

Editor in chief MJCP Salvatore Settineri

**Suppl. 4/2 A**  
**AIP Clinical and Dynamic Section**  
**Proceedings SYMPOSIA**

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***Proceedings***  
***XVIII NATIONAL CONGRESS***  
***ITALIAN PSYCHOLOGICAL ASSOCIATION***  
***CLINICAL AND DYNAMIC SECTION***  
***ROMA -SEPTEMBER 16-18 2016***

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***SYMPOSIUM SESSION***

**BODY MASS INDEX AND EMOTION REGULATION SKILLS AS RISK FACTORS FOR OBESITY ACROSS GENERATIONS****De Campora Gaia (1), Giromini Luciano (2), Guerriero Viviana (1), Gnazzo Antonio (1)**

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Maternal overweight and obesity are associated with adverse offspring outcomes in later life, and often to the onset of obesity for the baby itself. Several cross-sectional investigations have indicated the association between maternal obesity/overweight and poor sensitivity and emotional regulation skills that may play a key role in explaining the onset of obesity from a generation to another. The current longitudinal study aimed at investigating the influence of maternal BMI and emotion regulation over time on the risk to develop obesity in pediatric age. Sample is made by more than 50 women observed across a time-span that currently goes from pregnancy (N= 65) to three years of age of the baby (N= 53). Maternal emotion regulation skills were assessed during pregnancy (Time1) through the Difficulties in Emotion Regulation Scale (DERS; Giromini et al., 2012) while the BMI has been self-reported according to the pre-pregnancy weight status. Dyadic feeding interactions were video-recorded at 7/8 months of life of the baby (Time2), through the Feeding Observation Scale (Lucarelli et al., 2002) while the attachment style of the baby were video-recorded at 1 year of age (Time3) using the Strange Situation Procedure (Ainsworth et al., 1978). Child weight status was collected by phone when he/she was 3 years old (Time4). A series of Pearson correlations were performed to test the association of T1 to T2, T3 and T4 measures. Results showed that maternal emotional dysregulation at T1 ( $r = .355$ ,  $p = .009$ ) and prepregnancy BMI ( $r = .389$ ,  $p = .004$ ) predicted the weight of the child at three years of age (T4), with a medium to large effect size. However, neither maternal emotional regulation nor pre-pregnancy BMI significantly predicted infant attachment at one year of age. Maternal BMI and emotion regulation skills may be the initiating determinants of a life-long trajectory leading to adverse child weight conditions.

subscale assessing affective instability, no indices or scales were developed to evaluate emotion dysregulation at the PAI. Thus, the aim of the present research was to overcome this lack by identifying critical items to assess emotion dysregulation. We administered the PAI and the Difficulties in Emotion Regulation Scale (DERS; Gratz and Roemer, 2004), a measure of deficits in ER, to 99 students. The 80% of the participants were females and the mean age of the sample was 21.8 years ( $SD = 3.1$ ), ranging from 19 to 38 years. To identify critical items related to emotion dysregulation, we correlated the DERS scores with the PAI items. In general, the DERS correlated with most of the PAI scales assessing clinical constructs (e.g., Anxiety [ANX], Depression [DEP], and Borderline Features [BOR]), with medium to large effect sizes. Subsequently, we correlated the DERS total scores with the PAI items and we found 15 items that showed correlation values of at least .50, indicating at least a medium effect size. Most of the items belonged to the Affective Instability (BOR-A) and to the Affective feature of Anxiety (ANX-A) subscales. Emotion dysregulation is a complex process and it appears to be the core of different disorders, such as borderline personality disorder. The possibility of using critical items of the PAI in assessing emotion dysregulation may help clinicians to make important decisions about treatment planning. Moreover, using critical items to obtain information about emotion dysregulation at the PAI may save time during personality assessment of individuals.

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Doi: [10.6092/2282-1619/2016.4.1287](https://doi.org/10.6092/2282-1619/2016.4.1287)