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(Article begins on next page)

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Proceedings SYMPOSIA

By Tambelli Renata & Trentini Cristina

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A3**ATTITUDES TOWARD SAME-SEX PARENTING: MOVING BEYOND HOMOPHOBIA****Proposer: Baiocco Roberto (1)**

(1) Department of Developmental and Social Psychology, Faculty of Medicine and Psychology, Sapienza University of Rome

Discussant: Lingiardi Vittorio (2)

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

Since the 1980 onward a substantial number of gay men and lesbian women sought parenthood outside their previous heterosexual relationships, through co-parenting arrangements, adoption, and assisted reproductive technologies. This growing trend has been labelled by the media as the “lesbigay-by boom” (Bergstrom, 2006). Alongside this changing landscape in contemporary family forms, many Italian gay men and lesbian women planned to have children within the context of their current relationships via transnational assisted reproduction (Baiocco et al., 2015; Carone et al., 2016). In spite of the rise in the numbers of these “modern families” (Golombok, 2015) worldwide, the nuclear family is still generally considered the optimal environment in which to raise children, such that homophobic stereotypes against same-sex parent families are strong (Lingiardi et al., 2015). This symposium aims to discuss the factors associated with negative attitudes toward same-sex parenting and the extent to which social stigma impacts upon children’s well-being in gay father families. In the first contribution, Taurino and Pacilli analyzed the recurrent objections to same-sex parent families and showed the correlation between traditional beliefs regarding family gender roles, homophobia, and attitudes toward parenting. In the second contribution Rossi and colleagues highlighted the necessity to train clinicians on sexology in order to promote more favourable attitudes toward same-sex marriage and parenting. In the third contribution Carone and colleagues presented the latest research carried out with Italian gay fathers who conceived their children through gestational surrogacy abroad. Overall, the findings extend theoretical knowledge about the mechanisms through which societal attitudes may influence the psychological development of children born in same-sex parent families. The findings will be of value to mental health practitioners involved in this expanding area of family planning.

GAY FATHER FAMILIES VIA SURROGACY: DOES EXPERIENCED SOCIAL STIGMA IMPACT ON CHILDREN'S WELL-BEING?**Carone Nicola (1), Salvatore Ioverno (2), Roberto Baiocco (1)**

(1) Department of Developmental and Social Psychology, Sapienza University of Rome

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

Alongside the recent legal and technical advancements in assisted reproductive technologies an increasing number of gay men are having children through surrogacy. Nevertheless, in the Italian societal context, gay fathers are exposed to a great amount of stigma due to their “multiminority status” (Armesto, 2002) by being gay men and being fathers. As a result, important questions about the combined effect of these factors on children’s well-being need to be addressed. To our knowledge, the present study is the first to examine how children develop in gay father families by surrogacy, taking into account the role of social stigma attached to this emerging family form. Data were obtained by 56 Italian gay fathers (Mage = 44.3, SDage = 5.5), with middle to high socioeconomic status and level of education. All children (Mage = 2.38, SDage = 2) were conceived via gestational surrogacy sought in America or in Canada. Participants were asked to respond to Coparenting Scale-Revised (McHale, 1999), Dyadic Adjustment Scale – Short Form (Hunsley et al., 2001), Flexibility and Cohesion Evaluation Scale-IV (Olson, 2011), Social Stigma Questionnaire (Baiocco et al., 2016), and Strengths and Difficulties Questionnaire (Goodman, 1997) administered through an anonymous survey online. Findings from hierarchical multiple regression analysis suggested that higher levels of experienced social stigma predicted more children’s difficulties in families with lower levels of family integrity ($\beta = -.26$, $p = .05$, Adj R2 = .32), dyadic adjustment ($\beta = -.29$, $p = .01$, Adj R2 = .31), and family satisfaction ($\beta = -.21$, $p = .06$, Adj R2 = .33). The parental status ($\beta = .16$, $p = n.s.$, Adj R2 = .03) did not predict psychological problems in children. The present study increases theoretical understanding of the mechanisms through which parenting influences child development, particularly in relation to parental gender and sexual orientation, and biological connectedness between the parents and the child.

ATTITUDES TOWARD LG MARRIAGE AND PARENTING: THE NEED OF SPECIFIC TRAINING ON SEXOLOGY FOR CLINICIANS**Rossi Roberta (1), Tripodi Francesca (1), Viozzi Elisa (2), Simonelli Chiara (3)**

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(2) Doctor in Psychology, Institute of Clinical Sexology, Rome

Editor in chief MJCP Salvatore Settineri

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

By Tambelli Renata & Trentini Cristina

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Negative attitudes toward same-sex couples persist in both general population and health professionals. This study has investigated the influence of educational programs in sexology (EPS) on sexism, homophobia and attitudes of sexologists toward lesbian and gay (LG) marriage and same-sex parenting. Data were collected on 552 subjects (376 females and 176 males) in 2015. The EPS group was composed by professionals who have attended a training course in accredited schools by the Italian Federation of Scientific Sexology (FISS). The control group was recruited through snowball technique and composed by health professionals without a specific training in sexology. The protocol was computer-based and self-administered (15 minutes to complete). It was composed of: questionnaire for socio-demographic information; *Ambivalent Sexism Inventory*; *Measure of Internalized Sexual Stigma for Lesbians and Gay Men*; *Modern Homophobia Scale*; *The Katuzny Same-Sex Marriage Scale*; *D'Amore and Green Same-Sex Parenting Scale*. The EPS group reported lower levels of sexism ($F_{(1,401)}=4.40$, $p < .05$) and homophobia ($F_{(1,401)}=5.15$, $p < .05$), a more positive attitudes toward LG marriage ($F_{(1,545)}=7.67$, $p < .01$) and same-sex parenting ($F_{(1,545)}=17.34$; $p < .001$) compared to the control group. In particular, participants with sexology training declared more favorable attitudes to specific pathways to parenthood, such as: adoption for same-sex couples, artificial insemination for lesbians, and in vitro fertilization for lesbians. Professionals with EPS showed more positive attitudes toward same-sex marriage and parenting. Having a specific training on these issues appears to be functional to the development of attitudes based on equal rights rather than on heterosexism. These results have important implications in both clinical and research field.

THE RELATION BETWEEN ATTITUDES TOWARD SAME-SEX PARENTING AND THE TRADITIONAL BELIEFS REGARDING GENDER ROLES WITHIN THE FAMILY: A CORRELATIONAL STUDY

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(2) Department of Political Science, University of Perugia

Currently in Italy the same-sex parenting is an emerging issue, especially in relation to the recent parliamentary discussion on the civil partnership recognition. In the public debate over same-sex parenting, recurrent objections contends that a) families with same-sex parents deny the basic assumptions of the family concept, seen only as a natural institution centred on the marriage

between a man and a woman; b) parental capacities are assumed to be closely linked to the female and male identity, naturally programmed respectively for motherhood and fatherhood; c) homosexuality affects negatively on the exercise of parenting skills; d) children need both a mother and a father. In summary, despite the impressive research evidences on the efficacy of families with same-sex parents, many individuals are concerned about the health and well-being of children raised by homosexual parents and defend the traditional family based on conceptions of natural rights. Starting from this consideration, this paper presents the preliminary results of a study that explored the correlation between the attitudes toward same-sex and heterosexual parenting, the attitudes toward children well-being, the traditional beliefs regarding gender roles within the family, the homophobic conception about family and parenting, and the attitudes about the social structure in terms of the defence and justification of the status quo and the social system. The study involved 1726 participants (1588 heterosexuals, 94 homosexuals and 43 bisexuals; 1062 women and 664 men; mean age = 31.63; $SD = 11.43$). They were asked to complete a paper-and-pencil questionnaire. The preliminary research findings showed the relationship between positive attitudes toward conventional family gender roles and negative attitudes toward same-sex-parenting. Furthermore, we verified that homophobic conceptions and social justification attitudes correlate with negative attitudes toward same-sex parenting. Our research findings suggest the possibility of effective interventions aimed to encourage more favourable attitudes toward same-sex parenting and deconstruct the traditional (homophobic) stereotypes about gender, family and parenting.

A3

MARITAL, PARENTAL AND COPARENTAL RELATIONSHIPS: ASSESSMENT AND INTERVENTION

Proposer: Mazzone Silvia (1)

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Despite the clinical psychology has been treating couples since the middles of the last century, only in the early years of 2000, the “*coming of age*” of the research on couple’s dynamic and therapy has been reached (Gurman & Fraenkel, 2002). Two of the crucial issues are the assessment of parenting skills and the study of marital adjustment’s influence on them (Krishnakumar & Buehler, 2000; Erel & Burman, 1995; Snyder & Halford, 2012; Cummings & Davies, 2002). Another construct -specifically studied- is the Therapeutic Alliance in couple therapy because it is more complex than in individual therapy (Escudero, 2015). The therapist, in fact, must be able to connect

emotionally with both partners and encourage their involvement, but above all he must be able to stimulate the participants to define the shared sense of purpose in the course of the therapeutic process. The symposium includes presentations focalized on new methods to assess and treat marital and parental couples in a conjoint setting. The first presentation is focused on Couple Therapy and underlines the importance of Therapeutic Alliance in a conjoint treatment. The second one presents a preliminary study on the focal-play therapy with children and parents, showing the importance of parents involvement during the child treatment. The last presentation is based on an evaluation-intervention model -applied in the institutional context (day hospital)- to study and treat anorexia nervosa in adolescence focusing family functioning. The discussion of the presented studies will address the crucial issue of the psychologist's skills in recognizing the relational dimensions involved in the functional adjustment of the couple and the family. These skills can be essential to define specific intervention goals in psychotherapeutic treatment.

THE FOCAL-PLAY THERAPY WITH CHILDREN AND PARENTS: A PRELIMINARY STUDY

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The “Focal Play Therapy with children and parents” (FPT-CP; Trombini & Trombini, 2006, 2007; Trombini, 2010, 2011) has been developed to involve parents in the treatment of their children. The first phase of FPT-CP consists of 6 sessions oriented to the promotion of the therapeutic alliance (TA) with parents. Most of research investigated TA in individual psychotherapy; whereas there is a lack of studies on the therapeutic alliance of parents involved in their child’s psychological treatment. The present study aims to investigate whether the first phase of “FPT-CP” has beneficial effects in terms of the alliance with parents, parenting stress and quality of parent-child interactions. A multi-method approach was used to collect data at two time points (Time 1: 1st session; Time 2: 6th and last session) from 9 parental couples and their children ($M_{age} = 3$ years) with eating and/or evacuation disorders. TA was assessed using the Working Alliance Inventory (WAI; Lingiardi, 2002), a specific measure for individual psychotherapy and the System for Observing Family Therapy Alliances-self report (SOFTA-s; Friedlander & Escudero, 2002), a measure of TA in conjoint therapy. Parenting stress was assessed using the Parenting Stress Index- Short Form (PSI-SF; Abidin, 1995). Furthermore, changes in parent-child interactions were evaluated through the Emotional Availability Scales (Biringen, 2008). Results showed that caregivers’ and therapist’s alliance increased significantly from Time 1 to Time 2. Specifically, mothers reported higher scores on the WAI *Goal* and SOFTA-s *Emotional Connection with the Therapist* scales, while fathers’ ratings increased significantly on the SOFTA-s *Safety* and *Total* scores. Though there were no

significant changes in fathers' PSI-SF ratings, mothers reported significantly reduced stress scores in the *Difficult Child* and *Total* scales of PSI-SF. Clinical implications of the study will be discussed.

EVALUATION-INTERVENTION MODEL IN THE ISTITUTIONAL CONTEXT

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Eating Disorders (EA) are among the ten main causes of disability among young women and present the highest mortality rate for mental disorders, specially for Anorexia Nervosa (AN; Mathers, Vos, Stevenson, Begg, 2000; Millar, Wardell, Vyvyan, Naji, et al., 2005). Despite the multifactorial etiology, the role played by the family has been the subject of a long and heated debate among researchers, for the important therapeutic implications, particularly in adolescence where patients are still living in the family context which could be a resource for the treatment. The different theoretical perspectives have supposed typical family patterns and a role of theme in the symptoms' resolution or maintenance (Minuchin, Rosman & Baker, 1978; Palazzoli 1981; Eisler, 2005), orienting the intervention models. The study aims to investigate, on a sample of 24 adolescents with AN and their parents of the Children Hospital Bambino Gesù DH treatment of Rome, the family and co-parenting functioning patterns and their possible influence on eating symptoms. For this purpose, we used a set of tests consisting of self report questionnaires such as the Faces-IV and the EDI-3, and observational measures such as LTPc and Coparenting Rating Scale. SPSS software for Windows V.21 was used for statistical analysis. We used the Friedman non-parametric test for analysis of variance for two-way ranks for related samples and the Wilcoxon test for post-hoc comparisons. For nominal variables we used statistical χ^2 while the correlation was analyzed through the Pearson's r test. Results highlight specific relational patterns in terms of alliances and coalitions within the family, as well as specific correlations with the eating symptoms ($p < .05$). We also discuss the role and the potentiality of observational instruments for the family diagnosis and for the construction of treatment hypotheses in the hospital setting.

**COUPLE THERAPY WITH CONFLICTUAL AND DISTRESSED COUPLES.
THERAPEUTIC ALLIANCE, RUPTURES AND REPAIRS****Porcedda Lucia (1), Mazzoni Silvia (1), Ciocca Silvia (1), Rodomonti Martina (1)**

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

When the intimate relationship is stressed and conflictual, great loneliness, angst and suffering emerge and represent a risk factor to partners mental and physical health (Whisman, 2007; Snyder, 2012), as well as parenting skills (Krishnakumar, 2000). There are consistent claims of the effectiveness of Couples Therapy (CT) in reduction of relationship distress and in mental and physical wellbeing of adults and children (Carr, 2009; Fivaz Depeursinge, 2015). However, in CT there is a high risk of drop-out (Allgood, 1991; Bischoff, 1993). Therapeutic Alliance (TA) in CT is one of the most important factors of maintaining the therapeutic process (Escudero, 2015). This study explores the TA in therapies with couples engaged in high levels of distress and conflict. The aim is to investigate: 1) TA in three groups of termination status of CT (Conclusion with *Agreement*, *Without Agreement*, *No-Show*. Bartle-Haring *et al.*, 2012): differences between groups and intragroups (men *vs* women); 2) differences in therapists between groups; 3) interactive processes of Rupture and Repair of TA. The TA has been measured with SOFTA-o (Italian Validation, Mazzoni, Ciocca, Porcedda, 2015), Ruptures and Reparations have been identified with CIS-r (Colli, Linguardi *et al.* 2014) and a qualitative scale specifically developed for the CT. Preliminary results are based on 239 sessions (110 agreement, 63 disagreement, 66 no-show) and show significant differences between groups in intrafamily alliance (F: 15.0, α .000), engagement and security of men (F: 5.6; α .004; F: 4.8; α .009), emotional connection of men (F: 6.9; α .001) and women (F: 7.9; α .000). There aren't intra-groups differences. The groups of *Without Agreement* and *No-Show* have a statistically significant difference only for the Therapist's contributions in the dimensions of emotional connection (F: 19.9; α .000). Learn more about TA is important because it can identify crucial clues for clinicians to prevent premature termination on CT.

A3

**PSYCHOLOGICAL INTERVENTIONS FOR PEOPLE WITH CHRONIC DISEASES:
NEW PERSPECTIVES****Proposer: Molinari Enrico (1)**

(1) University Cattolica del Sacro Cuore

Psychological interventions can reduce stress, depression and anxiety, together with several other psychological issues, improving the quality of life of people with chronic diseases. Furthermore, these intervention may also contribute to the change of these diseases, not only influencing psychological well-being, but also giving a contribution in the medical management of the illness. We will explore in this symposium new approaches to promote psychological and physical well-being in people with a chronic illness.

BODY AND AFFECTIVE MINDFULNESS IN HIGH EMOTIONAL BURDEN MEDICAL DISEASES**Ostacoli Luca (1,2), Gabriella Bertino(1), Sara Carletto (1,2), Maria Vittoria Pacchiana (1).**

(1) SS Psychosomatic and Psycho-Oncology, Psychiatry SC, AOU San Luigi Gonzaga, Orbassano (TO).

(2) Department of Clinical and Biological Sciences, University of Torino

Mindfulness Based Interventions are gaining popularity all over the Western world and many studies have investigated their efficacy also in medical diseases. The degree of efficacy is directly related to the result of daily practice level which in turn is influenced by factors such as the individual motivation but also by the fact that the person feels the practices are relatively simple and really enriching for their life. In our experience mindfulness based models that are primarily oriented to develop the "presence" are effective for people with an high motivation, whereas they are difficult to propose to people with anxiety and depression, which can experience some difficulty in being able to dedicate a space of concentration and in having an intimate contact with oneself.

Methods: As part of our Clinical Psychology activity in high emotional burden medical illnesses, we have tried for years to build and test in the clinical practice a model that integrates awareness practices with a greater emphasis on "energy of the heart", in particular loving kindness, compassion and enriching listening. For its emphasis we have defined it "Body and Affective

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

By Tambelli Renata & Trentini Cristina

Mindfulness and we had evaluated it in different medical illnesses such as Autoimmune, Heart, Neurological and Oncologic diseases. Results and Conclusion: During the presentation we will describe the model and the preliminary results of its application in a controlled trial in patients with a late-stage oncology disease (35 patients and 12 caregivers) and in patients with heart failure (35 patients and 13 caregivers).

A TELEMEDICINE MINDFULNESS-BASED INTERVENTION FO PEOPLE WITH MULTIPLE SCLEROSIS AND THEIR CAREGIVERS

Pagnini Francesco (1), Cavalera Cesare (1), Molinari Enrico (1)

(1) Department of Psychology, Catholic University of the Sacred Heart, Milan

The aim of the project is to investigate the impact of a MS-specific Telemedicine Mindfulness-Based Intervention the quality of life of people with MS and their caregivers. The mindfulness protocol has been modified according to MS clinical peculiarities and implemented with a multimedia web-based software. One-hundred and twenty MS patients-caregivers couples have been randomly allocated in the experimental or to the control group, in an ongoing study. Subjects in the experimental group have attended a telemedicine mindfulness intervention, while controls have joint a psycho-educational telemedicine program. At baseline, post-treatment and at a 6-month follow-up, participants have been assessed for quality of life and other psychological outcomes. A subgroup of subjects has been assessed with actigraphies, for an objective evaluation of their sleep and physical activity. Repeated measures ANOVA within experimental group subjects showed significant improvement in terms of: Quality of Life, Sleep, Emotional wellbeing, Cognitive Functioning, Psychological wellbeing, Mindfulness, and Fatigue, while no significant changes were found for controls. Data seem to confirm that the intervention has a positive impact on patients' quality of life. Results will be fully explored at the meeting.

PSYCHOLOGICAL HEALTH OF ALS PATIENTS: A COMPARISON BETWEEN HYPNOSIS AND EMPATHY-BASED TREATMENTS' OUTCOME**Palmieri Arianna (1), Kleinbub Johann R. (1), Marcato Sonia (2), Cipolletta Sabrina (3)**

(1) FISPPA Department, University of Padova, Italy

(2) Department of Neuroscience, University of Padova, Italy

(3) Department of General Psychology, University of Padova, Italy

Amyotrophic lateral sclerosis (ALS) is a rare disease characterized by dramatic psychological consequences. Research on psychological interventions in ALS is still in its infancy and no efforts has been devoted to determine whether some techniques are more effective than others. In detail, no psychodynamic intervention has been never compared each other, up to now, in ALS psychological treatment. The aim of our research was to compare the efficacy of two interventions relying on different approaches, i.e. psychodynamic hypnosis-based approach vs Rogerian empathic-based one. Quality of Life (QoL), anxiety and depression were assessed twice, by means of standardized questionnaires, in 3 independent groups of ALS patients. The first group (n = 15) underwent a hypnosis based intervention. The second group (n = 13) underwent an empathy-based intervention. Both treatments consisted in 4 weekly sessions. The third group (n = 10) consisted of patients who chose to not participate to any psychological intervention. Data was collected at T0 and at T1 after three months. Mixed models regressions and likelihood-ratio tests were employed to compare the different groups' psychological health change. Interactions between groups and time were significant for QoL ($\chi^2(2) = 10.82$, $p = 0.004$, $\Omega_0^2 = 0.92$) and depression ($\chi^2(2) = 10.86$, $p = 0.004$, $\Omega_0^2 = 0.91$) but not for anxiety ($\chi^2(2) = 4.98$, $p = 0.083$, $\Omega_0^2 = 0.86$). Specifically the hypnosis intervention showed the best outcome with a relative increase in QoL score (0.61 ± 0.27) and decrease of depression score (-2.73 ± 0.95). Our results represent a further step toward the goal of identifying best clinical practices for psychological intervention in ALS, highlighting the importance of psychodynamic approach in terminal disease psychological intervention.

A4**CON-TEXTO 2.0. TO BE LINKED IN ADOLESCENCE: PROVOCATIONS, RISKS AND NEW OPPORTUNITIES.****Proposer: Boursier Valentina (1)**

(1) Department of Humanities University of Naples "Federioco II"

Discussant: Prof.sa Granieri Antonella (2)

(2) University of Torino

The last years have seen a considerable intensification in the use of web and smartphones as central tools in the adolescents' everyday life, alternatively playing the role of: transitional objects in a crucial stage of self-development, important tools for social networking (exclusively online, or both on/offline), or fetishes, examples of symptomatic addiction behaviors. Literature on social media is increasingly paying attention to new strategies that apps and social networks provide for identification, self-presentation and relationships, especially among teenagers, underlying how important it is to connect new digital practices to the identity development. In fact, the cyberspace provides new channels to face the adolescent's need for self-construction and sexual exploration. However, the fast widespread technologies' use can produce new viral practices, representing risky opportunities for the youngest, and provocations the adolescent needs to face with. This subject is discussed through 4 contributions, starting from recent researches in different, real and virtual, contexts. Venuleo et al. (Univ. of Salento) focus on the influence that different cultures (products of micro and macro social environments) have on the interpretation and evaluation of health and risks for young people, directing their harmful behaviors. Margherita & Gargiulo (Univ. of Naples) discuss about e-communities built up on a collective identity through shared symptoms (anorexia and non-suicidal self-injury) stressing how these groups' functioning increases both harmful and helpful dynamics. Taddei et al. (Univ. of Florence) focus on the quality of social support requested and offered via chat by peers through the analysis of an experience of peer counselling online. Boursier et al. (Univ. of Naples) focus on the analysis and the interpretation of two widespread practices: selfie presentation and teen-sexting. The pervasive use of smartphones and social networks among adolescents is also discussed.

EXCHANGED SEXUALITIES AND SHARED BODIES. SELFIE PRESENTATION AND TEEN-SEXTING AMONG ADOLESCENTS**Boursier Valentina (1), Manna Valentina (1), Coppola Federica (1), Gioia Francesca (1)**

(1) Department of Humanities University of Napoli "Federico II"

Web and smartphones play a central role in current adolescents' life as tools for communication, exploration, social and personal development (Pascoe,2011). Nowadays *Selfie* (self-portrait taken by mobile or webcam and uploaded to a social network or shared through apps) and *Sexting* (interpersonal exchange through apps of self-produced sexualized photos/videos or sexually explicit texts) are widespread practices among teens, produced and supported by new technologies. They both represent "risky opportunities" (Livingstone,2008). We aim at exploring Selfie and Sexting among adolescents. A self-report ad hoc questionnaire about the use of new media, the Selfie and Sexting frequency and the attitudes, worries, expectancies related to these practices was administrated to 1352 adolescents (M=16y), equally distributed for gender. ANOVA for gender was conducted. Correlations among the problematic use of smartphone, the role of impulsiveness, the body objectification, the sexual attitudes and the body control image in photos have been analyzed. A problematic use of technologies (smartphone particularly) is widespread among adolescents especially girls. Sexting is a more common and funny practice among boys, whilst girls are less involved in it as they refer worries about its consequences. In general, unwanted dissemination of private material seems a predictable risk for adolescents. Selfie is very usual, representing a tool for socialization, while sexting claims at a private affair within a couple. Particularly, boys' selfie reveal a clear narcissistic dimension of self presentation. Girls use selfie for narcissistic and relational reasons but the evidence of body image control through technologies confirm a clear risky dimension for them. Data show that these practices represent risks and opportunities as well for adolescents: they define new strategies for identification, self-presentation, identity and sexual exploration through online/offline relationships. The evidence of a risk of body and self-objectification needs a specific attention. Moreover, gender differences suggest the need to conduct preventive gender-sensitive interventions.

DRIFTS OF THE ADOLESCENT PSYCHOPATHOLOGY IN VIRTUAL ENVIRONMENTS: DISEMBODIED BODIES, SYMPTOMATIC IDENTITIES, NARRATIVES OF GROUPS.**Margherita Giorgia (1), Gargiulo Anna (1)**

(1) Department of Humanities University of Napoli "Federico II"

In the interpretation of contemporary psychopathology, considering the link among different factors, that go from biological to inter- subjective dimensions, the role of the cultural contest appears relevant. The process of meaning making of adolescents discomfort assumes nowadays specific configurations in virtual environments. We focus our contribution on e-communities that have built up on the basis of a collective identity through shared symptoms of attacks on body, Anorexia (Harshbarger et al., 2009; Hammersley and Treseder, 2007), Non-suicidal self-injury (Lewis and Michal, 2016; Whitlock et al., 2006). These groups may be used as an alternative and in opposition to clinical or therapeutic contexts (Brotsky and Giles, 2007), creating relational dynamics either harmful or helpful. We performed a cluster analysis to compare 40 Italian blogs, anorexia blogs (Pro-Ana) and Self-injury blogs, to find dimensions of meaning and themes. The text was analyzed through the software T-Lab (Lancia, 2004). Four thematic clusters, which, after interpretation using factorial mapping fall into three sense vectors, emerged. Blogs significantly differ in terms of content and function: Pro-Ana blogs tend to reinforce the symptomatic identity, a propagandist portrayal of anorexia as a lifestyle choice that leaves little space for outsiders, whereas Self-injury blogs reveal aspects of relationship building and emotional support, proving ambivalent in their attitude towards discomfort. Some implications of this analysis for clinical practice will be discussed even with the aim of thinking of a kind of assessment for adolescents on the internet mediated relationships they have.

CONTENTS, COMMUNICATION AND SOCIAL SUPPORT IN AN ONLINE SERVICE OF PEER COUNSELING.**Taddei Stefano (1), Alemanno Stefano (2), Maccherini Michela (1), Contena Bastianina (1)**

(1) Department of Health Sciences, University of Firenze

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Adolescence and early adulthood are critical periods for the development of mental disorders. Online peer to peer communication is popular and it can be used to improve mental health by providing social support. Young people look for support from their peers on the web; this support

concern different problems (e.g. alcohol or drug use and educational or relationships problems). However small attention has been paid on the peers' ability to offer online social support and on the assessment of its quality. An online peer counseling chat service for young people has been organized by the Toscan Region and the Municipality of Florence. The service avails oneself of young peer volunteers (16–20 years) who have a leading role in the conversations, comparable to the role of counselor in web based help service. Aims. a) identify the main issues addressed in the peer chat; b) assess the quality of counseling with regard to the possibility of offering a first support to young people seeking help; c) assess the social support offered via chat. Methods and instruments. From an archive of 194 conversations carried out by 67 different users (49 females and 11 males) aged 13 - 20 years those who fulfilled the criteria of the appropriateness of the study's purpose and size (150 chat) were selected. It was subsequently carried out: a) a content analysis; b) an assessment of the counseling offered using the criteria proposed by Fukkink (2011) and c) the Social Support Behaviour Code (Cutrona and Suhr, 1992; Braithwaite, Waldron and Finn, 1999). The assessments were carried out by independent judges. Results and discussion. The topics most discussed in the chat regarding relationships, particularly sentimental and familiar problems. The quality of counseling offered by peers looks good and it seems to be characterized by a good level of offered support. The peers look able to offer an high quality counseling service, with good levels of social support, regardless of the addressed issue.

CULTURES AND EVALUATION OF HEALTH AND SOCIAL RISKS RELATED TO HAZARDOUS BEHAVIOURS

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A prominent explanation for people's involvement in harmful behaviour is that they have poor risk-judging skills. However, a number of studies have shown that there is a great variability in morality about the nature of acceptable norms of conduct and lifestyle and that different cultural groups correspond to very heterogeneous risk assessments. The current study evaluates the proposition by proponents of cultural theory that a person's worldview plays a major role in affecting risk evaluation (Boholm, 1998). Particularly, the study tests the hypothesis that subjective cultures in

terms of which people interpret their micro and macro social environment affect the magnitude of the risk related to different kinds of hazardous behaviours. Subjective cultures of the social environment were detected through the questionnaire on the Interpretation of the Social Environment (Mossi & Salvatore, 2011) among high school students and bachelor degree students from South-East Italy. Respondents were asked to indicate their personal opinion regarding risks related to different kind of behaviours: drug and alcohol use, smoking, smartphone use, driver risk-behaviour, unsafe sexual behaviour, in three domains: health, relationships and social approval. Three Principal Components Analyses (PCA) – one for each of the domains of risk investigated – were applied to the risk ratings expressed by the respondents. Correlation Analysis was applied to analyze the linkage between the components of risk rating extracted and subjective cultures.

The findings show that different cultural views of the social environment relate to different evaluations of the magnitude of risks related to different kinds of hazardous behaviour (i.e. socialized/not socialized; licit/illicit). The subjective cultures might constitute a factor to be taken into account to get a better understanding of the attitude towards hazardous behaviours among adolescents and young adults and to improve healthcare strategies.

KEYWORDS: subjective cultures, social environment, risk evaluation, hazardous behaviours

PEACE BUILDING AND CONFLICT TRANSFORMATION THROUGH GROUPS IN UKRAINE, EGYPT AND PALESTINE

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The Task Force for Peace Building and Conflict Transformation of the Federation European of Psychodrama Training Organization – FEPTO- was founded in Vienna in 2005. The Task Force organizes seminars and conferences in which the members show their methodology for working with collective trauma such as wars, disasters and mass migration. Seminars have been held in Oslo 2007, Stockholm 2008, Turin 2009, Uppsala 2010, Sofia 2011, Iseo 2013, Istanbul 2014 and Granada in 2016. The twenty members of the Task force have actively intervened on collective trauma in Ukraine, Egypt, Gaza, Palestine, Israel, Jordan, El Salvador, Honduras, Brazil, Argentina, Columbia and Turkey. The Author will explain with group's clinic case from the work he did in Ukraine during the war, in Egypt during the revolution, and in the Treatment and Rehabilitation Center for Victims of Torture in Ramallah Palestine, the importance of creating a safe place and the use of rituals - to contain the unconscious force - and dreams - for conflict transformation in groups.

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By Tambelli Renata & Trentini Cristina

Psychodrama can be used to create a safe place and paths of change for the most severe traumatization. Psychodrama creates a place to act out unprocessed trauma within the containment of therapy in order to stop the obsessive repetition of the past. Jungian psychodrama can help to play traumatic experience through symbolic representations and the wisdom of dream-play in a ritualistic frame. Often victims of trauma split out their feelings and in the play it is important to play the role of the heart or the role of the feeling of the protagonist to integrate the emotional dimension. After the final sharing in the group an observer tells a narrative observation which communicates the sense of the dreams which have been played, using a narrative style. He will enrich the plays with mythopoeic amplifications and will try to connect individual themes to the group's collective unconsciousness fears as well as to the transcultural themes.

A4

GROUP TREATMENTS. CLINICAL EFFECTIVENESS AND SOCIAL IMPACT.

Proposer: Giannone Francesca (1)

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The work with groups shows its clinical relevance, even with growing empirical evidence, in terms of participants' changing, in specific aspects of their functioning, and in terms of ability to transform collective ways of functioning. Since life takes place in naturally occurring groups such as families, schools, workplaces and communities, group interventions provided by well-trained leaders are especially well-suited to providing opportunities for healing and personal change (AGPA, 2016) and social change. There are now empirically derived cost-effectiveness estimates supporting group over individual treatment (Burlingame, Strauss, Joyce, 2013). This suggests that groups are useful tools to achieve significant, transformative and therapeutic outcomes. The symposium presents models of work with groups, in different contexts and with different populations, offering interesting and new intervention scenarios and showing the clinical efficacy of group treatment. Marogna and Caccamo propose the analysis of change in the levels of alexithymia, measured by the Toronto Alexithymia Scale-20 (TAS-20), in the patients of eight psychotherapy groups in Therapeutic Communities and Mental Health Centers. Saita et al. propose the evaluation, by the T-LAB analysis, of the audio recordings of an experience of operative group, for the supervision and monitoring of three group treatments conducted in prison. Gasseau presents, in severe traumatization contexts (Ukraine during the war, Egypt during the revolution, and in the Treatment and Rehabilitation Center for Victims of Torture in Ramallah Palestine) psychodrama interventions to promote Peace Building and Conflict Transformation through Groups. Giannone et al. propose the evaluation of the Therapeutic Communities and Groups Apartments functioning, through questionnaires and group meetings, by operators, users and family members involved in a national project for accreditation and research for Residential Mental Health Services.

GROUPS' WEAVING IN MENTAL HEALTH COMMUNITIES: PRACTITIONERS, PATIENTS AND FAMILIES IN RESIDENTIAL CARE. THE VISITING PROJECT

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The construction of participation in groups may be the pre-requirement for positive relational processes in which the increase of relational networks, the sharing, the activation of mentalizing function, help to define good mental health conditions. In communities which aim therapeutic purposes, group treatments are an integral part of patients care. The group experiences are considered powerful agents of change, their effectiveness has been demonstrated in a wide range of approaches. The Visiting Project provides an experiential and training process for practitioners, patients and families of mental health Communities, who, as stakeholders, develop an active dialogue and mutual evaluation of the functioning of the Residential Services they belong. The community functioning areas, are detected through quantitative and qualitative assessments. In particular strategic areas for the quantitative assessment of the Community Group Quality, are defined by two tools: the VIVACOM Manual (Visiting and Evaluation of Therapeutic Communities) and the DTCRO Questionnaire (Democratic Therapeutic Community Recovery-Oriented), filled in by practitioners, patients and families, both individually and in groups. Data, achieved from the quantitative and qualitative evaluations, allowed us to infer the effectiveness's areas and difficulty's areas of each community, promoted the process of reflection on the daily work and encouraged contacts between communities, structuring networks. The project activated a circular pattern, in which the emphasis is on the "dialogue among peers" as a working tool for change; on defining improvement targets chosen by the communities as a result of comparison with peers; on the "confrontation between unequals": practitioners, patients and families; on the empirical evaluation.

Key words: Groups, Therapeutic Community, Mental Health, Evaluation.

THE WORDS TO SAY: ALEXITHYMIA IN THERAPEUTIC WORK WITH GROUPS

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Emotions are complex and multifactorial phenomena result from the synthesis of the perception of an internal or external stimulus, its assessment, physiological arousal associated with it, the expression of emotional response and readiness for action, subsequent processing the stimulus that evoked the emotion. Besides the excitement it does not complete in the sum of these constituents,

but is formed through a process of meaning creation. The work in psychotherapy is based on awareness that the ability to empathize with own and others' emotions is the heritage of the psychic life of each individual and this power may accompany to self-disclosure. In this sense, the group psychotherapy provides to individual the possibility of a secure base, a group network to lean on, to facilitate the development of reflective function: the group, serving as the container-contained, helps to transform the emotional experiences-affective meaningless and not processed (beta elements) into images and mental representations (alpha elements) (Bion, 1967). This paper proposes an analysis of the results of eight groups of psychotherapy aimed at patients of some therapeutic communities and mental health centers of the Veneto (Italy). Participants were 72 (34 M, 38 F). The groups, limited in time duration, were conducted by psychotherapists with psychodynamic training. All participants completed the Toronto Alexithymia Scale-20 (TAS-20, by Italian version of Bressi et al., 1996) in two stages, early (pre-test) and at the end (Post-test) of the treatment group, to assess the presence of a change in the levels of alexithymia. Preliminary results show a significant difference in the factor of the TAS-20 "Difficulty to identifying feelings" ($X^2 = 7$; $p = .008$). It seems that the inability to recognize the emotional experiences and the difficulty to adjust their emotions are mitigated by the reduction of the group, which made it possible to transform the emotions not mentalized and then often painful in the sense of emotional and shareable experience.

Keywords: alexithymia, group, emotional experience, function reflective

THE OPERATIVE GROUP AS A REGULATIVE INSTRUMENT WITHIN THE PRISON CONTEXT

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Operative Groups (OGs) are centered around the process of defining a “group task”, such a process is recursive and non-linear as it allows transformative and non-stereotypical learning to take place. This process of reconfiguration implies being free from rigid points of reference and open to new possibilities of action and thought. For such reasons the OG has been considered as a particularly suitable instrument to monitor and revise the experience of facilitating innovative correctional activities within the prison context. Prisons are highly complex settings and have recently undergone a deep transformation; notwithstanding the lack of evidence-based intervention models, greater attention is directed towards facilitating the resocialization of convicts and their reprocessing of personal experiences. 7 people, between facilitators and non-participant observers

of 3 correctional group programs carried out in two prisons in Lombardy (Italy), took part in 11 OG sessions run by two experienced conductors. Sessions were tape-recorded and transcribed *verbatim*; the transcriptions were subsequently analyzed using the software T-LAB (Lancia, 2004). Thanks to allowing members to share and exchange ideas on both, the activities carried out within the prison setting as well as the feelings experienced within the group, the OG proved to be a suitable instrument to assess and improve the correctional programs carried out in prison.

PRISONS AND FATHERHOOD: DESCRIPTION AND PROCESS ANALYSIS OF A CORRECTIONAL GROUP ACTIVITY USING PHOTOGRAPHY

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The maintenance of family bonds during incarceration is a key element in the offenders' re-education programs (Art. 15, Law n.354/1975). The promotion of such bonds becomes particularly important in the case of incarcerated parents; it is well known that the interruption or deterioration in the parent-child relationship may result in a loss of social competencies on the convict's side. Moreover, the children of convicted parents are at greater risk of marginalization and of developing problems in several areas. In recent years, the Penitentiary Administration has made huge investments to develop "good practices" aimed at improving the management of interactions between imprisoned parents and their children at a national level. The present work aims to describe an intervention based on the use of photography with a group of fathers detained in the District Prison of Como. Photos were used with the aim of fostering and supporting the convicts' parenthood and helping them manage the interactions with their children. Moreover, a process analysis of the above mentioned intervention - carried out throughout a pen and paper coding of each session's transcript - is also presented. Such an analysis allowed the identification of some key themes, among which: the truth, that expresses the convicts' dilemma about what to tell their children about their life in prison; the connection, that underlines the importance of instituting a parallelism between their life in prison and that of their children. The outcomes will also be discussed in terms of their clinical implications.

A4

ASSESSMENT AND PSYCHOLOGICAL INTERVENTIONS DIRECTED AT PROMOTING SOCIAL INCLUSION AND REDUCING RECIDIVISM AMONG OFFENDERS

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Discussant: De Isabella Giorgio (2)

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In conformity with the article 27 of the Italian Constitution and the article 1 of the prison system regulations that underline the importance of re-education and of developing individualized treatment plans respecting the dignity of each individual, penalties shall have as an essential aim the resocialization of the offender. The ultimate goal of such measures should be favoring social inclusion and consequently reducing the rate of recidivism. However, in many cases, offenders who are deprived of their liberty still experience high levels of physical, psychic and emotional pain, these feelings are highly connected to an increase in recidivism. In order to avoid such risk, appropriate instruments to assess the risk of recidivism and on whose basis to implement specific interventions are needed, especially for those offenders who are close to their release date.

Among the various types of interventions, group programs, that can count on an established tradition within the forensic setting (Senior, 1991), are particularly useful. Groups can become safe places that encourage disclosure (Wright, 2010) and promote a reflection on one's conduct as well as on potential alternative behaviors to one's habits and character (Spiegel & Yalom, 1978).

On the basis of these presuppositions, the present symposium offers a reflection on the different opportunities for psychologists to operate within the forensic setting with the aim of reducing recidivism by influencing and accompanying offenders in the delicate path towards reintegration in their social and relational networks.

IS EVERY END A NEW BEGINNING? GROUP SESSIONS AND FORCE FIELD ANALYSIS AS INSTRUMENTS TO ANALYZE OFFENDERS' ATTITUDES TOWARDS RELEASE

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Release from prison is a critical moment in most inmates' path towards reintegration into community life as it is often characterized by high levels of anxiety, fears and unrealistic expectations (LaVigne, Brooks, & Shollenberger, 2007; Visher & Travis, 2003). The downplay of difficulties may hinder the resocialization process and constitute a significant barrier towards the reduction of recidivism. While many studies have found a correlation between recidivism and post-release variables (e.g. employment, housing, family relations) (Benda et al., 2005; Halsey, 2007), the offenders' attitudes and perceptions towards the challenges posed by release are still largely unexplored. The present work aims at filling this gap by exploring the perceptions and beliefs towards release in a group of offenders participating in a 10 session pre-release program. While various topics were covered throughout the sessions, a specific session was devoted to release and reentry into society and participants were invited to discuss their opinions and views about the topic as well as to individually complete their personal force field analysis, an instrument developed by Lewin (1951), to measure the internal and external factors preventing or facilitating the attainment of a goal. The results obtained from the force field analysis and the open coding of the sessions' transcripts are analyzed to investigate the offenders' beliefs and attitudes towards release as well as to identify the perceived helps and constrains influencing their reintegration process. Outcomes, together with their implication for the development of better reentry programs and for the reduction of recidivism will be discussed.

THE ROLE OF THE EXPERIENTIAL GROUP IN THE RELEASE FROM CORRECTIONAL FACILITIES

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The joint collaboration between the A.P.I. (Acceptance, Promotion, Integration) project promoted by the Brianza Syndicate Association (Associazione Temporanea di Scopo- ATS) - that has, among its aims the promotion of the integration of released offenders into community life - and the Operational Unit of Clinical Psychology of the Community Healthcare Clinic of Monza, San Gerardo Hospital, gave start to an experiential group activity addressed to offenders due to be

released from prison within the District Prison of Monza. The transition from prison to community life is known to be a potentially destabilizing moment, capable of increasing already existing problems in psychologically vulnerable subjects. Therefore, a clinical intervention aimed at supporting the offenders under the care of the community mental health team and due to be released was designed. The group was chosen as elective instrument as it fosters the creation of significant relationships, the development of identification processes, the spread of a shared culture and of powerful transformative mechanisms. Moreover, groups facilitate the development of a sense of belonging, capable of giving a meaning and influencing both the individual and shared experiences.

A total of 9 participants, assessed throughout an individual motivational interview took part in this project. Sessions were run at weekly intervals and lasted two hours each. Groups were conducted by two facilitators and a non-participating observer. 6 offenders carried out the whole program (1 participant dropped out and other 2 were released before the program end). The outcomes of this preliminary experience showed that group activities allowed offenders to experiment, possibly for the first time, a completely different context, one in which listening, sharing and reciprocity allow a restructuring of one's experiences and narrations.

YOUNG OFFENDERS AND RISK OF RECIDIVISM: AN EXPLORATIVE STUDY ON USERS IN THE JUVENILE PENAL INSTITUTE (IPM) OF PALERMO

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The research on the effectiveness of the treatments of juvenile offenders showed that interventions that include a careful assessment of the risk of recidivism seems to be the most effective. Our study, carried out at the IPM of Palermo, aims to evaluate the level of risk of recurrence in young offenders and to verify the presence of risk factors that can influence the risk of recidivism. To date participants were 30 male subjects aged between 16 and 24 ($M= 19.7$, $SD 1.96$). We use the self-reports *SCL-90-R* and *CECA-Q*. In addition, the *Risk Assessment Schedule* has been filled by the operator who is in charge of each case. Among the participants 56.7% had previous placements in IPM and 43.3% had several placements in the community. With regard to the CECA, the natural parents are the main caregivers of our subjects but we found several experiences of separation from parents. Despite our subjects' tendency to idealize caregivers, we detected several cases of antipathy and neglect. They reported experiences of physical abuse by parents (36.7%), refer to two or more experiences of psychological abuse by mother (40%) and father (43.3%). Respect to SCL-

90 GSI index, the 36.7% of the subjects has a moderate level of symptomatology and 20% a severe level. Finally the assessment of risk of recidivism carried out by the operators places the majority of adolescents at a threshold of medium (43.3%), high (30%) and very high (10%) risk. A careful analysis of the risk of recidivism is critical to making judicial decisions and provide appropriate penitentiary measures, essentials in order to "re-educative justice". Depending on the level of risk, and the characteristics of young offenders, you will be able to design more focused and effective interventions. Identifying risk factors for recidivism also allow to optimize the functioning of the judicial and penitentiary system with effects on the social costs and return on investments.

Keywords: Young Offenders; Recidivism; Risk Factors; CECA

FIRST STEPS TOWARDS A COMPLEX MODEL OF MALE'S SEXUAL DESIRE

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Literature shows a close relationship between desire and arousal on the female side, emphasized by the new DSM. There is a need for better understanding the male sexual response which has historically been considered more simple and mechanistic. Aim of this study is to analyze the biopsychosocial determinants and their interaction in male desire that could be useful for the improvement of male's sexual response models. We examined 133 articles published in the last 5 years, found in Web of Science, Scopus, PubMed and PsycINFO about male sexual desire and related biopsychosocial factors. We will present the results of a biopsychosocial pilot study on male sexual desire. Results showed that even in male sexuality there is a strong interdependence between desire and arousal. Men's desire is stronger, more frequent and lasting longer through the life-span. Cognitive factors linked to cultural values (sexual dysfunctional beliefs) and mechanisms of distraction in sexual context (automatic thoughts) seem to be the best predictors of difficulties in the area of male desire. Emotions and relational aspects (anticipatory anxiety, feelings of sadness and shame, alexithymia, lack of attraction, liability of partners, conflicts and poor communication) seem to have a minor role, even if significant, in the generation/maintenance of male sexual interest difficulties. Male sexual desire is characterized by a complex interaction between biological, psychological and social elements. The analysis of these factors seem to suggest that current models are not sufficient to explain the complexity of male sexual response. These results emphasize the need of more detailed studies which integrate clinical practice and research for a better understanding of the request in sexology field.

AN EXPLORATION OF TRANSGENDER IDENTITY THROUGH THE IMPLICIT ASSOCIATION TEST (I.A.T.)**Prunas Antonio (1)****(1) Department, University of Milano-Bicocca**

The strength and intensity of the identification with their desired gender might prove a useful index to orient clinicians and transgender clients to identify the optimal treatment option and “tailor” clinical interventions to the client’s needs (different levels of body modification, changing gender expression etc.). It is reasonable to assume that the assessment of gender identity might benefit from the adoption of implicit techniques, which are intended to measure psychological constructs operating in an automatic (i.e. non-conscious) mode. This study aims at investigating the validity and clinical utility of the Implicit Association Test (IAT; Greenwald, McGhee & Schwartz, 1998) in the exploration of gender identity. The IAT measures the relative strength of the association between pairs of concepts by comparing response times on two combined discrimination tasks; it’s an implicit technique whose validity and reliability is now well-established in other fields of psychology, both in research settings and in applied psychology (Lane et al., 2007). The study aims at exploring the validity of the IAT-Gender Identity (IAT-GI) in two versions: picture and words; it aims at ascertaining the IAT-GI’s convergence with explicit measure of gender identity, gender dysphoria and sex roles (GIDYQ-AA; BSRI) and its capacity to discriminate among different groups according to gender identification and regardless of biological sex and sexual orientation. In particular, we will compare the performance on the IAT-GI of two groups of clients with a formal diagnosis of Gender Dysphoria (20 MtFs and 20 FtMs) consecutively admitted at Niguarda Ca’ Granda Hospital in Milan (Italy), with groups of heterosexual and homosexual cisgender controls from the community. The performance on the IAT-GI in the transsexual group has no significant differences with that of the control group of the same gender. The performance on the IAT-GI appears to reflect the strength and intensity of gender identification and is independent of biological sex and sexual orientation. Implications for clinical practice will be discussed.

A4

PATHWAYS OF GENDER AND SEXUALITY IDENTITIES**Proposer: Simonelli Chiara (1)**

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Over the past years, the discourse on gender has gained power and strength thanks to the fights about gender equality and rights of million women and men. There is an urgency about taking care of specific themes such as violence, prejudice and rights recognition still in 2016. This is why we decide to set up this interesting symposium about some “hot topics” related to gender Identity and sexuality. Gender identity is defined as the personal sense of oneself as male, female, or transgender. For each individual is important to satisfy the need to be recognized and accepted, since the satisfaction of this will allows the identity growth. The same identity which will develop into different facets of affectivity and sexuality. Our main objective is to better understand what is happening in Italy after the first declaration of sexual rights of the World Association for Sexual health (WAS) on 1997 (now revised in 2014). The framework of biopsychosocial model could help us to understand better what is happening, suggesting a complex interplay between body, mind and culture. Some of the topics of this symposium will be: gender violence, male identity and the understanding of sexual desire and transgender identity. Gender violence is still a relevant and very spread phenomenon which need to be deeply understood before planning incisive prevention programs. Many suggest that roots can be found in cultural gaps and stereotypes between men and women. The same difference contributes to create a simple vision of male sexuality as mechanistic and linear. New studies seem to suggest a more complex situation, above all on the sexual desire side. Other important situation is the health and care of transgender people. This particular condition has still to be recognized as normal variation of sexuality in the everyday living and we should try to do our best to facilitate this process.

THE TERROR OF WOMEN VICTIM OF VIOLENCE**Troisi Gina (1), Nunziante Cesàro Adele (1)**

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Even if the lines of action aimed at the involvement of the social network on one side, acting on the social representation (Reale, 2012; Arcidiacono, Di Napoli 2012), and at the growth of the awareness through a risk assessment (Baldry, 2013) on the other have led to a reduction of the phenomenon, worldwide percentage of women victims of violence that suffer in silence is still high

(Istat, 2015). The most serious violence is committed in close relationship which makes it even more difficult to recognize it (Hirigoyen 2006; Zurolo, Nunziante Cesàro et al 2012). Victims turn first to the informal social network, but the more the violence intensifies the more the answer turns out inadequate, becoming breeder of gender stereotypes and victim-blaming (Romito, 2005; Margherita, Troisi 2013). Studies (Monacelli e 2009; Rinfrent-Raynor et al, 1997) showed that the silence of women can be traced back to *cognitive factors*, *social factors*, *psychosocial factors* and *emotional factors*. Our study aimed to detect, through the words of the women victims of domestic violence, the meanings they gave to their silence. We undertook a qualitative survey using the Interpretative Phenomenological Analysis (Smith & Osborn, 2003). IPA needs a homogeneous sample, ours was composed of five women who have suffered violence within a marital relationship; have asked for help only after suffered a long time violence; at the moment of the interview they have broken the violent relationship. The semi-structured interview was divided into three areas that explore the experience of violence, the process of access to help channels and the emotional experiences. Three superordinate themes emerged: "*My private dictatorship*", "*The Betrayal of the roles*" and "*The terror that paralyzes me*". The wounds of the body and the mind don't enhance escapement, as fear naturally would, but forced submission and terror that hinders the organization of thought and action, leading to a state of passivity and annihilation.

GENDER VIOLENCE: ORIGINS OF A PREJUDICE

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Transgenderism represents a fruitful field of study in which different theoretical disciplines are interrelated, including psychology, medicine, anthropology, and sociology. This identity condition is still considered by the scientific community a disorder which might produced a deep distress. Indeed, the DSM-5 refers to all people who cross or transcend the gender binary as "gender dysphoric". Transgender people often suffer from violence and discrimination and this oppression is directly linked to negative mental health outcomes. The hypothesis of the current work is that the abuser is disturbed above all from the *feminization* of the male. Thus, the abuser hits a male perceived as "excessively feminine". This work will attempt to problematize the way in which the post-modern theories about gender interpret similarities and differences between violence against women and violence against transgender people. Thus, starting from a brief introduction on Gender Studies and on the feminist thought, this work will address the most recent *Gay & Lesbian Studies*

and *Transgender Studies*, or rather the post-modern theories about gender and sexual orientation, providing a framework to understand the anti-transgender stigma.

RESOLUTION OF THE DIAGNOSIS, PARENTS-CHILDREN DIALOGUES AND MANAGEMENT STRATEGIES OF THE DISEASE.

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A diagnosis of chronic illness in a child has a pervasive impact on the life of the family. Parents play a crucial role in their children experience of their illness because they build the context of the meaning-making process and the strategies to face the illness (Freda et al. 2016). In this mixed-method study we intend to explore: 1) the relationship between parents’ elaboration of the diagnosis, parents-children dialogues about the illness and the strategies for managing the illness in the daily life; 2) the influences of the specificity of the diseases on these processes.

We administered the Reaction to Diagnosis Interview (RDI) (Marvin & Pianta,1996), and another ad-hoc structured interview on symptoms interpretations, parent-children dialogues and management strategies (Savarese et al, in press) to 40 parents of children affected by 3 different chronic diseases: Hereditary Angioedema (group1), Rheumatoid Arthritis (group2) and Diabetes (group3). Results of the analysis of the interviews show that in group 1, 82% are “resolved”; in group 2, 43% are resolved, and in group 3, 50% are resolved. In all the groups, dialogues in families with unresolved classifications are characterized by the lack or the confusion of the explanations about the the disease. These classifications are connected to the critical areas of each disease. The unresolved classifications are characterized by strategies of avoidance that cause severe limitations in the physical and emotional expressions of the children. On the other hand, resolved classifications are connected to the promotion of resilient skills in children. In order to develop a model of intervention for supporting the health-care relationship, these results show the crucial role of parents’ elaboration of child diagnosis for the construction of resilient strategies for managing the diseases.

A4

THE REACTION OF PARENTS TO A CHILD ILLNESS: FROM THE COMMUNICATION OF THE DIAGNOSIS TO THE INTERVENTION**Proposer: Zavattini Giulio Cesare (1)**

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

The opportunity to experience a sensitive and nurturing relationship with the parents in the first years of life seems to affect positively the child development (Ainsworth, 1979; Belsky, Nezworski, 2015). However, the experience of children receiving a diagnosis of disease, similarly to other traumatic experiences, could lead to a breakdown of the parent ability to take care of their children, disrupting the parent-child relationship (Bowlby, 1980; Pianta and Marvin, 1993; Cassidy and Shaver, 2008). Moreover, such an experience can undermine and challenge the parents' caring strategies, their view of the child and the child needs and abilities, and can lead to intense feelings of pain, sadness, or anger (Marvin and Pianta, 1996; Zavattini, 2016). These experiences can interfere with the child development (Vegni, Fiori, Riva, Giovannini, Moja, 2010; Freda et al., 2016), with the parents' ability to take care of the child (Guerriero, D'Onofrio, Zavattini, 2013; Lamiani et al, 2015) and with the family functioning (Orme, 2005). These facts are observed daily in hospitals, when doctors communicate the child diagnosis and psychologists support the parents in accepting this reality (Pazzagli, Laghezza, Manaresi, Mazzeschi and Powell, 2014).

Several researchers (Oppenheim, Koren-Karie, Dolev, Yirmiya, 2009; Fletcher, 2016) investigated the parent reactions to the child diagnosis in diseases such as Autism Spectrum Disorders, cerebral palsy and epilepsy, and identified some protective and risk factors. Less is known about the treatments that may support the families dealing with these experiences. In this panel, experts from different universities will try to address several questions: How to communicate the diagnosis to the family? How to help the treating physicians to work as a team? How the illness can affect the family members? And, finally, which are the possible methods of prevention and intervention in these circumstances?

PARENTAL REACTION TO THE DIAGNOSIS OF CHILDHOOD EPILEPSY**Guerriero Viviana (1), Di Folco Simona (1), Lucchese Franco (1), Brinciotti Mario (2),
Zavattini Giulio Cesare (1)**

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

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Introduction: Parental resolution to the diagnosis of a chronic disease such epilepsy in childhood represents a topic of major interest in recent years, as well as its relation with individual and family functioning features (Pianta, Marvin, Morog, 1999; Milshtein *et al.*, 2010; Zavattini, 2016).

Aim: The aim of this study is to investigate possible differences between resolved and unresolved parents with respect to their children's diagnosis of epilepsy concerning specific familiar and individual variables.

Method: 42 parents were recruited from a Child Neuropsychiatry Unit in Rome. The following instruments were administered to parents: the *Reaction to Diagnosis Interview (RDI)*, the *Multidimensional Scale of Perceived Social Support (MSPSS)* and the *Family Adaptability and Cohesion Evaluation Scale (FACES-IV)*. A subsample of parents completed also the *Child Behavior Checklist* for ages 6-18 (CBCL) (n = 30) and the *Symptom Checklist-90-Revised (SCL-90-R)* (n = 26).

Results: data showed that no significant differences emerged between the two groups with respect to total parental stress and perception of support. Significant differences emerged between resolved and unresolved parents in levels of Parent-Child Dysfunctional Interaction (P-CDI), the SCL-90-R global index of Positive Symptom Distress (PSDI), and Cohesion, Flexibility and Global Ratio of the FACES-IV.

Discussion and conclusions: Results confirmed and expanded previous findings (Guerriero *et al.*, 2013, Guerriero, 2015) on the difficulties experienced by parents of epileptic children, both on individual and family level. In particular, unresolved parents reported the child as not matching their expectations and they referred the interaction with him/her as not satisfying and lacking of warmth. The two groups of parents also differed in family functioning, as those resolved described their family as more cohesive and flexible with respect to unresolved ones. These last reported also higher level of psychopathology on the SCL-90-R compared with resolved parents.

THE ROLE OF CLINICAL PSYCHOLOGY IN SUPPORTING PARENTS AND THEIR CHILDREN IN HOSPITAL SETTINGS**Lamiani Giulia (1), Borghi Lidia (1), Vegni Elena (1)**

(1) Clinical Psychology, Department of Health Sciences, University of Milano

The onset of a chronic or acute disease in children may alter dramatically the life of their families. Literature highlighted the importance of supporting families and their children through the illness experience. The aim of this contribution will be to describe a model of clinical psychological intervention to support children and their families that is based on the results of studies we conducted in different contexts, e.g. children with chronic diseases and children at the end-of-life. In particular, a first study involved 146 parents of children diagnosed with phenylketonuria (PKU). PKU is an inherited metabolic disease that can be treated with a dietary regimen. Parents were administered a series of questionnaires (SCL-90-R; STAI; BDI-II; STAXI-II and SF-36) to assess their psychological wellbeing. Overall parents reported a psychological wellbeing and quality of life comparable to the normal population. However, mothers presented more anxiety, depression, anger and psychological distress than fathers. Parents with children on a diet reported more depressive symptoms and less quality of life than parents whose children are not treated with diet. A second study will be described that involved 12 parents of 8 children who died in the Pediatric Intensive Care Unit (PICU). In-depth interviews with parents showed that their experience in the PICU was characterized by: 1) loss of parental role; 2) lack of physical intimacy with their child; 3) ambivalence about end-of-life decisions; and 4) reclaiming the dying process. Studies as those described above may support the implementation of psychological interventions in order to reduce, for instance, maternal distress and maladaptive reactions or to promote awareness among healthcare professionals on the importance of involving parents in the care and preserving their role.

THE CIRCLE OF SECURITY INTERVENTION: A MODEL OF PREVENTION AND INTERVENTION WITH PARENTS OF CHILDREN WITH SEVERE PROBLEMS**Pazzagli Chiara (1), Cavallina Clarissa (1), Radi Giulia (1)**

(1) Department of Humanities, Social Sciences, Humanities and Education - University of Perugia

Parents who are sensitive and comforting when the child makes bid for comfort will have children who continue to seek out the parents when distressed. There are many factors, personal and interpersonal, as well as a host of environmental circumstances, that may make it difficult for the caregivers to respond to the infant in a sensitive and emotionally responsive fashion.

Since a secure parent-child attachment relationship is associated with positive developmental outcomes and has been found to be a protective factor in the face of adversity, attachment based interventions have been applied with parents of children at risk or suffering from severe problems in order to enhance parents' affective experiences and feelings toward their children.

Aims of the presentation are to introduce the Circle of Security (COS) intervention (Powell, Cooper, Hoffman, Marvin, 20014), an attachment-based program for parents, to illustrate its application and effectiveness with parents of children with externalizing and internalizing problems, as well as with at risk families. The COS is directly derived from attachment theory and research, and is based on three therapeutic tasks: parent's internal working models (IWMs), parenting behaviors, and the intervention process as an engine of therapeutic change (Berlin *et al.*, 2008). Its application with high adversity samples is aimed to enhance the parent-child relationship by addressing both behavior (parents' sensitivity and behavioral responsiveness to child's needs) and representation (parents' perceptions of themselves and the child and/or parent mentalizing capacity). Special attention will be paid to studies concerning its application with parents of children with severe problems.

B3**THE PROCESS OF BECOMING PARENTS: TRANSITION FROM COUPLE TO FAMILY****Proposer: Cataudella Stefania (1)**

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

Discussant: Monti Fiorella (2)

(2) Department of Psychology, University of Bologna, Italy

The process of becoming a parent involves profound changes and love is essential to the survival of the baby (Seimyr et al., 2009). In the past years, the relationship between a parent and his/her child has increasingly been recognised to start developing before the baby is born (Alhusen, 2008).

During pregnancy, both parents normally develop an increasingly elaborate internal representation of the foetus that is a mixture of fantasy and reality. Developing an attachment for one's unborn child is considered an important milestone in the future parents' developmental trajectory (Kunkel & Doan, 2003; Van den Berg & Simons, 2009). Many studies have documented the importance of prenatal factors in predicting future family functioning, such as the quality of the marital relationship, parental prenatal attachment, age of parents-to-be, parity, high-risk pregnancy, number of existing children, educational levels, expectations about coparenting (Bürgin & von Klitzing, 1995; Katz & Gottman, 1996; McHale, 2007; Ustunsoz et al., 2010). During the process of becoming parents, men and women experience qualitatively different psychological changes. The transition to parenthood seems to act as an amplifier, tuning couples in to the resources they have, and turning up the volume on their existing difficulties in managing their lives and family relationships (Cowan & Cowan, 2000). These findings highlight the importance of the prenatal period to both the child's development and the family's future functioning. The strong transformations that pregnancy and parenting require can be even more challenging into complex situations such as preterm birth and medically assisted reproduction. The three studies composing this panel aims to identify risk and protective factors in the transitioning to parenthood, considering the couple as the unit of analysis, but also highlighting the elements that differentiate men and women during this phase of the life cycle.

MOTHERS AND FATHERS WAITING FOR A CHILD: SIMILARITIES AND DIFFERENCES IN THE DEVELOPMENT OF PATERNAL AND MATERNAL PRENATAL ATTACHMENT**Cataudella Stefania (1), Lampis Jessica (1), Busonera Alessandra (2)**

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

Prenatal attachment is a process in which expecting parents gradually invest emotionally on the fetus. Knowing the factors that facilitate and hinder this process is important, since it affects the quality of the subsequent parent-child relationship (Maas et al., 2012). This study 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). 94 couples (16-37 gestational weeks) participated in the study. The mean age was 34.67 years (SD=4.49) for women, 37.04 years (SD=5.15) for men. At the last trimester of pregnancy, each partner completed a battery comprising 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). Expecting mothers had levels of prenatal attachment significantly higher compared to their partners ($t=-5.02$, $df=181$, $p<.001$). Both MFA and PFA correlated negatively with age of expecting parents ($r=-.29$, $r=-.32$, $p<.01$, respectively). MFA increased with cohesion in couple's relationship ($r=.29$, $p=.01$) and social support ($r=.32$, $p<.001$). PFA positively correlated with memories of paternal care ($r=.23$, $p<.05$), Consensus ($r=.23$, $p<.05$), Satisfaction ($r=.23$; $p<.05$) and Cohesion ($r=.32$, $p<.001$) and with overall dyadic adjustment ($r=.31$, $p<.001$). PFA decreased with increasing attachment-related avoidance ($r=-.23$, $p<.05$). Regression analyses revealed that age ($\beta=-.23$, $p<.05$) and perceived social support ($\beta=.29$, $p<.05$) were significant predictors of MFA, while age ($\beta=-.28$, $p<.05$) and dyadic adjustment ($\beta=.26$, $p<.05$) were significant predictors of PFA. Healthcare professionals should take into account the similarities and differences between men and women in the transition to parenthood, if they want to act preventively for the well-being of the family system as a whole.

THE QUALITY OF EARLY INTERACTIONS IN PRETERM INFANTS' MOTHERS AND FATHERS : THE INFLUENCE OF BIRTH WEIGHT**Neri Erica (1), Polizzi Concetta (2), Perricone Giovanna (2), Biasini Augusto (3)**

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(2) Department of Psychology, University of Palermo, Italy

(3) Paediatric & Neonatal Intensive Care Unit, Bufalini Hospital, Cesena, Italy

Preterm birth may impair the quality of early parent-infant interactions. While the literature focused on mothers, paternal interactive behaviors have not been adequately investigated until now. The main aim of the study was to deepen the role of parent's gender on the quality of early parent-preterm infant interactions, also considering the effect of severity of prematurity based on infant birth weight. 92 preterms' parents (54 mothers and 38 fathers) and their babies were recruited. According to infant birth weight, 69 dyads were included into Very Low Birth Weight (VLBW) and 23 into Extremely Low Birth Weight (ELBW) group. At 3 months of infant corrected age, 4 minutes of play interaction were recorded and coded by Child-Adult Relationship Experimental Index. Analyses showed that mother- and father-interactions were overall adequate, with no significant differences on parental sensitivity and infant cooperative scores. However, in case of non sensitive behaviors, significant differences between parents were found, with higher maternal control and higher paternal unresponsiveness. When infant scales were considered, high levels of passivity during the interactions with fathers compared the ones with mothers emerged. Nevertheless, compliant and passive scales mean scores did not differ between groups.

Finally, the analyses failed to find a significant effect on interactive patterns according to severity of birth weight nor to the interaction between parent gender and severity of birth weight. The study suggest that preterm birth could have a strong influence on parenting style, where the need to respond to a vulnerable baby leads mothers to enhance the stimulations to infants and fathers to decrease them. Moreover, the effect of prematurity seem to be no significant when parent gender is considered. Further investigation will help to better understand the relation between parent gender, birth weight and quality of interactions.

EMOTION DYSREGULATION AND MINDFULNESS ROLE IN COPING STRATEGIES OF INFERTILE MEN AND WOMEN**Petrocchi Chiara (1), Velotti Patrizia (2)**

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(2) Department of Education, University of Genoa

Medical assisted procreation is an emotional and physical affliction for the infertile couples, which may negatively influence the treatment outcome. Literature have addressed the psychological impact of the infertility evidencing couples able to adjust to infertility and others with problematic emotional responses. It is noteworthy that ability to manage emotion facets could have an impact in the way that couples deal with the demands of medical treatment. This study aims to investigate the relationship between emotion dysregulation, mindfulness and coping strategies in infertile people undergoing the Assisted Reproductive Technology, considering also differences between men and women. The sample consists in 49 infertile men and 52 infertile women. Participants completed following self-report: 1. Difficulties in Emotion Regulation Scale; 2. Five Facet Mindfulness Questionnaire; 3. Coping Orientation to Problems Experienced. The research procedures have been approved by the Ethics Committee of the Department of Dynamic and Clinical Psychology of Sapienza. Descriptive analysis showed some differences between men and women regarding coping strategies where women use more than men social support and transcendence. Also, analysis evidence that both mindfulness and emotion dysregulation are related to coping strategies. Specifically, awareness is negative related to social support ($\beta=-.363$) explaining overall 21% of total variance; total emotion dysregulation is related both to avoidance ($\beta=.028$), explaining 15% of variance, and to focus problem explaining 28% of variance. The relationship between mindfulness and coping strategies was different in women where it explaining 29% of total variance. These results represent a psychological perspective to design a support intervention for infertile people, for promotion of coping strategies to stress management, through intervention based on mindfulness and emotion regulation.

THE CONJUNCT ROLE OF SOCIAL, PERSONALITY AND CLINICAL FACTORS IN PREDICTING HOMONEGATIVITY

Falgares Giorgio (1), Lino Alessia (1) Carrara Giulia (1), De Santis Sandro (1), Kopala-Sibley Daniel (2)

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Homonegativity (HN) refers to negative attitudes towards homosexuality, lesbians, and gay men. Few studies have investigated HN by combining the psychosocial and “clinical” factors, such as authoritarianism and neuroticism, with which it is associated. Past research indicates that personality traits (Lingiardi et al., 2016), as well as experiences of authoritarianism (Altemeyer, 1998), render individuals prone to the development of HN. Conversely, past findings concerning attachment styles have been more controversial. It was found that psychoticism (Ciocca et al., 2015)

and pathological intolerance (Guindon, Green, & Hanna, 2003) render individuals more vulnerable to HN. A total sample of 397 participants was recruited (females = 35%; $M_{age} = 43.2$; $SD = 14.3$). Two subgroups, one a student sample ($N = 306$) and the other policemen ($N = 91$), and five self-report measures were administered: Modern Homophobia Scale (Raja & Stokes, 1998; Lingiardi et al., 2016); Symptom Check List-90-R (Derogatis, 1992); NEO Five-Factor Inventory (Costa & McCrae, 1985); Attachment Style Questionnaire (Feeney, Noller, & Hanrahan, 1994; Fossati et al., 2003); Right-Wing Authoritarianism Scale (Altemeyer, 1996). Simultaneous multiple regression analysis was used to test the possible impact of the above-mentioned psychological aspects and of gender on levels of HN. It was found that in the policemen sample the levels of HN and authoritarianism were significantly higher (respectively, $t = 4.92, p < .001$; $t = 5.36, p < .001$). Collapsing across both samples, major predictors of HN were authoritarianism ($B = 8.56, p < .001$) and psychoticism ($B = 5.48, p < .05$), especially in males. Neuroticism and authoritarianism also mediated the link between attachment style and HN. These findings suggest the importance of examining the personality, psychosocial, and clinical factors as potential predictors of HN.

B3**ATTITUDES TOWARD HOMOSEXUALITY: TOWARD A COMPREHENSIVE UNDERSTANDING****Proposer: Lingiardi Vittorio (1)****Discussant: Speranza Anna Maria (1)**

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

A comprehensive understanding of attitudes towards homosexuality in general populations is the first step to develop and implement effective interventions against homophobia. Since the process of depathologization of homosexuality began during the mid 20th century, studies about etiology of homosexuality have been replaced by studies about sexual prejudice and minority stress (Lingiardi, Nardelli, & Drescher, 2015). Unfortunately, in Italy there has been a delay in studying these topics because scientific research concerning sexual minorities have long been neglected, even though homonegativity in Italy is still a problem that need to be addressed (Lingiardi et al., 2016). The aim of the present symposium is to contribute to bridge this gap toward a comprehensive understanding of social and institutional homophobia. The first contribution (Rollè, Gerino, Caldarera, & Brustia) examines the attitudes of male and female students toward same-sex marriage and lesbian and gay parenting. The second contribution (Falgares, Lino, Carrara, De Santis, & Kopala-Sibley) investigates the role of personality, psychosocial and clinical factors in the prediction of antigay attitudes. The third contribution (Nardelli, Nappa, Ioverno, & Baiocco) concerns the importance to understand and address the homophobic name-calling to improve the school climate against homophobic bullying. Finally, the panel includes a space for debate focused on national and international studies on sexual minorities, above and beyond the state of art, as potential predictors of HN.

HOMOPHOBIC NAME-CALLING AMONG SECONDARY SCHOOL STUDENTS: UNDERSTANDING IT TO PREVENT IT**Nardelli Nicola (1), Nappa Maria Rosaria (2), Ioverno Salvatore (1), Baiocco Roberto (2)**

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(2) Department of Social and Developmental Psychology, Sapienza University of Rome

As a form of bullying behavior, homophobic name-calling (HNC) is quite common in schools. Several studies found that victims of HNC reported greatest risks for several mental health problems. Therefore, understanding predictors of HNC perpetration is an important first step to prevent it. For this study, 311 students from 10 secondary schools in Rome were recruited through the participation to the city-based anti-homophobic bullying project “Iecosecambiano@roma-2”. Participants indicated how often they use HNC (0 = never, 4 = more than once per week) and, through a series of scales, could report their attitudes toward gay men and lesbians, how often they hear homophobic language at school and see teachers behaving in a way considered stigmatizing. A zero-inflated binomial regression was used to simultaneously estimate variables associated to absence/presence and frequency of HNC. The incidence-rate ratios (IRR) were used to interpret findings. Results show that the effects of negative attitudes toward gay men (IRR = .27, $p = .027$) and hearing homophobic language at school (IRR = .48, $p = .006$) were significantly associated with presence of HNC. Male gender (IRR = 2.36, $p = .019$) and witnessing teachers’ stigmatizing behaviors (IRR = 1.29, $p = .018$) were significantly associated with higher frequency of HNC whereas negative attitudes toward gay men (IRR = 1.05, $p = .234$) and hearing homophobic language (IRR = 1.19, $p = .995$) were not significant. Findings show that HNC is closely related to homophobia and rooted in masculinity and the school climate has an important role both in presence/absence and frequency of HNC behaviors. On the one hand, homophobic language at school divides line between presence and absence of HNC. On the other hand, teachers’ stigmatizing behaviors represents a risk factor increasing the frequency of HNC behaviors, perhaps because they make it acceptable and licit. The implications for future research and interventions will be discussed.

ATTITUDES TOWARDS HOMOSEXUALITY, SAME SEX MARRIAGE AND ADOPTION

Rollè Luca (1), Caldarera Angela Maria (1), Gerino Eva (1)

(1)Department of Psychology, University of Turin

Since our intrauterine life, we have been taught we “should” play with robots or dolls and that male and female have different normative roles in the society. All these issues are related to heteronormativity, sexism and stereotypes that unwittingly we interiorize from our early years. Thus sexism needs to be understood in relation to heteronormativity and heterosexism (Pharr, 1997). The aim of this study is to explore the knowledge and attitudes toward homosexuality (L and G), the level of sexism, and the opinion about the adoption and gay marriage in a group of Italian students. 1091 Italian heterosexual students (26% male and 74% female) with a mean age of 23.66 (SD= 4.11), filled-in, upon informed consent, a questionnaire including a sociodemographic data-sheet, the Ambivalent Sexism Inventory (Glick, Fiske, 2000), the ATGL-R Scale (Herek, 1994) and some

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

By Tambelli Renata & Trentini Cristina

questions on the level of knowledge on homosexuality. Men show higher mean scores than women in the subscales *Hostile Sexism* ($t= 8.067; p< .001$) and *Attitudes Towards Gay Men* (ATG-G; $t= 4.972; p< .001$). They also reported a lower level of knowledge about LG issues ($t= -3.324; p< .01$) and LG marriage ($t= -2.322; p< .05$). Statistics didn't confirm any significant difference between men and women in attitudes toward lesbians and adoption. A negative correlation was found between ATG scores and level of favorableness toward (1) LG marriage (ATG-L: $r= -.461, p< .001$; ATG-G: $r= -.468, p< .001$) and (2) LG adoption (ATG-L: $r= -.337, p< .001$; ATG-G: $r= -.451, p< .001$). Significant differences were shown in opinion on LG marriage ($F= 19.257; p< .001$) and adoption ($F= 20.539; p< .001$) as a function of political orientation, as well as in groups with different levels of knowledge on LG. The differences found in relation to some variables related to attitudes towards homosexuality and not to others show heterosexism is a many-faceted construct that needs a complex understanding.

B3**A PILOT STUDY ON DEVELOPMENTAL TRAJECTORIES OF EARLY SOCIAL COMMUNICATION EXPLORING FUNCTIONAL AND “AT RISK” MOTHER-CHILD INTERACTIONS IN EXTRA-DYADIC INTERACTIONS WITH A NEW SOCIAL PARTNER.****Fadda Roberta (1), Lucarelli Loredana (1)****(1) Department of Pedagogy, Psychology, Philosophy, University of Cagliari**

Mother-child interactions during feeding and play are pivotal experiences in early development (Biringen, 2000; Stern, 1995). During the first years of life, infants develop cognitive and social skills that allow them to interact with new social partners. This understanding is enhanced through the relationship with the mother. However, the relations between mother-child interaction and infants' social skills in extra-dyadic interactions are still unknown. We investigated longitudinally the relations between mother-child interaction and child's communicative abilities in extra-dyadic interactions. 20 dyads were observed at T1 (children age: 9-10 months) and at T2 (children age: 12-15 months). The interdyadic differences in mother-infant interaction were evaluated with the “Feeding and Play Scales” (Chatoor et al., 2016; Lucarelli et al., 2002) and the socio-communicative abilities of children with a new social partner with the “Early Social Communication Scales” (Mundy et al., 2003). We also considered the correlation between these measures and mothers' scores in anxiety and depression. 27% of the dyads that showed a functional interaction at T1 (high dyadic reciprocity, low dyadic conflict) showed an interactional dysfunction at T2 (lower dyadic reciprocity, higher dyadic conflict). 44% of the dyads showing a dysfunctional interaction at T1 showed a functional interaction at T2. At T1, infants belonging to dyads with interactional dysfunction were significantly lower in Responding to Joint Attention in interaction with a new social partner, compared to the infants belonging to dyads with functional interaction. At T2 these results were confirmed. Our findings indicate a stable relation between mother-child interaction and child's social communicative skills in extra-dyadic interactions. These results will be discussed also considering the correlations with mothers' levels of anxiety and depression. This research was supported by PRIN 2013/2016 - 20107JZAF4 (MIUR).

MATERNAL PERINATAL DEPRESSION, ANXIETY AND PARENTING STRESS IN MOTHER-INFANT EMOTION REGULATION AT 3 MONTHS**Riva Crugnola Cristina (1), Ferro Valentino (1), Ierardi Elena (1), Parodi Cinzia (2), Mennella Valeria (3)**

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(2) Department of Mental Health and Addictions, ASL2 Savona, Italy

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The research was supported by grants from PRIN 2013/2016-20107JZAF4, Italian Ministry for Education, University and Research (MIUR). While the association between anxiety and post-partum depression is well-known, few studies have investigated the relationship between these two states and parenting stress. Furthermore, a number of studies have found that post-partum depression affects mother-infant emotion regulation but there have been few studies concerning anxiety and parenting stress and emotion regulation. Therefore, the primary aim of our study is to identify, in a community sample of 71 mothers, the relationship between maternal depression, anxiety and parenting stress. The second aim is to examine the relationship between anxiety, post-partum depression and parenting stress and mother-infant emotion regulation assessed at 3 months. Mother-infant interaction was coded with a modified version of the ICEP using a micro-analytic approach; EPDS; STAI and PSI-SF were administered to the mothers to assess respectively depression, anxiety and parenting stress. Analysis revealed correlations between anxiety and depression, showing that parenting stress is associated with both states. Depression was also correlated with negative dyadic matches and infant positive/mother negative mismatches, while anxiety was correlated both with negative maternal states and with infant negative states, as well as mismatches involving one of the partners having a negative state. Multiple regression analysis showed that anxiety is a greater predictor than depression and parenting stress of less adequate styles of mother-infant emotion regulation. The correlations found between anxiety, depression and parenting stress show the presence in the post-partum period of a complex state of discomfort which looks more articulated than of individual anxiety and depression. Another key result is that anxiety is a greater predictor than depression on less adequate methods of emotion regulation.

FRAIL MOTHERS: EMOTIONAL EXPRESSIONS DURING MOTHER-CHILD INTERACTIONS**Tambelli Renata (1), Trovato Annamaria (1), Volpi Barbara (1), Trentini Cristina (1), D'Onofrio Ester (1), Odorisio Flaminia (1)**

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

Maternal psychopathology during pregnancy significantly affects mother-child relationship as well as child's emotional development. Depression jeopardizes mothers' ability to read and adequately respond to their child's affective cues: these maternal difficulties impair child's affect regulation strategies, leading to various psychopathological disorders with long-term consequences. Recent studies have also evidenced that anxious mothers show a low ability in regulating dyadic behaviors during interactions and a low tolerance toward the child's requests for reassurance. The association between perinatal maternal depression and anxiety has been extensively studied. Nevertheless, to date, few studies have investigated the similarities as well as differences between interactive styles of depressed and anxious mothers, exploring the possible relations with parental stress and temperament in child. Three groups of mothers, with children aged between 6 and 9 months, have been recruited during a prenatal screening, using the Edinburgh Postnatal **Depression** Scale (**EPDS**) and the State-Trait Anxiety Inventory (STAI): a group at risk for depression (N=20; EPDS \geq 9), a group at risk for anxiety (N=20; STAI \geq 40), a group without psychopathological symptoms (N=20; EPDS<9, STAI<40). Mother-child interactions were videotaped and coded using the Emotional Availability Scales (EAS). Furthermore, Parenting Stress Index-short form (PSI-sf) and **Infant Behavior Questionnaire-Revised** (IBQ-R) were administered to study parental stress and child temperament, respectively. Analyses revealed interesting differences in interactive styles among the 3 groups of mothers on maternal emotional availability. In addition, significant correlations were found between EAS, PSI-sf and IBQ-R scores. These preliminary results confirm the role of psychopathological risk on the quality of mother-child relationship, and contribute in describing the association between parental stress and child temperament traits.

B3**DISSOCIATION AS A CLINICAL AND EMPIRICAL CONSTRUCT****Proposer: Schimmenti Adriano (1)**

(1) Faculty of Human and Social Sciences, Kore University of Enna

Discussant: Caretti Vincenzo (2)

(2) Faculty of Human Sciences, Free University of Maria Santissima Assunta in Rome

Dissociation involves a disruption of and/or a discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behavior. As a psychobiological mechanism, dissociation is already available in early stages of development, and it allows individuals to protect themselves from distressful and overwhelming stimuli. However, when dissociation is relied upon as a person's primary response to stress, it becomes pathological and it can generate severe symptoms such as amnesia, depersonalization, derealization, identity alteration, and identity confusion. The symposium will discuss the actual scientific evidence concerning the overly activated dissociative processes, their origins, characteristics, and clinical outcomes. Schimmenti will compare two competing models of dissociation (the trauma model and the fantasy model), and will illustrate the superiority of the trauma model for the assessment and treatment of dissociation. Farina will show that early relational trauma negatively affect the integrative functions of the mind and their contents, and will propose that dissociation can be conceived as a disintegrative process that involves the higher-level integrative functions of the mind. Palmieri and colleagues will discuss two clinical cases, in which patients' and therapist's physiological measures were collected during each session, showing evidences that the desynchronization phases between the patient and the therapist were often linked to dissociative processes, usually associated to the patients' narratives of their core relational trauma.

**DISSOCIATION AS DISINTEGRATION OF HIGH ORDER MENTAL FUNCTIONS.
CLINICAL AND NEUROSCIENTIFIC EVIDENCE FOR ONE OF THE MAIN
PATHOGENIC PROCESSES OF EARLY RELATIONAL TRAUMA****Farina Benedetto (1)**

(1) Department of Human Sciences, European University of Rome

According to the concept of *désagrégation* introduced by Pierre Janet and developed by Harry Stack Sullivan and Henri Ey in the past century, dissociation can be viewed as a disorder of the integrative capacity leading to mental fragmentation over several levels: from a deficit in the field of consciousness to an impairment of the very unity of the subject's personality. Contrary to the defensive hypothesis postulated by Freud, dissociation implied a disconnection of the normally overlapping and integrated functional levels of mental functions and their contents induced by chronic stress, violent emotions and contradictory experiences caused by early relational trauma. A review of some clinical and neuroscientific studies will be presented to compare these two models of dissociation. A growing amount of clinical and neuroscientific evidence demonstrates that early relational trauma negatively affect integrative mental functions and their contents, by hampering the development of the hardwired brain networks on which they are based, by hindering their dynamic operation and by facing contradictory experiences. The consequences of this disintegration have two main manifestations: on the one hand, the absence of integrative function leading to typical dissociative symptoms such as depersonalization, or more subtle experiences of loss in the sense of self-unity (e.g., the painful incoherence of borderline patients), mentalization and the capacity for coherent autobiographic narratives; on the other hand the uncontrolled surfacing of the previously integrated lower functions such as involuntary surfacing of a traumatic memory or sudden loss of affect control. According to the theories originating from Janet, dissociation phenomena can be conceived as the results of a disintegrative process on high integrative mental functions, typically altered in developmental trauma patients. Therapeutic implications of these results will be discussed.

Keywords: dissociation, early relational trauma, mental disintegration

DISSOCIATION AND INTERPERSONAL AUTONOMIC PHYSIOLOGY IN PSYCHOTHERAPY RESEARCH: AN INTEGRATIVE VIEW ENCOMPASSING PSYCHODYNAMIC AND NEUROSCIENCE THEORETICAL FRAMEWORKS**Palmieri Arianna (1,2), Kleinbub Johann Roland (1), Pick Emanuele (1), Benelli Enrico (1)**

(1) Department of Philosophy, Sociology, Education and Applied Psychology, University of Padova

(2) Cognitive Neuroscience Center, University of Padova

Interpersonal autonomic physiology is an interdisciplinary research field, assessing the relational interdependence of two (or more) interacting individual both at the behavioral and psychophysiological levels. Despite its quite long tradition, only eight studies since 1955 have focused on the interaction of psychotherapy dyads, and none of them have focused on the shared processual level, assessing dynamic phenomena such as dissociation. We longitudinally observed two brief psychodynamic psychotherapies, entirely audio and video-recorded (16 sessions, weekly frequency, 45 min.). Autonomic nervous system measures were continuously collected during each session. Personality, empathy, dissociative features and clinical progress measures were collected prior and post therapy, and after each clinical session. Two-independent judges, trained psychotherapist, codified the interactions' micro-processes. Time-series based analyses were performed to assess interpersonal synchronization and de-synchronization in patient's and therapist's physiological activity. Psychophysiological synchrony revealed a clear association with empathic attunement, while desynchronization phases (range of length 30-150 sec.) showed a linkage with dissociative processes, usually associated to the patient's narrative core relational trauma. Our findings are discussed under the perspective of psychodynamic models of Stern ("present moment"), Sander, Beebe and Lachmann (dyad system model of interaction), Lanius (Trauma model), and the neuroscientific frameworks proposed by Thayer (neurovisceral integration model), and Porges (polyvagal theory). The collected data allows to attempt an integration of these theoretical approaches under the light of Complex Dynamic Systems. The rich theoretical work and the encouraging clinical results might represents a new fascinating frontier of research in psychotherapy.

Keywords: Psychotherapy, microprocesses, Interpersonal Autonomic Physiology, dissociation

DOES THE PAST SHAPE THE PRESENT, OR DOES DISSOCIATION SHAPE THE PAST? A COMPARISON BETWEEN THE TRAUMA MODEL AND THE FANTASY MODEL OF DISSOCIATION, AND FIVE REASONS TO ENDORSE THE TRAUMA MODEL**Schimmenti Adriano (1)**

(1) Faculty of Human and Social Sciences, Kore University of Enna

In the last 20 years, many researchers and clinicians have been involved into a fierce debate on dissociation and dissociative disorders. Such debate concerns the very origins of dissociative disorders, especially dissociative identity disorder. Trauma model (TM) theorists endorse the view that dissociative disorders have their roots in traumatic experiences, while a competing fantasy or socio-cognitive model (SCM) conceives dissociation as a personality trait involving a weak sense of self and high suggestibility. A review of the available literature on the validity, assessment, and treatment of dissociation and dissociative disorders has been performed to compare these two models of dissociation. The construct of dissociation proposed by TM theorists shows more than adequate content validity (consistent patterns of symptoms involved in dissociative disorders), criterion validity (high inter-rater reliability between clinicians), and construct validity (psychological and neurobiological findings supporting the predictions of TM theory). Longitudinal and cross-sectional findings support the view that dissociation is trauma-related and neglect-related. Treatment studies show that TM treatment is effective for dissociative disorders, while there is a total lack of treatment studies based on the SCM. TM theory showed adequate empirical support, whereas SCM theory showed limited empirical support. Therefore, people who show high levels of dissociation will likely benefit from trauma-informed treatment, rather than from other interventions that minimize the role of trauma in the onset and maintenance of dissociative symptoms.

Keywords: dissociation, trauma, validity, treatment

B4**WHEN THE BODY FEELS THE PINCH. SOMATIZATIONS OF TRAUMA****Proposers: Cavanna Donatella (1), Baldoni Franco (2)**

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Psychological trauma is configured as a set of experiences of which it is difficult to make sense. Exposure to hazardous conditions, however, does not necessarily imply a traumatic evolution. Psychological trauma is manifested when the situation cannot be addressed in such a way as to give a meaning to the event and maintain the danger under control. This may occur during a specific, sudden and intense episode, or, cumulatively, as a result of daily and constant experiences. The trauma affects the sense of self, as well as the sense that each of us gives to our existence. This semantic assignment process engages human beings for life and is different in childhood, adolescence and adulthood. The trauma can therefore be considered as a meeting between a demanding event, sometimes painful, and a mind, that has different possibilities to process it. It constitutes one of the most potent activators of emotions, and the body reacts as a sounding board. Research has amply demonstrated the physical consequences of traumatic experiences: abnormal illness behaviors (hypochondria, somatization disorders, functional syndromes), cardiovascular, metabolic or endocrine diseases, cancer and early death. In the past, in a psychoanalytic perspective, the bodily responses to trauma have been studied primarily as a symbolic expression of emotions and fantasies excluded from the mind, as in the case of hysterical conversion symptoms. Today, studies on attachment and mentalization, polyvagal theory and recent neuroscientific acquisitions have profoundly changed the understanding of the mechanisms that govern the emotion-body connection. We know that the chaotic emotional states resulting from trauma involve a dysregulation of emotions and arousal, with a somatoform dissociation which makes the individual more vulnerable to the effects of any subsequent dis-integrative trauma. The symposium will address these issues through theoretical reflections and presenting research data.

PSYCHOLOGICAL TRAUMA AND SOMATIZATION PROCESSES: A COMPLEX RELATIONSHIP**Baldoni Franco (1)**

(1) Department of Psychology, University of Bologna

The mentalizing processes allow a psychological representation and control of emotions (including related somatic states) and are fundamental for psycho-physiological regulation and for stress management. In all the life difficulties which may interfere with individual development assuming a traumatic value (illness, losses, family conflicts, splitting and divorces, neglect, abuses, dangerous physical experiences, social exclusion, serious economic problems) reflective functions tend to be impaired. In these cases, the representation of the individual self tends to be only somatic and the physiological reaction to stress is out of control. Research has shown that in these individuals somatic symptoms and abnormal illness behavior (hypochondriacal concerns, somatization disorders, functional medical syndromes) can appear, as well as an increased susceptibility to physical or mental illnesses. From the psychological point of view, in fact, these conditions are often characterized by a lack of impulse control (violent or aggressive behavior, panic attacks, fugues, antisocial behavior) or dissociative disorders (amnesia, fugues, depersonalization), expressions of an attempt to protect against traumatic consequences of mental tension. Moreover, subjects with reflexive difficulties tend to manifest compulsive and increasingly extreme behavior (smoking, drinking, taking drugs, eating too much or too little, driving too fast, extreme sports or sexual activities, gambling, excessive use of chat, video games and internet) in an attempt to regulate and control the disturbing emotions in a non-psychological way. The tendency to use these "external regulators of emotions" involves a greater vulnerability to psychic and somatic effects of traumatic experiences and is a feature of many medical illnesses and psychiatric disorders, particularly borderline personality disorders, eating disorder and addictions.

CHILDREN WITH SOMATIC SYMPTOM DISORDERS: WHEN ADAPTIVE STRATEGY "JAMMED"**Bizzi Fabiola (1), Cavanna Donatella (1), Sciarretta Lucia (2)**

(1) Department of Educational Sciences, University of Genoa, Italy

(2) Child Neurology and Psychiatry, G. Gaslini Institute, Genoa, Italy

Somatic Symptom Disorders (SSD) are characterized by multiple and variable physical symptoms

without demonstrable pathophysiological processes. Literature has investigated the role of several psychological variables in SSD, but not in developmental age. The aim of this study is to evaluate the attachment models, to test emotional regulation and post-traumatic symptoms in a sample of young patients with SSD. 56 Italian patients aged from 8 to 15, previously diagnosed with SSD, were compared to 56 healthy control subjects. We administered a battery of tools: *Child Attachment Interview* (CAI; Shmueli-Goetz *et al.*, 2008), *Emotional Regulation Questionnaire for Children and Adolescents* (ERQ-CA; Gross and John 2003) and *Trauma Symptom Checklist for Children* (TSCC-A; Briere, 1996). More than 85% of Insecure attachment was present in SSD and Disorganization was highly over-represented (over 40%). Moreover, low levels of Reappraisal Cognitive and Post-Traumatic Symptoms were found in SSD. These findings support the utility to further investigate the emotional functioning, such as disorganization aspects, surrounding the SSD in children and adolescents. The clinical implications for future research directions are discussed.

THE ROLE OF THE SOMATOFORM DISSOCIATION IN TRAUMATIC DISORDERS

Craparo Giuseppe (1), Fasciano Silvia (1), Costanzo Giulia (1)

(1) Faculty of Human and Social Sciences, Kore University of Enna

In the contemporary psychotraumatology, the janetian construct of dissociation is important in order to understand psychopathological mechanisms of various traumatic disorders (e.g. addictions, eating disorders, DID, PTSD, etc.). For several authors, these disorders are characterized by a specific type of dissociation, called somatoform dissociation. In according to Ellert Nijenhuis (2000), somatoform dissociation describes the existence of a lack of integration of somatoform experiences, reactions, and functions. Our aim is to understand the role of the somatoform dissociation in various traumatic disorders. An updated review of the literature on the relationship between somatoform dissociation and traumatic disorders. Our review shows that somatoform dissociative symptoms are highly characteristic of patients with a specific traumatic psychopathology. From our review results necessary to consider implications of somatoform dissociation for clinical work with patients with a traumatic disorder.

BETWEEN NATURE AND CULTURE: ATTACHMENT, NEUROBIOLOGY OF EARLY RELATIONAL TRAUMA, AND PSYCHOPATHOLOGY**Mucci Clara (1)****(1) DISPUTer, University of Chieti, G. D'Annunzio.**

Research on Adverse Childhood Conditions (ACE) (Felitti and Anda, 1997) has shown that the correlation between levels of traumatization (psychological, physical and sexual) and levels of dysfunction in the family are determining factors in the development of various psychological as well as physical disorders. The neurobiology of attachment (Schoore 2012, van IJzendoorn, 2015) has explained how extreme levels of stress in the child (because of early relational trauma, abuse, maltreatment and severe neglect) influence the development of dysfunctions in the brain, from lack of control at the cortical levels to cellular death in the limbic areas and in particular in the amigdala (Schoore 2016), resulting, in the presence of specific vulnerability, in personality disorders, lack of empathy and anti-social behavior, or alexithymia, somatic illness and alcohol and substance abuse.

Through two cases presenting stories of abuse we will show how affect regulation in psychotherapy works in the process of elaborating traumatic memories, through the use of implicit memory, enactments and "working at the borders of regulatory systems", as Schoore highlights. The process of the "unthought known", in Bollas's terms, contributing to the inner mechanisms of somatization, together with the so-called "unrepressed unconscious" material (Mancia 2006) from which dissociated parts in the personality of the patient stem and foster an internal victim-persecutor identification will be analysed and shown in action through enactments and moments of reparation and rupture in the treatment. Working in this way with the traumatized patients of these relational traumata enables us to interrupt an intergenerational cycle of violence, illness and destructiveness for the individual and society.

ARE PATHOLOGICAL NARCISSISM AND PSYCHOPATHY DIFFERENT POINTS ON THE SAME CONTINUUM OR DIFFERENT NAMES FOR THE SAME THING? THE ROLE OF THE MORAL DISENGAGEMENT

Serena Borroni

Università Vita-salute San Raffaele

B4

ARE PATHOLOGICAL NARCISSISM AND PSYCHOPATHY DIFFERENT POINTS ON THE SAME CONTINUUM?

To understand the similarities and differences in moral disengagement associated with pathological narcissism and psychopathy, 740 Italian active community members who voluntarily participated in the study were administered the Italian versions of the Pathological Narcissism Inventory, the Levenson

Proposer: Fossati Andrea (1)

(1) LUMSA University, Rome, Italy, and San Raffaele Hospital, Milan, Italy

Self-Report Psychopathy Scale, and the Moral Disengagement Scale. In our sample, moral disengagement significantly predicted both pathological narcissism and psychopathy, and this is largely consistent with Kernberg's (1993) clinical model of the continuity between pathological narcissism and psychopathy. The relationship between pathological narcissism and psychopathy remains a controversial issue. Considering the well-known link between psychopathy and deviant behavior (e.g., Hare, 1991, 2003), and consistent with Kernberg's view that psychopathy is more severe than malignant narcissism, it was not surprising to observe in our sample that moral disengagement showed a stronger association with psychopathy than with pathological narcissism. Moreover, our findings suggest that moral disengagement may also be relevant for understanding pathological narcissism, although narcissistic grandiosity and narcissistic vulnerability showed different associations with moral disengagement. In our study, only narcissistic vulnerability was significantly associated with moral disengagement. The relevance of these topics for assessment of the two constructs in different settings (community dwelling samples, clinical samples and forensic samples), as well as for inferred developmental pathways and clinical management of these conditions will be stressed.

ARE PATHOLOGICAL NARCISSISM AND PSYCHOPATHY DIFFERENT CONSTRUCTS OR DIFFERENT NAMES FOR THE SAME THING? THE ROLE OF THE MORAL DISENGAGEMENT

Borroni Serena (1)

(1) University Vita-salute San Raffaele

To understand the similarities and differences in moral disengagement associated with pathological narcissism and psychopathy, 740 Italian active community members who voluntarily participated in the study were administered the Italian versions of the Pathological Narcissism Inventory, the Levenson Self-Report Psychopathy Scale, and the Moral Disengagement Scale. In our sample, moral disengagement significantly predicted both pathological narcissism and psychopathy, and this is largely consistent with Kernberg's (1993) clinical model of the continuity between pathological

narcissism and psychopathy. Considering the well-known link between psychopathy and deviant behavior (e.g., Hare, 1991, 2003), and consistent with Kernberg's view that psychopathy is more severe than malignant narcissism, it was not surprising to observe in our sample that moral disengagement showed a stronger association with psychopathy than with pathological narcissism. Moreover, our findings suggest that moral disengagement may also be relevant for understanding pathological narcissism, although narcissistic grandiosity and narcissistic vulnerability showed different associations with moral disengagement. In our study, only narcissistic vulnerability was significantly associated with moral disengagement.

THE PERSONALITY INVENTORY FOR DSM-5 (PID-5) AND THE “COVERT NARCISSISM”

Del Corno Franco (1)

(1) University of Valle d'Aosta

The Personality Inventory for DSM-5 (PID-5)- Adult was administered to five patients with the diagnosis (SCID-II) of Narcissistic Personality Disorder, sub-type Depressed/Depleted (following the classification of the Psychodynamic Diagnostic Manual – PDM). In other words, a condition of “covert narcissism”, akin to the Rosenfeld's “thin-skinned narcissist” or to the “shy narcissist” of Cooper and Ronningstam: the sense of entitlement is less evident and they don't appear overtly manipulative and commanding. The Pid-5 Personality Trait Domains Scores were particularly high in the domain of Antagonism, mainly in reference to the Facets of Manipulativeness and Grandiosity, as well as to the Facets of Hostility and Suspiciousness: features in some way attributable to a psychopathic attitude in interpersonal relations, generally absent in the narrative of their lives and behaviors. In a qualitative research about the psychotherapeutic treatment of these patients conducted with the Change Interview by Robert Elliott, both therapists and patients identified the attention payed to these features of personality functioning as a decisive factor of positive change.

HOMICIDE AND SUICIDE IN NARCISISTIC PERSONALITY DISORDER

Ferracuti Stefano (1)

(1) "Sapienza" University of Rome

Homicide in narcissistic personality disorders usually develops with deep rage feelings. Subjects act this kind of aggression in order to avoid very regressive child positions or psychotic features. Sometimes this feeling is expressed in a catatonic way or with a paranoid reaction. The most common feature of homicide observed in forensic setting is expressed with an unnecessary use of violence that can't be classified as sadistic. Very often an amnesia about the episode is claimed by the author of the homicide. This condition is controversial, as is often stated that amnesia for the homicide is instrumental for medico-legal reasons. Amnesia about the homicide often persist even after the sentence. Mortality among homicide offenders is very high, and suicide is prevalent (Linqvist et al. 2007) . We suggest that amnesia about the homicide, especially in incarcerated narcissistic personality disorder, is a defensive mechanism against a possible inward turning of narcissistic rage. Incarceration reduces the possibilities for the offenders to project blame, shame and rage over others, increasing suicide possibilities if memories about the homicide is brought to consciousness.

DIFFERENTIATING NARCISSISM AND PSYCHOPATHY USING EMOTION RECOGNITION AND ACTIVATION TASKS

Somma Antonella (1)

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The Italian translations of the Pathological Narcissism Inventory (PNI) and Triarchic Psychopathy Measure (TriPM) were administered to 609 community dwelling adults. Participants who scored in the upper 10% of the distribution of the PNI total score were assigned to the group of participants at risk for pathological narcissism, whereas participants who scored in the upper 10% of the distribution of the TriPM total score were assigned to the group of participants at risk for psychopathy. The final sample included 126 participants who were administered the Reading the Mind in the Eyes Test (RMET) and emotion-eliciting movie clips. Participants at risk for pathological narcissism scored significantly lower on the RMET total score than participants who were not at risk for pathological narcissism. Participants at risk for psychopathy showed a significant reduction in the subjective experience of disgust, fear, sadness, and tenderness compared to participants who were not at risk for psychopathy.

B4**POST-NATAL ANXIETY/DEPRESSION IN FIRST-TIME MOTHERS AND FATHERS OF FULL-TERM, PRETERM AND TWINS INFANTS: A LONGITUDINAL STUDY ON NEUROBIOLOGICAL PARENTAL RESPONSIVENESS, COUPLE EMOTIONAL WELL-BEING, PARENTING STRESS AND OUTCOMES FOR INFANT TEMPERAMENT****Proposer: Lucarelli Loredana (1)**

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

This Symposium will analyze post-natal anxiety/depression in first-time mothers and fathers of full-term, preterm and twin infants exploring longitudinally, during the first year of the child's life, the neurobiological parental responsiveness, couple emotional wellbeing, parenting stress and outcomes for infant temperament. Different bio-psychological perspectives on parental perinatal depression as risk factor for infant affect regulation were reported by research-units of the project supported by grants from PRIN 2013/2016 - 20107JZAF4- MIUR. The first contribution will explore, using High-density Electroencephalography, both differences and similarities between mothers' and fathers' neural responsiveness to infant emotions while passively viewing facial expressions (joy, distress, ambiguous, and neutral) of unfamiliar children aged between six and twelve months. The second presentation will report data on trajectories of depressive symptoms in mothers and fathers, from the third trimester of pregnancy to one year after childbirth: a *resilience* trajectory, characterized by mental wellbeing over time, a trajectory of moderate, relatively stable depressive symptomatology and a limited group of mothers and fathers with more serious emotional symptoms. The third and fourth presentations will deal with a sample of mothers and fathers of full-term, preterm and twins children exploring the impact of maternal and paternal anxiety/depression and parenting stress on their infant's temperament through the first year of life and the differences in parents' perceptions of their infants' temperament; overall, the results showed that both maternal and paternal levels of depression and anxiety are significantly associated with outcomes for infant temperament. The interplay between biological and environmental factors will be discussed in order to enhance preventive programs that may promote the parental role and the child's health and development.

PARENTING STRESS, ANXIETY, DEPRESSION AND TEMPERAMENT VALUES IN FATHERS AND MOTHER OF TWINS AT 3 AND 12 MONTHS**Brustia Piera (1), Prino Laura Elvira (1), Gerino Eva (1), Ambrosoli Anna (1), Rollè Luca (1)**

(1) Department of Psychology, University of Turin.

Many studies discuss the relation between postpartum depression, anxiety, stress and temperament outcomes in mothers, less in fathers and even less the relation between these 4 factors in parents of twins. If transition to parenthood can be a critical period for a singleton parent, to be a twins parents it's more complex. For this reason, the aim of our contribute is to examine the role of parenting stress, anxiety, postpartum depression and infant temperament concerning parents of twins during the first year of life of the children. Our sample is composed of 39 Mothers (M) and Father (F) at three months after delivery (M mean age 36.6; DS 4.5; range 29-48; F mean age 38.6; DS 5.4; range 29-52). 28 mother and 16 father have an academic title. 38 couples declared to have strongly desired the pregnancy, instead only for one it was unexpected but desired. In 28 couples the pregnancy was the result of a pharmacological treatment or FIVET/ICSI. In terms of postpartum depression, anxiety and parenting stress, significant correlations were found in mothers between depression/anxiety and distress and stronger level of correlation in fathers. The level of depression and anxiety are significantly associated with some scales of the IBQ for fathers (i.e. distress to limitation/EPDS – $r=.468$; STAI-S $r=.646$; STAI-T $r=.496$ $p < 0.01$) instead for mothers only one create a correlation (distress to limitation/EPDS – $r=.414$; STAI-S $r=.437$; STAI-T $r=.467$ $p < 0.05$). Some differences have been underlines between 3 and 12 months in relation to anxiety, depression, parental stress and temperament of the children. The comparison between twins highlighted correlations between IBQ scales (range from .470 and .840). With regard of the parental stress the subscale “difficult child” is the only one that does create a correlation. The results underline the complexity of relations between these 4 factors, particularly in families where new born are twins, and how they effect on children development.

COUPLES TRANSITIONING TO PARENTHOOD: TRAJECTORIES OF EMOTIONAL WELLBEING AND PERINATAL DISEASE**Molgora Sara (1), Fenaroli Valentina (1)**

(1) Department of Psychology, Catholic University of the Sacred Heart, Milan

The scientific literature on perinatal depression has always focused mainly on the correlates and effects of depressive symptoms. While the topic has always been investigated using cross-sectional designs, the few repeated measures analyses that have been published to date are often referred to a brief period, covering only the first few months post-partum. The question about the course of depression remains largely unexplained. If some recent longitudinal research has identified distinct trajectories of *maternal* perinatal depression, no study has investigated the trajectories of *paternal* perinatal depression. Moreover, no research explores the Italian population. The present study aims to analyze the longitudinal trajectories of depressive symptoms in a sample of Italian mothers and fathers, from the third trimester of pregnancy to one year after childbirth. 126 Italian first-time mothers and 126 Italian first-time fathers completed the Edinburgh Postnatal Depression Scale at four time points: 7th-8th month of pregnancy, 40 days, 5-6 months, and 12 months after childbirth. Data were analyzed by means of Latent Growth Mixture Modeling. The analyses allowed to identify different sub-populations within the sample (mothers and fathers, separately) and indicated a three classes model as the optimal solution for both males and females. Specifically, most mothers (50%) and fathers (52%) belong to the *resilience* trajectory, characterized by a stable emotional wellbeing over time. A significant proportion of mothers (44%) and fathers (37%) show moderate, and yet relatively stable, depressive symptoms (*emotional distress* trajectory). Lastly, a small group of mothers (6%) and fathers (11%) develop more serious symptoms over time, with some differences between mothers (*chronic illness*) and fathers (*emerging depression*). The results underline the importance to analyze mothers' and fathers' wellbeing during the transition to parenthood. The clinical implications of these results will be discussed during the congress.

POSTNATAL ANXIETY/DEPRESSION AND PARENTING STRESS IN FIRST-TIME MOTHERS AND FATHERS: RELATIONS WITH FULL-TERM AND PRETERM INFANT'S TEMPERAMENT AT 3 AND 12 MONTHS OF AGE.**Monti Fiorella (1), Agostini Francesca (1), Vismara Laura (2), Sechi Cristina (2)**

(1) Department of Psychology, University of Bologna, Italy

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Temperament refers to individual differences in an infant's expressions of arousal and emotion and describes infant self-regulation, reactivity, and modulation. Preterm infants are generally considered to be more difficult temperamentally than full-term infants; anyway, temperamental characteristics have been poorly investigated across the first postpartum year. Although infant temperament is a biologically based system, changes in temperament over time may influence, or be influenced, by life experiences, such as maternal depression and anxiety. However, few studies have analyzed the early impact of paternal mental health on their infant's development. The present study aims (a) to evaluate the impact of maternal and paternal anxiety/depression and parenting stress on their infant's temperament through the first year of life and (b) to evaluate the differences between full-term and pre-term infants. Based on such goals, at three (T1) and twelve months (T2) postpartum, parents independently responded to the: State-Trait Anxiety Inventory, Edinburgh Postnatal Depression Scale, Parenting Stress Index and Infant Behavior Questionnaire. The sample was composed by 180 parents (mothers' MAge = 37,1, SD = 5,6; fathers' MAge = 39,3, SD = 5,1); 40 children were full-term and 50 pre-term: 20 ELBW (Extremely Low Birth Weight) and 30 VLBW (Very Low Birth Weight). In both samples significant differences emerged between mothers and fathers' perceptions of their infants' temperament. In addition, significant changes in infants' temperament emerged from 3 to 12 months of age. In particular, there were significant correlations between parental anxiety/depression at 3 and 12 months and infant's temperament dimensions of Affectivity/Surgency, Negative Emotionality, and Regulatory Capacity/Orienting. Such results highlight the need to screen maternal and paternal perceptions of their child, in order to enhance their child's health and development and parental role.

Keywords: infant temperament, parents, perinatal symptoms.

DO MOTHERS AND FATHERS RESPOND DIFFERENTLY TO INFANT EMOTIONS? A HDEEG INVESTIGATION

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During the first year of life, the parent-child interaction is exclusively preverbal and is based on the parents' ability to understand their infant's needs and feelings, in order to promote an intersubjective matrix that influences the development of the infant self. The degree of parental responsiveness may be affected by several factors, including: psychopathological conditions (such as symptoms of depression and anxiety), low emotional regulation abilities, difficult temperament in children, and parenting stress. Recent advances in scientific knowledge and technology have encouraged a fertile dialogue between psychology and neuroscience, especially in the field of parenting. To date,

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By Tambelli Renata & Trentini Cristina

compared to the remarkable amount of neurobiological data on maternal responsiveness, much less is known about paternal brain responses to infant cues. In keeping with this, we used High-density Electroencephalography (hdEEG) to explore both differences and similarities between mothers' and fathers' neural responsiveness to infant emotions. Twenty-four parents (12 mothers and 12 fathers) underwent hdEEG while passively viewing facial expressions (joy, distress, ambiguous, and neutral) of unfamiliar children aged between 6 and 12 months. Correlation analyses were performed to detect brain regions whose activity was linked to parents' scores on clinical scales (Edinburgh Postnatal Depression Scale, State-Trait Anxiety Inventory, Interpersonal Reactivity Index, 20-Item Toronto Alexithymia Scale, Parenting Stress Index-short form, Infant Behavior Questionnaire-Revised). Interesting similarities as well as differences between mothers and fathers were found in cerebral areas involved in the processing of infant facial expressions. Moreover, significant correlations were found between these regions and psychological measures. These preliminary findings may contribute in shedding light on the influence of gender on parental brain responses to infant emotional cues.

Keywords: mothers; fathers; emotional responsiveness; infant emotions; hdEEG.

B4**PRECURSORS AND EARLY INFLUENCE FACTORS ON CHILD PSYCHOPATHOLOGICAL OUTCOME: PARENTS' CONTRIBUTION****Proposer: Salcuni Silvia (1)**

(1) Department of Developmental Psychology and Socialization, Padova

Discussant: Alessandra Santona (2)

(2) Department of psychology, Milano Bicocca, Milano

Developmental psychopathology underlines -both theoretically and empirically- the presence of early specific factors that influence child developmental trajectories, starting from the very early stages of the pregnancy and the birth. One of the most critical aspects is the parental psychopathology, which is often able to determine and influence -negatively- child's physical development, as well as psychic disease and psychological impairment. Parent's psychopathology or disease influence the early dyadic adjustment with the baby, the attachment bond as well as the adequate caregiving functioning. In particular, maternal depression seems to be one of the most studied aspects in respect with child adjustment and child psychopathological outcome. Anyway, many other parents' pathogenic aspects -primary such as parent's attachment pattern, defenses mechanisms, presence of drug addiction or eating disorder, or secondary disease linked to particular familiar situations - were less studied. The present symposium focalizes on these less studied areas, in order to underline specific characteristics and influences of pathogenic caregivers on their child's developmental trajectory, in both brief and long term perspective. The papers presented in this symposium will investigate the influence of parent's attachment pattern and specific defense mechanism (Di Riso et al.), psychopathological features of mothers with drug addiction (Simonelli et al.) and mother or father with eating disorder (Cimino et al.) and the adoptive condition on child adjustment (Babore et al.).

Key words: child psychopathology, parents' psychopathology, attachment, drug addiction, eating disorder

PARENTAL AFFECTIVE STATES AND OUTCOMES IN CHILDREN: A COMPARISON BETWEEN ADOPTIVE AND BIOLOGICAL PARENTS**Babore Alessandra (1), Trumello Carmen (1), Candelori Carla (1), Di Matteo Teresina (1), Freda Marika (1)**

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Several research reported that parental psychopathology represent an important risk factor for psychological wellbeing in children and a growing literature refers to adoptive parenthood. Most previous studies, carried out in this field, focused on the perception of only one parent (Rosnati et al., 2013), mainly the mother. The current study sought to explore the association between parents' affective states and psychological adjustment in children, by comparing, on the one hand, mothers and fathers and, on the other, adoptive and biological families. The sample included 112 parents (55 mothers and 57 fathers; mean age = 43.7 years; sd = 6.4) divided in a group of adoptive parents (AP; N= 47) and a group of biological parents (BP; N = 65). No age differences were observed between the AP and the BP groups. Parents of both groups completed: a socio-demographic questionnaire, the Short-Form 12 items Health Survey (SF-12), the Zung Depression and Anxiety Self-Rating Scales (SDS; SAS); parents also filled in the Strengths and Difficulties Questionnaire (SDQ) in reference to their adoptive or biological child. Our results highlighted the distinct contribution of mothers and fathers in both BP and AP on different aspects of children's psychological adjustment. With regard to adoptive mothers, we found that: depressive levels predicted *emotional problems* among children (adjusted $R^2 = .306$); the Physical Health Scale of the SF-12 predicted children's *conducted disorders* (adjusted $R^2 = .239$), *hyperactivity* (adjusted $R^2 = .199$) and *peer problems* (adjusted $R^2 = .242$). With regard to adoptive fathers, the Mental Health Scale of the SF-12 predicted children's *emotional problems* (adjusted $R^2 = .173$) and *conduct disorders* (adjusted $R^2 = .277$); at last, paternal depression explained 19.8% of the children's *hyperactivity* variance. These findings once again underlined the importance to consider both mothers and fathers in adoption research and to further explore their differential impact.

Keywords: Parenthood, Adoptive Parents, Child's adjustment

PARENTS WITH BINGE EATING DISORDERS: WHICH ARE THE INFLUENCES ON ADULT-CHILD FEEDING INTERACTIONS AND ON THE CHILD'S BEHAVIORAL/EMOTIONAL FUNCTIONING?

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Feeding during the first years of life represents one of the main domains of adult-child interactions and plays a crucial role in children's later development. It has been suggested that some kinds of adult psychopathology are more likely to compromise early feeding exchanges. This is the case of parental Binge Eating Disorder (BED) which has resulted to be associated with poor parent-infant interactions during feeding and with children's emotional and behavioral problems during infancy.

The present study aimed to investigate, through a longitudinal research design, the influence of maternal and paternal BED diagnosis on parent-infant feeding interactions and on later children's behavioral/emotional functioning. The study involved 408 families divided into four groups, according to the presence or absence of BED diagnosis in the parents: Group 1 included families with both parents diagnosed with BED, Group 2 and 3 included families with one parent diagnosed with BED, Group 0 was a healthy control. The assessment took place at two different points, when the children were respectively 18 (T1) and 36 months (T2). Feeding interactions were assessed through the Scale for the Assessment of Feeding Interactions (SVIA) while the children's behavioral/emotional functioning was evaluated through the Child Behavior Check-List (CBCL).

When compared to healthy controls, the groups with one or both parents diagnosed with BED showed higher scores on the SVIA and on the CBCL internalizing and externalizing scales, suggesting more difficulties in adult-child feeding interactions and in the children's behavioral/emotional functioning. Maternal and paternal BED diagnosis resulted to have a direct effect on feeding interactions and an indirect effect on behavioral/emotional difficulties at 36 months, mediated by the quality of feeding exchanges, both at 18 and 36 months. Moreover the influence of maternal and paternal BED diagnosis resulted to assume a different weight over time.

The presence of BED diagnosis in one or both parents appears to affect negatively the quality of adult-infant feeding exchanges and children's behavioral/emotional functioning over time, thus affecting later child development. These results appear particularly important since they can help to understand more in depth the influence of parental BED diagnosis on child development and on family functioning.

MATERNAL DRUG ADDICTION: INFLUENCES ON MOTHER-CHILD RELATIONSHIP AND ON EARLY CHILD DEVELOPMENT**De Palo Francesca (1), Porreca Alessio (1), Simonelli Alessandra (1)**

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Much literature has pointed out parental drug addiction as a risk factor at multiple levels for the dyad, affecting parenting quality, child development and more globally the adult-child relationship. Drug addicted mothers are often reported as less sensitive, more intrusive and less able to regulate negative affects during early adult-child interactions. On the other hand, children of addicted mothers are often described as more irritable or more passive. The aim of this research was to investigate longitudinally the quality of adult-child relationship and of child interactive and emotional development in a group of drug addicted mothers and their children prenatally exposed to substances. The study involved 25 mother-child pairs (with children aged between 2 and 24 months) with drug addicted mothers. The dyads were followed for a 15 months-period and assessed regularly (every 3 months) through the application of the Emotional Availability Scales (EAS – Biringen, 2008) to videotaped free play interactions. In this way it has been possible to consider both the mothers' and the children's contribution to the development of their relationship.

The results were controversial, showing on one hand changes related only to specific EA dimensions and on the other hand patterns of changes that seemed characteristics of specific patterns of emotional availability. Dyads that initially showed interactions of better quality tended to improve their relationship during time, whereas dyads that exhibited more difficulties at the beginning of the study did not show improvements. Moreover, children of dyads which experienced interactions of better quality showed better interactive and emotional features than children of dyads characterized by more dysfunctional patterns of interaction. Dyads characterized by maternal drug addiction are often reported to be at higher risk for experiencing difficulties during everyday interactions and more likely to be associated to less optimal developmental outcomes. Anyway the results of our study highlight that, despite the condition of drug addiction, experiencing a relationship of good quality could be associated to better mother-child interactions and to more functional interactive and emotional development for children.

“I AM SCARED OF THE RAIN”: THE CONTRIBUTION OF THE ADULT ATTACHMENT PROJECTIVE PICTURE SYSTEM OF PARENTS IN THE COMPREHENSION OF FEARS IN A 9 YEAR- OLD GIRL

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The Adult Attachment Projective Picture System (AAP: George & West, 2001, 2012; George, West, & Pettem, 1997) is the first picture system measure of adult attachment and it is based on an analysis of responses to a standardized set of seven drawn picture stimuli. The scenes portray children or adults alone (alone pictures) or in attachment-caregiving dyads (dyadic pictures). The stimuli represent major attachment events, including illness, solitude, separation, death, and abuse. The AAP has been used in clinical research with adult patient diagnosed with affective disorders (e.g. West and George, 2002; Subic-Wranaet *et al.*, 2007, Buchheim and George, 2011). AAP was also used with children and adolescent (e.g. Joubert, *et al.*, 2012, George, Isaacs, and Marvin, 2011). Recently, literature stressed the attention of the use of the AAP of parents in comprehension of children disorders (e.g. Mazzeschi, *et al.*, 2014). The aim of this paper is to examine the contribution of the AAP of parents in the comprehension of fears in a 9 year-old girl. Interplay of coding variables of the two protocols help the clinician to understand the approach of parents to fears and anxiety of the girl.

Key words: AAP, parents, children fears

B4**PARENTAL BRAIN: GENETIC AND NEUROPHYSIOLOGICAL FACTORS AND QUALITY OF ADULT-CHILD INTERACTIONS**

Proposer: Simonelli Alessandra (1)
(1) University of Padova

The intent of this Symposium is to present the results of researches investigating parenting according to the perspective and models of the “parental brain” approach. Such path considers the mechanisms and the neuro-physiological functioning of the adult as main object of interest. Central is the role of the comprehension of the processes of understanding and responding to the needs of the infant, fundamental skills to activate caring and protective behaviours useful for the survival of the baby, both in an evolutionary sense, as well as in the construction of the creation of his/her primary interactions and relationship (Bridges, 2010; Swain, 2008, 2011). At present, there are several neuro-physiological data regarding the challenges which parents face when they are called to respond to infant signals and select the most appropriate and adaptive caring behaviour, using all the context- and child-related information available (Piallini, De Palo, & Simonelli 2015). Furthermore, this kind of research, directed at understanding the affective and cognitive processes underlying parental caring behaviours, is focused on a multi-level survey and analysis of data, from neurobiological (fMRI, EEG) to physiological indexes (heart dynamics, skin conductance and thermal regulation) as well as behavioural measures in both controlled and natural (parent-child interactions) situations. Therefore, this symposium will present the results of three different studies, carried out by three different groups, which have investigated how (1) The interaction between parental relationships and environment moderates physiological responses to infant cry in adulthood (Cataldo, Truzzi, Esposito and Venuti); (2) The role of the right inferior frontal gyrus (rIFG) in the intergenerational transmission of parenting (De Carli and Parolin); and (3) The neural empathic response in drug-addicted mothers (Meconi, Piallini, De Palo, Sessa and Simonelli).

ATTACHMENT IN YOUNG-ADULT FEMALES AND ORGANIZATION OF CAREGIVING SYSTEM: A NEUROBIOLOGICAL STUDY**Altavilla Daniela (1), Luciani Massimiliano (2), Iannoni Maria Elena (1), Aceto Paola (3), Lai Carlo (1)**

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Eyes and gaze direction play an important role in social and non-verbal communication. Mutual gaze is crucial in the establishing interpersonal relationships from the birth. Few studies investigated how the brain processes the gaze interactions showing a specific effect of avoidant gaze. Aim of the present study was to investigate the time course of brain processes involved in the visual perception of different gaze interactions in woman–child dyads and the association between attachment dimensions and brain activation during the presentation of gaze interactions by using ERP and sLORETA methodology. 44 healthy female subjects were involved in the present study. The visual stimuli consisted of 40 color digital images of couples “woman–newborn”. Participants completed the Attachment Style Questionnaire subsequently, EEG was recorded continuously at 250 Hz using Net Station 4.5.1 and a 256 lead Hydrocel Geodesic Sensor Net. Findings showed a main role of limbic and primary somatosensory brain areas in response to the gaze interaction. Moreover the woman who avoids the infant while the infant looks at her produces an spontaneous and early alert response probably due to the un-responsiveness of the caregiver toward the infant. In response to the convergence gaze, was found a negative association between the confidence attachment dimension and the intensities of the temporal and limbic areas, which seems to be an early spontaneous and emotional response to the intimacy; moreover was found a positive association between the relationships as secondary attachment dimension and the intensities of the frontal and parietal areas, which seems to be a more controlled and defensive response to the intimacy. These findings suggest the important role of the avoidant attachment style dimensions in the gaze interaction processing.

THE ROLE OF THE RIGHT INFERIOR FRONTAL GYRUS (rIFG) IN THE INTERGENERATIONAL TRANSMISSION OF PARENTING**De Carli Pietro (1), Parolin Laura (1)**

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Adult's ability to attune to the infant's needs and feelings, seems to play a primary role in organizing infant's psychic structure and subjectivity. One of the factors that contribute to shape adult's capability of being a "responsive enough" human being, is the quality of care he/she experienced during his/her own childhood (Belsky, 2009). We hypothesized that the rIFG, a brain area that is essential for emotional empathy and the mirror neurons system, could be one of the mechanisms that allow the intergenerational transmission of parenting abilities. Moreover, neuroimaging studies confirm the role of rIFG during the perception of infant crying (Riem et al., 2011) and infant faces with different emotional expressions (Montoya et al., 2012). We designed two studies in order to inhibit rIFG functionality in nulliparous women by means of Transcranial Magnetic Stimulation (TMS) and test behavioral responses to infant's crying and emotional faces. In the first study we extended to infants' faces the bias adults show when they are asked to approach emotionally negative faces. We show that this bias toward infant's sad faces is caused by rIFG functionality. More specifically, infants' faces processing depends on the stimulation and the quality of the care participants experienced during their own childhood, retrospectively measured with the Childhood Trauma Questionnaire (CTQ). In the second study we tested the use of excessive force in response to infant's cry by means of a dynamometer (Bakermans-Kranenburg et al., 2011). Results show that rIFG inhibition increases the use of excessive force, but only in those participants reporting no experience of maltreatment during childhood. Both studies confirm a causal role of rIFG in determining the behavioral response to infant stimuli and that subjective experience during childhood moderates this association. The role of rIFG functionality in determining the intergenerational transmission of parenting behavior seems confirmed.

NEURAL EMPATHIC RESPONSE IN DRUG-ADDICTED MOTHERS**Simonelli Alessandra (1)**

(1) University of Padova

Several studies showed that a history of substance abuse can compromise mothers' competences of caring for their children (i.e., parenting). Indeed, it has been shown that neural circuits associated with parental behavior overlap with circuitry involved in addiction; in this vein, substance abuse may subtract neural resources for parenting. According to the neurocognitive model, empathy is the

ability of sharing and understanding others' emotional states. At a neural level, these two aspects result to be dissociable at an either functional and temporal level. Empathy is a fundamental element of parental abilities as it allows to respond properly to children's needs. Empathy deficits might explain the failure reported by drug addicted mothers in caring for their children. In the present study, we monitored event-related potentials (ERPs) during a pain decision task, which is classically used to activate an empathic response, with the aim to track the time-course of neural activity of mothers with (i.e., clinical) and without history of drug addiction (i.e., control group). Stimuli were pictures of adults' and children's hand depicted with a harmful tool either hurting the hand or placed nearby. At a behavioral level, drug addicted mothers showed a reduced reactivity to pain when compared to the control group. This difference has been corroborated at a neural level by ERPs results, starting from an early time-window. The neural reaction to pain in the control group correlated with some self-report scales of empathy, reinforcing the idea that the clinical group might report a lack of empathy when compared to a control group. These results are discussed in light of the two components of empathy proposed by the neurocognitive model.

THE INTERACTION BETWEEN PARENTAL RELATIONSHIPS AND ENVIRONMENT MODERATES PHYSIOLOGICAL RESPONSES TO INFANT CRY IN ADULTHOOD

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The promptness to correctly interpret and respond to infant cry is determinant for children's well-being and survival. However, parental responsiveness towards infant cry is influenced by two factors: early social experiences with parents and individuals' genetic predispositions. The present study aims to investigate how adults' unconscious responses to distressing stimuli are influenced by the interaction between individuals' genetic predispositions and early experiences of parental behaviors. We assessed heart rate and peripheral temperature (tip of the nose) in 42 non-parent male adults during presentation of distress vocalizations (female human, infants and bonobo cries). The two physiological responses index, respectively, state of arousal and readiness to action. Participants' parental attachment in childhood was assessed through the self-report Parental Bonding Instrument. To map participants' genetic predispositions in genes linked to affiliative and social behaviors, buccal mucosa cell samples were collected. Region rs2254298 of the oxytocin receptor gene and the serotonin-transporter-linked polymorphic region (X5HTTLPR) were analyzed. For both genes results show an effect of the interaction between genotype and early environmental conditions in determining adults' responses to cry. Specifically, concerning the

Editor in chief MJCP Salvatore Settineri

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

By Tambelli Renata & Trentini Cristina

OXTR gene, G/G homozygotes do not show a specific physiological activation in reaction to cries, independent to experiences with parental behaviors, while A carriers are more vulnerable to early social experiences: A carriers who experienced good parental behaviors show more calming physiological responses when listening to cries (lower heart rate, higher nose temperature), whereas A carriers who experienced poorer parental behaviors respond to cries with more stressful physiological activations (higher heart rate, lower nose temperature). Concerning the 5-HTTLPR gene, instead, adults' with the S/S genotype, which correlates with lower social abilities and a higher likelihood of develop depression, who experienced too high maternal control in infancy, react with atypical physiological activations compared with L carriers, showing a lack of physiological arousal when listening to female cry. Findings from this study highlight a moderating effect of genetic characteristics over environmental conditions and give new insight towards a comprehensive framework for new intervention strategies in supporting parenting behaviors.

B4**THE COUPLE AND THE BODY: THE COUPLE RELATIONSHIP AS A PSYCHOBIOLOGICAL REGULATOR****Proposer: Solano Luigi (1)****(1) Department of Dynamic and Clinical Psychology, Sapienza University of Rome**

The literature on social support shows that adult relationships play a protective or a risk role for individual mental and physical health. Specifically, the couple relationship can assume an external regulating function of emotional and physiological states. This relationship can therefore support individual affect regulation processes, especially in difficult moments of life; this mechanism can become risky if it substantially compensates individual deficits in psycho-biological regulation capacities. Moreover, affect regulation shows a strong continuity between the couple and the triad involving a child. Children can in fact be included in the complex dynamics created by the parents in order to regulate emotions within the couple. The symposium will therefore address the issue of the “body in the couple”, marital and parental. A first contribution will present data from a multicenter research project on the relationship between the quality of the couple relationship and the course of myocardial infarction in the male partner. A second contribution focuses on the impact of the assisted reproduction laws on the public perception of infertility, highlighting the cultural difficulty to take into account the emotional experience of infertile parents. A third contribution will show the effects of a psychological intervention, implemented in couples facing a medically assisted reproductive treatment, on individual emotional regulation abilities, psychophysical health and on the percentage of positive results of the procreation procedure. Finally, a last contribution will address the theme of the parental couple and their daughters’ body, examining emotional and relational regulation in families of adolescents with anorexia nervosa.

**THE DAUGHTER'S BODY. PARENTS AND ADOLESCENTS WITH ANOREXIA
LOOKING IN THE MIRROR. THE LAUSANNE TRILOGUE PLAY APPLIED TO
FAMILIES OF ADOLESCENTS WITH ANOREXIA****Balottin Laura (1), Mannarini Stefania (1), Gatta Michela (2)**

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This contribution deals with the parental couple and the daughters' body, an emaciated, mortified body in the case of young adolescents with anorexia nervosa (AN). Recent literature agrees in pointing out the key role played by parents as regard the AN patients' therapeutic possibilities and outcomes (Holton-Vissel et al., 2014). In adolescence, the play of references between external and internal reality, between real parents and internalized parental imagoes is still fluid and open. The adolescent subjectivation process, the evolution of his/her inner world entails complex articulation between relations and affects, either actual or interiorized (Jeammet, 2010). The family interactions within the families of adolescent with AN have been observed during a recorded play session (Lausanne Trilogue Play – LTP). The relationships among family interactive modalities, alexithymia and parental stress have been investigated from a perspective that conceives the anorexic disorder as a dysfunction of the emotional and the relational areas, linked to the bodily syndrome (Jeammet, 2010; Duclos et al., 2014; Godart et al., 2012). Results show how difficult it is for the patients' parents to cut out a couple-specific relational space, from which the ill daughter could be temporarily excluded. The adolescent in fact can be included in the complex dynamics created by the parents in order to regulate emotions within the couple. In the treatment of anorexic patients the attention needs to be shifted from the exclusive mother-daughter relation to the involvement of the father's role and, finally, to the involvement of the parental couple, in its psychosomatic unity. In this environment, the intervention, mediated by the family video, may contribute to the smooth transition from a dyadic relation to a triadic one, from the concreteness of a bodily syndrome to the complex world of feelings and relations hidden behind it.

Key words: anorexia nervosa, family interactions, parental couple, body, treatment

THE ASSISTED REPRODUCTION LAW AND THE PUBLIC PERCEPTION OF INFERTILITY IN ITALY**Cordella Barbara (1), Greco Francesca (2), Carlini Katia (1), Greco Alessia (1)**

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The research aims to explore the impact of the law for assisted reproduction enactment and the subsequent referendum on the public perception of infertility in Italy. There is a circular relationship between culture and laws, as the laws are the product of a culture and at the same time the element able to promote a cultural change. To explore the culture of infertility and its evolution all the articles of two of the most read Italian newspapers have been collected between 2000 and 2014 (n=731). The corpus (360.345 words) underwent text analysis (multivariate analysis) through T-Lab software that produced clusters and factors highlighting the public perception of infertility. Results show that infertility is culturally perceived in terms of issues and solutions in medical and social contexts. That is, the diagnosis and the therapy of the illness in medical context, the definition of the social problem and the research of an agreement between political, religious and scientific institutions in the social context. The difficulty to deal with infertility in its complexity leads to forget the relational relevance of the emotional experience of infertile parents. The law enactment removes the focus from the relational issue reinforcing the one on medical technique.

MATTERS OF HEART: RELATIONS BETWEEN THE QUALITY OF COUPLE RELATIONSHIP AND THE COURSE OF MYOCARDIAL INFARCTION IN THE MALE PARTNER**Di Trani Michela (1), Solano Luigi (1), Barbieri Federica (1), Greenman Paul (2)**

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The literature about couple relationship and health showed that negative dimensions of marital functioning affect health indirectly through depression and health habits and directly through cardiovascular, immune, neurosensory, endocrine, and other physiological mechanisms. The aim of

the present multicenter study is to evaluate the relationship between the quality of the couple relationship and the course of myocardial infarction in the male partner. 30 couples were recruited from the Cardiology Department of the San Giovanni Hospital of Rome after about a month from the myocardial infarction of the male partner. Both partners filled out the Experiences in Close Relationships Revised Form, the Dyadic Adjustment Scale, the 20-Item Toronto Alexithymia Scale, the Childhood Trauma Questionnaire and the Couple Relationship Inventory. Medical variables on the course and progression of the myocardial infarction were collected after 6 months from the first examination. Regarding males, results showed significant correlations between participants' total alexithymia levels and their systolic blood pressure levels ($r=.40$; $p=.03$) and between participants' Attachment Anxiety and the frequency of their physical exercise in the week ($r=.45$; $p=.01$). Regarding the relationships between characteristics of the female partners and the medical variables of their partner, results showed significant correlations between: the women's total alexithymia levels and the obesity of their partner ($r=.51$; $p=.00$); the women's Difficulties in Identifying Feelings and their partner's low-density lipoprotein level ($r=.42$; $p=.02$); the women's attachment Anxiety and their partner's alcohol consumption in the week ($r=.38$; $p=.04$). Data contribute to confirm the effects of couple relationship on health, and specifically the relationships between psychological characteristics of one partner and the cardiovascular health of the other partner after a myocardial infarction.

THE EFFECTS OF PENNEBAKER'S WRITING TECHNIQUE ON PREGNANCY RATES, ALEXITHYMIA AND PSYCHO-PHYSICAL HEALTH IN COUPLES SUBJECTED TO ASSISTED REPRODUCTIVE TREATMENT

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W.H.O. data report that 15-20% of couples suffer from fertility problems. Aim of this study was to assess the effects of Pennebaker's writing technique on treatment success (pregnancy rates), alexithymia and psycho-physical health in couples subjected to an assisted reproductive treatment (ART). 79 women admitted for ART in a medical centre were randomly divided into two groups: an experimental one, where women wrote for three times about their deepest thoughts and emotions concerning the infertility experience, and a control group where women didn't write. Women and men of both groups completed a socio-demographic questionnaire, the TAS-20 and SCL-90-R before and after the writing sessions. Separated analyses for groups of men and women were conducted. Regarding women, analysis showed a significant reduction in the TAS-20 "Difficulty Identifying Feelings" score ($p=.01$) and in the SCL-90R "Paranoid Ideation" score ($p=.04$), after writing. Reductions in the TAS-20 Total score ($p=.06$) and in the "Externally-Oriented Thinking"

Editor in chief MJCP Salvatore Settineri

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

By Tambelli Renata & Trentini Cristina

score ($p=.01$) were also found in the group of men whose wives wrote. 10 pregnancies in the experimental group versus 5 of the control group after ART were reported ($p=.13$). The rate of treatment success in couples who refused to participate in the study (0) was compared with total success of both experimental and control groups (15) and a significant difference was found ($p=.04$). Findings support the usefulness of the writing technique during ART in promoting emotional awareness and in reducing hostility and suspiciousness. A trend in the expected direction was found regarding treatment success and this is encouraging for the continuation of the work.

B5**PROCESSES OF INTERSUBJECTIVITY AND MENTALIZATION IN OBESITY****Proposer: Chiarolanza Claudia (1)****(1) Department of Dynamic and Clinical Psychology, Sapienza University of Rome**

Intersubjectivity perspective developed around the relational matrix according to which there is a continuous co-construction of intrapsychic and interpersonal processes of dynamically interdependent elements in an open system, such as caregiver-child dyad (Stern, 1995; Beebe & Lachmann, 2002). This motivational system is characterized by a continuous, simultaneous constructive exchange between intrapsychic (*self regulation*) and interactive-behavioral (*other regulation*) dimensions which promote mutual adjustment (Carli *et al.*, 2009), where each member regulate internal states of the other. This emotional correspondence is the “affect attunement” which concerns how inner affective states are shared (Stern, 2006). In this direction, intersubjectivity refers to what is occurring between two minds, both characterized by positive and negative correspondence. Matching and similarities promote the possibility of shared minds and consent to overcome the inevitable disconnection states, much evident in destructive conflicts or in situations characterized by health compromising behaviors. Also, we are interested in understanding how eating disorders reveal something about mentalization process, overall connected to desires, needs, feelings and beliefs (Baldoni, 2014). In fact, overeating behaviors could correspond to a difficulty of mentalization and acknowledge own emotions and feelings. In this symposium, we want to face some particular behaviors such as overweight and obesity in the light of coregulation processes, evident in the different type of dyads, such as caregivers and children or romantic couples. Again, we want to show what happens in psychotherapeutic settings, both individual or in group ones. So, different studies which form the symposium will enlighten the processes which are present in relational situations in which eating behaviors play a crucial role for the relational well-being.

MENTALIZATION AND EXTERNAL REGULATION OF EMOTIONS IN EATING DISORDERS**Baldoni Franco (1), Giannotti Michele (1), Minghetti Mattia (1)****(1) Department of Psychology, University of Bologna**

One crucial phenomenological aspect in patients with eating disorders is a distressing feeling of emptiness. A void that cannot be filled by any object, that corresponds to the absence of a mental function, the inability to think, to symbolically represent, to attribute meanings, to recognize and communicate fantasies and emotional states. This lack of mentalization is the consequence of the failure of parental reflective capacities and of dysfunctions of attachment and family relationships. A non-psychological way to adjust the mental states is to use external regulators of the emotions, that is, objects, experiences or behaviors that stimulate the body by changing the mental states and somatic functions that accompany them. Children and adults commonly use similar behaviors to calm down, get excited, overcome boredom or distraction, without activating mentalizing psychological processes. People who have difficulty in mentalizing, however, tend to implement, compulsively, intensive and continuous increasingly extreme behavior in an attempt to regulate and control emotions. The behaviors that more frequently assume this significance are smoking, drinking alcohol, taking drugs, overeating (as in bulimic crises or severe obesity) or eating too little (as in anorexia), or intensive, extreme and potentially dangerous physical or sexual activities. These behaviors enable control of disturbing emotional tensions that cannot properly be adjusted by thinking (anxiety, fear, depression, anger, sexual arousal, feelings of helplessness, of emptiness, boredom), as they solicit bodily reactions and opposite emotional tensions (excitement, fear, euphoria, physical pain, hunger, satiety, blunting). The compulsive tendency to use external regulators of emotion, however, represents an important risk factor that affects physical and mental health and is a feature of many psychopathologies, particularly borderline personality disorders, lack of impulse control, addiction and eating disorders.

EMOTION REGULATION, MENTALIZATION AND THERAPEUTIC FACTORS IN A GROUP THERAPY WITH OBESE PATIENTS

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Some recent findings indicate that obese subjects show deficits in emotion regulation and mentalization, which seems to be more compromised in subjects with binge eating symptoms (Leehr et al., 2014). These deficits affect their eating behaviors and their awareness of them. Our multi-method study, conducted on 50 obese subjects (mean BMI =34.71), shows how different ways of replying to a simpthomatic self-report on Binge Eating (Binge Eating Scale; BES; Gormally et al., 1982) might highlight different levels of awareness and different visions of their

condition. The goal of our study is to select participants on the basis of their emotional skills and awareness of their eating behavior in order to enhance the effectiveness of the group treatment. As when dealing with obese patients and subjects with eating disorders, group therapy has proven to be the best treatment (Renjilian et al. 2001). The therapy groups were composed by 8-10 participants each and were conducted by two therapists, with a duration of three months (on a weekly basis). Focus-groups were conducted to investigate the therapeutic factors the patients felt more effective to improve their emotion regulation and mentalization process. This tool has the advantage to start not from preconceived and theoretically based categories but from direct research and clinical practice, based on the experiences and feelings of the participants (Nicholson, Sweeney and Geller, 1998).

THE SUSPENDED TIME DIMENSION IN THE REPRESENTATIONS OF PATIENTS WITH EATING DISORDERS

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In this paper the Authors present the results of a research on representation of dimension time in teenagers affected by anorexia and bulimia. We developed a study focused on the diagnostic assessment, we verified the hypothesis that a gender identity disorder is present in teenage anorexia and bulimia, accompanied by intrapsychic dimension of suspended time. This study evaluated 30 patients, 14 with restrictive type anorexia, 16 with bulimia with compensatory behaviors in compliance with the criteria of DSM-5. The clinic sample was compared to a nonclinical sample. The methodology followed has used two projective tests as assessment instruments for the focus of the research: Human Figure Drawing Test by Machover-Abraham (1976), and the Drawing of the Family (F.D.) by Corman. In the clinical sample the following was noted: a suspension of development time. The Epoch Scale of F.D. highlights quite clearly in the clinical sample an individual and family time suspended between the present and the past, to which dimension of the future is precluded. The Mann-Whitney test show in a significant manner ($U = 50, p < .05$) how there

are difference between the clinical sample and nonclinical sample. The entire clinical sample is placed as concerns the epoch of the family representation, in the present time or in the recent past with a scarce future projection, confirming the hypothesis of a suspension of evolutive of the patient as of the whole family. The nonclinical sample appears projected between the present and the future. The HFD results show a significant difference between the clinical sample and nonclinical sample, from data analysis we notice that the instability or lack of clarity of the body image, ($t = 15.21$, $p < .01$), sexual differentiation ($t = 9.42$, $p < .001$), preferences for the attributes of own sex ($t = -6.91$, $p < .001$), the intrapsychic dimension populated by bad objects ($t = 11.52$, $p < .001$), are critical personality aspects in clinical sample than nonclinical sample. There aren't significant difference in the possibility that the opposite sex has more valued that her/his own (p . n.s.).

PROCESSES OF INTERSUBJECTIVITY AND MENTALIZATION IN OBESITY

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Several studies have shown that romantic relationships have a significant effect on the individual's health and affect different health behaviors such as healthy eating habits and regular exercise (Verheijden, 2005). Recently, Berge (2014) analyzed the link between physical and mental symptoms and the condition of being engaged in an emotional relationship. These studies, as well as the one of Harry and Rusbult (2004) show a significant association between different physical health conditions and the quality of couple relationship. Again, Reed (2015) in a sample of heterosexual couples with obese female partners, found significant emotional dysregulation patterns in the couple relationships process. We are interested in investigating how obesity influence the quality of couple relationships, focusing on the dimension of intersubjectivity, defined as the relational competence of an individual to perceive feelings and state of minds in the couple. For this purpose, we compared two groups: one in which both partners have a normal BMI, the second one in which female partners are obese. A multidimensional questionnaire was administered to participants asking them to report on the main couple relationship dimensions as defined in literature: couple intersubjectivity, needs satisfaction, attachment, intimacy, empathy, spirituality and dyadic adjustment. Results have shown that wives with a higher BMI are more dissatisfied about relationship quality: so, obesity could be considered as a limit for their intimate relationship.

THE RELATIONSHIP BETWEEN PSYCHOSOCIAL FACTORS AND WEIGHT LOSS MAINTENANCE IN A SAMPLE OF BARIATRIC SURGERY PATIENTS**De Campora Gaia (1), Russo Daria (2), Khademi Mojgan (2), Perry William (3), & Zavattini Giulio Cesare (1)**

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Bariatric Surgery (BS) has become an attractive alternative as a long-term solution, becoming the treatment of choice for patients who are severely obese. The psychological functioning of patients undergoing BS can be strongly affected over time, and just a few studies have paid attention to the patients' emotional features and attachment styles. The aim of the study was to investigate if undergoing bariatric surgery will affect the psychological and emotional functioning of participants, such as eating style, mood and anxiety symptoms and whether their attachment style correlated with the degree of weight loss or other variables measured. This study measured these variables both pre- and post-surgery, with the exception of attachment style. Three Factor Eating Questionnaire (TFEQ), Experience in Close Relationships–Revised 36 (ECR-R), Center of Epidemiologic Studies Depression-Scale (CES-D), and Hamilton Anxiety Rating Scale (HARS) were administered to 25 adults undergoing BS. Results indicated that undergoing BS reduced the overall tendency to overeat and to eat in response to negative emotions (TFEQ), $t(24) = 4.52, p < .001$; as well, it led to a significant decrease in depression (CES-D), $t(24) = 2.49, p = .020$, and in anxiety (HARS) mean scores, $t(24) = 2.13$. Anxious attachment scale of the ECR-R showed nearly significant ($p < .10$) correlations with the Uncontrolled Eating subscale of the TFEQ-R18, while Avoidant attachment scale of the ECR-R showed positive significant correlations ($p < .05$) with the Cognitive Restraint and Uncontrolled Eating subscales. However, attachment styles were not correlated with the percentage of weight loss. Overall, undergoing BS seems to lead to an overall increase in patients' quality of life post-surgery. Further research is needed to evaluate long term effects, such as the ability to maintain both the physical and psychological post-surgery benefits.

C3

MENTALIZATION, REFLECTIVE FUNCTIONING AND THEORY OF MIND: NEW TRENDS IN EMPIRICAL RESEARCH**Proposer: Colli Antonello (1)**

(1) Humanistic Studies Department, “Carlo Bo” University of Urbino

In recent years, a growing body of empirical research focused on constructs such as Reflective Functioning (RF), Mentalization, Theory of Mind (ToM), and on the relationships that these dimension share with psychopathology. For example, several studies have demonstrated that deficits in mentalization and/or in Theory of Mind may be related to different psychopathological domains, such as Borderline Personality Disorder (Fisher Kern et al., 2010; Petersen, Brakoulias, Langdon, 2016), Narcissistic and Avoidant Personality Disorders (Dimaggio et al., 2012), Depression (Fisher Kern et al., 2013), Eating Disorders (Ward et al., 2001) and Psychosis (Popolo et al., 2016; Lysaker et al., 2011). This symposium presents three works that have empirically investigated the relationship that ToM, mentalization and RF have with personality structure and psychopathology, with the aim to provide new empirical data on this topic and to discuss their clinical implications. Schimmenti’s work presents an empirical investigation on the relationship between ToM and other domains such as attachment style, dissociation, alexithymia and empathic tendencies in a sample of Italian adults. Nazzaro et al.’ work focuses on reflective functioning and its role as a mediator factor between attachment style and psychopathology in a sample of outpatients. Finally, Colli et al.’s work is focused on the relationship between mentalization and personality pathology, in order to provide empirical support to the theoretical assumption that different personality disorders may be related to specific deficits of mentalization.

REFLECTIVE FUNCTIONING MODERATES THE RELATIONSHIP BETWEEN CHILDHOOD TRAUMA AND PSYCHOPATHOLOGY AMONG ADOLESCENT OUTPATIENTS**Boldrini Tommaso (1), Nazzaro Maria Paola (1)**

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Mentalization has been considered a buffer against psychopathology in individuals exposed to trauma and abuse. The initial research on mentalization by Fonagy (1996), as well as subsequent

empirical studies (e.g. Borelli, 2015; Chiesa & Fonagy, 2013), highlighted the role of reflective functioning (RF) as a protective factor for individuals exposed to trauma in childhood against maladaptive outcomes. In recent years, association between mentalization and early traumatic experiences has gained an increasing interest among clinical and empirical studies. With regard to adolescence, literature on the relationship between traumatic experiences and RF is still scarce. Nevertheless, an evaluation of these adaptive and maladaptive developmental processes could have important clinical implications in adolescence. The aim of this study was to examine the role of RF as a resilience factor against the development of several psychiatric conditions in a sample of N = 60 adolescent outpatients. Participants were recruited in public mental health services. Each patient was evaluated, at the intake, with M.I.N.I. (Sheehan et al. 1994), SCID-II (First et al., 1997) and self-report tests: Childhood Trauma Questionnaire (Bernstein & Fink, 1998), Cambridge Depersonalization Scale (CDS; Sierra & Berrios 2000), Hamilton Rating Scale for Depression (HAM-D; Hamilton, 1960) and Hamilton Rating Scale for Anxiety (HAM-A; Hamilton 1959). During the first month of treatment the Adult Attachment Interview (AAI, George et al., 1985) was also administered, and the AAI transcripts were assessed with the RF Scale (Fonagy et al., 1998).

Findings showed that adverse experiences in childhood predicted several psychopathological dimensions; mostly, RF played as a moderator of the relationship between these variables. The clinical implications of these findings were addressed.

MENTALIZATION AND PERSONALITY DISORDERS: AN EMPIRICAL INVESTIGATION

Colli Antonello (1), Gagliardini Giulia (1), Boldrini Annalisa (2), Caverzasi Edgardo (2)

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Mentalization has a crucial role in our understanding of psychopathology and a growing body of literature suggests that different psychopathological domains may be characterized by different specific impairments in the polarities of mentalization (i.e. Self/Other; Cognitive/Affective; Implicit/Explicit; Internally focused/Externally focused; Bateman, Fonagy, 2012). The aims of this research are to: (1) present a measure for the assessment of mentalization and provide data on its reliability and factor structure; (2) investigate the relationship between mentalization and personality disorders. A random sample (N=167) of clinicians rated an adult non psychotic patient with a DSM V (APA, 2013) diagnosis of personality disorder (PD), using different assessment measure: 1) Polarities of Mentalization Scale (Colli, Gagliardini, 2015); 2) Personality Disorder Checklist,. Factor analysis showed the presence of 7 different clinically and coherent

factors: 1) Self; 2) Other; 3) Cognitive; 4) Affective; 5) External/Implicit; 6) Internal; 7) Explicit/Controlled. These factors resulted correlated in a clinically coherent way with personality disorders. These results suggest that mentalization is a multi-dimensional construct that can be measured in a reliable way with a clinician report. Moreover different PDs seem to be characterized by different mentalization failures suggesting the need to study the relationship between mentalization and these constructs from a multidimensional point of view.

DOES THE REFLECTIVE FUNCTIONING MEDIATE THE RELATIONSHIP BETWEEN ATTACHMENT AND PERSONALITY?

Nazzaro Maria Paola (1), Boldrini Tommaso (1), Muzi Laura (1)

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A growing body of research seems to support that attachment insecurity and reflective functioning (RF) deficits can play a crucial role in the understanding of the psychopathological factors that underlie personality pathology. Attachment theory provides a comprehensive developmental perspective to get a more articulate awareness of relational and affect-regulatory patterns related to personality disorders (PDs). Likewise, RF impairments were found to be associated with the severity of a wide range of mental disorders, mostly the borderline conditions (Bateman & Fonagy, 2016). However, our knowledge about the impact of attachment security/insecurity and RF on the personality and its functioning is not conclusive. The aim of this study was to examine: (1) the association between the levels of RF and the cluster A, B and C personality disorders, as well as personality functioning; and (2) the possible mediated effect of RF on the relationship between attachment and personality functioning. The sample consisted of N=90 outpatients recruited through clinical private practice networks and public mental health services. Each patient was interviewed with the Adult Attachment Interview (George et al., 1985) and the AAI transcripts were assessed with the RF Scale (Fonagy et al., 1998). Moreover, the Clinical Diagnostic Interview (Westen, Muderrisoglu, 2003) was administered to apply the Shedler-Westen Assessment Procedure-200 (Westen, Shedler, 1999) for the personality evaluation. Overall, the findings showed that lower levels of RF and attachment insecurity are mostly related to patients with cluster A and B personality pathology; conversely, greater levels of RF and attachment security are related to higher personality functioning. Moreover, it seems that patients' RF mediates the relationship between attachment and high-functioning of personality suggesting that the impact of RF is more sizable than attachment. The clinical implications of these findings were addressed.

MENTALIZING AFFECTS (AND) MENTALIZING MINDS: DEVELOPMENTAL, INTERPERSONAL, COGNITIVE, AND AFFECTIVE DOMAINS OF THEORY OF MIND IN A SAMPLE OF ITALIAN ADULTS**Schimmenti Adriano (1)**

(1) Faculty of Human and social sciences, Kore University of Enna

Theory of mind (ToM) is the ability to attribute and interpret one's own and other people's mental states, such as beliefs, desires, intents, perspectives, pretending, and knowledge. ToM capacities are inborn in humans, but the development of ToM is shaped in the interactions with other individuals, shaping at the same time such interactions. ToM allows individuals to interpret reality at both cognitive and affective levels, thus it is critical for mentalizing processes that organizes the understanding of one's own and others' experience in terms of mental state constructs. 799 adults aged between 18 and 64 years old ($M = 35.78$, $SD = 10.96$) completed a ToM performance task and filled out questionnaires on parental bonding, attachment styles, dissociation, alexithymia, malevolent personality traits, and empathic tendencies. Statistical analysis showed a number of significant associations and complex interactions between ToM abilities and the other investigated variables. Among the most relevant findings that will be discussed: (1) a categorical regression analysis showed that lower ToM abilities are related to higher dissociation and higher alexithymia; (2) a multiple mediation model showed that parental lack of care negatively affects ToM abilities; (3) another multiple mediation model showed that the relationship between ToM and actual empathic tendencies is mediated by alexithymia and malevolent personality traits; (4) a multiple correspondence analysis showed that the lowest levels of ToM abilities are linked to fearful attachment, pathological dissociation, and alexithymia. The findings of this study support the view that a comprehensive understanding of an individual's mentalizing processes should integrate trauma theory, attachment theory, and neurodevelopmental models of affect regulation.

Keywords: Theory of mind, mentalization, empathy, attachment, affect dysregulation.

C3

FAVOURING THE RECOGNITION OF EMERGING AND MARGINALIZED PSYCHOTHERAPIES AS EMPIRICALLY SUPPORTED TREATMENTS: THE CASE OF THE INTENSIVE TRANSACTIONAL ANALYSIS PSYCHOTHERAPY**Proposer: Sambin Marco (1)**

(1) University of Padova

The present symposium includes the contributions of researchers in psychotherapy that investigate the theoretical neuroscientific underpinning, the effectiveness and the efficacy of an emerging model of psychotherapy, the Intensive Transactional Analysis Psychotherapy (ITAP). The first contribution (Viviani) presents the theoretical network of neural processes involved in change in short, intensive psychotherapies. The second contribution (Scottà) presents the first evidences supporting the effectiveness of the Intensive Transactional Analysis Psychotherapy for treating a young patient with Cyclothymic Disorder. The third contribution (Benelli) presents the integration between multiple nonconcurrent baseline design and the Hermeneutic Single Case Efficacy Design as a way to support Emerging and Marginalised models of psychotherapy in their way to obtain recognition as Empirically Supported Treatments.

PSYCHOTHERAPIES: INTEGRATION OF NON-CONCURRENT MULTIPLE BASELINE DESIGN AND HERMENEUTIC SINGLE CASE EFFICACY DESIGN**Enrico Benelli (1)**

(1) University of Padova

FISPPA - Department of Philosophy, Sociology, Education and Applied Psychology

According to APA division 12, at least two Randomized Clinical Trials (RCT) or alternatively nine Single Case Experimental Design (SCED) are required to be recognized as Empirically Supported

Treatments (EST). Multiple baseline is the most suitable SCED in psychotherapy research because the treatment effects do not reverse after conclusion and do not require withdrawal in ABAB phases. Treatment's introduction is staggered sequentially across multiple participants, which allows the researcher to demonstrate that changes occur when treatment is introduced, simulating a waiting list. Hermeneutic Single Case Efficacy Design (HSCED) ensures time series analysis as the SCED, adding also qualitative and hermeneutic analysis that allow the recognition of bidirectional linkage between outcome and process variables. Furthermore, external judges assess the quality of the studies providing a verdict of good, mixed or poor outcome. To present systematic replication of multiple non-concurrent baseline HSCED as a way to empirically support both emerging and marginalized models of psychotherapy. After a phase of assessment and the collection of a stable three-point baseline, change in a convenience sample of five patients was tracked with quantitative (PHQ9, STAI, CORE-OM, PQ) and qualitative (HAT, CI) measures. Hermeneutic analysis and judge evaluation were conducted according HSCED protocol. Quantitative data show Clinical Significant and Global Reliable Change in all patients, supported by qualitative data. Hermeneutic analysis suggests specific outcome-to-process linkage and therapeutic interventions followed by shift in weekly outcome measures, supporting and refining the theoretical predictions of the manualized Intensive Transactional Analysis Psychotherapy. Combining multiple baseline design and HSCED, it is possible to support recognition as EST of emerging and marginalized treatments, involving less resources than RCT.

EFFECTIVENESS OF AN INTENSIVE TRANSACTIONAL ANALYSIS PSYCHOTHERAPY FOR CYCLOTHYMIC DISORDER: A HERMENEUTIC SINGLE CASE EFFICACY DESIGN

Francesco Scottà (1)

(1) Centre Dynamic Psychology

To evaluate the effectiveness of a manualized Intensive Transactional Analysis Psychotherapy (ITAP) for Cyclothymic Disorder (CD) with a Hermeneutic Single Case Efficacy Design (HSCED). After an assessment phase and the collection of a stable baseline, the 16-session treatment was evaluated with quantitative measure of depression (PHQ9), anxiety (STAI), global distress (CORE-OM), severity perception of personal problems (PQ), and with qualitative measure

of patient's perceived effectiveness at the end of both each session (HAT) and whole treatment (CI). Sessions were audio- and videotaped, transcribed and analysed with quantitative and qualitative data according to the hermeneutic protocol of the HSCED. Quantitative data indicates clinical significant change and global reliable change, and are confirmed by qualitative data. Hermeneutic analysis suggests the links among patient's change in stable problems, retrospective attribution of the change to the psychotherapy, and the link between specific manualized interventions and the following shift in outcome measures. Independent judges classified this case as a "good outcome" and the therapist adherence as "good application" of the manualized treatment, providing a first empirical support to the effectiveness of ITAP for CD.

CONVERGENCE BETWEEN NEUROBIOLOGICAL MODELS OF PSYCHOTHERAPY AND THE I.T.A.P. THEORY

Viviani Roberto (1), Messina Irene (1,2)

(1) Università di Ulm, (2) University of Padova

Influential neurobiological models of psychotherapy attribute its functioning to increases of activity in prefrontal areas and decreases in limbic areas, interpreted as the increased recruitment of controlled processes in regulating emotions. We review neuroimaging studies of explicit emotion regulation, evidence on the neurobiological substrates of implicit emotion regulation, and neuroimaging studies of the effect of psychotherapy that consistently suggest that areas implicated in coding semantic representations play an important role in emotion regulation not covered by existing models based on controlled processes. We discuss the findings with reference to *Intensive Transactional Analysis Psychotherapy* (ITAP) and its action on self and relational representations of the individual.

C3**GENDER VARIANCE BETWEEN RISK AND PROTECTIVE FACTORS: STIGMA, RESILIENCE AND MENTAL HEALTH****Proposer: Valerio Paolo (1)**

(1) Department of Neuroscience and reproductive sciences and clinical dentistry, University of Napoli Federico II

Gender variant people are a diverse population crossing or transcending the defined binary gender categories of male and female. They face systematic violence and oppression due to their gender nonconformity or expression. Thus, they are at high risk of experiencing distress as a result of their stigmatized social status. It means that violence, stigma, and oppression negatively impact mental and physical health of gender variant people, as well as their general wellbeing. Furthermore, gender variant people are also at additional risk for internalizing societal negative attitudes related to gender binary, applying them towards their own self-concepts, and thus developing internalized transphobia. Although stigmatization represents a common stressful life event among gender variant people, they might also utilize resilience, social support, and community connectedness in the face of stigma, potentially protecting themselves from its negative mental and physical health outcomes. According to these premises, the current symposium will address risk and protective factors experienced by gender variant people in the Italian context. Indeed, accounting for these factors associated to gender variant people is fundamental for both researchers and clinicians working with this specific population in their practice.

ASSOCIATION BETWEEN GENDER VARIANCE AND PSYCHOLOGICAL WELL-BEING IN CHILDREN: THE ROLE OF PEER RELATIONS IN PREDICTING LEVELS OF INTERNALIZING SYMPTOMS.**Caldarera Angela M. (1), Brustia Piera (1)**

(1) Department of psychology, University of Torino.

In line with the shift recently occurred from a binary to a non-binary perspective, gender identity is currently understood as a way of perceiving oneself across the so-called *gender spectrum*: research showed gender variance (GV) occurs in non clinical samples of children and adolescents (de Vries, Kreukels, Steensma, & McGuire, 2014). Children with gender dysphoria present with behavioral and emotional problems, and may also face difficulties in peer relations. Researchers developed different models to explain this association and identify protective factors of psychological well-being: according to the model of social ostracism, peer relations (PR) play a crucial role in the psychological adjustment of GV children (Zucker, 2014). This study aimed at testing if (1) association between gender GV and psychological distress (PD) may also be found in a non-clinical sample, and (2) if yes, whether quality of PR may be a predictor of PD. Upon informed consent, the mothers of 409 boys and 467 girls aged 6-12 (non clinical sample) filled-in a set of parent-report questionnaires including: a socio-demographic data sheet; the Italian version of the *Gender Identity Questionnaire for Children* (Johnson et al., 2004) and of the *Child Behavior Check List 6-18* (Achenbach & Rescorla, 2001). Association between GV and PD was tested through correlation; the effect of GV and PR on internalizing symptoms (IS) was tested through hierarchical regression analysis. We found a significant, negative, correlation between GV and IS ($r = -.30$, $p < .001$) in the subgroup of boys aged 10-12. Hierarchical regression analysis showed that GV predicts IS, and PR constitute an important factor for improving predictions of the model, which overall (GV and PR) significantly predicted 34% of the variance of IS ($\text{Adj } R^2 = .344$, $F [1, 202] = 81.91$, $p < .001$). Peer relations constitute a crucial factor in supporting psychological well-being in the considered group.

THE EFFECTS OF TRANSPHOBIC PREJUDICE IN CLINICAL PRACTICE**Prunas Antonio (1), Sacchi Simona (1)**

(1) Department of psychology, University of Milano-Bicocca

Previous studies (Lingiardi et al., 2004) have shown that psychotherapists are not immune to prejudice and stereotypes against homosexual people, but little is known about prejudice against other sexual minorities including transgender people. The aim of the present study is to analyze the impact of transphobic prejudice on clinical formulation, and its influence on diagnosis and assessment of severity and prognosis of a fictitious patient. We recruited a sample of 150 female psychotherapists (psychologists or psychiatrists) (Mean age= 38.17; SD=±8.48), through an online survey which was advertised by contacting the boards of psychologists and psychiatrists throughout the Country. Participants were asked to read a fictitious clinical vignette and formulate a clinical impression of the patient. We used a 2 (Client's gender identity: cisgender vs. transgender) × 2 (Diagnosis: difficulties in controlling anger vs. depression) × 2 (Client's biological sex: male vs female) design. Participants were randomly assigned to one of eight experimental conditions, thus each of them read about a cisgender (vs. transgender) male (vs female) patient with difficulties in controlling rage (vs. depression). The two diagnostic profiles were previously tested as stereotypical vs non-stereotypical of transgender people. After reading the vignette, participants were asked to rate the patient's: psychopathological severity; amenability to psychotherapy; amenability to pharmacotherapy; current level of overall functioning by using the Global Assessment of Functioning (GAF). Results show that, regardless of the patient's biological sex and diagnosis, trans clients are rated as more severe from the psychopathological point of view and more amenable to pharmacotherapy than their cisgender counterparts. Results suggest that psychotherapists can be biased by prejudice against trans clients and tend to consider psychological problems in transgender people as more severe, simply because of their being "trans". Also, psychological problems in trans people are considered more deeply rooted in "biology" and thus to be addressed through pharmacology. Implications for the training of psychotherapists are discussed.

**MINORITY STRESS IN A SAMPLE OF ITALIAN GENDER VARIANT PEOPLE:
EFFECTS OF STIGMA AND RESILIENCE ON MENTAL HEALTH****Scandurra Cristiano (1), Picariello Simona (2), Amodeo Anna Lisa (2)**

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(2) Department of Humanistic Studies, University of Naples Federico II

Gender variant people often experience stigma because of their gender nonconformity, and this might negatively affect their mental health. The ability of coping with stigma depends on specific protective factors, such as social support, resilience, and community connectedness, which might reduce the negative effects of stigma on mental health. This study was aimed at quantitatively applied the minority stress model to a sample of Italian gender variant people. This study assessed the effects of minority stress on 149 Italian gender variant people's mental health. Participants were recruited online through the main social networks, answering questions about enacted, felt, and internalized stigma, depression, anxiety, suicidal ideation and attempt, social support, and resilience. Multiple and logistic regression analyses were performed to analyze the effects of minority stressors on mental health, as well as protective factors as moderators. The application of the minority stress model to this specific population was confirmed. Indeed enacted, felt, and internalized stigma were positively associated with anxiety (R^2 adjusted = .222; $F(1) = 3.447$; $p < .05$; $SE = 13.17$), depression (R^2 adjusted = .435; $F(1) = 4.091$; $p < .05$; $SE = 10.59$), suicidal ideation ($\chi^2 = 39.714$, $p = <.0001$, $-2Log = 156.689$, R^2 Cox and Snell = .244, R^2 Nagelkerke = .326), and suicidal attempt ($\chi^2=20.490$, $p < .05$, $-2Log = 112.426$, R^2 Cox and Snell = .164, R^2 Nagelkerke = .263). These associations were moderated by family and peer support, or resilience. This study has important clinical implications related to transgender affirmative counseling and psychotherapy interventions. Indeed, from the results it emerged that mental health problems were not merely an expression of gender dysphoria.

Keywords: Minority stress; gender variance; resilience

C3

EXPLORING PSYCHOPATHOLOGICAL SYMPTOMS THROUGH EMOTION DYSREGULATION: WHICH DIRECTION?

Proposer: Velotti Patrizia (1)

(1) Department of Education sciences, University of Genova

Individual differences in the ability to identify and understand one's own emotions as well as in the types of strategies used to manage and regulate emotions are well established. Indeed, emotion regulation deficits have been consistently linked to psychopathology. Accumulating evidence suggests a role of emotion dysregulation in the development and maintenance of psychopathology. Despite these evidence suggesting a link between emotion dysregulation and psychopathology, a number of important questions remain unanswered regarding the specific nature of this relationship. In fact, emotion dysregulation has been documented among people with a variety of diagnoses. Thus, it remains unclear which specific role emotion dysregulation play as risk factor for the development of psychopathological symptoms. In addition, the direction of the relationship between emotion dysregulation and psychopathology remain unclear. If emotion regulation is a consequence of psychopathology or a factor underlying disorder persistence, interventions would most usefully be included into treatment rather than prevention. The current symposium aimed to address these gaps in the literature by examining the reciprocal relationships among emotion dysregulation and various psychopathological symptoms.

PSYCHOPATHIC TRAITS AND POSITIVE AND NEGATIVE EMOTION DYSREGULATION

Velotti Patrizia (1)

(1) Department of Education sciences, University of Genova

Evidence have highlighted that psychopathic traits may be related to negative emotion dysregulation in community samples. However, literature was focused on dysregulation of negative emotions, much is still unknown about dysregulation of positive emotions. To better elucidate the positive and negative emotion dysregulation-psychopathy association, additional investigations are needed. This study aims to replicate previous evidence of an association between negative emotion dysregulation and psychopathic traits in two samples: community and offenders. Indeed, we aim to explore the possible association between positive emotion dysregulation and psychopathic traits in both samples. We hypothesized that six facets of emotion dysregulation (emotional nonacceptance; difficulties engaging in goal-directed behaviors when distressed; difficulties controlling impulsive behaviors when distressed; lack of emotional awareness; limited perceived access to emotion regulation strategies; and, lack of emotional clarity) would be associated with facets of psychopathy. Two samples, one community sample and one male offenders incarcerated in Italian jails, completed the Self-Report Psychopathy Scale (SRP-4; Paulhus, Neumann, & Hare, 2015), Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004) and the Difficulties in Emotion Regulation Scale – Positive (DERS-Positive; Weiss, Gratz, Lavender, 2015; Velotti, Garofalo, Bigi, 2016). In line with the expectations, emotion dysregulation dimensions predicted higher levels of psychopathic traits. Structural Equation Modeling revealed that selected dimensions of emotion dysregulation were associated with different facets of psychopathy. The present study sought to clarify the relationship between emotion dysregulation and psychopathy. Results lend support for an association and this may have notable treatment implications.

EMOTIONAL DYSREGULATION, SYMPTOMS AND INTERPERSONAL PROBLEMS INDEPENDENTLY PREDICT PERSONALITY DISORDERS IN AN OUTPATIENT SAMPLE. PSYCHOPATHOLOGY AND TREATMENT IMPLICATIONS

Ottavi Paolo (1), Pace Cecilia Serena (4), D’Aguanno Mario (2), Salvatore Giampaolo (1), Popolo Raffaele (1), Montano Antonella (3), Perrini Filippo (3), Buonocore Luisa (1) Dimaggio Giancarlo (1)

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(4) DISFOR, University of Genova

Emotional dysregulation (ED) has been considered a hallmark of borderline personality disorder (BPD) and has been found across many different personality disorders (PD). Its contributions to personality pathology, and its interactions with other aspects of core pathology of PD, which include symptoms and interpersonal problems requires further investigation. In particular it is important to understand whether ED predicts PD alone or in combination with other factors.

We analyzed here a sample of 478 outpatient who voluntarily sought individual psychotherapy. Personality disorders was assessed with the SCID II. Symptoms were assessed with the SCL-90-R, interpersonal problems with the Inventory of Interpersonal Problems-32 (IIP-32) and ED with the DERS. Results showed how ED correlated with the majority of PD and with symptoms and interpersonal problems as well. Overall, our results suggest that ED can be considered a core aspects of PD pathology and not of BPD only. According to this finding we discuss the implication for adapting Metacognitive Interpersonal Therapy, which has been fully manualized for the treatment of patients with prominent emotional over-regulation (Dimaggio et al., 2015) to patients who also present with moments of ED (Salvatore et al., in press). We describe here how we adapted MIT in order to meet the needs of a patient with PD featuring ED.

EXAMINING EMOTION DYSREGULATION FACETS TO UNDERSTAND AGGRESSION IN VIOLENT OFFENDERS

Garofalo Carlo (1,2)

(1) Tilburg University, Department of Developmental Psychology

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Difficulties in emotion regulation have been only recently proposed as a possible factor associated with aggression and violent behavior. Historically, scholarly attention has mainly been focused on the role of alexithymia and impulsivity as dimensions related to the domain of emotion dysregulation that are likely to explain aggressive tendencies among offenders. Also recent studies have provided support for this view (Bousardt et al., 2015; Teten et al., 2008). Aim of the present study was to investigate the potential incremental power of an expanded model of emotion dysregulation (Gratz & Roemer, 2014) in predicting aggression dimensions in a large sample of violent offenders. Specifically, 226 male offenders incarcerated for violent crimes were administered self-report measures of emotion dysregulation, alexithymia, trait impulsivity, and aggression dimensions (physical and verbal aggression, anger, and hostility). Hierarchical multiple

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regression analyses were carried out to examine the predictive validity of emotion dysregulation dimensions after controlling for the influence of alexithymia and impulsivity. Results corroborated the expectations, in that two facets of emotion dysregulation (negative urgency and emotional nonacceptance) additively explained a portion of the variance in physical aggression, anger, and hostility, above and beyond the influence of alexithymia and impulsivity. These findings are consistent with a mentalization framework to understand aggressive behavior. Clinical implications for work with violent patients will be discussed.

C4

MENTALIZATION AS CLINICAL CONSTRUCT AND A DEVELOPMENTAL BASED FUNCTION: PERSONALITY, NEUROSCIENCE, ATTACHMENT AND TRAUMA.**Proposer: Borroni Serena (1)**

(1) University Vita-salute San Raffaele

Mentalizing is the ability to understand actions by both other people and oneself in terms of thoughts, feelings, wishes, and desires; it is a very human capability that underpins everyday interactions. Without mentalizing there can be no robust sense of self, no constructive social interaction, no mutuality in relationships, and no sense of personal security. Mentalizing is a fundamental psychological process that play a role in all major mental disorders. Indeed, mentalizing techniques are now being used for the treatment of post-traumatic stress disorder, drug addiction, eating disorders, personality disorder in adolescents, particularly those who self-harm, and in work with families in crisis. Recent advances have in particular been influenced by new findings in developmental psychology, psychopathology, and neurosciences. The present symposium will show current research findings on mentalization construct. Specifically, the symposium will be focused on: a) the relationships between mentalization and dysfunctional personality traits assessed by Personality Disorders Inventory for DSM-5 (PID-5). Identifying a system of relationships between PID-5 traits and mentalization may have important implications both for researchers and clinicians in order to plan an adequate treatment for subjects with personality dysfunction; b) the interplay between mentalization and attachment in adolescence. This relationship paly a relevant role in self-organization and affect regulation; c) the relationship between neural mechanisms underlying empathic and mentalizing capacity and maladaptive personality features (in particular antagonistic features) through a laboratory task d) the relationship between mentalization deficit and traumatic experiences.

TRAUMATIC EXPERIENCES AND MENTALIZATION ABILITY: A STUDY ON ITALIAN CLINICAL SAMPLE**Borroni Serena (1)**

(1) University Vita-salute San Raffaele

Research has shown that the capacity for mentalizing is often damaged in people who have

experienced trauma. For example, research has shown that children who have been traumatized find it more difficult to learn words for feelings (Beeghly & Cicchetti, 1994), while adults find it harder to recognize the intent behind facial expressions (Fonagy, Target, Gergely, Allen, & Bateman, 2003). To understand the relationship between traumatic experiences and mentalization ability, 191 consecutively admitted adult outpatients who voluntarily participated in the study were administered the Italian Version of the Mindfulness Attention Awareness Scale (MAAS), Five Facet Mindfulness Questionnaire (FFMQ), the Movie for the Assessment of Social Cognition (MASC), the Reading the Mind in the Eyes Test Revised Version (RMET) and the ICD-11 Trauma Questionnaire. Our findings showed that participants with post traumatic stress disorder (PTSD) and complex PTSD (CPTSD) did not score significantly lower on the RMET total score and on the MASC errors than participants were not shown PTSD and CPTSD features. Interestingly, in our sample, participants with PTSD scored significantly lower on average on MAAS total score (that evaluates mindfulness as attention and awareness towards emotions, thoughts, sensations, and situations) than participants were not shown PTSD features. Moreover, participants with CPTSD scored significantly lower on average on FFMQ scale Act with Awareness than participants without CPTSD features. These findings seem to suggest that traumatic experiences could weaken the ability to reflect on own internal state, whereas the capacity to recognize other's mental state seems to be preserved.

TOUCHING THE "OTHER": AN FMRI STUDY ON INTERPERSONAL (INTER)ACTION AND MALADAPTIVE PERSONALITY FEATURES

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The Alternative DSM-5 Model for Personality Disorders-Section III (APA, 2013) emphasized the centrality of Self and Interpersonal in understanding and classifying personality disorders. Most of

the neuroscientific studies address antagonistic features in personality (i.e. psychopathic, narcissistic traits) with social tasks that involved subjects as spectators of visual stimuli (Meffert and coll. 2013; Fan and coll.2010). However, maladaptive personality features are primarily expressed in the active participation in the social world, rather than in spectator conditions. Hence, the present study aims at investigating the neural mechanisms underlying empathic and mentalizing capacity in relationship with maladaptive personality features through a laboratory task developed to study social (inter) action with affective consequences (unpleasant) for the “other” in the context of an active behavior. We analyzed, preliminarily, data of 9 non-clinical subjects who complete psychological assessment and an fMRI experiment that consists in Resting state-fMRI and Task-fMRI (active touch of a real hand vs. a mannequin hand with affective consequences for the “other”). Group statistical contrast maps ($p < .005$ cluster level corrected for multiple comparisons) show increased activity for unpleasant human_hand touch vs. fake_hand touch in the Dorsal Anterior Cingulate Cortex (dACC), a key region related to empathy for pain (Lamm et al., 2010) and Dorsal Posterior Cingulate Cortex (dPCC). These preliminary findings show how key regions for empathy are involved in active social behavior and suggest that this paradigm is promising to study individual differences in personality. The link between neural activity during a Resting State and the concept of Self (Northoff, 2011), will allow us to explore how the rest/self can be considered as a predisposition for individual differences in behavior (i.e., one's personological profile) and how it can predict neural activity during social interaction.

EXECUTIVE FUNCTIONING AND SOCIAL COGNITION CORRELATES OF *DSM-5* MALADAPTIVE PERSONALITY TRAITS: INITIAL EVIDENCE FROM AN ITALIAN SAMPLE OF CONSECUTIVELY ADMITTED ADULT OUTPATIENTS

Somma Antonella (1)

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In order to evaluate the associations between computer-administered tasks of executive functioning (EF), social cognition task, and maladaptive personality domains and traits listed in *DSM-5* Alternative Model of Personality Disorders, 53 consecutively admitted psychotherapy outpatients (female participants: $n = 27$, 50.9%; male participants: $n = 26$, 49.1%; participants' mean age = 37.28 years, $SD = 11.50$ years.) were administered the Movie for the Assessment of Social Cognition (MASC) task, the Psychology Experiment Building Language (PEBL) EF tasks, and the Personality Inventory for *DSM-5* (PID-5). According to rank-order correlation analyses a number of non-negligible and specific associations were observed between selected PID-5 scales and indices of participants' performance on EF tasks. MM robust regression models, participants' performance

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AIP Clinical and Dynamic Section
Proceedings SYMPOSIA

By Tambelli Renata & Trentini Cristina

on computer-administered EF tasks explained a non-negligible amount of variance in selected PID-5 scale scores (median R^2 value = .17). Hypermentalizing on the MASC task was significantly associated with selected PID-5 trait scales (median r_s value = .37). Finally, our data suggested that EF and social cognition represent largely independent domains, although selected social cognition deficits seemed to involve possible attention problems.

STATE OF MIND WITH RESPECT TO ATTACHMENT AND THE DIMENSIONAL ASSESSMENT OF PERSONALITY PATHOLOGY IN ADOLESCENCE WITH THE PID.

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The DSM5 PID model has proved effective in evaluating the dimensions underlying personality pathology in adolescence in both clinical and normative samples. Attachment models present specific relations to personality disorders in adult age. To evaluate to specificity of association of peculiar modes of processing of attachment experiences as assessed through the Attachment Interview for Childhood and Adolescence (AICA) with the personality dimensions of the PID in adolescence. A normative sample of 50 adolescent subjects (54%=M, aged 13-15) and a clinical sample of 40 adolescent subjects (70%=F, aged 13-18) referred to the Adolescent Units of Policlinico Sapienza were screened with the AICA and PID (adolescent version). The relative strength of the associations between the evaluation of AICA and the PID were reckoned with ANOVA analyses. Data show the relevance of states of mind related to disorganization of attachment for those PID dimensions usually associated to impulsive, dissociative and aggressive aspects of personality pathology.

C4

DRUG USE: EVALUTATION AND TREATMENT

Proposers: Cacioppo Marco (1), Craparo Giuseppe (2)

Discussant: Adriano Schimmenti (2)

(1) University LUMSA di Roma

(2) University Kore di Enna

The scientific literature about the addictive behaviors is increasingly focused to integrate different theoretical models in order to enhance the comprehension and the evaluation and in order to make the clinical intervention more effective. Moreover, the empirical evidence illustrates that a wide range of addiction phenomena is broader than the traditional references to alcohol or substance addictions. Nowadays, this also includes the so-called new addictions that represent a problem that is becoming progressively more consistent, especially during the period of adolescence. Furthermore, recent research is focused on common denominators that characterize the personality structure and relational area of addicts. The symposium's aim is, through the presentation of four works, to highlight the fundamental role of both the relational and the developmental contexts linked to addictive psychopathology. In the first work, the authors realized a brief measure of perceived addiction to Internet pornography (CYPAT, Cyber Pornography Addiction Test); in the second study the authors examined the role of alexithymia in the ability (i.e. number of errors, accuracy, reaction times) of thirty-one heroin addicts and thirty-one healthy controls to detect several affective expressions. The third study consists of two investigations. The first compared levels of problematic use of narcissism and social networking sites use (SNSs) across overt narcissists, covert narcissists and non-narcissists. The second investigation aimed to clarify the potential psychological mechanisms which might explain the association between covert narcissism and problematic use of SNSs. The latest study aimed to investigate the effects of early parental maltreatment on substance use disorders.

DEVELOPMENT AND VALIDATION OF CYBER PORNOGRAPHY ADDICTION TEST (CYPAT)

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Internet pornography addiction typically involves viewing, downloading, and trading online pornography or engagement in adult fantasy role-play. Many studies have shown that people are able to become very compulsive in their use of pornography on the Internet. However, despite the apparent recognition of this phenomenon, there is still no definitive assessment or diagnosis of this kind of addiction. Excessive use of Internet pornography is associated with: interpersonal isolation, response to low mood or stress, relational problems and moral or religious reasons (Patterson et al., 2012). Individuals may feel that they are compulsive in their use of pornography, they describe perceived lack of control over their pornography use, and report severe and different consequences related to their pornography use (Spenhoff et al., 2013). There are many well-validated inventories measuring perceived addiction to Internet pornography but these instruments are often too long for a functionally use and fast scoring. We aimed to develop a brief measure of perceived addiction to Internet pornography (CYPAT, Cyber Pornography Addiction Test). The sample consisted of 470 participants (236 women, 234 men; mean age = 27.66 years; SD = 2.55). CYPAT is a self-report scale composed of 18 items scored on a five-point Likert scale. Factor analyses revealed good content validity and high reliability ($\alpha = .92$). The scale showed good convergent and divergent validity with: Cyber-Pornography Use Inventory (Grabs et al., 2010) (Addictive Patterns $r = .76$; $p < .001$; Guilt Regarding Online Pornography Use $r = .39$; $p < .01$; Online Sexual Behavior-Social $r = .48$; $p < .01$); TAS-20 (Bagby et al., 1994) (total score $r = .31$; $p < .01$) and FACES-IV (Olson, 2011) (Circumplex Total Ratio $r = -.31$; $p < .01$). The implications of the findings for future theoretical and empirical development of research in this field are discussed.

SATISFYING NEEDS THROUGH SOCIAL NETWORKING SITES: A PATHWAY TOWARDS ADDICTION FOR NARCISSISTS?

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A recent scientific interest has emerged regarding the connection between narcissism and social networking sites use (SNSs). Research highlighted a positive association between narcissistic traits and frequency of updating one's status, uploading attractive photos and searching to attract admiring friends. The current contribution builds upon previous studies by hypothesizing that satisfying narcissistic needs through SNSs might represent a path towards a deficient self-regulation

of the use of social media use which leads to negative outcomes. The results of two empirical investigations will be presented. The first study compared levels of problematic use of SNSs across overt narcissists, covert narcissists and non-narcissists. The analysis of variance showed that covert narcissists reported 1) significant higher levels of problematic use of SNSs compared to non-narcissists and 2) a stronger preference for online social interactions and higher overall levels of problematic use of SNSs compared to overt narcissists. On the other hand, no significant differences were found between overt narcissists and non narcissists. The second study aimed to clarify the potential psychological mechanisms which might explain the association between covert narcissism and problematic use of SNSs. Following the well-established evidence on narcissists motivations, on the one hand, and the dual model of Facebook use, on the other, the need for admiration, the need for belongingness, and the need for identity experiments were supposed to mediate the association between covert narcissism and Facebook addiction. The assessed structural model produced a good fit to the data and all of the indirect effects hypothesized were significant. Variables accounted for 33% of the variance in Facebook addiction levels. Taken together, these results highlight that satisfying narcissistic needs through SNSs might represent a pathway towards a compulsive use of SNSs, especially among covert narcissists.

IMPAIRED EMOTION RECOGNITION IN HEROIN ADDICTS

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Introduction: Several investigations document altered emotion processing in opiate addiction. Nevertheless, the origin of this phenomenon remains unclear. Objects: In our study (Craparo et al., 2016), we examined the role of alexithymia in the ability (i.e. number of errors – accuracy - and reaction times - RTs) of thirty-one heroin addicts and thirty-one healthy controls to detect several affective expressions. Instruments: We used the following instruments: The 20-item Toronto Alexithymia Scale (TAS-20, Bagby, Parker, & Taylor, 1994) and the Facial Action Coding System

(FACS, Ekman, Friesen, & Hager, 1978). Results: Data analysis of our study showed generally lower accuracy and higher RTs in the recognition of facial expressions of emotions for patients, compared to controls. The hierarchical multivariate regression analysis showed that alexithymia might be responsible of the between groups difference with respect to the RTs in emotion detection. Conclusions: We provide new insights in the clinical interpretation of affective deficits in heroin addicts suggesting a role of alexithymia in their ability to recognize emotions.

HISTORY OF CHILDHOOD MALTREATMENT IN SUBSTANCES ADDICTED PATIENTS: THE SPECIFIC INFLUENCE OF PARENTS

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Childhood maltreatment has been shown to increase the risk of a range of psychiatric disorders including substance use disorders (SUDs). Although this link has been well established, the mechanism of this association require further study. To date, few studies have examined specific characteristic of childhood maltreatment associated with SUDs in adulthood. In particular, the specific effect of the two parental figures as perpetrator remains unclear. This study aimed to investigate the effects of childhood maltreatment on SUDs, specifically for mother and father. Thirty-seven male participants in treatment for substance abuse ($M=35.19$, $SD=8.27$) and thirty-seven non-clinical participants ($M=31.16$, $SD=9.42$) were interviewed with Childhood Experience of Care and Abuse (CECA). Participants with substance addiction had experienced more antipathy and neglect from both parents ($p<0.05$) and more physical abuse from father ($p<0.01$) compared with their non clinical control. Further, significant associations were found between paternal antipathy, neglect, and physical abuse and SUDs in adulthood. Multivariate model indicated that neglect from father seemed to be the only one predictor of SUDs in adulthood. Since most previous studies to date have focused on the association between childhood maltreatment in general and SUDs, these findings should encourage a more detailed examination of both parental figures in order to clarify potential associations between specific types of parental maltreatment and SUDs in adulthood. Our findings highlight the influence of maltreatment from father and importance of including both parents in future research and in early clinical treatment in patients with SUDs.

Key words substance abuse disorder; childhood maltreatment; mother; father; neglect

C4

TRAUMATIC EVENTS WITHIN THE LIFE CYCLE: SHORT- AND MEDIUM TERM CONSEQUENCES ON INDIVIDUALS' PSYCHOLOGICAL WELL-BEING

Proposer: Carli Lucia (1)

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Psychic trauma is classically considered to be the product of severe and specific events, that imply a threat to physical integrity, during infancy and adulthood, as described by the DSM (APA, 2004; 2013). More recently, this definition has been extended to include not only single experiences which are particularly harsh, like physical and sexual abuse, but also repeated experiences of dysfunctional dyadic interactions during the developmental period, as well as losses during the life-cycle, such as pregnancy and childbirth (Allen, 2001; Lyons-Ruth et al., 2012; Fonagy et al., 2015; Di Blasio et al., 2006). In the reproductive field in particular, it was hypothesized that infertility can be a potentially traumatic event, since it is characterized by different experiences of loss. The studies in this extended framework, which refer to different age groups, consider the short-and medium- term consequences of different traumatic experiences. The study by Devecchi, Ghezzi, Nappi, Tagini and Carli investigates the potentially traumatic condition of infertility. Subsequently to analyzing the psychometric properties of the Italian adaptation of the Los Angeles Symptoms Checklist (LASC, Foy et al., 1987), a self-report measure of Posttraumatic Stress Disorder (PTSD) and associated features, the authors' contribution explores the relation between infertility and PTSD symptoms. The study by Giovanelli, Bertonati, Somigli and Miano explores the short-term consequences of early traumatic experiences in children between 4 and 8 years of age. Specifically, this work explores the relation between trauma and a number of variables such as: the development of self, and other representations, quality of attachment, PTSD and behavioral problems. Moving on to older children (7-12 years of age), Riva Crugnola, Ferro, Bottini, Ierardi, Temesgen and Orladini's contribution aims to investigate the short-term consequences of sexual abuse in Ethiopian girls, and the effect of counselling and of psycho-social support over a 2 year time period. In particular, it explores changes in PTSD symptoms, in family representations, in emotion regulation, and in manifested behaviours, due to treatments. Finally, Cavanna, Bizzi and Castellano's contribution aims to analyze the medium-term consequences of childhood traumatic experiences in

pre-adolescents. Attachment models, PTSD symptoms emotion regulation and the relation between all these variables are investigated in pre-adolescents with somatic symptom disorders (SSD) and disruptive behaviour disorders (DBD).

CHILDREN WITH SOMATIC SYMPTOM DISORDERS: WHEN ADAPTIVE STRATEGY “JAMMED”

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Somatic Symptom Disorders (SSD) are characterized by multiple and variable physical symptoms without demonstrable pathophysiological processes. Literature has investigated the role of several psychological variables in SSD, but not in developmental age. The aim of this study is to evaluate the attachment models, to test emotional regulation and post-traumatic symptoms in a sample of young patients with SSD. 56 Italian patients aged from 8 to 15, previously diagnosed with SSD, were compared to 56 healthy control subjects. We administered a battery of tools: *Child Attachment Interview* (CAI; Shmueli-Goetz *et al.*, 2008), *Emotional Regulation Questionnaire for Children and Adolescents* (ERQ-CA; Gross and John 2003) and *Trauma Symptom Checklist for Children* (TSCC-A; Briere, 1996). More than 85% of Insecure attachment was present in SSD and Disorganization was highly over-represented (over 40%). Moreover, low levels of Reappraisal Cognitive and Post-Traumatic Symptoms were found in SSD. These findings support the utility to further investigate the emotional functioning, such as disorganization aspects, surrounding the SSD in children and adolescents. The clinical implications for future research directions are discussed.

IS THE CONDITION OF INFERTILITY TRAUMATIC? USE OF THE LOS ANGELES SYMPTOM CHECKLIST (LASC) IN FERTILE AND INFERTILE ITALIAN WOMEN**Devecchi Federica (1), Ghezzi Valerio, Nappi Rossella E. (2), Tagini Angela (1),****Carli Lucia (1)**

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Recently trauma sources have been extended to include repeated and less severe experiences (Lyons-Ruth et al., 2012). Infertility can be characterized by repeated losses that could be traumatizing (Jaffe e Diamond, 2010). Therefore, the study investigates the potentially traumatic condition of infertility. This study aimed to investigate: 1) psychometric properties of the Italian adaptation of the Los Angeles Symptom Checklist (LASC, Foy et al., 1984; King et al., 1995), a widely used self-report that measures traumatic symptoms, in fertile women 2) PTSD in a group of infertile women, in a pre-treatment phase. The sample consisted in 323 Italian fertile women (age: $M= 35,36$; $SD = 4,74$) expecting their first child or with at least one biological child and in 49 Italian infertile women (age: $M= 36,22$; $SD= 4,58$) without children, seeking MAP for the first time. The questionnaires administered were: for trauma symptoms the *Los Angeles Symptom Checklist* (LASC) and the *Trauma Symptom Inventory-A* (TSI-A); for psychopathology the *Symptom Checklist-90* (SCL-90); for alexithymia the *Toronto Alexithymia Scale-20* (TAS-20). For the factorial analysis, six alternative models were formulated. Validity was evaluated with correlations between LASC and TSI-A and TAS-20. Finally, t-test was performed for compare infertile women with a subgroup of fertile women. Results showed that the best factorial structure posited one factor that included all 43 items and method factors, identifying the PTSD criteria according to the DSM. Good convergent and concurrent validity were found. Finally, no significant differences were found between fertile and infertile women. This study suggests that the Italian adaptation of the LASC is a reliable instrument. Moreover, it suggests that the condition of infertility itself is not associated to PTSD symptoms. The presence of these symptoms should thus be investigated at the end of MAP treatment.

INFANTILE TRAUMA: REPRESENTATIONS OF SELF, OTHERS AND RELATIONSHIPS AND PROBLEMATIC BEHAVIOURS IN MALTREATED CHILDREN**Giovanelli Chiara Lia (1), Bertonati Chiara (1), Somigli Cecilia (1), Miano Paola (1)**

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Literature suggests that different types of early traumatic experiences (such as child maltreatment) have an impact on children's psychological well-being, especially, in terms of understanding and expectations of relationships, representations of self and others and on their emotion regulation. This can influence their attachment pattern and their emotional and behavioural development. Narrative tasks, such as the Story Stem Assessment Profile, offer the children an opportunity to express their expectations about themselves, others and relationships, especially attachment relationships (Hodges & Steele, 2000; Hodges, Steele, Kaniuk, Hillman & Asquith, 2009). An area of research that needs further study is the investigation of the link, in traumatised children, between children representations and their symptomatology. The present exploratory research investigates the connection between early traumatic experiences of maltreatment, children's representations of self, others and relationships and psychological well-being in terms of behavioural problems and stress. 25 maltreated and 25 non-maltreated children, aged 4 to 8 years old, participated in this research. The measures used were the Story Stem Assessment Profile to investigate child's representations of self, others and relationships (Hodges et al., 2013), the Child Behavior Checklist to identify behavioural problems in the child (Achenbach & Rescorla, 2000) and the Parent Stress Index to evaluate the magnitude of *stress* in the parent-child system, as seen by the mother (Abidin, 1990). Preliminary data suggest that traumatised children showed more behavioural and post-traumatic symptoms. Moreover, they represented the world as a dangerous place where adults are dangerous or unaware, protection is lacking and extreme violence often occurs.

A PSYCHO-PEDAGOGICAL AND COUNSELLING PROGRAM IN WITH ETHIOPIAN YOUNG GIRLS VICTIMS OF SEXUAL VIOLENCE: EFFECTIVENESS OF THE INTERVENTION**Riva Crugnola Cristina (1), Ferro Valentino (1), Bottini Marta (1), , Ierardi Elena (1), Temesgen Tadele (3), Orlandini Alvisè (2)**

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Sexual abuse on children causes negative effects on physical and mental health, both in the short period (dissociative symptoms, deficits in emotional regulation, depression, ADHD) and in the long period (dissociative symptoms, depression, anxiety, PTSD) (Putnam, 2003; Swenson *et al.*, 2012). In Ethiopia children who were victims of abuse show: poor social support, low level of self-confidence, and intrusive thoughts (Wondie *et al.*, 2011). The research aim is to assess the effectiveness of a psycho-pedagogical and counselling intervention program carried out by a Counselling Center in Addis Abeba with Ethiopian young girls who were victims of sexual violence. 19 Ethiopian girls (range: 7-12 years old; mean age: 9.7 years old), victims of sexual abuse, were evaluated three different times (baseline, after one, and two years) on: Post-Traumatic Stress Disorder with the TSCYC (Briere, 2005), emotional and behavioral problems with the Child Behavior Check List (CBCL/6-18; Achenbach & Rescorla, 2001), the representations of the child about his family and the relationships between its members with Design of the Family test (Corman, 1967; Fury, Carlson, & Sroufe, 1997). Through statistical analysis, results showed after two years of treatment a significant decrease in the girls of: anxiety, intrusive symptoms related to abuse, arousal in response to trauma, social problems, attention problems and rage. It was also observed an increase in positive feelings related to the family members. The research demonstrates the effectiveness of two years of psycho-pedagogical and counselling intervention aimed to young girls victims of sexual violence, with a significant decrease in the majority of the risk areas of the participants and an increase in their psychological well-being.

C4

CLINICAL PSYCHOLOGY FOR MEDICAL SETTINGS.**Proposer: Castelli Lorys (1,2)**

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(2) Clinical Psychology Unit, AOU Città della Salute e della Scienza, Turin

Discussant: Zennaro Alessandro

(3) University of Turin

The symposia focuses on four different studies, which exemplify both the applied extent of clinical psychology and the peculiarity of each specific medical setting. The first contribution, using a longitudinal design, investigates the influence of maternal Body Mass Index (BMI) and maternal emotion regulation skills on the risk to develop obesity and dysfunctional attachment in pediatric age, on a sample of more than 50 women. The second contribution focuses on how to promote lifestyle changes among obese patients during cardiac rehabilitation. Using a retrospective design, the study explores the influence of different psychosocial risk factors on the Quality of Life (QoL) and well-being of obese heart patients when controlled for cognitive deficits. The third contribution investigated the specific impact that alexithymia and psychological distress, together with pain, have on the QoL in patients with Fibromyalgia Syndrome. In particular, the mediation role of depressive symptoms was analyzed in order to deeper the relationship between alexithymia, depressive symptoms and patients' QoL. The last presentation focused on the role of alexithymia in patients with Hepatitis C undergoing to interferon therapy. Specifically this longitudinal study on 111 patients tried to answer to the following issue: can somatic symptoms be considered exclusively a direct effect of the interferon therapy or, does alexithymia, as well as the tendency to somatization, mediate this effect? All the four studies highlight the centrality of the interaction between psychological features and biomedical indexes. Specifically the complex interactions between the mind and the "soma" levels stressed one more time the importance to go beyond the "old", but still diffused, preconception, according to which psychological issues are always a epiphenomenon or, at best, the simple causal consequence of the medical/somatic level.

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.

MINDING THE HEART: THE ROLE OF PSYCHOSOCIAL RISK FACTORS AND COGNITIVE FUNCTIONING ON OBESE HEART PATIENTS' QUALITY OF LIFE AND WELL-BEING**Pietrabissa Giada (1,2), Manzoni Gian Mauro (2,3), Castelnuovo Gianluca (1,2)**

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Cardiovascular disease (CVD) is a major public health problem. Psychosocial factors are contributory determinants of cardiovascular health, and obesity, besides having a major impact on CVD in its own, is associated with maladaptive effects on various cardiac risk factors. Cardiac rehabilitation (CR) is effective in improving heart patients' Quality of life (QoL) and functional capacity. However, long-term outcomes maintenance is still challenging, and psychological factors considerably affect the persons' uptake of health-related behaviors. Aim of the present contribution is to seek evidence on how to promote lifestyle changes among obese CR patients by 1) investigating the presence of cognitive impairment and examining the influence of selected psychosocial risk factors on the QoL and well-being of the sufferers; 2) exploring mediator effects of psychological factors on QoL. Demographic, biomedical, cognitive and psychological data from a number of cardiac patients were sequentially collected at inclusion to CR and retrospectively analyzed. The inpatients' QoL appeared affected by higher depression scores, while greater levels of anxiety and impulsiveness were significantly related to lower well-being; independently from the level of cognitive functioning. Depression significantly influenced heart patients' QoL over and above other traditional psychosocial and biomedical outcomes, but the effects of impulsiveness and anxiety were totally mediated. To our knowledge this is the first investigation aimed at exploring the separate influence of psychosocial risk factors on obese heart patients' QoL and well-being when controlled for different levels of cognitive impairments. Since perceived QoL appears to consistently depend on emotion-related factors, to properly screen for the presence of psychological impairments would lead to a better understanding of QoL scores and would help to deliver more effective CR interventions.

TREATMENT WITH INTERFERON IN CHRONIC HEPATITIS C (CHC) PATIENTS: SOMATIC SIDE EFFECTS OR SOMATIZATION SYMPTOMS? THE ROLE OF ALEXITHYmia**Porcelli Piero (1)**

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Interferon (IFN) is a pro-inflammatory cytokine used for the treatment of several diseases including CHC. IFN causes several biological (hematologic, immune, infective, cardiovascular, renal, and pulmonary), somatic (fatigue, insomnia, pain, headache, pruritus, nausea, appetite loss, intestinal problems, dyspepsia, cough, dyspnea, dry eyes) and psychiatric (mainly depression) side effects. These problems are usually treated symptomatically. However several somatic symptoms overlap with somatization symptoms and might have a psychological component. In this study naïve 111 CHC patients without current psychopathology have been assessed during IFN treatment (for 6 or 12 months) and at follow-up (6 months after the end of therapy). At each visit, patients were assessed for depressive symptoms (HADS), somatic symptoms, and adverse biological events. At baseline, alexithymia (TAS-20), lifetime psychopathology, and somatization (PHQ-15) were evaluated. Multiple regression analysis showed that somatic symptoms were significantly associated to depression during therapy but were independently predicted by baseline alexithymia and somatization, after controlling for sociodemographic, psychiatric, and disease-related variables. A substantial part of somatic symptoms affecting quality of life of patients undergoing IFN treatment are due to psychological factors (alexithymia and proneness to somatization) independently of the effect of the drug. Since IFN is used for the treatment of several medical diseases, this study suggests the need of monitoring closely all medical patients undergoing inflammatory therapy with the aim of planning tailored psychological interventions for addressing somatic symptoms and improving quality of life during the treatment period.

ALEXITHYMIA, DEPRESSION AND QUALITY OF LIFE IN PATIENTS WITH CHRONIC PAIN: A STUDY ON 205 PATIENTS WITH FIBROMYALGIA SYNDROME.**Tesio Valentina (1,2), Torta Riccardo (2,3), Castelli Lorys (1,2)**

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Pain in Fibromyalgia Syndrome (FM) is often accompanied by a heterogeneous series of other symptoms, including psychological distress and alexithymia, which strongly interferes with social and work performance and affects patients' quality of life (Sturge-Jacobs, 2002; Mease, 2005). The present study aims to evaluate the specific impact that alexithymia and psychological distress, together with pain, have on the health related quality of life (QoL) in patients with FM. In particular, the mediation role of depressive symptoms was analyzed in order to deeper the relationship between alexithymia, depressive symptoms and patients' QoL. Socio-demographic, clinical and psychological data from 205 female patients with a main diagnosis of FM were consecutively collected and analyzed. The results showed the presence of clinically relevant levels of depressive and anxiety symptoms in the 61% and 60% of the patients, respectively, and the presence of alexithymia in 26% of the patients. The results of the hierarchical multiple regression analyses showed that the daily disability and the low QoL were influenced not merely by pain intensity, but also by the presence of psychological distress and alexithymia. In particular, regarding the physical components of QoL, pain and depressive symptoms explained the 52% of the variance ($p < .001$), with alexithymia showing a significant indirect effect through the mediation of depressive symptoms. Regarding the mental components of QoL, depressive, anxiety symptoms and alexithymia, together with pain, significantly explained the 63% of the variance ($p < .001$), with alexithymia showing both a direct and an indirect effect. Taken together these data underline once again the importance to evaluate the presence of alexithymia in patients with FM, since it plays an important role in worsening the impact that this chronic pain pathology has on the patients' QoL, with both a direct and an indirect effect, mediated by the depressive symptoms.

C4**CLINICAL PSYCHOLOGY AND OBESITY: NEW CHALLENGES AND PERSPECTIVES****Proposer: Castelnuovo Gianluca (1,2)**

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Obesity is traditionally defined as a body mass index (BMI) of greater than 30 kg/m² and is today considered a public health problem and epidemic (globesity). According to World Health Organization (WHO), it is estimated globally that more than 700 million adults are now in a condition of obesity. There is strong consensus in the scientific community that the etiology of obesity is multifactorial. In a multidisciplinary and biopsychosocial approach to the treatment of obesity, clinical and health psychologists play a key role as members of the clinical and research team. The scientific literature about clinical psychology for obesity has an historical tradition: Stanley Hall, the first person to earn a Ph.D. in psychology in the USA, started investigating eating behaviors and obesity in the nineteenth century. In the 1950s research on psychological aspects of obesity improved and evolved considerably in recent years. Many psychological areas of investigation need to be addressed. In this symposium we will discuss about some recent trends in the research area between clinical psychology and obesity. First of all one important topic is the role of emotional intelligence as psychological variable during interventions for long-term weight reduction in obesity and its relationship with body image. Another trend of investigation is the relevance of sleep disorders in obesity and binge eating disorders. Moreover this symposium will focus on psychological variables evaluated by mental health professionals that can influence clinical decisions in bariatric field also suggesting delay or denial of surgery. Unfortunately preoperative psychological evaluations of bariatric surgery candidates have not yet received a general consensus about how to conduct these assessments: psychosocial predictors of good-poor outcome have to be better studied. Last but not least, subjects with a condition of obesity are strongly stigmatized and they have to daily cope with growing modalities of discrimination and prejudice about the overweight. Also this topic will be discussed.

THE ASSOCIATION BETWEEN EMOTIONAL INTELLIGENCE AND WEIGHT LOSS AFTER A PSYCHOEDUCATIONAL INTERVENTION FOR OBESE PATIENTS**Federica Andrei (1), Giacomo Mancini (2), Chiara Nuccitelli (3), Giulio Marchesini (3,4), Elena Trombini (1)**

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(2) Department of Education Studies, University of Bologna, Italy

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Trait Emotional Intelligence (trait EI) is a construct which takes into account the subjective aspect of human's emotional experience. Current literature has shown an association between trait EI and health behaviors, with little evidence suggesting that it may be relevant in the context of eating disorders, including obesity. The present study expands these preliminary results, by investigating whether the levels of trait EI impact the outcome (i.e., short and long-term weight change) of a weight-loss psychoeducational intervention for obese patients. A sample of 164 obese patients undergoing an in-hospital psychoeducational group intervention was recruited between May 2014 and January 2016. Each patient completed a set of self-report questionnaires including the Trait Emotional Intelligence Questionnaire, the Emotion Regulation Questionnaire, the Beck Depression Inventory, the State-Trait Anxiety Inventory and the Binge Eating Scale. 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 and other medical were also measured. Correlations and ANOVAs will be used as analytic strategy. Our results show that EI is a significant predictor of body-weight loss in obese patients even at three months after the end of the treatment. Additional results will be presented at the conference. We assume that, along with weight changes, affect-related psychological variables may be related to treatment success. For such reason, EI should be taken into account in developing effective interventions targeting obesity.

EFFECTS OF ACUTE AND CHRONIC PARTIAL SLEEP DEPRIVATION ON ATTENTIONAL AND EMOTIONAL RESPONSES TO FOOD STIMULI**(1) Lombardo Caterina, (1) Cerolini Silvia, (1) Ballesio Andrea, (1) Gasparrini Giordana.**

(1) Department of Psychology, Sapienza University of Rome

Poor sleep is a risk factor for obesity in children (Fatima et al., 2015). In adults this relationship is still debated (Lombardo, 2015). Results of experimental studies evidence that partial acute sleep deprivation increases food assumption, hunger and ghrelin levels, reduces leptin levels and alters metabolism (Spiegel et al., 2004). The hedonic characteristics of food rather than homeostatic factors (Chaput, 2014) seem relevant. The present study aims to assess which aspects of this hedonic response is mainly affected by partial acute and chronic sleep deprivation. Participants (12 good sleepers-GS and 12 individuals reporting symptoms of chronic insomnia-CI) were asked to come to the laboratory without breakfast after a habitual night (HN) and after an experimentally induced night of partial sleep deprivation (DN). Sleep was monitored through diaries and an electronic portable device (ZEO). At the lab they were presented with 2 tasks: 1) a dot-probe-detection task for assessing attentional bias; 2) an exposition task in which people were asked to rate arousal, valence and craving experienced after two blocks of salt or sweet food images. A mixed design factorial ANOVA group (GS vs CI) x night (HN vs DN) x type of Stimuli (hypercaloric vs hypocaloric foods) was conducted on attentional bias scores controlling for BMI and disordered eating. Results evidenced a significant interaction night*group ($F_{(1,17)}=4.83$, $p=.04$). Simple effects evidenced that after the HN, GS group shows higher attentional bias than CI group while after DN groups do not differ. Analyses conducted on craving, valence and arousal of the exposition task showed that after the DN craving for food and arousal induced by images of sweet foods increase. Habitual sleep deprivation reduced automatic attentional responses to food stimuli while acute sleep deprivation increases vulnerability to lose control over consumption of sweet foods in good sleepers.

THE COUNTERINTUITIVE EFFECTS OF WEIGHT STIGMA ON OBESE INPATIENTS' HUNGER AND FOOD PALATABILITY**Manzoni Gian Mauro (1,2), Varallo Giorgia Adelaide (1), Castelnuovo Gianluca (1,3)**

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Obese individuals are frequently stigmatized in multiple domains of living including places of employment, educational institutions, medical facilities, interpersonal relationships and the mass media. This study tested the hypothesis that, contrary to intuitive expectations, exposing obese inpatients to a weight stigmatizing stimulus increases their hunger and food palatability through the elicitation of a stress response. Twenty-one obese inpatients were randomly assigned to an active or control condition. In the first one (n=11), participants read an ostensible news article about stigma faced by overweight individuals in employment settings, while participants assigned to the second condition (n=10) read a control article about discrimination faced by smokers in the same settings. Upon arrival, participants were told that the goal of the study was to examine their reactions to food images. After reading the news articles, participants were exposed to a sequence of food pictures. Then they completed assessment questionnaires evaluating the perception of hunger and food palatability. Results showed that exposure to a weight stigmatizing stimulus caused higher levels of perceived hunger and food palatability in obese inpatients. These findings underline the negative and counterintuitive effect that weight stigma may have on eating and ultimately on weight loss in obese subjects.

EMOTIONAL PROFILES AND PSYCHOPATHOLOGY IN SEVERELY OBESE PATIENTS:

A PSYCHOLOGICAL PREOPERATIVE EVALUATION IN BARIATRIC SURGERY

Mento Carmela (1), Muscatello M.R. Anna (1), Bruno Antonio (1), Currò Giuseppe (2), La Malfa Giuseppe (2), Zoccali Rocco (2), Navarra Giuseppe (2)

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Current international guidelines suggest that the candidates for bariatric surgery should undergo a preoperative mental state evaluation, to identify contraindications for achieving a satisfactory postoperative outcome. Evidence from literature shows that the relationship between obesity and mental disorders is stronger among those with more severe obesity (BMI ≥ 40 kg/m²), who are the individuals assessed for bariatric surgery. Obese patients with comorbid Binge eating disorders (BED) have significantly higher rates of psychiatric disorders compared to obese patients without BED. The present study provides an investigation of personality traits and emotional expressions in

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By Tambelli Renata & Trentini Cristina

obese patients evaluated during the bariatric preoperative assessment. The sample was formed by 87 obese subjects consecutively recruited from March 2014 to February 2016 from the outpatients who requested an evaluation for bariatric surgery at the University Hospital of Messina. Participants were divided in two groups according to the presence of BED according to clinical interview and Binge Scale Questionnaire (BSQ) total score. Each subject was individually assessed using the following psychometric instruments: Eating Disorder Inventory (EDI), Profile of Mood States (POMS), State-Trait Anxiety Inventory (STAI) and Beck Depression Inventory (BDI). BED group showed higher scores on the EDI subscales Drive for Thinness, Body Dissatisfaction, Inadequacy, Interoceptive awareness. Furthermore, examining emotional features, BED subjects resulted more prone than non-BED controls to experience aversive emotional states such as Anger, Depression, as documented by an increase in somatic and cognitive components at the POMS and BDI, high levels of Trait- and State-Anxiety. Our results showed a significant alteration of the affective and emotional components in BED obese patients, possibly supporting a potential role of dysfunctional emotional states in the pathophysiology and clinical expression of such eating disorder. The present findings highlight the importance of an accurate psychological, clinical, and psychometric assessment in the preoperative phase of bariatric surgery with the aim of identifying potential signs and symptoms of personality and affective psychopathology.

C4**THE PROCESS OF CHANGE IN PSYCHOTHERAPY: INNOVATIVE STRATEGIES FOR
ANALYZING THE THERAPEUTIC RELATIONSHIP****Proposer: Lo Coco Gianluca (1)**

(1) Department of psychology, pedagogy and education, University of Palermo

Although several reviews and meta-analyses have demonstrated the efficacy and effectiveness of psychotherapy, it still remains undetermined how psychotherapy works, and what elements of therapeutic relationship can lead to patient's change. The current symposium aims at exploring the development of therapeutic relationship in different therapy settings, with different methodologies and process measures. Strengths of the presentations are the longitudinal research design and the use of innovative methodological strategies for analyzing the complex interactions between psychotherapeutic process and patient's improvement in specific treatment settings. The study of Muzi & Lingardi focuses on the influence of the therapists' attachment style and personality on factors related to alliance and countertransference patterns in psychodynamic treatments. The Compare's et al. study aims at investigating non-linear developmental trends of the alliance in group treatments, and specifically the association between a cubic pattern of alliance and patients' symptoms improvement over the course of treatment. In the study of Gazzillo et al., specific therapist's and patient's patterns of the therapeutic relationship were empirically retrieved, and the interactions among these dimensions during the therapeutic process were explored. Finally, the Lo Coco's et al. study focused on the analysis of the differences between how a group member perceived her/his relationship with the group leader and the group members, and how these relationship slits were related to patient's outcome. The clinical implications of these findings will be examined and discussed.

**THE EMPIRICAL DIMENSIONS OF ANALYTIC PROCESS:
AN EMPIRICAL INVESTIGATION****Gazzillo Francesco (1), Waldron Sherwood (2), Genova Federica (1), Ristucci Chiara (1),
Angeloni Federica (1), Mellone Valentina (1), Faccini Filippo (1)**

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(2) Psychoanalytic Research Consortium, New York

The aim of this study was to empirically identify the dimensions of the therapist's, patient's and interaction contributions to the analytic process. We performed an Exploratory Factor Analysis of patients' contributions, therapists' contributions and interaction dimensions, as assessed with the *Analytic Process Scales* (APS; Waldron et al., 2004) and *Dynamic Interaction Scales* (DIS; Waldron, Gazzillo et al., 2013) of 540 sessions from 27 analytic therapies. The EFA identified three dimensions of patients' contributions (the patient reflects about her/his life and problems; the patient reflects about her/his relationship with the therapist; the patient dynamic competence); these factors explain 84.9% of the variance of patients' contributions. We identified also three dimensions of the therapists' contributions (therapist relational attitude, therapist dynamic competence, therapist confrontativeness), which explain 65.7% of the variance of therapists' contributions; and one overall interaction factor explaining 59% of the variance of the APS and DIS interaction scales. Generalized Estimating Equations and partial correlation analyses enabled us to explore the interactions among these dimensions during the therapeutic process. In particular, we explored how the patient dynamic competence and the therapist dynamic competence and relational attitude contribute to the interaction, and how the interaction may strengthen the patient dynamic competence, i.e. the patients' ability to participate productively to the analytic process and to oscillate between experiencing and reflecting on their experiences.

KEYWORDS: analytic process, therapist, patient, interaction

HOW DOES CONGRUENCE/INCONGRUENCE IN GROUP MEMBERS' POSITIVE BONDING WITH THE THERAPIST AND THE GROUP-AS-A-WHOLE CAN AFFECT THEIR TREATMENT OUTCOME?**Lo Coco Gianluca (1), Gullo Salvatore (2), Oieni Veronica (1), Di Fratello Carla (1), Kivlighan Dennis (3)**

(1) Department of psychology, pedagogy and education, University of Palermo

(2) Università Nicolò Cusano, Roma

(3) University of Maryland, College Park

Positive bonding is a key element of therapeutic relationship and alliance in both individual and group treatment settings. We examined how congruence and incongruence in group members' perception of their relationships with the group leader and the other group members, were related to their outcome. Participants were 168 patients (116 women and 52 men) diagnosed as overweight or obese who participated in one of twenty 12-session groups emphasizing a narrative-autobiographical approach to weight management. Group members completed the Outcome Questionnaire-45 (Lambert et al., 2004) pre-and post-treatment and the Group Questionnaire (Krogel, et al., 2013) at an early and late group session. Polynomial, multi-level regressions and response surface analyses were used to examine congruence and incongruence in relationships to the leader and relationships to the group members on the dimension of the Positive Bonding scale. As hypothesized, when group members saw strong a positive bonding relationship with both the leader and the other group members, they reported greater improvement. Incongruence in perceptions of the leader and group members was consistently related to poorer outcome across all aspects of the group therapeutic relationship. The results of the current study supported the importance of strengthen the group members agreement on therapeutic relationship with both the group leader and the other group members to get better at treatment termination. Implications of these findings for theory and practice are discussed.

“FORTY-TWO LIVES AS THERAPISTS”: THE INFLUENCE OF THERAPISTS’ ATTACHMENT AND PERSONALITY ON THERAPEUTIC RELATIONSHIP**Muzi Laura (1), Lingiardi Vittorio (1)**

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Preliminary evidences suggest that more securely attached therapists form stronger alliances with their patients (Degnan et al., 2016), while therapists’ insecure attachment seems related to lower level of alliance quality and lacking countertransference management capacities (Mohr et al., 2005) due to the reactivation of their attachment-related worries or defences. However, there is a call for more systematic studies to strengthen the existing literature. Furthermore, the therapist’s personality remains an under-researched area despite its clinical relevance. The aim of this study is to investigate the influence of the therapists’ attachment style and personality on factors related to therapeutic relationship, such as alliance and countertransference patterns (Gelso, 2014). Forty-two novice clinicians recruited via several Italian school of psychodynamic psychotherapy were interviewed using the *Clinical Diagnostic Interview* (Westen, Muderrisoglu, 2003) followed by an evaluation with the *Adult Attachment Interview* (George et al., 1985) and the *Shedler-Westen Assessment Procedure-200* (Westen, Shedler, 1999a; 1999b; Shedler, Westen, Lingiardi, 2014). They were also asked to complete the *Therapist Response Questionnaire* (Zittel, Westen, 2003) and the *Working Alliance Inventory-T* (Horvath, Greenberg, 1989). In order to compensate the underrepresentation of specific AAI classifications, a well-established dimensional approach (Waters et al., 2005) for describing attachment representation has been employed. 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, dimensional therapists’ attachment insecurity and personality disturbances seem to influence their emotional response. The present study gives a first empirical evidence about those characteristics that account for therapists’ effects in the psychotherapy process.

EMOTIONALLY-FOCUSED GROUP THERAPY FOR BINGE EATING DISORDER (BED): THE COMPLEX INTERRELATIONSHIP BETWEEN THERAPEUTIC ALLIANCE AND BED OUTCOMES**Tasca Giorgio (1), Compare Angelo (2), Brugnera Agostino (2), Zarbo Cristina (2), Lo Coco Gianluca (3)**

(1) The Ottawa Hospital, Ottawa.

(2) Department of Human and Social Science, University of Bergamo.

(3) Department of Psychology, University of Palermo.

Emotionally-Focused Group Therapy (EFGT) is a promising treatment for Binge Eating Disorder (BED). Even if EFGT seems to be effective, unclear is the role of therapeutic alliance, BED outcomes and their reciprocal relationships. The main aim of this study is to examine the growth trajectory of therapeutic alliance and a reciprocal causal model of the alliance-outcome relationship across 20 sessions of EFGT for 118 BE patients, sorted in 8 groups. Levels of binge eating and therapeutic alliance were measured weekly. We tested (1) if alliance growth is characterized by a cubic shape, (2) if higher previous alliance level predicts lower subsequent session binge eating level, and vice versa. The data were analysed with 3-level multilevel growth models (i.e., repeated measurements of alliance and outcome nested within individuals nested within groups). Our results showed that a cubic model best fit alliance growth across group sessions, thus supporting hypothesis one. Moreover, higher previous session alliance predicted lower subsequent session binge eating, but counter to our hypothesis higher previous session binge eating predicted higher subsequent session alliance. In a post-hoc examination of a plausible alternative model, we found that greater change in binge eating predicted subsequent alliance levels, and greater change in alliance predicted subsequent binge eating levels. These findings provide evidence for a reciprocal causal model of the relationship between therapeutic alliance and BE outcomes. In particular, the alliance in EFGT for BED grows in a dynamic manner across sessions in a way that reflects the processes of EFGT.

C4**THE ROLE OF EMOTION DYS/REGULATION IN THE DIAGNOSIS AND TREATMENT OF EATING DISORDERS AND OBESITY****Proposer: Mazzeschi Claudia (1)**

(1) Department of philosophy, Human and Social Science – University of Perugia

Recent evidence suggested that emotion dis/regulation is a personality function underlying many psychological disorders (Kret and Proeger, 2015). Despite the clinical interest in the eating behavior as a response to emotions, there is a surprising lack of attention to this construct in the eating disorder literature (Haynos et al., 2011). Moreover, given that obese individuals are thought to eat more likely in response to external cues than to internal stimuli (Masheb et al., 2006), the relationship between emotional regulation and eating behavior is underinvestigated also in this population. Emotion regulation, however, is becoming an important focus for understanding childhood obesity, with a specific attention to the role of parents as emotion regulators and eating behaviour (Bost et al, 2014). The present symposium aims to deepen the investigation on the role of emotions in eating disorders at different levels: in adulthood and childhood, for the diagnosis and for the treatment of these conditions. Radi et al. aim to explore the characteristics of the families of obese children in order to identify family and parental risk factors connected to emotion regulation and in order to plan family based intervention. The goal of Brusadelli and colleagues' study is to investigate the psychological functioning of obese subjects with and without BED using a multi-method assessment, in order to increase the effectiveness of their treatments. Lo Coco and colleagues investigate the validity of the interpersonal model in BED, obese and normal weight subjects comparing a cross-sectional sample of treatment-seeking women with BED with no BED and normal weight controls through the application of SEM. Finally, Gentile and col. will explore the emotional regulation in psychotherapeutic treatments with ED patients examining the differences in therapeutic interventions reported by PD and CB clinicians and connecting patients' personality dimensions to the techniques employed by therapists.

OBESITY, BINGE EATING DISORDER AND PSYCHOLOGICAL FUNCTIONING**Brusadelli Emanuela (1,2), Tomasich Alessandra (2), Romanazzi Alessia (2), Lang Margherita (1)**

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In recent years, there were a great interest towards research concerns the recognition of dysfunctional eating behavior as response to emotional stimuli - the so-called "emotional eating" – but with little depth on the underlying psychological dynamics (Masheb, Grilo, 2006).

Indeed, the most frequent assessment tools used in the studies are symptomatologic self-report, to investigate the presence of depression, anxiety or other disorder that are frequent correlated with it. Few are the published studies about personality's functioning of individuals binge-eaters, above all those with the Rorschach test. Entering key words "binge-eating" (or "emotional eating") and "Rorschach" in PsychInfo, without placing any other type of selection filter, only few items appear, but some of these are centered on eating disorders like anorexia and bulimia, in which binge-eating behavior is one of their features, or are articles present on journal with a poor circulation (published in Portuguese or Japanese). The goal of this study is to investigate the psychological functioning of obese subjects with and without Binge Eating Disorder, in order to increase the effectiveness of the treatment. The sample is composed by 56 obese subjects, 28 with BED (27F, 1M) and 28 without BED (22F, 6M). There were used the Millon Clinical Multiaxial Inventory-III (MCMI-III, Millon, 1997; Zennaro et al., 2008), the Binge Eating Scale (BES, Gormally et al., 1982) and The Rorschach Test (Exner Comprehensive System (2003). Preliminary results show differences between these two groups, highlighting a different way to elaborate the information coming from the outside world, but also similarities in the presence of anger and depressive aspects.

THERAPEUTIC INTERVENTIONS IN THE TREATMENT OF EATING DISORDERS: A NATURALISTIC STUDY**Gentile Daniela (1), Colli Antonello (2), Tanzilli Annalisa (1), Speranza Anna Maria (1), Lingiardi Vittorio (1)**

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(2) department of Human studies, University of Urbino "Carlo Bo"

This study used naturalistic data from psychodynamic (PD) and cognitive-behavioral (CB) clinicians in the community to offer a portrait of treatments for ED patients as provided in everyday

clinical practice. The research aims were: (1) to examine the differences in therapeutic interventions reported by PD and CB clinicians working with ED patients; and (2) to assess the impact of various variables—such as patient personality styles, ED symptomatology, therapists' theoretical orientation and experience—on the techniques employed by clinicians. A national sample of PD and CB clinicians ($N = 105$) completed the Shedler-Westen Assessment Procedure-200 (SWAP-200; Westen & Shedler, 1999a, 1999b) to assess personality disorders of a female patient with EDs in their care, as well as the Comparative Psychotherapy Process Scale–Bulimia Nervosa (CPPS-BN; Thompson-Brenner & Westen, 2005) to describe the interventions used in their treatments. Results showed that PD clinicians tended to use primarily psychodynamic interventions, while CB clinicians employed cognitive-behavioral techniques supplementing them with a wider range of psychodynamic strategies. Although, clinicians from both theoretical orientations used adjunctive treatment techniques for EDs at a similar level. In addition, use of psychodynamic interventions were strongly associated with the personality styles of ED patients regardless of therapists' orientation, primarily being used more often when patients exhibited dysregulated and impulsive styles. Conversely, use of cognitive-behavioral interventions were primarily related to a clinicians' CB orientation, patients with more explicit symptoms of anorexia nervosa, and negatively related to clinicians' years of experience. The clinical implications of these findings were discussed.

THE INTERPERSONAL MODEL OF BINGE-EATING: A COMPARISON BETWEEN TWO DIFFERENT CLINICAL GROUPS

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(3) Departement of Human and social sciences, University of Bergamo

The interpersonal model has been validated with binge-eating disorder (BED), but it is not yet known if the model applies to obese or normal weight individuals who do not binge eat. The goal of this study was to investigate the validity of the interpersonal model in BED, obese, and normal weight samples. Data from a cross-sectional sample of 93 treatment-seeking women diagnosed with BED, 186 women who were obese without binge eating, and 100 normal weight controls were examined for indirect effects of interpersonal problems on binge eating psychopathology mediated through negative affect. Findings from structural equation modeling demonstrated the mediating role of negative affect for BED and obese groups. The measurement model did not fit for the normal weight group. Testing a reverse model of interpersonal problems as a mediator between negative affect and binge eating psychopathology suggested that the interpersonal model is specific

for BED (i.e., the reverse model indirect path was not significant), but that the interpersonal model may not be specific for obese individuals who do not binge. This is the first study to find support for the interpersonal model in a sample of individuals who are obese but do not binge eat. Interpersonal psychotherapies for BED may be addressing the underlying interpersonal-affective difficulties.

PARENTS ATTACHMENT, PARENTAL ALLIANCE, FAMILY FUNCTIONING AND REFLECTIVE FUNCTION IN CHILDHOOD OBESITY

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Scientific research on childhood obesity switched the focus from individual factors to multifactorial causes (Monasta, 2010). Parents can influence children's weight with their parenting style and management of family functioning (Rhee et al, 2008). Moreover, parents' attachment regulates children's emotional expression and, consequently, their eating behaviour (Bost et al, 2014). Based on the emerging scientific literature, the aim of this research is to explore characteristics and functioning of obese children's families. The sample includes 120 mothers and fathers of 60 gender balanced obese children (with a BMI higher than 25 points; age: $M=11,70$ $SD=2,71$), recruited in an obesity clinical centre. In order to explore these dimensions, the following self-reports have been administered to both parents: Attachment Style Questionnaire (ASQ; Feeney et al, 1994), Parental Alliance Measure (PAM; Abidin et al, 1999), Family Assessment Measure (FAM; Skinner et al, 2012), Parental Reflective Functioning Questionnaire (Luyten et al, 2009). Considering the role of fathers in children's assessment provides a more complex and full framework of the issue (Mazzeschi et al, 2014). Statistical analysis show positive correlations between mother's and children's BMI, confirming scientific literature which claims that obese parents are more likely to have obese children (Manios et al, 2007). According to scientific literature, a bad perceived parental alliance correlates positively with a poor perceived family functioning (Mazzeschi et al, 2013). Moreover, a not secure parental attachment correlates positively with a poor parental reflective function (Grube et al, 2013; Anderson et al, 2011). Understanding the functioning of obese children's families can lead to improve family interventions, proved to be the most effective (Halliday et al, 2013) for this widespread health problem.

Keywords: obesity; overweight; childhood obesity; childhood overweight; family functioning; parenting; parental alliance; attachment; adult attachment; reflective function; mentalization.

C4

PSYCHOTHERAPY AND NEUROBIOLOGY

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The evolution of neuroscience has developed an increasingly strong link between life history, neurobiology, psychological disorders and therapeutic interventions. On the one hand, neuroimaging techniques have allowed us to observe the neurophysiological and structural modifications of psychotherapeutic interventions and to increase our knowledge about therapeutic mechanisms and their efficacy. On the other hand, the close interaction of the emotional and relational experience with the autonomic nervous system has allowed to develop procedures for an early recognition and a monitoring of symptoms, and for training with increasingly sophisticated neurofeedbacks systems. Neurobiology has also enabled the development of emotional styles models based on a neurobiological basis that open up to the possibility of an effective psychotherapy based on neurobiology. During the symposium different examples of modalities of interaction between psychotherapy and neurobiology that have been used in clinical intervention and in research projects will be presented.

RATING-SCALES AS “BLOOD TESTS”: THE CONSEQUENCE OF LINKING CLINIMETRICS AND BIOMARKERS IN CLINICAL PSYCHOLOGY

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The clinical relevance aimed at connecting the evaluation of psychological factors to neurobiological parameters has been considered a neglected domain in Clinical Psychology. However, when taking into consideration the clinical advantages linked to screen for the complex psychosomatic co-occurrence of psychic and organic symptoms by clinimetrically using rating scales, it is highly relevant from a diagnostic point of view to analyze the mental and biological patient's condition. On this background, the aim of the current review study was to systematically report the studies analyzing the major implications associated to the combined use of clinimetrics and assessment of neurobiological correlates within the clinical practice. When focusing on the PRISMA guidelines, we have conducted a comprehensive systematic search for the literature on the PubMed, PsycINFO, Scopus, and Web of Science databases by combining the Boolean "AND" with "OR" operators. After adjusting for duplicates and reviewing the abstracts in order to exclude those which clearly did not meet the eligibility criteria, only a specific number of studies were identified for inclusion in the review. Detecting the missing clinical link between psychological and biological variables by comparing soft data resulting from rating scales with hard data deriving from neurobiological markers may improve the predictive diagnostic power of clinimetrics in Clinical Psychology.

THE NEUROBIOLOGICAL BASES OF EFFICACY OF EMDR THERAPY IN TRAUMA-RELATED DISORDERS

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Among the clinically efficacious tools available to treat the trauma-related disorders (overall, *Post-Traumatic Stress Disorder*, PTSD), the "desensitization and reprocessing through the eye

movement” (*Eye Movement Desensitization and Reprocessing*, EMDR) has received, in the last years, huge evidences as a methodologically valid and largely standardized psychotherapeutic technique. The aim of this talk is to review the results of recent neurophysiological researches (with the method of the electroencephalography, EEG) that investigated brain activities in people affected by PTSD during the execution of the EMDR therapy. The observation *in vivo* of the electrical oscillations recorded from the PTSD patients’ brain during the EMDR technique allowed identifying the presence of changes within fronto-limbic and temporo-parietal circuits, which present specific impaired activities in the course of PTSD. Those changes are related with the clinical improvement of post-traumatic symptomatology, and, independently from clinical efficacy, would appear to be different according to the type of trauma. Despite limited in the number, the current evidences support the idea that the study and the comprehension of biological and neurophysiological mechanisms at the base of therapeutic efficacy of EMDR should give information about specific changes of the impaired brain functions in the trauma-related disorders and allow the identification, in people affected by PTSD, of clinical predictors of response to the EMDR as well as of clinically specific subgroups, which could improve with EMDR therapy through different modalities.

PSYCHOPHYSIOLOGY AND NEUROBIOLOGY OF MENTAL DISORDERS: POSSIBLE IMPLICATIONS FOR CLINICAL PSYCHOLOGY

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Autonomic and central nervous systems are strictly interconnected both at anatomical and functional levels. Moreover, several pieces of evidence suggest an association between mood disorders and cardiac activity. Among these: a) mood and cardiovascular disorders are often associated; b) the presence of a mood disorder is associated with a worst prognosis in patients with cardiovascular diseases; c) the presence of a cardiovascular disorder increase the risk of onset of a mood disorder.

Actually, alterations of the Heart Rate Variability (HRV) were found in mood disorders: typically a reduced HRV and parasympathetic activity were found both in depression and in bipolar disorders. Given the wide range of variability and possibility in HRV measurements results presented in literature are only partially consistent to such an extent that an increasing number of studies are now considering not only one HRV parameter but a multiparametric combination of different HRV metrics. Here we present some of the results of the PSYCHE project that uses such a multiparametric approach to characterize mood states in bipolar patients. The PSYCHE project is based on a wearable device (t-shirt) capable of acquiring and recording ECG without interfering with daily patients activities. With this system and state-of-the art data analysis we were able to characterize the clinical state of each patients with a 98% consistency with the clinical diagnosis; to follow the course severity of the clinical episode with the use of a non-linear index, the so-called sample entropy; and finally to significantly predict whether the subject was going to remit or not from the current episode. The clinical relapses of these results as well as the possible future developments will be discussed in the symposium.

NEW TECHNIQUES OF PSYCHOTHERAPY OF DEPRESSION BASED ON NEUROBIOLOGY

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Psychotherapy has a central role in the treatment of depression but it is a real challenge for therapists. For the purpose to understand and treat the depressive experience it is necessary to observe it in the crossroad between wounds of life and neurobiology, that as a musical instrument, modulate the expression of both pleasure and deep sorrow. Modern knowledge of the "neurobiological subtypes" of depression (Davidson's Emotional neurobiological styles, Porges' Polyvagal theory, bodily rhythms of functional Autonomic Nervous System) could allow to recognize the specific characteristics of the "instrument" with which the individual tends to interpret their life and could be an help for a deeper empathy and a more targeted therapy. In our presentation, supplementary techniques for the treatment of depression targeted on neurobiological subtypes (based on the experience of the European research project "EDEN"-European Depression

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

By Tambelli Renata & Trentini Cristina

EMDR Network) will be described in order to attempt, through the guidance of the body, to contact and then to liberate the hidden heart in the winter of depression.

C4

WHEN RESEARCH MEETS PRACTICE: FROM HUMAN BRAIN CONNECTIONS TOWARD A NEUROSCIENTIFIC APPROACH TO CLINICAL PSYCHOLOGY. CURRENT STATUS AND FUTURE PROSPECTS

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Discussant: Violani Cristiano (2)

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One of the major challenges of modern neuroscience is to define the complex pattern of neural connections that underlie cognition and behaviour. Human brain connectome is a modern approach to explain the complex architecture of mind. Normal brain functions are characterized by continuous and significant network evolution, as well as, brain lesions or dysfunctions may provoke dramatic changes in these neural networks. The aim of clinical neuroscience research, actually, is to study cortico-subcortical brain structure involves in cognitive and affective functions by multimodal brain imaging methods and neuropsychological assessment both in normal subjects and patients. From these considerations, the symposium focuses on integration between neuroscience and clinical psychology. Specifically, in the first paper from the University of Padua, a novel approach to clinical severity assessment will be presented. In particular the possibility to evaluate the severity of a psychopathological symptom in an objective way through fMRI and ECG measures will be presented. In the second paper, the group from Pisa will show how clinical neuropsychology is crucial for the differential diagnosis in idiopathic Normal Pressure Hydrocephalus (iNPH). The classical behavioural tasks seem to discriminate functioning of the interhemispheric processing in iNPH patients who typically have squeezing and stretching of the callosal fibers. The study proposed by University Hospital of Pisa try to approach diagnosis in DOC with the contribution of a longitudinal single-case fMRI investigation. The last contribution from University of Messina, highlights how in clinical practice, the multimodal approach – clinical neuropsychology, nTMS and DTI fiber tracking - may be contributed to show structural and functional reorganization of neural

Editor in chief MJCP Salvatore Settineri

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

By Tambelli Renata & Trentini Cristina

networks in patients with brain tumors involving perisylvian areas of the left hemisphere, in order to optimize clinical decision making for specific patient.

Key words: Clinical Psychology, Neurosciences, Brain Connections.

APPROACHING DIAGNOSIS IN DISORDERS OF CONSCIOUSNESS: THE CONTRIBUTION OF A LONGITUDINAL SINGLE-CASE fMRI INVESTIGATION

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A substantial body of evidence has indicated that functional magnetic resonance imaging (fMRI), mainly in combination with passive tasks, may be adopted as a complement tool to bedside observation for improving diagnostic accuracy in disorders of consciousness (DOC). Despite the potential role of neuroimaging to improve clinical evaluation of DOC patients at a group level, its diagnostic and prognostic value in the assessment of individual patients is still debated. In this regard, the evaluation of residual awareness in DOC patients could benefit from a multimodal approach that integrates clinical and neuroimaging evidence over time. To this aim, here we used a longitudinal fMRI design measuring the correspondence between clinically-defined level of awareness and modifications in brain neural responses to a simple passive speech-processing task in an individual patient who evolved from vegetative state (VS) to minimally conscious state (MCS). In our patient, task-related responses mirrored the clinically assessed evolution from VS to MCS. Specifically, during MCS, but not VS, the patient showed a selective recruitment of the left angular

gyrus while listening to a native speech narrative, as compared to the reverse presentation of the same stimulus. In addition, the whole language-related network showed an increased response and coherently the default mode network revealed a greater deactivation. Our findings indicate that longitudinal assessments of the brain neural response to passive stimuli may contribute to the definition of the clinical status in individual DOC patients. Of note, these brain functional measures were obtained with a standard 1.5T clinical scanner widely available in neurotraumatological centers.

TOWARD AN OBJECTIVE MEASURE OF CLINICAL SEVERITY: THE ROLE OF PSYCHOBIOLOGY AND PSYCHOPHYSIOLOGY

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The problem of an objective and quantitative method to assess clinical and symptoms severity in psychopathology has been often raised. The possibility to have such an objective and external validation to clinical observation may have consequences in clinical practice (e.g., more coherent and biologically grounded diagnosis), in clinical research (e.g., a more objective and quantitative measurements of effects a psychological or pharmacological interventions). Moreover, such indices may help to better understand psychopathology, and to evaluate biological mechanisms of changes in psychopathology and psychotherapy. Finally, a biological quantification of clinical severity may be helpful to estimate the severity of the disorder also for forensic applications (e.g., invalidity or reduction of wellbeing). Here we present possible indices to measure the severity of mental disorders through psychobiological and psychophysiological techniques. Particularly, we will show how fMRI resting state methods are feasible measures of personality traits in normal healthy volunteers. Moreover, we will show how brain response to human faces can be used to evaluate anxiety and depressive symptoms in healthy and depressed subjects. Finally, we will show that also

analysis based on ECG can efficiently describe psychopathological traits and provide an estimation of clinical severity at a single patient level.

**NEW INSIGHT INTO FUNCTIONAL CONNECTOME OF LANGUAGE FUNCTIONS:
 AN EXPERIENCE WITH MULTIMODAL APPROACH INVOLVE CLINICAL
 NEUROPSYCHOLOGICAL ASSESSMENT COMBINED WITH NON-INVASIVE BRAIN
 IMAGING TECHNIQUE**

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Aim of this study is to describe the use of a multimodal protocol with neuropsychological assessment of language functions and non-invasive brain imaging technique, navigated transcranial magnetic stimulation (nTMS) and DTI fiber tracking (DTI-FT), to study the plastic language network in patients with brain tumors involving perisylvian areas of the left hemisphere. All patients underwent repetitive nTMS language mapping during an object naming task. Response errors were categorized in performance (PF), semantic (SM), and phonological (PH) errors and their distribution was analysed, distinguishing between anterior and posterior cortical language areas. Results were compared with a control group of healthy subjects. Then, the nTMS mapping was combined with the DTI-FT of language pathways in order to visualize the whole cortico-subcortical network. Impact on postoperative language function was assessed through the administration of the Western Aphasia Battery- Italian (WAB-IT). In both groups PF errors were significantly more frequent than SM and PH errors (respectively $p=0.003$ and $p=0.01$). In healthy subjects the error rate (ER) was almost the same in anterior and posterior areas for PF and SM errors, whereas PH errors had a higher incidence in anterior areas. Conversely, in the patients' group the ER was higher in anterior areas for all error types. Interestingly, we observed a significant association between lesions' localization and the error cortical distribution ($p=0.02$), especially for PF and PH errors, suggesting an intra-hemispheric plasticity of language cortical areas. After surgery, we observed a slight decrease of the mean WAB-IT score at discharge (77.8 ± 25.2 vs 86.7 ± 11.3) that was completely recovered after one month (86.8 ± 12.2). Neuropsychological assessment show language

impairments in patients with brain tumors and orient clinical management of patients. In addition, matched with multimodal brain imaging technique may be suggest new insight to describe connectomic networks.

MORPHOMETRIC CHANGES OF THE CORPUS CALLOSUM IN IDIOPATHIC NORMAL PRESSURE HYDROCEPHALUS: BEHAVIOURAL CORRELATES AND CLINICAL IMPACT

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Dysfunction of the inter-hemispheric transfer for cognitive processing could result from damage of the corpus callosum, i.e. the largest commissural fiber system connecting the left and the right cerebral hemispheres. We used a classical lateralized stimuli presentation to test functioning of the interhemispheric processing in idiopathic Normal Pressure Hydrocephalus (iNPH) patients that typically report squeezing and stretching of the callosal fibers. Patients who presented a CT or MRI of the brain suggestive of iNPH (associated to an impairment of gait, cognitive function and urinary incontinence) were asked for reading or naming lateralized visual (tachistoscopic consonant reading test) and tactile (haptic object naming test) stimuli. All patients underwent external lumbar drainage (ELD) before ventriculo-peritoneal shunting (VPS). Lateralized stimuli presentation tasks were administered pre and post ELD, and after 30 days after VPS. Performances obtained when stimuli were presented on patient left side of the visual field or of the body versus those stimuli presented on his/her right side, allow for an estimating of callosal transfer. Behavioural measures of callosal

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

By Tambelli Renata & Trentini Cristina

transfer will be correlated to the overall corpus callosum volume and his sub-regions to direct diagnosis and prognosis for iNPH and VPS treatment.

Key words: hydrocephalus, MRI, neuropsychology.

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Suppl. 4/2 A
AIP Clinical and Dynamic Section
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C4

PARENTAL ALIENATION: EMPIRICAL RESEARCH, DIAGNOSIS AND PSYCHOLOGICAL TREATMENT

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In the Italian courts always more frequently separations and divorces are characterized by high and persistent conflicts. Following separation or divorce, in some instances of parental conflict, the child may be asked or expected to take action (as opposed to being a passive recipient of one parent's negative view of the other parent) and may respond by aligning with one parent, sometimes referred to as triangulation in the family systems literature. Parental alienation is the term used to describe a family dynamic in which one parent engages in actions and attitudes that are likely to foster a child's unreasonable and unwarranted rejection of one of the parents. Examples of parental alienation behaviours include denigrating the other parent, prohibiting mention of the other parent, interfering with communication, or asking the child to keep secrets from the other parent.

Several studies have shown significant associations between the recall of exposure to parental loyalty conflict behaviors and negative outcomes in adulthood, such as anxious and depressive symptoms, low autonomy, low cooperativeness, low self-esteem, and psychological distress.

INDIVIDUAL AND RELATIONAL FUNCTIONING IN PARENTAL REJECT: A TWO-SAMPLE STUDY

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One of the most complex situation in the high conflict separation is when child refuses a parent “without justification”, that is in absence of abuse by refused parent or violence between parents. Literature affirms that different factors can determine children’s “unjustified” rejection toward a parent in divorced families: parents’ psychological characteristics; children’s pre-existing vulnerability; dysfunctional family relationships and conflict management (Walker & Shapiro, 2010; Lowenstein, 2010; Lubrano Lavadera et al., 2012). Trough cross-sectional study, we paired two cohorts of 30 high conflict families undergoing legal separation: in the target group at least one child rejected a parent unreasonably. We used a set of test composed by: Rorschach’s test, MMPI-2, MCMI-II, for parents’ personality evaluation; CBCL 6-18 and QUIT for child’s adjustment and temperament evaluation; SAS and Conflict Scale for the parents’ adjustment to separation and conflict management; LTP procedure for family coordination. Participants were informed of the purposes of the study, according to the principles of ethics research and informed consent, and the data were analyzed in privacy. SPSS software for Windows V.21 was used for statistical analysis. Categorical variables was tested using χ^2 . The comparison between groups was performed by Student's t test for variables metrics and the U Mann-Whitney test for the ordinal ones. The hypotheses were tested with logistic regression, when the dependent variable was nominal, or with linear regression, when it was continuous. In the target group, we found specific personality characteristics for parents, dysfunctional conflict management and a lower family coordination ($p < .05$). These results have elucidate hypothesis useful to design effective interventions.

DIAGNOSIS OF PAS (PARENTAL ALIENATION SYNDROME) IN CHILD CUSTODY EVALUATIONS: SUGGESTIONS FROM SOME CLINICAL CASES.

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In child custody evaluation during very conflictual couple divorces, you can often find situations in which children reject more and more relation with non-cohabitated parent. The phenomenon is initially studied by Gardener (1992,1998) and now it is known all over the world as PAS (Parental Alienation Syndrome). The phenomenological situation called PAS is very debated in psychological and psychiatric scientific community both by researcher and clinicians (Emery, Otto, O’Donohue, 2005; Gould, 2006; Warshak, 2002; Drozd, Olesen, 2004; Johnston, Kelly 2004; Kelly, Johnston,

2001). In particular, etiological aspects and symptoms, scientific validity of theory and syndrome conceptualization are discussed. In another theoretical perspective, that we define symbolic and relational (Cigoli, Scabini, 2006), the configuration of symptoms usually attributed to PAS assume relevant and dynamic meanings referring to family relations during divorce process, it is the case of dysfunctional coalition between parents and sons or triangulation of son in parental disputes. During the speech, starting from some clinical situations met in child custody evaluation, family dynamics and relational configurations, that are at the beginning of sons' refuse of parental encounters, will be highlighted (Gennari, Tamanza, 2015). In particular, relational fragilities linked to parents' history of origin and to their couple relation will be presented as features that can contribute to determine PAS. This family theoretical perspective allows to manage clinical intervention in PAS situations in a more holistic and relational way, considering relations between generations as a key to explain and solve the interruption of parent-children bond.

Key Words: Pas Syndrome, Couple Conflict In Divorce, Family Relational Diagnosis.

PSYCHOLOGICAL TREATMENTS WITH ALIENATED CHILDREN AND FAMILIES

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Parental alienation is a type of post-divorce family dysfunction characterized by a children's unjustified rejection of a parent in response to inter-parental conflict and loyalty issues. Families characterized by parental alienation present problems that are extremely difficult to resolve through conventional methods of individual or family therapy. Consequently, researchers and clinicians have suggested psychotherapeutic interventions that engage all parties involved in the dysfunctional dynamics. Using Scopus, PsycInfo and Google Scholar databases, a review of current indications for psychological treatment of parental alienation has been conducted. In this presentation will be described the most promising outpatient approaches specifically targeted to children who refuse visitation with a parent. The assumption underlying these treatment models that the pathology observed in the child is the result of parental dysfunction. The main goal of the interventions is to alter the pathological dynamic between child and parents.

Despite evidence of negative outcomes of exposure to parental alienating behaviours and increased need for care, this topic has been large neglected in Italian health policy. Mental health treatments for parents and children engaged in parental alienation in Italy are still poor and many factors currently limit the implementation of international models. Due to the presence of specific approaches provided by international scenarios, clinical and health psychologists have to evaluate the most clinically and cost-effective approach in managing parental alienation cases. The review will help practitioners to know strategies, methods, and innovative ways to treat parental alienation.

POWERLESS: A Q METHODOLOGY EXPLORATION OF THE LIVED EXPERIENCE OF ALIENATED PARENTS

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Parental alienation refers to a child's strong alignment with one parent whilst rejecting a relationship with the other, despite a prior normal, loving, warm relationship. This rejection seems illogical and most often occurs in high conflict family breakdown. Whilst there is empirical evidence of the long term psychological impact on the child, there is little research into the sense alienated parents make of their lives when rejected. This research seeks to answer the question: What is the lived experience of alienated parents? Ethical approval for this study was granted by Teesside University. This study employs Q Methodology to explore the intersubjective experience of participants. An 80 item Q Set was developed from a range of sources including focus groups, current published literature, personal blogs, and support organisations. 54 alienated parents, mothers and fathers, located across the United Kingdom were recruited through parent support charities and social media web-sites. Participants completed the Q Sort and associated demographic questionnaire in face to face interviews or via an internet based FlashQ version of the study. The analysis of the full data set elicited an overarching theme of "powerlessness." A six factor Q solution was extracted and interpreted in light of the importance participants placed on the Q statements and the rich qualitative supporting data provided. Key findings include participants' concerns for the mental health and well-being of their children; frustration with and criticism of the socio-legal system; participant functional and mental health issues. The results suggest a lack of therapeutic and practical support for parents, children and families in high conflict relationship breakdown. Concerns regarding the role of the current socio-legal processes in the poor outcomes for children were identified and support the recommendations for further research.

C4**TRAUMA, ATTACHMENT AND REFLECTIVE FUNCTIONING****Proposer: Vitelli Roberto (1)**

(1) University of Naples - Federico II

In contemporary clinical and academic research, great importance is given to traumatic experiences among primary attachment relationships. The role of trauma in the development of psychopathology is widely recognized, as the amount of literature concerning the association between adverse childhood experiences and personality disorders (e.g., Borderline Personality Disorder) or other clinical conditions (e.g., depression, anxiety) highlights. With regard to attachment, trauma is closely connected to mental states' disorganization, underlying the presence of local and/or global breakdowns in discourse strategies coded as irresolution of loss/trauma (Ud) and cannot classify (CC). Secure classification (F) can otherwise moderate the effect of traumatic experiences. In the same way, reflective functioning (RF) is recognised as a protective factor against the negative effects of stressful events. The aim of the symposium is to explore the three dimensions – trauma, attachment, and reflective functioning – in different clinical samples. The presentation of Giovanardi and colleagues compares attachment representations and early traumatic experiences between a sample of transsexual adults and a control group, using the Adult Attachment Interview (AAI) and the Complex Trauma Questionnaire (ComplexTQ). Boldrini and colleagues' contribution focuses on the role of RF as a resilience factor against the development of several psychiatric conditions in a sample of adolescent outpatients. The predicting value of two AAI classification methods (Berkeley and Roissman) for personality disorders in adolescent inpatients is verified by Williams and colleagues' work. Finally, Gagliardini and colleagues' contribution focuses on the relationship between mentalization and attachment pattern in a sample of patients with personality disorders, with and without reported trauma.

REFLECTIVE FUNCTIONING MODERATES THE RELATIONSHIP BETWEEN CHILDHOOD TRAUMA AND PSYCHOPATHOLOGY AMONG ADOLESCENT OUTPATIENTS**Boldrini Tommaso (1), Nazzaro Maria Paola (1)**

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Mentalization has been considered a buffer against psychopathology in individuals exposed to trauma and abuse. The initial research on mentalization by Fonagy (1996), as well as subsequent empirical studies (e.g. Borelli, 2015; Chiesa & Fonagy, 2013), highlighted the role of reflective functioning (RF) as a protective factor for individuals exposed to trauma in childhood against maladaptive outcomes. In recent years, association between mentalization and early traumatic experiences has gained an increasing interest among clinical and empirical studies. With regard to adolescence, literature on the relationship between traumatic experiences and RF is still scarce. Nonetheless, an evaluation of these adaptive and maladaptive developmental processes could have important clinical implications in adolescence. The aim of this study was to examine the role of RF as a resilience factor against the development of several psychiatric conditions in a sample of N = 60 adolescent outpatients. Participants were recruited in public mental health services. Each patient was evaluated, at the intake, with M.I.N.I. (Sheehan et al. 1994), SCID-II (First et al., 1997) and self-report tests: Childhood Trauma Questionnaire (Bernstein & Fink, 1998), Cambridge Depersonalization Scale (CDS; Sierra & Berrios 2000), Hamilton Rating Scale for Depression (HAM-D; Hamilton, 1960) and Hamilton Rating Scale for Anxiety (HAM-A; Hamilton 1959). During the first month of treatment the Adult Attachment Interview (AAI, George et al., 1985) was also administered, and the AAI transcripts were assessed with the RF Scale (Fonagy et al., 1998).

Findings showed that adverse experiences in childhood predicted several psychopathological dimensions; mostly, RF played as a moderator of the relationship between these variables. The clinical implications of these findings were addressed.

MENTALIZATION, ATTACHMENT STYLE AND TRAUMA**Gagliardini Giulia (1)**

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Mentalization is considered one of the most important common factor among psychotherapeutic treatments (Allen, Fonagy, Bateman, 2008). This work aims at investigating the relationship between mentalization, attachment and trauma in a sample of patients with personality disorders (PDs). random sample of clinicians (N=170) rated an adult non-psychotic patient with a PD diagnosis (DSM V; APA, 2013) and whom they had seen for a minimum of ten sessions and a maximum of eighteen months. Different assessment measures were used: 1) Polarities of Mentalization Scale (Colli, Gagliardini, 2015), a clinician report questionnaire for the assessment of mentalization on a 0 to 5 Likert scale, composed of different scales: Self/Other; Cognitive/Affective; External/Internal; Implicit/Explicit-controlled; 2) Modes of Mentalization Scale (Colli, Gagliardini, 2015), composed of four different scales: Concrete Thinking, Pseudomentalization, Teleological Stance, Quality of Mentalization Scale; all items must be rated by clinicians on a 0 to 5 Likert scale; 3) Adult Attachment Questionnaire (Westen, Nakash, 2005) a 37-item clinician report that assesses patient’s attachment style on four dimensions (secure; preoccupied; dismissing; incoherent/disorganized); 4) Personality Disorder Checklist, a list of DSM V (APA, 2013) PDs diagnosis criteria randomly ordered, rated by clinicians on a Likert scale from 0 to 5. The factors of the MAQ were correlated with patients’ attachment style and different specific profiles of mentalization were found in relation to the attachment patterns. A preliminary analysis was also conducted on a sample of patients with reported trauma (i.e., sexual abuse, physical violence, domestic violence). Results show: 1) a significant presence of the insecure/disorganized attachment style in the sample of traumatized patients; 2) a specific profile of mentalizing failures in patients with disorganized attachment style.

ATTACHMENT PATTERNS AND COMPLEX TRAUMA IN A SAMPLE OF TRANSSEXUAL ADULTS**Giovanardi Guido (1), Maggiora Vergano Carola (1), Fortunato Alexandro (1), Vitelli Roberto (2), Speranza Anna Maria(1)**

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(2) Department of Neurosciences, Reproductive and Odontostomatologic Sciences, University of Naples Federico II - Italy.

It is only over the past two decades that transsexualism and gender dysphoria are gaining a growing attention amid scientific literature. In order to better understand the nature of adult transsexualism, several authors focused their research on early traumatic experiences within the attachment relationships. The purpose of the study was to explore the quality of attachment representations and history of traumatic experiences among transsexual adults, and to confront MtFs and FtMs on these matters. Ninety-five transsexual adults from Rome and Naples were compared with seventy-six non-clinical adult. The Adult Attachment Interview (AAI) was administered to both samples for the assessment of current state of mind. The Complex Trauma Questionnaire (ComplexTQ) was completed by clinicians in order to evaluate early relational trauma. The Adverse Childhood Experiences (ACE) scoring system was used to assess different types of trauma and their co-occurrence. Data revealed significant differences regarding the distribution of attachment patterns between transsexuals and the control sample. The two samples also differentiated regarding the exposure to complex trauma in childhood and the intensity of multi-type maltreatment experienced. Finally, within the GD sample, we did not find significant differences between MtFs and FtMs, neither with respect to attachment nor to early relational trauma. Our findings underline the traumatic history and the disorganization of attachment which characterise the experiences and the functioning of our transsexual sample, both in MtFs and FtMs participants.

PREDICTIVITY OF ATTACHMENT MODELS AND PERSONALITY PATHOLOGY IN ADOLESCENCE: MATCHING CATEGORICAL AND DIMENSIONAL EVALUATION OF THE AICA

Williams Riccardo (1), Fantini Fiorella (1), Frattini Camilla (1)

(1) Sapienza, University of Roma

The study of the association between personality disorders and the AAI categories has yielded controversial indications. In the present study we propose to match the predictive validity of personality pathology in adolescence of two approaches of evaluation of the Attachment Interview for Childhood and Adolescence (AICA): Main's categorical model and Roisman's dimensional approach. Roisman's factor analysis highlighted an economic reorganization of the Scales of Mind under three components: 1) free-autonomous vs defensive-constricted; 2) active angry preoccupation with traumatic experiences; 3) passive-dissociative preoccupation with traumatic experiences. To compare the statistical sensitivity and specificity of Main's categorical approach

Editor in chief MJCP Salvatore Settineri

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

By Tambelli Renata & Trentini Cristina

and Roisman's three-dimensional model of pathological personality traits in adolescence. A normative sample of 100 adolescent subjects (54%=M, aged 11-15) and a clinical sample of 100 adolescent subjects (70%=F, aged 12-18) referred to the Adolescent Units of Policlinico Sapienza were screened with the AICA, SCID II, scale of social adjustment. The relative strength of the associations between the two approaches of evaluation of AICA and the DSM-IV Personality Disorders as well as number of single Criteria were reckoned through multiple regressions and logistic regressions. An important differentiation emerged as to the relative weight Cannot Classify category and Roisman's third component relative passive-dissociative preoccupation with loss experiences. The former shows a general stronger sensitivity in predicting a severe degree of maladjustment, especially with reference to Cluster B and Cluster A disorders and symptoms. The latter evidences a higher level of specificity and sensitivity in predicting BPD and other Cluster B personality disorders, confirming the role that peculiar modes of mentalization of traumatic experiences have in this clinical area.

D3

THE IMAGINATIVE PROCESSES OF THE RORSCHACH: CONVERGENCES AND DIFFERENCES

Proposer: Settineri Salvatore (1)

(1) Department of Biomedical and Dental Sciences and Morphofunctional Imaging, University of Messina, Italy

Discussant: Mento Carmela (2)

(2) Department of Biomedical and Dental Sciences, Morphofunctional Imaging, University of Messina, Italy

Qualitative research on the contents to projective method, showed that the response evoked by the reagent, specific of the subject as much as possible to move away from the percept. The Rausch de Traumbenberg, posed as the high individuality of the whole content of the protocol, can be used to build a representation of the self consistent of the mentalization of subject. Moreover, in this way, you can highlight the traumatic focus, the object relations and interpersonal relations. The image of the response, produces elements that recall the dialogue between emotions and kinesthetic, proper to every internal image, through which the different schools have built theorizing about the drivers. This is important, in the individual psychodiagnostic assessment and the psychotherapeutic treatment. Currently, it is allowed an interpretive confluence, in the concept of representability, as the process of formation of the image. The figurability for L. Kahn, can be considered a general property common to all formations of the unconscious. The image formation is then pushed by the affection that can be stored, deleted, inverted, made indifferent, but never fragmented as is the case with the representation. The Rorschach method thus allows the figuration through a form, which is the "ground of things", the internal objects. In addition, the image quality persists, with the variety, or the equality of same, the tendency to originality or otherwise, to banality. All these aspects can result in the individual's behavior observations, of his mental functioning, of his experience inside, unconscious, which characterizes a psychological-clinical approach. The return to the study of images, is what makes the difference between the methods for its classification and the methods that deepen the subjectivity of the individual case, between explanation and understanding. The

Editor in chief MJCP Salvatore Settineri

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

By Tambelli Renata & Trentini Cristina

symposium aims to analyze, within psychodynamic different interpretative readings, an integrated vision that takes into account the clinical observation, for a useful diagnostic and therapeutic, i.e. in psychotherapy.

DIMENSIONS OF THE REAL, THE SYMBOLIC AND THE IMAGINARY, IN PROJECTIVE METHODS

Lo Castro Giovanni (1), Lanzafame Giuseppina (1), Castellano Sabrina (1), Lo Castro Tiziana (1)

(1) University of Catania

Projective methods are proposed to explore, as completely as possible, the dimensions of which do not have direct access to the rational consciousness. It is a widely studied and well known process, but it can be better articulated and enriched with the use of new categories, such as those of: Real, Symbolic and Imaginary, extensively elaborated and applied to the clinic, from conceptualizations proposed by Jacques Lacan . Clarified the meaning given to the three concepts (called "logs", in their original definition) attention will be centered mainly on their usability, and utilization of fact, in the reagent of Rorschach and the Thematic Apperception Test.

THE REPRESENTATION OF THE SELF BETWEEN IMAGINATION AND PERCEPTION

Settineri Salvatore (1)

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The thought of H. Rorschach done importance to the nature of the stimulus, which is able to evoke imaginative responses of the things of the world. The answers, in relation to the proximity or remoteness of the content, are placed between the perception, which is the objective part of the projective method and the representation, which is the subjective part. For these reasons, we can get data on the unconscious life of the subject and for this, the projective method approaches the dream. They are in fact known some classification systems, i.e. the systematic Holt, who order the answers in an evolutionary way. Psychodynamic interpretation of the Rorschach, deepened in the psycho-diagnostic setting, some aspects of the personality, close to the clinical dimension of suffering and psychopathology, in the subjective history. These elements are important for the setting of a

psychotherapeutic treatment. The representation of the self, according to the French Author N. Rausch de Traubenberg, born in psychoanalytic dimension, but may extend to depth psychologies, which i.e. the analytical C.G.Jung. In this paper, it will be discussed one interpretation of the projective method, which, by the grid of De Traubenberg comes to the analytical interpretation of the Self. They will be discussed Rorschach protocols in cases of dysphoria, in which the problem of the self appears the most evident dimension.

PROJECTIVE METHODS, FIGURABILITY (REPRESENTABILITY) AND SYMBOLIZATION

Sola Tiziana (1)

(1) University of Chieti D'Annunzio, Italy

The Projective Methods, in the present case, the Rorschach and the T.A.T, are refracting instruments of the individual psychic functioning. They act through stimuli, ambiguous or figurative, on the perceptual and emotional sensitivity of the subject, leveraging on his capacity of imaginative figuration. The subject, through an internal tension, induced by the structural and chromatic qualities of the stimulus, is brought to give life to an image which, in the Rorschach takes on the sense of trying to respond to the enigma and chaos (give shape to the shapeless), or to a scene, as in the T.A.T, whose figurative stimuli, bearers, in every case, of elements of ambiguity, lead to invent a narrative sequence that is able to articulate in a possible relational interweaving (intrigue of emotional ties in a syntactic order). In that case the two instruments, in their complementarity, are potential devices of symbolization and representation of the internal world, through which to assess the organizational capacity of the thought, and especially the disorders of identity and the scaling off of the mentalizing activity. With this work the author, inscribed in a clinical spirit of exquisitely comprehensive character, presents an analysis of a clinical case, as an example of disturbance of figurability and symbolization, showing how, not only in the psychopathological research, but especially in the evaluation for therapeutic purposes, the analysis of the projective clinic can constitute a useful tool for drawing up a 'map of the area' which is similar to a psychic organization of a given person, providing important hints for a therapeutic project as targeted as possible.

Key words: projective methods, image, figurability, processes of thought, symbolization, identity.

D4**UPGRADING THE RORSCHACH: RESEARCH AND ADVANCES****Proposer: Giromini Luciano (1)**

(1) University of Torino

Discussant: Lis Adriana (2)

(2) University of Padova

This integrated paper session aims at providing an update on the state of the art of Rorschach-based, neurophysiological and clinical research. Porcelli starts off this session by reviewing the theoretical and empirical literature linking the production of human movement (M) responses to the Rorschach to psychological constructs such as mentalization, empathy, and embodied simulation. Ando', Soghoyan, Yang, and Pineda then describe their recent research investigating the effects of repetitive transcranial magnetic stimulation (rTMS) over the left inferior frontal gyrus (LIFG) on M responses and their electrophysiological correlates. Delvecchio, Mazzeschi, and Salcuni next address issues related to mentalization, emotional dysregulation, and interpersonal skills of individuals with substance use disorder (SUD) undergoing Rorschach Performance Assessment System (R-PAS) administration. Finally, Giromini, Cauda, Viglione, and Zennaro close the paper session by presenting data from an fMRI study they completed investigating which brain areas get involved when one takes the Rorschach. Albeit from different perspectives and diverse theoretical backgrounds, all presenters stress on the importance to continue to upgrade the Rorschach by aligning its interpretations with their evidence base.

Keywords: Rorschach; R-PAS; Assessment; Evidence-base.

EFFECTS OF TRANSCRANIAL MAGNETIC STIMULATION (TMS) ON MOVEMENT RESPONSES TO THE RORSCHACH TEST AND ELECTROPHYSIOLOGICAL CORRELATES**Ando' Agata (1), Soghoian Gregory (2), Yang Qun (3), Pineda Jaime (2)**

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According to the Rorschach literature, the human movement responses (M) demonstrate higher cognitive functioning because of the implied ability to identify with a human being (Exner, 2003, 2005). Using EEG mu suppression as a proxy biomarker for mirror neuron activation, Giromini and colleagues (2010) suggested that strong internal representation of the “feeling of movement” may be sufficient to trigger MNS activity even when minimal external cues are present. Specifically, by conducting an EEG study with the Rorschach stimuli, the authors have shown that attributing M yields great EEG mu suppression. These findings were replicated by a second study (2011) and then further confirmed by additional analyses on the same data (2013). Furthermore, Ando' and colleagues (2015), by using of Transcranial Magnetic Stimulation (TMS), have shown that the temporary disruption of left inferior frontal gyrus (LIFG; presumably implicated in mirroring activity), but not Vertex, yielded a statistically significant reduction in the attribution of Ms to the Rorschach.

The goal of the current study was to use TMS to determine the role that prefrontal cortex plays in M production and electrophysiological correlates. All participants were exposed to the Rorschach stimuli during a baseline (without TMS but with EEG data recording) and during the experimental condition (with TMS - over the vertex or LIFG - and with EEG). We expected that the mu suppression did not occur only when the stimulation was applied over the LIFG. By testing a mixed, 2 (between-subject: vertex vs. LIFG) by 2 (within-subject: baseline vs. rTMS) ANOVA, we observed that disrupting LIFG, but not vertex, decreased the number of M responses produced by the participants, with a highly significant interaction effect, $F(1, 26) = 24.60, p = .000, \text{Partial } \eta^2 = .486$. These findings suggest an intimate link between action simulation and action perception and they provide support for the use of EEG to measure MNS activity.

**PERSONALITY AND PSYCHOLOGICAL FUNCTIONING OF INDIVIDUALS WITH
SUBSTANCE USE DISORDER: A QUALITATIVE INVESTIGATION USING R-PAS.****Delvecchio Elisa (1), Mazzeschi Claudia (1), Salcuni Silvia (2)**

(1) department of philosophy, social Human and education sciences, University of Perugia

(2) Department of Psychology and Socialization, University of Padova

Literature suggests that patients with substance use disorder (SUD) are characterized by an overall pattern of affective, cognitive, and behavioral dysregulation (Sullivan & Farrell, 2002). They show difficulty in managing interpersonal relationships (Feeney, 2005), and report high levels of anxiety (Smith & Book, 2008) and depressive symptoms (Galanter & Kebler, 2008). The current study is aimed to investigate personality and psychological function in a sample of SUD patients using a multi-method approach. Participants were 22 inpatients recruited from a residential drug rehabilitation center in northern Italy. Inclusion criteria include: (a) a primary diagnosis of SUD, (b) more than 15 days in rehab; (c) no psychotic impairments; (d) standard scores below one standard deviation on two Verbal subtests (Vocabulary and Similarities) of the Wechsler Adult Intelligence Scale Revised (WAIS-R - Wechsler, 1981; Orsini & Laicardi, 1997). A control sample of 20 participants, balanced for age and gender, with no diagnosis of SUD as well as psychotic impairment, was collected. The Rorschach Performance Assessment System (R-PAS) and self-report questionnaires assessing psychological symptoms (Social Adjustment Scale Self-Report - Weissman, Bothwell, 1976); social adjustment (Self-Rating Anxiety Scale - Zung, 1971; Self-Rating Depression Scale - Zung, 1965) and personality (Millon Clinical Multiaxial Inventory-III - Millon, 1979) were administered to both samples. Preliminary qualitative results showed that SUD patients were affected by low individual's complexity, productivity and psychological resources, and high levels of stress and distress. As expected, low correlations between the R-PAS and self-report questionnaires were found. Although the limited statistic agreement and the low sample size, this pilot study open a door for the possibility to find in the R-PAS specific indexes associated to SUD.

THE RORSCHACH BRAIN: AN FMRI STUDY INVESTIGATING THE NEUROPHYSIOLOGICAL CORRELATES OF THE RORSCHACH**Giromini Luciano (1), Cauda Franco (1), Viglione J. Donald (2), Zennaro Alessandro (1)**

(1) Department of Psychology, University of Turin, Italy

(2) California School of Professional Psychology, Alliant International University – San Diego, U.S.

Despite the Rorschach being one of the most used, debated, and researched personality assessment instrument, to date no studies have yet investigated, via fMRI, which brain areas get involved when one takes the Rorschach. To fill this gap in the literature, we administered the Rorschach inkblot stimuli during fMRI scanning to a sample of 26 healthy volunteers instructed to look at each stimulus and mentally answer the question “what might this be.” Afterwards, outside the scanner, participants’ responses were clarified according to standard Rorschach Assessment Performance System (R-PAS) procedures. Data analysis focused on blood-oxygen level dependent (BOLD) signals, and compared functional data associated with exposure to the Rorschach inkblot stimuli vs. baseline condition (i.e., fixating a cross). Results showed that the administration of the Rorschach associated with significant activations in the primary visual cortex, extrastriate cortex, dorsal and ventral attention systems, and subcortical areas such as the anterior part of the thalamus, putamen and pallidus, the caudate head, a large portion of the pulvinar, and the mammillary bodies. Taken together, these findings are in line with standard Rorschach interpretation approaches, as they reveal that taking the Rorschach associates with brain activations typical of top-down as well as bottom-up attentional processes, and with perception and processing of emotional memories and, more broadly, emotions.

THE RORSCHACH TEST AT THE CROSSROAD BETWEEN QUALITATIVE AND QUANTITATIVE RESEARCH. THE EXAMPLE OF HUMAN MOVEMENT RESPONSES**Porcelli Piero (1)**

(1) UO Clinical Psychology, IRCCS Ospedale De Bellis, Castellana Grotte (BA)

The Rorschach test is a personality assessment tool that, by its nature, is a good example of how conjugating qualitative (thematic analysis of responses and clinical evaluation of diagnostic indices) and quantitative (analysis of theoretical constructs underlying Rorschach variables through experiments and empirical trials) research. Rorschach human movements (M) are a further example of assessment data provided at the border between the qualitative and the quantitative ones. Ms have been traditionally thought to be between external reality (although primed by the features of the blot, they are not within the blot that does not move) and inner world (although subjectively perceived by the subject, they are suggested by the features of the blot). Neither external nor internal, M responses are related to body perception conceived not as the body *that I have* but the body *that I am*. Recent neurobiological data showed that the construct of “the body *that I am*” relies on higher order, bottom-up and top-down neural network patterns integrating implicit awareness of one’s own body (embodied simulation), higher-order psychological functioning (mentalization) and social cognition (empathy). Two sources of evidence support this notion. First, clinical and meta-analytic reports show the close association between M and higher cognitive functioning. Second, experimental studies show the close association between M and mirror neurons networks. The present paper suggests how to analyze M qualitatively for quantitative investigations.

D4**NEW ASSESSMENT MEASURES FOR CHILDREN AND ADOLESCENTS:
METHODOLOGICAL ISSUES AND CLINICAL APPLICATIONS****Proponent: Pace Cecilia Serena (1)**

(1) Department of Educational Science, University of Genoa

Discussant: Freda Maria Francesca (2)

(2) Department of Humanistic Studies, University of Naples, Federico II

In developmental psychopathology research, several self-report/inventory measures were developed to assess psychological dimensions such as attachment (i.e. Inventory of Parent and Peer Attachment, IPPA), alexithymia (Toronto Alexithymia Scale (TAS-20)), emotional and behavioral disorders (Children Behaviour Check List, CBCL). Although these measures showed good psychometric properties, such as content and construct validity, they revealed also some important limits in terms of accuracy and clinical validity, especially when examining psychopathological conditions. On the other hand, more clinically relevant measures suitable for children and adolescents, such as narrative and pictorial tasks, often lack of an accurate analysis of methodological characteristics. This symposium aims to offer a modest contribution to fill this gap. The first study (Di Trani, Piperno, Renzi, Sogos) presents a new pictorial task, based on the alexithymia theory, appropriate for the assessment of emotional competence in 4-to-8-year-old children. The second study (Di Riso, Salcuni, Delvecchio, Lis) examines the construct and external validity of the Affect in Play Scale-Brief Version (“in vivo” coding), a tool of pretend play that allows to score both affective and cognitive dimensions in 5 to 10 years old Italian children. The third study (Pace, Terrone, Di Folco) is focused on the Friends and Family Interview (FFI), a semi-structured interview designed to classify attachment representations of adolescents (11 to 17 years old), based on, yet distinct from, the Adult Attachment Interview. Finally, the last study (Parolin, Locati, De Carli, Santona) assessed through the Roberts-2, a narrative performance-based test, the personality functioning in a group of adolescent obese patients (13-18) highlighting the occurrence of negative emotions compared to controls.

Key words: assessment measures, children and adolescent, attachment, alexithymia, play scale

FROM RESEARCH TO CLINICAL SETTINGS: VALIDATION OF THE APS-TOYS-BRIEF VERSION IN 5 TO 10 YEARS OLD ITALIAN CHILDREN**Di Riso Daniela (1), Salcuni Silvia (1), Delvecchio Elisa (2), Lis Adriana (1)**

(1) DPSS – Department of Psychology and Socialization, University of Padova

(2) Department of Philosophy, social Human and education sciences, University of Perugia

The Affect in Play Scale (APS; Russ, 1987, 2004) is one of few standardized tools of pretend play that allows to score both affective and cognitive dimensions. It includes two forms that differs in respect to the set of material presented to the children in a 5-min standardized play task (puppets or toys). Recently, they were validated in Italy (Chessa, et al. 2011, Delvecchio, et al. in press). Some of the main limitations of this instrument is that require videotaping, verbatim transcripts and an extensive training to score, that compromises their clinical utility. This paper will focus on a new form of APS-Toys, named APS-Toys Brief Version, that consists in “in vivo” coding. This study was aimed to evaluate the construct and external validity of the scale in 538 Italian children aged from 5 to 10 years. Scores on the APS-Toys-BR related strongly to those on the APS-Toys. Confirmatory Factor Analysis yielded a two correlated factor structure. A preliminary clinical application will be presented in the contest of children diagnosed with solid tumor. Results suggest that the APS-Toys BR is a promising brief measure of children's pretend play that can be substituted for the APS in clinical and research settings.

Key words: Play, Affect in Play Scale Brief Version, Toys, Factor Analysis

CONSTRUCTION AND PRELIMINARY VALIDATION OF A PICTURE TASK FOR THE EVALUATION OF EMOTIONAL COMPETENCE IN CHILDREN FROM 4 TO 8 YEARS BASED ON THE ALEXITHYMIA THEORY**Di Trani Michela (1), Piperno Francesca (2), Renzi Alessia (1), Sogos Carla (2)**

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

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Alexithymia is defined as a difficulty in recognizing and describing one's emotions, characterized by constricted imaginal processes and externally oriented thinking. During the last ten years several studies have investigated the relationship between alexithymia and health in childhood and

adolescence, confirming that alexithymia could be defined as a risk factor for pathology also during development. Research in the field is currently constrained by the scarcity of instruments for the assessment of alexithymia in children. The objective of the present study is to create and validate a task for the evaluation of emotional competence in children from 4 to 8, based on the construct of alexithymia. Specifically, the task aims to evaluate childrens' abilities in identifying and describing emotions, and in imagining a fantasy story on an emotional topic. In a first part of the task children are asked to choose among 4 pictures, representing 4 basic emotions (happiness, fear, sadness, angry), the emotional expression of a character represented in a situation. Children are also asked to describe what is happening in the images and to tell a story on the emotion investigated. A second part of the task evaluates in a similar way 4 complex emotions (loneliness, envy, shame, guilt). The interviewer assigns a score for two dimensions: Ability in Identifying and Describing Feelings and Imaginal Processes. The task was administered to 100 children recruited in kindergarten and elementary schools of Rome, during school time, with the presence of a teacher. Preliminary results showed no relationships between the two dimension scores and the children's age and gender. A significant correlation was found between the Ability in Identifying and Describing Feelings score and the Imaginal Processes score ($r=.62$; $p=.02$). Results appear to confirm a possible application and evaluation of the alexithymia construct in children from 4 to 8 years.

THE *FRIENDS AND FAMILY INTERVIEW* (FFI) TO ASSESS ADOLESCENTS' ATTACHMENT REPRESENTATIONS: PSYCHOMETRIC CHARACTERISTICS AND CLINICAL CONSIDERATIONS

Cecilia Serena Pace (1), Grazia Terrone (2), Simona Di Folco (3)

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(3) PhD, Psychologist

Attachment researchers developed statistically validated measures to assess attachment patterns for children (i.e. Strange Situation Procedure) and adults (i.e. Adult Attachment Interview), showing useful clinical applications. Regarding adolescence, the most validated measure is the Inventory of Parent and Peer Attachment (IPPA), despite the limitations of being a self-report measures. This pilot-study aims to explore both the preliminary psychometric characteristics and clinical applications of the Italian version of the Friends and Family Interview (FFI), a semi-structured interview designed to assess attachment representations of adolescents (aged 11 to 17 years). The FFI was administered to 66 non clinical adolescents aged 12 to 16 years (44% boys) by three different interviewers. The FFI's transcripts were coded by two reliable and blinded coders. The

Editor in chief MJCP Salvatore Settineri

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

By Tambelli Renata & Trentini Cristina

FFI's coding system comprises eight dimensions (Coherence, Reflective Functioning, etc) and classifies attachment into four patterns: secure, insecure-dismissing, insecure-preoccupied, insecure-disorganized, often collapsed into secure/insecure classifications. Participants also completed the verbal subtests of the Wechsler Intelligence Scale for Children, as control measure. The FFI secure-insecure classifications were not correlated with adolescent's gender (Fisher Exact $p=.25$, n.s.) and ages ($F=.720$, $df= 61$, $p=.58$, n.s.). No potential effect of the interviewer was revealed ($p=.86$, n.s.). A good inter-rater reliability was found. However, secure participants showed higher verbal IQ score than the insecure ones ($F=.377$, $df= 62$, $p=.08$). From a clinical perspective, the FFI could help clinicians to understand the emotion regulation strategies of adolescents and their mentalizing skills in the clinical assessment. These results substantially strengthen the case for interpreting the FFI as an attachment-related measure for adolescents. Clinical implications of the FFI were further discussed.

Key words: attachment representations, adolescence, interview

OBESITY IN DEVELOPMENTAL AGE:

AN APPLICATION OF THE ROBERTS-2 TEST IN A SAMPLE OF ADOLESCENTS

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Over the last years, a large body of literature has deeply investigated the relationship between emotions and nutritional behaviors, unveiling a prevalence of anxiety, depression, aggressiveness, low self-esteem or feelings of ineffectiveness in obese children and adolescents (Bertrand et al., 1990; Doerthy, 1991; Ernestina, 2011; Martinson et al., 2011). In particular, binge eating or hyper-alimentation behavior has been conceived by many authors as a typical reaction to a deep emotional regulation disorder, which should be associated to negative experiences with caregivers in infancy (Blisset et al., 2010; Rommel et al., 2012; Zijlstra et al., 2012), though further evidence

Editor in chief MJCP Salvatore Settineri

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

By Tambelli Renata & Trentini Cristina

to support this possibility is still needed. The present study aims to investigate this issue by focusing on adolescent obese patients. We considered the role of emotions and relational managing in relation to nutrimental problems. 43 clinical adolescents (13-18 years old) diagnosed with Obesity at the Hospital "G. Salvini" and 43 non-clinical adolescents (13-18 years old) took part in the study. Patients were assessed with the Roberts-2 (Parolin, Locati & De Carli, 2014) and the Friend And Family Interview (FFI; Steele & Steele, 2005). T-tests results yielded a significant difference between clinical and non-clinical groups regarding the occurrence of negative emotions, with the former group characterized by depressive, aggressive and rejection feelings. Furthermore, obese patients showed difficulties in managing relational and psychological resources and an increase of low self-esteem. Together, these findings suggest that obesity in developmental age may be characterized by a specific disorder of emotion regulation. Critically, this emotional distress may represent the problematic core of patient's personality functioning that, in turn, inhibits the inner psychological resource and coping strategies.

Editor in chief MJCP Salvatore Settineri

Suppl. 4/2 A

PERSONALITY ASSESSMENT: EMOTIONAL DYSREGULATION IN ADOLESCENCE
 AP Clinical and Dynamic Section
 Proceedings SYMPOSIA

Although DERS (Gratz & Roemer, 2004) is a widely used diagnostic tool for assessing emotion dysregulation (Neumann et al., 2010; Perez et al., 2012; Weinberg & Klonsky, 2009), researches that have investigated the incremental validity of this test are scarce, particularly in adolescence.

Based on these considerations and on the limitations of self-report survey, the aim of the study was to evaluate the construct of emotion dysregulation in adolescence, as measured by the DERS, by administering the Rorschach C.S. test (Exner, 2003) and SWAP-200-A (Westen, Shedler, &

Lingiardi, 2003). The research compared a sample of adolescents placed in therapeutic and socio-rehabilitative communities and a control group. The sample consisted of 50 adolescents (age M = 14.5; DS = 1.6), divided into two homogeneous groups (n = 25), partially balanced for sex. As for

the DERS, the two groups showed differences on the Nonacceptance and Impulse scales, which were higher in the clinical group. The DERS correlated with Rorschach variables that assess reality testing (e.g., FQ-) and thought disorder (e.g., MOR and Special Scores) within the clinical sample. As for the SWAP-200-A, the DERS correlated with the Histrionic Q Prototype, but, surprisingly, did not show a statistically significant correlation with the Emotion Dysregulation Q Prototype. However, the DERS correlated with both Borderline and Histrionic personality disorders. The personality and its possible disorders are in constant renovation in order to better fulfill the clinical needs. This symposium aims to address some current issues in the diagnosis of personality by presenting new tools, new normative data and researches that define or circumscribe better their use in specific clinical populations. Informative and may provide interesting clues about the differences within the continuum emotional regulation/dysregulation in adolescence.

PERSONALITY ASSESSMENT: EMOTIONAL DYSREGULATION IN ADOLESCENCE

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Although DERS (Gratz & Roemer, 2004) is a widely used diagnostic tool for assessing emotion dysregulation (Neumann et al., 2010; Perez et al., 2012; Weinberg & Klonsky, 2009), researches that have investigated the incremental validity of this test are scarce, particularly in adolescence. Based on these considerations and on the limitations of self-report survey, the aim of the study was to evaluate the construct of emotion dysregulation in adolescence, as measured by the DERS, by administering the Rorschach C.S. test (Exner, 2003) and SWAP-200-A (Westen, Shedler, & Lingardi, 2003). The research compared a sample of adolescents placed in therapeutic and socio-rehabilitative communities and a control group. The sample consisted of 50 adolescents (age M = 14.5; DS = 1.6), divided into two homogeneous groups (n = 25), partially balanced for sex. As for the DERS, the two groups showed differences on the Nonacceptance and Impulse scales, which were higher in the clinical group. The DERS correlated with Rorschach variables that assess reality testing (e.g., FQ-) and thought disorder (e.g., MOR and Special Scores) within the clinical sample. As for the SWAP-200-A, the DERS correlated with the Histrionic Q Prototype, but, surprisingly, did not show a statistically significant correlation with the Emotion Dysregulation Q Prototype.

However, the DERS correlated with both Borderline and Histrionic personality disorders. The results of this research suggest that emotion dysregulation is less severe in the general adolescent population than indicated by current research. Nevertheless, the integrated use of different diagnostic tools in a personality assessment centered on incremental validity may be more informative and may provide interesting clues about the differences within the continuum emotional regulation/dysregulation in adolescence.

PSYCHOMETRIC PROPERTIES AND CLINICAL APPLICABILITY OF THE DEQ-A IN THE ASSESSMENT OF ADOLESCENT PERSONALITY

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In line with the “two-polarities models” of personality development, Blatt (2008) proposed a “two-configurations” model, suggesting that self-definition and relatedness are two fundamental psychological dimensions useful in evaluating the vulnerability factors for psychopathology in adolescence. Based on the adult version of the Depressive Experiences Questionnaire, Blatt and colleagues (1992) developed the DEQ for Adolescents (DEQ-A). The DEQ-A is a 66-item questionnaire developed for participants ranging from early to late adolescence. Previous factor analyses yielded 3 orthogonal factors: Self-criticism, Dependency, and Efficacy. The psychometric properties of the DEQ-A were explored, by comparing a clinical group (N = 148) to a non-clinical group (N = 204). Two self-report measures were administered as follows: the DEQ-A (Blatt, Schaffer, Bers, & Quinlan, 1992) and the Beck Depression Inventory-II (Beck, Steer, & Brown, 1996). We conducted an exploratory factor analysis and a confirmatory factor analysis of the DEQ-A with the aim to test the three-factor solution proposed by the Blattian theory. Construct validity and convergent validity were also assessed. The three-factor model fit indices met criteria for acceptable fit, as well as other briefer two-factor versions. Further, the DEQ-A showed high convergent validity. These findings show that the DEQ-A should be used according to a dimensional perspective, rather than for establishing psychiatric diagnosis. In this regard, the major implication of the study consists of identifying trends, hypersensitivity, or real vulnerability related to specific topics of the introjective/anaclitic area.

A FIVE-YEAR PERSPECTIVE ON COMMUNITY AND CLINICAL STUDIES ON THE PERSONALITY INVENTORY FOR *DSM-5* IN ITALY**Fossati Andrea (1)**

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This presentation summarizes five years of research findings on the Italian translation of the Personality Inventory for *DSM-5* (PID-5). In Study 1, we administered the PID-5 to two independent samples ($N_s=710; 389$) of community dwelling adults; the PID-5 was provided with adequate reliability estimates and factor structure. In this study, meaningful associations were observed between self-reports of *DSM-5* Section II PD symptoms and PID-5 trait scores, as well as with a self-report measure of psychopathy. In Study 2 ($N=110$), we observed that selected PID-5 traits significantly discriminated non-referred pathological gamblers from controls. In Study 3, we administered the PID-5, the Personality Diagnostic Questionnaire-4+ (PDQ-4+), and an observer-rated screening measure for PD pathology to 335 community dwelling adults. The PID-5 trait scales were as accurate as the PDQ4+ scales in predicting the observer-rated level of personality pathology. In Study 4, we observed that the PID-5 trait scales yielded different, meaningful correlations with self-report measures of attachment styles, at least among community dwelling adults ($N = 480$). In Study 5, we observed that PID-5 traits significantly discriminated participants with Narcissistic Personality Disorder (NPD) diagnosis from participants Borderline Personality Disorder diagnosis in a sample of consecutively admitted psychotherapy patients ($N = 238$). In Study 6 ($N = 292$), we observed that the PID-5 traits significantly predicted the risk for direct deliberate self harm among psychotherapy patients. Finally, in Study 7 ($N = 278$) the PID-5 traits showed differential, meaningful relationships with self-report and observer-rated measures based on four different constructs of NPD in a sample of psychotherapy patients.

EMOTION DYSREGULATION IN THE PERSONALITY ASSESSMENT INVENTORY (PAI)**Pignolo Claudia (1), Zennaro Alessandro (1)**

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Emotion regulation (ER) plays a key role in human life and may be defined as the extrinsic and intrinsic processes responsible for the monitoring, evaluating, and modifying emotional reactions (Thompson, 1994). Although the Personality Assessment Inventory (PAI; Morey, 2007; Zennaro et al., 2015) – a self-report developed to assess important constructs in clinical settings – contains a

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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