWARD IMBALANCE, WORK-FAMILY CONFLICT AND PSYCHOPHYSICAL HEALTH CONDITIONS OF NURSES: EFFECTS OF GENDER DIFFERENCES**

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The study proposes the integration between Effort Reward Imbalance Model (Siegrist, 1996) and the Work-Family Conflict construct (Netemeyer, 1996) and aims at evaluating the main and combined effects of perceived effort-reward imbalance and work-family stress on nurses' psychophysical health conditions, taking into account gender' differences. Method. The Italian versions of ERI test (Zurlo, Pes, Siegrist, 2010), SCL-90-R (Preti,Prunas, Sarno, Madeddu, 2011) and Work Family Conflict Scale (WFC; Netemeyer, 1996) were submitted to 250 nurses. Data were treated as follows: frequencies and percentages of perceived Effort-Reward Imbalance, Work-Family Conflict and clinical levels of psychophysical diseases; logistic regression analysis to evaluate the effects of Effort-Reward Imbalance and Work-family Conflict on psychophysical health conditions.

Data showed high levels of perceived Effort-Reward Imbalance (22%) and Work-Family Conflict (48.8%), and of Somatization (65.2%), Interpersonal Sensitivity (58.8%), Hostility (58%), Physical disease (83.6%). For female nurses, buffering effects of Esteem Reward on Anxiety (OR=.422, CI=.187-.954), Interpersonal Sensitivity (OR=.376, CI=.155-.910) and Psychoticism (OR=.298, CI=.134-.665) and for male nurses, buffering effects of Job-Security Reward on Anxiety (OR=.227, CI=.075-.683), Interpersonal Sensitivity (OR=.140, CI=.040-.491) and Psychoticism (OR=.339, CI=.116-.989) were found. In addition significant main effects of perceived Effort Reward Imbalance on Depression (OR= 5.363, CI=1.901-15.131) and Somatization (OR=2.857, CI = 1.061-7.693) for male nurses, and of Work Family Conflict on Depression (OR=2.866, CI=1.363-6.027) and Somatization (OR=2.830, CI=1.221-6.558) for female nurses were reported.

The study confirms the influence of gender on nurses' perceived stress and health conditions and gives a contribution in promoting interventions to support nurses' psychophysical health.

## **MODELS OF COLLABORATION BETWEEN PSYCHOLOGIST AND FAMILY DOCTOR: A SYSTEMATIC REVIEW OF PRIMARY CARE PSYCHOLOGY**

**Francesca Bianco, Enrico Benelli (1)**

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The prevalence of psychological suffering is greater than the actual request for clinical consultation in Europe (Alonso et al., 2004). In Italy, no more than 5.5% of the population requested psychological assistance during lifetime (Miglioretti et al., 2008). There are different obstacles that prevent the access to mental health services, such as economic restrictions (Mulder et al., 2011), cultural prejudice (Kim et al., 2010), and lack of knowledge about the service providers that can answer to the patient's psychological needs (Molinari et al., 2012).

Therefore, the psychologist is often consulted as a last resort, only after everything else has failed, when problems have become severe, and thus requiring longer, more intensive, and expensive treatments. The introduction of the Primary Care Psychologist, a professional who works together with the family doctor, allows to overcome the above-mentioned problems and intercept unexpressed needs for psychological assistance. This professional role is operating in many countries since several years. In this study, current literature concerning different models of collaboration between physician and psychologist, in Europe and in Italy, was reviewed.

A systematic search of Web of Science (ISI), Pubmed, Scopus, and PsychINFO was conducted using the initial search terms Primary Care Psychologist, Family Doctor, Primary Care, Collaborative Practice, and several relevant papers were identified.

The review has shown the improved quality of care when mental health care is integrated into primary. Analyzing how different programs are implemented, results indicated that the more efficacious models of Primary Care Psychology are those tailored on the environment's needs.

The results of our systematic review stress the importance of the Primary Care Psychologist implementation also in Italy, to intercept unexpressed psychological needs and enhance clients' quality of life.

## **SENTINEL EVENTS AND GENDER DIFFERENCE IN OCCUPATIONAL STRESS**

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The Legislative Decree no. 81/2008 and the circular of the Ministry of Labour and Social Policy of 18/11/2010 recognize for the Sentinel Events (SE) and gender a prominent role in the development of work-related stress. This study aims to understand the role of the SE and Gender in the measurement of Occupational stress according to Italian law.

A non-probabilistic sample of 249 subjects (98 M; 151F) was balanced for two categories: Inside Sentinel Events (ISE) and Outside Sentinel Events (OSE). An Organizational and Psychosocial Risk Assessment (OPRA) questionnaire was used to assess work-related stress. A two way ANOVA was run to examine the effect of gender and SE on three OPRA indexes: Risk Index (RI), Inventory of the sources of risk (ISR), Mental and Physical Health (MPH). For the RI there is no influence by independent variables (SE, 0.108; Gender 0.33) and no significant interactions (p Value 0.39). For the ISR, SE and Gender do not show any significance. The Simple main effects analysis showed that mean scores of ISR in male subjects were significantly different splitted by SE: 0 (187.93); 1 (180.94) p.Value 0016, while in female subjects there were no significance difference SE: 0 (182.6); 1 (184.63) p.Value 00:40. The contrast between Male OSE and ISE (6.99) was statistically significant (p. 0.01 Value). For the MPH, only the Gender have a statistically significant influence (p Value 0.002), while the SE does not. No significant interactions exists. The Main effects analysis shows that

females have obtained an average score higher than males (- 4.92, p 0.002 CI Value contrast -8.02; 1.82).

The results show that gender differences occur only the index MPH. The our study shows that the consistency and/or inconsistency of SE appears closely related to the organizational dimensions of the manufacturing process. The study on occupational stress needs to integrate the nomothetic approach with ideography. This is conspicuously absent in the literature.

## **BODILY-SELF AND GENDER DIFFERENCES IN ADOLESCENT NON-SUICIDAL SELF-INJURY: SOME RISK FACTORS**

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Studies on prevalence rates show how Non-suicidal Self-injury (NSSI) is widespread among adolescents (Muehlenkamp et al, 2012; Cerutti et al, 2011), above all among girls (Gargiulo & Margherita, 2014; Zetterqvist et al, 2013). Recent works suggest that people with NSSI present negative emotions, no protective attitudes towards their body (Brausch & Muehlenkamp, 2014; Duggan et al, 2013) and mechanisms of dissociation (Sarno et al, 2010). Orbach's theories (1996) consider the hate against the own body a trigger element to NSSI. This work aims to investigate the representation of the Bodily-Self in adolescents with NSSI. A nonclinical sample of 589 students from 2 high schools of Naples was reached; results from sample of 108 adolescents (74 females, mean age 14), who declare to engage in NSSI, will be presented. Following a quali-quantitative approach, the tools were the RTSHIA (Vrouva et al, 2010) to measure the NSSI, the BIS (Orbach & Mikulincer, 1998) to explore the body investment, an invitation to write a metaphor of their own body "My body is..". Data analysis was carried out through the statistical software SPSS and a content analysis. Compared to males, females report lower means in BIS, especially for Body Image ( $p=.000$ ) and Body Protection ( $p=.002$ ). There're significant indicators of negative correlation between NSSI and BIS. Content analysis carries out five categories of meaning about body, named real, hated, ideal, other from Self, suffering; the gender variable is represented differently into categories. Psychodynamic reflections will be related to the possibility that despise repetitively the body could generate feelings detachment and dissociative mechanisms of defence which would allow to easily damage the body with a pain tolerance during NSSI.

**SESSION 2**

**DEVELOPMENTAL AND  
PSYCHOPATHOLOGICAL MODELS**

## **PARENTAL REPORT OF STRESS AND PSYCHOPATHOLOGICAL PROBLEMS IN CHILDREN WITH IDIOPATHIC EPILEPSY**

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Child's epilepsy onset can represent a very stressful events for parents who, in the attempt to accept and to adapt adequately their child diagnosis, may experience elevated levels of parental stress (Sheeran, 1997; Wirrell, 2008; Shatla, 2011). A large body of researches shows that children with epilepsy are at increased risk for psychopathology (Freilinger, 2006). Literature also showed that internalizing and externalizing behavior problems appear to be more common among children with epilepsy than controls. In addition, more recent studies have demonstrated that social, cognitive, behavioral, and psychiatric difficulties, are frequently reported in association with cryptogenic and idiopathic epilepsy, during the active phase of the disorder. Aim of our study is to explore the occurrence of behavioral and emotional problems in a sample of 30 parents (28 Female and 2 Male, Mage=44,58) of 30 children affected by idiopathic epilepsy and to study the possible correlation of internalizing and externalizing problems with the parents' perception of stress related to their parental role. Parents completed the Child Behavior Checklist to assess children's emotional/behavior problems into three global scores: Internalizing emotional problems), Externalizing (behavior problems), and Total Problem; the and the Parenting Stress Index–Short Form to evaluate the degree to which parental stress is related to 3 different areas: parent functioning, behavioral and temperamental child's characteristics, and parent-child relationship. Results Results showed that parental stress scores and emotional-behavioral problems were significantly correlated. Clinicians should pay attention to both psychosocial and neurological factors when facing with children with epilepsy. A particular attention to the family system should be given.

## **ADOLESCENTS WITH EATING DISORDERS: FAMILY FUNCTIONING AND PARENTAL PSYCHOPATHOLOGICAL RISK**

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Chiarolanza, Marta Senczuk, Mimma Tafà(1)**

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National and international literature underscores the importance of family relationships in supporting adolescents' efforts to gain increasing independence and to manage the many challenges they have to face: among these, great importance is given to Eating Disorders. This research aims to evaluate: the possible weight of adolescents' psychological profiles and their parents' psychopathological risk on their family functioning. We selected three groups in the adolescents population with diagnoses made considering DSM-5 criteria: Anorexia (N = 50), Bulimia (N = 50) and Binge Eating Disorder (N = 50). We used two self-report tools: FACES IV to all family members to assess family functioning and the SCL-90/R only to parents, this scale is designed to measure a large range of psychological problems and psychopathological symptoms.

In this research we:

- analyzed the scores obtained by family members (adolescent, mother and father) to the FACES IV;
- multivariate variance's analysis statistical methods verified significant differences in the three family groups scores among family members;
- conducted a series of hierarchical regressions to evaluate the predictive power of the emotional-adaptive functioning characteristics of adolescents and parental psychopathology risk in each studied group on the perception of family functioning;

Dysfunctional family functioning characterized all three family groups considering especially anorexic families.

The results confirm adolescence as a 'joint venture' of the whole family system that involves both parents and children. These results suggest the obvious clinical implications.

## **THEORY OF MIND, ATTACHMENT SECURITY AND SCHOLASTIC PERFORMANCE IN SCHOOL-AGED CHILDREN: A PILOT STUDY**

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The aim of the study was to analyze the relationship between attachment styles, ToM and school performance/achievement in children aged between 8 and 10, so far this topic has poorly debated (Caputi et al., 2012). The sample for this study was composed of 81 children (56 females and 25 males;  $M=9.638$ ,  $SD=0.67$ ), randomly selected from various schools in Campania. Instruments: Stories (Gini, 2006); Peabody Picture Vocabulary Test-Revised (Stella et al., 2000); Separation Anxiety Test (Attili, 2001); Prove di lettura M.T. (Cornoldi, Stroke, 1998) and AC-MT 6-11 (Cornoldi, Lucangeli, Bellina, 2012).

Correlational analysis and Multivariate analysis of variance were performed using the SPSS software. The raw score in the language test was included as a covariate in the MANCOVA because it was correlated with ToM scores ( $r=.327$ ,  $p<.01$ ), with attachment style ( $r=-.365$ ,  $p<.01$ ), and with the scholastic performances ( $r=.677$ ,  $p<.01$ ). The scholastic performances correlates with the ToM abilities ( $r=.338$ ,  $p<.01$ ) and with the attachment style ( $r=-.224$ ,  $p<.05$ ). The MANCOVA performed on ToM scores (cognitive, emotional, moral) showed no significant gender differences,  $\lambda=.924$ ,  $F(1,79)=02.02$ ,  $p=.12$ ,  $\eta^2p=.08$ , nor age differences,  $\lambda=.915$ ,  $F(1,79)=2.29$ ,  $p=.08$ ,  $\eta^2p=.08$ , and no significant interactions between the variables,  $\lambda=.935$ ,  $F(3,77)=1.71$ ,  $p=.17$ ,  $\eta^2p=.06$ . The univariate tests show that girls obtained higher average scores on emotional stories,  $F(1,79)=4.89$ ,  $p=.03$ .

The MANOVA and following post-hoc showed that in reference to the moral stories test, children with a secure attachment obtained higher average scores than the disorganized one,  $F(2,78)=13,548$ ,  $p<.001$ , and they also obtained higher scholastic achievement,  $F(2,78)=4.416$ ,  $p=.006$ . The results show that the moral emotions' understanding is a specific Mentalization ability typical of children with a secure attachment and it influences the teacher's scholastic achievement evaluation.

## **MENTAL HEALTH IN EARLY DEVELOPMENT: IMPAIRMENTS AND PERSONAL RESOURCES IN DIFFERENT MEDICAL CONDITIONS**

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Children mental health could be impaired by severe medical conditions and/or neuropsychiatric disorders. These are usually considered less compromising, compared to the former. Oncological illnesses in early childhood could be considered a traumatic event. However, children may also show positive psychological functioning, resources and resiliency . The aim of this study was to compare mental health in a group on oncological children (ONCO) versus neuropsychiatric children (NPI) vs controls.

70 children ( $F=31$ ;  $M_{Age}=11.27$ ,  $DS=2.85$ ) completed the *Psychological Well-Being Scales (PWBS)*, the *Revised Children's Manifest Anxiety Scale*, and the *Cognitive Triad Inventory for Children*. NPI children reported higher levels of anxious and depressive symptoms than the ONCO and the healthy controls. The ONCO group displayed the highest levels of PWBS . NPI children displayed more impairments in mental health compared to ONCO, who maintained high levels of psychological well-being , despite their illness. It may depend on their greater efforts in activating personal resources, or on the greater social support received during the illness, or on a natural activation of defense mechanisms that may buffer their adaptation to the illness.

These preliminary results suggest important clinical implications in planning interventions to promote mental health in children with neuropsychiatric disorders and oncological illnesses.

**MIGRATED FAMILIES IN ITALY:  
PARENTAL REPRESENTATION  
IN CHINESE AND SOUTH-AMERICAN COUPLES**

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The aim of this research is to study the different ways of being parents in the Italian immigration context (Cigoli, Gennari, 2008). More precisely, our goal is to investigate cultural, familiar and contextual factors influencing parental couple's functioning and "space of life" setting, taking into account the critical event of immigration and cultural differences (Moro, 2002).

Specific aims of this research were: to highlight family models; to understand their concept of parenthood and the expectancies which drive their actions; to find out gender-roles; to define intermarried strategies about important life choices as religion, progenies education, relationships with friends and families of origins; to analyze strategies of meeting/clashing in the relationship with Italian culture on parenthood.

In detail, we met 24 parental couples from two different ethnic groups: Chinese and South American, living in Italy for at least 3 years, with leastwise one children aged from 9 to 12. For all the couples were used two kind of instruments: the "Couple Interview on Cultural Matrix" (Cigoli, Tamanza, 1998; Gennari, Aschieri, 2011) and 8 "parenthood clinical pictures" that stimulate emerging the kind of parental coping (Gennari, Aschieri, Di Nuovo, 2011). Interviews were recorded, transcribed and finally a content analysis was run.

Results highlights different way to be parents according to: cultures of origin, the way parents and families accepted migration and the degree of openness and appeal for Italian parenthood culture.

## **RELATIONS AND VIRTUALITY: NEW FORMS OF JEALOUSY AND CONTROL**

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Social networks and IM services influence several aspects of young adult life. The virtual approach leads to an illusion of real (Tisseron 2008; Kaes 2014) and becomes the medium to express psychopathology (Margherita, Gargiulo 2014). Recent studies show that virtuality plays a role in expressing feelings such as jealousy. Related to romantic relationship, virtuality allows the young adults to exert the control of the partner and increases the intrusiveness that predicts dating aggression (Sanchez et al 2014). The object of this study is the evaluation of the online jealousy and control among young adults. Differences have been analyzed by gender and age of first registration in social networks.

170 young adults (100 female, 70 males between 20-30 age) filled an online self-report form composed by the Italian translation of the Facebook Jealousy Scale (Muisse et al., 2009) and a specific part on the use of WhatsApp. The quantitative analysis shows that girls reach a higher average in the area of the control that becomes generalized and undifferentiated: control of the "likes", monitoring (40%). In boys, instead, there is a jealousy linked to a hypothetical third person: the former partner or suspected secret relationships (44,4%).

The age of the first registration to a social network is strictly related to highest scores in the jealousy and the control as well.

These results suggest that virtuality prevents a privacy of the self (Khan 1974). By matching the samples by gender, the data confirm the feminine proneness to establish fusional and undifferentiated relationships (Nunziante Cesàro 2014). In males, the highest levels of jealousy refers to the process of triangulation and competition phallic-oedipal. The greater presence of jealousy and control in the subjects that had their first access to social

networks as adolescents induces a reflection on how the virtuality play a role in psychic and relational transformations in an adolescent.

## **MEANING-MAKING PROCESSES AND MANAGEMENT OF ILLNESS UNPREDICTABILITY: THE HEREDITARY ANGIOEDEMA EXPERIENCE**

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Dealing with a diagnosis of chronic illness of a child is a hard psychological task (Pianta & Marvin, 1993), especially when the scientific knowledge of several aspects of the illness is limited, as in the case of Hereditary Angioedema (HAE). HAE is a rare genetic condition that causes extremely unpredictable and variable swellings to external and internal parts of the body, carrying a severe psycho-social burden on the life of people affected (Bygum, 2012). Despite the in-depth knowledge of the genetic origin of the condition, there is still a lack of understanding of the factors triggering attacks (Freda et al., 2014; Galante et al., 2014; Savarese et al., 2014). We aimed to explore how people react to this lack of knowledge and predictability and how they manage the illness in their daily life. Our hypothesis is that, given the uncertainty of the scientific knowledge, lay experts will nonetheless fill the gap identifying a causal link for every attack. 19 parents took part in a semi-structured interview on their children's illness experience. Narrative analysis (Freda & Martino, 2015; Park, 2010; Morse, 2012) focused on parents' meaning-making processes of the variability, showing that the majority of them (80%) build up explanations of the illness variability identifying precise trigger factors, such as physical or psychological shocks. Despite this, in most of the cases (74%), the identification of these links seems to serve as a “post hoc” explanation. The more frequent management strategies of the illness are related to implicit or explicit behaviors of limitation of any potential risk and avoidance of the emotional charge of the illness. Strategies of promotion of children's competence to deal with the illness were implemented in only 4 families. We propose a conceptual model in order to discuss, from a clinical

perspective, the relationship between meaning-making and the effectiveness of the management strategies of the illness.

## **ANXIETY SYMPTOMS DURING ADOLESCENCE: RISK AND PROTECTIVE FACTORS**

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Anxiety symptoms are among the most commonly observed psychiatric diseases during childhood and adolescence (Asbahr, 2004) and these life stages are considered the core risk phases for their development (Beesdo et al., 2009). The main aim of the present study was to explore possible risk and protective factors of anxiety, therefore we analyzed if and to what extent self-esteem and emotional quality of parent-child relationship may influence the presence of anxiety symptoms during adolescence.

We referred to a community sample of 552 adolescents (59.8% females and 40.2% males) with a mean age of 15.8 years (sd = 1.9 years; range 13.1 - 20.1 years). Subjects were administered a socio-demographic questionnaire, the Self-Image Questionnaire (SELF), the maternal and the paternal forms of the Lum Emotional Availability of Parents (LEAP), and the Spence Children’s Anxiety Scale (SCAS). Correlational analyses showed significantly positive associations between self-esteem and parental relationship both in the female and in the male sample. In addition, we found a negative correlation between self-esteem and the total anxiety symptoms score ( $r = -.459$ ;  $p < .001$ ).

By means of several linear regression analyses with the SCAS total score and its sub-scales (i.e., separation anxiety, social anxiety, generalized anxiety, obsessive compulsive disorder, physical injury fears) as dependent variables, we observed that self-esteem and gender resulted to be the most significant predictors; the maternal relationship was a significant predictor

only for separation anxiety and social anxiety; the paternal relationship was a significant predictor for social anxiety, generalized anxiety and the SCAS total score.

Overall our study highlighted the importance to evaluate adolescents' self-esteem and their emotional relationship with both mothers and fathers, since these variables may play a protective or a risk role in the onset of anxiety symptoms during this stage of life.

## **PARENTING STRESS AND FAMILY STRUCTURE FACING CHILDREN'S IDIOPATHIC EPILEPSY**

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Parenting Stress was found to be associated with children with the diagnosis of a chronic condition, such as epilepsy. However the percentage of parents feeling stressed differs across studies that have examined this relationship (Dewey & Crawford 2007; Plant & Sanders 2007). Literature (Ferrari et al., 2004) highlighted several areas of family adjustment, suggesting that families of children with epilepsy have great difficulties, but to our knowledge no studies investigated the relation between family organization and parenting stress. This study aimed to assess the presence of the association between idiopathic epilepsy and parenting stress and to individuate if family's cohesion and adaptability, based on Olson's Circumplex Model (Olson, 2011), were associated with specific perceived parental stress.

The sample was composed of 85 parents (43 male, MAge = 45.26 SD = 12.69; 42 female, MAge = 44.29, SD = 3.90) of children with the diagnosis of idiopathic epilepsy. Measures: The family adaptability and cohesion evaluation scale (FACES IV), to assess family functioning in terms of high and low flexibility and cohesion, clustered into six different family patterns: cohesion balanced, flexibility balanced, disengaged, enmeshed, rigid, chaotic;

The Parenting Stress Index—Short Form (PSI-SF), to investigate parental stress. Results confirmed that in families dealing with the disease of idiopathic epilepsy high level of parental stress was related to overcontrol ( $r = .36, p < .05$ ) and to disorganization ( $r = .41, p < .01$ ) in the family structure, as these families are less flexible and less cohesive, which turns

into an increased level of parental stress. These considerations are very important in the context of interventions. Helping these families to experience a more flexible and cohesive family structure can also decrease the level of parental stress, promoting a better quality of life of parents and children.

## **REFERENTIAL ACTIVITY AND BREADTH OF THE RELATIONAL FIELD**

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When we connect emotionally to our relational context we operate a parallel subsymbolic information processing (Bucci, 1997) which takes into account the multiplicity of positions and inter-circularity that binds them to each other. When instead we have to describe verbally the emotional and relational situations lived it hard to find the words to describe them fully and in all their complexity. To study this disconnection we analyzed how the breadth of the relational field suggested by the stimuli of a projective test influence the Referential Activity (RA) (Bucci, 1985, 1997) namely the clarity, concreteness, imagery and specificity of the narratives.

Two hundred Italian non-clinical participants were asked to tell tales elicited by the 13 cards of the Object Relations Technique (ORT) (Phillipson, 1955). All narratives were transcribed and we measured their RA levels through the Italian version of the WRAD (Mariani, Maskit, Bucci, & De Coro, 2013) .

We found the RA levels of the narratives are significantly different in function of the numbers of human figures present in the ORT cards. The images with one silhouette elicit the narratives with the higher level of RA, followed in descending order by the cards with two, three silhouettes and group situations; the differences registered are not influenced by the others characteristics of the cards like the chromatic and achromatic colors or the shading. The RA is higher in the narratives elicited by cards with only one silhouette, probably because here people are more in touch with their emotional and relational experience than in dyadic, triadic and group situations, more complex from the emotional point of view.

This result suggest that broadening the relational scope of the narratives can be one way to broaden the ability to tell one's own emotional experience as it is precisely in polyadic and complex situations that there is greater disconnection between non-verbal and verbal levels of the experience.

**EMOTIONAL INTELLIGENCE AND PARENTAL CARE:  
AN OFFENDING AND NON-OFFENDING SAMPLE OF  
ADOLESCENTS**

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Recent research has tried to identify possible risk factors for the onset of adolescent criminal behaviour. Some authors have highlighted the importance of negative parental care in childhood as a risk factor (Bifulco, 1998), others have pointed to the role of lacking emotional intelligence in criminal adolescents (Knight, 2005). In light of preliminary results, the combined reaction of these two risk factors has not been studied to date. The objective of the study was to investigate the relationship between parental care in childhood, emotional intelligence and aggressive behaviours in adolescents who commit criminal offences. Methods: The study was conducted on a sample of 28 offending adolescents (mean age= 16.43; SD= 1.376) and 143 non-offending control group (mean age= 17; SD= 0.903). Every subject completed a battery of tests including: EQ-i: YV, emotional intelligence (Bar-On, 2000); CECA-Q, childhood memories of parental care: antipathy and neglect (Bifulco, 2005) and YSR 11-18, externalizing problems: aggressive and deviant behaviours (Achenbach, 2001). A complex moderate mediation model was tested by multiple regressions. Results demonstrated that aggressive behaviours were predicted by paternal antipathy ( $B=-.38$ ;  $p<.05$ ). This relationship was mediated by the ability to manage stress: the more severe the paternal figure was, the less the ability to

manage stress ( $B=-.64$ ;  $p<.05$ ); in turn, if the ability to manage stress is reduced, the more the adolescent carries out aggressive behaviours ( $B= -.11$ ;  $p<.05$ ). Furthermore, the effect of the ability to manage stress on the carrying out of aggressive behaviours seems to be moderated by being a criminal adolescent or not ( $B= -.16$ ;  $p<.05$ ): with criminal adolescents the association is stronger.

Emotional intelligence and parental care behaviours seem to predict the maintenance of aggressive behaviours and actions in adolescents who have committed criminal offences.

**SOCIAL AND NON SOCIAL ASPECTS OF BEHAVIORAL  
INHIBITION:  
THE PSYCHOPATHOLOGICAL RISK IN PRESCHOOL AGE**

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Behavioral Inhibition (BI; Kagan et al.,1987) refers to an early temperamental precursor of impaired outcomes in childhood and adolescence, specifically for anxiety problems (Clauss et al.,2012). Traditionally, BI is described as a unitary construct characterized by wariness towards both social (i.e., unfamiliar adults) and non-social (i.e., new objects) stimuli. Recently, some authors (Kertes et al.,2009; Dyson et al.,2011) argued that social and non-social BI are independent, with different psychopathological correlates. The aims of this study were: (1) to explore whether social aspects of BI were related or independent from non-social aspects in preschoolers, both cross-sectionally and longitudinally; (2) to investigate whether children with social or non-social BI, compared to their non-inhibited peers, showed a higher risk for internalizing difficulties. A sample of 24 children (aged 4 years) and their teacher were recruited from a kindergarten in Bologna. Social and non social features of BI were assessed through LAB-TAB (Goldsmith et al., 1999) in 3 repeated assessments (T1:January 2014,T2:May 2014,T3:January 2015). The Children's Behavior Questionnaire (CBQSF:Putnam & Rothbart,2006) for the assessment of temperamental traits and the Child Behavior Checklist (CBCL 1.5/5yrs: Achenbach,2004) for child internalizing problems were completed by the teacher.

Social and non-social aspects of BI were highly correlated ( $p<0.05$ ) among the 3 assessments. Results from t-tests revealed different behaviors and problems for children with social or non-social BI compared to their non-inhibited peers. However, only social BI at T1 significantly predicted

CBCL-Anxious/Depressed at T2 ( $\beta=0.476$ ;  $p=0.019$ ) and Social BI at T2 predicted Withdrawal at T3 ( $\beta= 0.416$ ;  $p=0.043$ ).

The construct of BI seems to include 2 correlated aspects (social and non-social). However, only the social component results as a risk factor for social withdrawal and anxiety/depressive problems in preschoolers.

## **PHYSIOLOGICAL AND BEHAVIOURAL ASPECTS OF EMOTIONAL AVAILABILITY:**

### **A STUDY ON FIVE MONTHS OLD BABIES**

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Emotional availability is a concept used to refer to the quality of emotional exchanges between parent and infant, encompasses both emotional signaling and emotional understanding in each partner (Biringhen & Robinson, 1991). The attachment bond between mother and infant is a stable relationship that develops on the basis of interactive exchanges.

We want to investigate, both behaviourally and physiologically, mothers and infant emotional connection in their relationship by using the Emotional Availability Scale (Biringhen, 1987) an index of mutual socio-emotional adaptation in the parent–child dyad. Furthermore we aim to investigate, by using self report questionnaires mother’s attachment and mother’s internal working models in relation to the quality of the interaction between dyad.

We asked 25 mothers-infant dyad to interact naturally, they were videorecorded for 10 minutes.

During the interaction we recorded also the Inter Beat Interval (IBI) both of mother and infant by using an holter Cardiomem 4000 and a heart rate monitor Polar H7. Mothers were asked to fill out two questionnaires: Mother’s and infants IBI modulate together. Specifically in positive interactions both heart rates seems to be synchronize.

Secure mothers and with good internal working models interact more positively with the child.

This study provides information about mother and infant relationship infact secure mothers have a better interaction with their children This is also highlighted physiologically by the synchrony of the IBI of the dyad.

Furthermore the present study provides implications for general parenting practices: how to interact optimally with the infant.

## **CAN MATERNAL REPRESENTATION DURING PREGNANCY PREDICT THE INFANT ATTACHMENT STYLE AT ONE YEAR AGE? A PILOT STUDY**

**Annamaria Trovato (1)**

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In the transition to parenthood, the representations the mother builds for herself, for her child and for the relationship between them, play a crucial role creating an anticipatory working model of child. The pregnant representational world (Tambelli,2010) plays a central role in the relational strategies the mother will put in place with her child (Tambelli, 2014;Lickenbrock,2015). Objective of this study is to demonstrate that different parenting styles, observed in pregnancy, can affect the quality of infant attachment style at one year age. Sample is made by 21 dyads, observed longitudinally from the pregnancy (T1) up to one year of the child (T2).

The women are primiparous and recruited in the trainings for preparing at the birth. At T1 the women have been interviewed by IRMAG-R (Ammaniti,Tambelli,2010) and they filled the STAI-Y (Spielberg,1983) and EPDS (Cox,1987) self reports. At T2 has been evaluated the model of infant attachment by SSP (Ainsworth,1978) and self reports have been repeated. *Results*:the distribution of the representations categories is:Non-Integrated/Ambivalent 52,4% (n=11), Integrated/Balanced 28,6% (n=6), Restricted/Disengaged 19% (n=4). Most of women don't show depression (D) (M=7.52,sd=6.2) and anxiety (A) (M=37.14,sd=11.2) symptomatology neither in pregnancy [D:81% (n=17);A:66,7% (n=14)] nor at child twelve months [D:85,7% (n=18),M=7.28,sd=3.6;A:66.7% (n=14),M=36.47,sd=6]. Chi<sup>2</sup> analysis confirm that maternal Integrated/Balanced representations can be predictive (Chi<sup>2</sup> =31,77,gdl=12,p=.002) of a secure infant attachment. Data highlight a relationship statistically significant between the Non-Integrated/Ambivalent maternal representation, mother's anxiety symptoms at child twelve months (Chi<sup>2</sup> =9,54,gdl=2,p=.008) and anxious-resistant

infant style attachment as well ( $\text{Chi}^2 = 7,01, \text{gdl} = 2, p = .030$ ). Integrated/  
Balanced maternal representations are protection factor in the relationship  
infant-mother (Tambelli, 2010).

## REFERENTIAL ACTIVITY AND INTELLIGENCE

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The ability to put into words the bodily, emotional and relational experience or Referential Activity (RA) (Bucci, 1985, 1997) play an important role in the human information processing. It is crucial in the interpersonal communication and in processing the emotional information in a symbolic or logical-sequential manner. It can therefore be considered as a basic cognitive skill, different but related to the other ones that compose the construct of intelligence.

To study the relation between the RA and the Intelligence we administered to 25 subjects the Relationship Anecdotes Paradigm (RAP) Interview (Luborsky, 1998) and the Wechsler Adult Intelligence Scale (WAIS) IV (Wechsler, 1998). Each interview has been transcribed and analyzed through the Italian Discursive Attributes Analysis Program (IDAAP) that comparing the texts with the Weighed Referential Activity Dictionary (WRAD) provides a measure of the RA of each participants (Mariani, Maskit, Bucci & De Coro, 2013).

Only the scores of the WAIS subtests that require more ability to connect the sequential/verbal processing systems to parallel/non verbal ones (Comprehension, Blok Design, Matrix Reasoning, Visual Puzzles, Symbol Search, Coding) correlate with the RA index, while the WAIS subtests (Similarities, Vocabulary, Letter-Number Sequencing, Digit span) that mainly imply the connections between words and numbers within the verbal systems are not correlated with the RA index.

These results indicate that ability to connect the nonverbal experience to the words is a central cognitive ability for some tasks and secondary for others. More psychometric studies on this cognitive function would be useful for the psychotherapeutic work that is aimed to translate the emotions into verbal narratives.

**THE LEGACY OF TRAUMA:  
A COMPREHENSIVE FRAMEWORK FOR THE  
UNDERSTANDING OF POST-TRAUMATIC SYMPTOMS**

**Noemi Rosa Maganuco, Luana La Marca, Simona Cannizzaro, Alessia  
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Post-traumatic symptoms (PTS) have complex origins. On a side, they derive from an external noxious force that damages the biopsychosocial integrity of the individual; on the other, there are many temperamental, developmental, and relational factors that modulate the individual's response to trauma. In this study, 180 participants (112 females, 62%) ranging in age from 18 to 68 years ( $M=28.31$ ,  $SD=8.24$ ) completed an online survey that included questionnaires on trauma symptoms, general psychopathology, parental bonding, affectivity, attachment styles, dissociation, alexithymia, and impulsivity. A cluster analysis on trauma symptom responses showed that participants could be grouped in three clusters (with average silhouette of cohesion and separation being .3), that were consistently named "No PTS" ( $n=73$ ), "Mild PTS" ( $n=75$ ), and "Moderate to severe PTS" ( $n=32$ ), according to the PTS total score. Participants in the "moderate to severe PTS" group were younger than the other participants. They showed significantly higher scores on general psychopathology, preoccupied and fearful attachment, negative affects, dissociation, alexithymia, and impulsivity, and significantly lower scores on parental care, secure attachment, and positive affects. The results of this study support the view that a comprehensive psychopathological framework is needed to better understand, assess, and treat trauma and stressor-related disorders.

## **RELATIONSHIP BETWEEN EMOTION COMPREHENSION, FLUID AND VERBAL INTELLIGENCE IN CHILDREN WITH INTELLECTUAL DISABILITIES**

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Emotion comprehension is an umbrella term that includes the abilities to recognize emotional expressions in others, label those expressions, identify causes of emotions and to reflect on one's own emotions (Izard et al., 2011; Mostow, Izard, Fine, & Trentacosta, 2002, Pons & Harris 2000). Results from the few studies that have examined emotion understanding in mentally retarded children suggest a relative weakness in the ability to recognize others' emotion expressions (Kasari & Freeman, 2001, Wishart et al. 2007). The aim of the study was to examine the relationship between emotion comprehension, fluid intelligence and verbal abilities in three groups of children: two sample with intellectual disabilities (due respectively to genetic syndrome and to learning disabilities) and one control group of typically developing children matched with the clinical groups on chronological age and mental age. 83 children (48 girls) aged 6.4–14.2 years completed the Test of Emotion Comprehension (TEC) (Pons & Harris, 2000), that comprised external and mental components, the Coloured Progressive Matrices (Raven 1996) and the Test for Reception of Grammar (Bishop 1983). Sequential multiple regression models were performed. In each model, scores for each of the TEC components (i.e., external and mental) and total TEC score were regressed onto the scores for CPM and age, as well as onto TROG. Regression analysis showed that fluid intelligence was not equally related to the external and mental components of the TEC. Our results confirmed previous research suggesting that as age

increases, syntactic language skills may affect the manifestation of the external understanding of emotions (Dunn & Cutting, 1999).

Children with superior receptive language skills are able to comprehend emotional engagement in social interactions more easily and are thus better able to recognize the external causes of a given emotion.

## **EMOTION RECOGNITION AND SUBJECTIVE EMOTIONAL ACTIVATION IN PATHOLOGICAL NARCISSISM AND PSYCHOPATHY**

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Six hundred nine community dwelling adults were administered the Italian translations of the Pathological Narcissism Inventory (PNI) and Triarchic Psychopathy Measure (TriPM). Participants who scored in the upper 10% of the distribution of the PNI total score were assigned to the group of participants at risk for pathological narcissism ( $n = 51$ ), whereas participants who scored in the upper 10% of the distribution of the TriPM total score were assigned to the group of participants at risk for psychopathy ( $n = 46$ ); only 12 participants were at risk for both conditions. In order to increase the accuracy of the comparisons, we randomly selected 41 participants who were not at risk for pathological narcissism or psychopathy. The final sample included a total of 126 community dwelling adult participants who were administered the Reading the Mind in the Eyes Test (RMET) and emotion-eliciting movie clips. Two-way ANOVAs showed that participants at risk for pathological narcissism scored significantly lower on the RMET total score than participants who were not at risk for pathological narcissism ( $d = -0.46$ ), whereas participants at risk for psychopathy were significantly better than controls at recognizing negative emotions ( $d = 0.38$ ). In our study, participants at risk for psychopathy showed a significant reduction in the subjective experience of disgust ( $d = -0.76$ ), fear ( $d = -0.74$ ), sadness ( $d = -0.66$ ), and tenderness ( $d = -0.53$ ) compared to participants who were not at risk for psychopathy.

No significant pathological narcissism-by-psychopathy interaction effect was observed on any dependent variable. As a whole, our results seem to suggest that there are some overlap but also important distinctions between narcissism and psychopathy.

**PERCEPTION OF RISKY BEHAVIOURS CONNECTED TO  
GAMBLING IN ADOLESCENTS:  
INDIVIDUAL DIFFERENCES AND ROLE PLAYED BY THE  
ATTACHMENT**

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The spread of pathological gambling led to the necessity to comprehend in which way it is possible to trace out the precocious onset of such disadaptive behaviour, mainly during adolescence. The focus of the present study is the identification of potential risk factors in the development of pathological gambling, such as the attachment styles and adaptive-emotional behaviours: today, the regulation of emotional life has indeed become very important in the study of aetiology of pathological dependencies. Generally, a pathological dependency is considered a disorder strictly linked to a significant inability to regulate internal emotional tensions.

The study has been carried out on a sample of 224 individuals aged between 16 and 19 years old. The array of questionnaires employed included: the South Oaks Gambling Screen (SOGS), the Youth Self Report (YRS) and the Attachment in Friendship Relations (ARA).

The analysis highlighted a significant correlation between internalised and externalised behaviours, insecure attachment styles and risk of pathological gambling. The results of the present study highlight that gambling during adolescence can be included in those disadaptive outcomes linked to emotional dysfunctions. Emotional regulation is therefore a field of study useful to comprehend the dynamics connected to the arise of pathological gambling, but also to plan precautionary interventions.

**FAMILY RESILIENCE AND DIFFICULTIES IN EMOTION  
REGULATION STRATEGIES:  
AN EMPIRICAL STUDY WITH PARENTS OF AUTISTIC  
CHILDREN.**

**Nunzia Rainone(1), Livia Savarese (1)**

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For the Developmental Psychopathology, Parenting is a normal Developmental task (Toth, Cicchetti, 2010). This task can be thrown into crisis when it occurs the children Diagnosis of Autism Spectrum Disorder. The challenge to face off children special needs gets more difficult the daily activities for the whole family system (Venuti, 2013).

Resilience processes seems to have an important role to deal with this critical situation (Walsh, 2008). In our theoretical model resilience can be seen as the competence to use individual, relational and social resources to face off the “non-normative” critical events and to achieve the other normal developmental tasks. The evaluation of a life event as a critical event depends not only on the cognitive attributions but also on the emotional dimensions. For Tronick (2011), in fact, emotions are the first step of the meaning making process, and the emotion regulation strategies have a key role to determinate the actions to face off the critical event.

The aim of this study is to evaluate how parents’ difficulties in emotion regulation strategies influence family resilience processes. Thirty-nine parents of children with ASD compose our sample. We administered: DERS, Difficulties in Emotion Regulation Strategies (Gratz e Roemer, 2004); Walsh Family Resilience Questionnaire (Walsh, 2013). Regression analyses show that the DERS total score is a predictor of Family Resilience ( $b=-.400$ ,  $p<.01$ ); specifically, subscales Goals ( $b=-.398$ ,  $p<.01$ ) and Strategies ( $b=-.453$ ,  $p<.01$ ) can predict Family Resilience.

In conclusion this study suggests that parents' Emotion Regulation Strategies have an important role to improve Family Resilience and to face off critical events.

**USE AND ABUSE OF THE WEB:  
ATTACHMENT, RELATIONSHIPS AND RISK PROFILE OF NEW  
PSYCHOPATHOLOGY**

**Barbara Volpi (1)**

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The aim of this poster is to present the part of results of a research, which is being held at the Department of Dynamic and Clinical Psychology, University of Rome Sapienza. Research has analyzed the relationship between Internet use by adolescents, in relation to attachment variables. The purpose of this research is to sketch a psychological profile of adolescents in order to discriminate the variables that define the border between use and abuse of the Web. METHODS: 1105 adolescents participated in the study (F = 623, M = 482) aged between 12 and 21 years (age mean = 15,55). TOOLS: BFAS Over-Bergen Facebook Addiction Scale SPQ - Shorter Promis Questionnaire; MPIQ - Mobile Phone Involvement Questionnaire UCLA - Loneliness Scale; Self-Disclosure Online; IPPA - Inventory of Parent and Peer Attachment; SCL-90 - Symptom Check List, Ca-mir.

The results of the study showed the multitasking "digital" identity of the younger generations is representative both in the normal adolescent population and in the "Network Refugee". In particular, the likelihood of abuse of new technologies (particularly Facebook) is predicted by the quality of relations with the peer group and the quality of family relationships. As for the latter it is important to trust in the father figure and how it is perceived as judgmental as the mother figure plays a key role in the perception of security of attachment. Psychopathological features in the group characterized by values dell'SCL90 particularly high, highlight the

importance of the component of interpersonal sensitivity than other components derived from changes in mood.

These results emerge from profiles of normality and risk, even multiples, which relate the quality of parent-child attachment relationship and the proper use of social networks and the Internet in general.

**SESSION 3:**  
**CLINICAL PSYCHOLOGY**

## **ASSESSMENT OF NUTRITION AND GASTROINTESTINAL CONDITIONS IN CHILDREN WITH AUTISM SPECTRUM DISORDERS: AN INTERVIEW TO PARENTS**

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(2) MBPA-Bruno Kessler Foundation, Trento

Several studies on the etiology of Autism Spectrum Disorders suggest a genetic predisposition to developing the pathology, but environmental factors appear to be crucial to its actual manifestation. It has been recently suggested that an alteration in the composition of intestinal flora could have this role. This hypothesis is supported by the high incidence of gastrointestinal disorders among ASD children and by the existence of a complex system of two-way interaction between intestinal flora, gut and brain, called microbiota-gut-brain-axis, fundamental for the maintenance of well-being. To date, some studies have been conducted to identify the composition of the bacterial flora of ASD children but the results are conflicting. One of the main critical points of these studies is not to consider factors that may have influenced the development of children's gut flora, such as nutritional history (e.g. formula milk during lactation) and medical history (e.g. antibiotics intake) and factors that may affect the present composition of the bacterial flora, such as the current diet (e.g. the strong food selectivity that often occurs in ASD children) and the presence of gastrointestinal disorders. To overcome this, we developed an interview to parents of ASD children which would enable us to acquire all this kind of information. Thus, the data collected with this type of interview will be used to better assess the results of studies on the composition of the bacterial flora. Moreover, a part of this interview is especially dedicated to explore how gastrointestinal and nutritional issues in ASD children are managed by parents and at school and what difficulties parents may face. We preferred to choose the form of an interview instead of a questionnaire with the aim of

establishing an alliance with the families and thus of obtaining richer and more accurate information and of bringing out the parents' need for support in order for us to plan an intervention.

**WHAT'S *ACTUAL* IN PARENTAL EXPERIENCE?  
LATENT DIMENSIONS OF A REVISED VERSION OF PARENTING  
STRESS INDEX IN A SAMPLE OF ITALIAN WORKING MOTHERS**

**Valentina Boursier, Valentina Manna(1)**

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As clinicians working with children and parents, it's extremely important to us to assess the quality of parental experience in its stressful dimensions. Indeed parenting stress disturbs parental styles and the quality of the dyadic relation (Anderson, 2006). However the parenting experience is continuously showing new emerging risk factors related to contemporary lifestyles of family (e.g. the work family conflict) that we should consider in our concept and measures of parenting stress.

We aimed to validate an expanded version of Parenting Stress Index (Guarino et al, 2008), obtained by adding to the Italian SF 13 items from the American version (Abidin, 1995) strictly connected to aspects that literature pointed out as particularly relevant to working mothers' experience of parenting (guilt, perceptions of ineffectiveness and limited personal freedom).

We administered our PSI version online to 280 Italian working mothers. In a previous work (Boursier & Manna, 2014) we analyzed the added section from a descriptive-semantic point of view via exploratory factor analysis. In the current study we verified the latent structure and validity of the whole instrument through EFA, 1<sup>st</sup> and 2<sup>nd</sup> order Confirmatory Factor Analysis. Concurrent validity was given by correlations with two scales of work-family conflict (Manna et al, 2014) and reliability by Cronbach's  $\alpha$ .

We obtained a 5-factors solution explaining 50.75% of variance, including the 3 original Italian factors (Difficult child  $\alpha=.896$ ; Parental Distress  $\alpha=.867$ ; Parent-Child Dysfunctional Interaction  $\alpha=.885$ ) and 2 new factors under the added section: Superegoic dimension ( $\alpha=.828$ ); Role and Identity Restriction ( $\alpha=.666$ ).

To highlight the existence of a single implicit psychological construct we also tested a second-order factor model with one manifest variable (Parenting Stress) that aggregates the five latent dimensions. The emerged model was fully satisfactory ( $\chi^2=1764$ ,  $\chi^2/df=.88$ , RMSEA=.000 NFI=.94 CFI=1.00, GFI=.98 SRMR=.011)

**LOOKING FORWARD TO TRADITION:  
HYPNOSIS IN PSYCHODYNAMIC INTERVENTION  
AND EMPIRICAL EFFICACY**

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The international literature is increasingly studying the efficacy of “non-conventional” techniques, based on the management of peculiar states of consciousness. Of particular interest is the resurgence of the use of hypnosis, both for its proved antalgic effectiveness and for the new potentiality that this methodology has shown in the experimental and clinical practice. In our previous findings we have demonstrated how the use of hypnosis was efficacious in revivification of key emotional memories (Palmieri et al., 2014) as well as in treating psychopathologic symptoms and in improving quality of life in terminal patients (Palmieri et al., 2012; Kleinbub et al., in press). Peculiar appears how this technique stems from psychoanalytic thoughts and represents one of the most important traditions in the western clinical psychological discipline. It appears therefore extremely relevant the perspective of bringing hypnosis back in the dynamic psychotherapy as a valuable instrument, based on the strength of the new empirical data, not only aimed at the resolution of delimited symptomatology as done by the medical and cognitive models.

Through the intimately relational symbolic and suggestion processes, hypnosis can implement an approach that demonstrates its role, still vital and alive, in the therapeutical context, rooted in the psychodynamic matrix, which allows to express the technique's highest potential.

**AUTONOMIC CORRELATES AND CLINICAL DIMENSIONS  
IN SCHIZOPHRENIA DISORDER.  
A CASE-CONTROL STUDY**

**Livia Buratta (1), Martina Ardizzi (2), Marianna Ambrosecchia (2),  
Simone Donnari (3), Maurizio Peciccia (1), Vittorio Gallese (2)**

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- (3) Association Sementera Onus

According to diagnostic criteria of DSM 5, schizophrenia is characterized by a set of signs and symptoms that involve cognitive and emotional dysfunction. They can be classically grouped in two main domains: positive and negative. In order to comprehend the subjective psychotic experience, Parnas (Parnas, 2000) has underlined how these symptoms seems to emerge from specific experience of alteration of sense of self, conceptualized also as of de-integration between self-identity and social-identity (Gallese, 2003). Some neurophysiological evidences seem to emerge on this field (Ferri et al. 2012, Ebisch et al. 2012, Craig, 2002). In order to increase the accuracy of the diagnostic process (APA, 2015) trough the integration between objective and subjective data (information from the patient) the aim of this paper is to present data on some self-report measures and objective tasks. Method: case-control study with 20 patients and 20 control cases. Measures: subjective measures - PANSS (Kay, 1987), SCL90 (Derogatis, 1994), PAM (Berry et al., 2006) e ASQ (Feeney, Noller e Hanrahan, 1994); Objective tasks - Interpersonal Space Task (Ferri et al, 2013), Heart Beat Monitoring Task (Schandry, 1981). The two groups showed significant differences on clinical and physiological variables and they showed different correlation pattern between the subjective and objective variables examined. Results show that the integration in assessment between clinical and physiological dimensions are useful also in order to treatment planning.

**STRESS-RELATED ACTIVITY DURING SIMULATED CLINICAL  
INTERVIEW AND INTERACTION WITH ATTACHMENT  
ORIENTATIONS AND THERAPEUTIC ALLIANCE**

**Francesca Bianco (1), Vincenzo Calvo (1), Arianna Palmieri (1), Marco Sambin (1), Maria Cusinato (1), Gianluca Esposito (2,3)**

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We investigated psychologist and patient physiological responses during simulated clinical interview. Non-invasive indexes of stress-related activity of the Parasympathic Nervous System (PSNS; heart rate variability, HRV) and Sympathic Nervous System (SNS; salivary alpha-amylase activity, sAA), and their interaction with adult attachment orientations and therapeutic alliance were examined. Participants included 21 psychologist without psychotherapy training (15 females, age: 24-36 yrs) and 42 voluntary non-clinical adults (21 females, 19-25 yrs) playing the role of pseudo-patients. During the experimental procedure, psychologist and patient participated in a simulated clinical interview, lasting approx. 20 min., during which the pseudo-patient discussed a personal problem, emotionally relevant. Conversations were video- and audio-recorded. Completed the first interview, after a break, psychologist interviewed a second patient. To measure sAA, saliva samples were collected in both participants immediately before and after each interview and analyzed with a Dry Chemistry System. HRV was estimated measuring pulse rate variability (PRV), continuously recorded during the interview with a photoplethysmography sensor. Participants completed the Helping Alliance Questionnaire (HAQ-II; Luborsky et al., 1996), to measure the strength of the bond between therapist and patient, and the Experiences in Close Relationships-Revised Questionnaire (ECR-R; Fraley et al., 2000), as a measure of adult attachment orientations.

Results showed a positive correlation between stress-induced activity indexes for both the PSNS and the SNS in patients and pseudo-patients after the interview.

The results suggest the utility of using physiological measurements to obtain a reliable and objective measurement of the interactional dynamic during patient-psychologist interactions.

**PSYCHOLOGICAL INTEGRATED THERAPY:  
CLINICAL EXPERIENCE WITH A GROUP OF PATIENTS  
SCHIZOPHRENIC**

**Viviana Carlotta, Nadia Barberis, Rossella Alfa,  
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In the last few years have been positively evaluated cognitive-behavioral interventions on patients with schizophrenia (Lehman & Steinwachs, 2003): however, the limit of the success of these interventions is tied especially to the cognitive impairment that this disease involves. The IPT (Integrated Psychological Therapy) is based on the assumption that the neurocognitive deficits of schizophrenic patients and, in particular, the difficulty in processing information, have negative repercussions on social skills and adaptive behavior (Brenner *et al.*, 1997). The finality of this study is to evaluate the efficacy of IPT in terms of improving neurocognitive functions and social in a group of schizophrenic patients, independently of the length and the chronicity of the disease. The intervention was conducted on 6 patients aged between 25 and 55 years with a diagnosis of schizophrenia-type residue, recruited at the Policlinico of Messina. Patients were evaluated through a clinical and neurocognitive semi-structured interview "Positive and Negative Syndrome Scale – PANSS" (Kay, Opler, & Fiszbein, 1987), which consists of three scales (positive, negative, psychopathological) to assess the primary symptoms of schizophrenia. For the evaluation of the level of intelligence has used the WAIS-R, referring mainly to three subtests: *Completion of figures, Picture Arrangement, Block Design*. The results indicate the presence of an improvement in the cognitive areas explored in the three subtests. These results confirm the effectiveness of IPT and show an improved social functioning of patients which results in a more adequate ability to identify a problem, in an increase of the search for meaningful social relations and interactions, in a better picture of itself.

## **THE ROLE OF DISSOCIATION IN BORDERLINE PERSONALITY DISORDER: A META-ANALYTIC REVIEW**

**Marco Cavicchioli (1)**

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The link between dissociation and trauma is robust in the Dissociative Disorders (DD) as well in Borderline Personality Disorder (BPD). We found in literature that BPD patients have higher dissociation scores than normal controls and psychiatric controls, the pathological dissociative symptoms of BPD patients seemed to constitute a spectrum of severity that paralleled the severity of their comorbid DD. Our aim is to propose a meta-analytic review to clarify the relationship between dissociation and BPD.

We included studies which show a comparison between BPD and other psychiatric disorders in dissociation level. All studies were based on valid and reliable diagnostic criteria (at least DSM-III) and dissociation assessment instruments (e.g. DES, SCID-D). Cohen's  $d$  was computed as effect size measure. Overall pooled effect sizes ( $dw$ ) was estimated. Heterogeneity in effect sizes was computed using  $Q$  statistic and  $I^2$  index.

10 studies resulted eligible for a total of 2035 subjects. The  $dw$ , when comparing BPD with other psychiatric disorders without considering different diagnostic categories, was medium and significant ( $dw = .54$ ;  $p < .001$ ). Large heterogeneity was observed (e.g.  $I^2 = 78,34\%$ ).

On the other hand, we revealed different effect size when BPD was contrasted with specific disorder. In details, BPD showed lower dissociation level than PTSD, DD and higher than Schizophrenia (Sch), Substance Use Disorder (SUD), Affective Disorders (AfDs) and Other Personality Disorder (OPDs).

Results showed that levels of dissociation in BPD are higher than OPDs, AfDs, SUD, Sch; but lower than DD and PTSD. Moreover, it is possible to observe a wide variability among  $d$  value within comparisons between BPD and specific psychiatric disorder which ranges from  $-.55$  for PTSD to  $.73$  for

OPDs. Consequently, dissociation is heterogenous phenomenon among psychiatric population and not only a core feature of BPD.

## **INABILITY TO WITHSTAND PRESENT-MOMENT EXPERIENCES IN BORDERLINE PERSONALITY DISORDER: A META-ANALYTIC REVIEW**

**Marco Cavicchioli (1), Camilla Rugi (1)**

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Recently, some studies have been examining the relationship between Borderline Personality Disorder (BPD) features and Experiential Avoidance (EA), Thought Suppression (TS) and Distress Intolerance (DI). This interest arose from data which showed a strong link between the previous constructs and problematic behaviors (e.g. self-harm) related to BPD. These dimensions describe a more general inability to withstand undesirable present-moment experiences. The aims of this work are to evaluate the extent of this problem in BPD and to hypothesize if it would be considered another core feature of BPD in addition to emotion dysregulation.

We included studies which show relationships between BPD features and EA, TS, DI, using valid and reliable instruments (e.g. PAI-BOR; AAQ; WBSI; DTS). Cohen's  $d$  was computed as effect size measure. Overall pooled effect sizes ( $d_w$ ) was estimated. Heterogeneity in effect sizes was computed using  $Q$  statistic and  $I^2$  index. We proposed multiple comparisons of each outcome variable using Bonferroni correction. Bias publication was evaluated (Egger's regression).

The final sample included 21 studies (4823 subjects). Large effect sizes were found in general inability to withstand present-moment experiences ( $d_w = 0,92$ ), EA ( $d_w = 0,98$ ) and TS ( $d_w = 1,04$ ). Medium effect size emerged in DI ( $d_w = 0,60$ ). It was observed high heterogeneity for overall effect size ( $I^2 = 79,51\%$ ). Publication bias was not detected. Further, DI was significantly less manifest than EA and TS in BPD.

These results show that the inability to withstand present-moment experiences is largely manifest in BPD and they suggest that this difficulty it would be another core feature of BPD. These findings support mindfulness-

based intervention in treating BPD. In addition, future research will be necessary to explain the relationship between emotion dysregulation, EA, TS and DI.

## **META-PERCEPTIONS OF ATTRACTIVENESS AND THEIR RELATIONS TO BODY DISSATISFACTION IN WOMEN AND MEN**

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The meta-perceptions of others' evaluation of women's attractiveness reflects the level of emotional closeness in the relationship with those others, suggesting that women are aware that closest people have a more rosy views of appearance than they do for themselves (Carlson & Furr, 2009; Dijkstra & Barelds, 2011). The present study examined gender differences on meta-perceptions of attractiveness and their relations to body dissatisfaction. Specifically, we asked to 226 young (ages 18-30 years; 97 women and 127 men) to answer questions about meta-perceptions of attractiveness (what your partner think, what your family, your friends, or strangers), body dissatisfaction (BUT), eating behavior (three EDI's scales: Drive for thinness, Bulimia and Body Dissatisfaction) and information for calculating the body mass index (BMI). Results showed a significant effect for gender on meta-perceptions of attractiveness ( $F(1,224)= 3,394$ ;  $p= ,019$ ;  $\eta^2=.044$ ), with women scoring lower than men. Furthermore, in all sample meta-perceptions were strongly related to body dissatisfaction; only in women meta-perceptions associated to BMI. There is a gender difference in the meta-perception of their physical attractiveness: in men reflected the level of closeness of the relationship with the other person, with the most positive metaperceptions reported for the partner, followed by those for family and friends, and the least positive meta-perceptions for strangers; women have lower scores for men and tend to judge themselves more severely than she could judge a stranger. This study is the first to assess the gender difference of meta-perception and this suggests that women, unlike

men, may indicate that they themselves hold a negatively and/or overcritical view of their own appearance.

## **DEFENSE MECHANISMS RATING SCALES FOR CLINICIANS: A REVISED VERSION**

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Empirically and clinical literature suggests that therapist ability to manage and regulate his/her affective experience may play a crucial role in relation to psychotherapy process and outcome. Clinicians' defense mechanisms are strategies used to manage the stress and the negative affects emerging during a therapy session. The Defense Mechanisms Rating Scales for Clinicians (DMRS-C, Despland et al., 2006), is an observer rated measure for the assessment of clinicians' defenses developed starting from the DMRS of Perry (1990). In two preliminary studies (Despland et al., 2009; Piccinelli et al., 2014), that examined the use of defence mechanisms by clinicians in oncology, the DMRS C showed good psychometric properties. The first aim of this work is to adapt this instrument for the evaluations of psychotherapy session transcripts. The second aim is to evaluate inter-rater reliability. To adapt the instrument and the coding manual to the assessment of psychotherapy sessions, we evaluated a large sample of different sessions and discussed the evaluations in clinical groups in order to redefine coding rules and defense mechanisms definitions. To evaluate inter-rater reliability three independent raters (N=3) evaluated ten psychotherapy sessions transcripts (N=10).

Results suggest that the original version of DMRS C and its coding manual are not suitable for the evaluation of psychotherapy sessions and that the revised version of the DMRS C for psychotherapy session can reach satisfactory level of reliability.

## **TOKOPHOBIA: A REVIEW OF SCIENTIFIC RESEARCH**

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Tokophobia is a condition that occurs when the specific anxiety for the childbirth or fear to die during parturition precedes pregnancy and becomes so overwhelming fear that childbirth is avoided whenever possible. The present qualitative analysis aims to focus on current overview of scientific literature concerning tokophobia, starting from researches and reviews published in last 15 years. To that end, bibliographic research was conducted using the Google Scholar search engine, and within the international databanks of PubMed, CINAHL, Psychology and Behavioral Science. Research that was called up by the keywords *tokophobia* and *tocophobia*, was analysed. We found a total of 28 articles. Globally, these studies revealed three different types of pathological fear of childbirth: primary tokophobia, secondary tokophobia and tokophobia as a symptom of depression. The etiology of tokophobia is multifactorial: several predisposing and associated factors were identified. A present vivid debate, discussion topic of numerous studies, is about the woman's right, clinical indications and outcomes in respect to the choose of caesarean section. Studies evaluating treatment of tokophobia are scanty, limited by methodological problems and wide heterogeneity of interventions, so no consensus exists on how, where and by whom the treatment should be given and no clinical guidance can be proposed. Finally, what emerges from this analysis is certainly a need for further study of the subject to give full prominence to a psychological and social situation which, if neglected, may be very limiting in women's and their families' lives.

In particular, there is a strong need for implementing research toward individuation of more effective treatments, through a multidisciplinary approach to tokophobia due to its complexity and obstetric, gynecological, anesthesiological, psychological and psychiatric implications.

**BLIND TO THE FUTURE:  
COGNITIVE DISTORTIONS, IMPULSIVITY, DELAY  
DISCOUNTING AND AFFECTIVE DECISION-MAKING IN  
ADOLESCENT GAMBLING**

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A high percentage of Italian adolescents are involved in gambling activities, and an alarming proportion of them appear to have high prevalence of at risk or problem gambling. Studies on disordered gambling in adults indicated that individuals with severe gambling-related difficulties are more impulsive, show steeper delay discounting, and seem to perform worse in affective decision-making compared to healthy controls. Several studies suggested that gambling-related cognitions predict disordered gambling.

This study aims to examine the relationship between gambling severity, delay discounting, impulsivity, gambling-related distortions, and affective decision-making in adolescents. 92 high school students participated in the study. Two equal number groups of nongamblers versus at-risk and problem gamblers, aged between 16 and 19, were administered the South Oaks Gambling Screen-Revised for Adolescents (SOGS-RA), the Barratt Impulsiveness Scale (BIS-11), the Monetary Choice Questionnaire (MCQ), and the Gambling-Related Cognitions Scale (GRCS), as well as the Iowa Gambling Task (IGT). Data were submitted to correlation analysis, repeated measures ANOVAs, and logistic regression. Results indicated that at-risk and problem gamblers scored significantly higher on the GRCS subscales, the BIS-11 dimensions, and the MCQ parameters, but significantly lower on the IGT. The best predictors of adolescent gambling involvement were two GRCS subscales and the IGT total score. These results showed that

adolescent gamblers reported higher level of cognitive distortions, higher impulsivity, and steeper delay discounting than controls. Interestingly, they demonstrated, for the first time, that adolescents gambling severity is associated with impaired affective decision-making.

## **THE PREVALENCE OF DIAGNOSTIC CRITERIA FOR PSYCHOSOMATIC RESEARCH (DCPR) IN PATIENTS WITH TINNITUS**

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Tinnitus is described as the experience of sound in the absence of any appropriate external stimulus. It can be perceived, in one or both ears or in the head, as a ringing noise or a buzzing, humming, ticking, clicking, roaring, tunes, song or beeping. The exact physiological cause or causes of tinnitus are not known. Indeed, tinnitus is perceived both by individuals with hearing loss and by individuals with normal hearing; no specific organic cause is found and psychological factors may cause or exacerbate tinnitus symptoms. The psychopathological characteristics are not to be considered to represent the cause of tinnitus, but rather constitute one of several features with which it is sometimes associated. This study aimed at investigating the level of psychopathological symptoms and the prevalence of Diagnostic Criteria for Psychosomatic Research (DCPR) in patients with Tinnitus.

54 consecutive outpatients with Tinnitus, referred to Department of Otolaryngology, were recruited between March 2013 and May 2014. Structured Interview for DCPR, Symptom Check List-90-R (SCL-90-R), Tinnitus Handicap Inventory (THI), Beck Depression Inventory (BDI), State-Trait Anxiety Inventory (STAI) were used to perform psychometric and clinical assessment. A total of 40 patients (76.9%) met criteria for at least one DCPR and 25 patients (48.1%) had more than one DCPR.

The more prevalent DCPR syndromes were Illness Denial (26.9%), Demoralization (23.1%), and Type A behavior (19.2%). Psychosomatic syndromes were variously associated with higher psychopathological

distress. There were no significant differences between patients with and without DCPR diagnoses for Tinnitus handicap. There was a significant correlation between trait anxiety and the impact of Tinnitus on daily life ( $r=.448$ ,  $p<0.005$ ). Trait anxiety could increase the impact of Tinnitus on daily life and might play a significant mediating role in the course of Tinnitus.

## **CONTRIBUTION OF AUTISTIC TRAITS, EMPATHY AND INTELLIGENCE IN THE RECOGNITION OF EMOTION CONVEYED BY BIOLOGICAL MOTION**

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Empathy is the tendency to experience other individuals' emotions and a response focused on others' situation (Albiero et al, 2009). Empathy is necessary to understand others' feelings and establish successful relations. The Interpersonal Reactivity Index (IRI) measures four components of empathy (2 cognitive and 2 affective subscales), while the Empathy Questionnaire (EQ) shows a global index. Individuals with Autism Spectrum Disorder (ASD) show impairments in social-emotion reciprocity and poor performances of empathic behavior (APA, 2013). The Autistic Questionnaire (AQ) investigates the amount of autistic traits that can be found also in healthy subjects (Baron-Cohen et al, 2001). Besides, an impairment in processing of biological motion (BM) may contribute to social impairment in ASD, since movements of the human body convey affective information (Klin et al, 2009). The ability to recognize emotions through the BM can be tested by using Point Light (PLD) (Johansson, 1973) and Full Light Display (FLD) (Atkinson, 2009). Our sample was constituted by 30 neurotypical subjects (15 females, mean age 25). We administered the EQ, IRI, AQ and Raven's Progressive Matrices-38.

Eventually, we asked them to discriminate between joy, fear and neutral affection after PLD and FLD. Our results show a significant negative correlation between AQ and EQ. Moreover, we found a positive correlation between IQ, reaction times and accuracy in the emotion recognition task. We performed also a multiple regression analysis, which has shown that accuracy is significantly predicted by the interaction between level of autism, empathy and intelligence.

In conclusion, our study confirmed the strong negative correlation between AQ and EQ. Also, our findings highlight the importance of IQ as a contributing factor in recognition of emotions. Indeed, autistic traits and empathy are not sufficient to explain the ability to understand the affective content of movements.

**FAMILY BURDEN BETWEEN SOCIAL STIGMA AND  
LONELINESS. AN EXPLORATORY INVESTIGATION WITH  
PRINCIPAL CAREGIVERS (PCs) OF PATIENTS WITH SERIOUS  
MENTAL ILLNESS (SMI) LIVING IN A DISADVANTAGE  
DISTRICT IN ITALY**

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“Serious Mental Illness (SMI)” (Marquez et al. 2011) is an umbrella term covering multiple diagnoses (i. e. schizophrenia, but also bipolar and psychosis) that prompt, within the family, organizational efforts aimed at treatment and support which end up inevitably involving the whole family group (Kate et al., 2013; Nair et al., 2010). Many studies highlight the influence of the peculiarities of the social contexts in which they live.

We present here a descriptive investigation about the needs of the caregivers of patients with severe mental illness (SMI) living in a working-class neighborhood of a Southern Italian city.

Twelve caregivers were interviewed about their own emotional involvement and relationship with the patient by means of a semi-structured interview. Interviews were subjected to an categorial thematic analysis.

The results reveal painful experiences of anguish and feelings of inadequacy stemming from care-giving, which gravely impact the caregivers' personal well-being and family relations. SMI is described as a worrisome and invasive cultural construct, because of its unfathomable. These emotional factors are further deteriorated by the cultural representation of mental

disorders in a disadvantaged district, which magnifies experiences of loneliness, stigma and shame. We highlight the importance that services could be enhanced by shared specific care practices, in a multidisciplinary team, for caregivers and their relative living in disadvantaged communities. It is paramount to promote processes of elaboration and comprehension of SMI and reshape the dynamics of mutual control present in the caregiver-relative relationship, and also to support their feelings of loneliness related to high levels of social stigma typical of suburbs, in both the therapeutic setting and the integration with the local community.

## **SEXUAL ORIENTATION AND RISK FOR EATING DISORDERS IN MALES.**

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Eating disorders are prevalent mainly among female. However an increasing number of studies evidence that in sexual minorities males prevalence of both eating disorder syndromes (EDs) and symptoms are more prevalent than in heterosexual men.

The present study aims to evaluate whether sexual orientation predicts symptoms of eating disorders in males. A sample of heterosexual (HE; N = 178,  $M_{age} = 27.07$ ) and gay (HO; N = 128,  $M_{age} = 29$ ) men volunteers filled the EDI-3 (Garner et al., 2004) and a demographic form in.

Results of ANOVA evidence that gay men report higher scores in Drive for Thinness (DT, HE = 3.1; HO = 7.1), Bulimia (B, HE = 1.7; HO = 3.7) and Body Dissatisfaction (BD, HE = 8.0; HO = 10.6) than heterosexuals even partialling for age. Multiple regression analyses evidence that all the outcome variables (DT, B, BD) are predicted not only by age, BMI and sexual orientation but also by other personal and interpersonal variables from EDI-3 (Ascetism, Maturity Fear, Personal Alienation, Interpersonal insecurity). Explained variance added by sexual orientation to age and BMI in predicting EDs range from 3% to 14%; while, explained variance added by personal and interpersonal variables to age, BMI and sexual orientation range from 16% to 20%. ANOVAs evidence that gay men report higher scores in Ascetism (A, HE = 3.6; HO = 5.02), Personal Alienation (PA, HE = 4.4; HO = 6.4) and in Interpersonal Insecurity (II, HE = 5.8; HO = 6.9) than heterosexuals.

Current findings confirm that gay men show more ED symptoms than heterosexual supporting the idea of sexual orientation as a specific risk factor for developing eating disorders. Besides, also personal and

interpersonal variables such as Ascetism, Personal Alienation and Interpersonal Insecurity predict eating disorders symptoms in gay men. Future research may benefit from exploring deeply aspects of homosexuality that may contribute specifically to risk for EDs in gay men, such as internalized homonegativity.

### **MULTIDIMENSIONAL PERFECTIONISM AND EATING DISORDERS: A MODERATION ROLE FOR SELF-ESTEEM?**

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Empirical evidence indicates that perfectionism is a risk factor for developing eating disorders.

A personal variable that could moderate this relationship is self-esteem. Results of previous studies are inconsistent and do not allow to draw a conclusion also due to methodological problems such as the use of instruments that refer to unidimensional definitions of perfectionism and small samples. The aim of the current study is to evaluate how healthy perfectionism (Personal Standard, PS) and unhealthy perfectionism (Concern over Mistakes and Doubt about Actions, CMD) interact in predicting eating disorders symptoms, and whether and how the self-esteem moderated this relationship.

A community sample of 686 volunteers (71% female) age 19-68 years ( $26.69 \pm 8.82$ ) filled out self-report measures of perfectionism (MPS-F; Frost et al, 1991), self-esteem (SE; Rosenberg, 1965) and eating disorders symptoms (DEQ; Lombardo et al., 2004). Analysis of hierarchical moderated regression evidence that the interactive effect of PS and CMD is not significantly associated with eating disorder scores ( $B = .026$ ) after controlling for the negative and significant main effect of PS ( $B = -2.23$ ) and for the positive and significant main effect of CMD ( $B = 8.73$ ). The model is significant ( $F_{(2,683)} = 70.06, p < .001$ ) explaining 17% of the variance of

DEQ. Analysis of structural equation model (SEM) evidences that self-esteem moderate only the relationship between unhealthy perfectionism and eating disorders symptoms.

The model fit well the data ( $\text{Chi-Square}_{(48)} = 246.13$ , CFI = .96, RMSEA = .76, SRMR = .06) and all factor loadings are statistically significant and adequate ( $>.66$ ). The same pattern of relationship will be tested in a longitudinal model (longitudinal data collection is still in progress). Current results imply that clinical interventions could benefit from targeting unhealthy perfectionism and self-esteem in the treatment of eating disorders.

## **PAIN IN CHILDREN: ARE EMOTIONAL PROFILES RELATED TO COPING ASPECTS?**

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The aim of this study was to understand how children manage pain. We assessed their emotional and coping aspects in regards to pain. The collection of the data sample of this project was from May 2012 to December 2014. From this data it will be possible to get a new direction to develop innovative interventions for the relief of pain.

A sample of 37 children (22m;15f) between 7 and 14 years: gr.1 7-10yrs (22); gr.2 11-14yrs (15); M=10.1,ds=2.3; from the Paediatric Units of Trento and Rovereto. The considered diseases are oncological (N=20) and rheumatic (N=17).The study protocol included the acquisition of 2 aspects (emotional and coping strategies) of pain by using the following tools:

- Paediatric Pain Coping Inventory (questionnaire)
- Projective Drawings Technique (Person, Family, Tree)
- Short interview and observation

Coping abilities of pain management do not change significantly between the two age groups as well as between the various pathologies, but the Social support (e.g. staying with parents, among peers, physical contact) is the is the strategy used most often. However, the time from the diagnosis affects the access to the strategies (especially the Cognitive ones) and change between the various pathologies. All coping strategies gain in effectiveness from diagnosis, but after the two-year mark, their effectiveness decreases progressively.

When analyzing the emotional profiles, we found that children with cancer are more injured then the rheumatic children. The family support is an important factor to improve the Distraction strategies. In all projective tests, the males represented themselves less adequate compared to females regardless of age.

The results showed the importance of the integration of different tools to better understand pain and the need to develop a parent coaching program. For this reason, we should consider a mixed intervention (dynamic approach and cognitive) when children are off therapy as well.

## **TOWARD THE CONSTRUCTION OF EMPIRICALLY DERIVED PROTOTYPES OF THE ANALYTIC PROCESS**

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Psychoanalysis is characterized by a plurality of clinical and theoretical approaches that lead to many different theories of therapeutic action, which however is not matched by a similar amount of empirical studies; besides, in psychoanalysis, researchers often either tried to study the efficacy of treatments or to describe the therapeutic process, but rarely studied long-term treatments through process-outcome studies by trying to investigate the therapeutic factors (Levi, Ablon, Kaechele, 2012).

The aims of this study are to: 1) construct empirically derived prototypes of the psychoanalytic process; 2) evaluate the relationship between these prototypes and patients, treatments and therapists variables; 3) evaluate the predictive validity of these prototypes and their interactions across therapy in relation to changes in patient personality and symptoms.

From the roster of the Italian Psychoanalytic Association we recruited a sample of psychoanalysts (N=120) and asked them to evaluate the last sessions they had with an adult non-psychotic patient, seen 3 sessions a week. Measures: 1) an ad hoc questionnaire in order to obtain data on patients, therapists and therapies; 2) Psychodiagnostic Chart (PDC; Gordon & Bornstein, 2013); 3) Psychoanalytic Periodical Rating Scale (PPRS; Beenen & Stoker, 2001).

We performed a Q analysis and created different group of sessions characterized by similar psychoanalytic processes. Then we calculated the Z standardized scores of every single item for every cluster and we ranked the order for each group's items of the PPRS. The prototypes were correlated with other process and outcome variables. Results suggest that what psychoanalysts do in their clinical practice strongly differs from their

theoretical approach and that clinicians tend to work similarly despite having different theoretical orientation.

## **PSYCHOLOGICAL FACTORS IN BURNING MOUTH SYNDROME: A SYSTEMATIC REVIEW**

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Burning Mouth Syndrome (BMS) is a chronic medical condition characterized by hot painful sensation in the lips, oral and/or tongue mucosa, but on examination they appear healthy and organic causes cannot be found. Evidence for the involvement of psychological and/or psychopathological factors are sparse in several studies, and part of some diagnostic model for the classification of BMS. Main aim of this study is providing a systematic review of studies dealing with psychological factors linked to BMS. To the best of our knowledge, no systematic review have been conducted on the role of psychological factors in BMS.

Sixteen controlled studies have been selected on the basis of stringent inclusion/exclusion criteria from 2000 to nowadays.

Considering the totality of the studies only two reported no evidence for the involvement of psychological factors in BMS. Anxiety and depression are the most represented psychopathological disorders characterizing BMS patients, but the most studies as well. By the side of personality, we found six studies carried out by the mean of five different instruments for the assessment of (normal or pathological) personality: one did not find any peculiarity for BMS patients compared to healthy controls. A second one did not find any differences by comparing BMS with atypical facial pain patients as well. The other four studies found high levels of Neuroticism, low Novelty Seeking and Self-directedness, and high Harm-avoidance, plus personality disorders (mainly obsessive-compulsive and schizotypal).

If further studies are needed to support and clarify the specific role of psychological factors in BMS patients and differentiating them by other kind of chronic pain, we stress the importance of a multidisciplinary approach to BMS by the collaboration of dentist or oral surgeon and clinical psychologists from diagnosis to treatment.

## **ALEXITHYMIA FEATURES IN CHRONIC AND EPISODIC MIGRAINE**

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Alexithymia refers to a personality construct characterized by the inability to identify and express emotions. Previous studies agree on the presence of pathological scores of Alexithymia in patients with chronic pain. It is unclear whether there is a role for Alexithymia in the evolution from episodic Migraine (MIG) into Chronic Migraine with Medication Overuse Headache (MOH). AIM: To evaluate whether MOH individuals differ from MIG (with a history of minimum 10 years) as regards Alexithymia scores and to investigate the association of Alexithymia with illness characteristics. Eighty-nine patients suffering from MOH (N = 54; 77.8% female, Age: 41.7±10.8) evolved from migraine (chronic migraine + MOH) or MIG (N = 35; 80% female; Age: 40.3±8.5) were evaluated using the Toronto Alexithymia Scale (TAS-20), the Hospital Anxiety and Depression Scale and the WHOQoL questionnaire. Diagnosis in the 2 groups was operationally defined according to International Classification for Headache Disorders-IIIβ. Data were analyzed with analysis of variance and correlations. No statistically significant demographic differences were observed between the two groups. Compared with MIG patients (42.5±11.7), the MOH individuals (49.3±10.0) had significantly higher scores in the TAS-20 ( $p = .005$ ). In particular, the MOH group reported more difficulties in identifying feelings and distinguishing them from bodily sensations of emotion. Difficulty identifying feelings and difficulty describing feelings TAS subscales were both related to higher headache frequency, lower quality of life and higher levels of depression and anxiety.

Our results indicate that MOH patients have considerably higher levels of Alexithymia than MIG patients. This evidence suggests that Alexithymia could be involved in the transformation of migraine from the episodic into the chronic subtype with medication overuse.

## **SELF-ESTEEM AND AGGRESSION: EMOTION DYSREGULATION MATTERS**

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Research on aggression has consistently reported the role of low self-esteem as a potential trigger of violent behavior (Rosenthal et al., 2011). However, less is known about possible mechanisms explaining this association. In the present study, we sought to extend previous knowledge concerning the link between self-esteem and aggression among offenders by examining the mediating role of emotion dysregulation.

A sample of 164 incarcerated violent offenders completed self-report measures of self-esteem level (Rosenberg Self Esteem Scale; Rosenberg, 1965; Prezza et al., 1997), emotion dysregulation (Difficulties in Emotion Regulation Scale; Gratz & Roemer, 2004; Giromini et al., 2012), and trait aggression (Buss & Perry, 1992; Fossati et al., 2003). Bootstrapping analyses were performed to test whether emotion dysregulation mediated the association between self-esteem level and aggression.

Self-esteem level and emotion dysregulation were negatively correlated at the bivariate level ( $r = -.50$ ,  $p < .001$ ). Self-esteem was also negatively related to aggression dimensions (median  $r = -.28$ , all  $ps < .05$ ), which in turn were positively related to emotion dysregulation (median  $r = .37$ , all  $ps < .001$ ). The only exception regarded verbal aggression, which was not related to self-esteem nor emotion dysregulation. Mediation models were significant for three of the four aspects of trait aggression that were considered (95% confidence intervals did not include zero).

Emotion dysregulation fully mediated the links that low self-esteem had with physical aggression, anger, and hostility.

These findings suggest that emotion dysregulation may play an important role in the connection between low self-esteem and aggression. The present

results are consistent with those of other studies and suggest that it may be beneficial to include emotion regulation modules as part of prevention and treatment programs for violent offenders.

## **A CONTRIBUTION TO THE ITALIAN VALIDATION OF THE COMPARATIVE PSYCHOTHERAPY PROCESS SCALE (CPPS)**

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Our study is a contribution to the Italian validation of the *Comparative Psychotherapy Process Scale* (CPPS; Blagys & Hilsenroth, 2000, 2005). The CPPS is an instrument able to measure the therapist's intervention in psychotherapy session. The scale include 20 items divided in two subscales: PI (psychodynamic/interpersonal) scale, that describes psychodynamic-interpersonal techniques, and the CB (cognitive/behavioral) scale that includes cognitive-behavioral interventions. The first aim of the present study is to examine the stability of the factor structure and psychometric properties of the CPPS (Blagys & Hilsenroth, 2000, 2005), comparing the PI and CB subscales with the psychodynamic and cognitive prototype as described by the Psychotherapy Process Q-set (PQS; Ablon & Jones, 1998, 1999). The second aim is to identify the therapeutic techniques and elements of the psychotherapy process characterizing the sessions with a psychodynamic versus cognitive focus.

The sample consisted of 170 sessions (N= 170) of psychodynamic and cognitive-behavioral orientation. Patients covered a large spectrum of disorders in Axis I and II (DSM-IV-TR; APA, 2000). Therapist had a clinical experience of minimum five years. Two groups of independent raters evaluated the sessions. The raters are clinical PhD with excellent reliability in the use of the CPPS (ICC = .78) and PQS (ICC = .83). Comparative Psychotherapy Process Scale (Blagys & Hilsenroth, 2000, 2005) to evaluate the therapist's technique. Psychotherapy Process Q-set (Jones, 1985, 2000) to describe the characteristic element to discriminate the psychodynamic versus cognitive focus in the sessions.

Results seem to confirm that the CPPS is a valid and reliable instrument that allows to evaluate therapist's techniques in clinically sensitive and

psychometrically robust ways. The clinical and research implications of these findings are addressed.

## **THE RELATIONSHIP AMONG IMPULSIVITY, ALEXITHYMIA AND DISSOCIATION IN A SAMPLE OF PATHOLOGICAL GAMBLERS**

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Impulsivity, alexithymia and dissociation could play a central role in the development and in the subsistence of pathological gambling behaviors. The aim of this study is to analyze this hypothesis in three distinct samples of gamblers, each one undergoing different types of treatments.

The study sample consist of 157 persons (males 85.9%, mean age = 45.79 years, SD= 12.52) divided into three groups: 1) 61 subjects from an Outpatients Treatment Program in the National Health System (NHS); 2) 61 subjects from an Outpatients Self-Help Group Program; 3) 35 subjects from a Residential Treatment Program (Inpatients Program). 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).

A correlation was found between alexithymia and dissociation ( $r=.31$ ,  $p<.001$ ), impulsivity ( $r=.47$ ,  $p<.001$ ). Moreover, results of regression analyses showed the combined role of all these variables into the dynamics of gambling. Particularly, alexithymia resulted indirectly related to Pathological Gambling (PG), by its association with dissociative experiences and impulsivity.

This study confirms the hypothesis of the presence of higher levels of impulsivity, alexithymia and dissociation in pathological gamblers and seems to indicate that this significant inability to regulate one subject's emotional tensions could facilitate the pursuit of dissociative states through an addictive behavior.

## **WOMEN WITH ZERO POSTNATAL DEPRESSION SYMPTOM SCORES: ETREME PSYCHOLOGICAL WELL-BEING OR CONCEALED DISCOMFORT?**

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In the postpartum period, adjustment difficulties lead some mothers to complain of feeling “stuck” or to mask depressive symptomatology.

We studied the perinatal psychological well-being of women who self-report a total absence of postnatal depressive symptoms.

In this retrospective descriptive study of 960 participants, we identified three groups of subjects with similar socio-demographic characteristics and mode of delivery: 31 women with total scores of zero in the Edinburgh Postnatal Depression Scale EPDS and General Health Questionnaire 12-item form GHQ12 (zero-symptoms group); 31 women who scored above EPDS and GHQ12 cut-off levels (depressed mothers); and 31 women who did not score above the EPDS and the GHQ12 cut-off levels (non-depressed mothers). These women completed the Postpartum Depression Predictors Inventory-form revised PDPI-Revised, and the Psychological Well-Being PWB questionnaire within the eighth to ninth month of pregnancy; and the EPDS, the GHQ12, and PWB within six to eight weeks after the birth of the child. The women with total scores of zero in postnatal symptomatology questionnaires reported a minor number of risk factors for postnatal depression as well as high perinatal scores in the following dimensions of psychological well-being: self-acceptance, autonomy, environmental mastery, personal growth, purpose in life, and positive relations. These elevated well-being scores are all higher than the scores obtained by women in the general population.

This study showed that the women who declared a total absence of postnatal depressive symptoms contemporaneously self-reported unusually high perinatal psychological well-being scores. Future research is needed.

## **CONCEPTUALIZING THE RELATIONS BETWEEN METACOGNITION, EXECUTIVE FUNCTIONS AND BURDEN IN ALS PATIENTS' CAREGIVERS**

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Executive Functions are goal-directed neurocognitive processes that allow the control and management of cognition and behavior (Luria, 1966; Welsh & Pennington, 1988). Executive Functions are essential to allow people to set goals, self-monitor, inhibit inappropriate responses, and generally engage in well-planned, flexible, future-oriented behavior (Alvarez & Emory, 2006; Happe et al., 2006; Welsh & Pennington). Metacognitive processes, in close alliance with executive functions, are viewed as integral components of awareness and emotional regulation (Wells and Matthews 1996). We examined these processes in Amyotrophic Lateral Sclerosis (ALS), a neurodegenerative progressive disease. Providing care to a ALS' relative may cause feelings of burden, psychological distress, anxiety or depression (Sales, 2002), in particular in case of dysfunctional metacognitions. The influence of metacognition on planning, monitoring and mental flexibility has not been investigated (Spada et al. 2010). The aim of this study was to examine the relationship between metacognition and executive functions in ALS patient's caregivers, and how this intensifies emotional burden. Twenty caregivers were evaluated using the following instruments: Metacognition Questionnaire-30 (MCQ-30), Caregiver Needs Assessment (CNA), Caregiver Burden Inventory (CBI), State-Trait Anxiety Inventory (STAI), Beck Depression Inventory II (BDI-II) and Wisconsin Card Sorting Test (WCST). Data analysis was performed using SPSS for Windows applying correlational analysis (Spearman's Rho). We founded that total score of metacognition is positive correlated with number of perseverative errors made in WCST ( $0.75 p < .001$ ) and with percent of perseverative errors ( $0.75$

$p < .001$ ). In particular, need to control thoughts is positive correlated with number of perseverative errors ( $0.78$   $p < .001$ ) and with percent of perseverative errors ( $0.78$   $p < .001$ ). Results confirmed the importance to explore the relationship between metacognitive processes and executive functions in order to contain caregiver emotional burden.

## **ON THE RELATIONSHIP BETWEEN METACOGNITION, COPING STRATEGIES, ANXIETY AND DEPRESSION SYMPTOMS IN ALS PATIENTS' CAREGIVERS**

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Amyotrophic Lateral Sclerosis (ALS) is a progressive and fatal neurological disease. Its psychological impact involves not only the patient but the whole family, especially the primary caregiver (Sales, 2002). Providing care to a family member may cause feelings of burden, psychological distress, anxiety or depression. Recent findings underline that metacognition predicts the development of anxiety and depression symptoms in presence of life-stress events (Yilmaz, Gençöz&Wells, 2011). As well known, in psychological disorders metacognition guides thinking and coping behaviors that result in a maladaptive response style dominated by extended thinking (worry, rumination) that interfere with self-control and prolong emotion (Fisher & Wells, 2009; Wells, 2009). No study has ever examined metacognitive processes in ALS patients' caregivers.

The aim of this study was to explore the relationship between metacognition, coping strategies, anxiety and depression symptoms in primary ALS patients' caregivers.

Forty-three caregivers were evaluated using the following instruments: Metacognitions Questionnaire-30 (MCQ-30), State-Trait Anxiety Inventory (STAI), Beck Depression Inventory II (BDI-II), Brief COPE, Caregiver Needs Assessment (CNA), Caregiver Burden Inventory (CBI) and a Scale about burden and needs, constructed *ad hoc*.

Data analysis was performed using SPSS for Windows applying correlational analyses (Spearman's Rho). We founded that negative beliefs

about worry concerning uncontrollability and danger are positive correlated with trait anxiety (0.58  $p<.001$ ) and with depression symptoms (0.54  $p<.001$ ). Negative beliefs are also positive correlated with maladaptive coping strategies, such as venting (0.49  $p<.001$ ) and denial (0.47  $p<.001$ ) and with emotional burden (0.48  $p<.001$ ).

Results confirmed the importance to explore the role of metacognitive processes and coping strategies and to investigate caregiver emotional burden in order to prevent psychological disorders.

***WRITTEN IN DNA.***  
**A QUALITATIVE ANALYSIS OF ON-LINE FORUMS ABOUT  
GENETIC MUTATION**

**Daniela Lemmo, Christiana Nuzzo(1)**

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BRCA1/2 gene mutations in women increase the risk of early onset of breast and/or ovarian cancer. The psychological implications related to genetic counselling (Freda, Guerra 2012) refer to decision-making processes, risk perception and preventive choices (Razzaboni 2010; Mc Cullum et al 2007). Mutation affects the main fields of existence and femininity leading to develop a weakness area, in which archaic anxieties and enigmatic questions about life, sickness, death, trans-generational link (Kaes 1995; Coopman et al 2006), self-image, body's integrity (Dolto 2001; Reich 2009) are crystallized. This study explores the women's meaning about BRCA 1/2 mutation in different online forums, considered as virtual groups (Margherita, Gargiulo 2014).

Online forums become place for women in which they leave traces of themselves, read and write about the illness, to recognize themselves in an area between the intrapsychic and interpersonal dimension. By using a content analysis of 40 topics in 3 forums, categories of meaning were extracted from messages of women affected by hereditary breast cancer.

Three main areas "*Changed-Mutant, Widespread uncertainty, The Beast in the Body*" about the identity, groupal and inter/intra generational dimensions, arise from the forum. The forum, as a self-help group, provides informational and emotional support.

The common familiar stories in the virtual group change women into *sisters* with branded and unaffected dna; they also hope not to transmit the *mad gene* to their children.

Forum experience sharing highlights the uncertainty related to genetic testing, the wait for results, medical relationship, prophylactic surgery and its effects. The shadow of cancer can rage the still healthy but potentially breast cancer influencing a decisive prevention to avoid the death fear written in their genes. Even if oophorectomy isn't often talked over, it's practiced because is an easier operation with less visible wounds but inscribed in the body.

**APPROACH TO THE SYMBOL IN GENDER DYSPHORIA:  
COMPARISON OF METHODOLOGIES IN A SINGLE CASE STUDY  
USING THE THEMATIC APPERCEPTION TEST**

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This work aims to observe the use, the nature and significance of symbolic formations in gender dysphoria through the analysis of a Tematic Apperception Test single protocol.

The protocol is analyzed both with the classical approach, derived from the Murray studies, with particular reference to the examination of symbolism in an analytical perspective, both with an innovative methodology borrowed from Charles Peirce' semeiotic studies, with particular reference to the relationship between sign and object.

The use of different summits has allowed to relate the psychoanalytic approach to the symbol with a semiotic methodology enabling to have a scheme for objective observation of the symbols and for the exploration of their meanings. It was possible to detect the tendency, in this case, to the constitution of archaic symbolic formations with particular reference to parental figures and to the identity and transformation issues.

The study paves the way for the implementation of Peirce' semeiotic to thematic tests and to the creation of an objective method of symbolic formations analysis. The use of larger scale of this method could allow interesting comparisons between different psychopathological situations, even apart from the comparison with the psychoanalytic approach.

**THE ITALIAN VERSION OF PERFECTIONISTIC SELF-  
PRESENTATION SCALE: PSYCHOMETRIC PROPRIETIES AND  
ITS ASSOCIATIONS WITH PATHOLOGICAL NARCISSISM AND  
ADULT ATTACHMENT IN AN ADULTS NON CLINICAL SAMPLE**

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According to the relevance of perfectionistic self-presentation (the interpersonal expression of one's perfection) in a variety of different psychopathological outcomes, the present study aims to evaluate the psychometric properties of the Italian version of the Perfectionistic Self-Presentation Scale (PSPS) in 447 nonclinical adult volunteers (63.5% female; mean age=36.89 years). In our sample the PSPS total score and PSPS scales showed adequate internal consistency reliability estimates (Cronbach  $\alpha$  values were .88 for PSPS total score and ranged from .67 to .84 for PSPS scales). Both the dimensionality analyses (Hull's method and quasi-inferential parallel analysis) and WLSMV exploratory structural model (WLSMV ESEM  $\chi^2(273)=798.05$ ,  $p<.001$ , TLI=.90, CFI=.92, RMSEA=0.70, 90% CI: .064, .075) supported the original three factors structure for PSPS items.

Furthermore, we tested the association between perfectionistic self-presentation, pathological narcissism and attachment styles. Significant correlation between perfectionistic self-presentation and pathological narcissism were found.

Moreover our data suggested the relevant role of attachment patterns in explain the differences between these two constructs: perfectionistic

participants were characterized by avoidant and anxiety attachment styles, while narcissistic participants reported an anxiety style only.

As a whole, our findings support the hypothesis that the Italian version of the PSPS is a reliable measure of perfectionist self-presentation in an adult community sample. Moreover, present data are helpful in clarifying the self-presentation perfectionistic personality features and their relationship with other clinical relevant construct as pathological narcissism and adult attachment style.

## ATTACHMENT AND DECISION-MAKING IN INFERTILITY

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In a situation of infertility, the couples have to review their choices and take into consideration new ones (Kohan *et al.*, 2014) but few studies have focused on the decision-making style used and the factors that influences it. In this direction, the attachment style seems to predict the decision making styles that mostly characterize the rational choices (Deniz, 2011).

The aim of this paper is to define the style of decision-making used by infertile persons to give a solution to the “problem”, the predictive role of the attachment and of the representations of the relationship with parents in childhood and the influence on the couple’s relationship. The sample consists in 106 infertile persons and 120 fertile persons. The battery of instruments comprises: General Decision Making Style (GDMS), Experiences in Close Relationships Questionnaire Revised (ECR-R), Multidimensional Sexuality Questionnaire (MSQ), Dyadic Adjustment Scale (DAS) and Parental Bonding Instrument (PBI).

The most used decision-making style is the rational one (46%), followed by the intuitive (24%), the avoidant (17%), the dependent (9%) and the spontaneous one (4%). For males, the Avoidance scale of ECR-R predicts the intuitive decision-making style ( $B=-,129$   $p=,002$ ), the Father favoritism scale of PBI predicts the rational style ( $B=-1,151$ ,  $p=,001$ ) and the intuitive one ( $B=-,569$ ,  $p=,080$ ).

For females, the Father overprotection scale (PBI) predicts the avoidant style ( $B =,133$ ,  $p =,061$ ). Moreover, ECR-R and PBI correlates with MSQ and DAS.

These results contribute to enrich the literature on the subject of decision-making in infertile people and shows the relationship between the attachment and decision-making styles, confirming the few results in literature (Deniz, 2011; Sümer *et al.*, 1999).

## **INFERTILITY AND SOCIAL SUPPORT: AN EMPIRICAL RESEARCH**

**Anisa Luli(1)**

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Most of the studies have examined the risk factors in infertile patients (Deka *et al.*,2010). There aren't many the studies that have analyzed the protective factors involved after an infertility diagnosis, such as the potential positive impact of the social support (Greil *et al.*,2010). Researches shows that for infertile persons, communication with family and friends about their condition is problematic (Lau *et al.*,2009), due to the emotions of shame and fear (van Balen *et al.*,2010) that often are associated to this experience.

This paper aims to investigate how infertile individuals live the social support from family and friends and evaluate if the attachment style, the quality of dyadic satisfaction and the representations of parents cures may be a protective factor in relation to the social support. The sample consisted in 48 infertile Italian subjects, 26 males and 22 females (mean age=38,1; DS=7,4). Instruments: Experience in Close Relationships Revised (ECR-R), Dyadic Adjustment Scale (DAS), Parental Bonding Instrument (PBI) and Infertile Couple's Disclosure-Family (ICDFA) and Infertile Couple's Disclosure-Friends (ICDFR), instruments made ad hoc to measure the social support from family and friends.

Data shows a search of social support from family and friends by the infertile persons (M=92,22, DS=18,20). Moreover, for males, the Anxiety scale (ECR-R) correlates with ICDFA ( $r_s=.431$ ,  $p=.032$ ), DAS correlates with ICDFA ( $r_s=.506$ ,  $p=.023$ ) and PBI with ICDFA ( $r_s=.537$ ,  $p=.015$ ) and ICDFR( $r_s=.507$ ,  $p=.011$ ). For females, DAS and PBI correlates with ICDFA( $r_s=.488$ ,  $p=.013$ ;  $r_s=.393$ ,  $p=.047$ ).

These results provide an empirical contribution to the literature on the social aspects of infertility and the factors that can help and improve the search of social support from infertile persons.

**ANALISYS OF THE MODAL ARTICULATION AMONG  
NARRATIVES OF ONCOLOGICAL PATIENTS:  
A CLINICAL REFLECTION**

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The narrative provides an opportunity to deal with the traumatic experience of oncological illness (Brockmeier, 2000; Bruner, 1990; Frank, 1995; Freda, De Luca Picione, Martino, 2015; Freda & Martino, 2015; Valsiner, 2007; Zittoun, 2006). The crisis of meaning produced by trauma generates a temporal discontinuity in the process of signification of the person. Regarding the experiences, the narrator is placed in a subjective and specific mode in the flow of time. Within a semiotic and constructivist perspective, our aim is to explore the modal articulation as a marker of the positioning of the subject regarding their temporal perspective organization within their relational context. As modal articulation we intend the use of modal semiotic operators (namely following verbs: Must, Can, to Know, Will - Greimas, 1983; Weizsacker, 1956) within the processes of connection and articulation of the contents of the narrative of the illness. We analyze a corpus of 30 narratives of oncological patients linked to the temporal models of Brockmeier with the study and analysis of the modal verbs used by the subjects in the narrative processes. It was performed a qualitative analysis of sequences (Markova's chains) through the T-lab software (Lancia, 2004; 2008). It is highlighted a continuum of positioning that goes from rigid and fixed modal polarity of meaning-making of their experience, through levels of flexibility and elasticity, to arrive at a chaotic and fragmented modalities. We discuss the results within a clinical perspective aimed at grasping the possible implications in the processes of care and subjective response to the illness.

## **EMOTIONAL MODULATION OF ALPHA ASYMMETRY IN DYSPHORIA: RESULTS FROM AN EMOTIONAL IMAGERY TASK**

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Studies on electroencephalographic alpha band asymmetry at rest have reported that, compared to healthy controls, dysphoric and clinically depressed individuals often display relatively less left- than right-sided cortical activity at anterior scalp sites, and the opposite pattern at posterior scalp sites. It has also been shown that depression-related differences in alpha lateralization at anterior and posterior sites are more likely to emerge during emotional tasks and during visuospatial tasks, respectively, rather than during resting conditions. However, although it is well-established that posterior cortical activity plays a key role also in emotional processing in healthy individuals, the influence of dysphoria on posterior alpha asymmetry sites during an emotional task has yet to be examined. To this end, dysphoric ( $n = 23$ ) and nondysphoric ( $n = 24$ ) individuals performed an emotional imagery task including pleasant, neutral, and unpleasant narratives. The group with, but not without, dysphoria showed reduced left relative to right cortical activity at anterior sites, irrespective of emotional condition. By contrast, at posterior sites, individuals with dysphoria showed reduced right relative to left parietal activity during unpleasant, but not pleasant and neutral, imagery condition compared to nondysphoric individuals. Results at anterior scalp sites provide further evidence for the presence of a stable pattern of reduced approach motivation in dysphoric individuals. The association between dysphoria and right relative to left parietal hypoactivation in response to unpleasant imagery suggests that dysphoric individuals are more likely to use state-dependent dysfunctional strategies to regulate negative emotions compared to nondysphoric individuals. From a clinical point of view, the present results open new

avenues for studying the efficacy of neurofeedback interventions aimed at increasing left relative to right cortical activity at anterior sites.

## THE ITALIAN CONTRIBUTION TO THE SPRISTAD MULTI-CENTRIC STUDY ON THERAPISTS' DEVELOPMENT

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The present research is the Italian contribution to an international multi-centric study that is carried out by the “*Interest Section on Therapist Training and Development*” (SPRISTAD) in the *Society for Psychotherapy Research*. The aim of the study is the evaluation of psychotherapy training effectiveness, considering the specificity of different cultures in the world (Orlinsky, 2014). A group of trainees (N=74) at different steps of their training have been evaluated using the Italian translation of the instrument proposed by the SPRISTAD:

- Trainee Background Information Form, to collect information on trainees' background.
- Trainee Current Practice Report, to evaluate core aspects of trainee development through the focalization on their self-perception during their practice experiences.

Regression analyses evidenced significant effects of time (months of training) on perceived change ( $t=2.69$ ,  $p=0.01$ ), perceived improvement in doing psychotherapy ( $t=2.30$ ,  $p=0.03$ ) and in potential realization ( $t=3.37$ ,  $p=0.001$ ).

Moreover, specific aspects emerged as improved as effect of psychotherapy training: techniques mastery ( $t=2.49$ ,  $p=0.018$ ), moment-by-moment process understanding ( $t=1.78$ ,  $p=0.084$ ), controtransfert management ( $t=1.95$ ,  $p=0.060$ ) and precision in therapeutic work ( $t=2.42$ ,  $p=0.021$ ).

## **TOWARD A NEUROSCIENTIFIC SEMANTIC MODEL OF PSYCHOTHERAPY**

**Irene Messina(1)**

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University of Padua

Neurobiological dual-process models of psychotherapy attribute therapeutic change to the increase of prefrontal areas activation and the decrease of limbic areas activation, interpreted as the successful recruitment of controlled processes to inhibit emotional reactivity in response to emotional events. In the present poster, we review neuroimaging findings on adaptive and non adaptive forms of emotion regulation, results on the neural correlate of implicit emotion regulation, and neuroimaging studies of the effect of psychotherapy with the aim to describe the implication of brain areas implicated in coding semantic representations in emotion regulation and psychotherapy, which are not covered by dual-process models of psychotherapy.

Finally, we discuss how these functions may be integrated into models of emotion regulation that depend on semantic representations for their effectiveness.

These alternative models also appear to be more consistent with internal accounts of how psychotherapy works from the psychotherapeutic literature transversally to several psychotherapy approaches.

**PANIC DISORDER:  
ASSESSMENT AND CLINICAL INTERVENTION IN A SYSTEMIC  
PERSPECTIVE**

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This study discusses the psychopathological aspects and clinical research of Panic Disorder (PD). PD is considered from a systemic perspective, as a complex phenomenon that is characterized by socio-cultural, individual and family factors. In addition, a PD research project is presented, which proposes psycho-diagnostic assessment methods and therapeutic treatments in order to improve the prognosis and, if possible, prevent the recurrence of this disorder. This research provides the opportunity to consider both psychotherapeutic and psychopharmacological intervention.

A sample of 32 subjects divided into: the experimental group G1 and the control group G2, is assessed using psycho-diagnostic tools that provide information respect to clinical (PAAAS), individual (16 PF-5, MCMI-III, SAT) and relational (FACE-IV, FLS) parameters of patients. Subsequently the subjects G1 start a family psychotherapy and are re-evaluated after one year of treatment. Those G2 are valued in the same way, but only admit to pharmacotherapy.

This paper describes the first partial results of the diagnostic evaluation of 33 subjects. The data indicate that the subjects of the sample have a specific organization of personality, characterized by insecure attachment, hostile view of reality, low self-esteem, impulsivity, rigidity and poor self-control. These data correlate significantly with family organization characterized by elements of rigidity and resistance to change.

## **PARENTING STRESS IN MOTHERS AND FATHERS OF CHILDREN WITH AUTISM SPECTRUM DISORDERS**

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Autism Spectrum Disorders (ASDs) are a family of conditions characterized by early emerging disruptions in social communication and restricted/repetitive behaviors. These conditions do not only affect the diagnosed people throughout their life, but also their parents who play salient and influential roles in child development. We aimed to compare maternal and paternal stress in the family of children with ASD and examine the associations of parents' stress with their parental style and the self-perception about their parental role. We examined parents of children with ASD using the Parenting Stress Index-Short Form, the Parental Style Questionnaire and the Self-Perceptions of the Parental Role. No difference among parents emerged in the Parenting Stress Index-Short Form. However, considerable percentages of mothers and fathers had scores above the clinical cut-points. Moreover, in both mothers and fathers, parenting stress was negatively correlated with their self-perception about the balance of the diverse roles in their life. Additionally, in fathers, stress was negatively correlated with their satisfaction about parenting. No association was found between parenting stress and style. Our results highlighted the similarities between mothers and fathers of children with ASD in terms of parenting stress and associations between stress and their self-perception about their parental role. The experience of raising a child with ASD can be stressful on individual parents as both mothers and fathers of children with ASD have been shown to experience significant stress. Results suggest the importance of developing specific intervention programs which incorporate these fundamental parenting domains.

## **CHIMERIC FIGURES RECOGNITION IN MULTIPLE SCLEROSIS**

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Multiple sclerosis (MS) is an inflammatory disease of the central nervous system characterized by motor disorders and several cognitive consequences.

The cognitive disorders in patients with MS are different: speed of information processing, memory, executive functions and attention are the most frequent. Aim of this study was to explore the attention pictures in recognition of real and chimeric figures in MS patients.

We set an experimental task composed by 24 real and 24 chimeric figures, gained from the standardized figures of Snodgrass and Vanderwant.

Fifty-six participants were recruited for the study, divided in 28 patients (11M; 17 F; age:  $\bar{X}=46,21$ ;  $SD=11,09$ ) affected by MS and 28 healthy comparisons subjects (16M; 12F; age:  $\bar{X}=48,92$ ;  $SD= 7,41$ ).

The statistical analysis show that the MS patients have difficulties in recognize chimeric figures rather than real figures ( $p<.005$ ) and that performance of MS patients was significantly lower than the performance of Healthy Comparison subjects on the recognition of the chimeric figures ( $F(1,54)=18.66$ ;  $p<.001$ ).

Our results suggest an impairment in recognition of chimeric figures in patients affected by Multiple Sclerosis and consequent impairment of the ability of these patients in using the Mental Imagery.

## **DIFFICULTIES IN EMOTION REGULATION AND MINDFULNESS SKILLS IN INFERTILE COUPLES**

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In this study, we investigated the relationship between difficulties in emotion regulation and mindfulness skills in infertile couples in Assisted Reproductive Technology (ART) treatment. We investigated differences in emotion dysregulation and mindfulness between infertile couples and a comparison group of childfree couples. Moreover, we investigate the association between emotion dysregulation and mindfulness in these groups. The sample consisted of 92 participants (13 infertile heterosexual couples at their first cycle of ART II level treatment, and 33 couples voluntarily childfree). All participants completed the following self-report measures: 1. Difficulties in Emotion Regulation Scale (DERS) which measures the understanding and acceptance of the emotions, the ability to control impulsive behavior and ability using adaptive strategies emotional regulation for managing negative emotions; 2. Five Facet Mindfulness Questionnaire (FFMQ), which analyzes the ability to observe their emotions and thoughts with awareness and without judgment.

Data analyses showed a significant difference between men in the infertile sample and women in the comparison group, with the first having greater difficulties in accepting emotions. Also, within the clinical sample, men showed lower levels of mindfulness than women, reporting greater difficulties in assuming a nonjudgmental attitude toward their mindsets. Finally, emotion dysregulation and mindfulness deficits were highly correlated in both groups.

Results show that male partners in infertile couples seems to have more difficulties in management and acceptance of negative emotions. Future studies are needed to assess the impact of self-judgment and emotional

dysregulation on the success of ART treatment and gratification of relationship with the partner.

## ITALIAN VALIDATION OF “SYSTEM FOR OBSERVING FAMILY THERAPY ALLIANCES” (SOFTA-o) AND PRELIMINARY RESULTS IN COUPLE THERAPY

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Much of the empirical data confirm the importance of Therapeutic Alliance (TA) as an essential factor to positive outcome across treatment modalities (Anker *et al.* 2010; Steven *et al.*, 2003; Martin *et al.*, 2000; Johnson & Talitman, 1997; Horvath & Symonds, 1991) including Couple Therapy (Bartle-Haring *et al.*, 2012; Friedlander *et al.*, 2006; Pinsof, Catherall, 1986). The most study come from individual psychotherapy.

In Italy we have very few contributions about TA in couple therapy (CT). In couple therapy there are multiple levels of alliance: patient whit therapist, partner with therapist, intra-family alliance (Pinsof, 1994; Friedlander *et al.*, 2011). For these reasons, study of alliance-related behavior in family therapy requires measurement at both the individual and the system level (Friedlander *et al.*, 2008).

The aim of this study is to present Italian validation of SOFTA-o (Friedlander, Escudero, 2003) and preliminary results in couple therapy whit different termination: clients ended with agreement with the therapist, ended treatment against therapist recommendation or “no showed” (Bartle-Haring *et al.*, 2012). SOFTA-o, System for Observing Family Therapy Alliances, is a transtheoretical and multidimensional instrument that provides observational ratings of individual family members’ alliances as well as the family unit’s within-system alliance. The behaviors, positive and negative, verbal and nonverbal, are clustered within four dimensions: *Engagement in the Therapeutic Process*, *Emotional Connection with the Therapist*, *Safety within the Therapeutic System*, and *Shared Sense of Purpose within the Family*. The raters, also, observe specific therapist interventions that either *contribute to* or *detract from* the alliance dimensions.

## **CORRELATIONS BETWEEN ORAL HEALTH AND THE PSYCHOPATHOLOGY OF EMOTIONS**

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The relationship between dental health and emotions has been the subject of several studies over the past 20 years. Nevertheless, there is a lack of studies that addressed the relationship between the perceived oral health and the possible mood states.

The aim of this study is to investigate the relationship between the mood states and the people's perception of the psychological impact of oral disorders in their emotional well being. We tested 263 dental patients (229 valid cases), belonging to private dental surgeries, 56.8% females, aged between 18 and 83 years ( $M = 38.11 + 16.7$ ) with the Profile of mood states (POMS) and the Oral health Impact Profile (OHIP-14).

Oral health has an impact on emotions wider than the well known dimensions of anxiety and depression. Different perception of oral health produce different mood states, from a normal expression of the affects to a psychopathology of emotions.

Both Dentists and Psychologists must pay attention to the psychological impact of oral health, in order to safeguard the psychosocial, physical and emotional well-being of dental patients, also for the symbolic value of the teeth in the emotional life.

## **STRATEGIES TO IMPROVE PSYCHOLOGICAL WELL-BEING IN CLINICAL PSYCHOLOGY**

**Chiara Ruini, Elisa Albieri(1)**

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The promotion of psychological well-being and positive functioning in clinical settings has become increasingly important. Various psychotherapeutic strategies are available nowadays, both from traditional approaches (as counseling and cognitive behavioral therapy), and from newer approaches coming from positive psychology. Well-being therapy (WBT) is a specific psychotherapeutic strategy for increasing well-being and positive functioning. WBT is adaptable to be used with different populations, from children to older adults.

By a psychotherapeutic viewpoint, the techniques used in WBT derived from traditional CBT package, which may also involve positive thinking.

The educational model and the concept of well-being, derived from the humanistic psychology tradition, may place WBT under the umbrella of traditional counseling, or coaching. However, what differentiates WBT from standard clinical approaches is the focus (which is on instances of emotional well-being, whereas in cognitive therapy is on psychological distress), and the goal (promotion of optimal functioning).

As a consequence, WBT share similarities with other interventions within the positive psychology domains.

Conclusions: WBT falls under the umbrella of positive psychotherapies, but is characterized by a strong clinical background and insights derived from psychopathology, which determine an individualized approach to the promotion of psychological well-being in patients, according to their specific needs.

**THE HUMAN BODY AS A PERSONAL PROJECT:  
BODY IMAGE DISSATISFACTION, RELATIONAL VARIABLES  
AND DEFENCE MECHANISMS IN PATIENTS UNDERGOING  
ELECTIVE COSMETIC SURGERY**

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To date there is no single model of the psychological characteristics associated with the choice of resorting to elective plastic surgery (Sarwer et al., 1998). The goal of this study is to test the ability of some defence mechanisms and attachment styles to predict body image dissatisfaction and body dysmorphism disorder in a clinical group of patients resorting to elective cosmetic surgery.

The research study was conducted in 2014 at the Del Gaudio & Partners clinic of Florence, with a convenience sample including 40 women who choose to undergo elective cosmetic surgery. After obtaining informed consent, we asked to fill in a set of tests: BAT Probst et al., (1997), PTI-ASS Giannini and Gori (2012), BICI Littleton et al., (2005), and REM-71 Steiner and Silverman (2001). The significance of the predictors examined (PTI-ASS, and REM-71) with the criteria (BAT and related subscales; BICI) was estimated via stepwise linear regression model (SPSS 20.0).

The passive aggressive defence mechanism ( $F_{(22,17)} = 3.015, p < .05$ ) and idealization ( $F_{(22,17)} = 3.015, p < .01$ ) predict the subscale of attention to the body size (criteria: BAT1,  $R^2 = .80$ ). The passive aggressive defence mechanism ( $F_{(23,16)} = 5.650, p < .01$ ) and idealization ( $F_{(23,16)} = 5.650, p < .01$ ), are also the strongest predictors of body dysmorphism disorder (criteria: BICI,  $R^2 = .90$ ).

The results confirm the possibility that the body image dissatisfaction can be predicted by a particular defensive structure; the data emerging assume the existence of a common psychological framework in these patients.

## MEANING-MAKING PROCESSES AND MANAGEMENT OF ILLNESS UNPREDICTABILITY: THE HEREDITARY ANGIOEDEMA EXPERIENCE

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Dealing with a diagnosis of chronic illness of a child is a hard psychological task (Pianta & Marvin, 1993), especially when the scientific knowledge of several aspects of the illness is limited, as in the case of Hereditary Angioedema (HAE). HAE is a rare genetic condition that causes extremely unpredictable and variable swellings to external and internal parts of the body, carrying a severe psycho-social burden on the life of people affected (Bygum, 2012).

Despite the in-depth knowledge of the genetic origin of the condition, there is still a lack of understanding of the factors triggering attacks (Freda et al., 2014; Galante et al., 2014; Savarese et al., 2014).

We aimed to explore how people react to this lack of knowledge and predictability and how they manage the illness in their daily life. Our hypothesis is that, given the uncertainty of the scientific knowledge, *lay experts* will nonetheless fill the gap identifying a causal link for every attack. 19 parents took part in a semi-structured interview on their children's illness experience. Narrative analysis (Freda & Martino, 2015; Park, 2010; Morse, 2012) focused on parents' meaning making processes of the variability, showing that the majority of them (80%) build up explanations of the illness variability identifying a precise trigger factor, such as physical or psychological shocks. Despite this, in most of the cases (74%), the identification of these links seem to serve as a “post hoc” explanation. The more frequent management strategies of the illness are related to implicit or explicit behaviors of *limitation* of any potential risk and *avoidance* of the emotional charge of the illness. Strategies of *promotion* of children's competence to deal with the illness were implemented in only 4 families. We propose a conceptual model in order to discuss, from a clinical

perspective, the relationship between meaning-making and the effectiveness of the management strategies of the illness.

## **THE INDIVIDUAL WITHIN THE GROUP: A PROPOSAL OF INDICATORS TO ASSESS THE THERAPEUTIC PROCESS**

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Effectiveness of group treatments and therapeutic factors involved in the care process are a subject of growing interest in literature (e.g. Abbas et al, 2012; 2015; Bakali et al, 2009; Lorentzen et al, 2015). Less studied, however, is the complex bidirectional relationship between individual functioning within the group and group functioning with its therapeutic impact on the individual. During a spontaneous interactive process, the subject can redefine and rework his/her individual identity. Assuming that a therapeutic group works through spontaneous interactions, the actual occurrence of such interactions need to be documented and measured before being able to evaluate the results. In this study we describe and analyze some relevant indicators to assess both individual functioning within the group and group functioning observed throughout the therapeutic process. For the preliminary study, in order to identify and define the indicators, assessments were conducted by independent observers and repeated over time. The patients that were assessed participated in a psychotherapeutic heterogeneous and open group with diagnostic and motivational purposes. The indicators, conceived for our instrument, were grouped into two main areas that simultaneously measure individual and group functioning. In a

validation perspective, in particular as far as construct validity is concerned, the data obtained from the instrument devised in this study will be compared with data obtained from other indicators and tools commonly used in the evaluation of the therapeutic process.

## THE INFLUENCE OF MOTHER'S DEPRESSIVE PSYCHOPATHOLOGY IN PREGNANCY ON CHILDBIRTH AND EARLY ATTACHMENT BOND

**Franca Tani, Valeria Castagna (1)**

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The main purpose of this study was to investigate the influence of maternal depressive psychopathology in pregnancy on clinical aspects of childbirth and quality of early mother-child attachment.

The research was carried out according to a longitudinal design which included two surveys. At time 1 (31th - 32th week of pregnancy mothers' socio-demographic data, personal and familial clinical anamnesis, depressive psychopathology, and attachment to child), were collected. At the time 2 (the two days after childbirth) clinical indices related to the delivery were detected. The sample consisted in 179 nulliparous women, aged from 18 to 42 years ( $M = 31.75$ ,  $SD = 4.89$ ).

A clinical interview was used to collect mothers' socio-demographic data and personal and familial anamnesis. The BDI-II (Beck, Steer, Brown, 1996; Ghisi, Flebus, Montano Sanavio, & Sica, 2006) was employed to assess mothers' depressive psychopathology. The PAI (Muller, 1993; Dabracchi, 2008) was used to assess the mother's prenatal attachment to her child. The length of labor; the type of delivery; possible use and length of pain containment techniques and of oxytocic drugs were detected as delivery clinical indices. Data analysis verified that maternal depression during pregnancy significantly influenced the quality of early mother-child attachment ( $AdjR^2 = .33$ ;  $B = -.91$ ;  $ES = .10$ ;  $Stand\beta = -.58$ ;  $t = -9.39$ ,  $p = .001$ ), as well the clinical indices of delivery, such as the length of labor ( $AdjR^2 = .20$ ;  $B = .16$ ;  $ES = .02$ ;  $Stand\beta = .45$ ;  $t = 6.70$ ,  $p = .001$ ), the use and length of oxytocic drugs ( $AdjR^2 = .27$ ;  $B = .15$ ;  $ES = .02$ ;  $Stand\beta = .52$ ;  $t = 8.16$ ;  $p = .001$ ), and, finally the use and length of epidural ( $AdjR^2 = .29$ ;  $B = .25$ ;  $ES = .03$ ;  $Stand\beta = .54$ ;  $t = 8.60$ ;  $p = .001$ ).

The maternal depressive psychopathology in pregnancy constitutes a fundamental risk factor both for the clinical aspects of childbirth and the quality of early mother-child attachment bond.

## **A MULTI-METHOD APPROACH TO THE ASSESSMENT OF PERSONALITY IN CLINICAL PSYCHOSOMATIC RESEARCH: A CLINICAL CASE SERIES**

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The purpose of this study is to present a clinical case series, using multiple methods to assess personality dimensions in clinical domain of psychosomatic.

The sample was composed of nine subjects (3 females, 6 males), their ages ranged from 21 to 59 ( $M=37$ ). Psychosomatic syndromes were diagnosed through the interview for the Diagnostic Criteria for Psychosomatic Research (DCPR; Fava et al., 1995). Participants were asked to complete psychometric tests: Rorschach's test (Giambelluca et al., 1995), MMPI-2 (Panchieri & Sirigatti, 1995), Psychosocial Index (Sonino & Fava, 1998), Symptom Questionnaire (Fava et al., 1983) and Illness Behaviour Questionnaire (Pierfederici et al., 1982).

The main results underline a high number of psychosomatic syndromes in our sample (88,9%). Type-A Behaviour (TAB) diagnosis is very frequent in the young population of our sample (100% TAB in subjects <25 years old). Many subjects show high Impulsivity Index ( $x=0.48$ ) and high Self-Control Index (66,7% high self-control) at the Rorschach test. Moreover, although results show several DCPR diagnoses as well as anxious and depressive symptoms (SQ), the level of the perception of psychological distress was similar to the mean of MMPI-2 normative sample, except for one subject (F scale,  $x=56,7$ ). DCPR syndromes in the general population was associated with increased stress and psychological distress, and decreased well-being. In particular the high frequency of TAB in young subjects, may depend on competitiveness and a strong sense of time-urgency that are typical

nowadays with the economic recession.

High Impulsivity Index and high Self-Control Index might be ascribed to the fact that controlling strong pulsions as a tendency to deny distress or as a low awareness of the psychological suffering. Further studies are necessary to generalized date for the assessment of personality in psychosomatic, using a multi-method approach.

## **AGGRESSIVENESS AND ALEXITHYMIA: A CONTRIBUTION TO UNDERSTANDING VIOLENT BEHAVIOR**

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Different studies show the relationship between deficit in mentalization, emotion dysregulation, aggressiveness (McLaughlin et al., 2011; Roll et al., 2012; Robertson, 2014; Garofalo, Velotti, Vari, Zavattini, 2014) and alexithymia (Fossati et al., 2009; Rieffe et al., 2010) noting the importance of emotion dysregulation with increased aggression and in connection between aggressiveness and alexithymia.

The present study aims to examine the relationship between alexithymia and the different forms of aggression. This study involved 223 men: 98 offenders recruited from penitentiary institutes in Lazio (Italy) and 125 control subjects. The Aggression Questionnaire (AQ; Buss e Perry, 1992) and the Toronto Alexithymia Scale-20 items (TAS-20; Taylor et al., 1985) were completed. The results were then analyzed using t-test, ANOVA, and Pearson Correlation.

A greater presence of Verbal Aggression in the control group ( $p=.013$ ) and Hostility in the *offender group* ( $p=.012$ ) were evidenced; no further significant difference was found. Considering the *offender group* a significant relation between alexithymia and aggression ( $r=.492$ ) was found. Alexithymia was correlated with Hostility ( $r=.515$ ), Anger ( $r=.459$ ) and Physical Aggression ( $r=.408$ ) subscales. Considering the *control group* a significant relation between alexithymia and aggression ( $r=.369$ ) was evidenced. Alexithymia was correlated with Hostility ( $r=.371$ ), Anger ( $r=.332$ ) and Physical Aggression ( $r=.328$ ) subscales. In both groups, Verbal Aggression subscale was not correlated with any results obtained in the TAS-20 ( $p>.05$ ).

The findings of this study show how the verbal manifestation of aggression is not involved with the capacity to identify, discriminate and verbalize feelings. Furthermore our results confirm precedent findings about the relationship between alexithymia and aggressiveness and highlight how could be useful an emotion-based treatment in the offender population.

## **FAMILY FUNCTIONING AND CAREGIVER BURDEN IN A SAMPLE OF RELATIVES OF INPATIENTS WITH PSYCHIATRIC DISORDERS**

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The study of family functioning in psychiatric disorders has a long history. Research and theoretical perspectives usually focus on the influence of family relations on psychopathological features, or on the impact of mental illness on family life and caregiver burden. Such perspectives are not incompatible, as a mutual influence between psychopathology and family functioning seems to exist. Our study aims at examining the associations between family functioning and caregiver burden in a sample of relatives of inpatients with psychiatric disorders.

Twelve caregivers (M = 4, F = 8; age average =  $54.91 \pm 14.81$ ) were recruited in a hospital setting and they were administered questionnaires for the evaluation of family functioning (FACES IV) and caregiver burden (CBI). Bivariate correlations (Spearman's  $R$ ) between the scores of all the scales were calculated.

Time-dependent burden correlated ( $R = .75$ ;  $p < .01$ ) with enmeshment, while social burden correlated with disengagement ( $R = .70$ ;  $p < .05$ ), rigidity ( $R = .81$ ;  $p < .01$ ) and chaotic family functioning ( $R = .67$ ;  $p < .05$ ). Moreover, emotional burden correlated with rigidity ( $R = .69$ ;  $p < .05$ ) and disengagement ( $R = .84$ ;  $p < .01$ ), whereas it correlated negatively with balanced cohesion ( $R = -.67$ ;  $p < .05$ ) and family satisfaction ( $R = -.58$ ;  $p < .05$ ). The data from the present study show significant associations between family functioning and caregiver burden, suggesting that negative aspects of family functioning, such as enmeshment, disengagement, rigidity and chaos, relate to heightened distress in family caregivers, whereas positive aspects

of family organization, such as balanced cohesion, and general satisfaction relate to lower levels of burden.

## **PSYCHOLOGICAL CHARACTERISTICS AND QUALITY OF LIFE OF PARENTS OF CHILDREN WITH PHENYLKETONURIA**

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Newborn screening and early treatment turned phenylketonuria (PKU) into a treatable condition with good health outcomes. The parents' role is crucial for disease management and children well-being, nevertheless, PKU parents may suffer from emotional and psycho-social maladjustment. The study aimed to evaluate the psychological characteristics and the quality of life of parents of PKU children.

We conducted a cross-sectional study. 150 parents' socio-demographic data, psychological (Symptom Check-List-Revised, State-Trait Anxiety Inventory-Y, Beck Depression Inventory-2, State-Trait Anger Expression Inventory-2) and quality of life (Short Form Health Survey-36) outcomes were collected. Patients' clinical data were also collected. Differences in psychological and quality of life variables' mean scores among socio-demographic/clinical groups were tested through independent t-tests and one-way ANOVA. Preliminary results show that parents have emotional and psycho-social outcomes comparable to the general population. Mothers are more anxious, report more psychopathological symptoms and present an altered quality of life in the domains of emotional well-being than fathers. Lower educational level, non professional conditions and critical age of children (neonatal or adolescence) are associated with poor outcomes. Parents of children under a dietary regimen show to repress the anger expression more frequently than parents of children without a dietary regimen. Parenting children with PKU do not have implication for emotional outcomes or quality of life. Maladjustment arises in specific socio-demographic conditions. Results could provide useful insights to set

up prevention programs and to improve parents well-being and parent-child relationships, in particular in critical life stages, and help clinicians to identify specific situations at risk for non adherence to treatment plans.

## **STITUTIONAL ANALYSIS DOCTOR-PATIENT RELATIONSHIP**

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Medical institution is in crisis. The effects are evident: ineffectiveness of the interventions, burn out of health workers increase health spending, growing consumption of drugs, diffusion of pseudo-medical practices, increasing dysfunctionality of health system, damage doctor's image. According to a culturalist perspective, we interpret this crisis as a change of scenario. The demand care has changed: it doesn't seem to be formed in the doctor - patient relationship, rather because of contextual factors extrinsic. Such a form of demand for care introduces within the doctor-patient relationship request for taking charge conflicting with the functional needs and the constraints within doctor exercises his service, causing the inability by the physician to manage the relationship. To analyze this critical scenario, this project involves four phases:

- Reveal current forms of demand for care.
- Understand the determinants of context (organizational dynamics, processes and social communication), which feed the new forms of demand and weakening the traditional scenario.
- Derive guidelines for strategies and criteria in order to strengthen the capacity of the medical role of managing the demand for care.
- Validate the strategies and criteria of intervention.

We show the results of the first phase.

To reveal patterns of demand for care it is used a questionnaire constructed ad hoc, administered to 211 users of medical practices. It was used a methodology of analysis of social-symbolic process. The analysis shows a framework in which the sacredness of the medical institution, is replaced by medicine intended as a service provider for a project of consumption. To manage this change aims to interpret the doctor-patient relationship as a dynamic of sensemaking: a inter-subjective construction of meaning

between doctor and the user's project, i.e. the context of interpretative categories (values, expectations) within a service may have a value.

## **THE ROLE OF SOCIAL COGNITIVE VARIABLES IN THE INTENTION TO PERSIST IN MEDICAL ASSISTED REPRODUCTION TREATMENTS -MART-**

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The proportion of infertile patients who drop out recommended assisted reproductive treatment ART is high (Gameiro et al., 2013). Patients refer to the psychological burden of fertility and its treatment as one of the main reasons to discontinue treatment (Brandes et al., 2009) and their intentions to comply with ART are affected by the degree of control they perceive over their fertility (Lopes et al., 2013).

The aim of the present study is to examine the relationship between the intention to continue MART of subfertile women attending MAR Centers and social cognitive variables. The study is part of a broader multicenter research on Italian infertile couples attending four Centers. 330 subfertile women completed a self administered questionnaire collecting demographic and MART related variables and including the Italian version of FertiQoL as well as new psychometric scales assessing social cognitive variables (self-efficacy in MART, perception of procedural and relational obstacles, disclosure and support in the ART experience and suggestions to improve the quality of care). Preliminary analyses of reliability and univariate correlations and ANOVAs were examined.

All the scales of the Questionnaire have acceptable or good internal consistency.

Intentions scores are not affected by educational levels, age decade, phase of treatment, number of ART's cycles completed, having already obtained pregnancies through treatments and the time in which the couples are involved to execute treatments.

Self-efficacy and disclosure in the ART experience are directly associated with higher intentions to persist in the treatment. The perception of procedural and relational obstacles is negatively associated with intention to persist in the treatment.

The results confirm the importance of social cognitive variables and encourage further multivariate analysis aimed at revealing the unique contribution of psychosocial variables to the intention to persist in MART.

# **SESSION 4**

## **THE DIAGNOSIS**

## **THE PREDICTIVE VALUE OF QUALITATIVE ANALYSIS OF SYSTEMATIC MISTAKES IN NEUROPSYCHOLOGICAL DIFFERENTIAL DIAGNOSIS IN DEMENTIA DISORDERS IN CLINICAL PRACTICE**

**Elisabetta Grisolia, Federica Indelicato, Ilaria Di Bella (1)**

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The Increase of people over 65 led to an incredible spread of dementia in all over the world. Dementia is a pathological condition that affects memory in primis, but also other cognitive functions, it limits personal autonomy and leads to disability. Current estimatates indicate that worldwide about 35.6 million people are living with dementia (WHO, 2012) and its impact is very huge on patients as well as their families and global society. For this reason dementia may be considered as a public health priority. Diagnosis of dementia often occurs later and most of UVAs (Alzheimers Evaluation Units) in the Italian territory don't use specific neuropsychological instruments during the assessment and differential diagnosis. Mini Mental State Examination combined with ADL and IADL often are the only tests used in clinical practice in the diagnosis and monitoring this disease. The consequence is a difficulty to identify patients in the early stage of dementia and poor accuracy in the differential diagnosis of various forms of dementia (Tierney et al., 2002). The aim of this study is to highlight the predictive value both neuropsychological battery and qualitative analysis of systematic mistakes to better perform differential diagnosis of dementia disorders in clinical practice. We have prospective enrolled 33 patients with suspected dementia disorders. They underwent neuropsychological assessment through Mini Mental State Examination (M.M.S.E.), Mental Deterioration Battery (BDM), Frontal Assessment Battery (F.A.B), Deux Barrage. In addition we performed a qualitative analysis of systematic mistakes to assess different neuropsychological patterns.

Statistical and systematic mistakes analysis showed the reliable and specificity of the comprehensive neuropsychological battery and the predictive value of qualitative analysis in clinical diagnostic process to differentiate dementia disorders.

**FACTOR STRUCTURE AND RELIABILITY OF THE H-FERST IN  
AN ITALIAN COMMUNITY SAMPLE:  
A NEW INSTRUMENT FOR MEASURING EMOTION  
REGULATION STRATEGIES**

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The aim of the present study was to analyze the factorial structure of the Italian version of the H-FERST, a new questionnaire developed in Heidelberg (Stopsack et al., in prep.) for measuring Emotion Regulation in cross cultural and clinical studies.

Data were collected on a community sample of 246 participants (50.8% males) from the Centre of Italy. A principal axis exploratory factor analysis was performed with oblimin rotation.

After removing the problematic items, 25 items were retained and allocated to seven dimensions of emotion regulation strategies labeled as (1) Suppression of Emotional Expression; (2) Problem Solving; (3) Rumination (4) Reappraisal; (5) Avoidance; (6) Acceptance; (7) Suppression of Emotional Experience. These seven factors explained 73% of variance. Eigenvalues were 5.9, 3.2, 3.1, 2.3, 1.8, 1.4, and 1.2, respectively. The factor solution of the H-FERST for the Italian sample was similar to that one of the German sample; in both samples, Activities and social support and Distraction subscales were removed. Cronbach's alphas were .85 for the total score of the H-FERST and between .71 and .88 for its seven factors.

Findings provide empirical support for the validity and reliability of this instrument based on a multi-dimensional conceptualization of emotion regulation strategies assessing a wider range of emotion regulation strategies. Future research will investigate the utility of the new questionnaire in clinical contexts.

## **RORSCHACH DEFENSE SCALE AND LERNER DEFENSE SCALE IN CLINICAL AND NONCLINICAL SAMPLES**

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Although the Rorschach Defense Scale was developed in 1986, only scarce studies had explored its validity. The Lerner Defense Scale has been used in clinical studies, so far normative data are not available.

The aims of the current study are: a) to collect preliminary reference data for RDS and LDS in a nonpatient sample; b) to investigate the ability of the two scales to discriminate between clinical and nonclinical samples and c) to explore the inter-rater reliability. 120 subjects participated in the study: 80 nonpatients and 40 subjects suffering from personality disorders.

Rorschach was administered according to CS, SCL-90 R and Beck Depression Inventory II were also administered to nonpatients to control the presence of psychopathology. Although LDS and RDS show a substantial inter-rater reliability (respectively Cohen's  $k=.77$  and  $.70$ ), LDS guidelines could be improved about the threshold for coding devaluation and idealization at level 1. Furthermore, more examples should be included in the manual about the coding of projective identification and denial.

RDS coding guidelines should be improved regarding intellectualization, isolation and projective identification. More examples are needed to indicate the threshold for coding intellectualization and isolation and to highlight the difference between projection and projective identification.

Both LDS and RDS were able to discriminate between nonclinical and clinical group. The clinical sample reported higher scores on devaluation, projective identification and denial assessed by LDS (respectively  $t=-3.711$ ,  $p<.0001$ ;  $t=-3.008$ ,  $p=.002$ ;  $t=-4.179$ ,  $p<.0001$ ), on borderline defenses ( $t=-5.885$ ,  $p<.0001$ ) and on psychotic defenses ( $t=-5.426$ ,  $p<.0001$ ) evaluated by RDS. A significant positive correlation between the two scales (ranged

from  $r=.423$  to  $r=.525$ ) was observed for primitive defenses, except for projective identification.

## THE VALIDITY OF THE SPACE RESPONSE TO RORSCHACH TEST

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The current study investigated the validity of Space responses in a sample of 103 subjects from nonclinical population.

Specifically, the question which we investigated was whether and to which extent Space responses, both as a whole and differentiated in subtypes, correlate with a) self-reported assertiveness, b) self and observer reported verbal and physic aggression, rage and hostility, c) different responses to socially frustrating situations.

We took into account six variables: the total amount of S; integration of figure and ground (S-int); reversal of figure and ground (S-rev); fusion of figure and ground (S-fus) and finally SI and SR, according to the R-PAS coding. We administered Rorschach according to the Comprehensive System (Exner, 2003), the Scale for Interpersonal Behaviour (Arrindell, et al., 1999), both self and observer versions of the Aggression Questionnaire (Buss, & Perry, 1992), and the Picture Frustration Study (Rosenzweig, 1945). All the observed version AQs were filled in by the mothers of the participants. Because of the correlation between S and R ( $r=.423$ ,  $p<.0001$ ), we conducted all the subsequent analyses controlling for R.

Partial correlations showed a) negative correlation between S-rev and self-reported verbal aggression ( $r=-.221$ ;  $p=.026$ ); b) positive correlation between S-int and hostility reported by the mothers of the participants ( $r=.219$ ;  $p=.027$ ); moderate negative correlation between the intra-aggression, S-int ( $r=-.221$ ;  $p=.026$ ), Srev ( $r=-.302$ ;  $p=.002$ ) and moderate positive correlation between intra-aggression and S-fus ( $r=.242$ ;  $p=.014$ ). S, S-int and SI were positively correlated with repression of aggression (respectively  $r=.242$ ,  $p=.015$ ;  $r=.261$ ;  $p=.008$ ;  $r=.253$ ;  $p=.001$ ).

Results suggested that diagnostic meaning of Space responses depends on the different subtypes. Any significant correlation emerged between S responses and self-reported assertiveness.

**ASSESSMENT OF PATIENT-PERCEIVED QUALITY OF LIFE IN  
THE SURGICAL TREATMENT OF PERIPHERAL ARTERY  
OCCLUSIVE DISEASE:  
PROPOSAL FOR A NEW MODEL OF MEASUREMENT**

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Peripheral Artery Occlusive Disease (PAOD) is increased rapidly with the aging of general population considering the fact that it hits people between 60s and 70s (Criqui, & Aboyans, 2015). With the widespread diffusion of surgical and endovascular methods even the life expectations of these patients has increased and for these reasons the aspect related to QoL have acquired relevance. However few instruments evaluate the QoL in PAOD and most of these are focused on symptomatic aspects (Safley, 2007). The aim of this study is to identify a specific instrument to evaluate the QoL in patients undergoing open vascular surgery for PAOD.

The instruments commonly used to evaluate the QoL in this kind of patients have been analysed and a multidisciplinary team composed by psychologists, physicians and surgeons have discussed these constructs. We have highlighted the role of physical symptoms (PS; 4 items), satisfaction for care (SC; 3 items), impact on daily life (IDL; 2 items) and social functioning (SF; 3 items) and Discomfort with the Bodily Integrity (DBI; 2 items) due to vascular surgery. Furthermore, an item on future perspective has been included.

We have developed an interview to be administered by physicians, composed by 16 questions on Likert scale from 1 (negative pole) to 5 (positive pole); visual analogue scales were prepared to help patients in their answers.

The SPADI is been administrated to 67 patients (mean age =  $70.72 \pm 8.36$ ; 89.6% male) who had undergone a femoropopliteal bypass graft for PAOD. The first exploratory results of Exploratory Factor Analysis (EFA) allow underling the effectiveness of eleven items organised in 4 constructs (77.53% of variance explained), with the unification of IDL and SF as a unique construct of Functioning. Exploratory results need to be confirmed in a larger sample of patients.

## **DEVELOPMENT AND VALIDATION OF CYBER PORNOGRAPHY ADDICTION TEST (CYPAT)**

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Internet pornography addiction typically involves viewing, downloading, and trading online pornography or engagement in adult fantasy role-play. Many studies have shown that people are able to become very compulsive in their use of pornography on the Internet. However, despite the apparent recognition of this phenomenon, there is still no definitive assessment or diagnosis of this kind of addiction.

Excessive use of Internet pornography is associated with: interpersonal isolation, response to low mood or stress, relational problems and moral or religious reasons (Patterson et al., 2012). Individuals may feel that they are compulsive in their use of pornography, they describe perceived lack of control over their pornography use, and report severe and different consequences related to their pornography use (Spenhoff et al., 2013).

There are many well-validated inventories measuring perceived addiction to Internet pornography but these instruments are often too long for a functionally use and fast scoring. We aimed to develop a brief measure of perceived addiction to Internet pornography (CYPAT, Cyber Pornography Addiction Test). The sample consisted of 372 participants (192 women, 180 men; mean age = 27.76 years; SD = 2.53). CYPAT is a self-report scale composed of 18 items scored on a five-point Likert scale. Factor analyses revealed good content validity and high reliability ( $\alpha = .84$ ).

The scale showed good convergent and divergent validity with: Cyber-Pornography Use Inventory (Grabs et al., 2010) (Addictive Patterns  $r = .78$ ;

$p < .001$ ; Guilt Regarding Online Pornography Use  $r = .36$ ;  $p < .01$ ; Online Sexual Behavior-Social  $r = .45$ ;  $p < .01$ ; SPQ Internet Addiction Scale (Christo et al., 2012) ( $r = .40$ ;  $p < .01$ ); TAS-20 (Bagby et al., 1994) (total score  $r = .32$ ;  $p < .01$ ) and FACES-IV (Olson, 2011) (Circumplex Total Ratio  $r = -.28$ ;  $p < .01$ ). The implications of the findings for future theoretical and empirical development of research in this field are discussed.

**PSYCHOMETRIC PROPERTIES OF AN ITALIAN VERSION OF  
THE DIFFERENTIATION OF SELF INVENTORY-REVISED  
(IT-DSI-R)**

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The *differentiation of self* is a key concept of Bowen's theory, comprising an intrapsychic ability to distinguish between the feelings and intellectual processes and an interpersonal ability to maintain intense relationships while achieving an autonomous self (Bowen, 1978; Kerr & Bowen, 1988). Skowron & Friedlander (1998) developed the Differentiation of Self Inventory (DSI); in line with Bowen conceptualization, it consists of four subscales: Emotional Reactivity (ER), taking an I-position (IP), Emotional Cutoff (EC) and Fusion with Others (FO).

The DSI was subsequently revised (Skowron & Schmitt, 2003) in order to improve the reliability and validity of the FO subscale, which resulted in a revised 46-item scale (DSI-R). To date, the questionnaire has not been tested in the Italian context. Thus, we conducted a study to examine the internal and external validity of an Italian back-translated version of the DSI-R, in order to determine whether it is a useful tool for the study of the differentiation of self in Italy.

The sample comprised 671 subjects (age 19 – 69yr). The confirmatory factor analysis showed a satisfactory fit ( $\chi^2 = 105.34$ ,  $df = 48$ ,  $p < .001$ ; SRMR = 0.06; CFI = 0.96; TLI = 0.94; RMSEA = 0.06, 90% CI = 0.044-0.075). All four scales showed satisfactory internal consistencies, with the following Cronbach's  $\alpha$  (ER = .78, EC = .85, IP = .77, FO = .72, total DSI-R = .84).

Correlations with the Dyadic Adjustment Scale were consistent with the theoretical relations among the two constructs. The findings confirm the use of DSI-R as a psychometrically sound measure of the differentiation of self in Italy. Its availability can assist in expanding research and in facilitating transcultural comparisons in issues related to differentiation. In the clinical practice, the questionnaire could help to assess differences in the individual functioning, problematic aspects of differentiation and specific patterns of self and interpersonal regulation.

## **PERINATAL DEPRESSION AND REFERENTIAL ACTIVITY: AN EXPLORATORY STUDY ON CHILDBIRTH NARRATIVES**

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According to Wilma Bucci's theory, psychological and emotional wellbeing are strictly associated with the ability of connecting subsymbolic experiences, tying words and images together; such a process, named *referential*, allows a modulation of the self regulation states. On the contrary, dissociation, at any level, among the three systems of emotional information processing (non verbal-non symbolic, non verbal-symbolic, verbal-symbolic), may often lead to psychopathology. On the basis of these assumptions, the present exploratory work aims to determine whether depressive symptoms during the perinatal period might be characterized by a greater difficulty in connecting sensory experiences, emotions and language, or, in other words, whether they can be associated to a poor referential activity (RA). More specifically, the connection between depressive symptoms and referential activity was investigated within a sample of 50 primiparous Italian women, divided into two groups according to the score obtained at the Edinburgh Postnatal Depression Scale ("depressed/at risk women" N=11; "non depressed women N=39). Women were administered a semi-structured interview about childbirth one month after delivery and their RA was measured. The *Italian Weighted Referential Activity Dictionary (IWRAD)* was used to perform a computer assisted analysis of the RA. Results show some differences between the referential activity scores obtained by depressed and non depressed mothers; the outcomes, which will be further discussed and analyzed during the congress, call for some clinical reflections on perinatal distress and on the possibility that assessing RA after childbirth may help the screening process and the identification of at risk situations.

## **THE MOVIE FOR THE ASSESSMENT OF SOCIAL COGNITION: THE ITALIAN VALIDATION IN A SAMPLE OF ADULT CLINICAL OUTPATIENT**

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Mentalization has been defined as the mental process by which an individual implicitly and explicitly interprets the actions of himself/herself and others as meaningful based on intentional mental states such as personal desires, needs, feelings, beliefs, and reasons. Mentalization is a broad concept that subsumes different social-cognitive functions, including emotion recognition, theory of mind, mindreading as well as reflective function. Consistent to the relevance of mentalization impairment for several psychopathological dysfunctions, different mentalization and social cognition measures have been developed. Among the experimental tasks, the Movie for the Assessment of Social Cognition (MASC) is one of the most accurate procedures to assess mentalizing abilities. The present study aims to evaluate the nomological network validity of the MASC in its Italian translation, addressing distinct research questions in Italian adult outpatients with a Personality Disorder (PD) diagnosis who sought psychotherapy treatment ( $N = 59$ ). In our sample the MASC proved to be a reliable measure of mentalizing ability, with Cronbach  $\alpha$  values of .78. MASC “no ToM” scores, which are specific errors that indicate non mentalistic responses, correlated significantly with interview-based (SCID-II, Spearman  $r = .41$ ,  $p < .01$ ) and self-reported (PDQ-4+; Spearman  $r = .37$ ,  $p < .01$ ) measures of borderline personality disorder (BPD), as well as with a measure of emotion dysregulation (DERS; Spearman  $r = .37$ ,  $p < .01$ ). Our findings highlight the validity of the MASC as a measure of mentalization. Moreover, these results are consistent with Bateman and Fonagy’s (2004)

model of BPD development which supports the relationships between BPD, emotion dysregulation, and mentalization deficits.

**INTER-RATER RELIABILITY OF R-PAS VARIABLES:  
A STUDY OF RAW AND COMPLEXITY-ADJUSTED PAGE 1 AND  
PAGE 2 SCORES**

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The Rorschach Performance Assessment System (R-PAS) has recently been introduced as an evidence-based method to administer, code, and interpret the Rorschach. To contribute to the study of its psychometric properties, the current study tested inter-rater reliability of Page 1 and Page 2 variables on 30 R-PAS collected Rorschachs.

Originally, all protocols were administered and coded by advanced-students who had been trained in R-PAS for several months. Next, two different Rorschach examiners, who were blind to the codes of the students who originally collected the data, independently re-coded all responses of all records. Coding performed by these two additional, independent judges was supervised by an experienced Rorschach user who is an expert R-PAS examiner who serves as reviewer for the official “R-PAS proficiency” certification exam (see [www.r-pas.org](http://www.r-pas.org)), and who also was blind to the original codes. Technically, inter-rater reliability of Page 1 and Page 2 R-PAS variables was calculated using two-way random effects model, Intraclass Correlation Coefficients (ICCs).

Both raw and complexity-adjusted scores were inspected. Taken together, statistical analyses revealed good to excellent inter-rater reliability for the majority of codes, thus confirming the strong inter-rater reliability of the R-PAS. However, some small between-raters differences emerged for form quality (FQ) and shading-related variables.

## **THE ITALIAN VALIDATION OF THE MOVIE FOR THE ASSESSMENT OF SOCIAL COGNITION IN ITALIAN ADOLESCENT AND ADULT PARTECIPANTS**

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Mentalization has been defined as the mental process by which an individual implicitly and explicitly interprets the actions of himself/herself and others as meaningful based on intentional mental states such as personal desires, needs, feelings, beliefs, and reasons. Consistent to the relevance of mentalization impairment for several psychopathological dysfunctions, different mentalization measures have been developed.

The present study aims to evaluate the nomological network validity of the MASC in its Italian translation in two independent nonclinical samples comprising adolescent nonclinical participants ( $N=393$ ) and adult nonclinical participants ( $N=193$ ). Cronbach  $\alpha$  values for MASC was .76 to .80 for adolescent and adult sample, respectively. In our samples, adolescents performed slightly better than adults in correctly inferring characters' mental states on the MASC but were significantly more inclined to generate excessively elaborate explanations of what is in others' minds (exceeding ToM); whereas adults seemed to experience failures to correctly infer others' mental states (no ToM).

In both nonclinical adolescents and nonclinical adults, all MASC scores correlated significantly and meaningfully with the Reading the Mind in the Eyes Test total score. In nonclinical adults, MASC scores showed significant correlations with self-reported measures of attachment styles. As a whole, our findings support the convergent validity of the MASC as a measure of the ability to infer others' mental states in both nonclinical adolescents and nonclinical adults.

Moreover, these results support the hypothesis that mentalization is influenced at least to some extent by attachment style. Finally, our data suggest that nonclinical adolescents do not seem to manifest the same difficulties with mentalization when compared to adults, stressing the need for longitudinal studies designed to understand how mentalistic abilities develop and change across the life cycle.

## **RELIABILITY AND VALIDITY OF THE ITALIAN TRANSLATION OF THE UPPS-P IMPULSIVE BEHAVIOR SCALE IN A SAMPLE OF CONSECUTIVELY ADMITTED PSYCHOTHERAPY PATIENTS**

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Current research shows that impulsivity is not a unitary personality dimension, but rather is comprised of discrete psychological processes that are differentially related to clinical behaviors.

According to the relevance of impulsivity in a number of psychiatric and psychological disorders, the present study examined the reliability and validity of the Italian translation of the UPPS-P Impulsive Behavior Scale (UPPS-P) in a clinical sample of 268 consecutively admitted psychotherapy patients (43.3% male; mean age = 40.48 ( $SD = 12.52$ ); 38.8% inpatient).

The Italian version of the UPPS-P replicated the internal consistency coefficients of the original UPPS-P (0.84 to 0.92 across the five subscales). Moreover, confirmatory factor analyses evidenced an adequate fit for the a-priori five-factor model of the scale (WLSMV CFA  $\chi^2(1642)=2833.06$ ,  $p < .001$ , RMSEA=0.052, 95% confidence interval=0.049, 0.055, close fit  $p > .10$ , CFI=.90, TLI=.90.).

Furthermore, in terms of convergent validity, the UPPS-P scales were significantly, albeit differently, related to the Barratt Impulsiveness Scale-11 total score ( $r$ 's=0.23-0.60 across the five scales), suggesting that general measure of "impulsivity" may not adequately capture all psychological processes involved in impulsive behavior. Finally, the five UPPS-P scales showed distinct associations with interview-based dimensional scores of personality disorders (SCID-II) and with the Personality Inventory for DSM-5 (PID-5) domain scores. Collectively, our results support the

reliability and validity of the UPPS-P in its Italian translation and its usefulness as diagnostic tool in a clinical sample. Finally, our findings showed that UPPS-P was related in a specific way to diagnosis representing a reliable measure able to capture impulsive features underlying different PDs diagnosis and dysfunctional personality dimensions, as assessed by PID-5.

## **RESILIENCE VALIDITY AND CLINICAL UTILITY IN PERSONALITY ASSESSMENT:**

### **BEYOND COPING STYLES?**

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Resilience is the ability to cope effectively with stressful life events preserving physical and psychological health, due to inner strength, flexibility, and sense of competence. The study aimed at verifying the clinical usefulness of the construct by examining its relations with relevant personality dimensions and comparing it with coping styles in a sample of subjects asking for a psychotherapeutic treatment.

Resilience Scale (RQ) is 25-items questionnaire developed by Wagnild and Young (1993), validated in many clinical and nonclinical settings: in the present study its psychometric properties were examined in a sample of 130 subjects consecutively admitted to Clinical Psychology and Psychotherapy Unit at San Raffaele Turro Hospital, Milan. RQ predictive validity were tested for psychological variables using correlational analysis and stepwise regression models, adding coping styles as competitor predictors and keeping constant the effects of age and sex.

RQ showed very good psychometric properties and significant associations with coping skills ( $ps < .01$ ). Resilience demonstrated to be a strong predictor for persistence, low avoidance anxiety, and self-confidence in relationships ( $ps < .005$ ). Along with coping styles, resilience showed significant relations with self-purposefulness, some emotion regulation dimensions and some mindfulness abilities, especially with awareness ( $ps < .005$ ). Otherwise, relations with aggression and specific dimensions of

mindfulness were weak. Among Personality Disorders (PD), only the number of Borderline PD traits was predicted by RQ, not by coping skills. Resilience demonstrated to get improvement on psychological assessment, offering a deeper insight on patients' comprehension. Differential contributions of coping styles and resilience found in explaining specific aspects of personality suggested a multifaceted, just partial, overlapping of the two constructs.

**RELIABILITY AND VALIDITY OF THE PERSONALITY INVENTORY  
FOR DSM-5 (PID-5) IN ADOLESCENCE:  
PID-5-BRIEF FORM (PID-5-BF-CHILD AGE 11-17) AND BEYOND**

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In order to assess the reliability and construct validity of the Personality Inventory for DSM-5-Brief Form-Child Age 11-17 (PID-5-BF) among adolescents, 877 Italian high school students were administered the PID-5-BF. Participants were administered also the Measure of Disordered Personality Functioning (MDPF) as a criterion measure.

In the full sample, Cronbach  $\alpha$  values greater than .70 were observed for PID-5 BF Antagonism and Psychoticism scale; however, all PID-5 BF scales showed average inter-item correlation values of in the .22 - .40 range. The Cronbach  $\alpha$  values for the PID-5 BF total score was .83 (average inter-item  $r = .16$ ).

Although two-month test-retest reliability could be assessed only in a small ( $n = 42$ ) subsample of participants, all PID-5 BF scale scores showed adequate temporal stability, as indexed by intraclass  $r$  values ranging from .78 (Negative Affectivity) to .97 (Detachment), all  $ps < .001$ .

Confirmatory factor analysis and exploratory structural equation modeling analyses provided at least moderate support for the a priori model of PID-5 BF items. Multiple regression analyses showed that PID-5 BF scales predicted a non-negligible amount of variance in MDPF Non Cooperativeness, adjusted  $R^2 = .17$ ,  $p < .001$ , and Non Coping scales, adjusted  $R^2 = .32$ ,  $p < .001$ , respectively.

Similarly, the PID-5 BF total score was a significant predictor of both MDPF Non Coping, adjusted  $R^2 = .28$ ,  $p < .001$ , and Non Cooperativeness scales, adjusted  $R^2 = .07$ ,  $p < .001$ .

Finally, the Italian translation of the PID-5-Child Age 11–17 (PID-5) was administered to an independent sample of 1263 Italian high school students. The PID-5 domains and facets showed adequate reliability and validity, at least in our sample of Italian high school students.

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