

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

FACTORIAL ANALYSYS OF THE PARENTAL CUMULATIVE PSYCHOSOCIAL RISK QUESTIONNAIRE

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

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

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

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

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

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

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

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

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

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

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

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

SYMPOSIUM

PERSONALITY BETWEEN THERAPEUTIC RELATIONSHIP AND REFLECTIVE FUNCTIONING

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Discussant: Giorgio Caviglia

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

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

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

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

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

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

REFLECTIVE FUNCTIONING, ATTACHMENT AND PERSONALITY: AN EMPIRICAL INVESTIGATION

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

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

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

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

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

THE THERAPIST'S FACTORS: ATTACHMENT AND PERSONALITY

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

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

MENTALIZATION PROFILES IN PERSONALITY DISORDERS

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

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

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

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

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

SYMPOSIUM

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

Proposer: Salvatore Settineri

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Discussant: Paolo Valerio

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

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

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

PROJECTIVE PSYCHODIAGNOSIS AND GENDER DYSPHORIA

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

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

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

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

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

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

TRAINING GROUPS FOR THE IMPROVEMENT OF RESILIENCE IN TRANSGENDER PEOPLE

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

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

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

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

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

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

SYMPOSIUM

METACOGNITIONS, COGNITIVE FUNCTIONS AND PSYCHOPATHOLOGY

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Discussant: Claudio Gentili

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

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

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

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

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

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

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

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

METACOGNITIVE THERAPY AND PATHOLOGICAL GAMBLING

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

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

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

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

METACOGNITIVE BELIEFS AND PSYCHOPATHOLOGICAL RISK FACTORS IN ADOLESCENTS' ALCOHOL CONSUMPTION

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

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

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

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

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

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

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

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

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

SYMPOSIUM

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

Proposer: Claudia Venuleo

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

Discussant: Maria F. Freda

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

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

METHADONE MAINTENANCE TREATMENT AND ITS CONCLUSION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SYMPOSIUM

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

Proposer: Nicola Carone

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Discussant: Vittorio Lingiardi

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

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

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

PSYCHOANALYTIC CONSIDERATIONS REGARDING GAY AND LESBIAN PARENTING

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

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

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

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

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

AN EXPLORATIVE RESEARCH ON SOCIAL REPRESENTATION ABOUT SAME-SEX PARENTING

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

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

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

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

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

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

SYMPOSIUM

PIERRE JANET AND MODERN PSYCHOTRAUMATOLOGY

Proposer: Giuseppe Craparo

Faculty of Human and Social Sciences, Kore University of Enna

Discussant: Marco Cacioppo

LUMSA University of Rome

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

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

THE MODERN DEBATE ON THE DIFFERENCES BETWEEN DISSOCIATION AND REPRESSION

Giuseppe Craparo(1)

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

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

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

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

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

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

SYMPOSIUM

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

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Discussant: Antonella Granieri(1)

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

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

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

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

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

Cristina Trentini(1)

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Rome

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

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

THE WORDS OF THE BODY: PSYCHOPHYSIOLOGICAL PATTERNS IN DISSOCIATIVE NARRATIVES

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

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

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

Franco Baldoni(1)

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

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

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

SYMPOSIUM

OBESITY: SYNCHRONY AND DIACHRONY IN THE CLINICAL INTERVENTION

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Discussant: Enrico Molinari

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

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

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

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

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

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

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

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

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

POOR SLEEP AND OBESITY

Caterina Lombardo(1)

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

prompted by food stimuli that have high reward saliency.

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

THE CLINICAL PSYCHOLOGIST IN BARIATRIC SURGERY: THE EXPERIENCE OF PALERMO

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

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

SYMPOSIUM

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

Proposer: Ivan Formica

Department of Humanities and Social Sciences University of Messina

Discussant: Franco di Maria

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

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

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

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

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

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

the relationship.

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

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

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

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

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

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

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

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

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

INSTITUTIONAL PSYCHOTHERAPY WITH PATIENTS SUFFERING FROM MILD COGNITIVE IMPAIRMENT

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

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

SYMPOSIUM

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

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

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(2)University of Pisa

Discussant: Cristiano Violani

Faculty of Medicine and Psychology, Sapienza University of Rome

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SYMPOSIUM

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

Proposer: Fiorella Monti

Department of Psychology, University of Bologna

Discussant: Nicolino Rossi

Department of Psychology, University of Bologna

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

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

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

**Maria Francesca Freda(1), Giovanna Esposito(2); Gonçalves, Mário
Miguel Machado Osório (3), Valerio Paolo (2)**

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- (3) School of Psychology, University of Minho, Portugal

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

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

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

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Fontana(1)**

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

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

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

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

PSYCHOTHERAPY OUTCOME EVALUATION: UNIVERSITY OF BOLOGNA COUNSELING SERVICE

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

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

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

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

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

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

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

SYMPOSIUM

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

Proposer: Giorgio Falgares

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

Discussant: Alessandro Zennaro

Department of Psychology, University of Turin

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

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

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

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

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

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

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

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

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

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

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

Giorgio Falgares, Sandro De Santis(1)

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

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

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

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

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

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

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

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

COMPARISON OF PAI PROFILES IN BORDERLINE E NONBORDERLINE YOUNG ADULTS

**Claudia Pignolo(1), Danilo Carrozzino (2), Daniela Marchetti (3),
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The Borderline Personality Disorder (BPD) is the most commonly diagnosed personality disease in clinical population (Widiger & Trull, 1993), but latest studies (Fonseca-Pedrero et al., 2011; Trull, 1995) showed that this disorder occurs also in nonclinical samples. Therefore, the evaluation of the BPD traits is important also in nonclinical populations to identify less severe BPD traits and to highlight the etiopathogenetic processes of this clinical construct without the confounding factors deriving from common effects often associated with BPD, such as medication or stigmatization. The aim of the present study was to assess the BPD features in a sample of nonclinical young adults and to evaluate whether the

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

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

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

SYMPOSIUM

OBSERVATION AND EMPIRICAL RESEARCH IN CLINICAL GROUPS

Proposer: Francesca Giannone

Department of Psychological and Educational Sciences, University of Palermo

Discussant: Del Corno Franco

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SYMPOSIUM

BUILDING AND DECONSTRUCTING THERAPEUTIC ALLIANCE IN PSYCHOTHERAPY PROCESS

Proposer: Valeria Condino

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Discussant: Vittorio Lingiardi

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

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

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

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

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

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

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

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

GROUP COMPOSITION AND THERAPEUTIC ALLIANCE: A STUDY WITH OBESE PATIENTS

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

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

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

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

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

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

THERAPEUTIC ALLIANCE WITH MARITAL AND PARENTAL COUPLES: A PRELIMINARY STUDY

**Silvia Mazzoni(1), Elena Trombini(2), Ilaria Chirico (2), Lucia
Porcedda (1) Silvia Ciocca(1)**

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

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

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

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