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KEYNOTE

PSYCHE AND POLIS. FROM THE CONFLICT TO THE DIALOGUE

Franco Di Maria

University of Palermo, Italy

The history of mutations, changes of paradigms and Copernican revolutions have always marked the creation of the two alliance. On one side, the Orthodox, those that tend to be short-sighted before changes, just to remain faithful to own doctrines and fathers; on the other side, instead, the radical or revolutionary, strongly determined to trash the outdated to open up to the new, that is, those who argue that we must be able to think of categories of thought completely innovative. The first belong at the register of continuity/sameness; the second at the register of discontinuity / authenticity.

There is a third way. In fact, before to deconstruct it is important to build, doing reference to theoretical models that should not be fetishized, nor demonized. Why Psyche and Polis? The politician is the most advanced and complex of social configuration, since it prepare for the transit toward coexistence, the coexistence of subjects and subjectivity. Connetting Psyche and Polis is the main way. The path to follow is the possibility of unveiling the collusion between fields mental and social fields, including internal institutions and external institutions.

LECTURE

EXPERIENTIAL AVOIDANCE, RUMINATION AND WORRY AS TRANSDIAGNOSTIC RISK FACTORS FOR DEPRESSION AND ANXIETY DISORDERS

Philip Spinhoven

University of Leiden, The Netherlands

Experiential avoidance relates to the unwillingness to remain in contact with aversive private experience and actions taken to alter the aversive experiences or the events that elicit them. Experiential avoidance is considered to constitute a transdiagnostic risk factor as it leads to multiple disorders, anxiety and depression in particular. Clinical studies will be presented showing that experiential avoidance is elevated in anxiety and depression and determines the course and development of comorbidity of anxiety and depression. Rumination and worry may also serve an avoidant function. Rumination on sadness may act as a ‘smokescreen’ enabling individuals to suppress or disconnect from negative emotion. Similarly, worry may function as a cognitive avoidance response muting somatic responses to perceived future threats. Studies will be presented showing that also rumination and worry are elevated in anxiety and depressive and predictive of the course and development of comorbidity. These results pose the question how experiential avoidance ‘works together’ with bordering psychological constructs as rumination, worry and neuroticism. Data will be shown suggesting that these psychological constructs are highly interrelated and that in predicting the onset, relapse and maintenance of depression, experiential avoidance can best be regarded as a proxy risk factor for rumination and worry. The interrelated psychological vulnerabilities for depression and anxiety suggest a shared common etiologic factor.

In particular, more neurotic individuals may frequently experience strong negative emotions and engage in avoidant coping strategies (such as rumination, worry, emotion suppression, and experiential avoidance) to manage their emotions, which paradoxically may increase the frequency/intensity of these negative emotions. This high interrelatedness of psychological vulnerabilities and their common core may present a fruitful venue for transdiagnostic interventions.

SYMPOSIUM

NEW FRONTIERS OF RESEARCH ABOUT FATHER

Proposer: Franco Baldoni (1), Giulio Cesare Zavattini (2)

(1) Department of Psychology, University of Bologna

(2) Department of Dynamic and Clinical Psychology, Sapienza
University of Rome

Discussant: Vincenzo Caretti

Department of Human Sciences, LUMSA, Roma

Despite the focus of past research on mother as primary caregiver in infancy, a large number of studies (Baldoni, 2014; Bretherton, 2010; Di Folco e Zavattini, 2014; Venuti et al., 2008) have suggested that the importance of the father for the mother's mental health and the child's development in the first years of life has been underestimated. This delay of scientific interest in considering the father, defined by Lamb (2010) as "*the forgotten contribution to child development*", may be due to a bias of theoretical models studying the paternal function of "support" and "compensation" only, instead of the "transformative" one. During the perinatal period, the parents' emotional states are significantly linked and a paternal function is to offer mother and newborn a secure basis, but the role of the father has gained in importance over the years as a result of social, cultural and economic changes. In current families both parents equally share household and caregiving responsibilities, having a more complementary role in child development. Therefore, fathers begin to be more involved in child caring and education and their influence shapes child's behavioral and developmental outcomes, as does the mother. In particular, the father-child attachment relationship seems very important in play and challenges activities, promoting in children several skills, such as competition, emotion regulation and the control of aggressive behavior. The aim of this Symposium is to present some innovative researches about the

role of the father from the perinatal period to early and middle childhood. The first of these deal with *children's attachment representations according to father attachment*; the second explores the perinatal affective disorders in males, particularly *Paternal Perinatal Depression*, and their consequences on mothers and children; the third regards the specific functions of the father in children affected by the *Autistic Spectrum Disorder*.

PERINATAL AFFECTIVE DISORDERS IN FATHERS AND THEIR EFFECTS ON MOTHERS AND CHILDREN

Franco Baldoni (1), Mattia Minghetti (1) and Giulia Landi (1)

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During the perinatal period affective alterations in fathers, like Paternal Perinatal Depression, are very frequent (ranging from 2% to 31%, with a mean of 10.4 %), but occur differently than in women and they are often under-assessed or undiagnosed. Depressive symptoms in fathers tend to be less severe, less definite, and often occur in comorbidity with anxiety disorders, alteration of illness behavior and behavioral acting outs like anger attacks. Moreover, in the perinatal period the mother's and father's emotional states are linked and empirical research has found a significant correlation between maternal and paternal depression.

Some research data will be presented:

1. Fathers whose partner have suffered from affective disorders during post-partum (maternity blues or post-partum depression) show anxiety ($p = .02$), depressive symptoms ($p = .01$) and worry about their own health and paternal role up to the fifth month of pregnancy (Baldoni et al. 2014);
2. If the male is anxious, depressed or hostile during the In Vitro Fertilization and Embryo Transfer Procedure (IVF-ET), women tend to manifest more severe affective disorders, anxiety and somatization independently of the success of the procedure (Baldoni et al. not published)

3. In researches using the CARE-Index (a video recorded procedure for the study of the parent-child relationship) depression, low sensitivity and insecure attachment forerunners in fathers negatively influence the psychomotor development of the child ($p = .01$) (Baldoni et al. 2012).

These results suggest that anxious or depressed fathers, or those with behavioral problems, may hamper the emotional equilibrium of their companion and the development of a good mother-child relationship. In these cases, a lack of a paternal protective function as “secure base” can foster an affective disorder in the mother and negatively influence the attachment relationships and the psychosomatic development of the child.

FATHER-CHILD ATTACHMENT IN TRANSITION TO MIDDLE CHILDHOOD: WHAT DO CHILDREN SAY IN STORY TELLING?

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Attachment to father in middle childhood gained significant importance for child development, due to more involvement of father’s figure in social, cultural and economic changes in current society. Literature showed that security of attachment to father is predictive of children’s behavioral and developmental outcomes. To our knowledge, however, no study investigated possible differences in children’s attachment representations according to father attachment.

This study aimed at assessing whether paternal attachment styles would predict children’s attachment security.

Under the permission of the Deans, the project was presented at schools to teachers, parents and children. Fathers gave written informed consent for their and for children’s participation in the study. Questionnaires were collected by the responsible of the project once they were filled out.

Children were tested at school, individually and the administration session lasted approximately 30-40 minutes. The sample was composed of 120 6-years-old children and their fathers. Children were administered the Manchester Child Attachment Story Task (MCAST; Green et al., 2000) in order to assess attachment representations to father; fathers filled out the Attachment Style Questionnaire (ASQ; Feeney et al., 1994) in order to assess their attachment style. Results suggested that paternal avoidance and ambivalence –as assessed by the ASQ- were associated to children's ability to tell more coherent and less disorganized story, similarly to children of fathers with secure attachment ($F_{(21,41)} = 1.26, p > .05, \eta^2 = .73$). Moreover fathers' security of attachment was negatively correlated with children's disorganization. These findings suggest that paternal insecurity, both in the form of avoidance or ambivalence, represent a risk factor for attachment disorganization.

THE FATHER'S ROLE DURING TREATMENT WITH CHILDREN WITH AUTISM SPECTRUM DISORDER

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Healthy parent-child interaction is essential to the early development of children. The majority of the previous studies have focused on the role played by the mothers. Starting from the evidence that both parents can be emotionally and practically involved in childrearing, recent studies also highlighted the importance of fathers in the development of children.

The aim of our research is to define the characteristics of the father's role in children with Autism Spectrum Disorder (ASD). We compared mother-child and father-child interactive behaviors and play. This study involved 60 parent-child dyads (30 children with ASD in interaction with their mothers and their fathers, separately). To assess the parent-child interaction features,

data were collected during two consecutive video recorded 10 min play sessions. A specific play code was applied to the child's play and to the parent's play. The results show that fathers exhibit more exploratory play than mothers, while mothers use more symbolic play than fathers. Considering that children with ASD are more engaged in exploratory play with both fathers and mothers, our results support the idea that fathers are more active playmates compared to mothers, which assume a more didactic behavior with their children. By investigating the construct of emotional availability, our results indicate that mothers and fathers in our sample were similar in their EA Sensitivity.

In particular, based on the EAS manual, the mean Sensitivity reached by the parents in our study is a "medium -high" level, showing that the presence of a positive emotional tone and a good ability to understand and respond appropriately to the children's are elements present in both parents. In this context, a growing literature underlines the importance to involve actively the parents during treatments of children with ASD.

SYMPOSIUM

NEW FRONTIERS OF TRAUMA AND STRESS RELATED DISORDERS: FROM THE ASSESSMENT TO TREATMENT

Proposer: Andrea Fossati

Department of Human Studies, LUMSA University, Rome

Discussant: Mario Fulcheri

University "G. D'Annunzio", Chieti, Pescara

Regarding trauma related disorders major changes in DSM-5 were: 1) establishing a new DSM-5 diagnostic category, "Trauma and Stressor-Related Disorders" for PTSD (and acute stress disorder, adjustment disorders, and others so that PTSD is no longer classified as an anxiety disorder), 2) reconceptualizing PTSD broadly to include posttraumatic anhedonic/dysphoric externalizing and dissociative clinical presentations along with the original fear-based anxiety disorder, and 3) establishment of preschool and dissociative subtypes. Temporally overlapping the DSM-5 process, the World Health Organization has been developing the eleventh edition of its International Classification of Diseases (ICD-11). Although publication of ICD-11 won't occur until 2015, it looks like the PTSD criteria will be very different than in DSM-5. There are a number of reasons for this: 1) ICD-11 has endorsed a narrow approach that will focus exclusively on PTSD as a stress-induced fear-based anxiety disorder, 2) ICD-11 will include Complex PTSD as a separate diagnosis, whereas DSM-5 will not. Recently Cloitre and colleagues (2013) suggest a distinction between PTSD and Complex PTSD. They underline the importance of further research to better understand the clinical utility and implication for treatment of these "sibling" but different disorders. The present symposium will show current research on the assessment and treatment of trauma and stress related disorders: a) The Italian version of the National Stressful Events Survey

PTSD Short Scale (NSESS) compared with Rorschach Test; b) The preliminary data on the distinction between PTSD and Complex PTSD in two independent non clinical italian samples; c) The treatment of traumatized patients: an intergenerational approach.

**ARE PTSD AND COMPLEX PTSD DIFFERENT DISORDERS?
PRELIMINARY DATA ON DISTINCTION BETWEEN THESE
CONSTRUCTS IN TWO INDIPENDENT NON CLINICAL ITALIAN
SAMPLES.**

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(3) IRCCS San Raffaele Turro

Within the spectrum of stress and trauma disorders, the WHO ICD-11 has proposed two related diagnoses, posttraumatic stress disorder (PTSD) and complex PTSD (Maercker et al.,2013). It has been emphasized the clinical utility as the organizing principle in classification development. In the proposed ICD-11 hierarchical classification structure, PTSD and complex PTSD are "sibling" disorders, meaning that the diagnoses follow from the parent category of traumatic stress disorders. The stressor acts as the "gate" which allows consideration of a diagnosis of either PTSD or complex PTSD. Regardless of the nature of the stressor, the diagnosis of PTSD or complex PTSD is determined by the symptom profile. This simplifies the task of diagnosis for the clinician by focusing on the target of treatment, namely symptoms and problems, rather than on trauma history. Proposed ICD-11 complex PTSD is a disorder that requires PTSD symptoms but also includes three additional features that reflect the impact that trauma can have on systems of self-organization, specifically problems in affective, self-concept, and relational domains. Starting from this consideration the present contribution aims at evaluating the distinction between PTSD and complex

PTSD in two independent non clinical samples. We administered the ICD-11 Trauma Questionnaire (Cloitre & Bisson, 2013) in a sample of non clinical adolescents (N=300) attending public high schools in Northern Italy and in a sample of university students (N=200). The Italian version of the Attachment Style Questionnaire and Big Five Inventory was administered in the adolescents' sample. In the adults' sample we also administered the Attachment Style Questionnaire and the Pathological Narcissistic Inventory. The results of these studies suggest that PTSD and complex PTSD represent different constructs: they show different pattern of relations with the analyzed variables.

AN INTERGENERATIONAL APPROACH TO THE PSYCHOTHERAPY OF TRAUMA

Clara Mucci (1)

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The first distinction to be made is that between the so called man-made trauma, i.e., trauma due to the violence of another human being, or even within a relationship, and traumatization resulting from a natural catastrophe (earthquake, typhoon etc.). We need also to distinguish severe lack of synchrony between child and caregiver (early relational trauma, resulting in emotional dysregulation) from severe neglect, maltreatment, abuse and incest, resulting in emotional dysregulation, distortion of reality and destructiveness of the self or aggressiveness against the other. In maltreatment and abuse, the two sides, victim and aggressor, remain embedded within the psyche and intertwined within the personality, repeating a chain of violence. Therapy with patients of relational trauma will need to address the not yet symbolized, non-verbal and implicit relational models: working on enactment and moments of dissociation will be precious in order to see the implicit and unconscious mechanisms at work,

and the painful, distorted or destructive representations of self and other. The benevolent and attuned attitude of the therapist is fundamental in order to elicit the reconstruction of traumatic events in details. Therapy will have to address both the aggressiveness due to the identification with the persecutor and also the depressive and destructive sides of the identification with the victim, a process that from anger and desire for revenge and retaliation needs to arrive at integration and a “working through” of the split parts, including mourning. A final step in this process of reconstruction of the traumatic relationship with its distortion of reality might result in “forgiveness”, not in the religious meaning of the word but in the sense of helping the victim to get rid of the identifications with both victim and persecutor and to finally go beyond the chain of identification with both parts.

SEVERITY LEVEL OF POST-TRAUMATIC STRESS SYMPTOMS AND PERSONALITY FUNCTIONING:

THE ITALIAN VERSION OF THE NATIONAL STRESSFUL EVENTS SURVEY PTSD SHORT SCALE [NSESS] COMPARED WITH SOME INDEXES OF THE RORSCHACH TEST

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Following the publication of the DSM-5, the Italian version of the National Stressful Events Survey PTSD Short Scale [NSESS] has been created. This assessment measure permits to evaluate the severity of the posttraumatic stress disorder to a 5-point scale, which allows the clinician to think of the severity in terms of none (0), mild (1), moderate (2), severe (3), or extreme (4) level. This study intends to compare this measure with another diagnostic tool (the Rorschach Test) within a multicenter sample of 30 subjects, which demanded a clinical intervention because of post-traumatic stress symptoms. This methodology allowed to compare the

subjects at different levels of severity, evaluated with this objective measurement scale, with the personality functioning, evaluated with a projective instrument, the Rorschach Test, using the scoring and interpretation method of Exner's Comprehensive System.

The study made use of statistical correlation tools among the different levels of severity and some indexes derived from the Structural Summary of the Rorschach protocols, which are meaningful in regards to the personality functioning. The indexes are: Index of self-centeredness ($3r+(2)/R$), Coping Deficit Index (CDI), Index of current experience (EA) and Affective Ratio (Afr).

The statistical evaluation, together with the qualitative observation of Rorschach Test contents, tells us that with the increase of post-traumatic stress disorder severity levels, different kind of personality functioning coincide, in the direction of a larger primitiveness of defensive functioning, and of a lower structuring of Self-perception.

SYMPOSIUM

CLINICAL PSYCHOLOGY AND PSYCHOMETRIC ASSESSMENT: NEW TREND FOR DIAGNOSIS

Proposer: Carmela Mento

Department of Neuroscience, University of Messina

Discussant: Fiorella Monti

Department of Psychology, University of Bologna

The psychometric assessment is an important tool in the field of developmental and mental health psychodiagnosis.

The symposium embraces several contributions aimed to identify the research directions dealing with mood disorders (especially depression), the areas of development (such as Psycho-Motor Skills, Social and Emotional Competence, Mathematics, the Language and the Motivation) and personality dimensions (such as boredom). The research contributions covering the theoretical models, scales and psychological tests application, are assessed in relation to the diagnostic and clinical relapses, as psychodiagnostic evaluation auxilium.

The results obtained allowed to observe how the evaluation of cognitive domains and the attention towards personality dimensions, such as pathological personality trait, associated with medical conditions (i.e. depression disease), allow to measure and describe a complex profile of ability/disability, according with the current indications of the DSM 5.

**EVALUATION OF THE GLOBAL DEVELOPMENT IN AGE-SCHOOL CHILDREN THROUGH THE INTELLIGENCE AND DEVELOPMENT SCALES (IDS):
PRESENTATION OF A EUROPEAN INSTRUMENT**

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A psychological assessment should lead to highlight and identify child's strengths and weaknesses and it should allow suggesting a suitable intervention. By detecting problems, an assessment can be used to assist school in planning the child's program or in identifying his/her special needs. Frequently, the assessment of cognitive functions, such as attention, memory, reasoning, doesn't reflect the complexity and the child's global nature. Consequently, it's necessary to evaluate further the cognitive and general profile by using other diagnostic tools, but this process is time consuming and it often needs a time more long than that you have available and more extended than that a family can invest in an assessment. IDS offer the opportunity to address and respond to these and other issues, due to their structure; in fact it is based on the combination of two scales: one aimed at the assessment of cognitive development and the other created in order to assess the overall development. Therefore IDS allow obtaining a detailed profile of the child's functioning, such as to orientate any further diagnostic and intervention program. This study describes the Italian adaptation of the IDS. IDS have been validated on 762 children (M= 371; F= 391) between the ages of 5 and 11 years, divided into 19 age groups. The IDS include two subscales: the Cognitive Development Scale, composed of 5 subtests and the General Development Scale, which evaluates 5 functional areas: Psycho-Motor Skills, Social and Emotional competence, Mathematics, the Language and the Motivation; all these areas were assessed by 12 subtest.

The data analysis indicates adequate psychometric properties of IDS, showing good levels of validity and reliability. There was a significant relationship between the socio-emotional areas and cognitive skills. The IDS promote a structured evaluation of development and permit to create a complex profile of child's ability/disability, in according with the indications of the DSM 5.

PSYCHOMETRIC PROPERTIES OF THE BPS IN A GROUP OF ITALIAN COLLEGE STUDENTS

Giuseppe Craparo (1), Silvia Faciano (1)

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Boredom is considered a negative affect characterized by unpleasure and lack of realistic aims.

Several researchers consider the pathological boredom as an important variable in order to understand several psychopathological mental states (e.g addiction, antisocial personality, gambling etc.). We evaluated psychometric properties of the Boredom Proneness Scale (BPS) to 312 Italian college students (39.7% male and 60.3% female) (Craparo et al., 2013). The theoretical background of this scale considers the boredom proneness as a pathological personality trait significantly and positively associated with depression, hopelessness, loneliness, amotivational orientation, and negatively related to life satisfaction and autonomy orientation. Exploratory factor analysis revealed a three factor solution: Internal Stimulation-Creativity, Apathy, and External Stimulation-Challenge. Results of our research demonstrated a good internal consistency.

**ASSESSING CLINICAL VARIABLES THROUGH RORSCHACH
TEST:
A COMPARISON BETWEEN DIFFERENT SCORING SYSTEMS
IN EVALUATING DEPRESSION**

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Different methods are used for scoring and evaluating variables of Rorschach test, leading often to different results and clinical deductions. At the present, among the scoring methods most used in Italy are the Exner's Comprehensive System (CS) and the Rorschach Roman School (RRS, developed by Carlo Rizzo). Main differences in RRS scoring are 'Technical W', 'particular', composed and secondary determinants, inclusion of C' in the ErlebnisTypus, chocs and other specific indices; peculiar of CS are Z and D scores, Lambda and Egocentrism Index. The Rorschach test was administered to a sample of 34 subjects: 17 (9 males, 8 females) with a diagnosis of major depression (Hamilton Rating Scale test mean score =33,7) and a matched control group of 17 persons without clinical diagnoses (9 males, 8 females), paired by age (range: 25-60 yrs). The typical indices of depression (reduced R, M, ET, P/V%, R+%, F+%, $p < .05$) are discriminant of depression in both the systems. X-% ($p < .001$), Zt and Lambda ($p < .10$) are also discriminant in CS. Both in CS and RRS, the clusters devised for detecting depression are confirmed as regards validity. The most significant correlations between the two systems are R+% (-.80), F% (.45), F+% (-.53 with F-% and -.80 with X-% in CS), M (.92), A% (.99), H% (.98), V/P (.94), TC (-.67 with W and .40 with D in CS). The two scoring systems considered in our study lead to similar results as regards the most relevant variables and result homologous in differentiating depressed from control groups. These results are useful both for clinical and for forensic applications of Rorschach Test.

SYMPOSIUM

ON SOME ASPECTS OF PARENTING: PROTECTIVE AND RISK FACTORS

Proposer: Chiara Pazzagli

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Perugia

Discussant: Giorgio Caviglia

Department of psychology, Second University of Naples

Pregnancy and parenting involve a new organization of mental life in order to adapt to the new task of having an infant to care for (Stern, 1998). If pregnancy and parenting require complex cognitive, affective, and behavioral changes, they could be more psychologically complex in situations at high psychosocial risk, or in infertile couples undergoing assisted reproduction treatment. Developmental researches have widely studied that child's development is firmly determined by the quality of the relationship with the parents. Parents' representations of their autobiographical history and of the child are linked to their capacity to tolerate and to regulate affect, and to the quality of their relationship with the child. The personal history of each parent, pregnancy experience, expectations about themselves as parents and with respect to their baby, are some of the numerous factors determining the quality of parents' representations. Furthermore, the parents' capacity to understand the developing mind of the child is considered to mediate the relationship between adult and child attachment (Fonagy et al, 2002). For instance, Grienenberger and colleagues (2005) consider parental reflective functioning a protective factor against breakdowns in affect regulation during time of stress. Within this perspective, the three studies proposed in this panel aim to investigate some risk and protective factors belonging to the transition to parenthood and to "parenthood constellation". The work presented by Babore and colleagues explores the psychological processes that develop in infertile couples undergoing assisted reproduction treatment.

Vismara and Tambelli discuss a study on maternal representation and reflective functioning during pregnancy carried out with a sample at low and high psychosocial risk. Finally, Pazzagli and colleagues present the Italian version of Parental Reflective Functioning Questionnaire and first data of its application in a normative sample.

**PARENTAL REFLECTIVE FUNCTIONING QUESTIONNAIRE:
PRELIMINARY DATA ON ITS APPLICATION IN THE ITALIAN
CONTEXT**

**Chiara Pazzagli (1), Veronica Raspa (1), Elisa Delvecchio(1),
Giulia Radi(1), Claudia Mazzeschi (1), and Patrick Luyten (2)**

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The capacity for mentalization and *reflective* functioning is considered to be a developmental achievement that relies on the caregiver's contingent mirroring of and response to the child's internal state's (Fonagy et al., 2002). It's relatively new the use of Parental Reflective Functioning Questionnaire (PRFQ; Luyten et al., 2009) to investigate the capacity of mothers and fathers to reason about their own and their child's behaviours by taking into consideration intentional mental states (Luyten, et al., 2012). The PRFQ is a multidimensional assessment of parental reflective functioning, articulated in 36 item, that asks participants to rate a series of statements relevant to their child that assess curiosity surrounding mental states, efforts to understand mental states and how they relate to behavior, and refusal to acknowledge mental states and their influence on behavior (Rutherford et al., 2013). Aim of the presentation is to introduce the Italian version of PRFQ, and to present first data of its application in a sample of 300 mothers and 300 fathers of Italian pupils ages 3 to 10 years, recruited by infancy and primary public schools located in central Italy.

The administered tools were: a questionnaire on socio-economic and educational backgrounds; PRFQ (Luyten et al., 2009); Parenting Stress Index-SF (Abidin, 1986); Caregiving Helplessness Questionnaire (George & West, 2001); Attachment Style Questionnaire (Feeney et al., 1994); Strengths and Difficulties Questionnaire (Goodman, 1997). Standard descriptive statistics were used to summarize the variables. Independent t tests were performed to test differences between mothers and fathers in psychological characteristics. Pearson product-moment correlations were used to examine the association between variables. Results showed interesting correlation between PRFQ and the other tools. Preliminary data on PRFQ application show promising utility of its use in the Italian context.

PSYCHOLOGICAL OUTCOMES IN COUPLES UNDERGOING INFERTILITY TREATMENT

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According to the World Health Organization, infertility affects up to 15% of couples. It may be considered a particular condition characterized not by the presence of a pathological symptom, but by the absence of a desired state (Greil et al., 2010). Despite the recognition of the fact that it may be seen as a state that affects the couple regardless of which partner presents the functional impairment, most research in this field reserved little attention to psychological outcomes on men. Through the present study we aimed to explore how both members of couples undergoing Assisted Reproductive Technology (ART) treatments lived this experience and what emotional effects (in terms of levels of anxiety and depression) it may produce on them. The sample consisted of 176 couples (mean age = 37.9 years; sd = 5.3) undergoing ART treatments in various Italian public and private

hospitals. The tools we used included the Zung Self-Rating Depression Scale (SDS), the Zung Self-Rating Anxiety Scale (SAS) and the Openness to Others Scale (OTOS). In addition a series of questions explored the story of the couple and the background of the couple's desire of a child. Our findings highlighted that the decision to undertake an ART treatment was mostly suggested by females (with only 1.7% of the male sample). In addition men and women exhibited different patterns of psychological suffering caused by infertility with the latter showing significantly higher levels of depressive ($F = 31.29$; $p < .001$) and anxiety symptoms ($F = 25.08$; $p < .001$) than their male counterparts. With regard to males, the majority of our sample (56.4%) preferred not to share with others (such as family or friends) the choice of an ART treatment, unlike their wives who were much more open about their fertility problems (Chi-square = 34.31; $p < .001$). Taken together, these results suggest the importance to plan specific interventions differentiated by gender to psychologically support infertile couples.

THE APPLICATION OF REFLECTIVE FUNCTIONING TO THE MATERNAL REPRESENTATION INTERVIEW BEFORE BIRTH: A PILOT STUDY

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Reflective Functioning (RF; Fonagy et al., 1998; Tambelli et al., 2010) is the complex, dimensional comprehension of mental states and their internal and interpersonal nature. The mother's mentalizing capacities are crucial to the child's capacity to fully experience, regulate and organize a wide range of affect and other mental states (Slade, 2006; Fonagy, Target, 2005). The present study aims to assess maternal RF during pregnancy in women at psychosocial risk and to confirm its applicability to maternal narratives.

33 pregnant women – at low and high psychosocial risk evaluated by means of CES-D (Radloff, 1977) and of a semi-structured interview that explores variables such as low educational level, low socioeconomic status, single motherhood, family psychiatric history, abuse, and several life events - were selected based on their quality of maternal representation evaluated through the Maternal Representation Interview before Birth (Ammaniti et al., 1985; Ammaniti, Tambelli, Odorisio, 2012) that covers the woman's and the couple's desire for a baby; emotional reactions of the woman, of the couple, and of the other family members to pregnancy; emotions and changes in the woman's life, in the life of the couple, and in relation to the families of origin during pregnancy; perceptions, positive and negative emotions, maternal fantasies, the internal child's psychological space; future expectations and possible life modifications; personal history perspective. The overall quality of maternal representations is correlated to maternal reflective functioning; specific dimensions, that is openness to change, affective involvement, coherence, and differentiation are also positively correlated to RF score.

The study supports mentalization as a key feature in mental representations that allows to address focused interventions to support the caregiver-child relationship and the child's development.

SYMPOSIUM

MAFIA AND PSYCHOPATHOLOGY

Proposer: Cecilia Giordano

Department of Psychological and Educational Sciences, University of Palermo

Discussant: Giuseppe Craparo

Department Human and Social sciences, Kore University of Enna

Several disciplines have analyzed the impact produced by the mafia on the economy, politics and social systems. Nowadays it is possible to estimate the turnover of the mafia and the fallout on the Italian economy; the plots of many criminal networks are well known and it is possible to see the effect that the Mafia has on social cohesion. The clinical psychology research on the mafia has contributed to understand the psychological functioning that underlies many mobsters' behaviors. Recently it has increased the interest toward the study regarding the effects that the mafia violence has on its victims and also the interest towards the psychological and therapeutic work on this specific field. The symposium aims to present the results of some empirical research on these issues and draw prospects for research and interventions for the future. All the research has used clinical interviews and qualitative analytical methods for the analysis of the issues being studied.

The contribution of Cannizzaro, Calabrese, Tosto, Giordano investigates the psychological and psychopathological repercussions that the Mafia has on the families of the victims of the organized crime through the qualitative method CQR (Consensual Qualitative Research, Hill, 2011).

The research of Calandra, Lampasona, Formica, Lo Verso aims to highlight the effects of the extortion crime on its victims through a qualitative analysis of a single case.

Finally the contribution of Mannino, Gulli, Giunta, Di Blasi, has applied the analysis of the text by using T-Lab (Lancia, 2004) and it aims at

highlighting the psychological and psychopathological condition of the women involved with the Mafia.

SURVIVORS. THE IMPACT OF THE MAFIA MURDERS ON THE VICTIMS' FAMILIES

**Giusy Cannizzaro (1), Laura Calabrese (1), Crispino Tosto (1),
Cecilia Giordano (1)**

(1) Department of Psychological and Educational Sciences, University of Palermo

This work, through an exploratory study, aims to investigate the psychological and psychopathological impact that organized crime has on the families of the innocent victims belonging to two Italian regions with a high density of Mafia: Sicily and Calabria. Specifically the study has allowed to deepen the impact of the murder on the family through the exploration of a) the experiences related to the loss, b) the change in lifestyle following the murder, c) the emergence of psychological problems, d) the perception of the social support received. The study involved 17 family members (parents, children, spouses, brothers/sisters) of innocent victims of organized crime (*Cosa Nostra* and *'Ndrangheta*) who were interviewed with semi-structured clinical interview. The interviews, fully audio recorded and transcribed, have been analyzed through qualitative method CQR (Consensual Qualitative Research, Hill, 2011). This methodology provides for the involvement of a research team composed of three judges and an Auditor external to the team, who has overhauled the entire research process step by step (construction of the interview and domains, data analysis and construction of final conceptual categories). The results confirm the hypothesis that the murder of a family member by the mafia has a dramatic impact on the lives and mental health of those involved. It has been found a high degree of mental suffering characterized by: anxiety and mood disorders, psychosomatic disorders, social isolation,

breaking of family ties, fragmentation of social networks. The study allowed us to explore a field until now little studied and the results will allow to develop lines of action aiming to the positive processing of the suffered event for individuals, groups and the whole community.

**MAFIA WOMEN:
MENTAL REPRESENTATION OF THE MAFIA AND
CORRELATE PSYCHOPATHOLOGICAL
AN EXPLORATORY STUDY**

**Giuseppe Mannino (1), Dominga Gulli (2), Serena Giunta (1, 2),
Maria Di Blasi (2)**

(1) Planning and Management of policies and Social Services, LUMSA Santa Silvia,
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(2) Department of Psychological, Pedagogical and Educational Sciences, University of
Palermo

For a long time, a woman in a Mafia family was considered having a subordinate and dependent status; society imagined Mafia women as victims who were unaware of the activities of the men in the families. However, it has recently been demonstrated that these women may play an important role in the organization, particularly in the transmission of Mafia values. In this study, we explored the representations of self, relationships, and the Mafia world of women engaged with Mafia members. Five women belonging to the Mafia were interviewed. They were aged between 38 and 54 (mean age = 44; SD=3) and all of them lived in Sicily; specifically, the Mafia members included a fugitive, a collaborator of justice, one on probation, and two who had been killed by former Mafia accomplices.

This study was conducted with in-depth interviews and computer-assisted text analysis was performed using the T-Lab (Lancia, 2004). A cluster analysis was applied to words used by the women in the interviews.

Three clusters emerged that accounted for 85% of the principal content of the interviews; these were interpreted as "representations of family",

"representations of social relationships", and "ideals and values". The analysis of words included in each cluster suggested that Mafia women are deeply involved in the transmission of traditional Sicilian values to their offspring. These ideals and beliefs are deeply rooted in the Mafia organization and they involve attributing a central role to family, religion, and honor within the Mafia culture. Therefore, it can be crucial for society to use the emerging knowledge of the psychological and psychopathological condition of women involved with the Mafia for developing appropriate preventative and social measures to help these women in changing their ideals and beliefs related to the Mafia world: this would break the transmission of Mafia values thus hitting the Mafia organization as a whole.

EXTORTION OFFENCE AND PSYCHOPATHOLOGY THE ANALYSIS OF THE EXPERIENCE OF A MAFIA VICTIM

**Ivan Formica(1), Francesca Calandra (2), Roberta Lampasona (2),
Girolamo Lo Verso (2)**

(1) Department of Humanities and Social Sciences, University of Messina

(2) Department of Psychology, University of Palermo

In Italy, the latest report of Undoc (United Nations Office on Drugs and Crime) has estimated that Mafias' profits amount to some 116 billion per year, that represents around the 7.7% of the GDP of the country, with destructive effects on the economic, environmental and psychosocial spheres. The current contribution aims to deepen the understanding of the Mafia Psychism, as well as the devastating psychological and social impacts on its victims through the qualitative analysis of a single case. The data collection started by the distribution of a purpose-built, semi-structured interview.

In the present case, the action/research model shows a general framework of the key concepts required to understand the extortion crime characterization, starting from the complex and articulated signification map of the experience lived by the participant, obtained through the interpretative-phenomenological analysis of the transcription. Final results underline the psychopathological effects of the victimization process caused by the exposure to the extortion offence.

Identity collapse, dissociative reactions, formal and informal networks crash, isolation, sacrifice of the future projects and of the feeling of being in control on their own life, are just some of the emerging side effects. Therefore, the research reminds us about the need to create multidisciplinary and multilevel models of intervention to prevent the risk of psychopathological, relational and social drifts for mafia victims condition.

SYMPOSIUM

EMOTIONAL DYSREGULATION IN BORDERLINE PERSONALITY DISORDERS: COMPLEX STRUCTURED TREATMENT PROGRAMS IN DIFFERENT CLINICAL SETTINGS

Proposer: Cesare Maffei

Service of Clinical Psychology and Psychotherapy IRCCS San Raffaele Turro, Milano,
Italy; Faculty of Psychology, University Vita-Salute San Raffaele, Milan

Discussant: Antonio Carcione

Third Centre of Cognitive Psychology SPC Rome

Aim of this symposium is to show the implementation of complex structured treatment programs to manage emotional dysregulation in patients with severe personality disorders. As this feature results to be pathognomonic in Borderline Personality Disorder, treatment programs have to face the extreme complexity and behavioral variability of the feature, as well as the different clinical contexts in which these patients are admitted. In this symposium efficacy data will be discussed, focusing on three different programs (Dialectical Behavior Therapy – DBT, Cognitive Behavioral Therapy – CBT, and Group Experience Therapy – GET) in long-term inpatient unit, day hospital, and private outpatient settings. The paper by Visintini and colleagues aims at describing a complex model of treatment for borderline personality disorder (GET) and at showing preliminary longitudinal data on its implementation in a long term inpatient unit for young women. The paper by Carretta and colleagues aims at illustrating and comparing one-year-process data regarding BPD patients attending different treatments (DBT and GET) in a day hospital setting. The paper by Pazzano and colleagues aims at comparing outcome data from patients attending CBT and DBT in an outpatient private setting. The paper by Pizzi and colleagues aims at showing outcome data after six months of standard DBT in an outpatient private setting.

All papers show significant reductions in relevant variables related to emotional dysregulation and consequent dysfunctional behaviors, suggesting that complex treatments are effective despite their different setting implementation.

**GROUP EXPERIENCE THERAPY (GET):
A MULTILEVEL TREATMENT FOR BORDERLINE
PERSONALITY DISORDER TARGETING EMOTIONAL
DYSREGULATION. PRELIMINARY DATA ON ITS
IMPLEMENTATION IN A LONG TERM INPATIENT UNIT FOR
YOUNG WOMEN**

Raffaele Visintini (1,3), Nicolò Gaj (1,3), Ilaria Carretta (1)

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- (2) Faculty of Psychology, University Vita-Salute San Raffaele, Milan
- (3) Centre Snodi, Castellanza (Va)

The paper aims at describing the structure of a new multilevel psychological treatment (Group Experience Therapy: GET) for patients with severe Borderline Personality Disorders (BPD) traits, and its early implementation in a long-term inpatient unit for young women with social maladjustment. GET has been developed six years ago in a day hospital setting at San Raffaele Turro Hospital, Milan, addressing the clinical complexity of BPD patients with serious impairment in emotional, behavioral and relationship-related regulation strategies. It is a group-centered treatment, in which patients are sustained and stimulated to experience more adaptive strategies in many group contexts. GET is composed by two phases, both with a planned duration of about nine months. The first phase, aimed at reducing dangerous impulsive behaviors, is mainly characterized by psycho-educational and cognitive-behavioral/functional approaches.

The second phase, devoted to develop deeper awareness of psychological functioning and improve relational abilities, is based on a psychodynamic and expressive approach. Preliminary data on the first GET phase implementation in a long-term inpatients unit are presented: the sample was comprised by six young women (mean age: 17 years) with severe BPD profile (mean number of BPD traits: 6.20). Subjects were assessed at the baseline and after three months of treatment on emotion dysregulation, impulsivity and aggression. As expected, subjects showed noticeable reduction in the assessed dimensions: critical scores at the beginning of treatment ($ps < .01$) retrieve to normative values after three months (for all, $ps = n.s.$). The results show that GET, although developed in an outpatient setting, seems to be effective also in reducing dysfunctional behaviors in long term inpatient settings. The high intensity and the group approach of the treatment seems to be valuable features worth of further exploration.

**A RANDOMIZED CONTROLLED STUDY OF TWO
STRUCTURED TREATMENT PROGRAMS FOR SUBJECTS WITH
BORDERLINE PERSONALITY FEATURES IN A DAY-HOSPITAL
SETTING:
EFFICACY OVER ONE YEAR**

**Ilaria Carretta (1), Raffaele Visintini (1,3), Nicolò Gaj (1,3),
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- (3) Centre Snodi, Castellanza (Va)

The aim of the study is to test the efficacy of two structured therapeutic programs, Dialectical Behavior Therapy (DBT) and Group Experience Therapy (GET) on emotional and behavioral dysregulation in patients with severe Borderline Personality Disorder (BPD) features.

The study is a randomized and interventional trial; experimental design is longitudinal. Forty subjects diagnosed with severe BPD features are consecutively admitted and randomized in two different day-hospital treatment programs, DBT and GET, at San Raffaele Turro Hospital (Milan, Italy). No differences were found between groups for socio-anagraphic variables and personality traits measured at baseline (all $ps = n.s.$). Dimensions of emotional dysregulation, self-harm, impulsivity and aggression are assessed at the admission time and during the first year of treatment, every six months. Statistical analyses were conducted with nonparametric and parametric tests (i.e., Repeated Measure ANOVA), and preliminary multilevel analysis.

For both arms of treatment significant changes were found on main features of dysfunctional behaviors, emotional dysregulation, and coping strategies. The results showed a significant decrease during treatments in emotion dysregulation in almost all dimensions, self-harm and aggression scores ($ps < .005$), for both treatments. The reduction of trait impulsivity seems to be not significant in both samples. Comparison of the two treatment programs showed only small effects.

Both structured treatments for BPD seemed to be effective on behavioral and emotional dimensions, even after six months. Some hypothetical implications for clinical practice were deduced considering common and specific therapeutic factors of the two treatment programs.

**DIALECTICAL BEHAVIOR THERAPY WITH BORDERLINE
PERSONALITY DISORDER:
AN EXPLORATORY STUDY OF TREATMENT OUTCOMES IN A
PRIVATE PSYCHOTHERAPY CENTER**

**Elisabetta Pizzi (1), Donatella Fiore (1), Livia Colle (1,2), Amelia
Gangemi(3), Alessandra Nachira (1), Giuseppe Nicolò (1), Roberto
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(3) Department of Cognitive Science, Educational and Cultural Studies, University of
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(4) Department of Psychology - Second University of Naples

The aim of this exploratory study was to investigate the changes of emotional, cognitive and personality-related behaviors and processes respect to treatment outcome in adult outpatient treated with Dialectical Behavior Therapy (DBT) in a private psychotherapy center. Thirty-seven adults completed 6 months program of DBT treatment as well as pre- and post-treatment measures. In this preliminary investigation were examined with repeated measures analysis ($p < .05$) changes in intentional self-harm behavior (SHI), symptom distress (SCL90), perceived self-efficacy in interpersonal relationship (IIP), severity of personality disorder pathology (SCID-II), metacognition (MAI) - operationalized as the general ability to learn and reflect on own and others' mental states - and assessed the variables' change respect to treatment outcomes.

The treatment was effective not only in decreasing risk-suicidal behavior, but also in increasing positive behaviors. Participants reported a significant reduction on externalizing and internalizing symptoms. Moreover, participants who showed greater improvements in reducing risk-suicidal behavior showed a significant improvement in interpersonal effectiveness, metacognitive abilities, and reduction in global severity of personality disorder pathology.

Despite the absence of control groups but consistent with the treatment outcome research literature for DBT-based treatments for BDP, this study suggests further investigation of the observed variables on the role of the predictors for the definition of treatment's modalities of intervention and their organization that might derive clinical and cost effective improvement.

**A PRELIMINARY INVESTIGATION OF BORDERLINE
PERSONALITY DISORDER'S TREATMENT OUTCOME.
APPLICATION OF DIALECTICAL BEHAVIOR THERAPY AT THE
ECOPOIESIS CENTRE OF COGNITIVE PSYCHOTHERAPY
(REGGIO CALABRIA, ITALY)**

**Paola Pazzano (1,2), Olga Iriti (1,2), Barbara Basile (3,4), Annalisa
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- (1) Centre of Cognitive Psychotherapy ECOPOIESIS, Reggio Calabria
- (2) School of Cognitive Psychotherapy, Reggio Calabria
- (3) Association of Cognitive Psychotherapy, Rome
- (4) Laboratory of Neuroimaging, Santa Lucia Foundation, Rome

The Dialectical Behavior Therapy (DBT) is a treatment originally developed for clients with Borderline Personality Disorders (BPD) with high risk of suicidal and self-harm behaviors. DBT for BPD has been shown to be an effective treatment compared to treatment as usual (TAU) for the reduction of all threatening behaviors. DBT is particularly indicated with clients showing self-harm and parasuicidal behaviors, emotion dysregulation, difficulties and instabilities in unstable and intense interpersonal relationships, identity disturbance markedly by a persistently unstable sense of self. The aim of this paper is to preliminarily investigate how two treatments, DBT and standard Cognitive Behavior Therapy (CBT), applied in outpatients private setting, differs in effects emotional, cognitive and personality-related behaviors of adults with BPD. Moreover, the study is interested to investigate whether the improvements in emotion, cognitive processes, personality-related behaviors could be associated with positive treatment outcomes (i.e. symptoms reduction) in BPD with respect to the

two kind of treatment. The sample consisted of 12 clients aged between 18 and 40 years, attending standard DBT or CBT at Centro di Psicoterapia Cognitiva ECOPOIESIS. All of them have a DSM-IV diagnosis for BPD. The sample was balanced equally over the treatments. All participants were evaluated twice, at the beginning and after 6 months, with MMPI-II , SCID II, SCL90-R, ASI (Anxiety Sensitivity Index), TAS-20 (Toronto Alexithymia Scale), ASQ (Attachment Style Questionnaire), RESE (The Regulatory Emotional Self-Efficacy). Both non parametric and parametric (i.e. t-test) were used.

This study started December 2014 and is still in progress. In line with other recent research results, authors would expect a significant better reduction in symptoms and other variables in clients treated with DBT compared to CBT treatment ($ps < .05$).

SYMPOSIUM

NARCISSISM AND CONTEMPORARY PATHOLOGIES: THE CONTRIBUTION OF THE STUDIES THROUGH PROJECTIVE METHODS

Proposer: Tiziana Sola

University "G.D'Annunzio" Chieti- Pescara

Discussant: Salvatore Settineri

Department of Humanities and Social Sciences, University of Messina

One year after the centenary of its birth, the concept of Narcissism introduced by S. Freud in 1914, remains in all its modernity and essentiality not only in the psychoanalytical, psychiatric or psychotherapeutic field (see the importance of the narcissistic structure within the nosographic sphere), but also in the humanities line which identify our era as 'the era of narcissism'. In the clinical and psychopathological field the productiveness of the concept of narcissism is revealed in the different aspects of the psychic life, especially at the turning points that mark the experience of change of our existence and that mobilize the development of the processes of separation-individuation. Self-love is in fact the foundation of the self-construction and the subsequent relational investments, constitutive aspects of the identity of each individual, whose dynamic balance, in its different links and in the temporal becoming of life, follows the different gradients of mental health or disease. The projective methods (Rorschach, TAT, ROT, drawing), devices of refraction, in images or narrations, of the mental constitution of the subject, offer wide possibilities of study of narcissism and of the different components to which it convenes. This symposium aims to discuss the polysemy of the concept of narcissism, proposing clinical studies through projective methods, whose peculiarity is to reproduce the different types of the representation of the self.

That allows to highlight the constructive potential of narcissism (psychic cohesion, resilience, openness, planning), as well as its destructive drifts (maniacal omnipotence, pettiness, depression). The dynamic-inclusive reading of such studies, supported by quantitative-statistical analysis, also shows the effect of the narcissistic-identitarian risk in current pathologies, such as to suppose a greater and greater rarefaction of the neurotic structure in the classical Freudian meaning.

VARIABLES OF INVENTORIES AND RORSCHACH TEST DISCRIMINATING DIFFERENT PSYCHOPATHOLOGIES

**Santo Di Nuovo (1), Sabrina Castellano (1,2), Andrea jr
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Psychometric instruments for use in clinical and forensic assessment consist of inventories and projective tests, whose results are often discrepant as diagnostic deductions, reflecting the different aims and methodologies that each instrument pursues. The aim of the study is to cross-correlate the clinical diagnostic indices of MCMI-III, Personality Assessment Inventory (PAI) and Rorschach test (scored according to Exner's Comprehensive System) in evaluating pathological syndromes. The sample consisted of 48 subjects: 24 inpatients (16 males, 8 females), mean age 41.45 yrs (s.d. 9.69), mean years of education 10.05; and a control group composed of 24 healthy adult subjects, matched by gender, age and education. The clinical scales of the inventories discriminate clearly the inpatients' group from controls. The scores of Rorschach test reflect better the cognitive styles and the emotional imbalance shown by pathological subjects, while the control indices proposed in different instruments are efficient in both groups. Data derived

from inventories and projective methods such as Rorschach test have to be integrated to exploit at best the clinical aspects of the diagnostic process.

NARCISISSISM, PARENTING AND PROJECTIVE TECHNIQUES

**Paolo Capri(1), Maria Benevento (2), Anna Colella (1), Federica
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The narcissistic conformation of the Ego highlights, from a clinical perspective, a self-centered orientation which excludes libidinal exchanges and in which the other represents just a mirror of its own psychic activity to compare with, in order to satisfy its own needs of gratification and emotional nutrition. In the field of Forensic Psychology, and more specifically regarding the evaluation of parenting abilities in separated couples competing for their children, a diagnosis in the spectrum of narcissistic disorder becomes matter of importance considering that, although it doesn't represent a real danger for children, like a possible witnessing violence, it can seriously affect parenting functions as it is characterized by an inadequate recognition of the other, due to the research of its own needs and desires rather than the perception of the other as a different person than itself, who also need, therefore, attention, protection and affection. In a narcissistic parent there is a lack of interpersonal availability, there isn't a fundamental giving code in order to exercise "maternage", and there isn't any deep interest in needs and feelings of the other, of children in this case, with a consequent serious decrease of parenting skills and abilities, because of the lack of basic elements of empathic perception. Therefore, it is very important to be able to understand, by projective tests, the characteristics of a narcissistic

personality, its organization and its mental working, in order to evaluate consequences in terms of parenting.

In our work we have identified some elements and a set of indicators typical of the narcissistic personality disorder isolated by Rorschach test (H %, F(C)+, F(c)±, Rispecchio, Autoriferimento) as well as the main elements of parenting abilities, in order to define, in a structured way, narcissistic traits which can gravely interfere with parenting.

**DESTRUCTIVE NARCISSISTIC DERIVATES IN
PSYCHOSOMATIC DISORDERS:
AN EVALUATION OF OMNIPOTENCE AND ANGER THROUGH
PROJECTIVE TECHNIQUES**

Carmela Mento (1), Caterina Di Perri(2)

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(2)Department of Humanities and Social Sciences, University of Messina

The decision of employing projective methods in the clinical setting imposes a unique dynamic-comprehensive praxis. The latter regards the elements that characterize the functional areas of personality and the facets of the representation which, similarly to a real-life scene, provide a cross-section that enables to reflect upon the patient's affective and relational life. In this study, during the clinical psychodiagnosis, mental images emerging from the Rorschach and tree projective drawing test were observed in relation to a psychosomatic disorder concerning a chronic inflammatory disease. The observation of the emerging defense mechanisms, within a rigidly structured personality, enables the clinician to witness emotional experiences of intense anger expressed through bodily and relational modalities, resulting from an adversarial relationship with the dimension of reality. This condition, in relation to the presence of chronic physical suffering, and analyzed in light of the emerging defense mechanisms of the patient, allows a thorough analysis of the patient's personological

component and reveals further prognostic indications relative to the treatment. The attention granted to mirroring phenomena, reveals the dimension of the mirror in its symptomatic significance, resulting nonetheless unresolved on a clinical level, precisely because its form is the opposite of that of normal functioning. In the complex realm of words and of the literalization of the body, the symbolic dimension suffers and finds a life of expression through images.

**EFFECT OF THE NARCISSISTIC-IDENTITARIAN RISK
IN CONTEMPORARY NEUROTIC DISEASES.
STUDIES THROUGH PROJECTIVE METHODS**

Tiziana Sola (1)

(1) University “G.D’Annunzio” Chieti- Pescara, Italy

This work aims to explain the problem of the effect of the narcissistic-identitarian fragility observed in the current neurotic disorders. With a focus on studies carried out on different types of symptoms of a predominantly neurotic nature, the author intends to highlight the way in which the narcissistic “flaws” observed in these psychopathological conditions, express themselves in more or less severe forms of fragilities of the psychic boundaries, damaging at various levels, the processes of construction of the identity of the self. The projective instruments, in this case Rorschach and T.A.T, in a dynamic-clinical reading, supported by quantitative and statistical evaluations, prove to be privileged instruments to study these aspects, emphasizing –through inhibitory dynamics of the internal movements of the drives (Rorschach), or narrations centered on immediacy (T.A.T)-the crisis of the neurotic model, intended as a conflict among instances, and of the symptom intended as a compromise. Both components that some contemporary authors consider the characteristics of the “new distress of the civilization”.

SYMPOSIUM

ISSUE IN PERSONALITY PATHOLOGY DIAGNOSIS IN ADOLESCENCE: INTEGRATING THE NEW FRAMEWORK FROM DSM-5 AND PSYCHODYNAMIC PERSPECTIVE

Proposer: Riccardo Williams

Department of Dynamic and Clinical Psychology, Sapienza University of Rome

Discussant: Andrea Fossati

Department of Human Studies, LUMSA University, Rome

For many years the diagnosis of personality disorders in adolescence has been the focus of controversial debate. The critical points raised concern the applicability of the categorical diagnosis, the scant consideration for the specificities of adolescent functioning, the stability of the diagnoses and their predictive value into adulthood. In the last twenty years a sound consensus has been reached as to the clinical and developmental relevance of an integrated, multifaceted approach to the understanding of personality pathology and organization in the adolescence. In particular, a new diagnostic awareness has been established as to the necessity to evaluate personality pathology in adolescence as a complex articulation between rooted developmental dimensions, specific areas of functioning emerging in this phase, levels of representational organization. The new set up in dsm-5 to PDs encompasses several approaches to the understanding of personality pathology, opening to an integration of dimensional, categorical and organizational perspectives. This integrated standpoint paves the way to various traditions on personality study encompassing research on individual differences and personology, psychodynamic perspective on self-other representations, knowledge on psychopathology and personality development. The current framework allows for both a more precise critical approach to personality pathology in adolescence and for the understanding of some broader issues of psychopathology and functioning in adolescence.

This panel aims at illustrating how the integration between DSM 5 framework and single psychodynamic construct can aptly interact to increase our understanding of specific issues of personality pathology in adolescence. Mucci's contribution will focus on the IPOP approach to structural diagnosis showing its potential for the understanding of many key aspects of personality pathology in adolescence. Borroni and Scalabrini will discuss the relevance of Sydney Blatt's DRS for discrimination of several degrees of severity as well as diagnostic types of personality pathology in adolescence. Williams and colleagues' work will point to the potentiality of PID (adolescent-version) in understanding the trans-categorical usefulness of dimensional approach to the clarification of some controversial clinical issues in adolescence, such as narcissism, suicidal and parasuicidal behavior, targeting the severity of personality pathology.

THE ROLE OF MENTAL REPRESENTATIONS IN ADOLESCENTS PERSONALITY ASSESSMENT

Serena Borroni(1), Andrea Scalabrini(2)

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The Alternative DSM-5 Model for Personality Disorders listed in Section III emphasized the centrality of mental representations in understanding and classifying personality disorders. It proposes that different levels of impairments in levels of self-definition and interpersonal functioning are central to defining personality disorders, which range from no impairments to extreme impairments as expressed in a profound inability to reflect on the self together with severe impairments in self–other boundaries. A number of assessment methods have been developed to measure general personality pathology as distinct from personality disorder style. One promising instrument in this context is the Differentiation-Relatedness Scale (DR-S; Diamond et al., 1991) as scored on Object Relations Inventory (ORI; Blatt et al., 1979). DR-S is a 10 point scale, which addresses the degree to which

a person possesses an individuated sense of self and maturity of interpersonal relatedness, based on descriptions of self and significant others. Starting from these considerations, the present contribution aims at evaluating the role of mental representations as evaluated with DR-S, as marker of personality functioning in a sample of non clinical adolescents. The sample was composed by 100 adolescents attending a public high school in Northern Italy. All participants were administered the Italian translation of the Attachment Style Questionnaire and of Big Five Inventory. Moreover, we relied on teachers' reports about adolescents personality features. Teachers also reported the adolescents' academic performance. The results of this presentation suggest that the immaturity of mental representations is specifically associated with maladaptive personality features (high neuroticism, insecure attachment style) and with low cooperativeness and difficulties in defining the self, as rated by teachers.

THE CHALLENGE OF A DIAGNOSIS OF PERSONALITY DISORDER IN ADOLESCENCE

Clara Mucci(1)

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- Chieti

Adolescence, being a moment of exquisite emotional, sexual, physical and cognitive development, posits special challenges in any diagnosis of psychological problems, especially in the definition of a Personality Disorder. Notoriously the DSM indicates the age of 18 as the appropriate age for a PD diagnosis, but anyone who works with difficult adolescents is aware of the fact that a personality disorder is highly evident even in the first years of middle school. An early intervention without labelling or stigmatizing the adolescent might be very useful and even result in a resolution of the problems.

While a diagnosis has to be fluid and open when it regards adults, it should be even more open to reevaluation when an adolescent is concerned. For a highly individualised treatment, a complete assessment is necessary, with evaluation of the family constellation, including individual interviews with the parents about the adolescent's childhood and the relationship with siblings; scholastic performance must be evaluated, including not only proficiency and cognitive adequacy but also an exam of the relational capacities or conflicts with peers, with adults; careful evaluation of possible presence of mental disorders must be made; the level of identification and object relations maturity with an exam of the self-esteem and internal representations about self and others, or attachment styles and capacity or lack of empathy must be evaluated. Semistructured interviews (Ammaniti and Kernberg, IPOP for Adolescents, 2011) might shed light on defenses, attachment patterns, reflective and mentalization capacities, object relation integration and/or internal sadistic split objects resulting in aggressiveness (towards others) or destructiveness (towards the self); this type of interview also provides an analysis of self-esteem and Super-Ego development and reality testing (or on the contrary the presence of anti-social features and ego syntonic aggressiveness).

THE PREDICTIVE VALUE OF PID-5 DIMENSIONS FOR SPECIFIC ISSUES OF PERSONALITY PATHOLOGY IN ADOLESCENCE

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The evaluation of personality pathology in adolescence presents with some critical aspects which do not simply concern the applicability of categorical diagnoses of personality disorders to this phase of development. Given the specificity of adolescent mental and regulatory functioning, clinical areas such as narcissism, self-harm and suicidal behaviors, degree of

severity and adjustment are not easily understood in terms of DSM personality disorders categories. An alternative trait approach is provided by the third section of DSM 5 for personality disorders and by the Personality Inventory for DSM 5 (PID). The PID-5 is organized into 25 subscales yielding scores that converge to determine scores for five areas of personality pathology. The aim of this study was to verify the clinical predictive value of the PID-5 adolescent version in its Italian adaptation and validation by Fossati, 2015) with respect to the areas of narcissistic organization, suicidal and non suicidal self-injury (NSSI), levels of severity and adjustment, both in the social and school functioning domains. 80 patients from an inpatient and a psychotherapy units of the University of Rome "Sapienza" were administered with the PID (a 220 item self-report questionnaire) the DSM SCID II for personality disorders. Clinical descriptive measures were also collected describing NSSI and attempted suicide behaviors, school and social functioning. Results seem to indicate that some PID-5 dimensions are particularly suited for the prediction of the targeted areas of NSSI, suicidal behavior and maladjustment, also beyond the categorical diagnoses. Furthermore, the dimensions usually associated with narcissistic pathology present a more complex interactions with other aspects of personality pathology and adolescent functioning.

EMOTIONALLY FOCUSED GROUP THERAPY FOR BINGE EATING IN YOUNG ADULTS: PROCESS ANALYSIS AND INTERACTION AMONG THERAPEUTIC ALLIANCE AND THERAPY OUTCOMES

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The emotional regulation and elaboration processes are some key aspects in the psychopathology of Binge Eating Disorder (BED). In the present study we were tested the Emotional-Focused Therapy adapted to the group setting (EFGT) for treating BED. The study has investigated: a. the effect of EFGT on primary outcomes (weight, episodes of binge eating) and secondary (psychopathology, eating disorders and quality of life); b. the relationship between episodes of binge eating and weight during sessions EFGT; c. the stages of change in weight and episodes of binge eating; d. the development of the therapeutic alliance in the course of treatment and in relation to outcomes. Observational study including non-randomized 189 obese young adults diagnosed with BED was carried out. Patients were treated with the following treatment protocols manualized: EFGT, Consulting dietician (DC), combination therapy (CT = EFGT + DC). During the 20 weeks of treatment, participants were assessed weekly for the weight and episodes of binge eating (scale EDE), the time baseline and 6 months after therapy. The therapeutic alliance was evaluated before, during and after both the patient and the therapist (HAQ, Helping Alliance Questionnaire). The secondary outcome assessment was conducted at the time baseline, and after six months after the end of therapy.

A higher dropout rate was observed in DC than groups EFGT and CT, while the body weight decreased significantly in all three groups. The values pre-post related to BES, BUT Global Severity Index, and EI Hunger

subscale was significantly lower in the CT group and EFGT (but not the CD Group). A six-month follow-up, 71% of patients in CT and 46% of patients in EFGT BES had a score lower than the cut-off for BED (≤ 16), while no patients in the DC group has achieved this goal.

Finally the score ORWELL-97 decreased significantly in all groups, but much more in groups CT and EFGT. Episodes of binge eating and weight are significantly reduced during both the EFGT that CT. The CT group is found to be faster in weight loss during the treatment. Binge Eating and Weight co-varied significantly, and their relationship grew with during the therapy sessions. The analysis of change in binge eating and weight showed a cubic trend. Compared with EFGT, the CT group showed more rapid reductions in episodes of binge eating and weight. EFGT appears to be a promising treatment protocol in relation to the changes related to the primary and secondary outcomes in the short and medium term.

The discussion takes into account the results of the process and the evaluation of the therapeutic alliance to explore the mechanisms of action of EFGT for BED.

SYMPOSIUM CLINICAL PSYCHOLOGY AND PALLIATIVE CARE

Proposer: Vittorio Lenzo

Department of Humanities and Social Science-Psychology Unit, University of Messina

Discussant: Giuseppe Ruvolo

Department of Psychological, Pedagogical and Educational Sciences, University of Palermo

Increasingly, across the world, people die following illnesses due to serious chronic conditions, which bring many and different physical, psychological and social problems. This reality raise many pressing issues for health systems as well as important financial and ethical questions. Health care policy must be able to meet the needs of these people by reducing suffering and supporting people of all ages to live well and maintain their quality of life for as long as possible. In this context, the palliative care is therefore of growing importance for the public health. Palliative care was defined by the World Health Organization in 2004 , as: “an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual”. The goal of palliative care is the achievement of the best possible quality of life for patients and their families. Palliative care, using a team approach, integrates the psychological and spiritual aspects of patient care, and it has also the aim to enable the patients to die with dignity and to help the family cope during the patient’s illness and in their own bereavement. However, despite evidence of dramatically increased need for supportive and palliative care this area has been large neglected in world’s health policy and research. Especially in Italy there are few studies on this topic. The goal of this Symposium is to share knowledge, strategies and methods for integrating palliative care into clinical psychology and at every aspects in the patient’s care. The aim is also to increase the reflection on this theme in the Italian framework.

PSYCHOLOGY OF PAIN AND PALLIATIVE CARE

Salvatore Settineri (1)

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Do palliative therapies find their meaning attribution only in overcoming the physical pain? In application terms probably the answer is emotional, but in medicine each therapy is a therapeutic effectiveness ideal model which is etiology and etiopathogenesis that palliative care, by definition, do not give.

If for the World Health Organization palliative care is linked to the evolution of the disease, and so to death, the problem is polymorphic and includes, de facto, procedures and so rituals; anthropological levels that cannot be ignored. The rite, from the psychodynamic point of view, is closely linked to repetition as repetition compulsion which is the psychological side of the act fate: death. Repetition compulsion and palliative care are then linked to repetition that aim to eliminate the pain, but that in itself has a "traumatogenic" effect and so it shows a regressive action related, for example, to the cancellation of generational relations as evocation of parent figures living in pain. Given these issues the social responses have been several such as those of the protestant religion' countries in which euthanasia is allowed, which puts ethical issues such as the eligibility of the elimination of natural death. Psychology cannot remain detached, much less reduced to an action as "company of good death" of medieval memory.

The author does not suggest a solution, but believes that clinical psychology has to participate and contribute more significantly to the wider debate, that is political and social.

METACOGNITIONS, COPING STRATEGIES AND BURNOUT IN A SAMPLE OF WORKERS OF A PALLIATIVE HOME CARE SERVICE

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The healthcare professionals are daily confronted with evens involving others suffering, which are likely to generate highly negative and stressful emotions. In palliative care the emotional commitment is exacerbated by the constant confrontation with the theme of suffering and death. The failure to successfully down-regulate negative emotions is a key risk factor for a severe form of discomfort, known as Burnout syndrome. Burnout is a psychological state of exhaustion, related to stress at work. Maslach (1996) describes it as a psychological syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment. Recent studies have shown that healthcare worker's coping strategies may be risk or protective factor for the development of distress and emotional problems. Furthermore, other studies highlighted the role of dimensions of metacognition as vulnerability factors in predicting development of psychological symptoms. The aim of this study is to examine and assess the relationships between burnout, coping strategies and metacognitive beliefs in workers involved in home palliative care. The hypothesis of the present work is that the appropriate use of positive and flexible coping strategies and functional metacognitive beliefs may be protective factors for the development and maintenance of distress and emotional problems.

A group of operators working in the team of Integrated Home Palliative Care participated to the research. The study was based on a protocol including the Italian version of MCQ-30, used to assess a range of metacognitive beliefs and processes relevant to vulnerability and maintenance of emotional disorders; the Brief Cope (BC) to survey coping

strategies; Maslach Burnout Inventory (MBI) to measure burnout. In addition the questionnaire includes a socio-demographical section. The results show the presence of a statistically significant correlation between the variables investigated.

**PSYCHOLOGICAL SCAFFOLDING AT DOCTOR PATIENT
RELATIONSHIP IN PEDIATRICS:
A METHODOLOGICAL PROPOSAL**

**Maria Francesca Freda, Francesca Dicé, Raffaele De Luca
Picione (1)**

(1) Department of Human Studies, University of Naples Federico II

In pediatric area, the diagnosis of a chronic disease for a child can be a challenge for all the family (Kazak et al., 2009). In facts, it is a context that can be represented as a triangle: at vertices are positioned participants (pediatrician, parents and children) and each ax represent interdependent relationship between them. Pediatric area can function as an additional risk factor for the family, or as a framework that can foster resilience' skills. In this paper, authors discuss a model of intervention of Psychological Scaffolding to Doctor - Patient Relationship (Freda et al., 2013), aimed to promoting integrations of psychological functions and tasks within the medical procedure. In particular, they discuss new relational tasks, declined through psychological functions: e.g., the Ownership as a possibility of subjectivity of the health experience, the Informed Consent as a transformation of informations in meaning resources, the Shared Decision-Making as a capacity to tolerate uncertainty. Furthermore, they present the experimentation of the intervention in specialist pediatrics addressed to families with children with Disorders of Sex Development (Hughes et al. 2006). They propose the structuring of Joint Listening Settings (JLS) (physician, psychologist, users), aimed to promoting dialogical resources,

and they describe some features (e.g. the recognition of the plurality of points of view, the strengthening of dialogic resources, a focus on sufferings, an healthcare identity monitoring). These features, with their transformative value, can facilitate the dialogue, promoting the understanding of the content of the diagnosis, the expression of concerns and requirements, a shared decision-making process during the treatment.

THE ACROBATICS OF DYING

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This work synthesises the reflections emerged in a small group of psychologists working in the palliative care context. It is supported by a group analytic theory and methodology which is particularly careful about the contingent emotive, institutional and organisational dynamics. Starting from the elaboration of the professionals' experience, the purpose of the workgroup is to conduct a research to identify both the specificity of the end of life care and the main thematic areas concerning the relationship among the healthcare team, the patients and their families. The work wants to point out the most important issues came out during the group meetings. We dealt initially with the criticalities of the terminal care services, among which: the saturation amount and the psychosocial discomfort the professionals feel which lead to the consequent widespread feeling of professional precariousness. Till now the workgroup has been focused on searching for a method able to return sense to a liminal and highly emotional and complex profession. At the same time we have conducted an indispensable comparison with the social context characterised by an omnipotent narcissistic way of thinking that refuses the natural human

narrowness and is lacking in the death elaboration. So the death becomes a silent, removed quota and is relegated to a social taboo.

In this sense the evolving potential of the group has been of prime importance: its elaborative working method, based on the free flow of associations and emotions coming from the working experience, has proved to be a useful instrument to gradually recover the potentials of the terminal cares whose mission is to accompany to a competent and mainly human dying which is part of a shared know how.

SYMPOSIUM

PSYCHOLOGICAL INTERVENTION IN A HOSPITAL SETTING: CURRENT LIMITATIONS AND NEW OPPORTUNITIES

Proposer: Valentina Di Mattei

University Vita - Salute S. Raffaele, Milan

Discussant: Stefano Caracciolo

University of Ferrara

The multidimensional view of illness introduced by the biopsychosocial model has completely transformed the concept of medical treatments. This model does not only concern the episode of illness but it conceptualizes it with respect to the patient's personal history and resources. This is particularly true in all chronic diseases, which do not have a rapid onset and short course. These diseases are drawn out in time by varying symptomatology and different treatment needs. Biological and medical interventions appear to be only partially adequate in achieving these needs: this complex patient profile requires essential psychological, social and economic expertise. Alongside medical knowledge and psychiatric consultations, it is clinical psychology that becomes the protagonist of a treatment that sees the patient as the centre of a medical condition, both in and out of the hospital. The concrete difficulties of integrating clinical psychologists in a hospital (they are usually present just in a few specific wards), have favored the birth of voluntary associations and organizations, which collaborate with various professionals that surround the patient. These associations often represent the only possibility of achieving humanisation of treatment and a more global taking care of the patient as a whole. Furthermore, new technologies represent a precious resource (even though presently they are not very widespread) to facilitate a treatment that continues in time, normally beyond the time spent in hospital. In an era of

cutting back on resources what other opportunities exist to face the challenge of this complexity in healthcare settings?

THE HUMANISATION OF TREATMENT IN ONCOLOGY: FROM INTERVENTIONS TO THE ASSESSMENT OF EFFICACY

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The current intervention intended to humanize treatment in healthcare settings represents a response to the need to gain a more global vision of patients, giving worth back to their “personal dimension” which is made up of biological, social and psychological needs. Within the complex hospital framework, associations and voluntary organizations often represent the only possibility to achieve these humanisation efforts. These endeavours originate from the collaboration of various professional figures that surround the patient, especially the patient affected by oncological disease. Often, these associations also support affiliated research projects. Starting from our experience with a specific Non-Profit Organization (Salute allo Specchio Onlus), which operates within the San Raffaele Hospital in Milan, we discuss our observations. In particular, we focus on a psychosocial project called Salute allo Specchio (SAS), which aims to improve the quality of life and adaptation to oncological illness through techniques aimed at managing the side effects of cancer and its treatments. Up to now 61 female cancer patients were assessed at three separate time points (before the program, at the end of it, and after three months) by the use of the following questionnaires: a questionnaire about socio-demographic and clinical characteristics, the STAI (anxiety), the BDI-II (depression) and the

BIS (body image). A significant decrease in depression ($p=0.0002$) and anxiety ($p=3,73 \cdot 10^{-7}$) levels was found between t_0 and t_1 ($p=0,038$). A significant improvement ($p=0.0002$) in body image perception was found both between t_0 and t_1 , and also between t_1 and t_2 ($p=0.015$). Salute allo Specchio is one of the projects promoted by Salute allo Specchio ONLUS; it improves the psychological well-being of the patients involved. The results demonstrate the importance of introducing support interventions alongside conventional medical therapies.

THE PSYCHOLOGICAL RESEARCH AND EFFECTIVENESS OF INTERVENTIONS IN PEDIATRIC ONCOLOGY: THE STATE OF THE ART

**Carlo Alfredo Clerici (1,2), Laura Veneroni (3), Andrea Ferrari (3),
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In this presentation are described the evolution of models of psychological interventions in pediatric oncology in the last decades. The focus of psychological research in this field has changed from the identification of psychopathological symptoms to the support of the resources and the resilience of the patients. A review of scientific literature on this subject was conducted through the Medline and PsychInfo databases. The authors discuss the role played in the international debate by cooperative groups for randomized controlled trials, or by independent researchers. Authors also illustrate the contribution of the studies on mental health in general and in particular the tradition of the studies and interventions on the psychic trauma on pediatric oncology clinical practice. Is finally deepened the problem of effectiveness of the interventions and the economic evaluation of their effects. The situation of psychological assistance in pediatric oncology in Italy is still limited and many factors

currently limit the research overall carried out.

**MOBILE HEALTH TECHNOLOGIES IN THE CHRONIC CARE
MANAGEMENT:
NEW OPPORTUNITIES FOR CLINICAL AND HEALTH
PSYCHOLOGISTS**

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Mobile health technologies could be considered an evolution of health and represent the practice of medicine and public health supported by mobile communication devices, such as mobile phones, or tablet computers, for health services and information. mHealth approach could overcome limitations typical of traditional and expensive in-patient treatments of many chronic pathologies. Using PubMed-MEDLINE databases, the best source of scientific literature for the mHealth approach, a review of the most updated mobile health opportunities and indications for a functional application in clinical and health psychology has been conducted. Particularly chronic care conditions, such as obesity, diabetes and ageing, will be considered. Patients can be monitored and treated in their everyday contexts with the possibility of moving the healthcare where it really needs. In traditional context clinicians can monitor in a discontinuous setting, whereas in a mHealth approach the disappearing (not invasive) but continuous monitoring allow patients to receive much more health messages and feedback enhancing healthy lifestyle conditions or behaviors. The new approach does not substitute the old one but integrates it: if the remote monitoring will indicate a worsening of clinical conditions or parameters, a

traditional approach (in-patient visit, hospitalization, etc.) will be used. Clinical and health psychologists could apply their traditional protocols in a new setting full of potentialities. Due to the presence of new opportunities provided by mobile health scenarios, clinical and health psychology have to evaluate the most clinical and cost effective approach in managing chronic care pathologies. Future research has to compare traditional models of providing health care with stepped mHealth based approaches. More studies evaluating the stepped care approaches in psychological interventions are needed.

**THE SUPPORT OF THE RESOURCES FOR ADOLESCENTS
WITH CANCER
THE YOUTH PROJECT AT THE PEDIATRIC ONCOLOGY UNIT
OF THE ISTITUTO NAZIONALE DEI TUMORI OF MILAN**

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Adolescents with cancer have special needs related to the stage of life they are living. The search for identity and autonomy may be compromised by the disease and treatments. Beside specialistic psychological interventions, in presence of symptoms of anxiety or depression, are also necessary forms of psychosocial intervention to support the individual resources of the adolescent patients and the continuity with normalcy. At the National Cancer Institute of Milan in 2011 it was launched the "Youth Project", a program of action research dedicated to teenagers (15-18 years) and young adults (19-25 years), which includes initiatives and spaces (rooms with multimedia resources for their recreation and study, a gym in the department) dedicated exclusively to patients in this age group.

The young patients are extremely satisfied of the initiative, obtaining the perception and satisfaction of being able to be active participants in important projects (including the creation of a fashion collection with a trademark with the guide a Milanese stylist, composing a song with the help of a professional to a famous Italian group that led to the production of a CD / DVD on sale at a major bookstore chain and on i.Tunes).

The adolescents patients have been helped to find a way to communicate with an active role, as protagonists, and with a creative mode centered on their needs and their interests (new technologies, social networks, telecommunications).

This active involvement has helped the young patients to rethink more extensively their role in life, in relationships and in age commitments, encouraging them to regain the investment in themselves, in their projects, and in their creativity with trust and self-esteem.

SYMPOSIUM

“DON’T PLAY GOD!”: GUILT IN OBSESSIVE COMPULSIVE DISORDER

Proposer: Francesco Mancini

Department of Sociological and Psychopedagogical Studies, University “G. Marconi” Rome

Discussant: Cristiano Violani

Faculty of Medicine and Psychology, Sapienza University of Rome

Guilt was proposed to have a crucial role in Obsessive Compulsive Disorder. In OCD samples, a guilt reduction decreases patient’ urge to perform rituals (Lopatka & Rachman, 1995; Shafran, 1997) and therapeutic interventions on acceptance of guilt have been shown to significantly reduce OC symptoms (Cosentino et al., 2012; Vos, Huibers, & Arntz, 2012). In non-clinical samples, guilt leads to obsessive-compulsive-like symptoms, including increased threat perception (Gangemi, Mancini & van den Hout, 2007); NJRE (e.g. Mancini, Gangemi, Perdighe & Marini, 2008) and checking and doubts (Mancini, D’Olimpio & Cieri, 2004). Neuroimaging studies found that a guilt-state leads to brain activation in regions proximal to OCD-affected regions (Takahashi, Yahata, Koeda, et al., 2004; Shin, Doughert, Orr, et al., 2000). But what kinds of guilt do OC patient want to prevent? Prinz & Nichols (2010) suggested that the prototype of guilt comes from statement to have caused a harm to others, and thus to have violated a moral norm. In everyday life we experience this kind of guilt, coming from a concurrent representation of having transgressed a moral norm and not acted altruistically, i.e. harming others. However, these two guilt feelings could act independently. Altruistic guilt appears when one appraises his own conduct as not altruistic and it is characterized by feeling of sorrow for the victim. It implies the tendency to alleviate suffering of the victim at the expense of one’s own. Deontological guilt occurs when supposing to have

contravened one's own moral rules. It implies feeling of unworthiness and expectations of punishment (D'Olimpio & Mancini, 2014). In this line, we hypothesized that deontological guilt play a critical role in OCD. In the contributions will be presented evidences on the different consequences of these kind of guilt on decision making, on behaviors and on cerebral area activations.

ABNORMAL PROCESSING OF GUILT IN OBSESSIVE-COMPULSIVE DISORDER

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Guilt plays a significant role in the occurrence and maintenance of Obsessive-Compulsive Disorder (OCD). Within literature, at least two distinct types of guilt have been identified, namely deontological (DG, deriving from the transgression of an inner moral rule) and altruistic guilt (AG, relying on the assumption of having compromised a personal altruistic goal). Clinical evidence suggests that OCD patients are particularly sensitive to DG, but not AG. Our aim was to use functional magnetic resonance imaging (fMRI) to investigate brain response of OCD patients while processing DG and AG. OCD patients and healthy controls (HC) were recruited for this fMRI study. Stimuli evoking DG & AG, and anger & sadness (as control) were randomly presented and subjects were confronted with a discrimination task. T-tests were used to compare between groups behavioral responses, while fMRI data were processed using SPM5. Statistical threshold was set to p values cluster level uncorrected < 0.005. OCD patients showed a higher attitude, compared to HC, in experiencing guilt while accomplishing task. fMRI results revealed that patients have reduced activation in frontal areas when experiencing guilt, regardless of its specific type.

When separately considering each type of guilt, patients showed decreased activation in specific regions (i.e., the insula), for DG. No significant between groups' differences were observed when processing other emotions. Consistently with previous clinical literature, an abnormal processing of guilt was observed in OCD brains. This difference was specifically driven by DG, but not by AG. We suggest that patients' decreased activation during guilt processing, specifically DG, may reflect patients' cerebral efficiency, which derives from their frequent exposure to guilty feelings ("neural efficiency hypothesis"). In conclusion, our study confirms a selective abnormal neuronal processing of guilt, and specifically DG, in OCD.

CHECKING AND WASHING BEHAVIORS IN DEONTOLOGICAL GUILT FEELING

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Checking and washing behaviors in OCD seem to be driven by the goal of avoiding, preventing and neutralizing guilt. In these researches we investigated whether inducing deontological vs. altruistic guilt vs. shame activates checking and washing behaviors in non clinical-samples. In study 1 and 2, participants listened to stories inducing deontological or altruistic guilt, or to control stories. Participants were then asked to classify 100 capsules within a large pot into 12 smaller pots (study 1) or to clean a plexiglass cube (study 2). Before, after the story and after the task, participants filled out a Visuo-Analog Scale on emotions they felt at each time. Finally, they filled in a self-report questionnaire about discomfort, doubts, and performance. In study 3, participants recalled and wrote in detail either a guilty or a shame deed from their past. They were then asked to build a toy. Two judges evaluated deed as feeling of shame, altruistic or deontological guilt. In all the studies we videotaped subjects' performance.

Analyses showed that participants in deontological guilt condition scored higher in doubts, responsibility and discomfort, checked more and cleaned the cube more than participants in altruistic and control group. Furthermore, people who recalled a deontological guilt deed from their past showed more checking behaviors in constructing the toy and took more time to end it than participants in shame and in altruistic guilt. Results confirm the role of guilt in obsessive-like behavior and indicate that the mental state leading to compulsions could be characterized by deontological guilt.

MORAL DILEMMAS AND OBSESSIVE COMPULSIVE DISORDER

Amelia Gangemi(1)

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Some observations and data from behavioral and neuroimaging studies suggest: a) the existence of two types of guilt, namely altruistic and deontological guilt (Mancini, 2008; Gangemi & Mancini, 2013; D'Olimpio & Mancini, 2014; Basile et al., 2011); b) in the trolley dilemma the choice to not take action (omission) depends on the desire not to transgress the moral norm of "Do not Play God" (Sunstein, 2005) and is thus motivated to prevent deontological guilt (see Gangemi & Mancini, 2013); and, c) deontological guilt may play a role in the genesis and maintenance of OCD (Basile et al. 2013; D'Olimpio & Mancini, 2014). Thus, if OC patients are specifically sensitive to deontological guilt than they should show a preference for omission over action in the trolley dilemma more than anxious and nonanxious controls. Consistent with this, with this study we want to verify whether both OC patients, with no induction, and nonclinical participants, after the induction of deontological guilt prefer omission more often than an action option. In two studies participants were given seven

scenarios (four moral dilemmas, three control scenarios). 20 OC patients, 20 anxious controls, and 20 healthy participants took part in study 1. In study 2, we recruited 70 healthy participants who were randomly assigned to receive a deontological guilt or a control induction. In both studies, participants were asked to respond to each dilemma by marking “yes” (action) or “no” (omission).. Consistent with hypotheses, in Study 1 OC patients preferred omission, instead of the consequentialist option, more than did the clinical ($F(1,40)= 9.8, p< .005$) and nonclinical controls ($F(1, 40)= 11.87, p< .001$). In Study 2, the group receiving the deontological guilt induction preferred omission to a greater extent than did the altruistic group ($t(68)= 5.33, p< .0001$). Our study further demonstrate that OC patients are more motivated to prevent the deontological rather than the altruistic guilt.

THE ROLE OF FEAR OF DEONTOLOGICAL GUILT IN THE GENESIS AND MAINTENANCE OF OBSESSIVE-COMPULSIVE DISORDER.

Francesco Mancini (1)

(1) Department of Sociological and psychological studies, University G. Marconi;
School of Cognitive Psychotherapy, Rome

A great deal of research has been devoted to identifying the proximal psychological determinants of obsessive compulsive symptoms. Results corroborate the thesis that the obsessive symptoms are related, basically, to four types of goals: prevent or neutralize the risk of being guilty or contaminated or the not just right experience and reduce costs of the symptoms. Some experimental results suggest that the main role is preventing or neutralizing the risk of being guilty. Some clinical observations and experimental results suggest that a specific guilt is involved: deontological guilt. It is possible to differentiate deontological guilt from altruistic guilt, even if both contribute to the usual guilt feelings.

Some experimental data support the distinction between the two guilt feelings and demonstrate the role of the deontological guilt in the genesis and maintenance of obsessive compulsive symptoms.

SYMPOSIUM

MAKING DIAGNOSIS WITH PDM-2

Proposer: Francesco Gazzillo

Department of Dynamic and Clinical Psychology, "Sapienza" University of Rome

Discussant: Vittorio Lingiardi

Department of Dynamic and Clinical Psychology, "Sapienza" University of Rome

The aim of this symposium will be to show some of the more relevant features of the second edition of the *Psychodynamic Diagnostic Manual* (PDM-2) diagnosis for clinical and research purposes. The PDM-2 edited by Vittorio Lingiardi and Nancy McWilliams, will be published in 2015 and may be a significant step toward a psychodynamically oriented, empirically grounded and clinically useful assessment. Francesco Gazzillo will show how the Tool for Assessment section of PDM-2 presents several empirical instruments that can help both the clinicians and the researchers in developing a PDM-2 derived assessment. A clinical exemplification will show an instrument based PDM-2 assessment of a clinical case. Franco Del Corno will show how it is possible to present a case formulation on the basis of PDM-2, and in order to do so will present several different cases with different problems and of different ages. The presentation and discussion of these cases will give us the opportunity for a broader discussion about the features of a good-enough clinical case formulation. Anna Maria Speranza and Fabia Eleonora Banella will discuss the specificities of child diagnosis in general and of PDM-2 child diagnosis in particular. Other than presenting the Infancy and Early Childhood Axis of PDM-2, they will show a clinical case assessed with IEC Axis and discuss how PDM-2 diagnostic for infant and early children (0-3) can dialogue with the diagnoses of older children.

Finally, Antonello Colli and Maria Paola Nazzaro will discuss the basic theory and assessment procedures of mentalization, stressing both its relevance for a patient tailored assessment and therapeutic plan and the limitations of our empirical knowledge of this topic.

DIAGNOSIS IN INFANCY AND CHILDHOOD: TOWARDS A PSYCHODYNAMIC ASSESSMENT

Anna Maria Speranza, Fabia Eleonora Banella(1)

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Diagnosis during infancy and childhood represents one of the most difficult issues for clinicians: relational and developmental features of child psychopathology, as well as specificity of symptomatology, interweave with the complexity of individual and family functioning, requiring the consideration of specific characteristics for this age group. The aim of this paper is to present the assessment process conducted on the basis of the classification of mental health and developmental disorders of the PDM-2. The second edition of the Psychodynamic Diagnostic Manual (PDM Task Force, 2006) represents a great improvement in the diagnosis and treatment of mental disorders, which provides significant advantages to the assessment and diagnosis from a psychodynamic perspective. The special section dedicated to mental health disorders in infancy and early childhood (IEC) proposes a diagnostic system grounded on a biopsychosocial developmental model, specifically focused on 0 to 3 years olds. This section, as well as older children (4-10) section, has been expanded and provided with clinician-friendly and assessment-relevant tools, integrating the description of symptom patterns with their underlying dynamics and the individual's subjective experience, relational patterns, and emotional functioning. The paper offers an example of an assessment process of a three-and-half-year-old boy based on this multi-axial approach, considering also the importance of integrating information with the PDM-2 section dedicated to older children, 4-10. Clinical implications for treatment will be discussed, in order

to highlight the strengths and advantages of the PDM-2 as well as its utility for clinicians.

CLINICAL CASE ASSESSMENT WITH PDM-2

Franco Del Corno (1)

(1)Association for Research in Clinical Psychology (ARP), Milan

In its various axes, PDM-2 presents several brief clinical illustrations of the diagnostic categories described. Moreover, PDM-2 will have a specific, wider and more detailed section, solely dedicated to clinical exemplifications, with cases with different disorders and of different ages. Each of these case is described along the different PDM-2 Axes and categories. The aims of this section have been both to show and to test the validity and utility of PDM-2 diagnostic system for research and clinical uses. Moreover, the development of the Clinical case section of PDM-2 helped its editors and consultants to reflect on the basic criteria to be met in order to develop a systematic and comprehensive dynamic case formulation based on empirical and clinical data. The aim of this presentation is to show a PDM-2 derived case formulation toward the development of a PDM-2 casebook, and to illustrate several example of clinical cases, derived both from research and clinical settings, assessed with the PDM-2.

PDM-2 ASSESSMENT TOOLS FOR RESEARCH AND CLINICAL USE

Francesco Gazzillo(1)

(1)Department of Dynamic and Clinical Psychology, “Sapienza” University of Rome

The forthcoming second edition of the *Psychodynamic Diagnostic Manual* (PDM-2) stresses the relevance of empirically sound and clinically useful assessment tools both for a reliable PDM-2 derived assessment and for testing and refining PDM-2 categories. Trying to bridge the gap between the empirical and clinical domains of personality assessment and understanding, PDM-2 tool section, edited by Francesco Gazzillo, Robert M. Gordon and Sherwood Waldron, takes into account:

(1) PDM derived assessment tools such as the Psychodiagnostic Chart-2 (PDC-2; Gordon, Bornstein, in progress) and the Psychodynamic Diagnostic Prototype-2 (Gazzillo et al., in progress);

(2) assessment tools influencing PDM-2, such as the *Shedler-Westen Assessment Procedure* (SWAP; Shedler, Westen, Lingiardi, 2014) and the *Structural Interview for Personality Organization* (Clark in et al. 2009), and

(3) widely used assessment tools that can support a PDM-2 assessment (TAT, Rorschach etc.).

Finally, the tool section lists some empirical tools useful for assessing process and outcome of psychotherapy. Example will be given of how PDM-2 derived tools can be used in plan formulation and how other assessment tools presented in this section may be useful in PDM-2 influenced clinical programs and research projects.

SOME REFLECTIONS ABOUT THE ASSESSMENT OF MENTALIZATION AND ITS UTILITY IN RELATION TO CASE FORMULATION AND TREATMENT PLANNING IN PSYCHOTHERAPY

Antonello Colli(1), Maria Paola Nazzaro (2)

1) Department of Human Science, University of Urbino “Carlo Bo”

2) Dynamic and Clinical Psychology Department, “Sapienza” University of Rome

Mentalization is considered one of the most important common factors of psychotherapeutic treatments (Allen, Fonagy, Bateman, 2008). Moreover mentalization theory is grounded in psychoanalysis, neuroscience, cognitive psychology and philosophy so that it can be considered as a truly interdisciplinary theory (Jurist, 2008). Mentalizing deficits have been observed across different psychopathological domains (Dimaggio et al., 2012; Fisher Kern et al., 2013) and may mediate therapy outcome and patient response to treatment (Fonagy & Bateman, 2006). On the basis of these considerations, and in order to have a reliable and clinically useful assessment of patient functioning, it is important to include also the evaluation of patient ability to mentalize. However, despite a promising literature, there is still an important gap in our empirical knowledge of the differences among the mentalization profiles of different clinical populations. This gap may be related to some problematic issues in the assessment of this ability. The Reflective Functioning Scale can only provide a global score of reflective functioning, which fails to encompass the rich and multidimensional domains of mentalization, and self-report measures are particularly problematic to be filled out in a reliable way by patient with personality disorders. Among the problematic features of our current knowledge on mentalization we have: whether it is a unitary or multidimensional construct, the relative contribution of cognitive and emotional determinants, the transaction between a self and other focused appraisals, and the role of neurobiological systems (Gullestad & Wilberg, 2011; Jurist, 2005, 2010). In the present work we will discuss a) the utility of mentalization assessment in relation to case formulation and therapeutic

planning, 2) several issues related to its definition and assessment. Finally we will present a clinical case aimed to give some exemplifications about the topics discussed.

SYMPOSIUM

BEYOND THE PUNISHMENT: TRANSFORMATIVE PROCESSES AND WELLBEING

Proposer: Emanuela Saita

Department of Psychology, University of Cattolica Sacro Cuore, Milan

Discussant: Vincenzo Caretti

Department of Human Sciences, LUMSA, Rome

The current changes in the Italian penitentiary system require a profound restructuring of the organizational culture and call for several modifications at different levels: a. institutional adjustment to the new socio-cultural context, b. reconsideration of the roles and identity of penitentiary professionals, c. evaluation of the offender and the adequacy of the punishment. Such a transformative action is key for penitentiary institutions that, beyond the issue of legislative decrees, need to involve several different actors: operators, with their own representations of the obstacles and potential resources these changes might entail, as well as individuals who are deprived or limited of their freedom, that, rather than being passive, become agents of change. Therefore, the wished for changes are to be accomplished pursuing an adjustment of the actual situation to the norms imposed by the Italian Constitution, which protects the central importance of individuals and their right to be treated with dignity, as well as by the penitentiary system order that stresses the importance of individualized treatment aimed to the resocialization of offenders. The final goal is that of developing and promoting the wellbeing of both, the individuals as well as the organization, that is, of establishing a positive exchange between the subjects and the context they work in, endorsing the opportunity to share

values and emotional experiences. On the basis of the above mentioned considerations, the symposium wishes to stimulate the debate on crucial issues like the psychodiagnostic evaluation of offenders, either young or adult, as well as the involvement of the various professional figures in planning treatments promoting re-education and resocialization.

EVALUATING SELF-HARM AND SUICIDAL RISK IN YOUNG OFFENDERS UNDERGOING A CRIMINAL PROCEEDING

**Giorgio De Isabella (1), Tiziana Valentini (1), Antonella Curatolo (1),
Giuseppe Biffi (2), Emiliano Monzani (3)**

(1) UOC of Clinical Psychology, AO. Hospital San Carlo Borromeo- Milan

(2) UOC of Psychiatry, DSM, AO. Hospital San Carlo Borromeo- Milan

(3) GAT Prevention of self-injury and suicidary risk in subjects with criminal proceedings - Lombardia Region

Suicide is currently the major cause of death among inmates as it explains half of all deaths that occur in prison. There are only a few suicide cases in the juvenile justice system while self harm is rather frequent. In order to prevent such a phenomenon, the Region Lombardy established the *“Technical Study Group for the prevention of the suicidal and self harm risk in individuals subject to criminal proceedings”* in 2012; the group, intended for both youth and adults, developed some guidelines that were later approved by the Region in 2013. The one-year experiment that followed, starting from October 2013, led to the implementation of the following interventions: Training on suicidal and self harm risk, addressed to educators and prison guards, the training aimed at the early and timely detection of risk factors in adolescents and young adults (14-25). Evaluation of suicidal and self harm risk, with the aim of detecting the psychic dimensions as well as the critical anamnestic factors related to suicide. Clinical management of the risk, following the evaluation. Specific instruments (i.e. tests, forms, observation grids, reports) are required to perform each of the above mentioned actions, moreover interventions need to be coordinated with other health care and educational professionals. The

outcomes of this trial show that auto-conservative skills among risk subjects are neither stable nor constant but they rather alternate with other emotional regulation strategies according to some personality variables and the feeling of control over the environment. Moreover, the presence of a cultural contribution in determining the psychic functioning of these subjects as well as a tendency of self harm behaviors to become chronic, especially in those subjects whose psychic functioning is characterized by meta-cognitive deficits and a borderline personality disorder, even in absence of a clear categorical diagnosis, have to be acknowledged.

ORGANIZATIONAL CULTURE, THE ROLE AND PSYCHOLOGICAL WELL-BEING IN A GROUP OF PRISON WORKERS

**Giancarlo Tamanza, Caterina Gozzoli, Chiara D'Angelo, Marialuisa
Gennari (1)**

(1)Department of Psychology, Catholic University of Milan

The prison workers are exposed to conditions of stress and psychosocial risk and their psychological well-being, as well as their professional identity, are structurally affected by the characteristics of the organizational context. (Cfr.O'Donnell and Stephens, 2001; Savicki, Cooley, and Gjesvold, 2003). This paper presents the results of a research conducted on a sample of prison workers of Lombardy, it aims to evaluate the risk factors and protective factors of their health and well-being. The study explores the representations of the organizational role and the image of the personal and professional Self of 50 prison workers (prison officers, teachers and middle managers) working in two prisons in Lombardy.

The research, conducted within a larger project that also contemplating a training and organizational development, was built according to a clinical and social approach and tools used qualitative dialogical-narrative and graphic-symbolic (in particular the Professional Life Space Drawing,

Gozzoli, D'Angelo, Tamanza, 2014). Through phenomenological and metric analysis of 100 PLSD products by operators (50 relating to the present time and 50 relating to a future professional time) it was possible to highlight the features of the representations and experiences that distinguish the emotional-affective professional role and the connection between them and the conditions of well-being / discomfort of the operators. The results suggest some useful information to target interventions aimed at supporting and promoting personal well-being of workers and the development of the quality of the organization.

PERSONALITY STYLES AND THE DEFINITION OF CARE PATHS FOR INMATE PATIENTS THROUGHOUT MILLON'S INVENTORY

**Emanuele Truisi (1), Manuela Valsecchi (1), Federica Corbetta (1),
Sara Mauri (1), Paola Rubelli (1), Federico Zorzi (1), Giorgio
Rezzonico (2), Umberto Mazza (1)**

- (1) Unit of Clinical Psychology, Department of Mental Health, San Gerardo Hospital – Monza
- (2) Department of Health Sciences, University of Milan – Bicocca

An intervention protocol aimed at preventing self and other harm and acting out within inmates entering prison has been carried out at the penitentiary of Monza, since September 2012. A clinical interview as well as some tests (the *Jail Screening Assessment Tool (J-SAT)*, the *Barratt Impulsiveness Scale (BIS-11)* and the *Clinical Outcome in Routine Evaluation – Outcome Measure (CORE-OM)*) were used to obtain a multidimensional evaluation of convicts. In cases when test values were beyond the threshold, inmates were offered a treatment and administered the *Millon Clinical Multiaxial Inventory-III (MCMI-III)* in order to investigate their personality structure and functioning.

Over a period of 30 months, 2809 newly arrived inmates have been assessed: 350 have been found to be suitable for the administration of the MCMI-III, of these only 181 subjects completed the test (143 protocols were considered valid, 2 were considered non valid while the validity of the other 36 is questionable), the remaining 169 protocols have not been administered due to several reasons (refusal, interruption, low education level, release from or transfer to another prison or alternative detention measures, linguistic barriers, lack of availability). As indicated by the literature, the scores obtained to the MCMI-III subscales, are used to plan the treatment: after analyzing the personality profile report, the clinician makes a diagnosis and, having verified the validity indexes, he determines the three highest scores among the personality patterns, the severe personality disorders, and the Axis I clinical syndromes (both severe and moderate). Hence, feedbacks given to the patient determine the care path to be followed. During the conference, further details on how such a narrative approach may help detecting the vulnerabilities to be treated and defining the intervention goals with the patient will be given.

TRANSITION PROCESSES AND PROFESSIONAL ROLES WITHIN THE ITALIAN PENITENTIARY SYSTEM

**Emanuela Saita, Monica Accordini, Letizia De Luca, Martina
Tramontano(1)**

(1)Department of Psychology, Catholic University of Sacro Cuore, Milan

The profound change the Italian penitentiary system is currently undergoing seems to be particularly relevant for psychological sciences as it affects aspects like systems of belonging, roles as well as the professional identity of the operators who work in prison. Scientific literature shows that the representation of one's job and role are shaped on the basis of the local organizational culture (Hotho, 2008) and, in particular, of the shared scripts

used to face problems. The construct of *organizational change* well describes the present condition of the penitentiary system: prisons, in fact, involve a variety of professional figures, each with their own culture and set of values. The ongoing changing processes urge these professionals not only to revise some aspects connected to their specific tasks, but also to redefine their role and professional identity, thus inevitably putting them through a certain degree of psychological distress. Through the analysis of some focus groups (Krueger, 1994), the present study explores the representations regarding the ongoing transformative processes as perceived by 120 penitentiary operators (officials, prison officers, and teachers) working in different regions in Italy. The focus groups transcripts, analyzed throughout the software T-LAB (Lancia, 2004), show the presence of some common themes both across the various regions in Italy as well as within the professionals involved.

In particular, professionals feel the need for change in order to deal with obstacles like bureaucratization, a rigid separation of roles and a defensive attitude towards convicts, legacies of an outdated penitentiary system that they are determined to modify to achieve wellbeing and integration.

SYMPOSIUM

PARENTING: FROM THE DESIRE TO THE REPRESENTATION

Proposer: Patrizia Velotti

Department of Educational sciences, University of Genoa

Discussant: Claudia Mazzeschi

Department of Philosophy, Social, Humanities and educational sciences, University of Perugia

Promote and support the physical and emotional development of a child from infancy to adulthood, what we call “parenting”, is one of the most complex experience of human life. However, often individuals need to fight a lot to reach this experience, having many ways by which they can become parents (biological, step, adopted). In addition, the landscape of human reproduction changed dramatically over the course of the 20th century (Burns, 2005). Thus, the crucial cement for the construction of parenthood seems to be the motivation to parent and the action of parenting. Currently, research on this stage of human life and its motivation and effects on individual well-being and couple relationships gives us only a partial picture of what it is like to be a parent. The transition to parenthood, in fact is a process that develops in the time, not only when a child arrive (Castellano, Velotti, Crowell, Zavattini, 2014; Velotti, Castellano, Zavattini, 2011); it roots in the personal history of each partner and is characterized by an articulated process of intrapsychic and interpersonal aspects (Cavanna, Velotti, Danovaro, Magini, 2013). Several studies in recent years have suggested that in the field of transition to parenthood differences between diverse experiences (biological, PMA, adopted) emerged. This panel aims to contribute to this debate by comparisons between researches in various areas of parenting. Guiding questions for the panel are: What are the strategies that couples employ during PMA? When ‘representation’ appear within a biological pregnancy, and if so how was it differentiate between mother and father? How adoptive parents manage their parenting experience?

This panel aim to create a podium for discussion between experts with different regional specializations and different disciplinary backgrounds, which will improve our understanding of parenting.

“AT ALL COST”:

EMOTION REGULATION IN INFERTILE COUPLE

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Several studies showed that infertile couples present difficulties in emotion regulation (especially of shame and self-judgment; Galhardo et al. 2013), in particular among males (Pinto-Gouveia et al. 2012). Regarding coping strategies, the literature shows that collaborative strategies favors a strengthening of the couple relationship (Greil et al. 2010). Few studies have examined the role that emotion regulation plays in infertile couples. This study aims to investigate whether infertile couples exhibit greater emotion dysregulation, especially regarding shame regulation, and more maladaptive coping strategies, than childfree couples, also exploring gender differences.

The sample consisted of 25 infertile couples, and 51 childfree couples. Participants completed the following questionnaires: Difficulties in Emotion Regulation Scale (DERS; Giromini et al. 2012); Compass of Shame Scale (COSS; Elison et al. 2006); COPE (Carver et al. 1989) to analyze the coping strategies. Analyses revealed that there were not differences between the infertile couples group and the childfree couples group on the DERS scales; analyzing shame coping strategies emerged that males in the infertile group deny the feeling of shame more than childfree males. Finally, the infertile group showed a higher degree of orientation to transcendence and lack of humor than the coping strategies, both males and females. Regarding gender differences, in the clinical sample, males would manifest more emotion dysregulation; show a difficulty in social support coping strategies and have higher levels of self-criticism and withdrawal, compared to their partners.

Less adaptive coping strategies and feelings of shame characterize infertile couples, especially the male partners. However, no differences emerged on emotion dysregulation. Future studies with a larger sample are needed to confirm and deepen the role of emotion dysregulation in infertile couples.

PARENTAL PRENATAL ATTACHMENT: THE ROLE OF INDIVIDUAL AND RELATIONAL VARIABLES

**Stefania Cataudella (1), Jessica Lampis (1), Alessandra Busonera(2),
Laura Marino (2)**

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Mothers and fathers interact differently with the developing fetus but evidence for these differences is contradictory (Ustunsoz et al, 2010). It's important to recognise the factors influencing Parental Fetal Attachment because of the effects on the development of the infant. We aimed to shed light on the role of key individual and relational variables on the development of maternal (MFA) compared to paternal fetal-attachment (PFA). 80 couples (16-37 weeks of gestation) participated in the study: 97.5% common-law spouses/married; 89% expecting their first child. The average age was: 34,54 years (SD=4.36) for women, 36.78 years (SD=4.95) for men. Each partner completed a battery comprising socio-demographic information and measures of prenatal attachment (MAAS/ PAAS, Condon, 1993; PAI, Müller, 1993), romantic attachment (ECR-R, Fraley et al, 2000), dyadic adjustment (DAS, Spanier, 1976), parental caregiving (PBI, Parker et al, 1979), social support (MSPSS, Zimet et al, 1988). MFA>PFA ($t=4.46$, $df=153$, $p=.00$). Nulliparous women scored significantly higher ($F=5.22$, $p=.02$) than multiparous counterparts in prenatal attachment. MFA and PFA scores decreased with increasing age of expecting parents ($r=-.27$ and $r=-.30$; $p<.05$, respectively). PFA increased with increasing of care in paternal caregiving style ($r=.25$; $p=.05$) and dyadic adjustment ($r=.35$; $p=.01$), while decreased with increasing attachment-related avoidance ($r=-.24$; $p=.05$). MFA increased with increasing of social support ($r=.35$; $p=.01$). Romantic attachment style influenced dyadic adjustment for both women and men: the

DAS scores of Secure individuals were significantly higher than those of Insecure individuals (women: $t=2.16$, $df=74$, $p=.03$; men: $t=3.81$, $df=74$, $p=.00$). These results emphasise the importance of evaluating the pregnant woman and her partner together when assessing attachment to the fetus for the psychosocial development of the child and to increase the harmony of the couple.

**ADOPTIVE PARENTING IN ADOLESCENCE:
CHILDREN'S ATTACHMENT REPRESENTATIONS AND
EMOTION AND BEHAVIOR PROBLEMS REPORTED BY THEIR
MOTHERS**

Cecilia Serena Pace (1), Alessandra Santona (2), Fabiola Bizzi (1)

- (1) Department of Education DISFOR, University of Genoa
- (2) Department of Psychology, University of Milan-Bicocca

Adoptive parents often face particular challenges related to the characteristics of children put up for adoption, such as older age at placement, severely negative pre-adoption experiences, social/emotional/behavioral and attachment-related problems. Moreover adolescence of late-adoptees can become an exhausting and struggling life cycle stage in adoptive families. This study is aimed at testing whether late-adopted with secure and coherent attachment representations will be assessed as having less emotion and behavior problems by their adoptive mothers. Our pilot-study involved 75 participants: 30 adoptive mothers and their 45 late-adopted adolescents (age range: 12-16), who were placed after 4 years. Attachment representations of adopted adolescents were assessed by the *Friend and Family Interview* (FFI), while adoptive mothers' evaluation of their children emotional and behavioral problems was measured by the *Child Behavior Checklist* (CBCL, 6-18). The distribution of late-adopted adolescents' attachment representations by the FFI was: 66% secure, 27% dismissing and 7% preoccupied. None of them was classified as disorganized. At the global level, less than 10% ($n=4$) of the late-adopted

adolescents were considered to be in the clinical range by their mothers in the CBCL. Adolescents with lower overall coherence and higher disorganization scores were reported by their mothers as having more internalizing problems (respectively $r=-.36, p<.01$ and $r=.27, p<.05$), those with lower dismissing and higher preoccupied scores were assessed as having more global externalizing problems (respectively $r=-.25, p<.05$ and $r=.25, p<.05$). Our results concerning the connections between late-adoptees attachment patterns and internalizing/externalizing problems reported by their mothers will be discussed in the light of hypothesis suggested by Mary Dozier and colleagues.

PARENTING SKILLS IN PREMATURE BIRTH: INFLUENCES OF PARENTS' GENDER AND SENSITIVITY ON PARENTAL AFFECTIVE STATE AND INFANT DEVELOPMENT

Erica Neri(1), Francesca Agostini(1), Paola Salvatori (1), Augusto Biasini(2)

(1) Department of Psychology, University of Bologna

(2) Paediatric & Neonatal Intensive Care Unit, BufaliniHospital, Cesena

Parenting skills can be impaired by a premature birth, with consequences as high frequency of insensitive behaviours and an increased risk of depression and anxiety. Literature has focused on maternal behaviors, but few studies compared mothers and fathers. The aims of the study were to evaluate if the parents' gender and their level of sensitivity during interaction with infants were significantly associated with depressive and anxious symptoms and with infant interactive behaviours and his cognitive development. 76 preterm infants' parents (43 mothers; 33 fathers) were met at 3 months of infant corrected age. According to Child-Adult Relationship Experimental Index (CARE-Index, Crittenden, 2003), 3-minute of parent-infant interaction were videorecorded and parents were categorized as Sensitive or Insensitive. Parents' affective state was evaluated by Edinburgh

Postnatal Depression Scale (EPDS; Cox et al., 1987) and by State-Trait Anxiety Inventory (STAI; Spielberger, 1983), while the level of infant development was assessed through Griffiths Mental Development Scales (GMDS; Griffiths, 1996). Parental affective state was significantly influenced by the gender, with higher level of depressive and anxiety symptoms in mothers compared to fathers. Insensitive mothers appeared significantly more depressed than sensitive mothers and insensitive fathers. Regarding infants' development, sensitive parents' infants showed, compared to insensitive parents' ones, a higher frequency of cooperative interactive behaviours. Besides, they showed lower levels of compliant and passive interactive patterns, and higher development scores at General and Personal-Social Quotients (GMDS). The study underlines the association between parents' gender and their affective state, while sensitive interactive behaviours influence infant development. So, both factors must be taken into account in the care of a "preterm family".

SYMPOSIUM

DYSLEXIA ACROSS AGE

Proposer: Giacomo Stella

Department of Educational and Human Sciences, University of Modena and Reggio Emilia

Discussant: Enrico Ghidoni

Department of Educational and Human Sciences, University of Modena and Reggio Emilia

Developmental dyslexia is a neurocognitive disorder with a genetic origin that persists into adulthood, even in highly educated and well-read people. In the last years, increasing accent has been placed in identifying and intervening in the treatment of older students and adults with reading difficulties, but questions remain about the best practice for assessing these subjects. According to DSM-5, during adolescence and into adulthood, individuals with Dyslexia may continue to make numerous spelling mistakes and read single words and connected text slowly and with considerable effort, and have trouble pronouncing multi-syllable words. But the reading characteristics of Italian adults with dyslexia can be different since the consistency of the orthographic system favours the decoding process. It is assumed that the main characteristic of adults with dyslexia is a low speed when they read. We will show the different research. Oral Reading Fluency (ORF), a measure of the reading speed, is a quantifiable behaviour by counting the words that a reader decodes in a length of time. But the assessment of reading ability using ORF measures only could result in an inaccurate identification of many adults with dyslexia. Therefore, the evaluation of reading skill in adults needs different methods and procedures. Silent reading fluency (SRF) is considered a more reliable measures for identifying adults with impairment in reading.

Furthermore, understanding silent reading fluency is a paramount importance, given that silent reading is the principal manner of reading for adults readers. But, SRF is not an observable behaviour and, therefore, its evaluation needs different tasks and procedures. Furthermore we will discuss the result about the development of reading speed in Italians with dyslexia.

**THE DIAGNOSIS OF SPECIFIC LEARNING DISABILITY
IN THE ADULTHOOD:
A PRELIMINAR STUDY**

**Claudia Daria Boni (1), Francesca Guzzo (2), Maristella Scorza (3),
Elisabetta Genovese (4), Giacomo Stella (3).**

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- (2) Psychologist, door contact DSA, University of Modena and Reggio Emilia
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Data from the literature on the specific learning disabilities in adulthood are few and specially regard the Anglophone context. Slow reading is one of the most important feature in the profile of the adult with specific learning disability, for the impairment of some processes that determines a slowdown of data processing. Data reported that the more sensitive tasks are the pseudo-words reading, spelling, digit span and the writing speed. Other studies prove a performance deficit in the pseudo-words reading and in the rapid naming because they are involved in the reading process. In the Italian context, there are few studies about the development of the reading profile in the adults with specific learning disability and confirm the data present in the Anglophone literature. The purpose of this research is to identify what

tests appear more sensitive in adult subjects with specific learning disability through the administration of two neuropsychological batteries. We selected 29 students attended the University of Modena and Reggio Emilia with specific learning disability. We administered to all subjects in two separate moments, at a distance of one month, two neuropsychological batteries aimed at identifying learning disabilities in adulthood. The data from this preliminary study confirmed that the tests more sensitive in the diagnosis of specific learning disability in adulthood are the reading tests, rapid automatized naming test (RAN) and the tasks that involve a greater load processing, as the “Night and Day” test and the articulatory suppression. Finally, the data proved that a more comprehensive assessment would require the integration of the two batteries.

**TOWARD NEW TOOLS:
A PILOT STUDY TO DETECT THE SPEED OF READING IN
SILENT MODE. CLINICAL EXPERIENCE AND RESEARCH
TRAJECTORIES OF THE WORKING GROUP OF THE
UNIVERSITY OF MESSINA**

**Massimo Ciuffo (1), Massimo Ingrassia (2), Alice Baradello (3),
Maria Ausilia Alquino (4), Maria Venuti (5), Antonella Gagliano (4)**

- (1) Disabled Students Office and Ausilioteca - University of Messina
- (2) Department of Humanities and Social Sciences - University of Messina
- (3) AOU Hospital “ G. Martino” - University of Messina
- (4) Department of Pediatrics, Gynecology, Microbiological and Biomedical - University of Messina.

The most widely used reading mode by adults in general and the students who attend the secondary school level and the university is reading in silent mode. Despite the silent reading is the primary mode of reading adolescents and adults, it has not attracted much interest in scientific research. To date, the rate of reading in the silent mode (silent reading fluency - SRF) and its measurement are not used or diagnostic purposes to detect reading difficulties, nor to evaluation purposes. The research will present a new

silent reading fluency measures that should be appropriate for both school settings and older students and adults. Understanding silent reading fluency (SRF) is of a paramount importance, given that silent reading is the principal manner of reading for capable readers. Participants recruited were 68 dyslexic and age-matched skilled adult readers (between 18 and 48 years old). Among them, 24 were skilled readers with a university degree (number of years of schooling: $M = 17.45$, $SD = .93$), 22 skilled readers with a high school diploma (number of years of schooling: $M = 12.95$, $SD = .65$), and 22 participants diagnosed with dyslexia that reached at least the high school academic level (number of years of schooling: $M = 12.59$, $SD = 1.71$). All participants improved their reading fluency in silent mode. Nevertheless, the increasing rate of reading fluency from oral to silent modality was 62% for GSR, 51% for DSR, and 25% for the readers with dyslexia. Thus, our results provide evidence for the existence of a different rate of speed improvement between oral and silent reading in proficient and dyslexic readers.

WELL BEING AND EMOTIONAL REGULATION AT THE UNIVERSITY: A WORK IN PROGRESS

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National and european university are quickly implementing their services for students, in order to reduce the phenomenon of dispersion university and increase the inclusion (active participation, a sense of belonging, etc.). In Italy, the law 170/2010 makes it possible to adopt in schools of every order and degree measures to facilitate the achievement of success at school (Guidelines CNUDD, 2014). The purpose of this study will be to evaluate the association between the presence/risk/non attendance LD, anxiety, psychological wellbeing perceived and the difficulties in emotional

regulation in a sample of adolescents and young adults between the ages of 16 and 35 years in order to promote access to training, in the belief that knowledge, higher culture and participation in research promote the full human development, entry into the world of work and the embodiment of freedom, designed as an opportunity to realize their individual aspirations. The sample, recruited in accidentally, will be composed of approximately 1000 subjects who have completed the following scales:

- Adult Dislexia Check List (ADCL) of Vinegrad
- State-Trait Anxiety Inventory (STAY-Y) of Spielberger
- Psychological Well-Being Scales (PWB) of Ryff
- Difficulties in Emotion Regulation Scale (DERS) of Giromini

Starting from the Cluster Analysis results, will be conducted correlation analysis to study the relationships between the dipendent variables. Moreover, will be conducted a MANOVA to verify the presence of statistically significant differences between the groups identified by Cluster Analysis compared to the levels of anxiety, psychological wellbeing perceived and the emotional dysregulation. Expected Results: significant and positive correlation among the variables. Statistically significant differences between group LD, risk group LD and non attendance LD. Specifically, the group with LD could obtain scores significantly higher in the STAY-Y and in the DERS and significantly lower values in the PWB.

THE EVOLUTION OF THE PROFILE OF READING IN DYSLEXIA: A LONGITUDINAL STUDY

**Maristella Scorza (1), Maria Giuseppa Zonno (2), Claudia Daria
Boni (3)**

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(2)I.R.I.D.E.

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The increase of research on specific learning disabilities has produced a high level of consensus on many issues but there are several controversial points still pending clarification and further research. For example the natural evolution of reading difficulties, its expressiveness in over time and still the frequent comorbidity of specific learning disorders among themselves and with other clinical conditions. The research intends to investigate the evolution of the specific disorder of reading during the school, from primary to secondary level, through a longitudinal study, analyzing also the co-occurrence of dyslexia with others specific learning disabilities. We selected 71 subjects with dyslexia who had at least two evaluations in different school years in order to have an estimate of the evolution of their reading disorder. The data confirm that there are differences between changes in the profile of reading dyslexics mild and severe: the first tend to constantly improve the reading of words and text, while the second show an improvement that is not constant over the years confirming their most severe impairment in the ability to decode and process automation. However, as regards the evolution of the profile clinical diagnostic, the data confirm that the learning disabilities are clinical conditions that persist throughout the whole of schooling.

Finally, we observed that dyslexia occurs most frequently associated to other specific learning disorders rather than isolated (only 11% of cases) and this data confirms that the base of the dyslexia exists a common neurobiological matrix that is able to explain the high co-occurrence of specific learning disabilities in a single subject.

SYMPOSIUM

MATERNAL AND PATERNAL PERINATAL DEPRESSION: SCREENING PARAMETERS AND INDICATORS FOR ASSESSEMENT

Proposer: Renata Tambelli

Department of Dynamic and Clinical Psychology, "Sapienza" University of Rome

Discussant: Vincenzo Caretti

Department of Human Sciences, LUMSA, Roma

Converging findings coming from Infant Research, Developmental Psychopathology, and cognitive neuroscience are documenting the importance of the preventive aspects that may promote psychological health of the baby, starting from pregnancy. The profound changes that accompany the perinatal period may put the psychic equilibrium of future parents at serious risk. Pregnant women often show depressive symptoms or a high level of anxiety towards the events they are facing (i.e., labor). This psychopathological risk is often associated to psychosocial stressors that contribute to predicting the socio-emotional maladjustment of the child at one year of age. In this Symposium, we will present different perspectives on assessment during the perinatal period, reporting preliminary findings of the research units included in a still ongoing project, which is supported by grants from PRIN 2013/2016 - 20107JZAF4, Italian Ministry for Education, University and Research (MIUR). The first contribution will report data from the factorial structure of the Parental Cumulative Psychosocial Risk Questionnaire, which evaluates risk factors that need to be considered in first time mothers and fathers to support the child's health and her/his relationship with the caregiver. The second presentation will report data on the prevalence of depressive risk, measured by the Edinburgh Postnatal *Depression* Scale (EPDS), in mothers and fathers at three months of the child's age, in relation to different risk factors. The third presentation will

deal with the clinical relevance of the Fear of Childbirth (FOC), measured by the Wijma Delivery Experience Questionnaire, documenting its association with intrapsychic, relational, and social variables during pregnancy. Finally, the last presentation will report data from a High-density Electroencephalography (hdEEG) study aimed to investigate *the effects of depressive symptomatology on neural processing of infant facial emotions in pregnant mothers.*

FEAR OF CHILDBIRTH IN PRIMIPAROUS WOMEN: WHAT RELATION WITH PSYCHOLOGICAL DIMENSIONS?

**Emanuela Saita (1), Piera Brustia (2), Loredana Lucarelli (3),
Valentina Fenaroli (1), Sara Molgora (1), Cristina Sechi (3)**

(1) Department of Psychology, Catholic University of Sacro Cuore, Milan

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(3) Department of Pedagogy, Psychology, Philosophy, University of Cagliari

Fear of Childbirth (FOC) represents an important women's health issue: approximately 20% of all pregnant women report this emotion, even if its severity can be very different, ranging from mild worry to extreme-clinical fear (tokophobia). Scientific literature has analyzed FOC focusing both on the antecedents and the consequences as well as on the variables connected to fear. In particular, several studies have found that FOC is associated with medical variables during pregnancy (such as the medication use) and delivery (such as the type of delivery, the request for pain relief during labour, the labour duration). At the same time, FOC is associated with some psychological variables, intrapsychic (such as anxiety and depression) and interpersonal (such as the quality of couple relationship, the presence of support networks). The present study aims to analyze the connection between FOC and different variables - intrapsychic, relational e social - during pregnancy. This research is supported by grants from PRIN

2013/2016 - 20107JZAF4, Italian Ministry for Education, University and Research (MIUR). 150 primiparous women at 7th-8th month of pregnancy, recruited in Cagliari, Milan, Rome and Turin during the participation to courses that accompany the woman in delivery, completed some self-report scales (Wijma Delivery Experience Questionnaire, Edinburgh Postnatal Depression Scale, State-Trait Anxiety Inventory, Dyadic Adjustment Scale, Multidimensional Scale of Perceived Social Support) and a psychosocial risk questionnaire created ad hoc. Preliminary results show that FOC is associated with different variables, meaning that it is a complex construct that needs further investigation in order to better understand its characteristics and proprieties. Future research would be addressed to identify different clusters of women, starting from the connection between FOC and the other variables investigated.

FACTORIAL ANALYSYS OF THE PARENTAL CUMULATIVE PSYCHOSOCIAL RISK QUESTIONNAIRE

**Laura Vismara (1), Flaminia Odorisio (2), Luca Rollè (3), Laura
Francesca Scalas (1), Valentino Ferro (5), Marianna Minelli (4), Erica
Neri (4), Laura Elvira Prino (3), Cristina Riva Crugnola (5)**

- (1) Department of Educational Sciences, Psychology, Philosophy, University of Cagliari
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- (4) Department of Psychology, University of Bologna
- (5) Department of Psychology, "Bicocca" University of Milan

Parenting should be conceived as a dynamic process effected by multiple and multi-level historical and current influences (Belsky & Vondra, 1989). The cumulative effects of multiple "distal" risk factors such as education and income, and "proximal" risk factors such as parental stress, supports, and depressive symptoms, are more influential than the effect of any risk factor alone (Sameroff, 2000). The present study is part of a PRIN research funding aimed to a) identify how post-partum depression throughout the

first year of the child's life might affect the mother-infant interaction and affect regulation, b) analyze the relationship between these variables and the quality of attachment and possible indicators of risk in children with respect to psychopathological problems in the second year of life; c) identify mediating factors with respect to these variables. The current work focuses on the last objective and aims to verify the factorial structure of the Parental Cumulative Psychosocial Risk Questionnaire (PCPSRQ; PRIN, 2013), created to collect information on first time fathers and mothers by means of a self-report. 650 first time parents, 268 mother-father dyads and 114 mothers (mothers' mean age= 32.9 yrs; SD 6.16; fathers' mean age= 36.8, SD= 6.12) completed the PCPSRQ during the 6th month of pregnancy. Dichotomous individual, historical, social, and circumstantial variables were included. The Factorial analysis with Mplus confirmed the PCPSRQ hypothesized factorial structure (e.g., medical pregnancy, paternal mental disorders, maternal mental disorders). The PCPSRQ appears as a valid instrument in order to evaluate cumulative risks that need to be considered in supporting the child's health and her/his relationship with the caregiver. This research is supported by grants from PRIN 2013/2016 20107JZAF4, Italian Ministry for Education, University and Research (MIUR).

NEURAL PROCESSING OF INFANT FACIAL EXPRESSIONS IN MOTHERS AT RISK FOR DEPRESSION DURING PREGNANCY: A HDEEG STUDY

Cristina Trentini, Pier Luigi Marconi, Barbara Volpi, Renata Tambelli(1)

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Along with the psychological re-elaborations which take place during the transition to parenthood, striking changes occur in maternal brain (in particular in limbic and fronto-temporal cortices, and basal ganglia), by virtue of the large amounts of hormones secreted during pregnancy. Such complex changes not only prepare the mothers-to-be to respond to their-own

infant affective cues, but also enhance maternal reactivity to the expressions of other women's infants. On the other hand, a large body of research has provided evidence that depressive symptomatology negatively affects maternal functioning, putting at risk the construction of the attachment bond with the infant. In the field of maternal depression, much less is known, however, about the neural correlates of women's responsiveness to infant cues during pregnancy. In keeping with this, High-density Electroencephalography (hdEEG) was used to investigate in pregnant women the effects of depressive symptomatology on brain response to infant facial emotions.

Twenty-four women were recruited during the third trimester of pregnancy: 12 women were at risk for depression, while 12 were without psychopathological symptoms. Depressive symptomatology was assessed using the Edinburgh Postnatal Depression Scale (EPDS). HdEEG were recorded using the EGI Dense-Array EEG System (GES 300, 256 electrodes nets), while mothers passively viewing different facial expressions (joy, distress, ambiguous, and neutral) of unfamiliar pre-verbal infants. Interesting differences between the two groups of women were found in cerebral areas involved in the processing of infant facial expressions.

These preliminary findings have clinical relevance, providing new suggestions for the assessment of depressive risk during pregnancy that may be used in the field of early intervention programs. This research is supported by grants from PRIN 2013/2016 20107JZAF4, Italian Ministry for Education, University and Research (MIUR).

THE TRANSITION TO PARENTHOOD ACCORDING TO DIFFERENT RISK FACTORS: PREVALENCE OF POSTNATAL DEPRESSIVE SYMPTOMS IN MOTHERS AND FATHERS

**Francesca Agostini (1), Fiorella Monti (1), Piera Brustia (2),
Loredana Lucarelli (3), Cristina Riva Crugnola (4), Flaminia Odorisio
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The perinatal period is recognized as a sensitive time for a mother's psychological state. While depressive symptoms have been widely studied in mothers, only recently literature is increasing on man's psychological adjustment during the perinatal period, but still there is a lack of studies considering both woman and man's perinatal mood. The aim of the study was to compare different contexts of transition to parenthood, characterized by the presence of specific risk factors (adolescent pregnancy, twin pregnancy, preterm birth) with conditions with low psychosocial risk, assessing the prevalence of maternal and paternal depressive symptoms and the relationship between woman and man's symptomatology. Parental couples were recruited in different contexts, according to the aims of the study. For each field to investigate, 30 couples (30 mothers and fathers) were recruited (during the woman's pregnancy or after childbirth), for a total of 180 couples. Consent form, socio-demographic form and Parental Cumulative Psychosocial Risk Questionnaire (PCPSRQ; PRIN, 2013) were completed by participants. The Edinburgh Postnatal Depression Scale (EPDS) was completed by women and men at 3 months postpartum in the Italian version, using validated cut-off values. Based on the literature, we expect to find a higher prevalence of depressive symptoms, in both mothers and fathers, where more relevant risk factors related to parenthood are

present. We also expect to find a significant relationship between maternal and paternal mood.

This study underlines the relevance of promoting prevention and intervention for both mothers and fathers, during a sensitive period as the perinatal one, considering the possible presence of specific risk factors.

This research is supported by grants from PRIN 2013/2016 20107JZAF4, Italian Ministry for Education, University and Research (MIUR).

SYMPOSIUM

PERSONALITY BETWEEN THERAPEUTIC RELATIONSHIP AND REFLECTIVE FUNCTIONING

Proposer: Annalisa Tanzilli

Department of Dynamic and Clinical Psychology, Sapienza University, Rome ,
Italy

Discussant: Giorgio Caviglia

Department of Human Studies, Second University Naples, Italy

Research in psychotherapy is paying an increased interest to the various and complex variables involved in diagnostic assessment and treatment planning. Several contributions show how therapists of all theoretical orientations should make use of information derived both from the patient's personality and the therapeutic relationship's dynamics and characteristics (Norcross, 2011; Norcross, Lambert, 2014). More recently, research has also highlighted the importance of studying the therapist's characteristics (e.g., personality and attachment styles).

In the present panel, these relevant issues are addressed from different point of views:

- 1) The first contribution of Nazzaro, Boldrini, Damiani, Maggiora Vergano and Nassisi focuses attention on the patient's reflective functioning, showing that different levels of this ability are associated with distinct attachment styles and personality disorders.

2) The topic of patient's mentalization is central also in the second contribution of Colli, Gagliardini and Bonfigli, that present a new clinician-report measure: the Mentalization Assessment Questionnaire (MQA). Their study seems to suggest that patients with different personality disorders are characterized by distinct mentalization profiles.

3) The third contribution of Tanzilli and Gualco presents the empirically derived prototypes of transference patterns related to personality pathology, showing that patients interact with their therapists in specific ways that can provide important data about their personality, attachment patterns and interpersonal functioning.

4) Finally, the fourth contribution of Lingiardi, Muzi and Talia investigates the impact of therapist's attachment style and personality on therapeutic relationship, showing the role of "therapist's effect" on therapeutic alliance and transference/countertransference patterns in psychotherapy.

REFLECTIVE FUNCTIONING, ATTACHMENT AND PERSONALITY: AN EMPIRICAL INVESTIGATION

**Maria Paola Nazzaro, Tommaso Boldrini, Rachele Damiani, Carola
Maggiara Vergano, Valentina Nassisi(1)**

(1)Department of Dynamic and Clinical Psychology, "Sapienza" University, Rome

Reflective functioning is the individual's ability to understand and interpret their own and others behavior in terms of mental states, such as desires, motivations, emotions and needs (Fonagy, Target, 2002). Several clinical contributions suggest that deficits of reflective functioning characterize many mental diseases, including depression (Täubner, Kessler, Buchheim, Kächele, Staun, 2011), anxiety (Rudden, Milrod, Aronson, Target, 2008), eating disorders (Skarderud, 2007), personality pathology, in particular borderline disorder (Fonagy, Bateman, 2008). However, a few empirical studies sought to explore the associations between reflective functioning and specific personality disorders. The aim of this study is to

investigate the relationship between reflective functioning, attachment style, and personality disorders/styles. We recruited a sample of 80 participants interviewed using the Adult Attachment Interview (George, Kaplan, Main, 1985) to detect the state of mind with respect to attachment. We used also the Scale of Reflective Functioning (Fonagy, Steele, Steele, Target, 1998) applied to the transcript of the AAI's to evaluate the capacity of reflective functioning, and the Shedler Westen Assessment Procedure-200 (Westen, Shedler, 1999a, 1999 b, 2007) to assess personality disorders/styles and level of psychological functioning. Results showed that reflective functioning was lower in the participants who had an insecure attachment style. Additionally, low level of reflective functioning were related to the borderline and schizoid personality disorders, while higher levels of reflective functioning were related to the style of high-functioning and depressive: high-functioning. We will discuss the clinical implications of these findings.

**TRANSFERENCE AND PERSONALITY PATHOLOGY:
TOWARD THE EMPIRICALLY DERIVED AND CLINICALLY
USEFUL PROTOTYPES OF RELATIONAL PATTERNS**

Annalisa Tanzilli (1), Ivan Gualco (2)

- (1) Department of Dynamic and Clinical Psychology, "Sapienza" University, Rome
(2) Counselling Study Centre for Couple and Individual Therapy, CSTCS, Genoa

Since Freud's initial recognition that patients may enact interpersonal patterns in the relationship with the analyst, the concept of transference has revised radically. In contemporary terms, it refers broadly to patterns of thought, feeling, motivation and behavior that emerge in the therapeutic relationship and reflect enduring aspects of the patient's personality and interpersonal functioning. Although the clinical literature on transference phenomena in psychotherapy is rich and the body of research is not limited, little interest has been shown in empirical investigation of patients'

relational patterns related to their personality pathology. The aims of this study was to: 1) examine the stability of the factor structure and psychometric properties of the Psychotherapy Relationship Questionnaire (PRQ;Bradley et al. 2005), a clinician-report measure of transference phenomena in the treatment; 2) investigate the relationship between patients' relational patterns and specific personality disorders; 3) provide the empirically derived prototypes of relation patterns in patients with personality pathology. A national sample of psychiatrists and clinical psychologists ($N=300$) of psychodynamic and cognitive-behavioral orientation completed the PRQ, as well as the Shedler–Westen Assessment Procedure–200 (Westen, Shedler, 1999) to assess personality disorders and level of psychological functioning, regarding a patient currently in their care. Exploratory and confirmatory factor analyses identified five distinct transference patterns that were conceptually coherent and psychometrically robust. They were associated with specific personality disorders. Finally, the prototypes of relational patterns in personality-disordered patients provided an empirically derived and clinically useful description of transference processes that strongly resembled clinical theories. The relevant diagnostic and clinical implications of these findings were addressed.

THE THERAPIST'S FACTORS: ATTACHMENT AND PERSONALITY

Vittorio Lingiardi (1), Laura Muzi (1), Talia Alessandro (2)

(1) Department of Clinic and Dynamic Psychology, Sapienza University of Rome

(2) Department of Psychology, University of Copenhagen

The empirical literature on therapists' individual differences is modest and still in its infancy. However, some evidence suggests that attachment insecurity may render the therapists vulnerable to reactivation of their-own attachment-related worries or defences: they tend to have lower overall level of alliance quality and lacking countertransference management capacities (Mohr et al., 2005). Moreover, research in therapist's personality seems

basically unexplored despite its undeniable clinical utility. The aim of this preliminary study is to investigate the influence of therapist's attachment style and personality on factors related to therapeutic relationship, such as therapeutic alliance and transference/countertransference patterns (Gelso, 2014). The sample consists of N=20 novice therapists recruited from various Italian associations of dynamic psychotherapy. Each clinician has been interviewed using the Clinical Diagnostic Interview (Westen, Muderrisoglu, 2003) followed by an evaluation with the AAI (George et al., 1996) and SWAP-200 (Westen, Shedler, 1999). They are also asked to complete: a) the TRQ (Zittel, Westen, 2003) to assess their emotional response to one patient in therapy; b) the PRQ (Bradley et al., 2005) to measure transference patterns expressed by the same patient toward them; and c) the Working Alliance Inventory-T (Horvath, Greenberg, 1989). Results show a prevalence of securely attached and high level of personality functioning therapists, both related to a positive average quality of the components of therapeutic relationship. However, a general effect of clinicians' insecure attachment style and personality disturbances was found, especially on therapists' emotional response. These findings are comprised in a broader research which aims to extend knowledge on the "therapists' effects", one of the most important emerging topics in psychotherapy research (Lambert, 2013).

MENTALIZATION PROFILES IN PERSONALITY DISORDERS

Antonello Colli, Giulia Gagliardini, Camilla Bonfigli(1)

(1)Department of Human Science, University of Urbino "Carlo Bo"

Mentalization is "the mental process by which an individual implicitly and explicitly interprets the actions of himself and others as meaningful on the basis of intentional mental states such as personal desires, needs, feelings, beliefs, and reasons" (Bateman, Fonagy, 2004, p. xxi).

In this work we will present a new clinician report measure for the assessment of patient mentalization :the Mentalization Assessment Questionnaire (MAQ; Colli, Gagliardini, Bonfigli, 2015).

The aims of this work are to: 1) provide initial data on MAQ's reliability and factor structure; 2) provide initial data on empirically derived prototypes of mentalization 3) and investigate the relationship of these prototypes with patients' personality disorders and attachment styles.

We recruited by e-mail a random sample (N=60) of expert clinicians and asked them to rate an adult non-psychotic patient: 1) with a PD diagnosis (DSM V; APA, 2013); 2) whom they had seen for a minimum of ten sessions and a maximum of eighteen months. We used different assessment measures: 1) Mentalization Assessment Questionnaire; 2) DSM V Personality Disorder Checklist; 3) Adult Attachment Questionnaire (Westen, Nakash, 2005). We performed a Q-analysis in order to define different subgroups of patients characterized by different mentalization profiles and calculated the correlation between these empirically derived profiles of mentalization and personality scores and attachment profiles.

Results suggested the presence of at least four different groups of patients characterized by different mentalization profiles. This work gives initial empirical evidence to the hypothesis that mentalization is not a global ability and that patients with different personality disorders are characterized by different mentalization profiles.

SYMPOSIUM

GENDER VARIANCE AND GENDER DYSPHORIA: PSYCHOLOGICAL WELLBEING, HEALTH AND STIGMA

Proposer: Salvatore Settineri

Department of Humanities and Social Sciences, University of Messina

Discussant: Paolo Valerio

Antidiscrimination and Culture of Differences Service of the SInAPSi Centre,
University of Naples Federico II

Gender variant people are a diverse population who cross or transcend the defined binary gender categories of male and female. Not all gender variant people have a gender dysphoria. This population face systematic violence and oppressions due to their gender nonconformity.

These stigmatizations might negatively affect their mental health and general wellbeing. In the field of scientific research addressed to gender variance, two different tendencies exist: the first one focused on clinical issues related to gender dysphoria, the second one focused on the dimensions related to social, perceived and internalized stigma and its effects on physical and mental health.

These tendencies should be viewed as interrelated. The current symposium is aimed at highlighting the communalities between the above mentioned tendencies.

PROJECTIVE PSYCHODIAGNOSIS AND GENDER DYSPHORIA

Salvatore Settineri (1)

(1)Department of Humanities and Social Sciences, University of Messina

If one of psychometrics tasks is to quantify the phenomenon, it must be held that this practice is indisputable for the phenomena objectification; this help to epidemiology and statistics becomes less relevant going from an objective psychology to a subjective psychology. In clinical practice it is necessary to have more qualitative information in order to understand both the sign and the experience, which is absolutely individual and whose objectification remains a, however helpful, reduction form. Understanding the meaning direction the value of the dysphoric's experience is a practice that requires models to which reach not only through psychotherapy. Projective reactives, and with this term we want to emphasize the difference with tests with which they are often confused, allow to reach models which are significant first for the person who agrees to undergo the experiment and then to compare the model with other constructs that are well differentiated such as psychoses or other personality disorders.

The author concludes his reflection on the experiment of Rorschach applied to gender dysphoria illustrating the need to examine in depth self image, complexes and individuation processes in gender dysphoria.

**IDENTITIES IN TRANSITION:
CLINICAL INTERVENTIONN, GOOD PRACTICES AND
NETWORKING WITH GENDER VARIANT CLIENTS**

Claudio Cappotto(1)

(1)Center services for active inclusion and participatory student ("Centre for active inclusion and students 'participation') - S.In.APSI University of Naples Federico II, Italy

The presentation will take into account the main results of the gender counseling run by the association Agedo Palermo for people afflicted with gender dysphoria. The intervention and counseling is mainly offered to fulfill the needs of a population often neglected by institutions, research and education in the fields of transsexualisms and transgenderisms. Its main aim is the supervision of individual, familiar and social dimensions in the urban area of Palermo.

Through the planned interventions and services, the counseling welcomes clients' request and deals with their personal needs in interdisciplinary terms and with the aid of local government networked services. Clients don't go always through sex surgery reassignment, so after a close analysis of their claims, the counseling offers interventions and support in order to increase their self-awareness, to make a more contextualized processing of intrapsychic dimension connected to gender identity, to sustain transsexual and transgender people within their families, their social and work environments or during their bureaucratic and legislative pathway.

The promotion of cooperation with local government, public and private bodies and associations, allowed the creation of a strong network and the exchange of good practices through all the institutional and informal levels.

TRAINING GROUPS FOR THE IMPROVEMENT OF RESILIENCE IN TRANSGENDER PEOPLE

Anna Lisa Amodeo, Simona Picariello, Cristiano Scandurra(1)

(1) Antidiscrimination and Culture of Differences Service of the SInAPSi Centre,
University of Naples Federico II

Transgender people represent a diversified population, which is associated by crossing the binary gender categories of male and female. Transgender people face systematic oppression and violence due to their gender nonconformity, which can affect their wellbeing. The ability of coping with stigma, among other factors, depends on the level of resilience which can be both acquired and improved. On this base, the current contribution reports some data and reflections about resilience in a small group of young transgender people, and presents a method for the improvement of resilience through a group-training program.

The training program was realized within a project co-financed by EU Commission (Daphne III Programme) entitled “Empowering LGT young people against violence: a P2P model”. The training lasted three 8-hour days and was conducted by two clinical psychologists. A quali-quantitative evaluation procedure was used to assess the training effectiveness at three time points (pre, post and 3-month follow-up). 3 common themes emerged from the focus groups: identity affirmation, self-acceptance and group as support. Furthermore, an ANOVA with repeated measures was used to verify if some differences between mean scores obtained at Resilience Scale existed. The test resulted significant, $F(2, 14) = 6.390, p < .01$. During the group-training, young transgender people had the possibility to increase their resilience strategies, feeling the connectedness to a peer group. It was clear that one of the main support sources is represented by peers or transgender community. This group-training program can represent a peer support group which allows participants to share experiences and to feel not being alone.

**TRANSGENDERISMS.
GENDER VARIANCE AND SEX ORIENTATION IN A CLINICAL
PSYCHO-SEXOLOGY APPROACH**

Fabrizio Quattrini(1)

(1) Department of Experimental and Clinical Sciences, University G. D'Annunzio,
Chieti - Pescara.

Transgendered people often live in a confusing and painful internal world where their perceived sense of self is at dissonance with the societal norms surrounding them.

They have learned to hide not only from others but gendered people means they must move through an experience of emergence of realizing, discovering, identifying or naming their gender identities. Aim of the present study is to critically review the current and relevant literature dealing with the erotic and sexual representation in transgenders people, focusing on the dimensions related to social, perceived and internalized stigma and its effects on physical and mental health.

The focus is primarily for people who do not define themselves with Gender Dysphoria, but all the others because of socio-cultural have problems with the gender variance, sexual orientation and paraphilic behavior.

SYMPOSIUM

METACOGNITIONS, COGNITIVE FUNCTIONS AND PSYCHOPATHOLOGY

Proposer: Maria C. Quattropani

Department of Humanities and Social Sciences, University of Messina, Italy

Discussant: Claudio Gentili

Department of General Psychology, University of Padua

Many lines of evidence indicate that there is a strong relationship between emotional processes, cognitions, metacognitive beliefs and behaviors. Metacognition is the aspect of information processing that monitors, interprets, evaluates and regulates the contents and process of its organization (Wells, Purdon, 1999). Research highlights that dysfunctional metacognitive beliefs are the basis for the development and maintenance of emotional disorders.

Among the cognitive domains, executive functions include working memory, cognitive flexibility, multitasking, planning, and attention. Neuropsychological testing has shown relatively stable pattern of cognitive impairment on the basis of disease. By on other hand, evidence from several studies in both clinical and non-clinical samples highlighted the role of dimensions of metacognition as vulnerability factors in predicting development of psychological symptoms.

The aim of this Symposium is to share knowledge, strategies and methods regarding the link between metacognitions, cognitive functions and psychopathology in wide range of clinical disease. The aim is also to increase the reflection on this theme in the Italian framework.

**METACOGNITIVE INTERPERSONAL THERAPY FOR
PERSONALITY DISORDERS:
OUTCOME DATA AFTER 1 YEAR OF TREATMENT**

Antonino Carcione, Giuseppe Nicolò, Michele Procacci, Ivana Buccione, Livia Colle, Laura Conti, Donatella Fiore, Teresa Fera, Fabio Moroni, Roberto Pedone, Giovanni Pellicchia, Ilaria Riccardi, Francesco Mancini, Antonio Semerari (1)

(1) III Center for Cognitive Psychotherapy, Rome; School of Cognitive Psychotherapy-SPC, Rome

To treat Personality Disorders (PDs) it's important to consider not only symptoms and categorial diagnosis, but also the co-occurrence of other diagnosis and different psychopathological variables that contribute to maintain the psychopathology. Many authors consider the integration of different techniques (i.e. DBT Skill Training for the emotional dysregulation, Mindfulness for the rumination and worry, etc.) the best way to solve this problem and to organize an efficient treatment. According with this point of view, we structured an integrative approach, the Metacognitive Interpersonal Therapy-Standard Approach (MIT-SA), to treat Personality Disorders, which aims to contain drop-out and to improve the outcome.

The aim of this study is to explore whether changes in the ability to reflect and reason about mental states (i.e. metacognition) after MIT-SA treatment correlate with the improvement in different psychopathological variables characterizing PDs. 132 outpatients treated at the III Centro di Psicoterapia Cognitiva followed a structured path tailored for the different psychopathological variables emerging from a wide psychodiagnostic assessment that considers over the symptoms (SCL 90-R), the metacognitive abilities (MAI), the interpersonal relationship (IIP-47), the personality psychopathology (SCID-II complete), the global functioning (GAF).

The measurements are repeated after 1 years of treatment and the results show that, as hypothized, the metacognitive abilities correlate improvements of the analysed variables.

METACOGNITIVE THERAPY AND PATHOLOGICAL GAMBLING

**Maria Fara De Caro(1), Giovanni Mansueto(1), Michele Pennelli(1),
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Metacognitive therapy (MCT) considers psychological disorders as a result of the activation of perseverative cognitive processes and attentional strategies in response to inner events. These perseverative cognitive processes and attentional strategies are considered as a component of a cognitive attentional syndrome (CAS). CAS was associated to specific set of metacognitive beliefs. Metacognition, can be defined as a “stable knowledge or beliefs about own cognitive system, and knowledge about factors that impact the functioning of the system; the regulation and awareness of the current state of cognition, and appraisal of the significance of thought and memories”.

Moreover, in Wells’ model (2009), metacognition was divided into two sets of beliefs: negative beliefs regarding the significance, controllability and danger of specific types of inner events, and positive beliefs about coping strategies that impact on inner events.

Despite several studies have evaluated the role of metacognition in several psychological problems, as well as, depression, anxiety disorder, obsessive–compulsive symptoms, nicotine dependence, problem drinking, few studies examined gambling using a metacognitive perspective. Preliminary evidences showed that positive and negative beliefs seems associated to problem gambling. Moreover metacognitive beliefs seems associated with the co-occurrence of psychological symptoms, especially anxiety, in pathological gambling. Future research should to investigate, in

detail, the role of different type of metacognitive beliefs in pathological gambling, however, we can hypothesize that MCT may represents a useful therapeutic approach to management of pathological gambling.

METACOGNITIVE BELIEFS AND PSYCHOPATHOLOGICAL RISK FACTORS IN ADOLESCENTS' ALCOHOL CONSUMPTION

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Metacognitive beliefs play a central role in adult alcohol abuse (Spada *et al.*, 2014), while their role in adolescent risk behaviors is less investigated. The aim of this research was to investigate the associations among metacognition, psychopathological risk and inclination to drink in a community sample of adolescents (13-20 y.o.) subdivided according to AUDIT-C scores in drinkers (n = 106) vs. nondrinkers (n = 346).

The measures were: the PAMS and NAMS (Spada & Wells, 2008), respectively, for positive (self-regulatory function of alcohol) and negative (uncontrollability and damage of alcohol) metacognitions; the CBA-G (Bertolotti *et al.*, 2006) for the psychopathological risk.

The results indicate that adolescents drinkers, if confronted with nondrinkers, reported more positive metacognitive beliefs (PAMS) and a higher psychopathological vulnerability: differences emerged in risk-taking, unusual experiences and more frequent use of substances. On the contrary, the negative metacognitive beliefs (NAMS) were higher in nondrinkers and for girls. Regression analysis indicated that the positive metacognitive beliefs were the strongest predictor of alcohol consumption than other factors (emotional instability, risk-taking, and sensation seeking), in accordance with findings obtained with young university students (Clark *et*

al., 2012). The negative metacognitive beliefs (NAMS) predicted a poor implication consumer for girls only. These results, if confirmed in other studies on non-clinical samples, suggest a different protective role of negative metacognitive beliefs and gender factors in early alcohol assumption among adolescents compared with adults with alcohol use and problem drinking.

**DOES THE ABILITY TO RESIST TO OVEREAT DEPEND BY
METACOGNITIVE PROCESSES?
AN EXPLORATORY STUDY**

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Obesity is a social alarm in the occidental world. Because of the availability of large amounts of food, feeding is not only a physiological need but may become a compulsive behavior.

In fact, in presence of highly appetizing food, the ability to resist to overeat hinges on self-control (N.D. Volkow et al.; 2013) and on ability to manage negative emotions. In fact, the tendency to instant gratification may represent a way to escape from unpleasant moods and may lead to addictive behaviors, such as taking drugs or eating past the point of satiety.

In this process, Metacognitions, defined as internal cognitive factors that control, monitor and evaluate thinking processes (Wells, 2002), have a central role (M. Spada et al., 2014). The aim of our study was to investigate the relationship between eating behavior, psychological needs and

metacognitive processes in obese, overweight and normal-weight adults. We evaluated 44 adults with different weight (obese, overweight and normal-weight) using the following instruments: Eating Disorders Inventory 3 (EDI-3), Metacognition Questionnaire 30 (MCQ-30), and a Questionnaire about eating behavior constructed *ad hoc*. Data analysis was performed using SPSS for Windows applying correlational analysis (Spearman's Rho). We founded that negative beliefs about worry concerning uncontrollability and danger are positive correlated with general psychological maladjustment composite (0.61 $p < .001$). In particular negative beliefs are positive correlated with specific subscales, such as personal alienation (0.57 $p < .001$) and emotional dysregulation (0.51 $p < .001$). Results confirmed the importance to explore metacognitive processes and to understand their role in emotional regulation in overweigh/obese subjects. Furthermore, we aim to examine the role of cognitive functions in eating behavior.

SYMPOSIUM

ADDICTION AND HARMFUL BEHAVIORS: THE CULTURE PERSPECTIVE TO GUIDE STRATEGIES OF INTERVENTION

Proposer: Claudia Venuleo

Department of History, Society and Human Science, University of Salento

Discussant: Maria F. Freda

Department of Human Studies, Federico II University of Naples

The symposium focuses on the role of culture in affecting addiction and harmful behaviours, and in orienting the strategies of intervention. G. Margherita and A. Gargiulo examine self-injury behaviors in the virtual context. The cluster analysis of 34 Italian blogs shows that the discourse of self-injury is organized through three main vectors of meaning: pain as an element of cohesiveness, the function of the Other as helpless witness, the dynamics of disclosure/masking limit. The results are interpreted in the light of the intersection between individual and cultural dimensions. C. Venuleo, S. Rollo, S. Calogiuri, and T. Marinaci examine the subjective cultures of the social environment among problem groups (PG) of gamblers, drinkers and internet users and their respective control groups. The findings support the idea that a critical image of the social environment, devaluating social ties and rules, have more probability of being associated to the PGs and may play a role in explaining psychosocial distress and health outcome. B. Cordella, F. Greco, M. Varazzi and P. Elia examine the ways the users of a health service for the treatment of addiction (SERT) tell about their relationship with the service. Their study highlights that the setting's features, such as the welcome the users received, the helpfulness, and the staff's approachability, play a key role in the therapeutic alliance, but hinder the treatment conclusion and its management by the Ser-T. R. Andrisano-Ruggieri, M. Santoro, F. De Caro, M. Capunzo and G. Boccia examine the

role of social influences and peer groups in the construction of the meaning of internet use. They present the methodology and the results of a research intervention aimed to prevent internet addiction among high school students. In the whole, the contributions highlight how cultural milieu plays a key role in a better understanding of harmful behaviors and in the development of strategies of intervention.

METHADONE MAINTENANCE TREATMENT AND ITS CONCLUSION

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This research was conducted in a Centre for Drug Addiction (*Ser-T*) located in a small town of an Italian province. The research aims to understand what elements help in the rehabilitation treatment conclusion in a Service based on methadone maintenance treatment. To this end, interviews were conducted with both users who had completed the treatment and with others still in treatment. The interviews (n=22), which were recorded and transcribed, have undergone both text analysis, using the T-Lab software (cluster analysis using the K-means method and correspondence analysis), as well as content analysis. The text analysis highlighted the presence of four different cultures regarding the relationship between the users and the Service. All the cultures express the emotional bound between users and the *Ser-T*. The elements favouring this strong bound are the welcome they received, the helpfulness, and the professionals availability both in times of crisis as well as in moments of discomfort. The

helpfulness of the *Ser-T* appears constant over time, and the logic of the welcome received does not seem to vary depending on the single user's specific treatment process. In fact, users who concluded the treatment did not show a different culture from those who did not. The content analysis, on the other hand, clearly highlights how the treatment conclusion is attributed to critical events taking place outside the Service, which favoured the user's calling into question of his/her *Ser-T* dependency relationship.

Though this scenario may have only local value, it is possible to hypothesize that the culture of methadone maintenance treatment may tend to overshadow the possibility to plan the treatment conclusion, not favouring *Ser-T* management of those who wish to get out of the Service. If further research were to confirm this hypothesis, this would be a useful information for those who work at the *Ser-T*.

SUBJECTIVE CULTURES OF THE SOCIAL ENVIRONMENT AMONG PROBLEM GAMBLERS, DRINKERS AND INTERNET USERS

**Claudia Venuleo(1), Simone Rollo (2), Tiziana Marinaci (3), Sara
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The cultural context is widely cited as integral to understanding why people engage in behaviour that damages their health. Yet it is rarely the direct object of investigation in the field of addiction behaviour. The current study examines whether the subjective cultures through which subjects interpret the social environment play a role in increasing (or decreasing) the probability of problem gambling, drinking, and internet use.

The questionnaire on the *Interpretation of the Social Environment* (ISE) (Mossi & Salvatore 2011) was used in order to detect the subject cultures in a whole sample of 771 participants, recruited in five different contexts

(public Health service; Slot-machine room and Bingo center, Undergraduate courses; smoke shops and betting centers, Help Centre for immigrants and the disadvantaged). One-way analysis of variance (ANOVA) and logistic regressions were used to compare problem (both at risk and dependent) group and control for each of the three kinds of harmful behaviour under analysis on ISE scores of subjective culture.

The problem group of gamblers, drinkers and internet users show they differ from control as concerns the evaluation of the social environment. Whereas control groups tend to express trust in social norms and institutions, problem groups tend to perceive their social environment as lacking in rules, and thus as untrustworthy.

Within this interpretative frame, to be "reasonable", to act "responsibly" does not appear a key for a person's social adaptation nor a key to acquire power over events and one's own future.

The results suggest that the way people interpret their social environment might be a key area for a better understanding of harmful behaviour, with different critical effects on social adjustment; the knowledge of subjective cultures might provide valuable information in the development of healthcare strategies.

INTERNET ADDICTION PREVENTION: A CASE OF PLANNED INTERVENTION IN SCHOOLS OF SOUTH ITALY

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The estimated number of Internet addicts is not easy to establish because this type of addiction is taking shape in a social system that legitimizes and supports the use of new technologies for social and economic reasons. The

goal of this paper is to present a project of health promotion addressed to high school students to prevent internet dependence, its harmful consequences and to activate a *peer education action*. Consistent with *The Ottawa Charter for Health Promotion* (WHO, 1986), the project "MEDICINA SCOLASTICA: e TU DI CHE SMS 6" was realized by the Department of Human, Philosophic and Education Sciences of the University of Salerno, under a convention (prot.1716 del 19/09/11) stipulated with the Regional Education Office for the Campania region. Ten local high School were involved. Only partial data are presented, namely those related to a single school. Snowballing was applied to make up the sample (90 subjects: 45male and 45 female). The *Internet Addiction Test - IAT* (Young,1998) was used as *pre and post test* during the intervention. T-Student was run on IAR data. The use of active methods, and of a heuristic and non-directive approach, as well as the integration of the intervention with the teaching of the school, has allowed the construction of a reflexive setting (Shon 1983) for the elaboration of students' cultural models. 13working groups participated and developed a multimedia program for peer education. The results of T Student show a decrease in the subjects' average scores.

This result, in our opinion, can be explained in terms of the dynamics of continuity and contiguity of the meanings consistent with the peer education action, that is, with a horizontal form of change based on the bond of perceived similarity and social influence. The work calls for further studies in relation to the dynamic processes of meaning in the light of the patterns of functioning of the mind as the site of intervention.

SELF-INJURY BEHAVIORS INTO VIRTUAL CONTEXT: INDIVIDUAL TO CULTURAL ASPECTS

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In the last years the increase of Self-injury behaviors among adolescents and young adults has shown a growing interest of studies on the phenomenon (Muehlenkamp et al., 2012; Cerutti et al., 2011; Moran et al., 2011; Nock, 2010), mainly focused on the investigation of intra-psychic and interpersonal factors (Klonsky & Glenn, 2009; Suyemoto, 1998). The growing spread of Self-injury behaviors into virtual context (Whitlock et al., 2006; Margherita & Gargiulo, 2014) has highlighted the risk factors associated with the exposure to these sites (Mitchell et al., 2014; Rodham et al., 2013; Duggan & Whitlock, 2012) or online supporting psychological interventions (Martorana & Alfano, 2014; Johnson et al., 2010). The work proposes a reading of the Blogs written by authors who claim to be Self-injurer through an interpretation of the groupal and cultural dimensions which unfold in the specificity of the virtual context. Method. 34 Italian Blogs considered as narratives, have been assembled into a single corpus, analyzed by the software T-Lab (Lancia, 2004). Results. Cluster Analysis carried out four thematic clusters named: Blood Ties, Mom, I'll tell you how I cut myself, A peculiar adolescence, The masquerade of the pain.

Clusters have revealed how the discourse on Self-Injury behaviors into virtual communities of adolescents organizes itself through three carriers of meaning: The pain as an element of cohesiveness, The function of the Other as helpless witness, The dynamics of disclosure/masking of the limit. Conclusion. We'll discuss some implications related to the ability to understand the correspondence between psychopathological organizations and psychic Malaise (Kaës, 2014) in the space of articulation of the link between subject and culture.

SYMPOSIUM

SAME GENDER PARENTING: EMPIRICAL RESEARCH AND CLINICAL REFLECTIONS ON NEW WAYS OF CONCEIVING THE FAMILY

Proposer: Nicola Carone

Department of Developmental and Social Psychology, Sapienza University of Rome

Discussant: Vittorio Lingiardi

Department of Dynamic and Clinical Psychology, Sapienza University of Rome

In spite of the advent of new family forms, especially since the Seventies, the traditional nuclear family is still generally considered the best environment in which to raise children, and remains the gold standard against which any other kind of family is assessed. It is commonly assumed that the more a family deviates from the norm of the traditional two-parent heterosexual family, the greater the risks to the psychological well-being of the children. In February 2004 the Italian Parliament approved law 40/2004, one of the most restrictive laws in Europe which regulates assisted reproductive techniques (ART).

Article 4, in fact, states that access to ART is limited to those cases of infertility or unexplained infertility documented with medical procedure as well as cases of sterility or infertility ascertained and certified by a medical act. Both the use of donated gametes and embryos, as well as surrogate motherhood are strictly forbidden. For this reason, a growing number of individuals, including lesbian and gay couples, seeks reproductive assistance abroad. Are children less likely to thrive in families headed by same-sex parents who conceived them using assisted reproductive technologies? The first contribution offers an overview of psychoanalytic issues about same-sex parenting, moving from freudian perspective to intersubjective and relational contemporary psychoanalysis. The second contribution concerns the transition to parenthood in heterosexual, gay and lesbian couples, using the prenatal Lausanne Trilogue Play. The third contribution discusses social representations of same-sex parenting emerged within four focus groups

with university and high school students, teachers and social workers. In the final paper authors present preliminary data of the first Italian empirical research on children psychological adjustment with gay and lesbian parents.

PSYCHOANALYTIC CONSIDERATIONS REGARDING GAY AND LESBIAN PARENTING

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The authors summarise the view of the psychoanalytic community regarding same-sex parenting issue, starting from the theories on homosexuality. It is necessary to critically reconsider theories questioning the causes of homosexuality and replace them with a broader consideration of the complexity and the diversity of human psychosexuality, including sexual orientation. The coexistence of various orientations, rather different psychoanalysis, the persistency of homophobic preconceptions influencing theories and (clinical) diagnosis, as well as the concern to protect the psychoanalytic orthodoxy based on the Oedipal triangulation and the erogenous body and ghosts as fundamental bedrocks of the psychic life of human psychosexuality do not allow to express a sharable and relatively homogeneous psychoanalytic point of view. Following a historical-critical path, the authors look at the psychoanalytic literature and research, in the absence of enough clinical and statistic data. Considering the new phenomenon from a social and juridical perspective, we can make only a few preliminary and hypothetical considerations. According to the American Academy of Pediatrics (2006, 2013), growing with lesbian and gay parents does not damage children psychological health; on the contrary, their well-being “is influenced by the quality of the relationships with the parents, by the safety and competency of the same”.

In conclusion, the authors are convinced that gay and lesbian parenting is a healthy way to reconsider some of the meta-psychological aspects in comparison with the reality and the inter-subjective and relational orientations, as well as neuro-scientific and infantile research that characterise contemporary psychoanalysis. Hopefully the new studies and comparisons will enrich/enhance both the socio-cultural scenario and psychoanalysis itself, towards a free and more human coexistence, being these the prerequisites for individual and collective psychic well-being.

CHILDREN WITH SAME-SEX PARENTS: DYADIC SATISFACTION, FAMILY FUNCTIONING, AND PSYCHOLOGICAL WELL-BEING

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In Italy it is impossible for same-sex couples or single lesbians and gay men to adopt a child, become married, or get civil partnerships. Despite the legal vacuum and homophobic stigma, many lesbians and gay men are parents. International studies on children psychological well-being with same-sex parents found no significant effect of sexual orientation on the quality of parent-child relationships and family functioning (Fedewa et al., 2015). The aim of the present work is to compare lesbian mother families, gay father families, and heterosexual parent families on dyadic and family functioning, as well as children's adjustment. Data were collected on 20 gay fathers, 20 lesbian mothers and 40 heterosexual parents with children born in their current relationship. The *Dyadic Adjustment Scale – Short Form* (DAS-7; Hunsley et al. 2001) was used to assess the participants' relationship satisfaction. The *Family Adaptability and Cohesion Evaluation Scale – Short Form* (FACES-IV; Baiocco et al., 2013; Olson, 2011) is a self-report designed to assess family functioning. The *Strengths and Difficulties Questionnaire* (SDQ; Goodman, 2001; Tobia and Marzocchi, 2011)

evaluates emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behavior of children aged about 3-17 years old. Tests between the subjects highlighted that, compared with heterosexual parents, LG parents report a higher ability to establish and maintain a satisfying relationship with the partner, $F_{(1, 76)} = 5.20$; $p < .05$; perceive their family as more flexible, $F_{(1, 76)} = 15.50$, $p < .001$ and more able to communicate about family statements, $F_{(1, 76)} = 6.81$; $p < .01$. No differences were found regarding the SDQ dimensions, $F_{(5, 72)} = 3.38$; $p = n.s.$. These results have important implications in both clinical and social fields, helping to fill a gap within Italian scientific research about families headed by lesbians and gay men.

AN EXPLORATIVE RESEARCH ON SOCIAL REPRESENTATION ABOUT SAME-SEX PARENTING

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Same-sex parenting represents a relatively recent issue to which clinical psychologists have paid a growing attention. Although the World Health Organization stated that homosexuality is not a mental disorder, beliefs and stereotypes related to being gay, lesbian or bisexual parents still exist and are pervasive in every social context. Italy is still lacking of specific legal regulations on this matter and this can be considered an example of structural stigma. On this base, the Antidiscrimination and Culture of Differences Service of the SInAPSi Centre (University of Naples Federico II) realized an action-research aimed at examining and analyzing social

representations of same-sex parenting in the Neapolitan context. Among other methodologies, 4 focus groups were carried out with university and high school students, teachers and social workers. Each focus group lasted 1 hour and half and was conducted by 1 clinical psychologist and 1 observer. In each group, it emerged the idea that a child with same-sex parents presents greater social and psychological difficulties compared to children with heterosexual parents. A further issue emerged from the groups was that the cultural context constitutes a problem because of strong cultural stereotypes which makes societies not ready to welcome these new forms of families yet. These results suggest that it is necessary to implement preventive interventions within educational contexts aimed at promoting a culture of differences and at improving a correct knowledge about “new families”, to overcome associated stereotypes and prejudices.

THE DESIRE OF PARENTHOOD. CORRELATION BETWEEN CO-PARENTAL INTERACTIONS AND THE ROMANTIC RELATIONSHIP QUALITY AMONG ITALIAN SAME-SEX COUPLES

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(1), Caterina Marcellan (1), Alessandra Simonelli (1)**

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In several longitudinal studies, co-parental interactions have been formerly observed during the pregnancy, demonstrating how these interactive dynamics can predict the quality of family interactions with the presence of the baby. Cooperation between the parents during the first year after childbirth is the most predictive factor of the best future adjustment of the baby during the school age and social and affective development.

In the last years, research focused on such interactive dynamics recognisable during the process of transition to parenthood; nevertheless, these studies pointed out features regarding a particular type of family defined as “traditional”, formed by a mother, a father and their biological children. Thanks to the development of the medicine concerning the medical assisted procreation, nowadays parenthood is accessible by gay and lesbian couples as well; gay and lesbian parenting is becoming a reality increasingly relevant also in Italy. Couple satisfaction, co-parental interactions and intuitive parental competences have been evaluated among a sample formed by 45 stable heterosexual, gay and lesbian couples without a child that want to become parents in the future. We used the systemic approach by the prenatal Lausanne Trilogue Play, a semi-naturalistic role-play: this tool involves in a cooperative task the two “parents” and a doll, which represents the child-to-be. Couple satisfaction has been evaluated with the Dyadic Adjustment Scale (DAS Spanier, 1976).

Preliminary data suggest that there are no differences between the three groups regarding co-parental intuitive competences and that a higher cohesion between the couple involves a better cooperation between the partners.

SYMPOSIUM

PIERRE JANET AND MODERN PSYCHOTRAUMATOLOGY

Proposer: Giuseppe Craparo

Faculty of Human and Social Sciences, Kore University of Enna

Discussant: Marco Cacioppo

LUMSA University of Rome

For many authors Janet's dissociation theory is important in order to understand different dissociative disorders (e.g. borderline personality disorder, dissociative identity disorders, post-traumatic stress disorder, addictions etc.). Pierre Janet (1889) proposed a trauma-based model in which traumatic memories can exist as violent feelings capable of triggering dissociated psychophysiological states. In individuals with early traumatic experiences these traumatic emotional memories can determine a structural dissociation of the personality. Accordance with janetian approach, for van der Hart, Brown and van der Kolk (1989) the treatment goals for dissociative disorders should be: (1) containment, stabilization, and symptoms reduction; (2) modification of traumatic memories; and (3) personality integration and rehabilitation.

The aim of the conference is to present the latest results in the field of research and treatment of dissociative syndromes.

THE MODERN DEBATE ON THE DIFFERENCES BETWEEN DISSOCIATION AND REPRESSION

Giuseppe Craparo(1)

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Dissociation is today one of the key constructs in understanding not only the underlying psychological mechanisms of post-traumatic syndromes but, more importantly, in the reformulation of the theory of mind that views the personality no longer in unitary terms but as a structure involving multiple mental states. But what are the differences between repression and dissociation? From a developmental-relational perspective, according to author the constructs of dissociation and repression can coexist as psychological processes that both play a central role at different times in mental development and that could, after a certain point in the normal growth of each individual, impact psychological functioning in a complementary manner. In other words, dissociation would serve as the elective mechanism with which the infant is biologically equipped from birth to manage relational stresses: the chronicity of these stresses could lead to the dissociation “organizing itself”, causing a division in personality as severe as the intense related emotions elicited by the repetitive experiences of a lack of mirroring from caregiving figures. As opposed to dissociation, repression - an expression of the Oedipal mind - is considered, in the context of its relationship with language and the neurotic symptom, as a linguistic operation with the defensive purpose of omission, negation, refusal, and disregard of unacceptable thoughts and feelings, which the I stubbornly resists.

JANET'S NOTION OF PSYCHOLOGICAL AUTOMATISME AND THE CONTEMPORARY CONTROVERSIES ON THE NOTION OF DISSOCIATION

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Pierre Janet is commonly referred to as the founder of the clinical perspective based on the notion dissociation. However, some important controversies arise in those contemporary authors who expand on the clinical notion of dissociation to encompass either a general aspect of mental functioning or identity organization. The aim of the present work is first of all to focus on the main contemporary perspectives of study on dissociation: psychopathological, neuro-functional, developmental. Secondly, attention will be drawn to the misunderstanding and confusions deriving from those authors who erroneously retain an "intentional" notion of dissociation as a psychic defense.

Finally, the author will analyze how Janet's articulation between the basic phenomenon of automatism (the very notion of dissociation) and the non-integrated identity building derived from dissociative experiences can help ordering this complex field of study. The final proposal is that traumatic experiences can pave the way to three types of psychopathological consequences: depersonalization/derealization manifestations properly describable as dissociation, non-integrated states of identity built upon fragments of dissociative experience, defensive organization aimed at avoiding the painful void of self-experience occurring or following dissociative experiences.

**MNESTIC PROCESSES AND TRAUMA:
REFLECTIONS ON THE ROLE OF DISSOCIATION IN THE
INDIVIDUATION PROCESS**

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Mental trauma and dissociation are clinical issues that lie at the center of a renewed interest in the pathogenic consequences that traumatic experiences bear on personality. In trauma, the emotional experience is too strong to bear, thus the memory of this experience is dismembered. The inner world is characterized by archaic emotions and images that appear seemingly disconnected from the personal existential meaning attributed by the patient. The relationship between trauma and dissociation emphasizes the negative impact that the traumatic event has on the patient's inner psychic life, social and personal relationships, and ability to generate and attribute subjective meaning. The use of rigid defence mechanisms enfeebles the Self, producing detrimental consequences on the individuation process and on the development of the patient's personality. In the therapeutic alliance, the identification of useful psychodiagnostic elements is made possible, thus enabling a therapeutic treatment founded on the reorganization of the Self, through which the traumatic experience can be accommodated and integrated in a coherent and meaningful narrative. In this context, the interpretation of the psychodiagnostic and therapeutic elements, inherent to clinical case is important, in addition to the evaluation of symptomatic components of the panic dimension and pathological mourning process.

SYMPOSIUM

TRAUMA, INTERSUBJECTIVITY, AND THE BODY: THEORY, RESEARCH, AND CLINICAL IMPLICATIONS

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Discussant: Antonella Granieri(1)

(1)Department of Psychology, University of Turin

Trauma's impact on the individual is holistic in nature. In fact, trauma may damage the mind and the body at multiple levels of functioning. It causes severe distress on the psychobiological levels, and it challenges the individual's self-structure, beliefs about world, and patterns of relationships. Consequently, a comprehensive approach is needed for the assessment and treatment of trauma- and stressor-related disorders. This means a quantum leap in trauma research. In other words, we need to combine and integrate knowledge from different fields of trauma studies in order to better understand and address trauma symptoms. In this panel session, we will try to follow this direction, by integrating relevant findings from neurophysiological, psychosomatic, developmental, and therapy outcome research on trauma. Critical constructs for the understanding of trauma responses—including, but not limited to, dissociation, somatization, childhood experiences of care and abuse, attachment, social support—will be discussed, together with new findings on therapy process, and preliminary evidences about physiological correlates of effective trauma treatments.

THE KEY ROLE OF SOCIAL SUPPORT FOR DISTINGUISH BETWEEN CLINICAL AND HEALTHY SAMPLES WITH CHILDHOOD EXPERIENCES OF ABUSE AND NEGLECT

**Maria Rita Infurna (1,2), Francesca Giannone (1), Cinzia
Guarnaccia (1), Laura Mancuso (1), Maria Lo Cascio (1), Michael
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Childhood maltreatment is associated with a wide range of problems in adulthood. However, despite the increased risk associated with exposure to traumatic childhood experiences, a growing body of evidence has consistently shown that many people are able to adapt to negative experiences they have encountered with minimal negative impact. Complex theoretical models in the field of child maltreatment have highlighted the importance of considering the broader environment in which children develop. Indeed, specific environmental factors (either positive or negative) may influence mental health outcomes in maltreated children. The present study investigated the effect of environmental factors by comparing a group of clinical participants with experiences of abuse/neglect with a healthy group with similar patterns of experiences. Environmental factors selected were: separation from parents, financial hardships, parental psychiatric disorders, and low social involvement. The study included 55 mixed clinical participants, and 23 healthy participants. All participants were investigated using the Childhood Experience of Care and Abuse (CECA) interview. The two groups were specifically matched with regards to patterns of severe childhood maltreatment. The findings indicated that psychopathological outcome was associated with a greater presence of negative environmental factors ($p < .001$). In particular, lack of social support seemed to be the only significant predictor ($OR = 24.25$). These results highlight the need for clinicians to more routinely assess whether social support is lacking in

maltreated individuals as a potential risk factor for trauma-related psychopathology. Additionally, our results suggest that a thorough assessment of the availability of support is particularly important in maltreated children, and efforts should be undertaken to provide support figures to children exposed to abuse and neglect whenever possible.

**TRAUMA AND EMOTION REGULATION:
NEW EVIDENCE FROM NEUROSCIENCE RESEARCH ON
EMDR**

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Recent advances in neuroimaging over the past two decades have opened a new window into understanding the detrimental effects of trauma on neural circuits involved in emotion regulation. Research in this area has identified a hyper-reactivity of the amygdalae with acquisition of fear responses, and an impairment of the medial prefrontal cortex in regulating fear extinction, that could account for increased emotional dysregulation with traumatic reminders. On the other hand, several studies have provided evidence for the clinical efficacy of Eye Movement Desensitization and Reprocessing (EMDR) therapy in the treatment of traumatized patients. EMDR allows to access traumatic memories that are dysfunctionally stored, transforming them into adaptive ones by stimulating the neural processes of memory consolidation. EMDR protocol requires the subject to focus on the traumatic memories (*target*), while being exposed to alternating bilateral stimulation (eye movements, tactile taps, or auditory tones). Once the memory retention of the traumatic events can move from an implicit subcortical to an explicit cortical status, the traumatic memories and their related emotions can be elaborated at higher cognitive level.

In keeping with this, Electroencephalography (EEG) and high-density EEG (hdEEG) have been used recently to investigate in traumatized adults and children the neurobiological correlates of EMDR. In these studies, before EMDR, higher activity was found in right medial prefrontal and fronto-temporal limbic regions that are known to be involved in the affective dysregulation in response to stimuli that resemble traumatic experiences. After EMDR, a significant increase of cortical activation was found in medial/superior temporal areas implicated in high-order cognitive processing. These findings provide evidence for the effectiveness of EMDR in restructuring the cognitive processing of traumatic memories and their related emotions in traumatized individuals.

THE WORDS OF THE BODY: PSYCHOPHYSIOLOGICAL PATTERNS IN DISSOCIATIVE NARRATIVES

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Trauma has severe consequences on both psychological and somatic levels, even affecting the genetic expression and the cell's DNA repair ability. A key mechanism in the understanding of clinical disorders deriving from trauma is identified in dissociation, as a primitive defense against the fragmentation of the self originated by overwhelming experiences. The dysregulation of the interpersonal patterns due to the traumatic experience and its detrimental effects on the body are supported by influent neuroscientific models such as Damasio's somatic markers and Porges' polyvagal theory. On the basis of these premises, and supported by our previous empirical observations on 40 simulated clinical sessions, we will discuss the longitudinal process of a brief psychodynamic psychotherapy

(16 sessions, weekly frequency) with a patient who suffered a relational trauma. The research design consists of the collection of self-report and projective tests, pre-post therapy and after each clinical session, in order to assess personality, empathy, clinical alliance and clinical progress, along with the verbatim analysis of the transcripts through the Psychotherapy Process Q-Set and the Collaborative Interactions Scale. Furthermore, we collected simultaneous psychophysiological measures of the therapeutic dyad: skin conductance and heart rate. Lastly, we employed a computerized analysis of non-verbal behaviors to assess synchrony in posture and gestures. These automated measures are able to highlight moments of affective concordance and discordance, allowing for a deep understanding of the mutual regulations between the patient and the therapist. Preliminary results showed that psychophysiological changes in dyadic synchrony, observed in body movements, skin conductance and heart rate, occurred within sessions during the discussion of traumatic experiences, with levels of attunement that changed in both therapist and the patient depending on the quality of the emotional representation of the experience. These results go in the direction of understanding the relational process in trauma therapy, using an integrative language in which both clinical and neurophysiological knowledge may take advantage of each other.

PSYCHOLOGICAL TRAUMA, ATTACHMENT, AND ABNORMAL ILLNESS BEHAVIOUR: FINDINGS FROM EVIDENCE-BASED RESEARCH

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Recent evidence-based research has shown the relationship between trauma (including neglect and sexual, physical or emotional abuse) and abnormal illness behaviour. This association is more frequent in women, and the symptoms are usually neurological (chronic pain, headache), musculoskeletal (fibromyalgia), urinary-gynecological (urethral syndrome) and gastrointestinal (irritable bowel syndrome). These trauma-related problems are very common: over 30% of female patients who ask for a gastroenterological consultation were psychologically, sexually or physically abused. In these cases, physiological and psychosocial factors interact in complex ways that foster the onset and duration in time of symptoms. Research has found that insecure attachment in women seems to mediate the relationship between somatization and psychological trauma. Repeated experiences of childhood abuse/neglect seem to foster a dismissing pattern (with the expectation that others will not meet one's emotional needs) that limits the processing of the events, and promotes instead increased emphasis on, and reporting of, somatic concerns as a way to seek help from an attachment figure. This mediation is less evident in men, in which attachment and childhood traumas seem to foster somatization as independent factors.

Data from a controlled study on 58 female patients from 19 to 75 years (M = 44) with functional micturition disorders (urethral syndrome) will be presented.

In 65% of them, the urinary crises appeared for the first time or tended to increase in specific circumstances linked to stressful events or traumatic experiences originating from family problems (violent quarrels, separations, severe illness, death of a close relative), or from the loss of health status or social role (unemployment, retirement). In these patients, a specific inhibition of anger expression is evident ($p<.01$), indicative of a dismissing attachment strategy.

SYMPOSIUM

OBESITY: SYNCHRONY AND DIACHRONY IN THE CLINICAL INTERVENTION

Proposer: Sabina La Grutta

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Discussant: Enrico Molinari

Department of Psychology, Cattolic University "Sacro Cuore", Italy

Obesity is a pervasive condition and an important risk factor for health. It noted the correlation between obesity and body image disorders and alterations of the emotional experience. The multicenter study we propose involves three different Italian realities Palermo, Bologna and Milan and it divides the clinical intervention reserved for the obese patient along the lines synchrony/diachrony. Specifically, the clinical intervention for the obese patient is framed in a line of development from medical psychological intervention aimed at weight reduction to intervention of bariatric surgery.

PRELIMINARY OUTCOME EVALUATION OF COMBINED MEDICAL AND PSYCHOLOGICAL INTERVENTIONS IN OBESE PATIENTS: THE ROLE OF EMOTIONAL INTELLIGENCE

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Obesity is a pervasive condition and a risk factor for a range of adverse health outcomes. Although gold standard interventions for obese patients are typically combined treatment options, these programs (especially non-surgical approaches) face a number of difficulties which may be due to psychological variables. Given the association between obesity and an impaired emotional experience, emotional intelligence (EI) may play a crucial role in such context. This study investigates whether improvements in psychological variables during interventions for obesity directly impact long-term weight reduction. Specifically, this study aims to analyze if changes in EI and other relevant psychological variables, such as body image, predict short and long-term weight change in obese adults.

Sixty obese patients (20 males, age range from 32 to 63 years, BMI \geq 35 kg/m²) undergoing an in-hospital combined medical and psychological weight-loss intervention were enrolled in a prospective study. Each patient completed the Trait Emotional Intelligence Questionnaire, and a set of self-report measures, including the Beck Depression Inventory, the State-Trait Anxiety Inventory and the Body Image Questionnaire. Overall these scales assess conditions traditionally associated with obesity. Independent assessments were performed pre-treatment and post-treatment at 2- and 12-week follow-ups at the S. Orsola Malpighi hospital (Bologna). At each time point body weight was also measured. Correlations and ANOVAs will be used as analytic strategy. We expect significant associations between changes in psychological variables, particularly EI, and treatment success.

We assume that, along with weight changes, affect-related psychological variables may be related to treatment success. In order to improve our understanding of treatment efficacy, it is imperative to identify a range of psychological factors, such as EI, which can help in achieving this goal.

**PREOPERATIVE PSYCHOLOGICAL EVALUATION OF
BARIATRIC SURGERY CANDIDATES:
RECOMMENDATIONS FOR CLINICAL AND HEALTH
PSYCHOLOGISTS**

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Clinical and health psychologists play a key role as members of the bariatric surgery team. Psychological reasons evaluated by mental health professionals can influence clinical decisions in bariatric field also suggesting delay or denial of surgery. Unfortunately preoperative psychological evaluations of bariatric surgery candidates have not received a general consensus about how to conduct these assessments, to indicate ideal candidates, to express contraindications and to detect psychosocial predictors of good-poor outcome. Using PubMed-MEDLINE databases, the best source of scientific literature for the bariatric surgery field, a review of the most updated indications for a functional preoperative psychological evaluation of bariatric surgery candidates has been conducted.

In their evaluations many clinical and health psychologists use clinical interview, such as semi-structured assessment procedures, and include psychometric tests, such as MMPI-2 or other personality assessment inventories, Beck Depression Inventory, Millon Behavioral Medicine

Diagnostic, Eating Disorder Inventory. The most important issues assessed during the preoperative evaluations are mental health situation (particularly eating, mood, anxiety and substance use severe disorders that could be usually reported as contraindications to surgery). Due to the presence of clear reasons for denial in bariatric surgery, such as the presence of a significant psychopathology (psychosis, bipolar affective disorder, severe depression, active substance abuse, binge eating disorder, food addiction, severe personality disorder) a more general consensus about a common preoperative psychological evaluation protocol of bariatric surgery candidates is needed.

POOR SLEEP AND OBESITY

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Cross-sectional studies and systematic reviews of the epidemiological literature show that a poorer sleep quality or its short duration is associated with obesity in children (e.g. Liu et al., 2012). This finding has also been confirmed by results of longitudinal studies and meta-analysis (Fatima et al., 2015) evidencing that subjects sleeping for less than 7 hours per night have twice the risk of being overweight/obese, compared to subjects sleeping for longer duration. In adults the existence of this relationship is unclear. A Meta-analysis (Chapman et al., 2012) found that sleep deprivation is one lifestyle and risk factor that is not merely correlated with obesity but it likely contribute to it through the action of both metabolic and behavioral mechanisms. As evidenced by the results of experimental studies, partial (e.g. 4 hours of sleep) and acute (1, 2 or 6 consecutive nights) sleep deprivation causes an increase in the sense of hunger and in ghrelin levels, reduces leptin levels and alters metabolism, especially of carbohydrates (e.g. Omisade et al., 2010; Schmid et al., 2008; Spiegel et al., 2004). On the behavioral level, sleep deprived people have more time for eating, exercise less and experience more difficulties in inhibiting appetitive behaviors

prompted by food stimuli that have high reward saliency.

Actually, excess energy intake associated with not having an adequate sleep seems to be preferentially driven by hedonic rather than homeostatic factors (Chaput, 2014).

THE CLINICAL PSYCHOLOGIST IN BARIATRIC SURGERY: THE EXPERIENCE OF PALERMO

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It is well known that obesity complicated by psychiatric disorders drastically reduces the success of surgical treatment in the long term and that furthermore among obese candidates for surgery, the prevalence of psychiatric disorder ranging from 30% to 76% (Hudson et al., 2007; Striegel-Moore et al., 2009; Dalle Grave and Cuzzolaro, 2007). It obviously building a proper assessment for the great obese patient candidate for surgery is essential for success in the long term of the same. 100 obese patients with an indication for surgery (M 25, F 75; age: 40 ± 11 ; BMI = 47 ± 12) have been subjected to psychological clinical assessment (in order to parameters such as: psychiatric comorbidity; disposition to dissociate; impulsivity; emotional competence; alexithymia, bodily discomfort, anxiety, depression, quality of life), a week before surgery and one month, six months, one year, two years after bariatric surgery. For this propose we admistrered the *Defense Mechanisms Inventory*, the *Barratt Impulsiveness Scale*, the *Toronto Alexithymia Scale*, the *Binge Eating Scale* and the *Satisfaction Profile*.

The study transversal/longitudinal ongoing (were made for each patient the first two assessments), meanwhile, has allowed us to identify some psychic co-determinantes of the severe obesity (presence of binge eating, available to depersonalize, high impulsivity, low emotional competence, dissatisfaction with the body, depression and self-assessment, low quality of life); then to evaluate the effects of bariatric treatment and effective weight reduction (modification in eating habits, reduction of the disposition to dissociate, reduction of impulsivity, greater emotional competence, better relationship with their bodies and improved self-esteem, higher quality life). The conclusions of this contribution are focused on building a detailed mapping of the psychological-clinical indices useful to improve the long-term efficacy of surgical treatment of large patient obese.

SYMPOSIUM

DEMENTIA TODAY: NEW PERSPECTIVES OF INTERVENTION AND SUPPORT USING A MIND-BODY-RELATION APPROACH

Proposer: Ivan Formica

Department of Humanities and Social Sciences University of Messina

Discussant: Franco di Maria

Department of Psychological, Pedagogical and educational sciences, University of Palermo

The prevalence of Dementia is increasing within the general population. The World Health Organization defined it “a global public health priority” (WHO, 2012). It is a chronic degenerative disorder and can be considered a real “family illness” (Tamanza, 2001). It requires a prolonged and expensive care, in terms of social, economic and public health costs.

The gradual deterioration of the quality of relationship with the patient exposes the family members to increasing psychological distress, which they often experience in the isolation of a domestic environment.

In order to cope with the burden of the illness is therefore essential to know dementia and its impact on the patient’s life. It is necessary to be equipped with instruments to cope with the daily life challenges and to have opportunities to share emotions and to have someone to listen to oneself.

Together with the need to re-define new models of care for dementia, it would be important to translate the best current scientific knowledge into clinical practice supporting both patients and their caregivers by targeting specific intervention programs. Such interventions would allow effectively responding to the request for assistance and care.

The adoption of such perspective of care lies on the concept of “inter-subjectivity” (Siegel, 2001) that is an interface between neuroscience and dynamic psychology, including relational and group-analytical approaches. This model would provide a multi-dimensional approach of care focused on

the relationship.

BETWEEN THE PALLIATIVE CARE AND CARE OF HIMSELF: ANALYSIS OF A SINGLE CASE

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Palliative care is an important public health issue. Have to do with the suffering, the dignity, the care needs of people in the terminal phase and while the service and support to family members, with the aim of improving the quality of life rather than survival.

The work presented has been realized in a sanitary residence assistencial of Lombardy, utilizing as a specific form of palliative care a Therapy of Contact, directed to the couple demented patient / caregiver. This therapy does not deny the value of traditional medicine and not the proposes as an alternative but emphasizes the importance of the relationship.

Have been provided for seven sessions of Therapy Contact each of which audio-recorded, and the interviews elaborative of the experience between psychologist and caregiver whose contents were recorded and transcribed. The data were subjected to an interpretative phenomenological analysis.

The objective has been to stimulate the relation and the opening of the dying person through the sense of touch, with the support of a caregiver available, with the intent to help the person to have a real communicative exchange. From the analysis of single case would seem that Therapy of Contact has favored a beneficial effect not only on the patient but also on the caregiver, specifically have been observed: on the patient, a reduced sense of solitude and depression contrasted by a renewed sense of closeness, trust, security and relaxation; on the caregiver the active involvement of the care process, with consequent reduction of burden and social isolation and a general improvement in psychological and physical conditions.

**VIRTUSPROMPT 1.0, A VIRTUAL NEUROPSYCHOLOGICAL
TEST FOR PROSPECTIVE MEMORY'S ASSESSMENT IN
PATIENTS WITH MENTAL DETERIORATION:
A NEW ECOLOGICAL TOOL**

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For the first time, we propose the Virtusprompt 1.0 Test for Prospective Memory Assessment. We construct this clinical neuropsychological test by using innovative immersive virtual reality's tools, to assess prospective memory in ecological approach in patients with mild dementia and in healthy subjects. Virtual reality is an advanced computer interface that allows humans to become immersed within a computer-generated simulation. It's known that standard neuropsychological measures have adequate predictive value, but their ecological validity may decrease predictions compared to daily life functioning (Parsons, 2011, 2015). Furthermore, standard neurocognitive batteries assess few components of neuropsychological competences, which may not consider different cognitive domains (Parsons et al, 2005). This test, created in collaboration with the Behaviour Labs s.r.l.c.r., has two distinct virtual environments: the seat of training for learning the use of joysticks, and the virtual home. Each patient is provided with an Oculus Rift DK2 and the Razer Hydra. A preliminary test training phase is conducted to know if the patient is suitable to the virtual experience. The test consists in three sessions that will refer to morning, afternoon and evening set (the Prom Tasks adhere to these daily time bands ecologically). The overall score achievable is 18 pt. We enrolled a cohort of patients with early mental deterioration assessed with M.M.S.E. and we use, for the first time, the virtusprompt test to measure prospective memory. Our preliminary results show that Virtual Neuropsychological test is a valid tool for prospective memory's assessment in an ecological way.

It also seems advantageous to develop a training to improve mnemonic skills through a safe and highly realistic environment.

Virtual reality use seems hopeful for virtual ecological-based neurocognitive assessment, virtual reality exposure therapy and rehabilitation (Parsons & Rizzo, 2008).

INSTITUTIONAL PSYCHOTHERAPY WITH PATIENTS SUFFERING FROM MILD COGNITIVE IMPAIRMENT

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This work proposes the intervention group as privileged institutional scope tool with patients with Mild Cognitive Impairment (MCI) admitted to the UVA Centre of the Palermo's Polyclinic. As numerous scientific studies demonstrate, the close relationship between depressive symptoms and cognitive impairment, aims of this work is to show how the relational approach group intervene positively on depressed mood that cognitive decay. The present group is median type every fortnight. The Summit of observation is that mind-body-relation. The intervention is started in September 2013 and will end in September 2016. Is a group remains supportive, whose therapeutic target is to promote cohesion. Have been taken into account the criteria of effectiveness through evaluation and measurability of process and treatment outcomes through the following instruments. The stage: MMSE, GDS, QAI phase II: GDS, QAI, MRG and GQ for the evaluation of the process of Group. III phase: to evaluate the results use the GDS, QAI , MMSE. The results given refer to the first 18 months of intervention: emerges a decrease in depressive symptoms with recovery of certain cognitive skills; through the descriptive analysis of

MRG, is display the matrix of the group prepared more and more towards an opening of the work in the direction of the social. In conclusion, we believe that the use of the instrument in a supportive group can promote not only the therapeutic factor of cohesion but also other factors of fundamental existential therapy to help patients with this diagnosis to tolerate and manage the changes that you experience in this particular stage of life.

SYMPOSIUM

MAY NEUROSCIENCE CONTRIBUTE TO CLINICAL PSYCHOLOGY? SOME INSIGHTS FROM ITALIAN RESEARCH

Proposer: Claudio Gentili(1), Pietro Pietrini(2)

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(2)University of Pisa

Discussant: Cristiano Violani

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Neurosciences have undergone to a rapid growth in the last decades involving several branches of scientific research including biology, neurology, psychiatry, psychology and, more recently, ethics and religion. In our opinion psychology and neuroscience have an even stronger bidirectional relationship. Psychology has provided neuroscience not only with theoretical model to be tested, but also with experimental paradigms: most of the paradigms typically used in neuroimaging studies are adaptations of an experiment already validated in experimental psychology. On the other hand, neuroscience has provided new ways and new tools to look at psychological phenomena: understanding the neuronal

underpinnings of a given mind process offered a deeper sight into it and a novel observation perspective.

In our opinion, clinical psychology and psychodynamic are not exceptions: the use of neuroscience methods in these fields represents a great opportunity to improve the diagnostic efficiency, better understand normal and pathological behaviors and introduce new effective treatments. The symposium will emphasize the possible assimilation of neuroscience and neuroimaging in the current psychological and therapeutic practice and discuss whether and how a routinely integration is possible. In the first paper from the University of Rome, La Sapienza, a series of EEG and behavioral studies will be presented to exemplify the possibility of studying the concept of “Self” of its formation and of its modifications induced by the enfacement paradigm. In the second paper, the group from Pisa will show how is possible to estimate behavioral impulsivity from the resting state brain activity as measured by fMRI. The paper proposed by University of Turin proposed an intriguing relationship between the responses to Rorschach test and the activity of the mirror neuron system. The last paper from the University of Messina would close the loop providing an example on how neuroscience may help in the patients’ treatment as well. In particular the paper will discuss the use of TMS in patients with glioma as a part of the integrated therapeutic strategies.

**EMBODIED SIMULATION, MIRRORING ACTIVITY AND
HUMAN MOVEMENT RESPONSES TO THE RORSCHACH:
EVIDENCE FROM fMRI**

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In recent years, it has been proposed that the mirror neuron system (MNS) might be the neurological responsible for the embodied simulation of other people's actions. Because the human movement (M) response to the Rorschach inkblot task is thought to reflect an identification, embodied simulation-like mechanism, some of us recently suggested that M responses might be modulated by MNS activity too. The current study used fMRI to further investigate this hypothesis. Specifically, while in the scanner, 26 healthy participants were shown the Rorschach inkblot stimuli with the instruction to think of what each inkblot might represent. Univariate ROI analysis and Multivoxel Pattern Analysis confirmed that spontaneous production of M associated with increased activity in MNS areas. These findings are consistent with the embodied simulation theory, and confirm that the standard interpretation of M may have a neurophysiological foundation involving MNS activation.

**MAPPING OF VISUO-SPATIAL ABILITIES BY USING
NAVIGATED TRANSCRANIAL MAGNETIC STIMULATION
(nTMS):**

**A CLINICAL STUDY WITH PATIENTS AFFECTED BY RIGHT
GLIOMA TO REDUCE NEUROPSYCHOLOGICAL OUTCOME**

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Visuospatial abilities (VSAs) are a heterogeneous family of cognitive processes involved in the visual interaction with environment and objects. Visuospatial processes and their visual selection mechanisms are important for finalistic behavior. Visuospatial deficits can affect quality of life, but

their incidence in neurosurgical patients is still underestimated. We describe for the first time the use of navigated transcranial magnetic stimulation (nTMS) for preoperative mapping of visuospatial abilities (VSAs) in healthy subjects (HS) and in patients affected by brain gliomas in order to preserve these cognitive functions and improve the postoperative neuropsychological outcome. In the present study we enrolled a cohort of 6 HS to map VSAs by using a nTMS-implemented version of the Hooper Visual Organization Test (HVOT). VSAs were mapped in both hemispheres in order to identify cortical localization and lateralization of VSAs. We distinguished 1)language-based, 2)part, and 3)performance errors. In HS mapping confirmed a higher error rate (ER) in the right parietal lobe (13.3% vs 9.2%). Performance errors (86.5%) were mapped mainly in the angular gyrus (AnG), and dorsal post-central gyrus (dPoG); language-based errors (12.8%) in the AnG; part errors (0.7%) in the posterior middle temporal gyrus (pMTG). Then, a cohort of 7 patients affected by right parietal gliomas underwent nTMS mapping of VSAs. The error rate was higher than in HS (15%). Incidence and cortical distribution of errors reflected findings obtained in HS. Mapping was successfully used pre- and intraoperatively for a tailored tumor resection. After surgery, we observed a significant HVOT score improvement ($p=0.02$). The nTMS-based HVOT is a feasible technique that provides a functional cortical mapping of VSAs.

These information can be used pre- and intraoperatively for a tailored tumor resection, preserving VSAs and minimizing the risk to develop an hemispatial neglect.

RESTING STATE ACTIVITY PREDICTS IMPULSIVITY AS MEASURED BY BALLOON ANALOGUE RISK TASK

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Impulsivity is defined as the tendency to act in a risky way with little or no reflection on consequences. Behavioral tasks assessing impulsivity, including the Balloon Analogue Risk Task (BART), share the idea that impulsivity prevents the switching from a less efficient to a more efficient strategy. Based on the assumption that a personality trait is associated with a stable neuronal configuration that can be caught at rest, we wanted to determine resting state (RS) correlates of impulsivity. We designed an fMRI study to assess if gains at BART correlated with the Hurst Exponent (HE) measured during RS acquired before the task. HE measures the complexity of time series in terms of its predictability. Twenty healthy, drug-free volunteers (16F mean age \pm s.d.: 25 \pm 5 yrs). A RS sequence was obtained on a 3T Siemens MRI Scanner. After the acquisition, subjects played the BART inside the scanner. In the BART, a balloon is displayed on a screen. The balloon can be inflated by pressing left hand button. For each button press, the balloon inflates and the subject accumulates money. Alternatively, subject may choose to bank the gain at any time, by pressing right hand button. If the balloon pops, the gain is lost. Each inflation corresponded to a gain of 10 cents of Romanian Leu (ROL). Balloons had different maximum number of inflations. After each inflation, the value reached by the balloon was displayed on the screen. At the end of the task, subjects received the earned cash. HE in the bilateral caudate nuclei inversely correlated with gains. The present findings show that impulsivity is predicted by caudate

nuclei RS activity. Specifically, the lower HE the lower is the impulsivity. Our results have also implications in understanding of neural bases of decision-making, as they show that it was possible to predict the behavioral performance of the individuals.

**PLASTICITY OF THE SELF AS INFERRED FROM THE
ENFACEMENT ILLUSION:
BEHAVIORAL AND ELECTROPHYSIOLOGICAL STUDIES**

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Being fundamental to higher forms of consciousness and in preserving identity over time, self-face recognition was considered as a robust process. Yet, experiencing tactile facial stimulation while seeing similar synchronous stimuli delivered to the face of another individual, induces 'enfacement', i.e. the subjective experience of ownership of the other's face and a bias in attributing to the self facial features of the other. In a series of recent studies, we showed that enfacement may induce behavioral and neural plastic changes in how self-face is processed and that the tendency to include the other into self-face representation is highly dependent upon positive interpersonal perception of the synchronously stimulated other. We linked this effect to a sort of strategy for "defending the self", i.e., we only include likable features in the representation of our self to maintain and protect positive self-views. Thus, by suggesting that features of others' identity can be included in the notion of the self, our results may pave the way to novel paradigms for exploring deficits of self-representation.

SYMPOSIUM

PSYCHOLOGICAL HELP SERVICES FOR UNIVERSITY STUDENTS: MODELS OF CLINICAL INTERVENTION TO COMPARISON

Proposer: Fiorella Monti

Department of Psychology, University of Bologna

Discussant: Nicolino Rossi

Department of Psychology, University of Bologna

In recent years, the psychological problems of university students have been increasing both in severity and incidence. University students, as young adults, have to face the psychological transition from adolescence to adulthood while they are dealing with the new demands of university life. Furthermore, for many university students, their experience represents the first time being away from their family (especially in Mediterranean countries such as Italy), making the adaptation to the new social context more difficult. Moreover, it has to be acknowledged that university students are also challenged academically and socially. This condition can be a trigger for the appearance of psychological problems, explaining the high prevalence of distress in this population. High prevalence is an increasing public health concern, because the distress interferes with personal and academic development, mainly in people of low socio-economic status. With the goal of avoiding consequences of university students' psychological problems, counseling services for university students have been established in several countries around the world, and also in Italy. The goal of the symposium is to emphasize the usefulness of the psychological counseling services, by comparing the models of intervention of some university services: Bologna, Chieti, Roma and Napoli. The main goal of the contribution of University of Bologna, the oldest psychological service for university students, is to investigate the effectiveness of psychotherapeutic treatment. University of Chieti-Pescara presents clinical services recently established and interlinked.

The issue of the Counseling Service of Sapienza University of Rome is to explore the socio demographic characteristics and psychological problems in a group of university students. The Service of psychological support of University of Naples presents a study about the process of psychotherapeutic change using a Narrative Mediation Path.

**PROCESS ANALYSIS OF A GROUP COUNSELLING AT
UNIVERSITY:
NARRATIVE DISCONTINUITY AND REFLEXIVE FUNCTIONS**

**Maria Francesca Freda(1), Giovanna Esposito(2); Gonçalves, Mário
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In recent years many university services have been established in order to promote active inclusion of college students. This study focuses on a group counseling service addressed at underachieving students enrolled in University Federico II of Naples and discusses both the method of intervention adopted and the process of change. This counselling aimed to promote different levels of reflexive functions in order to allow students to implement agentive actions and improve their academic performance (Freda et al, 2015; Esposito & Freda, 2015). Counselling adopts a multimodal narrative method (Narrative Mediation Path) (NMP) which combines in a unique methodology both four narrative modes (metaphorical, iconography, writing and bodily) and the group narrative device. Each session is organized to follow the same methodology consisting in the presentation of the narrative media, the narrative construction of the experience, the meta narrative group discourse, the re-signification of the narrative experience (Freda, 2014). In order to analyze the reflexive and agentive changes promoted by the NMP, the transcripts of the counselling seven sessions and follow-up were analyzed with the Innovative Moments Coding System (Gonçalves et al., 2011, 2013).

This method tracks novelties throughout the intervention process (Action, Reflection I and II, Protest I and II, Reconceptualization, Performing Change); the Innovative Moments represent the semiotic ruptures (Zittoun, 2006) and the narrative discontinuity in the sense-making process. In line with the aims of the counselling, analysis showed the greater salience of Innovative Moments of reflexive and agentive nature, and the persistence of these functions in the follow up. It will be discusses the implications of the narrative method for the promotion of reflexivity and agency within the university counselling services and the need to provide targeted interventions aimed at promoting the active inclusion of students.

**PSYCHOLOGICAL INTERVENTION FOR UNIVERSITY
STUDENTS:
THE COUNSELLING SERVICE OF SAPIENZA UNIVERSITY OF
ROME**

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Fontana(1)**

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University is a stressful time of transition and change. The multiple challenges affecting the transition from adolescence to adulthood may increase the psychopathological risk for university students, with negative effects on their academic career. Empirical data about the influence of emotional experiences on learning processes and the high dropout rates registered throughout university years have contributed to the expansion of counselling services for students within the Italian universities.

This study aimed to explore the socio-demographic characteristics as well as the psychological problems in a group of university students (N=703) seeking for psychological help available in the Counselling Center of Sapienza University of Rome from 2008 to 2014.

Findings obtained by a subgroup of students who completed the Adult Self Report (ASR) questionnaires were analyzed in order to examine the level of their internalizing and/or externalizing symptoms.

Data analysis showed that the average age of the subjects is 24.78 years (SD = 5.02) with a high prevalence of female students (69.57%). The students are mostly Italian (91.29%) and the majority of them (58.24%) are not resident in Rome. The most frequent psychological problems were: anxiety, emotional distress and difficulty in studying for and /or take the exams. According to the scientific literature this exploratory study highlights that university students mainly reported emotional difficulties (e.g., anxiety and depression symptoms) and concerns about relationships. Moreover, there was a greater propensity of female students to seek professional psychological help. These data support the usefulness of the psychological counseling services and stress the importance of dealing with the emotional distress expressed by university students through targeted interventions.

PSYCHOTHERAPY OUTCOME EVALUATION: UNIVERSITY OF BOLOGNA COUNSELING SERVICE

**Fiorella Monti, Francesca Vescovelli, Paolo Melani, Pio Enrico Ricci
Bitti(1)**

(1)Department of Psychology, University of Bologna

University students tend to report high levels of anxious and depressive symptoms (Kim et al., 2015). When this distress is not well-recognized and treated, it may produce serious emotional and psychosocial problems, with negative consequences on academic performances and on National Health System's costs (Mukuria et al., 2013). University counseling and support centers may represent the ideal context to promptly assess the onset of students' distress and to help them to deal with it (Monti et al., 2013, 2014; Kim et al., 2015).

However, to our knowledge, in Italy, only few studies investigated short-term effectiveness of interventions that are delivered by University

counseling and psychotherapy centers to reduce students' distress and increase their well-being (Monti et al., 2013, 2014).

The study aim was to investigate the feasibility and clinical effectiveness of psychological treatments provided by University of Bologna Counseling Service (UniBoCs). The sample was composed of 149 students (F=47, M=102; Mean Age=24.55, SD=3.35). They were enrolled in an individual psychotherapy at UniBoCs. Both psychodynamic and cognitive-behavioral approaches were used. They lasted at least 1 year, with 1-hour weekly sessions. Students completed the *Clinical Outcomes in Routine Evaluation* (Core-OM; Evans et al., 2002; Barkham et al., 2005) twice: at the beginning of psychotherapy and after its conclusion. At the end of the psychotherapy, a significant reduction of symptoms and a significant increase of well-being levels have been reported. These results emerged regardless of the psychotherapy approach used (psychodynamic vs cognitive-behavioral). This preliminary study highlighted the feasibility and clinical effectiveness of psychotherapy in both promoting well-being and resolutions of young adults' emotional distress and in decreasing their psychological symptoms.

THE PSYCHOLOGICAL SERVICES OF ACADEMIC CONTEXT: RESEARCH, ACTION, INNOVATION

Giulia Paoloni(1), Irene Sborlini (2), Daniela Marchetti (2), Valentina Sforza(2), Karola Sorgi (2)

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Starting from the academic year 2013/2014, in the context of the University "G. d'Annunzio" of Chieti-Pescara, has launched an experimental project on the constitution for specific services of university context, in the size of the transversal and interrelated. For the purpose were activated in parallel three services: SAPCO (Service of Psychological Help and Guidance Counseling), SOASD (Service of Orientation and Welcome Disabled Students) and DSA (Service of Specific Learning Disorders).

The experience conducted and the data found, that will be highlighted at the symposium, seem to allow both a more ductile functionality and a valuable potential innovative; through university services interconnected and coordinated, not only seems possible to meet the current expectations of the students (action), but to encourage the parallel development of a tool of investigation/study particularly fruitful (research).

SYMPOSIUM

THE ROLE OF PERSONALITY DIMENSIONS IN THE EVALUTATION AND TREATMENT OF PSYCHOPATHOLOGY

Proposer: Giorgio Falgares

Department of Psychological, Pedagogical and Educational sciences, University of
Palermo

Discussant: Alessandro Zennaro

Department of Psychology, University of Turin

The symposium is intended as a space for reflection and debate on possible ways to understand the link between evolutionary processes, personality dimensions and psychopathological outcomes, from the common belief that evaluation of the subject's functioning features and the attention to quality of its relational history are an essential aspect in understanding and treatment of the disorder.

In line with the above, in the work by Falgares and De Santis personality dimensions, considered as vulnerability factors, were explored through a pattern of mediation between quality of attachment and internalizing / externalizing behaviors.

The aim of the study by Oasi, Straccamore, Vecchi, Compagno, Pierazzuoli, and Lingiardi, was to evaluate possible changes due to a psychodynamic psychotherapy in anaclitic and introjective configurations, considered as relatively stable personality dimensions, in comparison with simultaneous changes in general personality profiles.

Pignolo, Carrozzino, Marchetti, Minna, Verrocchio, and Fulcheri, in their study intended to assess the BPD features in a sample of nonclinical young adults and to evaluate whether the Personality Assessment Inventory is a reliable instrument in detecting BPD features at subclinical levels. These authors provided further evidence in understanding the development of borderline personality organization in the general population.

Finally, Brusadelli, Gullo, Tomasich, Romanazzi, Di Fratello, Lo Coco and

Lang underlined the importance of examining personality traits in defining and differentiating two types of obese patients, some reporting a Binge Eating Disorder (BED) diagnosis and others not reporting a BED diagnosis.

**THE ROLE OF PERSONALITY IN THE DIAGNOSIS OF EATING
DISORDERS
A STUDY WITH BINGE EATING DISORDER PATIENTS**

**Gianluca Lo Coco(1), Emanuela Brusadelli (2), Salvatore Gullo (3),
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Margherita Lang (2)**

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The binge eating disorder (BED) was included in DSM-5 as its own category of eating disorder (APA, 2013). Recent reviews showed a significant comorbidity between BED and obsessive-compulsive personality disorder as well as with borderline and dependent personality disorders (Becker et al., 2010; Friborg et al., 2014). Only a few studies investigated personality traits and disorders in BED patients by the Millon Clinical Multiaxial Inventory III (MCMI). 729 consecutive obese patients (BMI mean 35,3 (SD 5,3); F 81%, M 19%; mean age 48,1 yrs (SD 12,5) were recruited in two public hospitals in Milan and Palermo. At baseline patients were administered the MCMI and the Binge Eating Scale (BES). Moreover, experienced clinicians made a diagnosis of BED following the DSM criteria. 380 patients reported a BED diagnosis and 349 patients did not report a BED diagnosis. Specifically, 187 patients were diagnosed as BED following the DSM criteria, 329 patients reported severe binge behaviors above the cutoff score of the BES. Patients who reported a BED diagnosis

with both the DSM and BES criteria displayed a high elevation (Base-Rate > 75) on the depressive, dependent, passive-aggressive and borderline personality scales. The results of the current study suggest the importance of examining personality traits such as depressive and passive-aggressive, which were only marginally explored in the assessment of patients with BED.

THE MEDIATING ROLE OF VULNERABILITY FACTORS IN THE ASSOCIATION BETWEEN ATTACHMENT AND INTERNALIZING/EXTERNALIZING PROBLEMS

Giorgio Falgares, Sandro De Santis(1)

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Recent research indicates that secure attachment is a protective factor against the development of internalizing / externalizing behavioral problems (Laible et al., 2000), while the role of insecure attachment is more controversial, raising the question of potential mediating variables (Brumariu & Kerns, 2010).

In literature it emerges how Blatt's two-configurational model (self-definition and relatedness) correlates on the one hand with the attachment (Luyten & Blatt, 2011; Mikulincer & Shaver, 2007), and on the other with the internalizing / externalizing spectrum (e.g. Campos, Besser, Morgado, & Blatt, 2014). This research has explored the mediation effects of relatedness (dependency) and self-definition (self-criticism), in particular by assuming the mediating role of self-criticism.

316 high school students participated. To these students the Depressive Experiences Questionnaire for Adolescents (DEQ-A; Blatt, Schaffer, Bers, & Quinlan, 1992); the Youth Self-Report (YSR; Achenbach & Rescorla, 2001); the Attachment Style Questionnaire (ASQ; Feeney, Noller, & Hanrahan, 1994) were administered. The results indicate a good fit for a

model in which self-criticism particularly mediated the expected relations between avoidant attachment and externalizing problems. Secure attachment, through both dependency and self-criticism, negatively predicted I/E problems. Attachment had also direct relations with I/E problems. Finally, the internalizing and externalizing problems were correlated. The results are in line with the literature, confirming the importance of considering mediating variables, such as self-criticism, between attachment and the I/E spectrum.

**ASSESSING PERSONALITY CHANGE WITH BLATT'S
ANACLITIC AND INTROJECTIVE CONFIGURATIONS AND
SWAP-200 PROFILES:
TWO CASE STUDIES IN PSYCHODYNAMIC TREATMENT**

**Osmano Oasi (1), Francesca Straccamore(2), Sara Vecchi (1),
Claudia Compagno (1), Francesca Pierazzuoli (1), Vittorio Lingiardi (2)**

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A growing body of empirical and clinical research attests to the influence of the personality features on the development, course and outcome of psychotherapy (Levenson, Wallace, Fournier, Rucci, Frank, 2012; Zinbarg, Uliaszek, Adler, 2008).

Over the last four decades, from a psychoanalytic and cognitive developmental perspective, Blatt (1974, 1990, 2004, 2008; Blatt & Maroudas, 1992; Blatt & Shichman, 1983; Luyten, Blatt, 2013) developed a two-polarities theoretically and empirically supported model of personality. It represents an important support for understanding the etiology of disorders as well as for therapeutic intervention and process. The aim of this study was to evaluate possible changes in anaclitic and introjective configurations - as measured by DEQ (Blatt, D'Afflitti, Quinlan, 1976) - in comparison with simultaneous changes in the general personality profile - as measured by SWAP-200 (Westen, Shedler, 1999a, 1999b; Shedler, Westen, Lingiardi, 2014). *Method*: Two young patients - a man and a woman -

characterized by different personality profiles - introjective and anaclitic, respectively – were followed for one year in a psychodynamic psychotherapy. A battery of instruments - BDI II, SCID I and SCID II, DMRS, DEQ and SWAP-200 - were administered at the beginning - during the assessment process - and after one year. *Results and conclusion:* After one year, while DEQ profiles showed a substantial stability, some important changes in SWAP-200 profiles - in particular with regard to Q factors - were observed. Although these findings should be considered as preliminary, results of this study seem to be consistent with the description of Dependency and Self-criticism as relatively stable personality dimensions (Zuroff, Mongrain, Santor, 2004; Luyten, Sabbe, Blatt, Meganck, Jansen, De Grave, Maes, Corveleyn, 2007).

COMPARISON OF PAI PROFILES IN BORDERLINE E NONBORDERLINE YOUNG ADULTS

**Claudia Pignolo(1), Danilo Carrozzino (2), Daniela Marchetti (3),
Maria Minna (2), Maria Cristina Verrocchio (2), Chiara Conti(2),
Mario Fulcheri (2)**

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(2) Department of Psychological, Health and Territorial Sciences, University of Chieti

(3) Department of Medicine and Aging, University of Chieti

The Borderline Personality Disorder (BPD) is the most commonly diagnosed personality disease in clinical population (Widiger & Trull, 1993), but latest studies (Fonseca-Pedrero et al., 2011; Trull, 1995) showed that this disorder occurs also in nonclinical samples. Therefore, the evaluation of the BPD traits is important also in nonclinical populations to identify less severe BPD traits and to highlight the etiopathogenetic processes of this clinical construct without the confounding factors deriving from common effects often associated with BPD, such as medication or stigmatization. The aim of the present study was to assess the BPD features in a sample of nonclinical young adults and to evaluate whether the

Personality Assessment Inventory (PAI; Morey, 1991) is a reliable instrument in detecting BPD features at subclinical levels.

The PAI was administered to 203 subjects (77.8% females). Mean age of the participants was 22.7 (SD = 1.52), with a range of 18 to 25 years. The sample was then divided into two groups (e.g., BPD group and non-BPD group) by using the BOR scale scores of the Personality Diagnostic Questionnaire-4+ (PDQ-4+; Hyler, 1994). About 10% of the participants (n = 21) was included in the BPD group. The BPD group showed significant different scores than the non-BPD group on all the PAI scales, with the exception of the INF and DRG scales. Large effect sizes ($d > 1.0$) were found for the NIM, ANX, ARD, DEP, PAR, SCZ, BOR, ANT, AGG, STR, and RXR scales. These findings may provide further evidence in the understanding of the development of borderline personality organization in the general population.

Moreover, the PAI showed different profiles within the two group, suggesting its ability to assess BPD traits. Future research should continue to assess and identify sub-threshold symptoms of BPD in order to promote effective prevention programs and to allow early detection and diagnosis of the BPD.

SYMPOSIUM

OBSERVATION AND EMPIRICAL RESEARCH IN CLINICAL GROUPS

Proposer: Francesca Giannone

Department of Psychological and Educational Sciences, University of Palermo

Discussant: Del Corno Franco

A.R.P. Association for Research in Clinical Psychology , Milan

The effectiveness and cost-benefit of group psychotherapy was firmly established. In the past decade researchers have turned their attention to examining why and how group treatments work and which aspects should be taken into account to facilitate therapeutic change.

This panel session presents some key findings in group therapy research and evaluation, and future directions of research in this field. Interest has been focused on the understanding of the clinical therapeutic process and on the possibility of studying it from a scientific point of view.

The four studies that will be presented in this panel session have been conducted in different clinical setting (mental disorders, high-risk parenting, adolescents) and have used different methodological designs. Nevertheless, each one has analyzed the group process from a different point of view and can offer both important insights for the improvement of the clinical work and reliable findings for further empirical research.

The perspective is to increase the clinical relapse of empirical research on psychotherapy, promoting close integration between the work of clinicians, engaged in the real experience of treating patients, and researchers, interested in providing useful and scientifically based tools for the understanding of the therapeutic work.

**THE GIPG: OBSERVATION GRID FOR INTERACTIVE
PATTERNS IN GROUP PRELIMINARY PHASES IN THE
CONSTRUCTION OF AN OBSERVATIONAL TOOL FO CHILDREN
AND ADOLESCENTS GROUPS.**

**Angela Sordano (1), Cinzia Guarnaccia (2), Adriana Pischedda (1),
Margherita Dionisi Vici (1), Nives Sala (3), Paola Molina (3)**

(1) Psychology Service, ASL Turin 5

(2) Department of Humanities and Social Sciences, University of Valle
d'Aosta

(3) Department of Psychology, University of Turin

This work will propose a tool to observe groups with children and adolescents: the GIPG. The grid will explore three interactive areas: interpersonal, inter-subjective and group coordination. Each area is divided in three subscales, with specific indicators useful to identify inter-subjective patterns and group cohesion. The theoretical paradigms underlying the construction of the grid are intersubjectivity, group analysis, psychodrama and the studies on effectiveness factors in group process. *Objectives*: 1. To improve structure of the GIPG and indicators labeling and to analyze first reliability data of the GIPG in groups with adolescents; 2. To explore the relationships between group processes and outcomes of the therapy. We evaluate outcome with SWAP 200-A (Shedler-Westen Assessment Procedure-Adolescents, Shedler, Westen, 2003) and SDQ (Strengths & Difficulties Questionnaire, Goodman 1997), compiled respectively by the therapist and parents at the beginning and at the end of the group. The GIPG, used for process evaluation, has been applied to video records of a psychodrama group with adolescents (5 participants aged from 13 to 17 years old). The labeling of the video was performed by the scan sampling method and was carried out independently by 4 different researchers, adequately trained in the use of the instrument.

The Cohen's K index and Intraclass Correlation Coefficients (ICC) will be used to confirm the expected reliability of the grid. We will also analyze the correlations between GIPG and outcome evaluations. Big space will be given to the knots met by using scientific methods in qualitative research. The objective linked with an observational tool (The GIPG) that interplays the infant research, the intersubjective theories, groupanalysis and psychodrama is to offer a medium useful either in the clinic application, than in the qualitative research.

DREAM AND DREAM WORK IN PSYCHOTHERAPIC GROUPS FOR PATIENTS WITH SEVERE PSYCHOPATHOLOGY

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In the field of empirical research on psychodynamic groups psychotherapies, nowadays important results have been made on outcomes and processes. Studies focus on dream functions in group process are still slight. The study explores expressions and functions of dream in the psychotherapeutic process of different typologies of institutional groups. Six psychotherapeutic groups of patients with severe psychopathologies were monitored for six months through protocols of the observers. The groups with some homogeneous criteria in the setting, differ in the diagnosis (personality disorders and psychotic disorders/only psychotic disorders). The observation protocols were categorized through a content analysis according to some thematic categories (interpersonal relationship; mechanism of defense; maintenance of setting; presence of dreams).

From the protocols 20 dreams narration emerged which were analyzed using Hall & Van de Castle Coding system. The monosymptomatic groups of psychotic patients do not produce dreams narrations. The chance to dream the psychotherapeutic group and to invest it

in terms of representation and affects appears where the group process has elaborative capability.

The results seem to confirm in the context of group Bion's hypothesis on difficulty in the psychotic condition to approach to the dream as product of mental function. Some theoretical implications on the potential of dream work, as indicator of group process, will be discussed.

THERAPEUTIC FACTORS, GROUP CLIMATE AND STRESS IN PARENTING IN A CHILD-CENTERED GROUP OF MOTHERS

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The study aims at analysing psychological dynamics and therapeutic factors in a child-centered group of mothers and at exploring the impact of group intervention in evaluating the perception of Group Climate, Therapeutic group factors (Yalom, Leszcz, 2009) and levels of stress perceived in parenting.

The Italian versions of the Therapeutic Factors Inventory-Short form (TFI-S, Mac Nair-Semands, 2010), the Group Climate Questionnaire (Mc Kenzie, 1981; Costantini, Picardi, Podranky, Lunetta, Ferraresi, Balbi, 2002) and the Parent Stress Index-Short Form (PSI-SF, Abidin, 1983; Guarino, Di Blasio, D'Alessio, Camisasca, Serantoni, 2008) were submitted before and after a cycle of 10 Child-centered weekly sessions to a group of 21 mothers of children in the age of latency attending a primary school. Data were treated using Wilcoxon Signed Rank Test to examine the differences between Perception of Group Climate, Therapeutic Group Factors and Stress in parenting before and after the child-centered group intervention.

Data revealed statistically significant differences between the perception of all the Therapeutic Group Factors before and after the group experience: Secure Emotional Experience ($p < .001$), Awareness of Relational Impact ($p < .05$), Social Learning ($p < .001$) and Instillation of Hope ($p < .05$). Furthermore significant differences between perception of Group Climate: Engagement ($p < .001$) and Avoidance ($p < .05$) were found. Finally, data

showed significant differences in the perception of Difficult Child ($p < .001$), Parent-Child Dysfunctional Interaction ($p < .05$) and Total Stress in parenting ($p < .01$) before and after the group experience.

The study showed statistically significant connections between therapeutic group factors, group climate and stress perceived in parenting by the participants to the group.

GROUP PROCESS DEVELOPMENT: THE ROLE OF COHESION IN A LONG TERM, PSYCHODYNAMIC GROUP THERAPY

Francesca Giannone (1), Maria Rita Infurna (1), Maria Lo Cascio (1), Laura Mancuso (1), Dennis Kivighlan (2)

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Several studies attest the importance of group therapy as an effective treatment for many mental disorders. Nevertheless, few studies have focused on long term, psychodynamically oriented group psychotherapy. Research in this field showed that the therapeutic relationship that occurs within the group may be considered as one of the most important general mechanisms of change in group treatment. In particular, cohesion is the most popular of several relationship constructs in the clinical and empirical literature on groups. This single-group study aimed to explore the connections between cohesion, impact of the session, and attendance. A time-series analysis was used to model changes in the therapy process across 50 sessions of a psychodynamic, long term group for 11 psychiatric patients. Five patients have a diagnosis of mood disorder, three of obsessive-compulsive disorder, one of anxiety disorder, one of psychosis and one of schizoid personality disorder.

The group process variables analyzed were: therapist cohesion, group cohesion, relationship impacts, task impacts, and attendance. These different dimensions of group process were assessed using the GMLCS (Group/Member/Leader Cohesion Scale), and the SIS (Session Impacts Scale). The results showed that therapist cohesion was associated immediately, but not later with positive relationship impacts, group cohesion, and attendance. Group cohesion was associated with positive relationship impacts later in time and with attendance at all times. Relationship was associated with group cohesion all the time long. In contrast, group cohesion was not associated with therapist cohesion. These results suggested the key role of group cohesion, therapist cohesion and relationship to maximize positive therapeutic interactions during the group therapy process. Findings from this study underline the potential of intensive single-case designs for uncovering group process in psychodynamic long term group psychotherapy.

SYMPOSIUM

BUILDING AND DECONSTRUCTING THERAPEUTIC ALLIANCE IN PSYCHOTHERAPY PROCESS

Proposer: Valeria Condino

Department of Human Science, University of Urbino Carlo Bo, Urbino

Discussant: Vittorio Lingiardi

Department of Dynamic and Clinical Psychology, “Sapienza” University, Rome

Therapeutic alliance (TA) is one of the most important therapeutic factors in psychotherapy (Colli & Lingiardi, 2009). In the past decades, it became a topic of growing theoretical and empirical interest among psychotherapy clinicians and researchers. The current framework suggests that the quality of the patient–therapist alliance is a reliable predictor of therapeutic outcome (Horvath et al., 2011). Psychotherapy research has made advances in the past in gaining knowledge about the TA through the mushrooming of operational measures of the concept.

One of the strengths of the alliance research is the consistent findings that the quality of the TA is a robust predictor of outcome across a range of different treatments and that, conversely, weakened alliances are correlated with unilateral termination by the patient (e.g. Horvath & Bedi, 2002). The aim of this panel is to investigate how therapeutic alliance is declined in the therapeutic process and in relation to different settings. Mazzoni et al., present a work that is a part of a larger research project aimed at validating the Italian version of the System for Observing Family Therapy Alliances self report, an alliance measure that can be used across a diversity of problems and clinical settings including marital and parental couples. Lo Coco et al., in their study tested whether group composition in terms of patients’ level of symptoms and well-being predicts the development of therapeutic alliance over the course of group treatment. Condino and Gentile

present a revised version of the Collaborative Interactions Scale and data about its reliability in terms of inter-rater reliability and its validity investigating the relationship between the different subscales of the measure. In closing Montali and Gentile present a research in which they identified through a discriminant analysis the distinctive elements of psychotherapy process of sessions with increasing and decreasing trend of TA.

A CONTRIBUTION TO THE VALIDATION OF THE REVISED VERSION OF THE COLLABORATIVE INTERACTION SCALE

Valeria Condino (1), Daniela Gentile (2)

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(2) Department of Clinical and Dynamic Psychology, Sapienza University, Rome

Although the construct of therapeutic alliance ruptures and resolutions (TARR) is considered an important element of psychotherapy process and outcome (Norcross, 2012), few empirical researches have investigated the way patient and therapist construct their collaboration.

Probably one reason of this shortage of researches is related to some problems in the assessment of the construct at a micro-analytic level. In the last ten years we have developed and validated the Collaborative Interaction Scale (CIS; Colli & Lingiardi, 2009), a transcript based method for the evaluation of therapeutic alliance rupture and repair processes. This study presents a revised version of the CIS, which intends to facilitate the evaluation of the sessions through a short and fast approach to the scoring. The first aim of this work is to present a revised version of the CIS. The second aim is to present data about its reliability in terms of inter-rater reliability and its validity investigating the relationship between the different subscales of the measure. The sample is composed of 120 psychotherapy sessions of different psychotherapy approaches and represents patients with different problems. Three senior raters have evaluated the sessions that have

been randomly selected from our database. Sessions have been evaluated with the CIS Revised form. Preliminary data are encouraging, as proved by the good inter-rater reliability (Mean ICC = .75). Moreover the correlations among CIS subscales resulted clinical coherent and highly significant: therapist negative interventions resulted associated with patient direct and indirect rupture markers while therapist explorative interventions resulted associated with patient collaborative process. We will discuss the results in relation to clinical practice and to further scale development.

GROUP COMPOSITION AND THERAPEUTIC ALLIANCE: A STUDY WITH OBESE PATIENTS

**Gianluca Lo Coco(1), Salvatore Gullo (2), Laura Salerno (1),
Veronica Oieni (1), Chiara Pazzagli(3), Claudia Mazzeschi (3)**

- (1) Department of Psychological Sciences, Pedagogical and Education, University of Palermo
- (2) Faculty of Psychology "N. Cusano" University, Rome
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There is a strong evidence on the impact of therapeutic alliance on psychotherapy outcome in individual and group settings, but there is a dearth of research on what group variables can influence the development of a positive alliance during the course of treatment. In this study we tested whether group composition in terms of patients' level of symptoms and well-being predicts the development of therapeutic alliance over the course of group treatment. 185 obese patients (F 120; M 65) attended 20 time-limited groups at the center CURIAMO of the University of Perugia. Patients filled out the Outcome Questionnaire and O.R.-Well at the

beginning and at the end of treatment; the alliance was assessed monthly by the CALPAS-G. Data were analysed by Actor Partner Interdependence Model and Hierarchic Linear Modeling. Actor-Partner fit on well-being was not associated with initial level of group alliance, whereas it predicted the development of positive alliance over the course of treatment. When the group member reported a higher well-being than the other group members, his/her alliance increased during the therapy.

When the group member reported lower level of well-being than other group members, his/her alliance did not increase. The findings of this study suggest the importance of including new members in group treatment when they report a well-being level equal or greater than the other group members.

WHAT THERAPEUTIC PROCESS' CHARACTERISTICS DISCRIMINATE BETWEEN RUPTURE AND REPAIRING SESSIONS?

Elena Montali(1), Daniela Gentile(1, 2)

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Therapeutic alliance (TA) is one of the most important therapeutic factors in psychotherapy (Bordin, 1979; Colli & Lingiardi, 2009; Horvarth, 1994; Horvath, Del Re, Flückiger, Symmonds, 2011). Even though some studies investigated what psychotherapy process characteristics are associated with TA (Lingiardi, Colli, Gentile, Tanzilli, 2011) few researches studied the association between psychotherapy process' characteristics and in-session TA fluctuation. The aim of the present study is to identify the elements of the psychotherapy process characterizing the sessions with increasing and

decreasing trend of TA. The sample consists of 130 audiotaped and transcribed sessions (N=130) of different therapeutic approaches. Sessions have been randomly selected from our database. TA has been evaluated with the Collaborative Interactions Scale (Colli & Lingiardi, 2009), and psychotherapy process with the Psychotherapy Process Q-set (Jones, 1985, 2000). Two groups of three independent raters each evaluated the sessions. A discriminant analysis (Garson, 2008; Barbaranelli, 2006) identified the distinctive features of the sessions with (a) increasing and (b) decreasing trends of alliance. Results suggested that increasing TA sessions had a higher frequency of therapist interventions focused on here and now of the relationship and exploration of patient's affect than decreasing TA sessions. The sessions with TA decreasing trend were characterized also by an higher presence of therapist rigidity, an excessive emphasis on treatment manual and a lower focus on the patient's concrete experience rather than increasing TA sessions. Data will be discussed in relation to everyday clinical practice.

THERAPEUTIC ALLIANCE WITH MARITAL AND PARENTAL COUPLES: A PRELIMINARY STUDY

**Silvia Mazzoni(1), Elena Trombini(2), Ilaria Chirico (2), Lucia
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Therapeutic alliance (TA) represents a crucial variable in explaining the outcome of psychotherapy across different treatments (Ardito & Rabellino, 2011). While most of research to date is about TA in individual psychotherapy, the salience of TA in couple and family therapy has received less theoretical and empirical attention (Friedlander et al., 2011). Furthermore there is a lack of studies about TA in situations where parents are involved in a psychological intervention focused on their child's problems. Yet, although there is a variety of instruments to assess TA in

individual psychotherapy, much less interest has been devoted to measure TA with both marital and parental couples. In order to fill this gap the present work is part of a larger research project aimed at validating the Italian version of the System for Observing Family Therapy Alliances- self report (SOFTA-s; Friedlander & Escudero, 2002), an alliance measure that can be used across a diversity of problems and clinical settings including marital and parental couples. This study has been conducting at the Department of Dynamic and Clinical Psychology, Sapienza University of Rome and at the Department of Psychology, University of Bologna. Preliminary results from a family-based intervention for marital couples and from a psychodynamic intervention for parents and their children (2-10 years) will be discussed. SOFTA-s and the Working Alliance Inventory (Lingiardi, 2002), a measure of TA in individual psychotherapy, were given to both couples and their therapists at three points in time. The ability to monitor patients and therapists' perceptions of TA allows to take disagreements, difficulties and other aspects useful for therapists to change interventions during the process and to enhance TA.

Moreover different purposes followed in therapy by each member of marital and parental couples may be highlighted through data comparison allowing therapists to improve a sense of a common purpose.

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