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“13 REASONS” TO SELF-HARM. NON SUICIDAL SELF INJURY AND EMOTION REGULATION AMONG NARRATIVES OF ADOLESCENTS

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Scientific literature shows how non-suicidal self-injury (NSSI) performs some specific functions in the psychic economy of the individuals who engage in it, highlighting the key role of emotion regulation. The study has two aims: 1) to investigate the relationship between NSSI and emotion dysregulation in a non-clinical sample of adolescents; 2) to explore the meanings of the NSSI in subjects reporting a history of non-suicidal self-injury, considering the role of the affective regulation function in organizing the experience of NSSI expressed in the narratives. Within a research-intervention with high schools, we present findings related to a sample of 93 adolescents reporting a previous history of NSSI. *Inventory of Statements about Self-injury* and *Difficulties in Emotion Regulation Strategies* were administered and a narrative account on the topic of NSSI was proposed. We carried out bivariate correlations between the scores of NSSI and those of emotion dys-regulation; we performed a quali-quantitative analysis of multiple correspondences on narratives through T-Lab software. According to the main literature, positive and significant correlations ($p < .01$) between NSSI and emotion dys-regulation emerged. Four thematic clusters resulted: *the self-harming identity* (36.90%), *the request for help* (25.09%), *the spaces of destructivity* (21.77%), *giving meaning to emotions* (16.24%). The projection of clusters and variables on the factorial map highlights how the ability to regulate emotions, to process the experience through narrative, and to express a request for help, are connected.

A CONTRIBUTION TO THE ITALIAN VALIDATION OF THE THERAPIST RESPONSE QUESTIONNAIRE FOR ADOLESCENTS (TRQ-A)

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Clinical report suggests that therapists have strong and difficult-to-manage reactions to adolescent patients with personality pathology; however, systematic research is largely absent. The aim of this study was to examine the stability of the factor structure and psychometric properties of the Therapist Response Questionnaire for Adolescent (TRQ-A; Betan et al., 2005; Satir et al., 2009), a clinician report instrument able to measure the clinician's emotional reactions to the adolescent patient in psychotherapy. A national sample of psychiatrists and clinical psychologists ($N = 115$) of psychodynamic and cognitive-behavioral orientation completed the TRQ-A, as well as the Shedler-Westen Assessment Procedure-200 for adolescent (SWAP-200-A; Westen et al., 2003), to assess personality disorders and level of psychological functioning, regarding a patient currently in their care. Factor analyses revealed 6 distinct countertransference factors that were not very similar to 6 dimensions identified in the original version of the measure: (a) overwhelmed/disorganized, (b) hostile/criticized, (c) positive/satisfying, (d) overinvolved/protective, (e) helpless/inadequate, and (f) disengaged. These scales showed excellent internal consistencies and good validity. They were especially able to capture the quality and intensity of emotional states that therapists experience while treating adolescent patients with personality pathology. The results seem to confirm that TRQ-A is a valid and reliable instrument that allows to evaluate patterns of countertransference responses in clinically sensitive and psychometrically

robust ways, regardless of therapists' orientations. The clinical and research implications of these findings are addressed.

A CONTRIBUTION TO THE UNDERSTANDING OF GAMBLING DISORDER: THE ROLE OF SHAME AND GUILT

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Emotional life of Pathological Gamblers (PGs) has been depicted as characterized by experiences of shame and guilt (Ronsenthal, 1994). Interestingly, in a retrospective study, shame-proneness gamblers have been shown to cope in a dysfunctional way with gambling loss (Yi, 2012). Another study indicated that induced guilt enhanced risk-taking behaviors (Kouchaki, 2014). Also, Locke et al. (2013) showed that adolescents with GD were specifically prone to experiment interpersonal guilt. Interestingly, Yi (2012) brought contrasting results, suggesting that guilt-proneness could mitigate GD. However, to our knowledge, no study investigated the levels of both shame-proneness and guilt-proneness in a clinical sample of PGs. We administered to a group of PGs and a group of NPGs (Not Pathological Gamblers), the South Oaks Gambling Screen (SOGS, Lesieur, 1987) and the Test of Self Conscious Affect Version 3 (TOSCA-3, Tangney et al., 2000). Significant differences between the two groups of participants were found on every subscales of the TOSCA-3. Specifically, PGs showed higher levels of guilt-proneness compared to NPGs. Moreover, severity of gambling addiction and chasing behavior were both positively and significantly associated with guilt-proneness. Our results agree with the study of Locke et al. (2013) and with the description of PGs as individuals who attempt to escape from negative emotional states throughout a dysfunctional strategy (Weatherly et al., 2014). Moreover, guilt-proneness could be a risk factor

for GD enhancing risk-taking behaviors and underlying chasing mechanism. In relation to shame, our study suggests that PGs feelings of shame reported by PGs might be a consequence rather than as a primary feature of GD. Further research is needed in order to explore the role of guilt and shame in GD. Specifically, it should be investigated the relationship of guilt with others variables associated with GD as depression.

A RANDOMIZED CLINICAL TRIAL ON THE EFFICACY OF PENNEBAKER'S METHOD IN REDUCING PSYCHIATRIC SYMPTOMPS AFTER CANCER DIAGNOSIS

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Pennebaker's method is a writing technique that allows individuals to process traumatic or stressful events by writing the feelings experienced during such events. The aims of this study was to test the efficacy of Pennebaker's method in reducing the psychiatric symptoms of people who received a first-time cancer diagnosis. An RCT was conducted with 71 consecutively recruited patients from two Units of Medical Oncology in a Hospital in Palermo, after they received a cancer diagnosis for the first time in their life. Participants were randomly assigned to two groups: a Pennebaker's Group (PG; $n = 35$) and a Control Group (CG; $n = 36$). At the baseline, both groups completed clinical and anamnestic forms, and a battery of measures on general health (SF-36), alexithymia (TSIA), traumatic experiences (TEC), and psychiatric symptoms (SCL-90-R). The Pennebaker's writing method adapted to the cancer diagnosis was also administered to the PG. At Time 1, about six months later ($M = 181.62$ days; $SD = 24.12$), 32 patients (45% of the initial sample; PG: $n = 17$, CG: $n = 15$) were available for the study and they were retested to examine

changes in their psychiatric symptoms. Pennebaker's method showed to be effective in reducing overall psychiatric symptoms ($d = -.55$), with effect sizes for specific clusters of symptoms ranging from $d = -.44$ (phobic anxiety) to $d = -.72$ (hostility). Examination of the NNT statistics suggests that more than 30% of patients may benefit from the application of the Pennebaker's method. The study showed that the Pennebaker's method can be effectively applied in medical settings to promote the processing of emotional experiences and to reduce the negative impact of the diagnosis in cancer patients, thus improving their quality of life.

ABUSED OR NEGLECTED ADOLESCENTS PLACED IN FOSTER OR RESIDENTIAL CARE: COMPARING ATTACHMENT, PSYCHOPATHOLOGICAL TRAITS AND EMOTIONAL PROBLEMS

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Little scientific evidence is available to support the recommendation to place maltreated adolescents in foster care (FC) or residential care (RC). The aim of present study was to evaluate attachment, personality profile, cognitive function and emotional and behavioral problems comparing adolescents in FC with adolescents in RC. Sample included 61 abused or neglected adolescents (22 foster adolescents and 39 residentially placed adolescents). The assessment included the administration of clinical

standardized scales including the Attachment Interview for Childhood and Adolescence (AICA), Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A), and Child Behavior Checklist (CBCL). Comparing attachment style, we found that adolescents in RC showed more insecure attachment ($p = .008$) than adolescents in FC. We found that adolescents in RC group had higher Pd ($p = .02$), Pt ($p = .02$), Si ($p = .03$), Anx ($p = .02$), Obs ($p = .03$), Aln ($p = .02$), A ($p = .03$), IMM ($p = .01$), and PRO ($p = .03$) scores compared with adolescents in FC group. In addition, we found that adolescents in RC group had higher externalizing problems scores ($p = .017$) compared with adolescents in FC group. These findings suggest that some adolescent's characteristics could represent risk or protective factors on placement outcomes in abused or neglected adolescents. Although settings like foster care are considered to be the preferred type of care when out-of-home placement is required, residential care could sometimes be the best interests of the adolescent.

ACTonFOOD: A RANDOMIZED COMPARISON OF GROUP INTERVENTIONS BETWEEN ACCEPTANCE AND COMMITMENT THERAPY AND COGNITIVE BEHAVIORAL THERAPY FOR THE TREATMENT OF OBESSE INPATIENTS

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Effective weight-management programs often include a combination of physical activity, diet, and psychological intervention. The effects of these programs are frequently not stable, and usually the maintenance of achieved weight-loss lasts only for a short period of time. The purpose of the present study is to compare an Acceptance and Commitment Therapy (ACT) group intervention and a Cognitive Behavioral Therapy (CBT) group in a sample of obese individuals with respect to mid-term outcome. The comparison between ACT and CBT has been assessed in a two arm randomized clinical trial, with 156 participants involved, randomly assigned to the two conditions. Both CBT and ACT groups followed an in-hospital intensive four-week treatment for weight reduction that includes dietarian, metabolical, psychological and physical rehabilitation. Participants were assessed before (t0), after in-hospital rehabilitation program (t1) and after six-month (t2). The CORE-OM (Clinical Outcome Routine Evaluation – Outcome Measure) and the AAQ II (Acceptance and Action Questionnaire II) were administered to evaluate respectively the psychological functioning and the psychological flexibility. As a measure of weight-loss the weight was recorded. The evidence supports the hypothesis that ACT group intervention promotes a mid-term improvement more effectively than CBT group, specifically for Binge Eating Disorder patients. A further comparison of ACT and CBT intervention is required.

ADULT ATTACHMENT STYLE AND HEALTH RELATED QUALITY OF LIFE IN PATIENTS WITH FIBROMYALGIA SYNDROME

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One-hundred consecutive Fibromyalgia (FM) patients attending the “Città della Salute e della Scienza” Hospital, University of Turin, were enrolled. The participants were administered the Attachment Style Questionnaire (ASQ), the Hospital Anxiety and Depression Scale (HADS), The Short-Form 36 Health Survey (SF-36) and the item pain of the Fibromyalgia Impact Questionnaire, revised version (FIQ-R). FM patients had a mean (SD) age of 49.9 (10.7) years and showed high level of pain intensity (mean:7.5;SD:1.8), high levels of depressive (mean:9.2;SD:4.1;cut off:8) and anxiety symptoms (mean:9.8;SD:4.3;cut off:8). The main aim of this study was to evaluate the effects of attachment style on health related quality of life (HRQoL) of FM patients. In order to verify possible relationships between HRQoL, attachment style, distress and pain intensity correlation analyses were performed. Results showed a significant negative correlation between the mental component of HRQoL (MC_SF-36) and the dimension of avoidant attachment style (ASQ_discomfort of closeness) ($r = -.368$; $p < .001$). To investigate if avoidant attachment was a significant predictor of the mental component of HRQoL, beyond the effects of anxiety and depressive symptoms and pain intensity, a hierarchical multiple regression analysis was performed. The final model showed that the ASQ_discomfort of closeness explained 41% of the total variance of the MC_SF-36 ($F(4;95) = 16.54$, $p < .001$). Avoidance attachment style significantly predicted the SF-36_MC score ($\beta = -.19$, $t = -2.3$, $p = .019$), together with depressive ($\beta = -.40$, $t = -4.2$, $p < .001$) and anxiety symptoms ($\beta = -.20$, $t = -2.27$, $p = .025$). In conclusion, our data suggested that avoidance attachment style was a significant predictor of a poor mental component of health related quality of life in FM patients. Psychological therapy focused on attachment models might reduce anxiety and depressive symptoms and consequently improve HRQoL in FM patients.

ANALYTICAL PSYCHODRAMA AS A USEFUL TREATMENT FOR ANXIETY-DEPRESSIVE DISORDERS IN COLLEGE STUDENTS

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Analytical Psychodrama has shown the potential for obtaining positive change in group members and is reputed by practitioners as an effective form of psychotherapy. Despite this, the lack of empirical validation for its multifarious interventions has contributed to its low visibility amongst contemporary psychotherapy approaches. The main aim of the present study was to explore whether the analytical psychodrama offered by the Counselling Center of the University of Bologna to college students with anxiety-depressive disorders was useful to decrease symptomatology and increase well-being. Thirty patients (22 females) from 20 to 26 years old (mean age 22.33 ± 1.75) with anxiety-depressive disorders took part to the study and completed one year of analytical psychodrama. Participants fulfilled the Italian validation of *Clinical Outcomes in Routine Evaluation – Outcome Measure* (CORE-OM, Evans, 2002; Palmieri et al., 2009) questionnaire before and at the end of the group psychotherapy (40 sessions, one a week). Comparing pre and post-treatment CORE-OM mean scores, paired t-test analyses showed a statistically significant reduction on clinical outcomes scores. Specifically, the results revealed the usefulness of the treatment in terms of symptoms decrease and patients' improvement in subjective well-being. Our preliminary findings suggested that analytical psychodrama is a suitable treatment for college students, as it actually reduces young adults' anxiety-depressive symptoms. These results contribute to a poorly covered topic on the validity of analytical psychodrama interventions and encourage research regarding the specific psychotherapeutic effects of this method.

APPLYING IMPLICIT MEASURES TO ASSESS NARCISSISM

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Narcissism is a personality trait characterizing individuals with a grandiose sense of themselves, a lack of empathy and a marked tendency to devalue other people (e.g. Kohut, 1968; Kernberg, 1967). In order to assess both normal and pathological facets of narcissism, different self-report instruments were developed (e.g. NPI; Raskin e Hall, 1979). Importantly, grandiose self-views and devaluations of other people are particularly prone to impression management and self-deceptive attempts, and thus, self-report scores of narcissism may be considerably biased in order to preserve social and private self-image. Recently, dual models of social cognition were developed (e.g. Strack & Deutch, 2004), providing an interesting conceptual framework to address the factors that may threaten the validity of self-report measures. Many attempts have been conducted to develop reliable and valid implicit measures of psychological constructs (e.g. IAT; Greenwald, McGhee, & Schwartz, 1998; RRT; De Houwer et al., 2015). The present study is aimed at applying for the first time the IAT and the RRT to measure narcissism evaluating their psychometric characteristics, reliability and validity. A Narcissism IAT and Narcissism RRT along with a series of other instruments were administered to 103 students (78 females), with a mean age of 24.31 ($SD = 7.34$), recruited at the Sapienza University of Rome. An adequate reliability emerged for both implicit measures of narcissism, and significant correlations of small-moderate size were found with self-report measures of narcissism, and other linked constructs ($p < .05$), supporting their construct and criterion validity. These results provided a first evidence for the validity of these new implicit measures. Other studies will be

conducted in order to assess their discriminative power for the distinction between healthy and pathological narcissism.

ASSESSING EMOTIONAL DYSREGULATION WITH THE RORSCHACH

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This research focuses on the assessment of emotional dysregulation with the Rorschach. A sample of 56 nonclinical volunteers were administered the Rorschach (Rorschach Performance Assessment System; R-PAS) and the Difficulties in Emotion Regulation Scale (DERS-16). Additionally, all participants were also exposed to a set of relaxing, visual stimuli, while their heartbeat was recorded. This 10-minute relaxation trial allowed to measure heart rate variability (HRV) at rest, which is often conceived as a proxy marker for psychophysiological predisposition to emotional regulation. The major goal of this study was to identify Rorschach variables associated with DERS and HRV, so as to create a new index of emotional dysregulation to be used with the Rorschach. As expected, various R-PAS variables in the Stress and Distress domains of Page 1 and Page 2 correlated with either one or both of our emotional dysregulation, criterion variables. Additionally, some other variables, located in different domains (e.g., Aggressive Movement; AGM), also significantly associated with our criterion variables. Next, all Rorschach variables associated with our criterion with at least a small effect size were selected to produce a composite index, based on multiple regression method. The resulting, composite, Rorschach emotional dysregulation score significantly associated with both DERS and HRV, with

a medium-sized effect. Clinical implications and future perspectives are discussed.

ASSISTED REPRODUCTIVE TREATMENT: THE EFFECTS OF PENNEBAKER'S WRITING TECHNIQUE ON PREGNANCY RATES, ALEXITHYMIA AND HEALTH

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W.H.O. data report that 15-20% of couples suffer from fertility problems. Aim of this study was to assess the effects of Pennebaker's writing technique on treatment success (pregnancy rates), alexithymia and psycho-physical health in couples undergoing an assisted reproductive treatment (ART). 91 women admitted for an ART in a medical centre were randomly divided into two groups: an experimental one, where women wrote for three times about their deepest thoughts and emotions concerning the infertility experience, and a control group where women did not write. Women and men of both groups completed a socio-demographic questionnaire, the 20-item Toronto Alexithymia Scale and the Symptoms Checklist-90-R before and after the writing sessions. Separated analyses for groups of men and women were conducted. Regarding women, specific effects of writing on alexithymia and psycho-physical health were not found. Reductions in the TAS-20 Total score ($p = .06$) and in the "Externally-Oriented Thinking" score ($p = .01$) were found in the group of men whose wives wrote. After the ART a significant difference in pregnancies rates between the experimental group ($n = 13$; 28%) and both the control group ($n = 5$; 11%) ($\chi^2 = 4.216$; $p = .04$) and the group of subjects who refused to participate ($n = 0$) ($\chi^2 = 2.642$; $p = .006$) were reported. The findings support the usefulness of the writing technique during the ART in promoting treatment

success and emotional awareness (in male partners) and this is encouraging for the continuation of the work. Clinical implications will be discussed.

ATTACHMENT PATTERNS, MENTALIZATION AND CHILDHOOD TRAUMATIC EXPERIENCES IN A SAMPLE OF ADOLESCENCE AT ULTRA HIGH RISK FOR PSYCHOSIS

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The ultra-high risk (UHR) criteria were defined to identify young people at high and imminent risk of developing a first episode of psychosis. Identifying UHR individuals presents the opportunity for preventing the onset of a full psychotic disorder, or at least the possibility of reducing patient's disability. The link between insecure attachment and the risk for developing psychosis has been explained by the alterations of specific neurobiological pathways. Some studies also underlined the role of mentalization processes in moderating the risk of transition to psychotic disorders. Nevertheless, to date, attachment and mentalization in UHR population have not been studied using "golden standard" measures. The aim of this study was to explore the quality of attachment representations, mentalization capacity and childhood traumatic experiences among UHR adolescence outpatients. 21 UHR adolescent outpatients were compared with 33 other who did not meet the ultra-high risk criteria. Each patient was evaluated with M.I.N.I., Childhood Trauma Questionnaire, Structured Interview for Prodromal Syndromes (SIPS) and Scale for Prodromal

Symptoms (SOPS). During the first month of treatment the Adult Attachment Interview was also administered, and the AAI transcripts were assessed by the RF Scale. Although no differences between groups with respect to self-reported childhood traumatic experiences have been found, UHR patients showed a higher degree of “Unresolved” and “Cannot Classify” attachment patterns. Moreover, the RF scores were significantly lower in the UHR sample and significant negative correlations between RF and two SOPS’ subscales, “Suspiciousness/Persecutory Ideas” and “Expression of Emotion” were found. Our results underline the importance of taking both disorganized attachment and mentalization impairment into consideration when treating psychotic prodromal symptomatology.

ATTACHMENT STYLE AND SELF-CHARACTERIZATION TECHNIQUE: A MIXED-METHOD PRELIMINARY STUDY ON PSYCHOTHERAPISTS IN TRAINING

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Self-characterization is a constructivist technique in which subjects are required to describe themselves in the third person from the perspective of a good friend. Previous studies on children revealed the influence of attachment styles on some features of self-characterization: systematic differences were noted between the ways in which secure and insecure children described themselves. This study tried to examine if similar differences could also be found in adults, using a mixed-method approach. In particular, we expected that individuals with secure attachment style would write more specific and detailed descriptions of self, while those with

insecure attachment would produce less specific and more generic self-narratives. Sample was composed of 60 psychotherapy graduate students, enrolled in the first, second, third or fourth years of the program. Quantitative data were gathered by the Attachment Style Questionnaire (ASQ). Qualitative data were collected by using the self-characterization technique. The self-characterization texts were analyzed by two independent judges using an ad hoc coding grid. Results were then mixed with the ASQ scores thorough ANOVA; Bonferroni's correction ($p < .025$) was applied. Results revealed that individuals with a secure attachment ($m = 4.31$ vs. $m = 3.80$) tend to provide more detailed and specific self-characterizations [$F(1,55) = 2.81$, $p < .01$, effect size (d) = .82]. In addition, analysis supported a statistically significant relation between the presence of generalizations in self-characterizations and insecure attachment ($m = 2.82$ vs. $m = 2.51$) [$F(1,55) = 2.35$, $p < .025$, effect size (d) = .72]. Attachment style seems to influence self-characterization in adults as previously noted in children. The practical implications of this are that self-characterization can be used as a qualitative tool to ascertain the attachment style of the writer: Attachment style can be inferred based on whether self-characterizations are vague or detailed.

ATTACHMENT, PERSONALITY AND THERAPEUTIC SUCCESS

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The work rests on John Bowlby's theory of attachment that sees insecure attachment experiences as the major cause of psychopathology development. We investigated, through a descriptive analysis, the relationship between attachment style and the severity of a psychopathology

to evaluate how such configurations affect the subject's success in terms of adaptation and efficiency of his/her knowledge and, consequently, Insecure and disorganized attachment types predispose most likely to more chronic forms of psychopathology. Using the SWAP-200 (Shedler, Westen, Lingardi, 2014) and the Adult Attachment Interview (George, Kaplan, Main, 1985), data collection was performed on a sample of 10 patients in the Mental Health Unit , ASL of Caserta (District 13-Maddaloni), who voluntarily adhered to the project. In addition, the “therapeutic alliance” factor was considered to assess the influence of the patient's attachment style on the psychotherapeutic pathway. Free subjects showed greater benefits in terms of resiliency, good relationship and favorable outcomes in terms of prognosis, unlike insecure or disorganized individuals who were able to achieve, when possible, only partial results in overcoming their psychic discomfort, taking more time to establish a sufficient alliance with the therapist. The results confirm, with the broad theoretical support of literature, that an insecure attachment style is a risk factor that, in case of psychopathology, adversely affects the resilience of the individual. At the same level of exposure to traumatic situations, free subjects, on the other hand, show more solid cognitive structures that allow them to maintain a greater psychic integrity.

ATTENTIONAL BIAS IN ANXIOUS INDIVIDUALS: METHODOLOGICAL ISSUES

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Several theories hypothesize an excessive allocation of attention toward threatening stimuli in anxious individuals. Many experiments show

attentional bias in trait anxiety across various paradigms and stimuli. Usually, pictorial stimuli are associated to a facilitation of attentional engagement, whereas lexical stimuli are related to a delay of disengagement. These inconsistent results could depend on the different types of stimuli. Further, no study has investigated the difference between pictorial (pictures or faces) and word stimuli by using the Emotional Spatial Cueing Paradigm (ESCP). The aim of the present study was to assess three different types of stimuli (pictures, faces and words) across ESCP in high trait anxiety individuals (HA). HA ($N = 36$) and low trait anxiety (LA; $N = 31$) were administered the State-Trait Anxiety Inventory and the ESCP. We used three cue types: threatening and neutral pictures, selected from the International Affective Picture System; threatening and neutral faces, selected by Maccari et al.'s (2014) database; threatening and neutral words, assessed by twenty psychology students. The Group (HA; LA) x Cue (pictures; faces; words) x Validity (valid; invalid) x Emotion (threatening; neutral) ANOVA on reaction times shows the main effects of Cue ($F_{2,13} = 4.94$; $p = .008$), Validity ($F_{1,65} = 203.89$; $p = .0001$), Emotion ($F_{1,65} = 13.97$; $p = .0003$) and the Group x Cue x Validity x Emotion interaction ($F_{2,13} = 3.46$; $p = .03$). To explore this interaction further, we performed an ANOVA on each group. The results indicated a higher attentional engagement toward threatening pictures, than neutral pictures (507.28ms vs 531.56ms) in HA. Our study for the first time assessed the orienting of attention related to different types of cue. We observed a higher attentional engagement toward threatening pictures than threatening faces or words. These results could have implications in clinical training for the modification of attentional bias in anxious individuals.

BEHAVIORAL INHIBITION AND INTERNALIZING PROBLEMS IN PRESCHOOL AGE: THE RELEVANCE OF PATERNAL CHARACTERISTICS

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The temperament trait of Behavioral Inhibition (BI) has been recognized as a risk factor for internalizing problems and anxiety disorders in childhood (Clauss et al., 2012). Although BI has gained attention by the literature, many studies have considered maternal factors, without considering *paternal* characteristics. This longitudinal study aimed to identify, in preschoolers: 1) distinct profiles of children based on their levels of BI, considering both *maternal and paternal* anxiety, and authoritarian parenting style; 2) longitudinal differences between the profiles on the levels of internalizing problems. A sample of 60 Italian preschoolers (age in months: $M=55.4\pm 6.2$; 24 males), their mothers and fathers, and 7 teachers were recruited from 3 kindergartens in Bologna. Child's BI was assessed in 3 repeated moments across 2 school years (T1, T3: November; T2: May) through the *LAB-TAB* (Goldsmith et al., 1999). At T1 mothers and fathers completed the *Penn State Worry Questionnaire* (PSWQ: Meyer et al., 1999) for the assessment of anxiety levels and the *Child Rearing Practice Report* (CRPR: Dekovic et al., 1999) for parenting style. At T2 and T3, teachers completed the CBCL 1.5/5 (Achenbach & Rescorla, 2000) for the assessment of the child's internalizing problems. Hierarchical Cluster analyses revealed a satisfactory two-clusters solution for *paternal* (but not maternal) variables at T1, for 2 distinct profiles of children: *High BI cluster* (HBI) and *Low BI cluster* (LBI). Running a MANOVA, these profiles significantly differed ($p < .05$), with HBI showing higher BI, paternal anxiety and authoritarian style. At T2 and T3, HBI showed significantly higher levels of CBCL Anxious/Depressed behaviors compared to LBI ($p < .05$). These results suggest that HBI is a profile at increased risk for the child's anxious/depressed difficulties, and paternal characteristics are relevant for developmental trajectories of inhibited children.

BINGE EATING DISORDER (BED) AND PSYCHOPATHOLOGICAL SYMPTOMS IN ADOLESCENCE: PRELIMINARY REPORT FROM A STUDY IN LIGURIA

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The prevalence of Binge Eating Disorder (BED), added in the new DSM-5, is increasing among teenagers and young adults of Western Countries (Goldschmidt et al., 2016). Despite is well-known the prevalence of eating disorders in adolescence, little of specific is known about the BED, which could show comorbidity both with internalizing and externalizing symptoms in adolescents (Forrest et al., 2017; Pace, Guiducci & Cavanna, 2016; Swanson et al., 2011). This preliminary study involved a non-clinical sample of Italian adolescents. We aimed to investigate: 1) the prevalence of BED and psychopathological symptoms; 2) the associations between BED and internalizing and externalizing symptoms. This report is the first screening wave of a larger study that aims to explore the psychological variables which can be associated with the risk of BED in adolescence, such as attachment representations and emotional functioning. The participants were 382 adolescents (aged 13-18 years, $M = 15.59$, $SD = 1.1$; 38.5% males 61.5% females), enrolled from high-schools in Liguria. The measures were: 1) demographic and anamnestic data set; 2) the Binge Eating Scale (BES) to assess the risk or presence of Binge Eating Disorder (cut off ≥ 17); 3) the Youth Self Report 11/18 (YSR 11/18) to assess internalizing (cut-off $M > 29$, $F > 35$) and externalizing (cut-off $M > 31$, $F > 26$) problems. We found the 6% of adolescents resulting as at-risk on BES scale (22 girls and 1 boy); 8 boys and 19 girls showed internalizing symptoms (7.07%), while 3 boys and 11 girls externalizing symptoms (3.66%). Correlations were found between BES and YSR scores in internalizing ($r = .424$; $p = .000$) and externalizing ($r = .153$; $p = .003$) symptoms. These results suggest to deepen investigate

comorbidities between BED and other psychopathological problems in adolescence.

BURNOUT AND FLEXIBILITY IN SELF-REGULATORY BEHAVIORS IN A SAMPLE OF PALLIATIVE HOME CARE WORKERS

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Palliative care is an approach that improve the quality of life of the patients and their families that confront with the problem associated with life-threatening illness. On the other hand, home care workers have daily face with death and suffering of their families. In this perspective, palliative home care can produce highly stressful and negative emotions in workers. In fact, the burnout syndrome is a state of exhaustion related to stress at work. More specifically, burnout is a state of emotional exhaustion, depersonalization, and reduced personal accomplishment. The failure to successfully down-regulate negative emotions is a key risk factor for a severe form of discomfort, known as burnout syndrome. Flexibility in self-regulatory behaviors is related with adjusting to stressful life events. Moreover, flexibility needs to have diverse emotion regulation abilities. The goal of this study is to examine the risk of burnout in palliative home care workers and its relationships with flexibility in self-regulatory behaviors. The study examined a group of thirty operators (M =11; F = 19) working in a team of Integrated Home Palliative Care in Sicily. The study was based on a self-report protocol including: a questionnaire to determine demographic features of the participants; the Italian Version of Maslach Burnout Inventory (MBI) to measure presence of burnout; the Flexible Regulation of

Emotional Expression Scale (FREE) and the Context Sensitivity Index (CSI) to measure flexibility in self-regulatory behaviors. Analysis Statistic was conducted by using SPSS. The results did not show a problematic level of burnout and metacognitive elements. Instead, this study showed highly and specific correlations between the flexibility in self-regulatory behaviors and components of burnout. The results highlights the role to tailored specific interventions of prevention and promotion for health care workers.

CALLOUS-UNEMOTIONAL TRAITS AND GAMBLING PROBLEMS IN EMERGING ADULTS

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Several affect regulation disorders, such as high levels of alexithymia (Parker et al., 2005) and severe emotion regulation difficulties (Williams et al., 2012) have been shown associated with gambling problems. However, till now no study has deepened the role of the emotional callousness (Frick & Nigg, 2012) in gambling disorder. The main focus of this study is therefore to fill this gap. A total of 460 participants (47% males, mean age 21.90, SD = 2.79) were recruited for the present study. All participants completed the *South Oaks Gambling Screen – Revised for Adolescents* (Winters et al., 1993; Chiesi et al., 2012) and the *Inventory of Callous-Unemotional Traits* (Kimonis et al., 2008; Ciucci et al., 2013), which assesses three main dimensions callous-emotional traits: callousness, unemotional and uncaring. Based on their scores on the SOGS-RA, participants were then divided in three groups: I) problem gamblers (n = 22), SOGS-RA scores > 4; at-risk gamblers (n = 27), SOGS-RA scores = 2 or 3, and non-problem gamblers (n = 411), SOGS-RA scores <1. In order to investigate whether the three groups differ on callous-unemotional dimensions, a multivariate analysis of variance (MANOVA) was performed.

Our findings showed significant differences among the three groups. Specifically, problem gamblers showed higher levels of callousness than non-problem gamblers did. Moreover, problem gamblers showed higher levels of uncaring than participants belonging to the other two groups. Overall, these results support the existence of significant traits of emotional callousness in emerging adults with severe problems with gambling.

CAN COUPLE ATTACHMENT HELP TO UNDERSTAND VARIATIONS IN PARENTS' DEPRESSIVE SYMPTOMS IN THE TRANSITION TO PARENTHOOD?

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Literature has shown that the transition to parenthood represents a very stressful period for new parents. Using Attachment Theory, several studies have shown that depressive symptoms (DS) are found more often in adults classified as insecurely attached (preoccupied or dismissing) than in those classified as securely attached. Despite this evidence, to the best of our knowledge, few studies have focused on both partners of the parental couple. Specifically, not one study has explored the reciprocal influence of one partner on the other partner. The current study aimed to explore the dyadic effect of couple attachment on both mother and father DS in the early months of becoming parents. We administered the Couple Attachment Interview and the Edinburg Postnatal Depression Scale to 19 couples three months after the child's birth. A two-step hierarchical multiple regression was conducted for both the mother and the father using DS as a dependent

variable. The actor attachment score was entered in step one while the partner attachment score was entered in step two. With respect to the mothers, the results show that actor secure attachment accounted for 87.8% of the variance of DS, and significantly contributed to the regression model ($F(3, 15) = 36.05, p < .001$). When the partner attachment score was entered, an additional 8.2% of the variance of DS was explained ($F(6, 12) = 48.44, p < .001$). With regard to the fathers, 54.9% of variance of DS was accounted for by actor secure attachment ($F(3, 15) = 6.09, p < .001$). An additional 33.4% of the variance of DS was explained when the partner attachment score was entered ($F(6, 12) = 15.10, p < .001$). DS is predicted not only by the actor effect of the attachment scores, but also by the effect of the partner's attachment score. Studying the couple attachment is a useful perspective on understanding variations in parents' depressive symptoms in the early months of the transition to parenthood.

CAUSAL EXPLANATION AND ATTITUDES TOWARDS PEOPLE WITH SCHIZOPHRENIA. A STUDY ON MEDICAL, NURSING, AND PSYCHOLOGY STUDENTS

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Discrimination towards people with schizophrenia (PWS) by healthcare professionals is responsible of patients' difficulties in accessing healthcare and under-treatment. Negative attitudes toward PWS in healthcare professionals tend to be present since their university studies and are related to their knowledge and experience about the disease (Thornicroft, 2006).

The aim of this study was to assess opinion towards PWS in medical, nursing and psychology students and to investigate the relation with their knowledge of schizophrenia. The study involved 133 Medical, 200 Nursing and 296 Psychology students attending the III year who completed a modified version of the Opinion on Mental Illness Questionnaire (OQ, Magliano, 2004). The majority of nursing (adj. OR 3.998, 95% CI 2.08-7.70) and psychology students (adj. OR 2.143, 95% CI 1.16-3.95) identified psychosocial causes as more frequent causes of schizophrenia, in contrast with only a half of medical students. Regarding the most important cause, while medical students strongly supported biological causes of schizophrenia, nursing (adj. OR 2.886, 95% CI 1.49-5.58) and psychology students (adj. OR 4.862, 95% CI 2.49-9.48) considered more relevant psychosocial causes. In a linear regression model, students' attitude toward social equality of PWS (F 2.527, p 0.015) was significantly predicted by choosing biological explanations as more frequent cause of schizophrenia (B -0.084, 95% CI -0.16 to -0.01, p 0.032), across the three courses. By contrast, students' view of treatment usefulness (F 8.768, p < .001) was significantly predicted by their degree course (nursing students B -0.070, 95% CI -0.13 to -0.01, p 0.035; medical students B -0.20, 95% CI -0.28 to -0.12, p < .001), independently by the causal explanation they favored. The findings underline the relevance of biopsychosocial model of schizophrenia within stigma-prevention programs for health science students.

CENTRAL AND MARGINAL CHANGE DETECTION TASK PERFORMANCE IN ADHD CHILDREN

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Change detection (CD) accuracy, which is associated to visual attention and memory, was studied in children with ADHD. CD accuracy is lower in children with ADHD compared to typically developing children (TD). The main aim of this study is to evaluate change detection task of different ADHD groups and to compare their performances with TD children. More in deeper for this purpose we evaluated if the performance related to the levels of interest (central/marginal level of interest) and the different types of change (color and location and presence/absence change) were impaired in ADHD. 56 children (mean age ADHD-C = 11.31 (DS=1.07), n= 16), (mean age ADHD-I = 10.67 (DS= 1.15), n= 12) and (mean age TD = 11.12 (DS= 1.33), n=28) participated to the study. Flicker paradigm was used to evaluate change detection performance in all conditions. A multivariate repeated measure design of research was applied: 3 (groups: ADHD-C, ADHD-I, TD) X 2 (levels of interest: central and marginal) X 3 (type of change: color, location and absence of change). Change detection accuracies were measured. A multivariate repeated measure analysis of variance was applied, stating the level of significance at .01. Results of TD children were higher compared to ADHD children. The marginal level of interest was worse in both ADHD groups than TD. Position but not color type of change was worse in both the ADHD groups compared to TD group. The change detection performance was found to be worse in ADHD children than TD children. Since the results showed that CDT performance was lower in ADHD only with reference to the marginal level of interest and the location type of change, the findings could be related to the difficulty to sustain attention in ADHD children and their deficient mechanism of attention shifting in detailed aspects of the tasks.

**CLINICAL FUNCTIONS AND PROCESSES OF A
PSYCHOLOGICAL DESK WITHIN A MEDICAL DEPARTMENT
FOR PATIENTS WITH MULTIPLE SCLEROSIS**

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The contribution presents the experience of psychological work at the Center for Multiple Sclerosis (MS) of the A.O.U. Federico II of Naples. MS is a chronic degenerative disease of the CNS, which starts between 20 and 40 years and requires a care path throughout the patient's life. The diagnostic-therapeutic path consists of delicate moments that generate strong emotions, efforts to sustain the uncertainty of predictions about disease progression, feelings of social isolation and stigma, difficulty in reorganizing daily activities. In this regard the psychological desk is thought, from a bio-psycho-social point of view, as a process of psychological counseling and support for MS patients. The realization of the intervention starts from the moment of the communication of the diagnosis – wherein the same psychologists participate. The function in this first delicate moment is to contain the patient's emotional experience. At a later time, patients are addressed to the psychological desk, located in a different room than where they met with the doctor. It is important to legitimize the suffering the patient is experiencing, helping her to name the pain of loss of a healthy person identity. From a methodological point of view, the psychological intervention is aimed to reformulate the patient's experience toward the integration of emotions, often denied or fragmented because of the strong emotional impact that the diagnosis has generated. The elaboration of emotional experiences fosters the understanding of care needs and improves long-term results of treatment, favoring the development of the same healthcare relationship. The main purposes proposed are:

facilitating the integration of the limit - represented by the disease in the patient's everyday life; the recognition of personal and contextual resources; the subjective elaboration of the complex relation between illusion/hope/confidence in the achievable and sharable projects of life.

COMORBID DEPRESSION AND ANXIETY AS RISK FACTOR FOR REDUCED EXERCISE CAPACITY IN CARDIAC PATIENTS

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Anxiety and depression are the most common psychological symptoms occurring in Coronary Heart Disease (CHD - Rothenbacher et al. 2007). These two clinical dimensions show high rates of comorbidity in CHD patients (Denollet et al. 2006). Comorbidity predicts more accurately long-term prognosis than either anxiety or depression considered as separate dimensions (Watkins et al. 2013). It is still unclear the impact of comorbid depression and anxiety on exercise capacity (EC), which is the most important functional outcome in cardiac rehabilitation settings. 212 CHD patients participating in an exercise-based cardiac rehabilitation program were assessed at baseline and at discharge. We used the Hospital Anxiety and Depression Scale clinical cut-off (≥ 8) to differentiate subjects in three groups: patients with comorbid depression and anxiety; patients with either depression or anxiety; and without clinical symptomatology. EC was measured as the maximal power reached in a bicycle stress test, and data was analyzed using a Repeated Measures ANOVA (3X2). We found a significant interaction effect group*time: $F(1, 192) = 3.809, p = .024$. Moreover, post-hoc tests revealed that EC was lower for people with comorbid depression and anxiety compared to patients without symptoms (p

= .006). Interestingly, patients with either depression or anxiety did not significantly differ in terms of EC from patients without symptoms ($p = .157$). CHD patients with comorbid depression and anxiety registered a compromised improvement in exercise capacity compared to patients reporting either depression or anxiety and patients without clinical symptomatology. These findings suggest the importance of assessing and treating patients for both anxiety and depression in the early phase of cardiac rehabilitation settings in order to maximise their functional improvement.

COMPARING SELF-REPORT AND PSYCHO-PHYSIOLOGICAL MEASUREMENT OF EMOTIONAL DYSREGULATION

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Emotion Regulation (ER) may be defined as the ability to respond to the continuous demands of experience with the range of emotions in a manner that is socially acceptable and sufficiently flexible to allow spontaneous reactions as well as the ability to delay spontaneous reactions as needed. Because numerous clinical conditions are deemed to be characterized by deficits in ER, and emerging data suggest that ER is also important to wellbeing and health, the construct of ER has received increasing attention during the past few years. In particular, a lot of effort has been made to refine the methods and measures to assess ER in clinical and nonclinical contexts. The current study aimed at comparing two widely used methods to measure ER, i.e., self-reported data and psychophysiological information. More specifically, two clinical samples (i.e., a sample of patients affected by anxiety, and a sample of patients affected by fibromyalgia) and two control groups contributed to this study. All participants were administered the Difficulties in Emotion Regulation Scales (DERS; Gratz & Roemer, 2004),

and their heart rate variability (HRV) was measured during a 10-minutes of seated rest. Data analysis focused on the comparison between the clinical and nonclinical groups on both DERS scores and HRV values, and on the relationship between self-reported (i.e., DERS scores) and psychophysiological obtained (i.e., HRV) sources of information. As expected, both DERS scores and HRV values contributed to accurately measuring ER within the two clinical samples, however the correlation between these two measures was nonsignificant. Implications for research in psychological assessment will be discussed.

CONNECTING WITH THE PARTNER IN A NEGATIVE WAY THROUGH SOCIAL MEDIA

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Use of social network sites and instant messaging applications (i.e. FacebookTM, Whatsapp) is widespread and promotes specific forms of self-disclosure and interactive exchanges. These activities are changing the way in which people establish and maintain relationships (Bowe, 2010; Park, 2011). This is true especially for the development of romantic partners. Social media influence intimacy and relationships satisfaction because change the way and frequency of partners' interactions (Hand *et al*, 2013). Sharing private information via social media and excessive time spent on them could also increase negative feelings like distrust and suspect, fostering partner control and jealousy (Elphinston & Noller, 2011; Marshall *et al*, 2011; Muscanell *et al.*, 2013). In particular, jealousy is a form of reaction to the perception that a significant relationship is threatened by

others; it is connected to anxiety, fear, monitoring behavior and attention to specific events (D'Urso, 2013). It can also be triggered by the availability of alternatives that Internet provides (Utz & Beukeboom, 2011). In the present study, we analyze how using social networks influences the quality of couple relationship measuring dyadic adjustment, commitment and jealousy behaviors. Participants are 215 subjects ($M_{\text{age}} = 30.87$ years, $SD = 10.30$; $M_{\text{relationship length}} = 88.32$ months, $SD = 96.35$). Exploratory factor analysis were conducted for FacebookTM jealousy scale and three factors were found. Besides, we run model of regressions to verify the impact of these variables on relationship satisfaction. Results show that quality of alternatives and relationship satisfaction are related to jealousy, in particular to the factor named "threat to relationship" ($R^2 = .204$; $\beta = -.240$; $p = .003$). Our results are interesting for those who want to deepen the knowledge of current couple's dynamics and can be useful to researchers and clinician who work with couples to settle interventions of prevention and therapy.

CORRELATIONS BETWEEN AROUSAL, ANXIETY SENSITIVITY AND THE BIG FIVE MODEL OF PERSONALITY

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Arousal is a sudden and transient cortical or subcortical activation (Edell-Gustafsson *et al.*, 2006). The physiological excitation is mainly related to the activity of locus coeruleus (LC). The LC has strong efferent and cortical connections towards cortical areas and amygdala, modulating the peripheral excitatory effects on attention, memory, emotion, visceral symptoms and environmental stress (Geiger *et al.*, 2014; Trofimova & Robbins, 2016).

Review of literature showed several studies addressing the relationships between personality and arousal (Wilson, 1990; Stenberg, 1992; Griffiths & Dancaster, 1995; Balyan *et al.*, 2015; Cheng & Furnham, 2016) separately from anxiety sensitivity. The present study aimed to explore the correlations between the Big Five model of Personality and the arousal level, by taking into account anxiety sensitivity. One hundred thirty six non-clinical subjects (mean age = 21.98, SD = 4.82; with male prevalence 57.3%) were evaluated with the *Big Five Questionnaire* (BFQ), the *Hyperarousal scale* (H-scale) and the *Anxiety Sensitivity Index* (ASI-3). For the statistical analysis, conducted with the auxilium of SPSS 20.0, Pearson's correlations, were performed. Results showed statistically significant negative correlations between the BFQ *Emotional Stability* (S) and *Energy* (E) dimensions and the Reactivity of H-scale. Furthermore, statistically significant positive correlations with all the variables between the H-scale and the ASI-3 emerged. These findings lead to hypothesize that high levels of arousal are related to specific personologic features, characterized by emotional instability, introversion and sensitivity to anxiety.

COUNSELING, GOOD PRACTICES AND NETWORKING WITH LGBT CLIENTS

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LGBT (lesbian, gay, bisexual and transgender) population still represents an often stigmatized group at personal, societal and institutional levels. Identifying and properly answering to the specific needs of these people might be difficult due to the lack of specialized services and professionals. This contribution will present the methodology used and the data collected by the Antidiscrimination and Culture of Differences Section (ACDS) of the

SInAPSi Centre of the University of Naples Federico II, which offers a counseling service for LGBT people and their families. The ACDS works on individual, family and social dimensions through interdisciplinary interventions and services. It is part of formal and informal networks with the local government services and NGOs in the urban area of Naples, allowing the exchange of good practices and customized interventions. In the period from March 2014 and July 2017 the ACDS has provided its services to a significant number of diversified users, and specifically: 107 people had access to the counseling office for information request about LGBT issues and for psychological counseling; we received more than 30 telephone requests of information, more than 20 e-mails for help and assistance requests; furthermore more than 20 parents of LGBT people have attended self-help groups on a regular basis. In particular, regarding the 107 users who accessed the service office, their average age was 32 years old, between them 52 males and 55 females at birth, of which 48 transgender people, 39 homosexual and 20 heterosexual people. The variety of users and requests received shows that there is a need of specialized services and professionals to respond to LGBT population's needs and also to answer questions, doubts or psychological and material assistance from their families and from the general population about LGBT issues. Working within a network of local services is pivotal to achieve these objectives and to provide effective services.

DEMENTIA: AFFECTIVE AND RELATIONAL ASPECTS

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The way we interact with a person often reflects what and how we perceive and think about him/her, consciously or unconsciously. If we believe that the patient with dementia is useless or incapable, we will generally use a consistent verbal and especially non-verbal reaction in line with that conception. As a matter of fact, the person with dementia is able, even in the most advanced stages of the illness, to grasp the meaning of the situations and interactions with other people. For example, the mother with dementia, while waiting for her daughter, several times says that she is waiting for 'her mother' and after doing so she calls and greets her daughter who caresses her sick mother, dresses, washes, combs her, helps to nourish her, takes care for her, "behaves like a mother". The woman with dementia does not recognize her daughter as such, since cognitive decline has compromised gnosis's ability, but she understands the meaning of the relationship; she has lost the cognitive function, but retains the emotional one. Though cognitive processes are altered severely, affectivity, though disturbed, persists and influences the quality of the relationship, the communicative manners, relational 'assessment'. Dementia does not escape the dynamics, the mechanisms of psychic life; what is or remains of one's own memory is related to the events of the existence, past and present. An elderly patient with dementia said to his children: "I don't understand what you say, but I feel what you feel". Patients' expressions may represent significant keys to dementia, in which the dichotomy between the cognitive and affective registers are highlighted. In dementia, emotions often appear strongly empathetic. The patient asks his caregivers to be accepted, understood and if she/he does not say it, she/he tries to be understood. She/He communicates through an analogical language, which is apparently aimless, but characterized by contents that require sensitive listening and communication.

DEMOGRAPHIC AND PERSONALITY CORRELATES OF ANXIETY SENSITIVITY

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Anxiety sensitivity (AS), the belief that anxiety has negative consequences, has been assessed in several clinical settings, while little is known about it in non-clinical samples. The aim of this study was to examine the demographic and personality correlates of AS in the general population. Four hundred and nineteen subjects (56.3% women, mean age 41.7 ± 16.8 years, range 18-87 years, 49.2% married/living as married) completed the Anxiety Sensitivity Index (ASI) by Peterson and Reiss, the Toronto Alexithymia Scale-20 (TAS-20) by Taylor and colleagues, Kellner's Emotional Inhibition Scale (EIS), and Denollet's Type D Scale-14 (DS14). The ASI total score and the "physical consequences" subscale were significantly associated with female gender and unemployment. No significant relationship was found between AS, age, and marital and educational status. The DS14 "negative affectivity" subscale significantly predicted the ASI total score. The ASI "physical consequences" subscale was predicted by the TAS-20 "difficulty identifying feelings" and the DS14 "social inhibition" scores. Significant predictors of the ASI "cognitive consequences" subscale were: high scores on the EIS "timidity" and "disguise of feelings", the TAS-20 "difficulty identifying feelings" and the DS14 "negative affectivity" subscales and decreased "social inhibition" (DS14) scores. Increased levels of both "timidity" (EIS) and "difficulty identifying feelings" (TAS-20) and low scores on the DS14 "social inhibition" subscale predicted the ASI "social consequences" score. AS, especially fear of cognitive and social consequences of anxiety, is associated with personality features. Difficulties in identifying feelings, timidity and negative affectivity are personality characteristics that may promote AS. Social inhibition could play a defensive role against fear of cognitive and social consequences of anxiety. Increased AS may explain the higher risk of anxiety symptoms among women and unemployed people.

DETERMINANTS OF QUALITY OF LIFE AND PSYCHOLOGICAL DISEASE OF INFERTILE COUPLES: THE MODERATOR ROLE OF THE LENGTH OF INFERTILITY

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The study aims to investigate the influence of socio-demographics (Sex, Educational Level), personality characteristics (Coping Strategies) and perceived couple's Dyadic Adjustment on self-reported Core-related Quality of Life, Treatment-related Quality of Life and Psychological Health conditions of infertile patients, and to verify the hypothesis of a moderator role of the length of Infertility treatments. A questionnaire consisting of socio-demographics, *Coping Orientations to Problem Experienced* (COPE, Carver et al., 1989), *Dyadic Adjustment Scale* (DAS, Spanier, 1976; Gentili et al., 2002), *FertiQol* (Boivin et al. 2011), *State-Trait Anxiety Inventory (STAI-Y*, Spielberger, 1989) and *Edinburgh Depression Scale* (EDS, Cox J. et al., 1987) was submitted to 206 Italian infertile couples undergoing infertility treatments. Logistic Regression Analysis was used to evaluate independent effects and combined effects of all variables considered with the length of infertility treatments (< 36 months and \geq 36 months) on perceived levels of Core-related Quality of Life, Treatment-related Quality of Life, Anxiety and Depression. Data revealed specific and significant associations and confirmed the hypothesis of a significant moderator role of the length of infertility in reducing protective effects of all coping strategies adopted and in increasing psychological disease. Implications concerning the risks of therapeutic obstinacy in ART are discussed.

DEVELOPMENT AND VALIDATION OF THE POLARITIES OF MENTALIZATION SCALE

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The Polarities of Mentalization Scale (PMS; Colli & Gagliardini, 2016) is a multidimensional assessment measure of mentalization. This study aims at assessing the convergent and criterion validity of PMS with other clinician- and self-report measures. A random sample of clinicians and patients (N=50) that met our inclusion criteria (i.e., patients were at least 18 years old, had no psychotic disorder or psychotic symptoms in the last six months) filled out a series of assessment measures. All patients provided written informed consent. Clinicians' measures included: 1) PMS, a questionnaire for the assessment of mentalization on a 0/5 Likert scale, composed of five scales: Self, Other, Automatic, Cognitive, Affective; 2) Personality Disorder Checklist, a checklist of each of the DSM-5 (APA, 2013) criteria for personality disorders randomly ordered, rated as present/absent; 3) clinical data form to obtain data on patients (e.g., age, pharmacotherapy), therapists (e.g., theoretical orientation, years of clinical experience) and therapies (e.g., length, setting). Patients' measures included: 1) Reflective Functioning Questionnaire (RFQ; Fonagy et al., 2016); 2) Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004); 3) Basic Empathy Scale (Jolliffe & Farrington, 2006); 4) Interpersonal Reactivity Index (Davis, 1980, 1983). The associations between PMS scales and other assessment measures' scales were coherent: Affective and Others PMS scales significantly positively correlated with DERS “Impulse control difficulties”, “Lack of emotional awareness” and “Lack of emotional clarity”, with the Uncertainty scale of the RFQ and negatively with the Certainty scale fo the RFQ. PMS represents a reliable assessment measure that can help clinicians identifying patients impairments in mentalization.

DISPOSITIONAL AND SITUATIONAL COPING IN ALCOHOL USE DISORDER

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Alcohol use disorder (AUD) is one of the most widespread psychiatric disorders in Western countries (Pirkola et al., 2006; Soyka et al., 2008). Previous research has documented that patients with AUD rely primarily on maladaptive coping and are deficient in adaptive coping skills (Abrams & Niaura, 1987; Franken, et al., 2001). However, the relation between dispositional and situational coping in these patients is not yet fully understood. Therefore, the first aim of the current study was to assess dispositional and situational coping among individuals with AUD compared to matched healthy controls. Furthermore, we aimed at assessing gender differences in dispositional and situational coping. Fifty-five patients with AUD were compared to 55 age and gender-matched healthy volunteers. Participants filled out the Coping Orientation to Problem Experiences-New Italian version assessing dispositional coping and the Coping Responses Inventory – Adult Form assessing situational coping. Regarding dispositional coping, patients with AUD employed more avoidant coping styles compared to matched healthy controls ($p < .001$). No differences between groups emerged on situational coping ($p > .05$). With respect to gender differences in dispositional coping, women, regardless of group membership, employed more coping styles aimed at construing a stressful transaction in positive terms ($p = .004$) and turned to religion more than men ($p = .02$). With respect to situational coping, women, again regardless of group membership, employed more strategies aimed at construing a stressful transaction in positive terms ($p = .02$) and more problem-solving strategies ($p = .005$) than men. Results of the present study may assist with

treatment planning for AUD and lead to the development of treatment programs targeting patients' specific coping difficulties, also taking into account the gender issue.

DISTRESS AND WELL-BEING IN PARKINSON'S DISEASE

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Studies on Parkinson's disease (PD) traditionally focused on psychological symptoms and distress (Wee et al., 2016). However, patients suffering from chronic illnesses may experience also positive psychological changes that together with the presence of psychological well-being (PWB) may help them to better deal with their illness (Barskova and Oesterreich, 2009). Within this perspective, the majority of studies examined cardiovascular and oncological diseases. Only few investigations explored PD. The aim of this study was to investigate PWB and distress in patients with PD and to compare them to patients with other chronic non-neurological diseases. 50 patients suffering from PD and 53 participants with other chronic non-neurological diseases took part in this study. The PD patients were assessed through medical routine examinations. All participants were asked to complete questionnaires to measure both well-being (psychological well-being scales and life satisfaction) and distress (Symptom Questionnaire). In order to compare PD patients with controls, multivariate analysis were performed. Except for autonomy scale, PD patients reported higher PWB score than controls. However, they also reported higher levels of distress and lower life satisfaction compared to controls. Although PD patients reported higher levels of psychological symptoms and less life satisfaction, they were able to derive some benefits from the illness experience as

documented by psychological well-being scale, compared to controls. Findings confirmed previous literature showing that chronic medical conditions may activate some personal and cognitive resources that facilitate the psychological adaptation to the illness itself. Thus, the importance of taking into consideration psychological resources when evaluating PD patients' psychological functioning is suggested.

DOES MATERNAL FEEDING STYLE FEED CHILD'S PROBLEMS? ITALIAN VALIDATION OF THE CHILD FEEDING QUESTIONNAIRE

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Literature suggests the key role of family practices on children's eating habits, overweight and obesity. The parents' feeding attitudes are related to child's difficulties (Elias et al., 2016). The Child Feeding Questionnaire (CFQ, Birch et al., 2001) is a self-report to assess the relationship between parental attitude to child weight and feeding practice. This study aims to assess the psychometric properties of the CFQ in a large sample (N=1253) of Italian mothers of 6 years old children (53.87% males) which filled the CFQ and the Strengths and Difficulties Questionnaire (SDQ; Goodman et al., 1997). Children were classified as underweight (n=213), normal (n=385), overweight (n=348) and obese (n=307), according to BMI categories (De Onis et al., 2004). Construct validity of the CFQ was assessed comparing three different models. Results suggested that it adequately replicated the model proposed by Corsini et al. (2008), (CFI=.972, TLI=.966, RMSEA=.084). The scalar invariance (MCFA) of the CFQ across BMI categories was confirmed (CFI=.982, TLI=.983, RMSEA=.08; $\Delta\chi^2 > .02$, $\Delta CFI < .01$). Internal consistency showed good

results (Cronbach's α ranging from .50 to .87). As expected, CFQ scales showed significant differences between children's BMI categories (Wilks's $\lambda=.692$; $F_{(24, 3591)}=20.25$; $p<.001$), with mothers of obese children scoring higher on restriction than the others. Moreover, they reported lower monitoring than all the others and lower pressure than mothers of underweight and normal children. No children's gender-related differences were found. Results showed significant ($p<.001$) positive correlations between restriction and pressure and both internalizing-externalizing problems, as well as negative correlations between monitoring and child's problems. Findings support the validity of the Italian version of CFQ as a useful and reliable tool to assess the parental feeding attitudes not only for obese children, but across all weight categories.

EFFECTS OF GUIDED WRITTEN DISCLOSURE ON HEALTH AND PHYSICAL SYMPTOMS AMONG SKIN DISEASE PATIENTS: A STUDY PROTOCOL

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Psoriasis is a chronic inflammatory skin disease in which psychosomatic factors are estimated to be present in at least one-third of patients. Systemic sclerosis is a chronic, progressive, and autoimmune disease which is potentially life threatening. Psychological interventions addressing issues that could improve health-related quality of life in people with chronic skin conditions are needed. At a more general level, this study examines the efficacy of the guided disclosure protocol (GDP) - a writing intervention aimed at facilitating both cognitive reappraisal and emotional expression of traumatic events - in promoting health in patients with psoriasis and

systemic sclerosis. In particular, aim of the study is to assess which measures are able to detect significant changes in outcomes due to the writing intervention. Eighty participants will be randomized to GDP or to an active control group. Patients will participate in the writing intervention on each of three 20-minute weekly sessions. GDP participants describe events, thoughts, and emotions, and reflect on the effects of the disease on daily life. Control participants write about their past week's daily routine. Patients will complete measures of quality of life, psychiatric distress, emotion regulation, illness perception, sense of coherence, spiritual well-being, psoriasis severity, scleroderma severity, and positivity. Questionnaires will be administered at baseline (t0), after the intervention (t1), and at 4 months post intervention (t2). A 2X3 mixed factorial design will be used to assess whether there will be significant changes in outcomes measures in the GDP and control groups at t1 and t2. This study will improve knowledge concerning the effects of writing interventions on health and severity of physical symptoms in skin disease patients. If the GDP will achieve the desired outcomes, skin disease patients could find more adaptive ways to deal with their chronic disease.

EFFICACY OF THE “COOPERATIVE ASSESSMENT” TO EARLY IMPROVE WORKING ALLIANCE, TRANSFERENCE AND COUNTERTRANSFERENCE IN A SAMPLE OF FIRST PSYCHIATRICALY DIAGNOSED ADOLESCENTS

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Working alliance, transference and countertransference are essential components of the therapeutic relationship influencing treatment outcome and dropout rate. Dropouts in the early stages of treatment are frequent in adolescents and associated with low motivation, autonomy needs, non-collaborative attitude and low insight. A diagnostic assessment phase aimed to increase motivation and insight appears to be essential. The objective of this study is to demonstrate that the diagnostic method Cooperative Assessment is able to early improve working alliance, transference and countertransference in a sample of adolescents. 136 help seeking adolescents (14-19 years) were included in the study. All were recruited at the first visit and evaluated following the Cooperative Assessment method. This manualized procedure was created from the principles of collaborative and therapeutic assessment and aims to involve the patient in a co-developed diagnosis through the collaborative use of test results. Patients were evaluated before (T0), in the middle (T1) and after (T2) the assessment using WAI-T, PRQ and TRQ scales. 131 adolescents, 54% females, diagnosed with anxiety (25%), unipolar (22%) and bipolar disorders (9%), other mood disorders (30%), psychosis (8%) completed the protocol. Scales significantly improved at T1 and T2 with respect to T0 (T0: WAI-T task 52.1 ± 12.4 , goal 47.9 ± 13.2 , bond 53.4 ± 10.3 ; PRQSecure 2.2 ± 0.4 , TRQPositive 2.1 ± 0.8 ; T1: WAI-Ttask 59.1 ± 9.4 , goal 57.4 ± 11.5 , bond 61.1 ± 10.1 ; PRQSecure 2.5 ± 0.4 ; TRQPositive 2.6 ± 0.8 ; T2: WAI-Ttask 62.0 ± 11.5 , goal 60.6 ± 13.2 , bond 64.1 ± 10.7 ; PRQSecure 2.7 ± 0.5 ; TRQPositive 2.8 ± 0.8 ; $p < 0.05$; Wilcoxon signed-rank test). The most significant changes were observed at the end of the Rorschach interview (T1). Cooperative Assessment is able to early improve working alliance,

transference and countertransference in a sample help-seeking first psychiatrically diagnosed adolescents.

EMOTION REGULATION AND ATTENTIONAL NETWORKS

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Gross (1998) proposed an influential model of Emotion Regulation (ER) with attentional (e.g. distraction, concentration, rumination, mindfulness), cognitive reappraisal (e.g. psychological defenses, cognitive reframing) and response focused strategies (e.g. expressive suppression). ER is explicitly or implicitly supported by attentional and executive processes, and is fundamental in clinical psychology and psychotherapy (Freud, 1912; Amadei, 2010). Experimental studies on attentional ER by well-established cognitive tasks are copious (Koole, 2009). However, the relationships between dispositional ER and attentional functions have not been investigated yet. We then studies whether and how dispositional suppression and reappraisal as assessed by the Emotion Regulation Questionnaire (ERQ) (Gross & John, 2003) predict attentional networks as measured by the Attention Network Test (ANT) (Fan et al., 2002), based on Posner and Petersen's model (1990). According to this model, three neurocognitive functions can be distinguished in human attention: the control network resolves conflicts between alternative responses; the orienting network directs the selective allocation of attention to a relevant source of input; the alerting network supports a state of activation for a faster response. 71 participants took part in our study at Sapienza University of Rome. Data analyses show a positive correlation between reappraisal and alerting scores, and a negative correlation between conflict and suppression scores.

Moreover in regression analyses suppression predicted negatively conflict, therefore showing a higher attentional control in individuals with higher suppression. The latter result appear of particular relevance in suggesting that suppressors use effortful attentional control for the (executive) inhibition of emotional responses. More generally, our study highlights the importance to investigate the relationships between ER strategies and multiple attentional functions.

ENABLING AND CONSTRAINING COMMUNICATION IN FAMILIES WITH ADOLESCENTS WITH TYPE 1 DIABETES

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For an adolescent who received a diagnosis of type 1 Diabetes, the management of the chronic disease could be a difficult process in which the entire family is involved. *Aim:* The present study aims to investigate and explore the dynamics related to the family triad in which an adolescent child with type 1 diabetes is present. Starting from the studies of Hauser and colleagues (1986), we aim to identify the significant role that the parents have in supporting the diabetic child and how this relationship might influence the daily management of the chronic illness as well as the levels of glycosylated hemoglobin. The study involved four family triads with adolescent children aged 14 to 20 years ($M = 16.75$ $DS = 3.77$) who were diagnosed with type 1 Diabetes and that are treated at the Center of Pediatric Diabetology – Viterbo Asl. Measures used for the assessment are FACES-IV (Baiocco *et al.*, 2010) and CECS (elaborated by Hauser *et al.*, 1991, adapted by Chiarolanza *et al.*, 2016). Adolescent relational satisfaction scores correlated with the one of the mother ($r = .992$); moreover, the

mother facilitating communicative style correlated negatively with father relational satisfaction. There were no significant correlations between levels of glycosylated hemoglobin, communicative style and relational satisfaction. Results showed the possible presence of a strong alliance and a reciprocal influence between mothers and children in managing the chronic illness. We discussed these results in terms of possible exclusion of paternal figure from the mother-child dyad with possible implications on his supportive role in the management of diabetes. There is no significant correlation between the level of glycosylated hemoglobin and family dynamics connected with the disease, however this may be explained by the sample involved in the study.

E-PARENTS & SPECIAL CHILDREN. A QUALITATIVE ANALYSIS OF AN ITALIAN WEB FORUM

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Parents of children with special needs have consistently identified the necessity for increased services, information, and social support. Currently, the web communities offer a great possibility to create e-groups and take part in the internet-based social media. Indeed, the increasing role of the Internet in everyday life has changed the meaning of what a community is, promoting the construction of relations based on shared interests and peer support, despite geographical distances (Niela-Vilén et al.2014). Despite the online forums cannot constitute an alternative to high-quality professional websites (Reichow, 2012), e-groups allow to increase knowledge and support by sharing personal experiences (Shilling, 2013) and to break social isolation offering anonymity, immediacy and uninterrupted free access (Frost, 2014), contributing positively to parenting (Kirk & Milnes, 2015).

Down Syndrome (DS) represents a difficult challenge for parents specifically due to the renegotiation of their parental identity and the everyday lives (Hartley, 2010). This study aims to explore the Italian context of e-Health users, questioning whether, why and how parents of children with DS use internet forums to increase knowledge, clarify doubts, and drive decision making (Kingsnorth, 2011). One Ds-forum was selected and 971 messages were analyzed through the Latent Thematic Analysis (Braun & Clarke, 2006). Results pointed out five connected themes: *The group, personal experience, the I-am dimension, perspective knowhow, my child*. The parents, especially mothers, use the forum to acquire personal expertise, support, and practical advice, sharing doubts and emotions. Into the e-group container DS-mothers “throw up” feelings and through its emotional functioning they collect experiences and knowledge, building their parental identity. Sharing emotional and concrete struggles they all have to face daily, the e-parents seem to discover finally the child, from a syndrome-centered life to the mother-child advantages.

EVALUATION OF BURNOUT, COPING STRATEGIES AND EMPATHY IN VOLUNTEERS AT A SHELTER CENTRE

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Operators involved in relational and professional support of people in need conditions often experience high levels of stress related to healthcare

professions: the burnout syndrome (Maslach, 1977). The study takes place at Centro di Prima Accoglienza San Fedele in Milan, an organization that have particular attention on social aspects and sanitary education and in which professionals work as volunteer offering different types of services to people who lives in different need conditions and social marginality. According to the model of Lewin's action-research (Lewin,1946), in a sample of 22 volunteers (M=6;W=16)(mean age=55.32;s.d.=16.65) the Maslach Burnout Inventory (MBI), Coping Inventory for Stressful Situations (CISS-2) and Balanced Emotional Empathy Scale (BEES) were administered to evaluate respectively Burnout levels, Coping styles and empathy levels. Results reported low levels of Emotional Exhaustion (m=11.71;s.d.=11.88) and Depersonalization (m=4.41;d.s.=4.39) and moderate levels of Personal Accomplishment (m=36.48;s.d.=6.98). 8 volunteers reported the intention of changing their activity, but none of them wanted to change. Men and women did not differ significantly on levels of any subscales. Volunteers who has a direct contact with patients (n=14) reported significantly higher levels of Emotional Exhaustion (t=2.235, p<.05) and Empathy (t=2.615, p<.05) compared to others (n=7). Preliminary results show mild burnout levels in volunteers involved in caring people in social marginality and need conditions. Understanding their psychological condition can help to develop training courses and to promote a psychological support considering the heterogeneity of this particular group of operators. Future researches may investigate the impact of motivation on burnout levels, coping strategies and empathy.

EXCESSIVE INTERNET USE AMONG YOUNG ADULTS: A SIGN OF PSYCHOLOGICAL DISTRESS?

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Recent conceptualizations of problematic Internet use conceive it as a coping mechanism for psychological distress and as a result of pre-existent psychopathology. In this study, we examined the role of socio-demographic variables, time spent on the Internet, attachment styles, maladaptive personality traits, and dissociation in explaining Internet addiction symptoms among young adults. The study involved 253 young adults (52.3% females) aged between 18 and 25 years old. They completed a socio-demographic form and measures on Internet use, Internet addiction symptoms, attachment styles, maladaptive personality traits, and dissociation. A stepwise linear regression analysis was performed to identify the best fitting model for Internet addiction symptom scores. This analysis showed that male gender, time spent on the Internet, negative affectivity, dissociation, lack of secure attachment, and avoidant attachment predicted Internet addiction symptoms [$F(6,246)=24.87$, $p<.001$; Adj R-square=.37]. A logistic regression analysis was further performed to examine which variables would predict problematic Internet use according to the cut-off score of the Internet addiction measure used in this study. The analysis showed that lack of attachment security added to male gender and time spent on the Internet in predicting problematic Internet use. The findings of this study show that a number of psychological risk factors are predictively associated with Internet addiction symptoms among young adults, thus supporting the view that problematic Internet use in this life stage may be more a sign of psychological distress than a truly addictive process.

EXPANDING THE ANALYSIS OF BIOPSYCHOSOCIAL FACTORS IN MALE'S SEXUAL DESIRE

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Literature showed a close relationship between desire and arousal on women, leading to relevant changes in DSM-5 classification. On the contrary, male sexual response has historically been considered simple and mechanistic. Aim of this study was to evaluate the role of some biopsychosocial variables affecting male sexual desire such as Quality of Life (QoL), sexual function, distress, satisfaction, psychological symptoms, emotions, alexithymia, couple adjustment, sexism, cognitive schema, beliefs, and scripts. A wide self-administered web-survey reached 238 heterosexual male subjects (age 32.01 ± 10.27) from the general population. 13 questionnaires exploring biopsychosocial elements involved in sexual response were administrated: SF36, BDI II, STAI-Y, SCL-90-R, TAS-20, IIEF, PESI, SSS-M, SDS-M, DAS, SMQ, SDBQ, and QCSASC. Results of the study showed “Lack of erotic thoughts” as the main predictor of low level of sexual desire in men ($\beta = -.28$). “Energy/fatigue”, “Depression”, “Premature ejaculation severity”, “Sexual Distress”, “Subjective sexual response triggered by automatic thoughts on sexuality”, “Sexual conservatism”, and “Desire of having a baby” are strictly connected to level of sexual desire. Variables highlighted are key factors that should be considered in clinical practice of desire problems, both in assessment and therapy phases. In the same study is analyzed the influence of many biopsychosocial factors on the male sexual desire. The sampling method used does not allow a results’ generalization, but some crucial points for future researches and clinical work are underlined. Male sexual desire is characterized by a complex interaction between biological, psychological, and cultural elements. The analysis of these predictors seems to suggest that current models are not sufficient to explain the complexity of male sexual desire.

EXPLORING BINGE EATING BEHAVIOR AND ALEXITHYMIA IN A SAMPLE OF OBESE PATIENTS

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Obesity is a pathological condition that frequently reduce the quality of life, it is an important risk factor for several chronic physical diseases and imposes a significant economic burden on the national health care system worldwide. Obesity is often associated with binge eating behaviors aimed at reducing a state of negative emotional arousal. Therefore, the emotional eating would appear as a dysfunctional way to regulate emotions. The aims of this study was to explore the psychological aspects associated with obesity by analyzing the relation between binge eating behavior, alexithymia and psychosocial impairment in a sample of obese patients. 227 obese patients were recruited from the “S.S. Annunziata” Hospital of Chieti. The TAS-20 was used to investigate alexithymia, binge eating behavior was assessed with BES, and the CIA was used to assess psychosocial impairment due to eating disorders. A clinical interview was also used to evaluate the presence of alexithymia and binge eating symptoms. Data were analyzed through descriptive methods, independent t test and correlation, using SPSS16. The prevalence of alexithymia in our sample was 30.5% (TAS-20 total score > 60). Patients with higher BES scores showed higher scores on all rating scales of TAS-20 ($r = 0.39$ $p < 0.001$). The t test analysis revealed that the mean overall BES and CIA scores was higher in patients with alexithymic features compared to patients without ($p < 0.001$). In our sample of obese patients the presence of binge eating behavior was found to be higher in patients with alexithymic traits. Additionally, the psychosocial impairment related with binge eating behaviors was significantly higher in

patients with alexithymic features than in those without. Our results pointed out the importance of the assessment of several clinical-psychological factors and their effects on the health outcomes to improve the clinical management of binge eating behavior in obese patients.

FAMILY FUNCTIONING AND PSYCHOPATHOLOGICAL RISK OF ADOLESCENTS DIAGNOSED FOR EATING DISORDERS

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International scientific studies underlined peculiarities of family functioning in families of patients suffered from eating disorders (ED). Most attention was given to psychological profiles in mothers and daughters, but limited studies have taken into account profiles of families with daughters with Anorexia Nervosa (AN) and Bulimia Nervosa (BN) differentiating family functioning according to the type of eating disorders. The present study comes from a previous work, presented to the XVIII National Congress Italian Psychological Association, Clinical and Dynamic Section. Families have been recruited through a network of consultants, to which adolescents have requested help for feeding difficulties. The sample consists of N = 120 families, broken down as follows: N = 60 families with daughters diagnosed for AN, and N = 60 families with daughters diagnosed for BN. Adolescents have completed the *Symptom CheckList-90 items Revised*. Also, parents and daughters have completed the *Family Adaptability and Cohesion Scale IV*. Results show that families with daughters with AN have family functioning characterized by low cohesion and communication and high levels of rigidity and enmeshment. Furthermore, adolescents with AN and BN show

different and peculiar psychopathological profiles. Regression analysis have shown that family functioning characterized by greater rigidity predicts high psychopathological symptoms in adolescents, in both groups considered. This data is particularly interesting: in families with members with eating disorders, it can be observed that the rules and habits that bind the various members of the system do not fit the changing needs of another. However, there are several symptoms that are predetermined by rigidity in the two groups. Our study supports the importance of planning different psychological interventions based on specific types of ED for which adolescents have been diagnosed, considering the peculiarities of familiar functioning.

FATHER INVOLVEMENT IN SEPARATED FAMILIES

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According to literature there has been a focus change in family dynamics studies (Lamb, 2010) which determined more attention on the triadic relation studies (Fivaz-Depeursinge, Corboz-Warnery, 1999), as well as McHale showed in his studies about *coparenting* has shown (1995). Coparenting refers to coordination processes between parents in care, developmental task and children education (McHale *et al.*, 2000). Conflict and cooperation levels in coparenting relationships have significant consequences on the father's involvement, especially in divorce cases in which the male parent doesn't live with his children (Wood & Covington, 2014). Father involvement was defined by Lamb (1987) as consisting of three dimensions: interaction, accessibility and responsibility, which have crucial consequences on children's wellbeing (Adamsons & Johnson, 2013).

Many couples have found ways to maintain positive co-parenting relationships after the end of their love story, others did not. The dissolution of these relationships is often characterized by tension, which undermines parents' ability to engage in positive co-parenting (Holcomb *et al.*, 2015). Our aim is to explore the fathers' involvement in divorce situations. This study is based on a sample of 9 separated fathers (M=43.75 years) that have applied a family mediation intervention. We used the Rapid Marital Interaction Coding System (RMICS) (Heyman & Vivian, 2000 adapted for the present study) that is a microanalytic system, based on event sampling used to tap nonverbal behaviors. We calculate Student's t-distribution to estimate the mean of a normally distributed population in our small sample. Results showed that fathers diverge in significant way in some dimensions. In particular, working on indicators like Hostility (M=24.05; $p=.017$) and Humour (M=0.93; $p=.010$) could promote a greater father involvement. These data could be interesting for family mediation intervention with separated families.

GROUP PSYCHODYNAMIC COUNSELLING IN A UNIVERSITY EDUCATIONAL SETTING TO REINFORCE ACADEMIC IDENTITY AND WELL-BEING

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Universities should promote the development of professional identity and wellbeing of their students, creating opportunities for reflection on one's academic identity, as this is the forerunner of professional identity, and thus

seeking to activate awareness processes. This paper presents data from a group psychodynamic counselling intervention used with first-year undergraduates in clinical psychology and aimed at reinforcing academic identity and well-being. An experimental group of students (N = 33) divided in 3 small groups and participating in 6 one-hour and 15 minutes sessions of group psychodynamic counselling was compared with a control group (N = 16) of first-year undergraduates in clinical psychology with no experience of group psychodynamic counselling. The Psychological Wellbeing Scale (PWBS) and the Utrecht-Management of Identity Commitments Scale (U-MICS) were administered to both groups before and after the intervention. After the intervention, the experimental group had higher scores than the control group on both PWBS (Autonomy, Personal Growth, Positive Relations, Purpose in Life, and Self-Acceptance) and U-MICS subscales (In-Depth Exploration dimension of School Identity and Relational Identity and Commitment dimension of Relational Identity). Furthermore, the experimental group had lower scores than the control group with respect to the U-MICS Reconsideration of Commitment dimension of both School Identity and Relational Identity. The results suggest that the group psychodynamic counselling is an effective method to reinforce academic identity and well-being in students, making them feel more able to manage their lives, more open to new experiences, and prone to perceive their relationships as more satisfying. It also emerged that group psychodynamic counselling allowed students to reconsider their commitments, but not to change them, as if this experience had supported the choice in a single direction.

HEART RATE VARIABILITY AND RESPONSE INHIBITION IN AN EMOTIONAL GO/NOGO TASK: A STUDY ON PROBLEMATIC INTERNET USERS

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Studies on Problematic Internet Use (PIU) report significant correlations between PIU severity and emotion regulation problems. One of the key factors contributing to emotional regulation is the inability to control impulsive behavior. Heart rate variability (HRV) is thought to represent a psychophysiological index of inhibitory control and thus, is associated with emotion regulation capacity. The present study investigated whether, in individuals with PIU, HRV at rest is lower as compared with individuals without PIU and predicts poorer response inhibition in an emotional context. Problematic (N = 21) and Nonproblematic (N = 21) Internet users completed an emotional Go/NoGo task, including the presentation of unpleasant, pleasant, and neutral pictures selected from the International Affective Picture System. A colored frame (pink or blue) surrounding each picture cued the participant to either press a key as rapidly and accurately as possible (Go trials) or withhold the key press response (NoGo trials). For each emotional category, the Go/NoGo trial ratio was 70:30. Heart rate was recorded for 3 minutes in rest conditions, and HRV was measured as an index of autonomic flexibility and inhibitory control. Problematic Internet users had significantly lower resting HRV than Nonproblematic users. Emotional category, Group, HRV at rest and the HRVxGroup interaction were tested as predictors of reaction times (RTs) to Go trials and response accuracy to Go and NoGo trials. Overall, Problematic Internet users were less accurate (i.e., they made more commission errors) than Nonproblematic Internet users in NoGo trials. Lower HRV at rest predicted poorer response accuracy to NoGo trials and slower RTs to Go trials in Problematic Internet users, irrespective of the emotional valence of stimuli. These findings suggest that reduced baseline autonomic flexibility may represent a substrate for the difficulties in emotional regulation and inhibitory control that characterize PIU.

HOARDING DISORDER AND EMOTIONAL REGULATION: A PRELIMINARY INVESTIGATION CONSIDERING AN ITALIAN NON-CLINICAL SAMPLE

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One of the main feature of Hoarding Disorder (HD) is the failure to discard possessions (FD) that is mediate by cognitive and emotional factors such as the meaning related to objects, the information processing abilities and the experience of negative emotions (NE). Moreover, seems that HD is associated with a difficulty in understanding and regulating emotions that involve the avoidance of NE and contribute to maintain the FD. The present study aimed to investigate the relationship between some facets of emotion regulation (ER) and the main symptoms of HD. Another purpose was to examine whether hoarding-related beliefs (e.g. Emotional Attachment; EA) mediate this relationship. A non-clinical sample of 97 individuals (85% females) completed questionnaires related to emotional regulation, anxiety, depressive and obsessive-compulsive symptoms, personality traits, hoarding, and hoarding-related beliefs; among which, the Saving Inventory-Revised (SI-R), the Saving Cognition Inventory (SCI), the Difficulties in Emotion Regulation Scale (DERS), the Perth Emotional Reactivity Scale (PERS), and the Distress Tolerance Scale (DTS) were administered. The preliminary results indicated positive and low/moderate correlations between the SI-R and the PERS, the SI-R and the PERS Scales, the SI-R-Difficulty Discarding and the PERS Total Score and Scales ($0.24 < r < 0.31$; $p < 0.05$), the SI-R-Clutter with the PERS-General Negative Reactivity, Negative Intensity and Negative Duration Scales ($0.24 < r < 0.27$; $p < .05$), the SI-R and the DERS Total Score and *Manca di controllo*. ($0.22 < r < 0.26$; $p < .05$). Were also found negative and low/moderate correlations between the SI-R and the DTS-Appraisal ($r = -0.22$; $p = .05$). Finally, partial

correlations put in evidence that, if the SCI-EA was controlled, the SI-R not correlate with the emotional regulation measures except for PERS-GNR, NI and ND Scales ($0.29 < r < 0.32$; $p < .05$).

HOW DO PARENTS AND OFFSPRING TALK TO EACH OTHER? A PILOT STUDY ON EMOTIONAL DIALOGUES IN FAMILY RELATIONSHIPS

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The quality of the relationship between parents and children has a crucial role for offspring's psychological well-being. Parents, especially mothers, and offspring develop conversations around daily events that can be seen as an arena in which caregivers provide an emotional climate, helping their children in the process of affective meaning making. Emotional dialogues in the family relationships continues to be important also during adolescence. Supportive parents can attend adolescents' needs, help them organizing feelings and in front of difficulties. The assessment of the quality of dialogues between parents and adolescents can be very useful for exploring the role of parents in establishing a psychological secure base with offspring. This study aims to investigate the emotional communications in families of an Italian community sample, to detect the main characteristics of conversations around daily emotional events. The sample was composed by N=25 adolescents and their mothers, which administrated the Autobiographical Emotional Events Dialogues, a quantitative measures of parents-children emotional conversations. The results show that adolescents and their mothers present specific characteristics with reference to the different scale assessing both mothers' and offspring's contributions. As regard with the different final classification of dyads, an association

between mothers' and adolescents' scores at the AEEDs' sub scale was founded. The findings are in line with international researches that highlight the relationship between maternal and offspring's psychological functioning. The study reveals the dyadic process of construction of emotional events dialogue, confirming a relational core of the communication in families.

I'M SCARED! ATTENTIONAL BIAS IN SPECIFIC PHOBIA

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Attentional bias is the propensity to engage attention towards emotional stimuli. In particular, several theories propose that attentional bias contributes to the maintenance of a specific phobia. Many researchers show a facilitation of attentional engagement toward threatening stimuli (e.g. Mogg and Bradley, 2006; Vrijssen et al., 2009) or delayed of disengagement (e.g. Soares et al., 2009; Kolassa et al., 2005) or both (e.g. Rinck et al., 2005; Gerdes et al., 2008). These inconsistent results could depend on the various paradigms (i.e. Emotional Stroop Task, Visual Search Task or Dot-Probe Task) used. However, no study employed the Emotional Spatial Cueing Paradigm in phobic participants. The aim of the present study was to use this paradigm since it allows assessing all of the three attentional components of orienting: shift, engagement and disengagement. Phobic (P; N=20) and control participants (CP; N=20) were administered the Phobia Inventory (Sanavio, 1986) and the Emotional Spatial Cueing. We used threatening and neutral faces as cues, selected by Maccari et al.'s (2014) database. The 2 (Group: P; CP) x 2 (Validity: valid, invalid) x 2 (Emotion: threatening; neutral) ANOVA on reaction times shows the main effect of

Validity ($F_{1,37}=100.09$; $p=.0001$) and the Group x Emotion x Validity interaction ($F_{1,37}=5.19$; $p=.02$), that revealed a higher attentional engagement toward threatening cues in P than in CP (515.02ms vs. 529.75ms). Our findings confirm an attentional bias toward threatening stimuli in P and they revealed that it is due to a higher engagement toward threatening stimuli. These results could suggest the importance of using attentional bias modification (ABM) with phobic patients. This training could reduce the attentional engagement toward threatening stimuli and could improve the psychological health of phobic patients.

IMPACT OF ATTACHMENT STYLE ON REPRESENTATION OF DEATH IN CHILDREN

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Mourning is a complex process, especially for children who integrate the loss with different emotions and cognitions than adults (Webb, 2011). In case of loss they show depressive symptoms, anxiety, learning disabilities, but only a few studies are focused on interventions in these cases (Cohen e Mannarino, 2004). According to attachment theory, resolution of grief in children is linked to the relationship with the deceased person, relationships with others and the attachment style (Bowlby, 1980). The analysis of behavioral and emotional strategies used in situations of temporary separation from caregivers is relevant to understand the reactions in cases of actual loss, but the literature is poor (Waskowic & Chartier, 2003). The present study aims to assess the impact of attachment on the representation

of death in children of school-age. Participants: 100 children (49 M; average age=8.02, SD=1.26), divided after SAT (Attili 2001) application in: 51% with secure attachment, 24% anxious-ambivalent; 19% avoidant; 6% disorganized. The children were asked to complete the tale of funeral of Duss (1949) and the narratives were coded by two independent judges (agreement=.84) with a grid based on the literature, divided in 8 categories (articulation of narrative, emotional content, reflective capacity, locus of control, spatial and temporal embedding, action, image of self and of others). Anova analysis show that secure children narratives are richer in reflective capacity, images of others that help, direct interaction with fewer self blame. Avoidant children produce more details of context and fewer references to emotions; anxious-ambivalent children produce more negative references of self and anxiety and they focus more on self than on context. Disorganized children produce shorter narratives, focused on past, with more references about distress and violent deaths.

IMPLICIT AND EXPLICIT INDICATORS OF BODILY SELF-PLASTICITY IN ANOREXIA NERVOSA

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Previous research suggests a surprisingly plastic bodily self. We investigated how bodily plasticity is characterized in anorexic (AN) patients using a full body illusion with avatars of different sizes: the subjective real one (Avatar 0), fatter or thinner (Avatar +15% and -15% weight). We expect to find differences between AN and a healthy control group (CN) in the strength of the illusion and in the embodiment-induced emotions. We tested AN (N= 10) and age-matched CN (N= 14) female participants. Firstly, we assessed to which degree participants over/under-estimate their body size by using a set of experimentally-modified avatars, ranging from -30% to +50% of participants' body dimensions. Then participants saw three avatars (0, +15% and -15%) from a first person perspective in a head mounted display being stroked either synchronously (illusion) or asynchronously (control). Strength of avatars' embodiment was assessed using implicit (body temperature) and explicit (questionnaire) measures. After each stroking session participants filled out the PANAS questionnaire to assess embodiment-induced emotions. We found that the pre-experimental overestimation correlates with participants' symptom severity. Furthermore, our data show that at the explicit level AN, similarly to CN, embody the avatars independently from their size. Yet, unlike CN, AN embody the avatars independent of the stroking synchrony. At the implicit level, CN embody (show a larger temperature drop) fatter avatars (+15%), while AN show a stronger temperature drop for thinner bodies. There was no difference between the groups after stroking in the emotions. We show a larger body plasticity in AN compared to CN, suggesting that such paradigms could be of therapeutic relevance. Interestingly the implicit measures of embodiment also show a stronger illusion in AN for slimmer bodies with respect CN, suggesting an implicit preference for these bodies.

IMPROVING THE PSYCHOMETRIC SOUNDNESS OF THE DIFFICULTIES IN EMOTION REGULATION SCALE BRIEF FORM (DERS-16). A CAWI SURVEY ON EATING HABITS IN ITALY

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Emotion regulation refers to the ability to recognize and understand one's emotions, as well as the abilities to regulate them according to values and goals (Gratz, Roemer 2004). Emotion dysregulation is a crucial factor underlying several problematic behaviors, such as eating disorders. The brief version of the Difficulties in Emotion Regulation Scale (DERS) is a valid self-report measure able to assess the overall difficulties in emotion regulation (Bjureberg et al. 2015), and be usable for different purpose, including large-scale studies. Given that, it was administered into a survey focused on motives and drives that sustain eating behaviours. 203 undergraduate students of psychology (83.7% women, mean age 21.9, range 19-26) voluntary filled out an on-line questionnaire on a dedicated platform of the Turin University Internet site. DERS psychometric properties were investigated by Confirmatory Factor Analysis and Rasch model. DERS-16 showed good reliability (Cronbach's $\alpha = 0.90$). Confirmatory factor analysis identified a congeneric model with appropriate fit (CFI 0.97, SRMR 0.06). DERS-16 was positively correlated with the Orthorexia scale (Donini et al. 2005, $r=0.42$) and the Social Interaction Anxiety Scale ($r=0.58$, SIAS, Mattick, Clarke 1998), and negatively correlated with the emotional stability trait ($r=-0.52$, BFQ 10 items, Guido et al. 2015). The Rasch model confirmed the unidimensionality and the discriminative power of items, but it has highlighted some disordered thresholds in the response scale, with the third category emerging as unable to distinguish different levels of difficulties in emotion regulation. In sum, the 5-point Likert scale does not work properly. The study has confirmed the validity and the robustness of

an Italian version of the DERS-16, as a unidimensional measure, and it suggests a revision based on 4-point responses categories.

INTENTION TO DROP-OUT OF UNDERGRADUATE STUDENTS: THE ROLE OF MOTIVATION AND PERCEIVED AUTONOMY SUPPORT

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Over the last few years, more than 20% of the students in Italy drop-out from university after the first year, a percentage that increases considerably in the subsequent years (MIUR, 2015). Scientific literature highlights a significant relationship between motivation to study, self-efficacy, and intention to drop-out from university (Vanthournout et al., 2012). The study presented here, based on self-determination theory (Deci & Ryan, 1985, 2000), investigated how these factors influence early drop-out from university in order to implement effective prevention interventions. A two-wave prospective design was employed. Freshman from three different courses of the same department at the University of Salerno (total N = 388; 73,5% females, *M* age 21.38 years \pm 4.84) were enrolled in the study and completed measures of perceived autonomy support from parents and teachers, self-efficacy, self-regulated motivation and intention to drop out from university at the beginning of their academic year. Gender, students' prior education and grades, and socioeconomic background were also measured. At the end of the first semester, information about number of course modules passed, total of credits attained and exams' grades of each student, were collected from the department office. Structural equation

modeling showed the influence of autonomous motivation, perceived autonomy support and self-efficacy on dropout intention and academic performance. Specifically, autonomous motivation appears to predict negatively dropout intention and academic performance at the end of the first semester. Perceived autonomy support from parents and teachers and self-efficacy predicted autonomous motivation. These effects remain even after controlling for the influence of background variables. Findings confirms the role of the family and academic context in preventing university drop-out and the importance of structuring interventions that enhance autonomous motivation through autonomy supportive behaviours.

INTERNALIZING AND EXTERNALIZING SYMPTOMS IN OVERWEIGHT CHILDREN LONGITUDINAL INVESTIGATION

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Beside the relevance of overweight in childhood, several international studies demonstrated the negative outcomes implied in this public health issue. Overweight children, indeed, can develop various and severe psychopathological problems, such as internalizing and externalizing symptoms. Conversely, there is a shortage of works that address the maladaptive patterns both in girls and boys across the time, in terms of

depressive status or aggressive behaviours. Being a high weight a severe risk factor for children psychological well-being, the present study intends to investigate childrens' BMI trajectors and its possibile implications over time in a community sample, trying to describe internalizing and externalizing subjects' profiles. The study longitudinally assess depressive and aggressive symptoms in children belonging to two groups (overweight and normal weight), aged from 2 to 8 years. The sample was composed by total N= 90 children, assessed with BMI index and Child Behavior Checklist (CBCL). The results revealed the relationship between BMI and children's psychopathological symptoms, in terms of complex developmental trajectories. More in particular, aggressive and depressive symptoms follow different directions in both samples, and with female overweight showing a final psychopathological profiles more severe comparing with males. The study confirms the relevance of psychopathological risk in young children. The association between high weight and mental health should be put into constant consideration in clinical and research area. To prevent maladaptive outcomes during developmental age must be a core issue for health programs in modern society.

INTERPERSONAL GUILT AND TRANSFERENCE DIMENSIONS: AN EMPIRICAL INVESTIGATION

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Some of the authors that studied the relation between transference and psychopathology belongs to the San Francisco Psychotherapy Research Group. They did their research following the Control Mastery Theory model (CMT; Weiss, 1993; Silberschatz, 2005). According to the authors, Personality is a predictor of the quality of Transference but this relation is also influenced, and mediated, by Interpersonal Guilt. Guilt may be the source of both defenses and transference, and the patient uses it to protect himself and his therapist from dangers. Following this theory, Guilt, interpreted like interpersonal and prosocial, is a dysfunctional emotion when fed by Pathogenic Beliefs (erroneous assumptions that bring the person to explain his behavior like necessary to avoid guilt feelings and disloyalty) and it may be a Transference manifestation or its organizer. The patient may idealize, sexualize or devalue his therapist; he may be worried about being a source of pain for his analyst, in the same way he was worried, once, about causing pain to his relatives (Bush, 2005). The aim of this study is to empirically investigate the relation between Interpersonal Guilt and Transference. The measures used in this study are the Interpersonal Guilt Rating Scale – 15 (Gazzillo et al., in press) to assess Guilt; and the Personality Relationship Questionnaire (Bradley et al., 2005; Tanzilli et al., 2017), to assess the transference. Preliminary analysis shows a significant relation between Survivor Guilt and Hostile transference dimension, as well as between Omnipotence Guilt and Positive/working alliance transference dimension; between Separation and Survivor Guilt and Anxious/preoccupied transference dimension and between Separation Guilt and Sexualized transference dimension. These results confirm the hypothesis that guilt, as interpersonal emotion, is primarily related to transference that is, by definition, a prosocial phenomena that distinguish the therapeutic situation.

ITALIAN VERSION OF THE WORD CHAIN TEST: A SHORT COLLECTIVE SCREENING OF LOW WORD RECOGNITION ABILITIES

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Currently, in Italy, there is no short collective screening measure that effectively assesses silent word decoding skills in primary and secondary school children. Jacobson (1995) described a Swedish group test of silent words segmentation, called Word Chain Test (WCT), which appeared to be a valid method for detecting children with reading difficulties. Aims of the present work were to adapt the WCT to Italian school-age children and to analyze the performance on the WCT in children from grade 1 to 8. Concurrent validity and internal consistency were estimated. A total of 1154 Italian children from grade 1 to 8 was assessed. The WCT consisted of 48 word-chains, each chain including three words without inter-word spaces. Children were asked to separate the words as quickly and accurately as possible. Total testing time was 4.5 minutes. Two widely used standardized tests (DDE2, MT) were administered to all children. To determine the extent to which months of formal education correlated with the performance on WCT, a linear regression was carried out, with months of formal education as possible predictor for WCT accuracy scores. The months of formal education were a significant predictor of WCT scores. A Word Recognition Index (WRI) was calculated. Since the WRI formula controlled for visuospatial and speed factors, WRI provided a good estimation of the children's silent word recognition ability. Spearman's correlations were

conducted to determine whether the WCT scores correlated with the children's performance on the DDE2 and MT tests. WCT scores closely correlated with the scores on the standardized tests providing evidence for concurrent validity. A good internal consistency of the WCT was found. Our results extend Jacobson's work to Italian children and provide preliminary support to the effectiveness of the WCT as a short and collective screening, suitable to identify Italian children who are at risk of dyslexia and require further deeper individual examination.

LEARNING SOCIAL SHARING: SOCIAL SKILLS FOR SEVERE SOCIAL WITHDRAWAL; PROCEDURES AND RESULTS OF A PILOT STUDY

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This study presents a new protocol for group therapy with a specific focus on patients who present with severe social withdrawal. The protocol departs from the hypothesis that for such patients group therapy may be a particularly effective tool for teaching and learning social skills and for enhancing mindreading ability, since it provides opportunities for authentic experience of social sharing and of interpersonal communication. We have formulated a group therapy model which aims to provide learning experience and active practice in two interconnected areas: 1) skills related to metacognition: this module aims to improve patients' understanding of their own mental states and those of others, both through explicit instruction and through group training and discussion sessions; 2) interpersonal communication skills: this module aims to improve and enhance patients'

ability to relate to others, both through explicit instruction on basic social skills (primarily social sharing) and through active practice of such skills in the context of the group therapy. We will illustrate our model with examples of social skills interventions drawn from both modules. We will present and discuss here the results of six months of skills training, based on a descriptive analysis of data collected from a pilot sample of 8 patients diagnosed with Avoidant Personality Disorder.

MAFIA VICTIMS: A SINGLE CASE ANALYSIS

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This exploratory contribution concerns a study focused on a *mafia* victim, and more precisely on a businessman victim of Camorra, in order to investigate his emotional, cognitive, and representational profile. To achieve these preconditions we decided to use a qualitative research design. The choice to analyse a single case is due to the will to understand psychological operations that emerge from the traumatic impact with Mafia. Data collection was achieved through a two-hour semi-structured ad hoc interview with the victim himself. The following data analysis was carried out with the IPA methodology, which highlighted several theme clusters with interesting results: the mafia victim presents depressive, dissociative and traumatic traits, sleep disorders, hyper-vigilance, generalized states of anxiety, and deep loneliness. The analysis of the results, together with the existing literature, allowed us to propose some specific indications for the psychotherapeutic care of mafia victim, in terms of psycho-diagnosis and subsequent multidimensional treatment.

MATERNAL DEPRESSION AND CHILD EMOTIONALITY. INTERDEPENDENCY OF SOCIAL ENVIRONMENT AND TEMPERAMENT TRAIT ON MOTOR DEVELOPMENT

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Maternal depression represents one of the most important socio-ecological factors in early development; however, its effect on the child motor growth may be differently affected by the role of infants' dispositional variables. The objective of this cross-sectional study is to investigate the interaction between maternal depressive symptoms and child's temperamental negative emotionality on motor development in the first two years of life. Two-hundred ninety-nine infants from 0 to 24 months old and their mothers were assessed in a cross-sectional design. The following variables were measured: maternal depression, infant's negative emotionality, and motor development. The three-way interaction between infant's age, negative emotionality, and maternal depression significantly predicted infants' overall motor growth. In fact, infants with low negative emotionality display no effect of depression on motor development. Conversely, infants with high negative emotionality seem to be more susceptible to the effect of maternal depression. Specifically, high maternal depression tends to foster the negative effect of infant's negativity on motor development across time. Finally, the absence of maternal depression significantly buffers infant's negative temperament. Findings highlighted the importance of taking a complex perspective of study when describing early motor growth. In fact, only when considering the interdependency of potential predictors their effect on the motor growth significantly emerges. In particular, maternal depression and child's negative emotionality should be considered as early

risk factors for child's motor development, and their effect is more likely to emerge when both are present. Screening for early temperamental vulnerability might help in tailoring interventions to prevent maternal depression from affecting infants' motor development.

MENTALIZING IMPROVEMENTS OF GROUP COUNSELLING MEMBERS' AND COUNSELLORS' INTERVENTIONS

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This study concerns an innovative group counselling method, the Narrative Mediation Path (NMP), (Freda & Esposito, 2017) which aims to promote mentalization (Fonagy et al. 1998; Bateman & Fonagy, 2012) on underachievement among university students. The study analyzes a single NMP case with the aim of investigating whether counsellors' interventions influence the reflective functioning (RF) of the group members and their academic performance. The transcripts of nine sessions of a single NMP were rated according to the Reflective Functioning Scale (Fonagy et al., 1998). We used a microgenetic approach (Kuhn, 1995; Siegler, 2006) to analyze the clinical sequences of the sessions for which significant changes in the RF were observed. We identified and categorized the types of counsellor's interventions (Karterud, 2015) that seemed to improve the students' RFs most effectively. Academic performance was measured by the Academic Performance Scale (Esposito & Freda, 2016). The results indicated that most of the students improved their level of RF by mentalizing their problem of underachievement which was paralleled by improvements in academic performance. The interventions which reflect

both the not knowing stance and defense interpretations of the counsellor, appeared to play a key role in developing the mentalizing capacities. Further studies are required to determine whether the results are replicable; however we discuss some of the clinical implications of counselling aimed to promote mentalization, as well as the methodological relevance of this study.

MOTHER-EDUCATOR AGREEMENT ON EXTERNALIZING AND INTERNALIZING BEHAVIORAL PROBLEMS IN INFANCY

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Clinical studies highlight how the presence of behavioral problems in preschool-aged children requires an in-depth assessment, which often entails an accurate interpretation of information derived from multiple assessors. According to the literature, the agreement between parents and educators varies from low to moderate (Graves et al., 2012; Korsch & Petermann, 2014), but there are few studies on early infancy. This study examines the agreement between mothers and educators on externalizing and internalizing behavioral problems in children, by analyzing CBCL and TRF ½- 5 data (Achenbach & Rescorla, 2000) of a nonclinical sample of 220 children attending nursery schools (mean age: 28.27 months; ds 6.26; Male: 54.3% Female: 45.7%), and highlighting gender differences. Agreement levels between mothers and educators are assessed through Pearson's correlation coefficient and T test. We also evaluated the rate of co-identification of children at risk (i.e., children with scores exceeding the CBCL clinical cut-offs according to both assessors). Children at risk for internalizing problems

were 13.9% for the mothers (M=55.2%, F=44.8%) and 17.3% for the educators (M=77.8%, F=22.2%); children at risk for externalizing problems were 12% for the mothers (M=80%, F=20%) and 17.3% for the educators (M=72.2%, F=27.8%). The agreement between assessors was greater for females (Agreement int.: F 86.7%; M 71.5%; ext.: F 86.6%; M 73.8%), as also highlighted by the presence of a positive correlation between mother/educator evaluations only in the case of females (Int. $r=.420$; $p<.001$; Ext. $r=.292$; $p<.01$). For understanding whether children actually behave differently in the contexts taken under examination, or whether the difference lies solely in how they are perceived by adults, parent and educator evaluations should be integrated with a cross-context observational methodology, and implemented by external observers, especially for boys, for whom inter-assessor discrepancies were greater.

MOTHERS' AND CHILDREN'S PSYCHO-PATHOLOGICAL SYMPTOMS AS RISK FACTORS FOR THE DEVELOPMENT OF OFFSPRING EATING DISORDERS

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Recently, maternal psychopathological symptoms have been proposed to have an heterotypic impact on their children, with mothers' depression predicting children's eating disorders (ED). Importantly, this predictive effect has been found to maintain its power over time, even on preadolescence and adolescence children's psychopathological outcomes. A first aim of the present study is to assess the stability of maternal and children's psychopathological symptoms during childhood. A second aim is to estimate the predictive power of mothers' and children's

psychopathological patterns for the onset of the offspring's ED during pre-adolescence. CBCL and SCL-90 scales were administered in 3 different occasions (2, 5, 8 children's years) to a sample of 160 children and their mothers. Moreover, to evaluate the possible onset of ED in the offspring during preadolescence, the EDI-RF was administered at age 11. Results showed that children's psychopathological symptoms are relatively stable over time, with significant and moderate-large correlations ($r_s > .30$) across the different occasions. Conversely, only mother's depression and paranoia showed an high consistency over time, while the other mother's symptoms revealed a high level of instability. Three discriminant analyses were conducted, including children's and mother's symptoms across the different occasions as predictors, and the occurrence of Drive to Thinness (DT) at age 11 as a criterion. Results showed large canonical correlations ($r_s > .80$) between the discriminant functions and DT membership. Both children's and mothers' symptoms were related to DT occurrence, but the only SCL-90 scales, that showed a robust contribution on children's DT occurrence over time, were mothers' depression and paranoia. These results suggest that the stability of mothers' depression and paranoia over time is an important factor to explain their considerable predictivity for the occurrence of children's ED during pre-adolescence.

MUSCLE DYSMORPHIA AND ITS ASSOCIATED PSYCHOLOGICAL AND PSYCHOPATHOLOGICAL FEATURES IN THREE GROUPS OF ITALIAN RECREATIONAL ATHLETES

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Muscle Dysmorphia (MD) is a subtype of Body Dysmorphic Disorder (BDD) characterized by the preoccupation with the idea that one's body is not sufficiently lean and muscular (Pope et al., 1997); however, individuals with MD have a normal-looking body or are even very muscular, much more than the average of people (Pope et al., 1997). Italian studies on this topic are lacking. The first aim of the current study was to explore the prevalence of MD in three groups ($n = 125$) of Italian recreational athletes. Secondly, MD symptoms and related psychological and psychopathological features such as self-esteem, perfectionism, social anxiety, orthorexia nervosa symptoms, and general distress were assessed among groups. Lastly, possible MD psychological predictors were investigated. Three groups of Italian recreational athletes took part in the study: bodybuilders ($n = 42$), strength athletes ($n = 61$), and fitness practitioners ($n = 22$). Athletes were recruited online and completed a battery of self-report questionnaires assessing the above-mentioned psychological and psychopathological features. Results revealed a MD prevalence of 6.4%. With respect to MD symptoms and related psychological and psychopathological features, the bodybuilding group reported to experience more beliefs about being smaller and weaker than desired than strength athletes and fitness practitioners (respectively, $p = .001$ and $p = .02$), whereas the strength group reported to set higher standards for themselves than the fitness practitioners group ($p = .002$). Furthermore, different MD psychological predictors among groups emerged. Interestingly, social anxiety symptoms resulted significant predictors of MD symptoms for both the bodybuilding and the strength group (respectively, $p < .001$ and $p = .01$). Overall, results underlined that the pursuit of a lean and muscular physique in bodybuilding is not always associated with MD and related psychological and psychopathological features.

ON FORM QUALITY CODING PROCEDURES: A RORSCHACH STUDY AIMED AT ENHANCING RORSCHACH INTER-RATER RELIABILITY AND UTILITY

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Form Quality (FQ) is one of the R-PAS variables characterized by the strongest validity in the Rorschach Test. However, it often presents unsatisfying inter-rater reliability scores. To solve this issue, the R-PAS team is working to improve and refine FQ coding procedures. To this end, Viglione and Giromini have recently presented a document describing the FQ coding procedures as a three-step decision tree: In the first step, the response object is listed in the FQ tables and the examiner simply has to assign the correspondent FQ code; this step is named “Tabled” determinations (T). Next, if the response object is not found, the examiner passes to the “Extrapolated” determinations (E), as s/he has to extrapolate the FQ information on the basis of similar objects described in the tables. When FQ tables are not able to give conclusive information, the examiner has to pass to the third step, “Judgement of Fit” determinations (J), and use personal judgment. The main problems, in terms of inter-rater reliability, are likely to occur when FQ is determined based on J. The present study aimed at (1) evaluating the frequency with which FQ is coded based on procedures T, E and J, and (2) examining the reliability across judges obtained when FQ is coded based on T, E, or J. Three judges coded 60 protocols so that each protocol was coded exactly by two independent examiners. Results showed that: 1) in two thirds of the cases FQ was coded entirely on the basis of the FQ tables (T determination); 2) using the personal judgment is really rare, and it occurs, on average, just in one response per protocol; 3) the reliability among judges improves when FQ is based on T rather than on E or J. Lastly, a series of multiple regressions were also tested, to evaluate whether it would be possible to avoid coding

FQ when the objects of the response are not found in the FQ tables. The results of these analyses provided useful information on how to enhance FQ coding reliability.

OUTCOME MEASUREMENTS IN PSYCHOEDUCATIONAL PROGRAMS FOR BIPOLAR DISORDERS

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Several studies (Colom et al., 2009; Liberman & Liberman, 2003) have underlined the effectiveness of psychoeducational interventions for Bipolar Disorder in preventing relapses. A better knowledge of the disorder, in fact, significantly implements the coping strategies of patients. The aim of this research, in progress, is to evaluate the long-term learning of information acquired by individual patients and their family members during a psychiatric program for Bipolar Disorder, evaluated both at the end of the working group and in a six-month follow-up (scheduled for November 2017). At the end of a six-month, structured program (Colom & Vieta, 2006), a sample of 10 bipolar patients and 10 family members was given a questionnaire consisting of 20 multiple-choice questions on the topics dealt with during the course on quality of life. The same questionnaire was submitted to a control sample (N = 18), who did not attend the training. The results were subjected to a univariate covariance analysis, with education level as a control variable. 11 people answered all questions, but only one person managed to get the maximum score (20/20). The results did not appear to be related to the level of education. At the first follow-up, a difference was found between the mean scores obtained from the two

groups which was statistically significant for the covariance analysis. The people who participated in the program, in fact, achieved better scores than the control group. The questionnaire could complete the pre- and post-treatment protocols for psychoeducational programs for Bipolar Disorder, providing information on possible correlations with the clinical course of the disease.

PARENT ABUSE AND BULLING BEHAVIOR: ROLE OF FAMILY CONFIGURATIONS

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This study concerns Parent Abuse (PA), which is the act of violence against parents by their teenage children, including any adolescent behaviour that causes physical, psychological, financial damage to parents (Cottrell, 2001). Risks for PA was grouped into five categories: school-related factors, social context, peer group, family, individual characteristics (US Surgeon General, 2001). It is important for us to emphasize the role of family styles: PA significantly increase both in families with permissive style (Paulson *et al.*, 1990; Omer, 2000), such as in authoritarian families (Kennair, Mellor, 2007). The first goal of the present study was to assess the relationship between PA and specific family configurations. Again, we explored the relationship between PA and bullying behaviors within the peer group. Participants are 98 family triads with children aged between 12 and 16. They completed: a) Child / Parent Childhood Violence questionnaire-version for children and parents (Calvete, 2013 adapted by Chiarolanza, di Muzio, Cirone,2017) that measures how often PA happen in the family; b) Attribution on Parent Abuse Scale- APAS (di Muzio, Chiarolanza,

submitted), a Likert scale which measures causal attribution for violence behaviours from adolescents to parents; c) Forms of Bullying Scale- FBS (Shaw *et al.*, 2013), a Likert scale that measures bullying victimization (FBS-V) and perpetration (FBS-P), for use with 12- to 15 years old adolescents; d) Family Adaptability and Cohesion Evaluation Scale - Faces IV (Olson, 2011 adapted by Baiocco *et al.*, 2010) a self-report assessing the degree of cohesion and flexibility. Results showed that there is correlation statistically significant between PA and bullying behaviour ($r=.38$). Moreover, PA correlate with low and high cohesion ($r=.35$) and low and flexibility ($r=.38$). These data are interesting for the development of strategies of primary and secondary prevention of PA, especially in high risk groups.

PARENTAL REFLECTIVE FUNCTIONING AND CHILD WELL-BEING: A STUDY WITH MOTHERS AND FATHERS OF PRE-SCHOOL AND SCHOOL AGED CHILDREN

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Parental reflective functioning (PRF), defined as parents' capacity to comprehend the developing mind of their child, reflect upon it and hold in mind the inner life of the child, is a key factor for the development of child's emotional regulation ability (Fonagy *et al.*, 2002). Few studies have investigated PRF and parent's perceptions of child maladjustment. A study has shown that mother's PRF is related to lesser perception of behavioral difficulties in children (Meins *et al.*, 2013). To date, no studies have investigated the role of father's PRF in preschool age children (Coimorano *et al.*, 2017). The aim is to evaluate the PRF in a large sample of 504 mothers and fathers and their perception of externalizing and internalizing

difficulties in their children. Parents filled in the Parental Reflective Functioning Questionnaire (Luyten et al., 2009) and the Strengths Difficulties Questionnaire (Goodman, 1997). It was hypothesized that higher PRF is associated with higher parental perception of children's pro-social behavior (Holton, 2009) and lower internalizing and externalizing difficulties (Ensink et al, 2016). Parental role, child's age and gender-related differences were assessed. Focusing on parental role, results showed significant differences with mothers reporting higher Interest-Curiosity (IC) ($F_0=30.6$, $p=.000$, $\chi^2=.030$) than fathers. Parents of children enrolled in primary/second cycle reported higher Pre Mentalizing ($F_0=.774$, $p=.508$, $\chi^2=.002$) scores than parents of nursery and kindergarten children. Moreover, parents of nursery school children showed lower CM ($F_0=.383$, $p=.765$, $\chi^2=.001$) than all the others parents. No child's gender-related differences were found. Correlations analysis showed that higher PM is linked to higher perceptions of child's maladjustment ($r=.166^*$). These findings contributed to understand the importance of PRF to child's development and stimulate the creation of new opportunities for prevention and intervention in this area.

PARENT-TODDLER INTERACTION DURING FEEDING AND PLAY: A PRELIMINARY STUDY

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International literature has been increasingly concentrated on both mothers and fathers, specifically on the role of fathers as risk or protection factors for the development of children's psychological difficulties. Despite several studies have investigated interactional contexts such as play and feeding, no studies have investigated quality of interactions in both contexts. Based on

these premises, we wanted to verify the presence of any differences between mother-toddler and father-toddler interactions during feeding and play. In particular, we wanted observe interactions in families with toddler of 12-18 months old. In fact, at this stage of child development emerge pressures to autonomy (through the autonomy alimentation, increased motor autonomy, development of language). Data presented are preliminary data from an ongoing study. Sample was composed by N=15 families (mothers, fathers and toddlers). Mothers and fathers were both videorecorded interacting with their sons during feeding and play. The video recordings were encoded through a coding schedule realized in collaboration with Professor Lynne Murray. Further, mothers and fathers were assessed through self report questionnaires evaluating psychological profiles, couple adjustment, parenting stress and child's temperament. Results show that although mothers and fathers have different interactive styles with their children, they show a similar interactive quality. Parents' difficulties in recognizing the toddler's autonomy cues are greater than the other toddler's cues. Our data underlined how this stage of child development is a time of difficult change for all family members. The responses of parents cannot be contingent on the pressure towards the child's autonomy; the study of variables involved it is important for the development of preventive and therapeutic policies.

PEER REJECTION IN TEENAGE STUDENTS

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The object of this study is to compare features of different personalities in a school peer rejection research. The classic "*Coie, Dodge and Coppotelli*" method was used to identify four sociometric categories within school classrooms: rejected, ignored, average, and popular. The research involves

1052 teenagers: 528 secondary school students (23 classrooms), and 524 first two years high school students (22 classrooms). Each student received nine tests aimed at assessing Emotivity, Personal Tracks, and Problematic behaviors, here we show preliminary results related to the four sociometric groups, about problematic behaviors assessed by the Aseba test di Achembach, in the form of self-report and reports of parents and teachers (YSR/CBCL/TRF). Collectively, we expect a higher total syndromic score and internalized symptoms (such as social problems and depression) in the group of rejected /ignored students compared to the average/popular students. Furthermore we expect a lesser influence on aggression in determining the refusal of high school students. The expected differences in profiles in the different statuses appear more in CBCL than in self reports. A part of the aggressiveness that emerged in self-reports seems to be explained by the effect of social desirability. High levels of *somatization* observed in the popular study group and high levels of *attention problems* in rejected were not expected. The 45 classrooms desks layout was correlated to the two sociometric categories studied. While concentration of popular students was expected in the center of the classroom, and a marginalization effect of the lower-status ranks was expected towards the periphery of the class, our results did not show any evidence of this "drift". Interestingly, a tendency to "ghettoization" - where students of similar status sit close together - is observed in the secondary school, but not in the high school. This trend was measured quantitatively through an evaluation system based on the position of the students of equal status.

PERINATAL MENTAL HEALTH IN WOMEN WITH A HISTORY OF CHILD ABUSE, NEGLECT AND MALTREATMENT: A QUALITATIVE REVIEW

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Early negative experiences such as sexual abuse, psychological or physical maltreatment, neglect and exposure to a dysfunctional and/or deviant family environment, have consequences of varying short-term and long-term proportions on a person's evolutionary path. Such episodes take on a particular relevance in a woman during the sensitive time of transition to parenthood. This qualitative review analyzes the current scientific literature concerning perinatal mental health in women with a history of child abuse, neglect and maltreatment. To that end, bibliographic research was conducted using the Google Scholar search engine, and within the international databanks of PsychINFO and PubMed calling up the keywords *childhood adverse experiences, childhood maltreatment, neglect, childhood maternal abuse, perinatal mental health, pregnancy, postpartum*. A total of 25 articles met the inclusion criteria and were analysed. These studies revealed that a maternal history of abuse and/or childhood neglect negatively influences a wide range of aspects regarding pregnancy and the period after childbirth. In particular, traumatic experiences suffered by the woman as a child subsequently increase reckless behaviours during pregnancy (alcohol consumption and smoking) leading to a lower observance of the basics of prenatal care and a greater presence of obstetrical risk factors. Additionally, these same women with a history of childhood trauma are at greater risk to develop perinatal mental instability, and to show greater compromise of the mother-child relationship. Past childhood experiences of abuse, neglect and maltreatment can have numerous negative consequences during the perinatal period, and health professionals must pay particular attention to the health needs of this women during pregnancy and after the birth of the child.

PLAYING VIOLENT VIDEO GAME REDUCES THE LIMBIC ACTIVATION DURING EXPOSURE TO SOCIAL INCLUSION PICTURES

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Potential effects of violent videogames have been broadly discussed regarding their association with the real-life behavior. Violent videogames have been often considered as enhancer of aggressive behavioral reactions. The General Aggression Model (GAM) (Anderson and Bushman, 2002) states that a long-term exposure to violence in videogames could be considered as a cognitive cue that leads to an increase of aggressiveness. On the other hand, the GAM hypothesized a desensitization toward violent content and a decrease of empathy and prosocial behavior. According to that, the present study hypothesized a decrease of fronto-limbic activation in response to social pictures after playing with a violent videogame. The electroencephalographic data were recorded of thirty-five participants, using Net Station 4.5.1 with a 256-channels HydroCel Geodesic Sensor Net, during experimental visual task. Each participant was exposed to three presentation (T0, T1, T2) of 60 stimuli (30 social inclusion vs. 30 neutral images). After T0 the participant played for 6 minutes with a orientation videogame. After T1 he played for 6 minutes with a violent videogame. The presentation order of the two types of videogames was randomly assigned.

Event-related potential (ERP) components and low-resolution electromagnetic tomography (sLoreta) were analysed. Main results showed a earlier latency of P2 in occipito-temporal montage and a lower activation of amygdala, hippocampus, parahippocampus and temporo-parietal junction in response to social inclusion condition after the violent videogame compared to orientation videogame. Findings suggest that playing violent videogames could lead to a lower emotional involvement in social inclusion situations.

POST-TRAUMATIC AFFECTS AND HELP-SEEKING IN INTIMATE PARTNER VIOLENCE

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As part of the complex phenomenon of violence against women, the most frequent violences happen within a sentimental relationship (Intimate Partner Violence). Despite recent improvements in the accessibility to the resources, the percentage of women who seek help from deputed services is still very low (Reale, 2012, Arcidiacono, Di Napoli 2012, Baldry, 2013). Studies on the underlying reasons of the barriers to help-seeking (Anderson et al 2003) identify cognitive, emotional, practical and psychosocial factors. As cognitive factors we may refer to cognitive distortion that leads to negation or minimization of the violence. Among the emotional factors a particularly important role is played by the specific affects of shame, guilt, fear (Fugate et al 2005,) and terror (Nunziante Cesaro, Troisi 2016). With the aim of exploring the role played by these affects in the recognition of the violence and in help-seeking, VITA scale -Intimate Violence and Traumatic Affects, (Troisi, Balsamo, Nunziante Cesàro 2017) has been given with a questionnaire designed to understand the awareness of the violence suffered, the presence and type of help required. 485 women with an average age of

30.5 responded: 28.1% said they had suffered IPV and 6.7% responded "I don't know"; conducting an ANOVA to compare these two groups, it emerges that the second had a significantly lower post-traumatic affectivity than the first group ($F = 11.42, p < .01$). Considering the help-seeking, the women who asked for help mostly turned to informal support and only 4 to anti violence services. A further ANOVA showed that the group of women who sought for help reports a higher intensity of post-traumatic affectivity (especially fear and blame, which may have played a more active role in the post-traumatic reaction) compared to the group that did not seek help ($F = 6.9, p < .05$). This may be due to a greater ability to recognize the emotions experienced, gained through the help received.

PREDICTORS OF THE SEXUAL FUNCTIONING IN YOUNGER ITALIAN MEN

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The aim of this paper is to assess the relation between psychological factors, BMI and the sexual functioning in men (erectile function, orgasm, desire, sexual satisfaction, well-being), in order to propose an explicative model of the sexual functioning. The psychological factors are: self-esteem, body image, psychopathological traits, and sexual attitude. 224 men, mean age 33.63, $SD \pm 12.28$. Sociodemographic data, and BMI (Body Mass Index) were registered for each subject. All participants were administered the IIEF-15 (The International Index of Erectile Function). Additionally participants completed the Symptom Check List – 90-R (SCL - 90), Rosenberg Self Esteem Scale (RSE), Body Uneasiness Test (BUT), Sexual Attitude Scale (SAS). Erectile dysfunction is present in 26,6% of subjects:

14.7% low, 3,1% moderate, 1.8% severe. The mean value of BMI is 25,49. There are not correlations between sexual functioning and BMI, and between sexual functioning and psychopathological traits (somatization, obsessive – compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism). There is a positive correlation between self-esteem and sexual desire ($P<.05$), and between sexual desire and sexual attitude ($P<.01$), while sexual satisfaction is negatively correlated with body image concerns ($P<.05$). The regression model for erectile function considering age, sexual attitude (liberal – conservative), and sexual satisfaction as independent variables was verified. The model explains 27% of the erectile function variance. The stronger predictor for the erectile function is the sexual satisfaction ($\beta=.49$, $P<.01$). BMI values do not correlate with sexual function in young men (mean age 33.63). High values of body image concerns are related with low values of sexual satisfaction. Sexual Satisfaction is the stronger predictor for the erectile function.

PRELIMINARY DATA ON INTERNAL RELIABILITY OF THE KNOWLEDGE OF EFFECTIVE PARENTING SCALE (KEPS)

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Parenting competence in dealing with children's problematic behaviour has a large impact on health children development (Collins et al., 2000). Some studies have operationalized parenting competence in terms of knowledge of child developmental processes, showing that as higher the knowledge as lower the potential for child abuse and neglect in adolescent mothers (Dukevic et al., 1996). However this type of knowledge is not suited to

assess complex interaction between parents and children. Furthermore, research has concentrated on risk samples like mothers of pre-terms infants or adolescent mothers. The Knowledge of Effective Parenting Scale (KEPS; Morawska et al., 2007) measures the knowledge of effective parenting strategies with children aged 2-10 years on four broad areas: promotion of development, principles of effective parenting, use of assertive disciplines and causes of behaviour problems. The Italian version of the KEPS was administered to 137 parents (range 2-10 years; $M=6.73$, $SD=2.05$; Median=8). The instrument consists of 28 multiple-choice questions. Each corrected answer is scored as 1 and uncorrected with 0. Respondents were 78.1% mothers and 21.9% fathers ($M_{mean}=40.66$, $SD=5.67$; $F_{mean}=43.03$; $SD=7.52$). Parents were high educated, 37.2% had a university degree, and 49.6% finished high school. Only 13.1% of parents attended only the middle school. 46% of the respondents owned a house, and 33.6% are paying for their own apartments. The KEPS showed a high level of internal consistency, as determined by a Cronbach's $\alpha=.783$, and the Guttman Split-Half Coefficient was .725. No significant KEPS score differences were found along child's age and gender and parent's perceived economic condition and occupation status. Further analysis are needed to confirm the internal consistency of the KEPS, with other pilot studies assessing test-retest correlation and inter-rater estimations to obtain a reliable tool suitable in clinical and research settings.

PREVALENCE AND ASSOCIATIONS BETWEEN COGNITIVE IMPAIRMENT, ANXIETY, DEPRESSION AND QUALITY OF LIFE AMONG HIV-INFECTED PATIENTS: A COMPARISON BETWEEN TREATMENT-NAÏVE PATIENTS AND TREATED PATIENTS

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Although HIV infection has become a chronic illness, HIV-infected patients may suffer from psychological disorders, cognitive impairments (HIV-Associated Neurocognitive Disorders – HAND) and poor Health-Related Quality of Life (HRQOL). Moreover, psychological distress and HAND are supposed to be predictor of negative clinical outcomes in HIV patients, such as reducing medication adherence and quality of life. Despite these evidences, only few studies evaluated the relationship between cognitive disorders and psychological distress in HIV patients. The study aimed to: 1) assess the prevalence of HAND, anxiety and depressive symptoms, and HRQOL impairments among HIV-infected patients comparing treatment-naïve and treated patients; 2) assess if the HAND and psychological distress are associated with decreased HRQOL among HIV-infected patients. We conducted a cross-sectional study involving 234 HIV-infected patients (99 naïve and 135 treated patients). Participants were administered a complete battery of neuropsychological tests, the Hospital Anxiety and Depression Scale, and the Short Form-36 Health Survey. Descriptive and inferential (Chi-square, t-tests, and regressions) statistics were performed. The prevalence of HAND was 25.6%, and patients frequently reported to suffer from both anxiety (31%) and depressive symptoms (13%), with no differences between naïve and treated patients. Female gender emerged as a risk factors for both HAND and psychological distress. Patients showed a good HRQOL on the physical domains, while a decreased HRQOL as far as mental domain (42.7% of patients above the cut-offs), with naïve patients showing the higher impairment (53.5% vs 34.8%, $p=0.004$). Data analysis on associations is ongoing. Findings are relevant for identifying high-risk patients for HAND, psychological distress and HRQOL impairments, pointing out the importance of a comprehensive evaluation and treatment of psychological and cognitive disorders in HIV-infected patients.

PRIMARY CARE PSYCHOLOGY IN VENETO REGION: THE RESULTS OF THE FIRST EXPERIMENTATION

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Mental illness accounts for 14% of the total global burden of disease. The prevalence of psychological suffering is greater than the actual request for clinical consultation in Europe. Health care system has not yet adequately responded to the burden of mental disorders. To cope with mental disease, WHO proposed the European Mental Health Action Plan (EMHAP) 2013-2020, which recommends to improve access to safe, competent, effective and community-based mental health services. Primary Care Psychologist (PCP) can reduce the gap between the need of psychological treatment and its provision. To improve the access to psychological care, a new mental health service was created in one public health care district of Veneto Region: ULSS 7. The service provided direct referral to a co-located PCP working together with the general practitioner (GP). This study presents the preliminary results of the first experimentation. Primary outcome was well being, measured pre-post PCP interventions with patient's self reported PGWBI. Secondary outcome was the treatment considered by the GP as the best alternative to the referral to the PCP and the satisfaction. Qualitative data were gathered through interviews and focus groups with GPs and PCPs. All data were compared with EMHAP guidelines. 170 people accessed the service. Primary outcome showed an improvement in PGWBI score after the PCP intervention. Secondary outcome showed that GP avoided drugs prescriptions (49%), referral to other services (32%) and laboratory tests (12%) through the referral to the PCP. Patients, psychologists and GP reported great interest and high satisfaction with the service. PCP interventions were effective in improving well-being and

reducing drugs prescriptions and laboratory tests. The results stress the importance of the PCP implementation, to intercept unexpressed psychological needs.

PROBLEMATIC INTERNET USE, FAMILY FUNCTIONING AND ATTACHMENT STYLES IN ADOLESCENCE. IS THERE A RELATION?

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Research on Problematic Internet Use (PIU) in adolescence highlight the tendency to replace real relationships with virtual ones in order to try to manage state of mind who are particularly painful (Schimmenti et al., 2014). Nowadays there are few studies analyzing the relationship between PIU, attachment styles and dysfunctional family functioning which is generally characterized by overwhelming or excessive stiffness between the subsystems in which the adolescent is inserted (Şenormanc et al., 2014; Cacioppo et al., 2016). This contribution aims to assess the relationship between PIU, perception of family functioning and attachment arrangements. Method. 300 adolescents (188 females; 112 males) aged from 15 to 18 years. Materials: Internet Addiction Test (IAT; Young, 1998) for internet use assessment. Family Assessment Device (FAD; Epstein, et al., 1983) for the family functioning evaluation. Relationship Questionnaire (RQ; Bartolomew and Horowitz, 1991) for the attachment assessment. Results. An uncontrolled internet use correlates negatively with the categories of the FAD “roles”, “affective response” and “affective involvement” and positively with the categories of the RQ “fearful” and “preoccupied”. The relative weight analysis, which allows to measure the

importance of each predictor considering their relationship with others (Johnson, 2000), highlights how the family's ability to respond to stimuli with an appropriate quality and emotional quantity (“affective involvement”) is the most important protective factor for the prevention of PIUs in adolescence. Conclusions. The study highlights the importance of integrating attachment theory and systemic models for intervention on problematic Internet use in adolescence.

PROMOTING COMPREHENSION OF EMOTIONS IN CHILDREN THROUGH HUMAN-ANIMAL INTERACTION. A PRELIMINARY STUDY ABOUT AN ANIMAL ASSISTED INTERVENTION

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In this paper we present a preliminary study in which we measured the effects of an Animal Assisted Intervention in a nursery school (Menna, 2016; Marchesini, 2015). The intervention, aimed to promote comprehension of emotions in children, was realized using some criteria proposed in the Federico II Model for Pet Therapy (Menna, 2016). It considers the Human-Animal Interaction in a clinical setting is an Inter-Specific Relationship that can promote relational skills and emotional awareness in participants. For the complexity of these processes, the model proposes a multidisciplinary setting with a Psychologist, a Veterinarian (both with a specific training) and a Dog (Menna et al., 2016; Santaniello et al., 2016; Dicé et al., 2017). We implemented a mixed method intervention

based on several playful activities aimed to explore primary emotions (Axia & Bonichini, 2001) involving 33 children (middle age 5.5 y/o), subdivided in a training group and a control group. We used the External Level of Test of Emotion Comprehension (TEC, Pons & Harris, 2000), suitable to assess the Comprehension of Emotions at this age, for a pre-post assessment. Differences within groups between time 0 (T0) and time 1 (T1) for TEC scores, analyzed by Student's t-test, were statistically significant. Preliminary results suggest a presumable influx of the implemented AAI on the comprehension of emotions in children. We observed the usefulness of the multidisciplinary team, whose skills are necessary for a useful management of interaction with the dog. Through the proposed activities, in fact, the children were facilitated to recognize their primary emotions; they could be also helped to develop new knowledges and skills about their relationships. However, further studies are necessary to deepen these issues.

PSYCHOLOGICAL AND SUBJECTIVE WELL-BEING: DIFFERENCES BETWEEN GRANDIOSE AND VULNERABLE NARCISSISTS

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Many studies have examined the associations between narcissism and negative indicators of psychological and social health. More scarce is the evidence of the link between grandiose and vulnerable narcissism and both hedonic (or subjective) and eudemonic (or psychological) well-being. The present research aims to investigate the link between the two forms of narcissism and both psychological and subjective well-being. A convenience sample of 200 undergraduates (63% F; mean age: 22.61 ± 2.14) was recruited. The Italian adaptations of the following self-reports were administered: Narcissistic Personality Inventory (NPI), Hypersensitive

Narcissism Scale (HSNS), Ryff's Psychological Well-Being Scales (RPWBS) and Satisfaction With Life Scale (SWLS). Two hierarchical regression analyses were conducted. Gender was controlled for on the first step. The inclusion of the six RPWBS (Step 2), accounted for an additional amount of variance of grandiose and vulnerable narcissism scores (respectively 8.0% and 30.6%). Grandiose narcissism was found to be associated with gender, autonomy, and positive relations with others. The higher the grandiose narcissism levels, the higher the tendency to feel independent and self-determined and the perception to have not the ability to get open and satisfying relationships with others. Vulnerable narcissists were found to be similar to grandiose narcissists regarding their reported difficulties to get open and satisfying relationships with others. On the other hand, an opposite result was found concerning the feeling of independence and self-determined. Satisfaction with life (Step 3) was not found to be significantly associated to grandiose and vulnerable narcissism. The overall pattern of results highlighted the importance of distinguishing the two forms of narcissism when investigating their specific well-being needs.

PSYCHOLOGICAL ASPECTS IN PULMONOLOGY: THE IMPACT OF OBSTRUCTIVE SLEEP APNEA ON ANXIOUS AND DEPRESSIVE SYMPTOMS IN AN ITALIAN GROUP OF OBESE PATIENTS

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Obstructive sleep apnea syndrome (OSAS) is the most common breathing-related sleep disorder, recently included in DSM-5. It is characterized by repeated episodes of upper airway obstruction during sleep, defined as the total absence of airflow and represents a decrease in breathing of at least 10 seconds in duration. Patients report different kind of symptoms: daytime sleepiness, fatigue, sleep disorders, nocturnal breathing disturbances. OSAS has an insidious onset, a gradual progression and a persistent course, prevalence rates in general community is 2%-15% of middle-age adults, and more than 20% of older individuals. Obesity is one of the major risk factors for the onset of this syndrome and intensifies the severity of symptoms indeed increasing in obesity rates are likely to be accompanied by an increased prevalence. Patients with OSAS report nocturnal panic attack and approximately one-third report symptoms of depression, with as many of 10% having depression scores consistent with moderate to severe depression. According with literature, differential diagnosis is a core factor to prevent overmedicalization and treatment error, promoting psychological support in association with Continuous Positive Airway C-PAP treatment. OSAS produces an increased risk of functional consequences such as a greater probability of motor vehicle crashes and occupation accidents. This pilot study focuses on the impact of OSAS on anxious-depressive symptoms in obese patients (BMI>30) without any psychiatric comorbidities. Patients, recruited in a Pulmonology Unit during one month hospitalization, were administered with a questionnaire pre and post treatment with C-PAP (controlled with AHI index) composed by informant consent, socio-anagraphical information and Hospital Anxiety and Depression Scale (HADS). Data were analyzed by an ANOVA. Our findings support the hypothesis of a reduction in anxious-depressive symptoms after C-PAP treatment.

PSYCHOLOGICAL DISTRESS IN A SAMPLE OF NON-RESIDENT UNIVERSITY STUDENT ASKING FOR PSYCHOLOGICAL SUPPORT

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Research extensively studied psychological distress among University students (Deasy et al., 2014; Eisenberg, Hunt, & Speer, 2013). Transfer students seem to show more mental health problems (Mehr & Daltry, 2016), since they suffer a sort of “transfer shock” (Ishitani, 2008). Moreover, only few students seek for help (Hunt & Eisenberg, 2010). The aim of the present study is to investigate psychological distress in non-resident University students asking for psychological support. Forty-seven students (43% males) aged between 19 and 37 ($M = 23.17$, $DS = 3.38$) were consecutively enrolled through a Psychological Service addressed to non-resident students. In 30 students were assessed depression (BDI-II), post-traumatic symptoms (IES-R) and alexithymia (TAS-20). The 15% of the sample is foreign. Among Italians, the 73% comes from the South. The 61% attends the University, the 37% the Polytech and the 2% the Academy of Arts. No differences were found respect to gender and Regional origin (North vs South). Students show mild depressive symptoms ($M=18.76$; $DS=11.33$) with a moderate condition in the 33% of cases. Post-traumatic symptoms mean value is severe ($M=41.60$; $DS=14.53$). TAS-20 shows a non-alexithymic mean value ($M=46.20$; $DS= 11.30$). Polytech students show higher levels of difficulty in communicating and describing feelings ($t=-2.31$; $p=0.02$) and in the total score of alexithymia ($t=2.13$; $P=0.04$). Non-resident students seem to live their relocation in a traumatic way and they also show mild depressive symptoms. This could lead to a strong impairment of their daily lives (Ivins, Copenhaver, & Koclanes, 2017). Thus, it is important to improve University Psychological Services in order to reduce the risk of depression (Beirer et al., 2015; Ibrahim et al., 2013),

performance decline and drop-out (Lee, Anderson, & Klimes-Dougan, 2016; Sun, Hagedorn, & Zhang, 2016).

PSYCHOLOGICAL DISTRESS IN PATIENTS WITH INFLAMMATORY BOWEL DISEASE: A COMPARISON BETWEEN ACTIVE AND NON-ACTIVE PATIENTS

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Inflammatory bowel disease (IBD) is a group of chronic, relapsing and remitting autoimmune inflammatory gastrointestinal diseases (Crohn's disease and ulcerative colitis are the principal types) in which the prevalence of psychological distress is higher than general population. Moreover, patients with higher disease activity were found to have higher psychological distress than those in remission. However, the role of psychological factors is still controversial. The study aimed to: 1) assess the psychological distress of IBD patients, assessing the differences between active and non-active IBD patients; 2) examine potential associations between psychological distress, socio-demographic and clinical variables. Out of 260 eligible IBD patients attending the IBD Clinic Center of a university Hospital in northern Italy, 201 patients (100 active and 101 in remission) were enrolled. Participants' psychological distress was measured using the Symptom Checklist-90-R. Socio-demographic and clinical data were collected from medical records. Active patients showed significant higher scores than patients in remission for the following dimensions: obsessive-compulsive ($p=0.026$), depression ($p=0.001$), anxiety ($p=0.013$), phobic anxiety ($p=0.002$), psychoticism ($p=0.007$), index of psychological

distress ($p=0.005$) and number of symptom reported ($p=0.007$). Moreover, the pathology and the disease activity resulted predictors for the SCL-90-R index of psychological distress. In particular, patients with Crohn's disease ($p=0.005$) and active patients ($p=0.008$) had a higher probability to show an index of psychological distress over the cut-off than patients with ulcerative colitis and patients in remission. The identification and treatment of psychological distress should become one of the primary goals in the management of inflammatory bowel diseases as a means of improving the clinical and psychological outcomes of these patients.

PSYCHOLOGICAL SYMPTOMS IN TINNITUS PATIENTS

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Tinnitus is described as the experience of sound in the absence of any appropriate external stimulus. It can be perceived, in one or both ears or in the head, as a ringing noise or a buzzing, humming, ticking, clicking, roaring, tunes, song or beeping. Tinnitus prevalence is estimated, in adult population, at 8-15%, depending on the definition, and increases with age. During recent years, the relationship between psychological well-being and tinnitus has been emphasized. The aim of this study is to compare the levels of psychopathology among patients with tinnitus and healthy subjects. 54 consecutive outpatients with Tinnitus, referred to Department of Otolaryngology, were compared with healthy subjects. Structured Interview for DCPR, Symptom Check List-90-R (SCL-90-R), Tinnitus Handicap

Inventory (THI), Beck Depression Inventory (BDI), State-Trait Anxiety Inventory (STAI) were used to perform psychometric and clinical assessment. A total of 40 patients with tinnitus (76.9%) respects criteria for at least one DCPR and 25 patients (48.1%) had more than one DCPR. The more prevalent DCPR syndromes, in experimental group were Illness Denial (26.9%), Demoralization (23.1%), and Somatization (19.2%), while in the control group the more prevalent syndrome was Irritable Mood (12.5%). The comparison between two groups in SCL-90 questionnaire, shows: absence of symptomatology in the control group and presence of any symptoms in the experimental group, in particular Depression (61.33) and Phobic anxiety (61.27%). Depression could increase the impact of Tinnitus on daily life and might play a significant mediating role in the course of Tinnitus.

PSYCHOLOGICAL WELL-BEING AND LIFE SATISFACTION IN PARENTS OF CHILDREN WITH LEUKAEMIA COMPARED WITH PARENTS OF CHILDREN WITH DIABETES MELLITUS TYPE I

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When a child is diagnosed with cancer or diabetes type I (TD1), the whole family system is affected, and the balance that existed previously is disrupted. Parents of children with leukemia could show PTSS, depression, anxiety (Tremolada et al., 2016). Higher parental diabetes-specific stress was associated with poorer parent mental health (Carcone et al., 2012). The aims of the study are to show and to compare the symptomatology and life perceptions of parents belonging to the two different clinical groups, cancer

and TD1. Sixty-two parents of children with leukaemia attending the Pediatric Hematology–Oncologic Clinic (University of Padua) were assessed post 6 months after the diagnosis communication adopting the Feelings and Emotions Questionnaire and Ladder of Life scale (from CCSS). Mostly were mothers (N=48) of children with a mean age of 7.97 years old (SD=4.96). From this group, 36 parents were matched by children's age and parent's gender with parents of children with TD1 assessed at least post 6 months from the diagnosis at the Diabetes Clinic of Health District of Bolzano adopting the same questionnaires. The design of the study is cross-sectional. Paired t-tests identified depression ($t=-2.3$, $df=35$; $p=0.02$) and anxiety ($t=-2$, $df=35$; $p=0.05$) symptomatology as significantly different along child's chronic illness, with parents of children with leukaemia reporting higher scores both in depression ($M=2.07$, $DS=1$) and anxiety ($M=1.43$, $DS=0.82$) than those with children with diabetes (respectively: $M=1.51$, $DS=0.76$; $M=1.83$, $DS=0.53$). The same trend resulted for the present life perception ($t=2.5$, $df=34$; $p=0.01$) with a worse score for parents of the cancer group ($M=5.91$, $DS=2.04$) than the TD1 group ($M=7.17$, $DS=1.56$). Parents of children with leukaemia are more at risk in developing psychological symptomatology and a worse quality of life perceptions. Specific preventive psychological interventions should be considered for them just after the diagnosis communication.

PSYCHOLOGIST'S INTERVENTION AND MATERNITY BLUES: INFORMATION AS PROTECTIVE FACTOR

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Post-partum depression affects 10-15% of women following pregnancy; however, it is estimated that more than 50% of cases are not diagnosed and treated promptly. PPD is recognized when its onset occurs within 4 weeks after delivery; Maternity blues is a mild and transient emotional disorder with an incidence between 30 and 85%. Our objective was to highlight how much the psychologist's intervention within the pre-natal courses, through the information of the typical symptomatology of these disorders, can affect the levels of anxiety of the pregnant and the possible pathological development. Sixty (60) patients were recruited, after informed written consent, from the "Sacro Cuore di Gesù" Hospital (BN): 30 participated to the prenatal course and 30 were non-members. The administered tests, both pre and post birth, are: Edinburgh Postnatal Depression Scale (EPDS); Symptom Checklist-90; DAS - Dyadic Adjustment Scale; PARQ - Parental Acceptance-Rejection Questionnaire; Beck Depression Inventory; State-Trait Anxiety Inventory- STAY Y1-Y2. Data analysis showed both in the pre-partum and in the post-partum phases an increase in the frequency of emotional states relating to the Maternity blues between the first and second stage. In the analysis of the results obtained through EPDS, the percentage associated with Maternity blues increases from 29% to 39% in postpartum. The role of the psychologist within the pre-natal groups is necessary to contain anxiety levels of pregnant women and to be able to respond promptly to the possible occurrence PPD.

PSYCHOMETRIC PROPERTIES OF THE SELF-INJURIOUS THOUGHTS AND BEHAVIORS QUESTIONNAIRE-NONSUICIDAL (SITBQ-NS)

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In recent years, nonsuicidal self-injury (NSSI) has emerged as a very complex phenomenon increasingly attracting the attention from researchers and clinicians. However, in Italy there is still a lack of instruments able to assess the whole NSSI spectrum, from ideation to act. The objective of this study was to test the psychometric properties of the Self-Injurious Thoughts and Behaviors Questionnaire-Nonsuicidal (SITBQ-NS) (D'Agostino, Pepi & Rossi Monti, 2016). The sample consisted of 51 adult outpatients (range=18-60 years) with a wide range of psychiatric conditions, from mild clinical syndromes (i.e., generalized anxiety) to severe personality disorders (i.e., borderline personality disorder). The SITBQ-NS was administered to the participants along with: the Millon Clinical Multiaxial Inventory (MCMI-III), the Beck Hopelessness Scale (BHS), the Deliberate Self-Harm Inventory (DSHI), and the Nepean Dysphoria Scale (NDS). Reliability and validity of the SITBQ-NS were analyzed. The SITBQ-NS demonstrated excellent internal consistency ($\alpha=0.983$), assessing the presence of NSSI in 56,9% of patients, with 7,9% just having nonsuicidal self-injurious thoughts. There were strong positive correlations between the scores of the SITBQ-NS and the scores of BHS, DSHI, and NDS. Also, there were moderate to strong positive correlations between the scores of the SITBQ-NS and the scores of some MCMI-III clinical syndromes and personality disorders scales. The most relevant functions of NSSI thoughts and behaviors were "to calm myself down", "to express anger against myself or someone else", and "to get rid of emotional pressure". A less frequent though still worthwhile function was "to put a stop to suicidal thoughts". The SITBQ-NS shows very good psychometric properties, being a reliable and valid tool for measuring the whole NSSI spectrum, from thought to behavior. Further research is needed in order to use it in clinical practice.

ROMANTIC ATTACHMENT STYLES AS PREDICTORS OF JEALOUSY WITHIN COUPLE RELATIONSHIPS

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Jealousy represents a universal feeling within romantic relationships. Some empirical evidences have showed that romantic attachment styles play an important role in the onset and maintenance of jealousy within the couple relationships (Guerrero, 1998; Marazziti et al., 2010; Sharpsteen & Kirkpatrick, 1997). The main focus of this study is to explore the role of gender as moderator in the relationship between romantic attachment and jealousy. A total of 270 participants (134 males and 136 females), of average age of 24.71 (SD = 2.50) were recruited for the present study. All participants completed the Italian Short Form of the Multidimensional Jealousy Scale (SF-MJS, Tani & Ponti, 2016), which measures the three main dimensions, cognitive, emotional and behavioral, of romantic jealousy and the Psychological Treatment Inventory Attachment Styles Scale (PTI-ASS, Gori et al., 2008), which assesses four main styles of romantic attachment: secure, preoccupied, avoidant and unresolved. In order to investigate the moderating influence of gender on the relationship between attachment styles and jealousy dimensions, three hierarchical regression analyses were conducted. Overall, our findings support the results of previous investigations showing complex and significant relations between romantic attachment styles and jealousy dimensions. In particular, preoccupied attachment style tends to predict every dimensions of jealousy, while secure attachment style seems represent a protector factor in the experiences of jealousy feelings. However, gender plays a significant role in moderating the relationship between secure attachment style and cognitive jealousy. Specifically, this relationship was significantly stronger in females than males.

RORSCHACH PTI ASSESSES POSITIVE AND NEGATIVE SYMPTOMS OF PSYCHOSIS INDEPENDENTLY OF THE PRESENCE OF ANTIPSYCHOTIC TREATMENT

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Several lines of evidence suggests that the Rorschach Perceptual and Thinking Index (PTI) may be useful in differentiating between psychotic and non-psychotic patients. The aims of this study were (a) to evaluate the PTI both in acute phase and in chronic psychosis affected patients; (b) to investigate the relationship between the PTI variables (X-%; WSum6; M-) and the PANSS total and subscale scores and (c) to examine the influence of antipsychotic treatment doses on Rorschach PTI and its main component. A sample of 114 patients, 62% males, (18-63 years) were included and referred to an inpatient unit or outpatient clinic at the Department of Psychiatry of Sant'Andrea Hospital in Rome. Subjects met diagnostic criteria for the following DSM-IV diagnoses: Schizophrenia, Brief Psychotic Disorder, Bipolar-I Disorder or Unspecified Psychotic Disorder. Rorschach testing was carried out in 64 outpatients with chronic and stable psychosis and in 34 acute inpatients between 7 and 20 days after the hospitalization. PTI were calculated according to the Comprehensive System Method. PANSS scale was used to assess severity of psychotic symptoms. Antipsychotic doses were converted in chlorpromazine-equivalent (CPZ/die mg). Rorschach variables did not differ between acute and chronic patients (Wilks' $\lambda = 0.660$, $p < 0.01$); PTI and PANSS total scores were correlated ($r = 0.592$, $p < 0.01$); PTI2 predicted PANSS negative scale

($\beta=0.369$, $R^2=0.136$, $p<0.01$), PTI4 the PANSS positive scale ($\beta=0.323$, $p<0.01$); WSum6 predicted conceptual disorganization ($\beta=0.609$, $R^2=0.371$, $p<0.01$) and M- delusions ($\beta=0.486$, $R^2=0.236$, $p<0.01$); WSum6 and X- predicted lack of insight ($\beta=0.338$, $p<0.01$; $\beta=0.303$, $p<0.01$); PTI and its main components were not correlated with antipsychotic doses ($\beta=-0.513$; $t=0.14$; $p<0.89$) both in chronic and acute patients. Rorschach PTI is able to assess positive and negative symptoms in acute and chronic psychosis independently of antipsychotic doses.

SADISM SCALE (SS-9): A NEW BRIEF MEASURE FOR ASSESSING SADISTIC TENDENCIES

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The term sadism has been often discussed in its relationships with sexuality and criminality. Only few Authors have analyzed this construct as a personality feature by which individuals reach gratification by inflicting pain and/or humiliation to others. This characteristic involves both real life and fantasy. In this study, we present the Sadism Scale (SS-9), a new brief measure for assessing sadistic tendencies in clinical and non clinical samples. An analysis of the literature concerning sadism and sadistic personality was conducted to select the items composing the Sadism Scale. Ten items were initially developed to address the two major psychological dimensions of sadism: pleasure in domination and pleasure in inflicting suffering. In Study 1 (N=406), we examined the reliability and factor structure of the SS-9 and we assessed its relationship with measures of Dark Triad traits, maladaptive personality traits, empathy, and alexithymia. In Study 2 (N=240), participants completed questionnaires on aggression,

hostility, attachment styles, and sadism. In Study 3 (N=20), a clinical version of the SS-9 was administered to prison inmates together with measures on personality and psychopathy. Nine items were retained after factor analysis and IRT analysis. The SS-9 showed good internal consistency, a single factor structure, and patterns of associations with measures on sadism, aggression, empathy, maladaptive personality traits, Dark Triad traits, alexithymia, and attachment styles in the expected direction and of expected magnitudes. The clinical version of the SS-9 was also associated with interpersonal, lifestyle, and antisocial features of psychopathy. The SS-9 is a brief and effective measure for assessing sadistic tendencies in criminal and non criminal samples.

SEXUAL FUNCTION, ATTACHMENT STYLE AND QUALITY OF LIFE IN OUTPATIENTS WITH HEADACHE

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Headache is associated with worse quality of life and reduced social activities. Chronic pain has also been noted to have an effect on sexual function, including adverse effects on sexual desire, stimulation and activity. Objectives: To investigate the association between health-related quality of life, attachment style, sexual dysfunction and headache. 162 adult outpatients with headache (47m;115f) from 23 years to 78 years (M 39.54; SD 13.407) referred to Headache Center, were recruited and submitted to 36-Item Short Form Health Survey (SF-36), Attachment Style Questionnaire

(ASQ), International Index of Erectile Function (IIEF) for male patients and The Female Sexual Function Index (FSFI) for female patients. 56% of the female sample and 21.3 % of the male sample had sexual dysfunction. Sexual dysfunction was not correlated with age, marital status, duration of relationship and job. Significant correlations were found between FSFI-IIEF and SF-36 total scores ($p < 0.01$) and between FSFI- IIEF and the following dimensions of ASQ: Confidence ($p < 0.05$), Need for approval ($p < 0.01$), and Preoccupation with Relationships ($p < 0.01$). Patients with sexual dysfunction showed higher scores in the ASQ subscale: Need for approval ($p < 0.01$), Preoccupation with relationships ($p < 0.01$) and lower scores in Confidence ($p < 0.05$). MCS (Mental Component Summary) showed a positive correlation with Confidence ($r = 0.32$; $p < 0.01$) and a negative correlation with Discomfort with Closeness ($r = -0.288$; $p < 0.01$) and Need for approval ($r = -0.225$; $p < 0.01$). This research highlights the strong correlation between sexual dysfunction, attachment style, health-related quality of life and headache.

SEXUAL ORIENTATION AND DRIVE: A COMPARATIVE PILOT STUDY ON SEXUAL DESIRE

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Many studies addressing sexual drive and hypersexuality stated that homosexuals are more like to report higher levels of sexual desire and compulsive sexual behaviors. Literature showed a lack of comparisons between perceived level of desire in hetero and gay population. This study aims to analyze some variables which could predict levels of sexual desire

in both heterosexual and homosexual men such as sexual satisfaction, distress, sexism and dysfunctional sexual beliefs. 312 male subjects (239 heterosexuals and 73 homosexuals) were recruited on internet. The average age was 31.95 (SD=9.62), ranged between 18 and 72 years. A self-administered online survey was available from March 2015 to April 2016. It was composed by 13 questionnaires exploring biopsychosocial elements involved in sexual response: IIEF, SSS-M, SDS-M, ASI, and SDBQ. No significant difference was found between sexual orientation and self-reported level of sexual desire. Independently from their orientation, subjects with higher level of desire reported less distress ($F_{(2,287)}=3.11$, $p<.05$) and more satisfaction with their sex life ($F_{(2,287)}=9.54$, $p<.001$). Homosexuals reported lower levels of sexism and dysfunctional sexual beliefs, especially to stereotypical beliefs about male ($F_{(1,283)}=15.72$, $p<.001$) which predicted lower desire level only on heterosexuals. This study highlighted not direct effect of sexual orientation on desire level. Differences should be searched in frequency of sexual activity, easier accessibility to sex, meaning of sex for male and gay identities, and the secondary benefit which sex could lead (physical contact, pleasure, temporary filling of “emptiness” feelings, sense of belonging to a minority) more than directly in sexual desire level. Moreover, homosexual people reported to be freer from some stereotypes which, in heterosexuals, are strictly connected with sexual dysfunctions.

SEXUALITY AND ASSISTED REPRODUCTION TREATMENT: AN(OTHER) ELEPHANT IN THE ROOM

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The WHO defines human sexuality as a “central aspect of being human throughout life [encompassing] sex, gender identities and roles, sexual

orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships". Nevertheless, talking about sex is difficult in the clinical context and issues related to sexuality hardly emerge spontaneously. AIM. To detect if and how the topic of sexuality is addressed by gynaecologists in the specific context of Assisted Reproduction Treatment (ART). Fifty-two videotaped first visits have been collected in 8 Italian ART Centres. The study involved 21 gynaecologists and patients that took part in the visits were or couples (42) or just the women (10). A mixed quantitative and qualitative analysis have been made. A clinical psychologist and a sexologist selected contents dealing with the WHO definition and made a *verbatim* transcription to make the qualitative arm of the study. The total duration of the visits had been 2217.98 minutes, with 107 interactions related to the WHO definition of sexuality whom duration had been 70.63 minutes (3.18%), the most (75%) taking place in the first part of the visit. According to the qualitative arm of the study, we outline the almost total absence of interactions related to the presence of sexual dysfunctions, the absence of any dealing with the themes of eroticism, pleasure, intimacy of the sexual life of the couples. The typical interactions was connected with the themes of reproduction, in the context of medical questioning (e.g. how long are you looking for a baby?). The sexual life of the couples in the context of ART is poorly detected by doctors, even by the side of medical implications. A better framing of the topic may give room for psychological interventions for couples undergoing ART.

***SIBLINGS'* EXPERIENCE THROUGH THE FREE ASSOCIATION NARRATIVE INTERVIEW (FANI). PRELIMINARY FINDINGS**

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Exploring subjectivity, psychosocial studies often refer to the psychoanalytic paradigm, rather than to discursive psychology, and to qualitative research (Wetherell, 2008). This study aims to analyse the sibling bond (Kaës, 2008; Sommantico, 2012) in case of disability (Korff-Sausse, 2006), supposing a co-constructed dimension on a double level: the intrapsychic functioning (desires, defences, object relations), and the discourse about being *siblings*, mediated by the social and cultural context. Ten *siblings* were recruited in care or rehabilitative structures to participate in the study (20-35 years; 5 males, 5 females). According to the methodology of the Free Association Narrative Interview (Hollway, Jefferson, 2013; Garfield, Reavey, Kotecha, 2010), *in-depth interviews* with semi-structured questions were used to encourage participants to remember specific *life events* with high emotional significance. The *defended subject* appears in the interview, and through the interviewed-interviewer relationship, letting desires and defenses emerge. Preliminary findings, resulting from the analysis of two *siblings'* FANI, confirm theoretical hypothesis (Coles, 2006; Mitchell, 2003), as well as qualitative (Scelles, 1997; Young, Frosh, 2010) and quantitative previous research (Valtolina, 2004). The presence of a sibling represents an attack to the sense of uniqueness, thus the subjective positioning into the family life depends on one's own necessity of becoming different from the sibling, of creating self-uniqueness. Particularly, the presence of a disabled sibling seems to have a specific impact on this identification/differentiation process, and also to inhibit the expression of 'negative' feelings (i.e. envy, jealousy). If confirmed by the analysis of the other interviews, these findings can contribute to implement, improve and promote intervention programs for *siblings'* psychosocial wellbeing.

SIMILAR PHYSICAL SYMPTOMS AND DIFFERENT PERSONALITY FEATURES: THE RORSCHACH TEST IN PATIENTS WITH FIBROMYALGIA AND RHEUMATOID ARTHRITIS

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Fibromyalgia syndrome (FMS) is a chronic disorder of unknown etiology (Bellato et al., 2012; Cazzola et al., 2008), characterized by widespread and abnormal pain, difficulties in information processing, non-restorative sleep, diffuse tenderness, fatigue, paresthesia, headache, and irritable colon syndrome (Cazzola et al., 2008; Wolfe et al., 2010). Rheumatoid arthritis (RA) is an autoimmune disease that causes chronic inflammation of the joints, pain, and stiffness often worsen following rest (Wolfe et al., 2010). It is triggered by a faulty immune system and affects the wrist and small joints of the hand, including the knuckles and the middle joints of the fingers. RA and FMS are two different conditions with similar symptoms but, contrary to rheumatoid arthritis condition, FMS does not consist in an inflammatory disease. Previous empirical studies evaluating personality of FMS patients by using self-report inventories (e.g., Vural et al., 2014) focused on patients' perception of their symptomatology and did not investigate psychological characteristics that may not be consciously recognized by themselves. In this study, we compared 30 women with FMS and 30 women with RA ranging in age from 30 to 60 years by using the Rorschach Performance Assessment System (R-PAS; Meyer, Viglione, Mihura, Erard, & Erdberg, 2011). The R-PAS is an evidence-based method to assess implicit features, coding perception, information processing and thinking, and representation of self and others. FMS patients were characterized by peculiar personality features associated to similar patterns concerning processing, perceptual, and mediation distortions, as well as deficiencies in coping and affect integration. Furthermore, FMS group reported reality testing problems and a

tendency to indirectly and unrealistically address feelings by dealing with them using intellectualization compared to RA patients.

SINGLE FATHERS BY CHOICE: WHY DO THEY DECIDE TO HAVE A CHILD THROUGH SURROGACY AS SOLE PARENTS?

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Single fathers by choice are a demographically small, but growing, family configuration formed by men, both heterosexual and gay, who actively choose to parent alone through adoption or surrogacy. To our knowledge, no research has been conducted so far on the motivations of single fathers who have used surrogacy. In-depth semi-structured interviews were carried out with 33 Italian single fathers ($M_{age} = 47.33$ years, $SD = 4.63$), most of whom self-identified as gay ($n = 24$). Participants were recruited from an association of gay parents, Facebook groups of single parents, and snowballing. Each interview lasted approximately 90 minutes and was audio recorded, transcribed verbatim, and analyzed using qualitative thematic analysis. The consistency of the coding process were guaranteed through auditing by other two team researchers, who independently read the coding scheme and the transcripts giving their suggestions and criticisms. Findings indicated that the fathers' reasons for single parenthood by surrogacy can be understood in relation to the four themes of right timing ($n = 33$), encouragement to proceed ($n = 26$), desire to reproduce ($n = 19$), and fear of separation or divorce ($n = 5$), with the first theme further comprising four subthemes related to career and financial stability ($n = 28$), a feeling of

having “worked through” concerns about single parenthood ($n = 30$), a fear of getting older ($n = 23$), and the bother of waiting for the “right” relationship ($n = 25$). Multiple themes emerged in each interview. The small sample size and participant characteristics of older age, an Italian nationality, a mainly gay sexual orientation, and high income may limit the generalizability of the findings. This study adds knowledge on the reproductive experience of single men and warns practitioners and policy-makers in the field against making assumptions about people who may have access to fertility treatments on the basis of their marital status, gender, or sexual orientation.

SOCIAL FUNCTIONING IN AUTISM SPECTRUM DISORDERS (ASD): THE ROLE OF ALEXITHYMIA

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A number of studies have shown the high comorbidity of Autism Spectrum Disorders (ASD) with alexithymia, despite findings are not always consistent. Some studies argue that autistic emotional impairments may be tied to the interoceptive difficulties of alexithymia, rather than autism *per se* (Silani *et al.*, 2008; Bird *et al.*, 2010). Other studies highlight a considerable overlap between Alexithymia and Asperger’s syndrome, both characterized by core disturbances in speech, cognition and social relationships (Fitzgerald & Bellgrove, 2006). The purpose of this paper was to investigate the role of the alexithymic component on social functioning in individuals with ASD. Sample consists of thirty-six subjects (83% males; mean age=28.3±10.1) who compiled the *Ritvo Autism and Asperger’s*

Diagnostic Scale – Revised (RAADS-R), the *Autism-Spectrum Quotient* (AQ) and the *Toronto Alexithymia Scale* (TAS-20). According to TAS-20, three subgroups were identified: Alexithymic (n=15), Borderline (n=11) and Non-alexithymic subjects (n=10). ANOVA and Bonferroni post hoc tests showed that subjects with alexithymia, compared to Non-alexithymic, had worse scores in RAADS-R “*Social Interaction*” (F= 4.33 p=.02; Post-hoc: p=0.019) and that patients with alexithymia, compared with Non-alexithymic and Borderline, had greater difficulties in AQ “*Communication*” (F=5.60 p=.009; Post-hoc: Alexithymic vs Non-alexithymic: p=0.024; Alexithymic vs Borderline: p=0.027). Our findings suggested that: (1) despite its significant incidence, alexithymia does not seem to be pathognomic of ASD; (2) the presence of alexithymia is associated with a higher severity of autistic symptoms; (3) the relationship of alexithymia with ASD is linked to specific ASD dimensions and does not overlap with all autistic dysfunctional areas. Clinically, a careful evaluation of alexithymia in ASD is recommended, since, although independent, it may represent a potential marker of a worse outcome of the autistic condition.

SOLVING THE RORSCHACH PROBLEM

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The present work, realized in collaboration with the University of Surrey (Guildford, England), aims at deepening our understanding of the “response process” behind the Rorschach Task by testing the relationship between 60 Rorschach Performance Assessment System (R-PAS) variables and 2 domains of problem-solving abilities. The rationale for this study is that the Rorschach has recently been conceptualized as a problem-solving task of perception and communication, in which the problem solver has to give an interpretation to a complex and partially ambiguous stimulus, performing in

a novel and uncertain context. As such, some R-PAS variables (e.g., Whole responses or Synthesis) are expected to correlate with certain specific problem-solving abilities, whereas some others (e.g., the thematic codes) are not. To test our hypotheses, an UK sample of 55 non-clinical volunteers (81.8% M; 18-54 y.o.) were administered the Rorschach (R-PAS) along with a series of problem-solving tasks (insight and noninsight tasks). As expected, the number of insight problems correctly solved by the participants correlated with some R-PAS variables, i.e., W% ($r = .33$; $p < .05$), Pr ($r = -.42$; $p < .01$), and Pu ($r = -.27$; $p < .05$). However, the correlations between R-PAS variables and Raven's Advanced Progressive Matrices (APM), used as a measure of noninsight problem solving, were only marginally significant. All in all, this study contributes to advancing our understanding of the psychological process underlying the production of Rorschach responses.

SUPERVISED AND UNSUPERVISED CATEGORIZATION IN CHILDREN WITH AUTISM SPECTRUM DISORDERS

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Supervised categorization concerns learning pre-specified categories, while the unsupervised categorization refers to the spontaneous classification of stimuli where no corrective feedback is given. Children with autism spectrum disorder (ASD) show reduced supervised categorization. Only a few studies investigated unsupervised categorization in individuals with ASD. The main aim of this study is to evaluate supervised and unsupervised categorizations (at two levels of difficulty) in ASD group and to compare

their performances with typical development (TD) children. The understanding of categorization abilities of this population allows us to analyze the underlying deficits in the cognitive mechanisms of over-selectivity and exploration. 30 children, gender and mental age matched (mean chronological age ASD = 10.2 (DS=1.07), mean mental age ASD = 8.0 (DS=0.97), n= 15), (mean chronological age TD = 7.6 (DS=1.07), mean mental age TD = 8.5 (DS=0.97), n= 15), participated in the study. The Murphy and Medin paradigm was used to evaluate the unsupervised categorization using two stimulus sets that differed in their difficulty of Categorization. The Klinger and Dawson paradigm was used to evaluate the supervised categorization. Accuracy and time of execution were used as measures in both paradigms. t tests for independent samples were used to compare groups, stating the level of significance at .01. Time but not accuracy showed a statistical significant effect between the two groups. In both cases, with supervised and unsupervised categorizations, children with ASD showed a longer time to complete the tasks but the same accuracy measures. ASD participants displayed a greater tendency to be slower in the categorization process than the TD participants. These results are discussed in terms of the deficits in the cognitive mechanisms of over-selectivity and exploration processes.

SUPPRESSION OF COMPETING MEMORIES IN EATING DISORDERS

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The inability to suppress dysfunctional thoughts and behaviors might be a transdiagnostic factor involved in the development/maintenance of several psychopathologies, including eating disorders. In line with this, recent studies have suggested that patients suffering from either anorexia nervosa (AN) or bulimia nervosa (BN) exhibit deficits in motor response inhibition. In the present study, we tested the status of these patients' inhibitory cognitive control in the domain of episodic memory, by testing their ability to inhibit interfering memories. This aim was addressed by administering a computerized task, the retrieval-practice paradigm, typically used to assess implicit memory inhibition. This paradigm helped disclosing deficits of cognitive control over mnemonic representations also in other clinical populations (e.g., substance-related disorders). It allows for measuring both the beneficial effect of practicing target items, and the detrimental effects of retrieval practice over interfering items associated to those practiced (an effect called retrieval-induced forgetting, RIF). RIF is thought to reflect an adaptive inhibitory mechanism aimed at reducing competition in memory retrieval. 27 healthy controls and 27 patients with either AN or BN performed a retrieval-practice paradigm, a control task addressing general reactivity, and filled a self-report impulsivity questionnaire. No differences between patients and controls were observed for either the beneficial effects of practice or RIF. However, when patients with AN and BN were analyzed separately, a clear dissociation emerged: patients with AN displayed a selective deficit in RIF, whereas patients with BN showed an intact memory suppression performance. No group differences emerged in the control task. The results extend current evidence of cognitive control deficits to episodic memory only for patients with AN and suggest a different involvement of inhibitory deficits in AN and BN.

SYSTEMATIC REVIEW AND META-ANALYSIS ON THE EFFECTIVENESS OF GROUP PSYCHOTHERAPY FOR WOMEN WITH BREAST CANCER

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A cancer diagnosis negatively affects mood and quality of life (QoL), but these adverse effects can be limited by appropriate psychological treatments. Aim of this study was to evaluate the effectiveness of cognitive-behavioral, supportive-expressive and psycho-educational groups interventions on women with breast cancer, at any stage of the disease and at any stage of treatment. To assess the effectiveness of these treatments, changes in QoL, depression, anxiety, mood and emotional functioning were considered as outcome variables. A systematic review of literature was carried out from 2003 to 2017 on the following databases: PsycINFO, CINAHL, PsycARTICLES, PubMed, MEDLINE e Cochrane Library. In order to perform a meta-analysis, the data used to calculate the Cohen index (d) were selected, classified and extracted, and then the average effects \bar{d} per group of treatment and type of variable were compared. In order to evaluate the heterogeneity of individual studies and the presence of a specific influence on treatment groups on each dependent variable, multiple linear regression, ANOVA and Beta coefficients were calculated. The results were also organized by type of psychological treatment. Twenty-six studies were included. The analysis of the average effects showed that cognitive-behavioral treatment allows a strong effect on mood, a medium-effect on QoL and a slight effect on anxiety. For supportive-expressive treatment, results revealed a mild effect on depression and mood, a very mild effect on both QoL and emotional functioning. Psycho-educational treatment was only slightly effective on QoL and depression. Results show a greater effectiveness of cognitive-behavioral treatments than both supportive-expressive and psycho-educational treatments. These findings suggest the

usefulness to address women with breast cancer diagnosis to cognitive-behavioral treatments that can actually lead to an improvement of their well-being.

TEMPERAMENT AND CHARACTER EFFECTS ON COMMON EMOTIONAL-BEHAVIORAL DIFFICULTIES AND PSYCHOLOGICAL WELL-BEING IN ADOLESCENTS

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Past research suggests that immature character is a risk factor for personality disorders while temperamental traits help to differentiate between such disorders. Notably, these effects are considered to be more reliable in adults than adolescents. Beyond psychopathology risk, maturation of character would be associated with development of well-being. Here, we assess the role of temperament and character on common emotional-behavioural problems and psychological well-being in an Italian sample of 72 adolescents (aged 17.5 ± 0.75 ; 46 females). Participants were assessed with the 125-item *Temperament and Character Inventory* (TCI), the *Psychological Well-Being Scales* (PWB), and the *Strengths and Difficulties*

Questionnaire (SDQ). Multiple regressions were conducted to predict SDQ and PWB scores using TCI 4-temperament (NS: *Novelty Seeking*; HA: *Harm Avoidance*; RD: *Reward Dependence*; P: *Persistence*) and 3-character (SD: *Self-Directedness*; ST: *Self-Transcendence*; C: *Cooperativeness*) scales as predictors. SD protects against (-.48) total difficulties (from SDQ), while PWB increases with both SD (.73) and ST (0.19). With regard to SDQ subscales, SD predicts both *Externalized* (EXT; -.41) and *Internalized* (INT; -.40) problems, RD low sociality (-.37); while NS and HA predict EXT (.37) and INT (.28), respectively. Concerning PWB subscales, SD positively predicts all of them ($\geq .46$) and ST has the same effects on *Personal growth* (.22), *Purpose in life* (.33) and *Self-acceptance* (.19). RD predicts *Positive relations* (.40) but negatively *Autonomy* (-.53); while HA *Environmental mastery* (-.33) and *Self-acceptance* (-.25). To conclude, different emotional-behavioural problems are associated to specific temperamental traits, while character maturity has a widespread protective effect on PWB. The data indicate the potential usefulness to work on character maturity in adolescence with the aim of enhancing it in order to affect individuals' PWB and proneness to emotional-behavioural problems.

THE AUTISM CLASSIFICATION SYSTEM OF FUNCTIONING - SOCIAL COMMUNICATION (ACSF:SC): A NEW TOOL TO CLASSIFY SOCIAL COMMUNICATION ABILITIES IN CHILDREN WITH AUTISM SPECTRUM DISORDER (ASD)

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The presence or intensity of social communication impairments of individuals with ASD may vary by age and by individual. The new tool, called the Autism Classification System of Functioning: Social Communication (ACSF:SC) is a novel 5-level descriptive system that provides a standardized and simplified way for clinicians, therapists, teachers, and parents to talk about a child's social communication abilities from the standpoint of what the child can do rather than what they cannot. The aim of the present study was to classify children with Autism Spectrum Disorder (ASD) according to ACSF:SC criteria, in order to investigate the association between social communication ability, ASD severity, adaptive functioning, cognitive abilities and psychoeducational profile. The severity of social communication impairment was specified through Diagnostic and Statistical Manual of Mental Disorders-5th edition (DSM-5) and ACSF:SC tool. The ADOS-2, Vineland-II and PEP-3 were administered to all participants. We found a positive correlation between DSM-5 levels and ACSF:SC-Typical Performance ($r=.35$; $p=.007$) and ACSF:SC-Capacity ($r=.31$; $p=.01$) levels. Children included in the five levels of ACSF:SC (Typical Performance and Capacity) showed statistically significant differences in ADOS-2 (Social Affect), Vineland-II (Communication and Socialization), and PEP-3 (Communication, motor skills, maladaptive behavior) scores. The results of this study indicate that ACSF:SC provide a better understanding of functional profile of children with ASD based on the social communication abilities. Children with greater severity of social communication showed more difficulty in adaptive behavior and psychoeducational profiles. In conclusion, the ACSF:SC could help clinicians and therapists not only to understand the strength and weakness of preschool children with ASD but also to devise specific treatment in order to promote their social integration.

THE BENEFIT OF EMPATHY IN THE CARE OF CRITICALLY ILL PATIENTS: A QUANTITATIVE STUDY ON EMPATHY, MORAL DISTRESS, JOB SATISFACTION AND JOB QUIT AMONG ICU CLINICIANS

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Several studies highlighted the benefits of empathy in clinical settings. Clinicians' empathy was found to be related to better clinical outcomes, patients' satisfaction and to the ability to accurately assess family members' needs. However, empathy is frequently seen by clinicians as a risk factor in clinical practice. This study aims to assess whether the empathy of clinicians who work in critical care settings may expose them to psychological risks such as moral distress, poor job satisfaction, and intention to quit the job. Data were collected during the 2016 "Smart Meeting Anesthesia Resuscitation in Intensive Care" which was held in Milan. The *Empathy Quotient Scale* and the *Moral Distress Scale-Revised* were used to assess empathy and moral distress. Two single questions were used to assess job satisfaction and intention to quit. Multiple linear and logistic regression analyses were performed to determine the extent to which empathy contributes to moral distress, job satisfaction and intention to quit among critical care clinicians. Age, gender and profession were controlled for in the analyses. Out of 1590 questionnaires, 216 were returned (14% response rate) and 210 were used in the analyses. Participants were 56% physicians, 24% nurses and 21% residents. Over a half of clinicians (58%) were female. Empathy resulted to be the only significant predictor of job satisfaction ($\beta = .195$; $p < .05$), even when controlling for covariates. Empathy was not found to determine neither moral distress nor intention to quit.

Findings confirm that empathy is not a risk factor for clinicians in developing moral distress and the intention to quit their job. On the contrary, empathy was found to enhance job satisfaction. Findings suggest that empathy may be a useful competence for clinicians working in critical care settings and could lead to better job satisfaction.

THE BIDIRECTIONAL PATHWAY BETWEEN PSYCHOLOGICAL FLEXIBILITY AND GENERAL WELL-BEING IN CARDIAC PATIENTS

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Psychological flexibility is defined as the ability to be fully present in each moment, which includes accepting one's own internal experiences even when distressful, and willingly engaging in behaviours that are consistent with one's life values (Hayes et al., 2006). Recent evidence shows that lower psychological flexibility is associated with worse psychological well-being among cardiac patients (Goodwin & Emery 2017). The present study aims to investigate the directionality of such relationship with a cross-lagged panel design. General well-being and psychological flexibility were assessed in a sample of 291 patients with Coronary Heart Disease, undergoing an outpatient cardiac rehabilitation program. Patients were assessed at program entry (t0) and at discharge (t1), using the Psychological General Well-Being Index (PGWBI) questionnaire and the CardioVascular Disease-Acceptance and Action Questionnaire (CVD-AAQ). CVD-AAQ is a disease-specific measure previously validated in a CR context, showing satisfactory reliability and validity (Spatola et al. 2014). Maximum likelihood estimation was used to test full cross-lagged models with the

Mplus program, and the change in model fit indices was evaluated in order to identify the best fitting model. The findings supported a mutual causality relationship ($\Delta\chi^2 = 3.387$, $\Delta df = 1$, $p = 0.07$, $RMSEA = 0.103$, $CFI = 0.992$, $AIC = 2910.996$), with psychological flexibility at t0 predicting well-being at t1 ($\beta = -0.138$, $p < .001$) and vice versa ($\beta = -0.198$, $p < .001$), over and above autoregressive effects. In conclusion, the results suggested that the levels of cardiac-specific psychological flexibility at the beginning of cardiac rehabilitation significantly influences the final general well-being, and vice versa. Further studies are needed to investigate the clinical potential of psychological flexibility in improving general well-being of cardiac patients.

THE CHINESE MAFIA: AN EXPLORATORY STUDY

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This work, exploratory in nature, wants to propose a clinical reading of the relationship held by the Chinese mafia. The contribution aims to achieve two objectives. The first concerns the description of the organizational and structural profile of the Chinese Triads and their psychic functioning. The second aims to relate the Chinese mafia with the Italian mafia, camorra, Cosa Nostra e 'Ndrangheta. To achieve those conditions, it was decided to use a qualitative research. The choice to adopt this methodology is due to the difficulty of finding scientific material in existing literature. Then it was decided to integrate the little material available with some semi-structured interviews, made ad hoc, given to stakeholders. The latter were recruited

through telematics devices. Each two-hour interview was taped, transcribed and analysed by the "paper-and-pencil" method in accordance with the principles of the Grounded-Theory. In line with this orientation several labels have been found, grouped into categories, which describe the phenomenon studied. The salient aspects relate to the culture of the mythical origins of the Chinese mafia, marked by biological and symbolic ties among members. Also from the analysis would seem to emerge aspects of psychism where the relationship between *I* and *We* is instrumental and destructive. From the results of the first objective we were able to compare this type of mafia with the typical aspects of the Italian mafia: the Chinese mafia seems to possess traits similar to those typical of syncretistic camorra and fundamentalist traits related to identity Sicilian and Calabrian mafia.

THE CONTRIBUTION OF MATERNAL SENSITIVITY TO PRETERM INFANT DEVELOPMENT: A CARE-INDEX STUDY

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Preterm birth represents a stressful event for the whole family. In the early months, separation from their infant, anxiety for prospective negative child outcomes and less child involvement in the interaction may increase the parents' psychological vulnerability. These conditions may negatively influence the ability of the mother to interpret her child's signals and respond adequately. The main hypothesis is that mothers of preterm born infants display lower level of dyadic sensitivity and more insecure

attachment forerunners compared to the control group. 61 mother-child couples were assessed from birth to the first 12 months of age; 27 of these had preterm children (birth weight \leq 1500 g) while 34 had term children. Participants were recruited in collaboration with the NICU of Rimini and Brescia. At 3 months of corrected age of the newborns, all couples were subjected to CARE-Index, a video-recorded procedure of adult-child spontaneous interaction evaluating parental sensitivity and attachment forerunners. Mothers also completed the CES-D, a self-report measure of symptoms of depression. The Bayley Scales III were administered to assess the children's psychomotor development. Mothers of preterm children displayed lower dyadic sensitivity in interaction ($p < .01$), more frequent insecure attachment precursors ($p < .01$) and higher level of depressive symptoms ($p < .05$) compared to controls. 56% of them fell into the high-risk category of the CARE-Index. In both groups, children with low sensitive mothers showed low scores on Bayley Scales ($p < .05$). These findings confirm differences between the two groups in terms of maternal depressive symptoms and dyadic sensitivity. The significant relationship between sensitive maternal behavior and psychomotor development, suggests the importance of developing specific programs to support mother with preterm born during perinatal period. Longitudinal studies are recommended to examine developmental pathways in preterm infants.

THE NEUROBEHAVIORAL ASSESSMENT OF PRETERM BABIES: A MODEL OF EARLY PREVENTION IN THE NICU OF POLICLINICO UMBERTO I

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Preterm babies are considered to be a vulnerable population, since they have an increased risk to develop behavioral, cognitive, and motor impairment, due to the significant challenges that they may often present with respect to respiration, nutrition, and other possible medical condition since their birth. Research studies on infants have shown that preterm babies have specific neurodevelopmental profiles when compared with full-term peers, and are considered to have more vulnerabilities in their self-organizing neurobehavioral capacities, such as organizing behavioral states (i.e. sleep, alertness and distress), and other bio-psychological processes, such as arousal, attention, temperature regulation, moods, hunger, and social engagement. The early detection in the NICU of children with neurodevelopmental delays is crucial to design, plan and provide effective intervention directly addressed to the baby and his family, that are based on a realistic view of the infant’s developmental needs and behavioral style. In this poster our aim is to present a comprehensive neurobehavioral assessment scale, especially suited to high-risk and premature infants: the NICU Network Neurobehavioral Scale (NNNS; Lester & Tronick, 2004). The 13 summary scores of the NNNS that assess both neurologic integrity and behavioral functioning, including signs of stress, will be described in details (orientation, habituation, hypertonicity, hypotonicity, excitability, arousal, lethargy, nonoptimal reflexes, asymmetric reflexes, stress, self-regulation, quality of movement, handling). We will also describe how the NNNS can aid clinicians managing the care of infants, individualizing interventions, and working with parents on appropriate caretaking. Finally, we present a case study with a clinical summary and a work sheet that clinicians may find useful for clinical consultation with caregivers and parents.

THE RELATION BETWEEN REFERENTIAL AND REFLEXIVE PROCESSES: IMPLICATIONS FOR CLINICAL PRACTICE

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Although referential process (RP) (Bucci, 1997, 2015) and reflexive process share some theoretical assumptions, their relation has never been explored through an operational approach. This study analyzes the relation between Referential Activity (RA) (Bucci, 2011) which may be conceived as the linguistic index of RP, and two reflexive processes of different complexity, *reflection* and *reflexivity*, which have been recently conceptualized by the present study's authors according to a semiotic and psychodynamic perspective (Freda & Esposito, 2017). Specifically, the audio recordings from seven sessions of a counselling group for underachieving university students were transcribed verbatim and analyzed through two procedures: (1) the latest Italian version of the computerized text analysis software developed for the analysis of RA (Discourse Attribute Analysis Program software) (Mariani et al., 2013) and (2) the analysis of the narrative functions (Marra & Holmes, 2004) that aimed to track *reflection* and *reflexivity* processes (Esposito & Freda, 2016). Findings showed that the software-based analysis mainly captured those processes that, according to the combined analysis of the narrative functions, may be defined as *reflection* processes. Instead, more complex processes of *reflexivity* could be detected by taking into account an additional and innovative configuration of software indexes. Overall, these data inform us about some similarities between reflexive process and RP: they are not antagonists; rather, high referentiality seems essential for the activation of reflexive processes of higher complexity. Further studies are required to understand whether the

data obtained are replicable in other group counselling interventions. Furthermore, some clinical implications for counselling, as well as the methodological relevance of this study, will be discussed.

THE RELATIONSHIP BETWEEN THE ALEXITHYMIA TRAIT AND THE PHENOMENOLOGY OF AUTOBIOGRAPHICAL MEMORY

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The present research was designed to identify and explore the relationship between the phenomenology of autobiographical memory and the intensity of alexithymia trait in the individual personality. Memory phenomenology is seen as one of many dynamic processes that can allow the expression of individual traits, thus becoming, from a cognitive point of view, a common ground between autobiographical memory and personality. Given that emotional content, auto-narrative and the creation of a coherent life script from life events are key features of autobiographical memory, our research focused on detecting a relationship between self-defining memories reminiscing style (thus observing their phenomenological dimensions) and alexithymia. Indeed, alexithymia is, in the definition set by Taylor & Bagby (2013), a pattern of personality traits that leads to difficulties in discerning and expressing emotions, external oriented cognitive style and poor imagination. A group of 81 non-clinical subjects have been recruited to take part in the experiment; two subsequent procedures have been administered separately to each subject in order to measure, respectively: the subjective level of alexithymia, through the administration of the Toronto Structured Interview for Alexithymia and the 20 item Toronto Alexithymia Scale; the subjective phenomenological features of one's autobiographical memory by using the Memory Experience Questionnaire in its short form referred to

two different self-defining memories produced by the subject. The data have undergone a repeated measures multivariate analysis of variance: the results showed a significant interaction between individual level of alexithymia and phenomenological dimensions of autobiographical memory. Our conclusion is that a particular individual personality asset such as the alexithymic one can pose an important influence on the way memories present themselves to the conscience.

THE ROLE OF EMOTIONAL INVESTMENT IN THE BODY AND DEPRESSION AMONG YOUNG ADULT SELF-INJURERS: NONSUICIDAL SELF INJURY (NSSI) VERSUS SUICIDAL BEHAVIOR

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The body of knowledge concerning suicidal behavior (SB) and non-suicidal self-injury (NSSI) among adolescents and young adults has increased significantly in the last two decades. Studies have indicated that individuals with a history of self-injury tended to report a negative body image and lower levels of body protection. The present study was designed to expand the knowledge on self-injury variables that can predict and distinguish self-injurious behaviors with and without a suicidal intent. The sample consists of 588 Italian young adults (Mean Age= 24.45; SD= 6.2; 28.7% males) and it was divided into two groups: "with" and "without" self-injury behavior. An on-line survey has been used. All the participants completed the

following measures: *Deliberate Self-Harm Inventory* and *Repetitive-Nonsuicidal Self-Injury Questionnaire* to assess occasional and repetitive self-injury; *Suicidal Behavior Questionnaire* to assess suicidal behavior; *Beck Depression Inventory* to assess depressive symptomatology and *Body Investment Scale* to assess the emotional investment in the body. Regression analyses were used to explore if there were differences in variables predicting suicidal behavior and non-suicidal behavior among the two groups. Results showed that the variable Body Care predicts the suicidal ideation only for the group with self-injury (IRR=1.05, $p < .01$) while lower level of depressive symptoms predicts the Absence of Suicidal Ideation only for the group without self-injury (IRR= .61, $p < .05$). The predictor variables for the development of self-injury over the last year are the following: Age at measurement (IRR=.91, $p < .05$), Body Protection (IRR=.92, $p < .05$), Depression (IRR=1.01, $p < .05$) and Age of first self-injury behavior (IRR=.94, $p < .05$). Findings of this study highlight the relevance of the emotional investment in the body to prevent the risks of self-injury behavior in line with previous studies.

THE ROLE OF PSYCHOSOCIAL RISK FACTORS AND ANXIETY IN PREDICTING MATERNAL AND PATERNAL DEPRESSIVE SYMPTOMATOLOGY DURING PREGNANCY

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In the last decades, many studies have been carried out to identify the main risk factors involved in the development of maternal depression during pregnancy. In contrast, risk factors associated to antenatal paternal depression have yet to be systematically explored. In keeping with this, the

aim of the present study was to investigate the role of several psychosocial risk factors in predicting depressive symptomatology during pregnancy, in mothers and fathers. A total of 146 primiparous mothers and 105 primiparous fathers reporting a psychosocial risk condition were recruited independently from maternity and child health services, during the second trimester of pregnancy. All parents were evaluated for depressive symptomatology, anxiety and perceived social support, using the Edinburgh Postnatal Depression Scale (EPDS), the trait subscale of the State-Trait Anxiety Inventory (STAI) and the Multidimensional Scale of Perceived Social Support (MSPSS), respectively. Two hierarchical multiple regression analyses were performed to determine the role of psychosocial factors in predicting antenatal depressive symptomatology, in mothers and fathers respectively. Marital dissatisfaction, personal history of depression, trait anxiety, were identified as significant predictors of depressive symptomatology, both in mothers and in fathers. Instead, family history of addiction, conflictual relationship with the parents in the past year, and loss in the past year were identified as significant factors contributing to elevated depressive symptoms in mothers but not fathers. In this study, several psychosocial risk factors were consistently related to an increase in depressive symptoms during pregnancy, both in mothers and fathers: some of these factors seem to be specifically related to maternal depressive mood.

THE SUBJECTIVE SYMPTOMS EXPERIENCE IN EATING DISORDERS PATIENTS

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In the last years, many limits about the clinical utility of ED (Eating disorders) diagnostic categories are pointed out: they don't take consider the clinical variability in the same diagnostic category, the turning from one category to another and between subtypes, and the resources of patients (Anderluh et al., 2009; Eddy et al., 2002; Keel et al., 2005). Personality features evidenced a powerful capacity to capture the ED complexity (Westen, Harnden-Fisher, 2001; Thompson-Brenner et al., 2005, 2008). In the light of these considerations, in the same way of personality, we hypothesized that the focus on subjective symptoms experience in ED patients had a major clinical and therapeutic utility. We developed ESSE (*Eating Symptoms Subjective Experience*, Nassisi, Speranza, 2012), a clinician report composed by 34 items on a five point Likert scale. 101 clinicians assessed their ED female patients (mean age 27.8; ds 10.8; 18 to 57) on clinical variables, Global Assessment of Functioning (GAF), personality (SWAP-200, Westen, Shedler, 1999a,b) and attachment (AAQ, Westen, Nakash, 2005). The 69.3% of patients were anorexic, the 20.8% were bulimic and 9.9% EDNOS. A factor analysis with a varimax rotation pointed out three factors (46.6% of the overall variance): *Omnipotent control* (21.9%; 15 items), *Negative affective regulation* (16.9%; 12 items), *Relational meaning* (7.8%; 7 items). The *Omnipotent control* correlated with dismissing attachment ($r=.34$; $p=.000$) and with preoccupied too ($r=.22$; $p=.026$). For the *Negative affective regulation* no results were found. The *Relational meaning* correlated with the GAF ($r=-.27$; $p=.007$) and preoccupied attachment ($r=.34$; $p=.000$); it also predicted a lower general functioning ($\beta=-.191$; $p=.05$), the presence of personality disorders ($\beta=.233$; $p=.024$) and sexual abuse ($\beta=.238$; $p=.018$). This study highlights the importance of considering subjective experience in managing ED patients for identifying prognostic and therapeutic features.

THE TORONTO STRUCTURED INTERVIEW FOR ALEXITHYMIA IN THE ASSESSMENT OF EMOTIONAL DYSREGULATION

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The 20 item Toronto Alexithymia Scale (TAS-20) has been set as the golden standard in assessing alexithymia both in clinical and research setting despite its limitation due to its self-report structure. Self-report questionnaires are in fact arguably effective in assessing deficits the subjects taking the test are unconscious about, as for the case of alexithymia. Overcoming this limitation is the main reason that in 2006 brought researchers to develop the Toronto Structured Interview for Alexithymia (TSIA): a structured interview (thus an observer-report instrument) composed of 24 questions with the purpose of assessing the dimensions of alexithymia. The present research aim is to evaluate the efficacy of the TSIA in the assessment of the affective dysregulation in an Italian non-clinical sample. As a measure of the validity of the questionnaire, we took into consideration its internal consistency and convergent validity. Negative affect, in particular represented by depression and anxiety, has also been taken in consideration because of its proved capability of broadening an existent alexithymic asset. A group of 81 non-clinical subjects underwent the experimentation; every subject completed the battery of tests composed by TSIA, TAS-20, BDI-II and STAI. The data analysis comprises:

- internal consistency of all the tests,
- inter-rater reliability between the two evaluators on the TSIA scores,
- correlations with TSIA and its dimensions,
- correlations between TSIA and TAS-20,
- correlations of TSIA and TAS-20 with BDI-II and STAI respectively.

Our results show a strong capability of the TSIA in assessing alexithymia while clearing the limitation of the TAS-20 and keeping aside partially

overlapping construct such as anxiety and depression. Our final suggestion is that a more reliable evaluation of the affective dysregulation can come from a multimodal approach to it and the application of both a self-report and an observer-rated instrument, in clinical as well as in research settings.

THE TRAUMATIC EXPERIENCE OF BREAST CANCER IN YOUNGER WOMEN: THE PSYCHOPATHOLOGICAL RISKS

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Receiving the diagnosis of breast cancer is a traumatic experience and may cause various emotional reactions, a set of psychic disruptions that challenge femininity and provoke stress-response symptoms. In recent years, this diagnosis increased in underforty women, with more aggressive forms and multimodal treatments. This experience has specific implications for the women's life-time in which it occurs. However, within a psychological framework, studies in this phase of life are still few. Within a broader theoretical and systematic review, we propose a study on psychopathological risks related to the traumatic experience of breast cancer in young women. The words *breast cancer*, *younger women* and *psychological impact* searched in the major databases for the last ten years. Inclusion criteria for this review were: 1) qualitative and quantitative research; 2) meta-review; 3) published in English and Italian language. The final analysis includes 9 articles about psychopathological risks related to the traumatic breast cancer experience in younger women: a difficult psychological adjustment, risks of psychological morbidity and poorer quality of life even after years from medical treatment. Among all, the risk of persistent and intrusive fear of cancer recurrence is very high. On one hand this fear is the most prevalent and disruptive source of distress for

long-term survivors. On the other hand, the level of intrusiveness of cancer, treatment received, psychological morbidity, maternity, cognitive processing and self-efficacy play an important role in relation to the fear of recurrence. The research findings provide a gap in the literature on the specific knowledge of traumatic breast cancer in underforty women, considered as a vulnerable minority group. The results of the review also highlight the importance of widening the studies on this topic in order to highlight the potential resources and to reflect on psychological-clinical support models for younger women.

THE VERBAL ABUSE. DESCRIBING AND MEASURING THE CONSTRUCT

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A careful analysis of the literature reveals a significant association between being exposed by parents to traumatic events during childhood, particularly in various forms of neglect and various types of abuse (physical, sexual, emotional and verbal), and the development of Borderline Personality Disorder in adulthood. From this data, a self-report tool was developed, the Questionnaire for Evaluation of Verbal Abuse (VAQ, Oasi and Vecchi, 2015), which is not yet present in Italy. In this research the questionnaire was administered to a normative sample of 98 university students along with a battery of other instruments, already validated, investigating constructs close to verbal abuse. The descriptive statistics of the sample and of the instrument, as well as the correlation indexes between the scales of each instrument used and those of the VAQ, have been calculated. The results showed that the mean values of the VAQ scales (semantic level of communication, particular tone of voice, high sonic intensity) have a similar score during childhood and adulthood, according to the literature that states

that verbal abuse is the most stable form of abuse (McGowan et al., 2012). Many statistically significant correlations emerged between VAQ scales, demonstrating that the instrument measures related aspects of the same construct. The study has some limits (such as the small number of participants), but it shows interesting results that suggest a good probability of a future validation of the instrument.

TIME PERSPECTIVE AND TRAIT ANXIETY AS FACTORS IN THE DECISION TO UTILIZE FREE BREAST CANCER SCREENING CLINICS

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Oncological screening that occurs prior to evidence of breast cancer symptoms is considered the optimal preventive medical practice. However, despite concerted education efforts, the risk for breast cancer remains high, due to the continued resistance to preventive cancer screening (Federici, Guarino, & Serantoni, 2012). According to the literature (Shaw et al., 2008; Ginossar, 2016), the theoretical framework *Cognitive-Social Health Information Processing-C-SHIP* (Miller, et al., 2001) could help to explain how individuals decide to engage in a health behaviour after determining: cancer-relevant encodings and self-construals, emotions' regulation, beliefs, expectancies, personality and cognitive traits and social skills. This study examines Future Orientation and Trait Anxiety in Italian in a sample of

Italian women (N=300; age: mean=39.4; s.d.=6.7) who did (N=150) and did not (N=150) engage in free breast cancer screening. None of the sample was symptomatic. *Stanford Time Perspective Inventory-STPI SF* (D'Alessio, Guarino, De Pascalis, Zimbardo, 2003) and *State-Trait Anxiety Inventory-STAI Y* (Spielberger, 1989; Pedrabissi & Santinello, 1998) were administered as well as a general demographic inventory. Correlational analyses were conducted between Time Perspective and Trait Anxiety on the total sample and then differentiated by group. Next, 2 between-group comparisons were performed: first, the screening and non-screening groups were compared on Future Time Orientation and Trait Anxiety; then, the age was added as a covariate. The results, inter alia, show that the participant group appeared to be more future-oriented but these differences were attenuated as a function of age; moreover, breast cancer screening participants reported higher levels of trait anxiety than the non-participants. These results may be useful to health professionals seeking ways to increase mammography participation.

TRAUMA AND AMYOTROPHIC LATERAL SCLEROSIS (ALS) ONSET: IS THERE A CO-OCCURRENCE LINK?

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The occurrence of a trauma in the personal history, as well as the pathological use of dissociation, have repeatedly been associated to the onset of various physical disorders. For instance, they have been frequently associated to autonomic dysregulation that, a substrate for various chronic

diseases of unknown origin. Recent studies showed evidence that traumas' negative consequences even affect DNA molecules. The focus of the present study is on ALS, a dramatic neurological disease, with unknown etiopathogenesis, leading to paralysis and death within 3-5 years from the onset. Interestingly, ALS brain abnormalities seem to share some commonalities with the neural alterations caused by trauma exposure. These analogies suggest that traumatic experiences might act as predisposing or precipitating factors for the development of the disease. As a preliminary investigation of such hypothesis we assessed, through self-report questionnaires and semi-structured interviews, the dissociative attitudes, and the traumatic experiences of 25 people affected by ALS, attending the Neuromuscular Center of Padova's University Hospital. Employed measures were: Traumatic Experiences Checklist, Padova Backwards Trauma Inventory, Dissociative Experiences Scale-II. Transcripts of the interviews were analyzed by means of Interpretative Phenomenological Analysis (IPA). Twenty-one patients (84%) reported a severe traumatic experience between 5 and 10 years from the diagnosis. Furthermore, IPA revealed that the emotional narratives associated to these experiences were mainly characterized by feelings of impotence, physical overwhelming, and emotional paralysis. These results, albeit explorative, point toward a possible mind-body connection, and highlight how psychological trauma might impact the physical health dimension. The established model of neurovisceral integration, developed by Thayer and Lane, might be a useful theoretical framework for the explanation of the observed phenomena.

UNDERSTANDING THE TRAUMATIC EXPERIENCE OF BREAST CANCER IN YOUNGER WOMEN THROUGH NARRATIVES IN CANCER BLOGS

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The most recent medical data show an increase of breast cancer in younger women, but still few are the studies on the psychological traumatic experience during this phase of life. Main qualitative studies explore this experience within the target age of over 50, so it can be hardly extended to the target age of under 40. Within this new group, we observe a growing trend among young Italian women who open a blog to narrate and share their cancer experience. The cancer blog, as a narrative mediator of experience, can represent for researchers a tool of knowledge to construct a first understanding of this condition. Within a broader research project, this study aims at exploring the most prevalent topics in cancer blogs of younger women, who have received the breast cancer diagnosis before the 40 years, in order to understand their experience of illness, from beginning to the end. A quali-quantitative analysis of elementary contexts performed on two Italian breast cancer blogs through T-Lab software. Three thematic clusters emerged: times and places of a new identity (45.84%) in which the difficult process of integrating the illness into young women's life, which move towards possible adaptations, takes shape; the medical procedure between risks and resources (37.39%) refers to the long process of illness, from prevention to care, through the use of a technical-medical language that seems to give to women a sense of mastery over the illness process; the blog as a bridge between individual and social (16.76%) raises a need for connection between the internal and the external world. The blog analysis allows us to build a first step of the scientific knowledge about the traumatic specificity of this experience, showing a need for a narrative alphabetization of the emotions. This allows us to think about clinical support practices tailored to this group, in order to develop a diachronic processing of the experience and the construction of a new continuity of life.

UNIVERSITY OF BOLOGNA COUNSELING SERVICE: RESULTS OF A 6-MONTH FOLLOW UP PSYCHOTHERAPY OUTCOME EVALUATION

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University students are increasingly reporting high levels of psychological symptoms and low levels of well-being (Beiter et al., 2015). This vulnerable psychological condition is alarming since it could be associated with academic problems and future chronic psychological disorders. Furthermore, it could negatively influence students' psychological growth. University counseling centers may represent the ideal context to promptly detect the onset of students' psychological disorders and to treat them (Monti et al., 2013, 2014; Vescovelli et al., 2017). However, to our knowledge, in Italy, only few studies investigated the long-term effectiveness of interventions delivered at University counseling services to reduce students' distress and increase their well-being (Monti et al., 2013, 2014; Vescovelli et al., 2017). The main aim of the study was to investigate the long term effectiveness of psychotherapies delivered at the University of Bologna's Counseling Service (UniBoCS) by performing a 6-month follow-up examination. The sample consisted of 476 students (Women=324, Men=152; Mean Age=23.85 years, SD=3.196, 18-37 years). They were treated with an individual or group intervention and, according to their diagnosis, a cognitive behavioral approach or a psychodynamic approach was used. All interventions had a mean duration of 1 year, with 1-hour weekly sessions. Students completed the *Clinical Outcomes in Routine Evaluation* (CORE-OM; Evans et al., 2000, 2002) at the beginning of interventions, after their conclusion and at the 6-month follow-up. At the end of the psychotherapy, symptoms significantly decreased and well-being

significantly improved. These results were maintained also after 6-month. Findings showed the long-term effectiveness of psychotherapies delivered at UniBoCS in both promoting well-being and reducing emotional distress in university students.

USING THE CAREGIVING SYSTEM SCALE TO ASSESS INDIVIDUAL DIFFERENCES IN PROSOCIAL ORIENTATION

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The *caregiving system* provides support, protection, care and encouragement. It is a cognitive-motivational system that is activated in a variety of circumstances to establish secure, intimate, emotional bonds, one of the major characteristics of an optimally functioning personality. There are two major dimensions relating to attachment-system functioning and there are also probably two caregiving behaviour dimensions (hyperactivation, HY and deactivation, DE) based on previous social experiences and character shaping relationships. However, individual differences may also be affected by, for example, prosocial behaviour. Differences in the activation of the system are measured by the Caregiving System Scale (CSS) by means of two separate subscales. The Italian version of the CSS (previously validated by our team: Meneghini et al., 2015) was administered to 714 students (females=93.3%). Volunteering was used as an indicator of prosocial behaviour. Some of the participants had never engaged in voluntary service (group 1=26.7%), had engaged in voluntary service in the past and then abandoned it (group 2=46.7%) and some were doing voluntary work at the time of the assessment (group 3=26.6%). The aim was to investigate whether volunteers had higher scores in the CSS. The

results showed that those who were volunteers or had done voluntary service in the past had similar scores for DE. A comparison showed significant differences between group 1 and groups 2 and 3 ($p < .001$). Those who had never engaged in voluntary service or had engaged in the past had similar scores for HY. The comparison between the groups showed significant differences in HY between group 3 and groups 1 and 2 ($p < .05$ and $p < .01$). The results suggest that the degree of DE of the system affects people's intention to engage in voluntary service. Conversely, it appears that the degree of HY increases when people engage in voluntary service.

VOLUNTEERS AND WORKERS IN RISK AREAS: DIFFERENCES IN BURNOUT LEVELS AND COPING STYLES

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Burnout syndrome is an emotional exhaustion syndrome that causes depersonalization and decreases of personal skills, usually occurring to individuals who deal with suffering people, such as healthcare operators. Studies demonstrated that burnout affects professional health workers and volunteers (Argentero et al., 2006; Peterson, 2008; Moreno-Jiménez et al., 2010). Particular risk and emergency areas and needy users can increase the possibility to develop burnout symptoms.

In particular, we compared two different groups involved in relational and professional support: the first one (Work) is composed by Emergency Room nurses of San Raffaele Hospital in Milan, the second one (Vol) is a group of individuals with different professional roles voluntarily engaged in caregiving needy users in Centro di Prima Accoglienza San Fedele in Milan. According to the model of Lewin's action-research (Lewin, 1946), the idea is to combine the research to the intervention. In a sample of 84 participants (62 workers and 22 volunteers) (mean age=44.46;s.d.=14.27) (M=22;W=40), the Maslach Burnout Inventory (MBI) and Coping Inventory for Stressful Situations (CISS-2) were administered to evaluate respectively Burnout levels and Coping styles. Workers reported significantly higher levels of Emotional Exhaustion ($t=-3.625$; $p<.05$), Depersonalization ($t=-4.976$; $p<.05$), Coping centered on Emotion ($t=-4.389$; $p<.05$) and Avoidance ($t=-2.698$; $p<.05$) compared to Vol. Furthermore Work showed moderate levels of Emotional Exhaustion ($m=22.03$; $s.d.=9.08$) and Depersonalization ($m=11.22$; $s.d.=5.69$). In conclusion, our study shows that individuals who voluntarily commit themselves in dealing with suffering people present significantly lower burnout levels in comparison with people professionally involved in the care of suffering. Results suggest the importance to make psychological interventions and training course tailed on workers and volunteers who offer services in risk areas, considering their specificities.

WHEN STUDYING BECOME AN OBSESSION. THE STUDYHOLISM INVENTORY (SI-15): A TEST FOR A STUDY-RELATED CLINICAL CONDITION

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Studyholism is a potential new clinical condition characterized by high levels of obsessive-compulsive symptoms and low levels of study engagement. Loscalzo, Giannini, and Golonka (2017) recently developed the Studyholism Inventory (SI-10) to evaluate both studyholism and study engagement, allowing screening for four kinds of students: engaged studyholics, disengaged studyholics, engaged students, and detached students. This study aims to deepen the measurement of Studyholism by proposing an extended version of the SI-10, namely the SI-15, which evaluates Studyholism symptoms only with a more items. First, we created a pool of 45 items (including the four Studyholism items of the SI-10) covering three hypothetical factors: obsessions, compulsions, and social impairment. 734 Italian University students completed the test and data were analyzed to reduce the total number of items, using the results of both Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA). In addition, we calculated the Cronbach's *alpha* of the subscales and the total score of the SI-15 and evaluated its convergent validity with both the SI-10 and the Bergen Study Addiction Scale (BStAS; Atroszko, Andreassen, Griffiths, & Pallesen, 2015). The results confirmed the three-factor solution for the SI-15: Obsessions, Compulsions, and Social impairment. The final version of the SI-15 is composed of fifteen items, 5 for each factor. Finally, the SI-15 shows good convergent validity and good internal consistency. Given that Studyholism is a new emerging construct, the SI-15 could be a useful clinical instrument in further research aiming to address its features and correlates. In addition, it could be used for an in-depth evaluation of students scoring high at the Studyholism subscale of the SI-10, which is a screening rather than a clinical instrument, in order to evaluate if they might benefit from a clinical interview and an intervention to reduce their obsessions regarding studying.

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